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*Problematism of ‘County Lines’: Practitioner  
Constructions of ‘County Lines’, Exploitation,  
Vulnerability, and Agency among Care Experienced  
Boys and Young Men*

Conan Guthrum Gary Reynolds

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*Problematizing 'County Lines':  
Practitioner Constructions of 'County  
Lines', Exploitation, Vulnerability, and  
Agency among Care Experienced Boys  
and Young Men*

Conan Guthrum Gary Reynolds

A thesis submitted in fulfilment of the requirements for the degree of  
Doctor of Philosophy

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Durham University

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## Abstract

Title: *Problematizing ‘County Lines’: Practitioner Constructions of ‘County Lines’, Exploitation, Vulnerability, and Agency among Care Experienced Boys and Young Men*

This thesis examines how practitioners across a range of frontline services understand and respond to ‘county lines’ drug supply, with particular attention paid to the involvement of care experienced boys and young men. It seeks to explore how ‘county lines’ is conceptualised, how care experience is constructed in relation to vulnerability and exploitation, and how practitioners negotiate tensions between victimhood, agency and culpability when responding to young people involved in drug supply. In doing so, the thesis moves beyond dominant policy and media narratives that frame ‘county lines’ as a fixed supply model and position young people as either passive victims or offenders.

Using a qualitative research design, the research draws on semi-structured interviews with twenty practitioners and informal conversations with nine experts in children’s social care, criminal exploitation and drug supply. The analysis is further informed by the researcher’s own lived experience in the field, offering an embodied and reflexive perspective that enriches interpretation, highlights the emotional dimensions of conducting research as a lived experienced researcher, and foregrounds marginalised experiences often overlooked in criminology.

The findings demonstrate that practitioner conceptualisations of ‘county lines’ are neither uniform nor stable. Rather than representing a unified model of drug supply, ‘county lines’ emerges as a dynamic set of practices situated along a continuum within wider local drug market activity. Definitional ambiguity, particularly regarding the role of geographical distance, has implications for safeguarding thresholds, resource allocation and multi-agency responses, producing inconsistent outcomes for young people, such as unnecessary criminalisation, continued victimisation or inadequate protection from harm. The research further shows that care experience is frequently framed through deficit-based and deterministic narratives. This thesis challenges these deterministic and linear explanations and instead, reconceptualises involvement in drug supply as materially and symbolically meaningful within contexts of structural inequality, disrupted relationships, constrained opportunities and systemic pressures within the care system. Finally, the thesis problematises binary victim–offender frameworks and advances the concept of a victim–offender

continuum to better capture the fluid and contextually situated nature of young people's involvement in drug supply. By foregrounding agency alongside exploitation, and by highlighting the structurally produced nature of vulnerability within the care system, this study advances a more nuanced understanding of drug-related exploitation. It calls for a shift beyond reductive 'county lines' narratives towards relational, context-sensitive and structurally informed responses that better account for the lived realities of care experienced young people.

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## Declaration

I confirm that no part of the material presented in this thesis has been previously submitted for a degree in this or any other university. In all cases, where it is relevant, material from the work of others has been acknowledged appropriately. The contents of this thesis are produced solely for the qualification of Doctor of Philosophy at Durham University and consist of the author's original contributions with appropriate recognition of any references indicated throughout.

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# 1 CHAPTER ONE: Introduction

*You see you wouldn't ask why the rose that grew  
from the concrete had damaged petals. On the  
contrary, we would all celebrate its tenacity.*

— *Tupac Shakur*

## 1.1 Rationale for the research

This research was inspired and informed by my lived experience. This is drawn upon regularly throughout the thesis, but in order to set the scene and provide a rationale for the study, I will briefly outline my lived experience and explain its relevance to the research.

I was taken into the care of the local authority, along with my siblings, at the age of two following experiences of abuse and neglect. I spent subsequent years moving between foster homes and children's homes, interspersed with returns to my mother, both at home and in a women's refuge. Like many children in the care system, my prior traumatic experiences were further exacerbated by significant placement instability, persistent school moves, separation from my siblings and the emotional and psychological distress that accompanies these experiences. These early experiences significantly shaped my identity, influencing me in ways that are complex and long-lasting.

Later, as a teenager, up until the age of twenty-two, I went through a particularly turbulent period in my life. I experienced a variety of the challenges commonly faced by young people who have experienced the care system, such as low academic attainment, financial instability, homelessness and drug use (Oakley et al, 2018). Of particular importance to this thesis, however, was my experience of engaging in criminal cultures that enabled me to develop an understanding and awareness of the activities that are at the focus of this study. While this knowledge and understanding was centred on a particular time and place, it gave me a unique insight into the world in which the young people at the centre of this thesis are engaged.

During this time, the term ‘county lines’<sup>1</sup> was unheard of. Based on my understanding, various actors were involved in the supply of drugs, from social suppliers who sourced and distributed drugs through friendship or social networks (Potter, 2009), to user-dealers who supplied drugs to fund their own habits (May and Hough, 2001), and suppliers who were profit orientated (Pearson, 2007). Drug supply was largely carried out by local individuals and while individuals from other areas occasionally entered the equation, this was often done harmoniously with links being made for the benefit of future supply (to source bulk amounts). Moreover, while vulnerable adults were often involved in the supply of drugs, much akin to the user-dealer profile referred to by May and Hough (2001) (see Chapter Two for further discussion), children and young people were not regularly seen to be involved. This was, for the most part, in stark contrast to the ‘county line’ narrative that came to dominate media and policy representations of drug markets in the United Kingdom (UK) from 2015 onwards.

After that chapter of my life, I entered a period of stability and sought to leave those experiences behind. I spent subsequent years in employment and education developing myself, working to reshape the identity I had formed during that time. In my late twenties, I decided to attend university, and it was during my undergraduate studies that the ‘county line’ narrative came to the fore and began to dominate media and policy conceptualisations of illegal drug markets. Drug supply across the country was said to be being controlled by dangerous organised criminals from major cities who were bringing with them violence and exploitation (see for example, National Crime Agency (NCA), 2015; 2016; 2018; Coomber and Moyle, 2018; Spicer, 2019). Newspapers in my local area consistently reported on ‘gangs’ from London and Liverpool flooding the streets with potent drugs, exploiting children and vulnerable adults in the process (News and Star, 2018; The Northwest Evening Mail, 2018). This narrative contrasted greatly with my prior experiences and my existing understanding of drug supply in the area, and it was in this moment that my academic interest was first sparked

Following my undergraduate studies, I undertook a master’s degree where I researched the ‘county line’ issue in greater detail. During my studies, I consistently encountered research and reports that referred to young people in care being particularly vulnerable to exploitation by ‘county line’ gangs. In their respective assessments on county lines in 2015, for example,

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<sup>1</sup> Quotation marks are used throughout the thesis to signal terminology that is contested, such as ‘county lines’ or ‘gang’. Using quotation marks indicates critical distance from these terms and avoids reinforcing potentially stigmatising or sensationalised narratives.

the National Crime Agency (NCA) and Catch-22 both highlighted the increased risk of exploitation of young people in care from drug dealing groups (NCA, 2015; Sturrock and Holmes, 2015). Following this, there appeared to be a consensus within the official and academic literature that, when compared to young people in the general population, young people in care were at disproportionate risk of being exploited into ‘county line’ drug dealing operations (Home Office, 2017; McLean et al, 2020; Turner et al, 2019; Windle et al, 2020). Despite this, during my research, I could not find evidence that provided details for the nature and scale of young people in care being involved in ‘county lines’ with most studies at the time being small scale and locally focused (see for example, Caluori et al, 2020; Hudek, 2018; Plimmer, 2020; Rescue and Response, 2019). Aside from local data, and unpublished data collected by the National County Lines Coordination Centre, existing evidence for young people in care being involved in ‘county lines’ was, and continues to be, largely anecdotal or restricted to views and experiences of practitioners and professionals working in the field (see for example, Shaw and Greenhow, 2019).

Of particular importance to me in deciding to carry out this PhD research was the lack of studies that focus exclusively on the experiences of young people in care. Their voices were mostly silent in the data, and in their absence, young people in care were primarily discussed through the lens of vulnerability and risk, and in many accounts, their involvement in ‘county lines’ appeared almost inevitable. While I acknowledge that many young people in care are presented with numerous additional challenges compared to those who have not experienced the care system, I found the inevitability and the persistent focus in these accounts on vulnerabilities and deficits to be particularly problematic. Based on these accounts, the lack of evidence, along with the disparity between what was being reported by the media and in the academic literature in relation to ‘county lines’, and my own understanding of local drug markets, I felt drawn to explore this further. It was in this context that I was inspired to undertake this study.

In order to bridge this empirical gap, this study originally intended to explore and understand the involvement of care experienced boys and young men in ‘county lines’ drug dealing through foregrounding their voices and lived experiences. However, due to significant practical and access-related challenges encountered throughout the study, directly engaging with this population was not feasible (see Chapter Three and Four for further discussion). Through the implementation of adaptive strategies, the study evolved and reconceptualised

its focus to examine how care experienced boys and young men involved in ‘county lines’ drug supply are understood and spoken for within professional practice.

The aim of this thesis, therefore, is to explore how practitioners across a range of frontline services, including children’s social care, youth justice, police and the third sector understand and respond to ‘county lines’ drug supply, with a particular focus on the involvement of care experienced boys and young men. Through a qualitative research design, the study utilises semi-structured interviews with twenty practitioners from a range of services across England and informal conversations with nine experts in child criminal exploitation, children’s social care and illegal drug supply. I also draw on my own lived experience throughout the thesis through a dedicated chapter outlining the research journey (see Chapter Four) and series of reflections where appropriate (see Chapters Six and Seven). The study explores how ‘county lines’ is conceptualised, how care experience is understood in relation to vulnerability and exploitation, and how practitioners negotiate the complex terrain of victimhood, agency and culpability when responding to young people involved in drug supply. In doing so, the thesis will provide an important and timely critical lens to taken for granted constructions of ‘county lines’ and deficit-based and individualised explanations of vulnerability and exploitation.

In order to achieve the above stated aim, the, the study was guided by three key research questions:

1. How do practitioners conceptualise ‘county lines’ drug supply, and how do these understandings shape the identification of exploitation and responses to young people?
2. How do practitioners construct and explain the relationship between care experience and vulnerability to involvement in ‘county lines’ among boys and young men?
3. How do practitioners negotiate notions of victimhood, agency, and culpability in their accounts of care experienced boys and young men involved in ‘county lines’ drug supply?

## 1.2 Definitions and terminology

### 1.2.1 'County lines'

In its original context, the term 'county lines' was used to describe an illegal drug supply model where Class A drugs, predominantly crack cocaine and heroin, are transported from urban export cities to rural and coastal import towns and sold via a dedicated phone line (HM Government, 2018). The NCA (2017: 2), described 'county lines' as a process whereby:

A group (not necessarily affiliated as a gang) establishes a network between an urban hub and county location, into which drugs ... are supplied. A branded mobile phone line is established in the market, to which orders are placed by introduced customers. The line will commonly (but not exclusively) be controlled by a third party, remote from the market. The group exploits young or vulnerable persons ... [who are forced to] regularly travel between the urban hub and the county market, to replenish stock and deliver cash. The group is inclined to use intimidation, violence and weapons, including knives, corrosives and firearms.

Central to the 'county line' model is the branded mobile phone line that is used to facilitate outreach drug supply in a new market location (NCA, 2015; NCA, 2017) and is deemed essential in providing a connection between local drug users in the new market location and supply hub dealers (Coomber and Moyle, 2018). While the model has evolved since the coining of the term in 2015 (see National County Lines Coordination Centre, 2024), it still retains many of the same features ('gangs' and organised criminal networks exporting drugs into importing areas, deal lines, exploitation of children and vulnerable adults and violence) (National County Lines Coordination Centre, 2024).

The term 'county lines' was originally created by law enforcement agencies in the UK. However, it has now come to dominate broader discussions on illegal drug supply. A 'standard story' (Densley et al, 2023) has since emerged that generalises drug market activity and foregrounds the 'county line' narrative. However, while I do not dispute the fact that outreach drug supply that resembles this dominant narrative occurs and that children and vulnerable adults are exploited to facilitate it, I find the term 'county lines' and its dominance

in drug market discussions to be rather problematic. Not least because it diverges greatly from my experiences and understanding of the diverse range of actors involved in drug supply and the way in which this can occur on a local level. Despite this, however, the term ‘county lines’ is used regularly throughout the thesis. As it is now in common parlance in practitioner circles, it was easily identifiable and understandable and as it was an aim of the thesis to explore their understandings of this model of drug supply, it made sense to use it throughout. However, throughout the thesis, ‘county lines’ is used in conjunction with other broad terms to describe drug supply activities, such as ‘drug supply’, or ‘drug dealing’.

### 1.2.2 Care experience

Under the Children Act 1989, a child is defined as ‘looked after’ by a local authority if he or she is provided with accommodation for a continuous period of more than 24 hours, are subject to a care order or are subject to a placement order. When negotiating access with services or individuals, and during interviews with practitioners, the terms ‘looked after’, ‘care experienced’ or ‘in care’ were used to describe the young people I was interested in discussing. Rather than being specific about particular care orders, the focus was intentionally left broad as the focus was on the experiences of young people with a background in care, rather than the particular type of care they have received.

The legislative term for young people in care is ‘looked after children’, as introduced by the Children Act 1989. However, the term ‘looked after’ is said to compound ‘a sense of being different, can exacerbate low self-esteem and is stigmatising’ for the young people with whom the label is attached (The Promise Scotland, 2023: 10). Instead, young people in care typically prefer the terms ‘in care’ or ‘care experienced’ (NSPCC, 2023) and as such, these terms are used interchangeably throughout the thesis (unless when quoting practitioner accounts).

### 1.2.3 A note on gender

This research focuses on the experiences of care experienced boys and young men as understood by practitioners. While it is acknowledged that males and females have many shared experiences of ‘county lines’ involvement and exploitation, there is certainly a

gendered aspect to exploitation that is, for the most part, unique to girls and women, as they are more likely to encounter experiences such as coercive control and sexual violence (see Havard et al, 2021). While this is certainly an important area to explore further, the specific aspects of the ‘county lines’ involvement and exploitation experienced by girls and women in relation to ‘county lines’ are beyond the remit of this study. With that said, however, practitioners at times discussed young people in care in more general terms rather than being gender specific. The gendered experiences of children and young people in care were often rendered invisible because practitioners tended to view children through age-based categories rather than gendered ones (Montgomery, 2005). As such, the term ‘care experienced boys and young men’ is used interchangeably with ‘care experienced young people’ or ‘young people in care’ throughout the thesis.

### 1.3 Theoretical considerations

This research was not guided by a single, predefined theoretical framework; rather, it adopted an exploratory and inductive approach that allowed patterns and themes to emerge from the data. However, relevant theoretical perspectives and concepts are engaged with throughout the thesis. For example, while not guiding the design of the study, it draws upon the concept of epistemic injustice (Fricker, 2007) to demonstrate how care experienced boys’ and young men’s voices are filtered, misrepresented, and silenced through gatekeepers, organisational processes, and practitioner discourse. It also draws upon lived experience literature (Antojado et al., 2025a; Antojado et al., 2025b; Dum et al., 2025; Turer et al., 2025) to highlight the epistemic value of a more inclusive approach to lived experience research in criminology. The study utilises perspectives on youth agency (Atkinson-Sheppard, 2017; 2024; Hagedorn, 2014; Honwana, 2015; Whitehead, 2007) to complicate the false binary of victim and offender, and labelling perspectives (Becker, 1963; Goffman, 1963) to examine how professional categorisation and narratives shape identity, intervention, and outcomes for young people in care. These perspectives and concepts are used throughout the thesis to interpret and contextualise the findings and situate the study within broader scholarly debates.

### 1.4 Outline of the thesis

This thesis is organised into eight substantive chapters. Chapter One has introduced the research topic, established the rationale for the research and outlined the central research questions guiding the study. The introduction chapter has also situated the thesis within

contemporary debates on ‘county lines’, child criminal exploitation, and care experience, reflected on the researcher’s positionality, and sets out the structure of the thesis.

Chapter Two provides a comprehensive review of the relevant literature. The review provides a critical overview of the literature on the organisation and structure of illegal drug markets in the UK, providing the context for an examination of the concept of ‘county lines’ drug supply, including the emergence of the term, its perceived novelty, and the definitional ambiguity that continues to shape understanding and responses to the phenomenon. It then considers research on child criminal exploitation and its relationship to ‘county lines’, the structural and systemic challenges faced by young people in care, and debates surrounding agency and the victim–offender binary, before concluding by identifying key gaps in the literature that this research seeks to address.

Chapter Three provides a methodological account of how the research was undertaken. It sets out the research questions and the rationale for the qualitative approach adopted. The chapter details the sampling and participant recruitment strategy, the characteristics of participants, and the methods of data collection. It then explains the analytical strategy used to produce the findings presented in Chapters Five, Six and Seven. Ethical considerations are discussed at length, including informed consent, confidentiality and anonymity, conducting research with friends, witnessing criminal acts and researcher safety. Chapter Three concludes with a reflection on the study’s limitations.

Chapter Four outlines the research journey and the personal and practical challenges experienced in conducting the study as a lived experienced researcher. It first provides an overview of the relevant literature on lived experienced research before then discussing the challenges encountered in the research, such as negotiating access to research sites, structural barriers, and overlaps within my own biography. The chapter concludes by arguing for a broader, more inclusive understanding of lived experience in criminology that extends beyond formal criminal justice contact to encompass marginalisation and social harm, while also calling for explicit recognition of researcher vulnerability to ensure more ethical and sustainable knowledge production.

In the first of three findings chapters, Chapter Five explores practitioner understandings of ‘county lines’ drug supply. It examines two key themes: how practitioners frame ‘county lines’ as a model of drug supply, and how they understand its operational aspects. The chapter

argues that dominant representations of ‘county lines’ are overly simplistic and fail to capture the complexities of local drug markets and the lived realities of young people involved. The chapter concludes by calling into question the utility of the term ‘county lines’ arguing instead for a more nuanced, contextual approach to understanding and responding to drug-related exploitation.

Chapter Six builds on the previous chapter by examining the relationship between care experience and criminal exploitation. Drawing on practitioner interviews and informal conversations, it explores the interplay between individual and systemic factors that heighten vulnerability, including trauma, adverse childhood experiences, and the absence of positive role models. It also highlights systemic shortcomings within the care system, particularly semi-independent accommodation and out-of-area placements, as conditions that may increase exposure to risk. A short personal reflection on the findings is provided in the penultimate section of the chapter. Chapter Six then concludes by advancing the argument for moving beyond deficit-based explanations that were frequent through practitioner narratives, towards a perspective that is strength-based, relational, and attentive to lived experience.

Chapter Seven moves on to problematising binary victim–offender frameworks. Drawing on practitioner interviews, it demonstrates how victimhood and agency frequently coexist in complex ways. The chapter advances the concept of the victim–offender continuum, framing young people’s involvement in drug supply as dynamic and contextually situated rather than fixed states of victimhood or criminality. A short personal reflection on the findings is also provided in this chapter.

Chapter Eight concludes the thesis by synthesising the findings from the three empirical chapters, evidencing how they addressed the three research questions that shaped the study’s analytical focus. It sets out the key contributions the thesis makes and provides recommendations for future research based on the findings identified throughout the research.

Having introduced the context of the study and provided an outline of the chapters, the focus now turns to Chapter Two which sets the scene for the thesis by providing a critical analysis of the academic literature.

## 2 CHAPTER TWO: Literature Review

This chapter contextualises the study within the relevant academic literature relating to ‘county lines’ drug supply and the involvement of young people in care. It provides an overview of existing academic and policy landscape, identifies key gaps in the literature, and outlines how the present study seeks to address them. The review will commence by briefly presenting a critical overview of the literature as it pertains to the organisation and structure of illegal drug markets in the UK. This will set the scene for an examination of the concept of ‘county lines’ drug supply which will include an analysis of the emergence of the term, its perceived novelty and the definitional ambiguity that continues to shape understanding and responses to the phenomenon.

The review then examines research on child criminal exploitation and its relationship to ‘county lines’, before considering the structural and systemic challenges faced by young people in care. The review examines both pre-care and in-care factors in order to assess why young people in care are considered particularly vulnerable to exploitation linked to ‘county lines’ drug supply. The penultimate section critically examines debates surrounding agency and the victim–offender binary before the chapter concludes by identifying the key gaps identified in the literature and explaining how this study seeks to address them.

### 2.1 Conceptualising drug markets and drug supply

The concept of ‘county lines’ first appeared in an NCA intelligence assessment published in 2015 (NCA, 2015). Eleven years following the development of the term, the ‘county line’ narrative continues to dominate discussions on illegal drug supply and remains at the core of academic research (see for example, Atkinson-Sheppard, 2024; Coomber et al, 2025; Spicer, 2025). While the tide is beginning to turn (see Densley et al, 2023), ‘county lines’ drug supply has often been overgeneralised and treated as a homogeneous phenomenon, despite only making up a small portion of the entire drug market. A significant body of literature that predates the formation of the ‘county line’ terminology evidences the variation, adaptivity and fluidity of drug markets. However, this body of work is often underutilised in ‘county line’ discourse. The aim of this section, therefore, is to destabilise the idea that drug supply can be

captured by a single, static supply model such as ‘county lines’, by briefly exploring some of the foundational UK drug market literature<sup>2</sup>.

How illegal drug markets are organised and structured has been the subject of much scholarly debate (Dorn et al, 1992). Many attempts have been made to develop a greater understanding of how drugs are distributed throughout the UK (see for example, Dorn et al, 2005; Lupton, et al, 2002; Matrix Knowledge Group, 2007; McSweeney et al, 2008; Pearson and Hobbs, 2001), yet with local and regional variations in drug dealing practices, and with distribution networks changing over time and place (Densley et al, 2023), developing a consensus on the organisation and structure of illegal drug markets has proven challenging (Densley et al, 2018).

Traditionally, and perhaps influenced by classical American organised crime research (see Cressy, 1969), the structure of drug distribution systems in the UK was viewed as hierarchically organised and pyramidal in nature (May and Hough, 2001). Drug markets were thought to be characterised by top-down hierarchies and defined by top, middle and bottom levels where a small number of importers and traffickers operate at the top controlling the flow of the market (May and Hough, 2004), with increasing numbers of actors operating further down the supply chain with comparatively less resources, profit and control over the market (Wright, 2006). In this static pyramid structure, there is a clear route from source to street with clearly defined roles and market levels with no apparent flexibility. This is demonstrated in the graphic below:

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<sup>2</sup> It is worth noting here that some of the literature used to inform the following section is relevant to UK drug markets that, in some cases, significantly pre-date current contexts. However, while somewhat dated, this literature remains highly influential in informing our current understanding of drug markets in the UK.

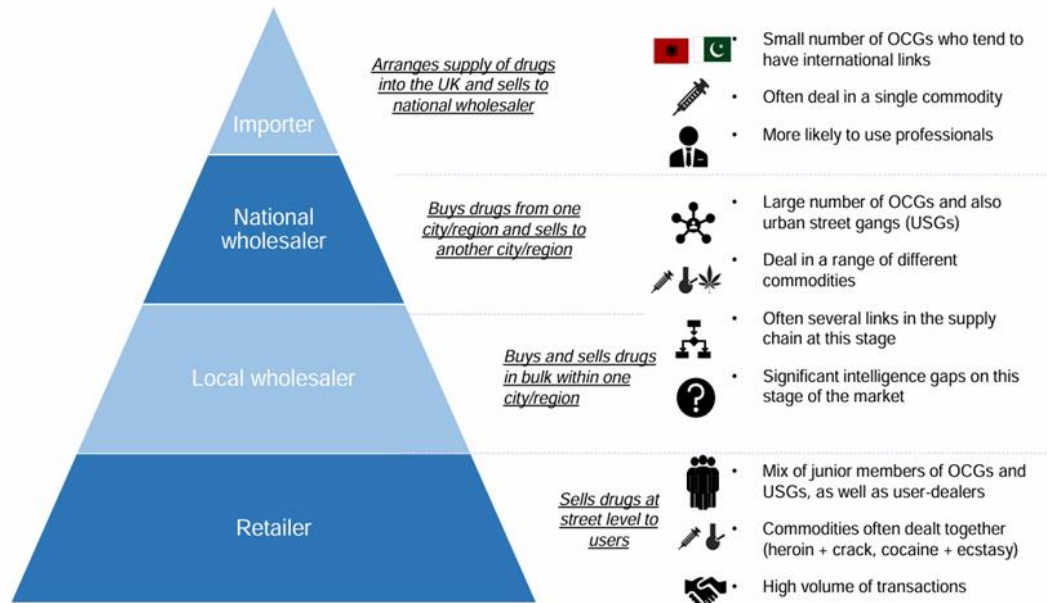


Figure 1: Pyramid structure of domestic drug distribution (Black, 2020: 40)

As Figure 1 demonstrates, within this pyramid structure there are distinct levels within the supply chain, namely: importation, wholesale (national/local), and retail. While there are key differences between each level and role, when viewed collectively, they are deemed fundamental to the overall functioning of the drug market. The notion that drug markets are hierarchical and pyramidically structured was believed to be prevalent in British drug markets in the early 1980s (May and Hough, 2004). While this view has been strongly opposed in the literature (as discussed below), it is still firmly embedded within current policy as is evidenced by its inclusion in the Independent Review of Drugs published by Dame Black and the ‘county line’ narrative that is suggestive of a unified national supply model. Despite its persistence, however, evidence within the academic literature is unanimous in concluding that drug distribution in the UK is not organised in this manner (Wright, 2006), as Dorn et al (1992: 203) noted:

There is no person, no Mafia, no cartel organising the market overall. Rather, a large number of small organisations operate fairly autonomously of each other in manner that may be described as disorganised crime.

Rather, evidence would suggest that drug markets in the UK are in fact, fragmented (Pearson and Hobbs, 2001) and fluid (Dorn, 2000) and organised similar to a free market structure (May and Hough, 2004) with a diverse range of actors operating within them. The fluidity of drug markets is well established in the literature in the UK (see for example, Coomber, 2006; Dorn et al, 1992; May and Hough, 2004; Pearson, 2007; Pearson and Hobbs, 2001; Reuter, 2001). For example, rather than a rigid pyramid structure with top-down control of the market, Natarajan and Hough (2000) found little evidence of a link between those importing drugs into the country to those who operate at the retail level. Likewise, Pearson and Hobbs (2001: vii) claimed that there is not a national drug market as such, but rather ‘a series of loosely interlinked local and regional markets’ with important local and regional variations in drug supply practices varying by the type of drug and the spaces in which they are sold (Coomber and Moyle, 2015). Pearson (2007: 85) later observed that drug markets consist of ‘loosely linked networks of independent entrepreneurs’ who have limited knowledge of how the wider market operates (Matrix Knowledge Group, 2007).

The fragmented and fluid nature of distribution systems is, in part, a result of the adaptiveness of those who operate within it. The roles adopted and the level at which actors operate are by no means static, but may be fluid and interchangeable (Matrix Knowledge Group, 2007). In contrast to the three clearly defined market levels outlined in Figure 1, drug market actors may engage in a range of roles and tasks (Potter, 2009) that blur the boundaries between perceived market levels. This was demonstrated by McLean (2019: 217, 218), who noted that youth street gang’s ‘operate primarily as wholesalers, as well as taking on a number of simultaneous lesser roles, such as runners [and] high-end retail-level distributors’. In addition, drug market actors may not always be commercially motivated. For example, the user-dealer profile as described by May and Hough (2001) is an individual who sells drugs to fund their own drug use, either through using the money made from sales to buy their own supply, or by retaining a small amount from the stock they sell. Typically associated with heroin and crack (Wilson et al, 2002), user-dealers have also been represented in other drug markets, such as cannabis for example (Chatwin and Potter, 2014; Potter, 2009). Likewise, recent research has focussed on the social supply of drugs which refers to situations where an individual provides drugs to friends, acquaintances, or within a small social group, typically without commercial intent or profit motivation (Coomber et al, 2016; Moyle, 2014; Potter, 2009).

Unlike conventional retail level supply that is profit driven and undertaken by dealers who are ‘full time’ (Moyle, 2014), social supply is often motivated by friendship, reciprocity, or the desire to help friends access drugs. The social supply of drugs commonly occurs in recreational markets such as cannabis (Potter, 2009) and party drugs such as ecstasy, MDMA and ketamine (Deehan and Saville, 2003; Measham et al, 2001; Parker et al., 1998; Riley et al., 2001; Winstock et al., 2001)

What this brief overview of the foundational UK drug market literature shows is that, rather than being hierarchically structured and controlled from the top down, drug markets can instead be viewed as fluid spaces. Rather than being a single national drug market, there are regional and local variations depending on drug type and those involved with loose and disorganised connections between its numerous parts. While individual drug supply networks can be hierarchically structured, drug markets in the UK are fragmentary with various systems operating in conjunction with one another. Against this backdrop, the emergence of ‘county lines’ as a dominant explanatory framework raises important questions about simplification, and generalisation. To better understand the variation and complexity in local drug markets, therefore, the ‘county lines’ narrative must be situated within this earlier drug market literature.

## 2.2 The emergence and dominance of the ‘county lines’ narrative

In the original framing of the term from its introduction in 2015, ‘county lines’ was used to describe a drug supply model where Class A drugs, predominantly crack cocaine and heroin, are transported from urban export cities to rural and coastal import towns and sold via a dedicated phone line (HM Government, 2018). The NCA (2017: 2), referred to ‘county lines’ as a process whereby:

A group (not necessarily affiliated as a gang) establishes a network between an urban hub and county location, into which drugs (primarily heroin and crack cocaine) are supplied. A branded mobile phone line is established in the market, to which orders are placed by introduced customers. The line will commonly (but not exclusively) be controlled by a third party, remote from the market. The group exploits young or vulnerable persons ... [who are forced to] regularly travel between the urban hub and the county market, to replenish stock and deliver cash.

The group is inclined to use intimidation, violence and weapons, including knives, corrosives and firearms.

Reflecting some minor changes to the model, the NCA have since adapted their definition to broaden its scope, particularly in relation to the mobility of those involved and type of drugs being supplied. The NCA (2025) recently stated that ‘county lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively). In this updated definition, distance is no longer a defining feature of a ‘county line’. Rather than movement from urban to rural areas, a ‘county line’ can involve the transportation of drugs from ‘one area to another’. Additionally, this updated definition refers to ‘illegal drugs’ more broadly, rather than primarily crack cocaine and heroin. This definitional evolution aligns with research suggesting that ‘county lines’ activity is becoming more localised in nature and increasingly embedded in recreational markets, including cannabis, powder cocaine and ecstasy being sold (Harding, 2020; National County Lines Coordination centre, 2024).

Despite these definitional adjustments, the significance attributed to ‘county lines’ extends beyond questions of mobility or drug type to factors that have become explicitly associated with it. Spicer (2021a) identifies three associated external factors that have led to ‘county lines’ drug supply being considered a particularly serious issue: an increase in the level and frequency of serious violence; the practice of ‘cuckooing’; and the involvement and criminal exploitation of young people. Serious violence within urban contexts has been strongly associated with ‘county lines’ and was said to have increased in line with the emergence of the term (NCA, 2016). However, the extent to which it can be causally attributed to ‘county lines’ is contested. It may reflect longer term trends in illegal drug markets (Harding, 2020), shifts in policing priorities, and/or be impacted by broader structural conditions such as, austerity and inequality, for example (Spicer, 2021b). However, Spicer et al (2020) also suggest that competition between rival ‘gangs’ or supply networks and local drug suppliers aiming to control the market is thought to be one of the main factors in this rise in street-based or ‘so called ‘gang’ violence (Spicer et al, 2020).

Similarly, ‘cuckooing’ is considered essential to the ‘county lines’ model. In this context, it refers to the takeover of an individual’s accommodation for the purposes of facilitating drug supply in new drug market locations (Spicer, 2019). In most cases, individuals who may be

a suitable target for cuckooing often present with a number of complex needs (Spicer et al, 2020) ranging from mental health issues (Butera, 2013), learning disabilities (NCA, 2016), physical impairment (Macdonald et al, 2022) and, most commonly in this context, dependent drug users (Coomber and Moyle, 2018). While rarely commencing with violence and intimidation (Butera, 2013), there is a tendency for these situations to evolve into violence and other forms of exploitation (Macdonald et al, 2022), meaning that it has been considered a serious issue requiring significant attention (NCA, 2017). The third factor identified by Spicer (2021a), and most pertinent to this study, is the involvement and criminal exploitation of young people in ‘county line’ drug operations, which will be discussed in more detail later in this chapter.

The concept of ‘county lines’ first appeared in an NCA intelligence assessment published in 2015 (NCA, 2015). Drawing on intelligence returns from police forces from 2014 and information from the Home Office Gang and Youth Violence front line team (NCA, 2015), the report described ‘county lines’ as a ‘national issue’ in the UK and outlined for the first time the key components of the ‘county line’ drug supply model. Among various emergent themes introduced to the reader, ‘county lines’ networks were said to ‘almost always involve [the] exploitation of vulnerable persons’, with components such as the mobile phone line and the establishment of an operating base being defined as ‘essential features’ (NCA, 2015: 1). There was evidence to suggest that ‘county line’ operations were manifesting in seven police force areas with at least 181 known groups being identified, primarily in London and the South-East of England (NCA, 2015).

A year later in the follow-up national briefing the NCA (2016) reported that 71% of police forces in the UK were now experiencing ‘established county line activity’ with a further 12% reporting an ‘emergent picture’ (NCA, 2016: 5). The narrative being portrayed in these early intelligence assessments and reports is one of an emergent phenomenon, indeed, the NCA stated that the aim of the initial report was to provide a ‘baseline national assessment ... and [to] raise awareness of the issue’ (NCA, 2015: 1). This along with an increase in political attention, sensationalist media portrayals (BBC News, 2019; ITV News, 2016) and academic research describing ‘county lines’ as ‘new’ and ‘rapidly evolving’ (Robinson et al, 2018; Windle et al, 2020), contributed to a sense of novelty. However, such claims must be approached with some caution.

It is widely acknowledged that the practice of transporting drugs from one locale to another for the purposes of retail supply occurred prior to 2015 (See Andell and Pitts, 2017; Daly and Sampson, 2012; Dorn et al, 1992; Harding, 2020; Pearson and Hobbs, 2001; Spicer, 2019; Windle and Briggs, 2015). Indeed, as Densley et al (2023) observe, the perceived novelty of ‘county lines’ seems inflated. What the English call ‘county lines’ is, to some extent, what the Scottish call ‘good old- fashioned drug dealing’ (Densley et al, 2023: 6). In addition, consideration also needs to be given to the specific context in which the discourse of ‘county lines’ emerged. Spicer (2021b) for example, proposes that the ‘county line’ narrative can be viewed as diverting attention away from the underlying social conditions that drive some involvement in drug markets, and as a result, has transferred the blame to ‘gangs’. Furthermore, Koch et al (2024: no pagination) suggested that ‘county lines activity does not hold as an objective crisis that suddenly appeared in 2015’ but rather ‘emerged as a logical extension of the government’s racist and classist language surrounding ‘gangs’, knife crime and youth violence’. Clearly, the act of engaging in outreach drug supply practices, now referred to as ‘county lines’ is not as novel as previously assumed, even if the contemporary framing is.

That said however, there is evidence within the literature on ‘county lines’ (see for example, Coomber and Moyle, 2018; McLean et al, 2020; Robinson et al, 2019; Windle and Briggs, 2015) to suggest that retail-level drug markets in the UK have gone through a period of evolution and development. The exact reason for this is unknown, although there are some possible explanations. One such explanation is the ‘saturation’ of drug markets in metropolitan supply hubs (Birmingham, Glasgow, Liverpool, London and Manchester, for example). According to Ruggiero (2010: 51), drug market saturation occurs when a ‘growing number of dealers [in a major supply hub] is not accompanied by a growing number of users’. As a means of finding a new customer base to continue operating, individuals involved in drug supply travel to new locations to exploit their drug markets (McLean et al, 2020). Harding (2020) also identified a series of push and pull factors that influenced the development of ‘county lines’ as it is now understood. For example, an increase in inner-city drug market competition along with reduced competition in new markets; the expansion of gangs and dealers into less saturated markets; and economic pressures (austerity, fewer legitimate opportunities) which increased the number of young people willing to engage in drug distribution. Drug markets in general have, more broadly, been transformed by the use of mobile phones and social media (Black, 2020) by increasing efficiency, expanding reach,

and reducing some of the risks commonly associated with face to face, street-level supply. As such, the expansion of mobile technology and social media is thought to have been, in part, influential in facilitating the ‘county line’ model of drug supply (Caluori et al, 2022).

Despite this however, an evolution in drug supply practices is by no means unusual. As discussed earlier in this chapter, drug markets have long been seen as fluid (Dorn, 2000) and fragmented (Pearson and Hobbs, 2001) and it is likely that several forms of drug supply co-exist within the same locality, shaped by local contexts, pressures in supply and demand (Densley et al, 2023), or in response to law enforcement action (McLean et al, 2018). As May and Hough (2004: 556) noted, ‘market distribution structures will probably ebb, flow and transform depending on a number of different geographic, social and economic factors at any one time’. However, while the fluidity and variability of drug markets is well established in the literature in the UK (see for example, Coomber, 2006; Dorn et al, 1992; May and Hough, 2004; Pearson, 2007; Pearson and Hobbs, 2001), ‘county lines’, while reflecting real drug market fluctuations, has come to dominate discussions on drug markets, so much so that a ‘standard story’ has now emerged that has become a particular ‘way of seeing’ (Densley et al, 2023: 1). Although not entirely misguided, this framing risks obscuring the heterogeneity of drug markets and those operating within them. As Densley et al (2023: 100) note, ‘county lines cannot be reduced to one narrative and one narrative only’.

Spicer (2025: 6) further notes that ‘county lines’ has increasingly functioned as a ‘catch-all term’ for diverse forms of drug supply, most notably, any form of drug supply that utilises a mobile phone. This of course, can encompass a wide range of drug supply activity. Given the heterogeneity of drug markets (Harding, 2020), this broad framing introduces significant conceptual ambiguity. Spicer (2025: 8) refers to ‘county lines’ as a ‘chaotic concept’ in that, through being understood and referred to in various different ways, this can lead to ‘the (re)production of a confused and confusing field ... [creating] difficulties for a unified, cohesive body of knowledge (academic or otherwise) to develop around a shared understanding’.

This ambiguity is particularly evident in practitioner-focused research (Lydon and Emanuel, 2024; Mills and Unwin, 2020; Olver and Cockbain, 2021; Pearson and Cavener, 2024), where shared terminology coexists with divergent understandings and inconsistent operational responses. While such studies provide valuable insights into practitioner interpretations, they tend to do so without interrogating the conceptual assumptions that underpin them. There

remains, therefore, a need for research that moves beyond documenting what practitioners say about ‘county lines’ to examining how they construct and operationalise the concept in practice and how these constructions shape intervention thresholds and safeguarding responses. Such analysis would enable greater attention to the specific practices, relationships, and local market conditions through which exploitation occurs, and provide a foundation for developing responses that are proportionate and equitable for those individuals involved in drug supply.

### 2.3 Child criminal exploitation and ‘county lines’

‘County lines’ has gained widespread attention in academic, media and public discourse over the course of the last decade (Harding, 2020), not least because of its association with the exploitation of children and young people. The exploitation of children and young people, commonly referred to as child criminal exploitation, is considered an integral element of the ‘county lines’ model (McLean et al., 2020). While there remains no statutory definition of child criminal exploitation<sup>3</sup>, it is described as occurring when:

An individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual (HM Government, 2018: 8).

However, while the issue of child criminal exploitation in relation to drug supply only came to the fore following the NCA’s inaugural threat assessment on the issue in 2015 (NCA, 2015), it can be argued that it is not an entirely new phenomenon (Barlow et al., 2021). As with the emergence of the ‘county lines’ terminology discussed in the previous section, the

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<sup>3</sup> Child criminal exploitation is set to be recognised as a standalone offence in England and Wales as a result of the new Crime and Policing Bill 2025. However, at the time of writing, it has yet to progress through the UK Parliament.

NCA threat assessment in 2015 gave the impression that the criminal exploitation of vulnerable individuals by ‘gangs’ and drug dealing operations was a recently emerging issue. However, the characteristics of exploitation relating to illegal drug markets were in existence for some time prior to the initial NCA threat assessment in 2015. For example, a 2014 threat assessment by a police force in Suffolk noted that the local drug market was dominated by street gangs from London supplying Class A drugs in Ipswich and other areas in the county (Andell and Pitts, 2017). The threat assessment also noted that:

In the preceding decade there had been an increase in the numbers of boys and young men travelling from London to Ipswich in order to supply Class A drugs and that ... violence, threats and coercion were used routinely by these groups to exert control over vulnerable children and young people. (Andell and Pitts, 2017: 4).

Similarly, in an earlier example, Hales and Hobbs (2010) found in their research on the drug market in a London borough that, as a consequence of the retail market being saturated, drug dealing groups began focussing on the speed at which the product could be delivered. They describe the retail market in this borough as being ‘dominated by teenagers working for more senior criminals’ as a means of ensuring the product was distributed at a greater intensity (Hales and Hobbs, 2010: 14). Of particular interest is their description of features now representative of child criminal exploitation within the local drug market:

The general pattern seems to be that more senior criminals are actively seeking to use local youths to conduct retail-level drug dealing activities, in some cases using intimidation to get the youths to work for them. This evidently includes youths being intimidated into joining ‘gangs’ for the purposes of furthering drug dealing activity. (Hales and Hobbs, 2010: 21).

While these examples represent only a small evidence base, they suggest that the use and exploitation of young people, and young men in particular, in retail-level drug markets was

unlikely to be occurring in isolation. Indeed, as May and Hough (2004) explain, unequal and exploitative relationships have long been a feature within retail-level drug markets between those who organise the supply of drugs and those involved in street-level sales, with violence and the use of young people frequently observed in the drug supply models that pre-date the ‘county line’ terminology (Moyle and Coomber, 2015; Moyle, 2019).

However, it has also been argued that these earlier supply models were not characterised by systematic exploitation and routinised violence in the way that has been seen over the course of the last decade (Coomber and Moyle, 2018; Moyle, 2019; Robinson et al., 2019). Unlike earlier retail supply models (Moyle and Coomber, 2015), ‘county lines’ drug dealing is widely understood to be shaped by the systematic exploitation of often vulnerable populations, with a particular emphasis on the exploitation of young people (Moyle, 2019). The criminal exploitation of young people is therefore considered an essential component of the ‘county lines’ model, and the issue has become widespread in public discourse (McLean et al., 2020). Such is the magnitude of concern that media reports have described it as a ‘grooming scandal with echoes of [the child sexual exploitation cases in] Rotherham and Rochdale’ (The Times, 2017).

In the context of ‘county lines’ drug dealing, exploitation commonly involves ‘running drug lines, carrying drugs, hiding or carrying weapons [and] money laundering’ (Harding, 2020: 143), as well as ‘the perpetration of violence (using knives and firearms), the harbouring of offenders, and providing false alibis for others’ (Brewster et al., 2021: 5), among various other activities. Increasing job diversity within the ‘county lines’ model offers specific roles and tasks for young people, and as networks evolve, exploitative techniques can transform and intensify. The harnessing of young people serves, in part, to mitigate risk for more senior members of the network (Robinson et al., 2019). As Windle et al. (2020: 67) suggest, young people are perceived as ‘a cheap, easily recruited workforce who can absorb the risks related to street-level sales’.

Evidently, child criminal exploitation poses a significant risk to a young person’s physical, emotional, and social wellbeing, while exposing them to significant levels of ‘emotional abuse, physical and sexual harm’ (Baidawi et al., 2020: 2). While significant progress has been made in recent years, understandings of child criminal exploitation in relation to ‘county lines’ continue to develop as the model and understandings of it evolve. There is a comparatively small but growing body of academic literature (Coomber and Moyle, 2018;

Hesketh and Robinson, 2019; Marshall, 2024; McLean et al., 2020; Robinson et al., 2019; Spicer, 2019; Spicer et al., 2020; Stone, 2018; Windle and Briggs, 2015; Windle et al., 2020; Wroe, 2019), alongside government agency publications (HM Government, 2018; NCA, 2015, 2016, 2017, 2018) and third sector evaluations (Barnardo's, 2021; Hudek, 2018; Rescue and Response, 2020; Turner et al., 2019). Despite this growing body of work however, understandings of the issue have yet to become consistent (Harding, 2020). Spicer (2025) suggests that this may be the result of child criminal exploitation being seen as synonymous with 'county lines' rather than a common feature. Spicer (2025: 6) explains that:

By conflating the two and presenting County Lines as conceptually interchangeable with CCE, this could lead to practical problems such as other features being overlooked (Heys et al., 2022), or a risk that young people who are criminally exploited as part of non-itinerant drug supply networks do not become viewed or afforded 'victim' status in the same way.

While child criminal exploitation is widely considered a core aspect of the 'county lines' model (Coomber and Moyle, 2018), the two are by no means indistinguishable. There are various ways in which a young person can be criminally exploited without ever being involved in 'county lines' drug dealing, including being trafficked to work in cannabis farms or forced into begging (Barlow et al, 2021). Likewise, not every criminally exploited young person involved in drug supply has engaged in what would now be defined as 'county lines' activity (Densley et al, 2023). As demonstrated earlier by Hales and Hobbs (2010), exploitative retail drug markets existed prior to the emergence of the 'county lines' terminology.

Furthermore, not every young person engaging in 'county lines' activity has been criminally exploited. As suggested by Densley et al (2023), some young people participate in criminal activity, such as drug dealing, without being forced or coerced. There are also instances in which exploited young people become perpetrators and recruit others into exploitative relationships (Shaw, 2023; see also McLean et al., 2020; Robinson et al., 2019; Shaw and Greenhow, 2021). Nevertheless, child criminal exploitation is widely considered imperative to the 'county line' model, and its success relies, in part, on the systematic targeting and control of vulnerable populations, particularly young boys (Moyle, 2019), including those

within the care system. Indeed, research suggests that young people in care are at an increased risk of exploitation in ‘county lines’ operations (see for example, Barlow et al, 2021; Caluori, 2020; NCA, 2015; Safeguarding Network, 2025; Shaw and Greenhow, 2021; Stone, 2018; Turner et al, 2019), as will be discussed in the next section.

## 2.4 Care experience and vulnerability

Evidence for the nature and scale of young people in care involved in ‘county lines’ is relatively limited with most studies to date being locally focused and either quantitative in nature or restricted to the views and experiences of practitioners and professionals working in the field (see for example, Caluori et al, 2020; Hudek, 2018; Plimmer, 2020; Rescue and Response, 2019; Shaw and Greenhow, 2019). Despite this, young people in care are frequently cited as being particularly vulnerable to exploitation in ‘county lines’ drug supply. This was first highlighted by the NCA and Catch-22 in their respective assessments on ‘county lines’ in 2015 (NCA, 2015; Sturrock and Holmes, 2015), and has since gained a consensus within the official and academic literature (see for example, Barlow et al, 2021; Caluori et al, 2020; Home Office, 2017; McLean et al, 2020; NCA, 2015; Safeguarding Network, 2025; Shaw and Greenhow, 2021; Stone, 2018; Turner et al, 2019).

Many reasons are cited as potential causes for this increased risk of exploitation amongst this population. For example, dominant explanations suggest that young people in care are considered vulnerable to exploitation as a consequence of the often-traumatic pre-care experiences that led to them being placed in care in the first instance (Shaw and Greenhow, 2019). Research has also demonstrated how certain in-care experiences can exacerbate existing vulnerabilities and establish new ones (Coy et al, 2017; Shaw, 2017), such as the instability of care placements and multiple placement moves (Schofield et al, 2012), being placed with peers who are also at risk of offending and exploitation (Oakley et al, 2018), and being placed out of their home area, often in high crime areas (MacAlister, 2022) and in settings where they may be left without consistent support or adult oversight (Children’s Commissioner, 2023). The experiences encountered by young people pre-care and during care can be extremely destabilising and can lead to significant emotional, behavioural, and mental health issues, which can leave young people with a desire for forms of belonging and approval, even when they are harmful in nature (Shaw and Greenhow, 2021). Moreover, these experiences can arguably increase a young person’s vulnerability and subsequently, their risk

of exploitation (Caluori et al, 2020). This section will explore how vulnerability to exploitation emerges from the interaction of pre-care adversity and structural weaknesses within the care system. Firstly however, in order to understand how these vulnerabilities emerge, it is first necessary to outline the structure of the care system within which these young people are placed.

### 2.4.1 An overview of the care system

In England, the responsibility of ‘caring’ for ‘looked-after children’ lies with local authorities under duties set out primarily in the Children Act 1989 and is overseen by the Department for Education<sup>4</sup>. As a child’s ‘corporate parent’, local authorities have a duty to act in the child’s best interests, provide safety, stability (Oakley et al, 2018) and an environment that enables young people to flourish (MacAlister, 2022). While there are various legal pathways into the care system<sup>5</sup>, many children enter the system via a care order (section 31 of the 1989 Children Act) which is granted when a child has been exposed to or is at risk of ‘significant harm’. A child can also be voluntarily accommodated by the local authority (section 20 of the 1989 Children Act), usually with the agreement of the parents, and typically during a crisis or for a short-term solution.

As of 31<sup>st</sup> March 2025, there were approximately 81,770 children in care in England, many of whom (66%) were taken into local authority care as a result of experiencing ‘abuse or neglect’ (Department for Education, 2025). Most children in care are placed under a care order, with 75% being placed under such arrangements. A further 19% of children were placed under a voluntary arrangement, with a further 6% under a placement order which allows a local authority to place a child for adoption (Department for Education, 2025; Shaw and Greenhow, 2021).

Children and young people in care can be accommodated in a variety of settings by the local authority, either through local authority administered placements, or in placements with private agencies or voluntary organisations. These can include foster homes (including with family or friends), children’s homes, secure units and semi-independent or independent

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<sup>4</sup> The Department of Education sets policy, legislation and statutory guidance for child protection and education in England only. It does not cover Northern Ireland, Scotland or Wales, which have their own devolved governments and regulations for ‘looked after children’.

<sup>5</sup> Such as, interim care orders, emergency protection orders and placement orders, for example.

settings, such as hostels or flats. According to Shaw and Frost (2013), for financial<sup>6</sup> and ideological<sup>7</sup> reasons, most children and young people in England are placed in foster homes (67% as of 31<sup>st</sup> March 2025). A further 12% were placed in children's homes and secure settings, 9% in supported accommodation and 6% placed with parents (the remaining 6% were placed in 'other' placements or settings, or for adoption). These figures have remained relatively stable over recent years. However, while the number of children and young people being placed in specific settings has remained broadly stable, who this provision is owned and managed by has changed drastically over recent years.

Due to a decrease in local authority provision (Children's Commissioner, 2020), resulting from budget cuts, austerity measures and subsequent closures of council-run children's homes (Shaw and Greenhow, 2021), there has been a significant increase in the number of private for-profit companies providing accommodation for children and young people in care. As of 31<sup>st</sup> March 2025, private for-profit providers run approximately 84% of children's homes (Department for Education, 2025) with a growing number of independent fostering agencies also being owned by private companies. These privately run homes are often located in areas with low-cost housing rather than where need may be highest (Goodair et al, 2026). As a result, concerns have been raised regarding the ethical implications of making profit from children's social care and whether profit-focused motivations are compatible with achieving the best possible outcomes for children in care (Howard League, 2018; Shaw and Greenhow, 2021).

Having provided a brief overview of the care system, the following sections will examine how pre-care adversity and experiences within the care system may interact to shape young people's vulnerability to exploitation and involvement in 'county lines' drug supply.

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<sup>6</sup> Foster homes cost up to eight-times less than alternative placements, such as residential care (Committee of Public Accounts, 2026).

<sup>7</sup> Foster homes are preferred as they can provide family-like environment that reflects the belief that children should grow up in normal family settings (Foster and Shaw, 2013).

### 2.4.2 Before care

Research demonstrates that young people<sup>8</sup> entering care often do so following exposure to multiple forms of adversity (Oakley et al, 2018). By definition, entry into care means they have been placed at risk and may come from backgrounds of deprivation, poor parental supervision, abuse or neglect, family substance misuse and mental health difficulties (Anderson et al, 2001; Bennett, 2022; Darker et al 2008; Pritchett, 2015; Schofield et al, 2012). It can be argued, therefore, that these experiences can lead to worse outcomes, such as in educational attainment (Higgins, et al, 2015), criminal justice involvement (Hunter et al, 2023), and mental health issues (Smith, 2017), and ultimately have long-lasting impacts on their emotional, social and physical wellbeing (Hunter et al, 2023). Importantly, experiencing some of these factors can have a significant impact on a young person's development and future life chances (Coman and Devaney, 2011; Taylor, 2006), and lead to experiencing trauma (Blades et al, 2011).

It is well established that young people in care are likely to have experienced significant trauma prior to entry into the care system (Furnivall and Grant, 2014). In fact, two-thirds of children are currently in care due to abuse, neglect or absent parenting which can often generate psychological and emotional trauma (Department for Education, 2025). Early experiences of neglect that can lead to trauma can have a series of harmful effects that continue through childhood, adolescence, and even into adulthood. According to Furnivall and Grant (2014) this can influence all aspects of a child's life, hindering their ability to learn self-regulatory skills, adapt to structured educational settings, and form secure, trusting relationships. Consequently, exposure to these forms of trauma in childhood is closely associated with a range of the aforementioned negative outcomes later in life. Importantly, they are also associated with an increased risk of exploitation (Children's Commissioner, 2019). With that said, however, the aim of the care system is to improve upon these circumstances and help young people overcome some of these challenges. However,

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<sup>8</sup> This review focuses on young people in care in general terms and does not explicitly differentiate by race, gender, or ethnicity. However, a growing body of research highlights the importance of these dimensions. For example, Barnardo's (2023) examines the experiences of Black care-experienced young adults in the criminal justice system, while Hunter et al (2023) explore the relationship between care experience, ethnicity, and youth justice involvement. In relation to gender, Shaw et al (2024) examine the exploitation of girls in care, Staines et al (2024) explore the experiences of care experienced girls and young women within the youth justice system, and Fitzpatrick et al (2022) analyse pathways between care and custody for girls and women.

evidence suggests that the care system itself can also exacerbate existing vulnerabilities and even create new ones (Coy et al, 2017; Shaw, 2017), as will be discussed below.

### 2.4.3 During care

As established above, care experienced young people are at increased risk of exploitation compared to their peers who are not in care (Barlow et al, 2021; Caluori et al, 2020; Home Office, 2017; McLean et al, 2020; NCA, 2015; Safeguarding Network, 2025; Shaw and Greenhow, 2021; Stone, 2018; Turner et al, 2019). These children are considered vulnerable as a result of the often-traumatic pre-care experiences that led to them being placed in care in the first instance (Shaw and Greenhow, 2019), as discussed above. However, while for many children entry into care can improve their circumstances (Oakley, 2018), it is also recognised in the literature that certain in-care experiences can add to the perception of vulnerability as well (Coy et al, 2017; Shaw, 2017). These experiences can include placement instability (Schofield et al, 2012) and being placed with peers who are also at risk of offending and exploitation (Oakley et al, 2018). However, Coy et al (2017) and Shaw (2017) also argue that failings within the care system can exacerbate existing vulnerabilities and establish new ones, further adding to the challenges many young people in care face. This ‘systemic abuse’ combined with a ‘culture of care’ (O’Neil, 1997) that sees young people experience frequent placement moves, sometimes out of their home area (Howard League, 2020; MacAlister, 2022), away from crucial support systems, and in settings where they may be left without consistent support or adult oversight (Children’s Commissioner, 2023) can increase the perception of young people in care as vulnerable (Coy, 2009; Shaw and Greenhow, 2021). Some of these factors will be explored in more depth below.

#### 2.4.3.1 Placement instability

Placement instability refers to numerous changes in placements and/or caregiver for a young person following entry into care and is a major challenge embedded within the care system (Maguire, 2024). As of 31<sup>st</sup> March 2025, 10% of the care population had experienced high placement instability (3 or more placements) in the previous year (Department for Education, 2025). According to Shaw and Greenhow (2021), such frequent placement moves can have an adverse effect on young people in care, significantly increasing their vulnerability. Oakley et al (2018: 19) note that frequent placement moves can create a ‘climate of instability’ and increase the chances of negative outcomes for young people in care, such as poorer mental

health and educational attainment (Rock et al, 2015), while MacAlister (2022) also explains that this can impact a young person's relationships and sense of belonging. Furthermore, the Howard League (2017) suggest that placement instability can also lead to an increased risk of going missing, which in turn can increase the risk of exploitation. A key issue with placement instability is the challenges for young people in building positive relationships with trusted adults. Indeed, Wood and Selwyn (2017), found that young people in care highlighted consistency in social workers and support staff as being of high importance to their overall wellbeing, and this was eroded when placements frequently changed.

In summary, when entry into care is met with stable and secure environments, this can significantly improve outcomes (health and wellbeing, education, justice involvement, for example) for young people care. However, when placements are unstable and key relationships are consistently broken, this can exacerbate pre-existing problems and create new ones for young people in care (Oakley et al, 2018). Importantly, in the context of this research, placement instability can create the conditions that heighten vulnerability and thus, increase the likelihood of exploitation.

#### *2.4.3.2 Out of area placements*

Local authorities have a duty to secure placements for young people in care within their boundaries and close to the child's home and education setting wherever possible (Department for Education, 2025). However, recent data suggests that many young people (44% of the in-care population) are placed outside of their home local authority boundary due to a shortage of appropriate placements in their local area (Department for Education, 2025), particularly given the increase in private provision away from high need localities, as outlined earlier (Goodair et al, 2026). While placements outside of a young person's local area are often used for safeguarding purposes, they are increasingly being used because of a lack of appropriate accommodation within local authority boundaries (Education Committee, 2025). This results in young people being separated from their schools, social workers, from local services, and importantly, their families and friends. According to Bostock, (2004), removing a young person from these key support networks can cause social isolation and loneliness and can disrupt identity formation. Shaw and Greenhow (2021) further note that such distant placements can also compromise the ability to keep young people safe and can impact their personal wellbeing, creating feelings of loneliness and social isolation which can exacerbate existing adversity and trauma experienced prior to entering care (Become, 2024).

In the context of exploitation related to ‘county lines’, distant placements make it difficult to safeguard young people, particularly as the ‘host’ local authority often lack the necessary resources to intervene when a young person is placed within their boundary by another local authority (Caluori et al, 2020). Moreover, key information about the young person becomes fragmented so services in the ‘host’ authority lack crucial information that can help maintain their safety and wellbeing. Importantly, there appears to be a link between being placed at distance and missing episodes (All Party Parliamentary Group (APPG) for Runaway Missing Children and Adults, 2019). The APPG for Runaway Missing Children and Adults (2019) suggest that young people placed large distances away from home are often not supported to keep in touch with their key support networks. This can lead to them going missing from their placements which puts them at risk harm and exploitation (Caluori et al, 2020).

In summary, out-of-area placements, if not facilitated correctly, can be detrimental to a young person’s personal wellbeing and can generate the conditions that can escalate risk. This is particularly the case with the challenges inherent in communicating across borders and services and where crucial information becomes fragmented.

#### *2.4.3.3 Semi-independent settings*

Linked to the two previous points, published data shows that there has been a sharp increase in the number of adolescents entering the care system in England over the past decade: an 18% increase (to 30,930) among 10–15-year-olds and a 44% increase (n-22,060) among 16-and-17-year-olds since 2015 (Department for Education, 2025). Amidst a backdrop of funding cuts, increased demand for children’s social care and a decline in the number of foster carers (The Fostering Network, 2024), local authorities have been presented with the task of ensuring that an increasing number of adolescents, often with multiple complex needs, have an appropriate placement that offers a safe and supportive environment (MacAlister, 2022). As a result, there has been a notable increase in the number of 16-and-17-year-olds being accommodated in independent and semi-independent settings where ‘support’ rather than ‘care’ is provided, and where young people are more likely to be left without consistent support or adult oversight (Children’s Commissioner, 2023). This raises a number of issues, not only due to the lack of supervision and care being provided, but also as many of these settings accommodate individuals with a variety of vulnerabilities and needs (Children’s Commissioner, 2020), in addition to many of these settings being privately owned, often away from the young person’s local area and located in densely populated areas with high rates of crime and deprivation (Caluori et al, 2020).

Over a decade of underfunding combined with rising demand has led to staff shortages, increased workloads and contributed to a high turnover of staff, such as social workers and residential care staff (MacAllister, 2022). Curry (2019) suggests that these conditions can significantly impact the emotional and relational wellbeing of the young people in these settings and can affect the continuity of care. Moreover, a lack of suitable placements, especially for older adolescents, has forced local authorities into placing young people, who often have complex histories of trauma, in settings that often do not have the staff or the systems in place to provide the support necessary to meet their needs. The combination of these systemic issues has led to some young people being placed in environments that may increase the risk of exploitation. This was noted by the Children’s Commissioner (2020) who highlighted the increased risk of missing episodes for young people placed in these settings. Nationally, a third of all children in care who went missing from their placement in 2023/2024 went missing from independent, semi-independent or supported accommodation, despite just 9% of children in care being placed in these settings (Department for Education, 2025). While there is not necessarily a direct link between the two, in their study on ‘looked after children’ and ‘county lines’ Caluori et al (2020) found that 50% of children flagged for ‘county lines’ and 31% flagged for child criminal exploitation had gone missing from their placement, which suggests there is a strong association.

Nevertheless, when semi-independent and independent settings are facilitated correctly, with support that matches individual need, long-term risk can be reduced by preparing adolescents for adulthood (MacAlister, 2022; Webber et al, 2023). However, as MacAlister (2022) suggests, being placed in a setting that can provide this supportive environment is increasingly unlikely when the care system is struggling to keep up with demand amidst a backdrop of funding cuts, the marketisation of children’s social care housing and an increase in profit-driven independent providers. The structural pressures identified here may indirectly heighten vulnerability to criminal exploitation, particularly where young people are placed far from familiar support networks or in areas with active drug markets (Caluori et al, 2020).

The literature outlined above demonstrates how the risks experienced by care-experienced young people are both structurally and systemically produced through backgrounds of adverse experiences and marginalisation, as well as through a care system that often fails to adequately protect and support them. This body of research clearly highlights these factors as contributing to the perceived vulnerability of care-experienced young people to exploitation. While such studies provide valuable insights into risk factors and vulnerability,

they often do so without considering the strengths and adaptive capacities of young people themselves, or their motivations for engaging in activities such as drug supply. As a result, these explanations tend to be largely deficit-focused, framing vulnerability as inevitable and enduring. Yet vulnerability is neither fixed nor static. There remains a need, therefore, for research that moves beyond documenting vulnerabilities and risk factors to adopt a strengths-based perspective, emphasising the adaptive capacities young people develop in response to unmet needs within contexts of constrained choices, marginalisation, and the broader structural and systemic conditions of the care system.

## 2.5 Agency and the victim-offender binary

As has been outlined in the previous section, exploitation is considered an integral element of ‘county lines’ drug supply (HM Government, 2018). A typical ‘county line’ requires an extensive supply of individuals operating at the retail end of the supply chain, such as ‘runners’ (delivering drugs to users) ‘couriers’ (transporting drugs between locations), and ‘sitters’ (responsible for managing a cuckooed property) (Coomber and Moyle, 2018; Macdonald et al, 2022; Windle et al, 2020), for example. Although some young people are paid to undertake these roles, others participate to settle drug-related debts, while many are compelled through coercion or exploitation. Young people involved in ‘county lines’ activity are often portrayed as passive victims who are manipulated or coerced into drug supply by ‘gangs’ and organised criminal networks (McLean et al, 2020). However, they are also often arrested, prosecuted, and treated as offenders. This disparity contributes to the complexity surrounding whether individuals involved in running drugs in ‘county lines’ operations are perceived as victims or are offenders who have displayed agency in their decision-making process.

The categories of victim and offender are conceptualised as being mutually exclusive, opposing roles (McEvoy and McConnachie, 2012), with the offender serving as the reference point against which the victim is defined, embodying all that a victim is not meant to be (Rock, 1998). In this context, victims are positioned as innocent, deserving and in need of protection and support, while offenders are seen as deviant and underserving (Drake and Henley, 2014; McAlinden, 2014). In reality, however, intersecting experiences of victimisation and offending frequently occur with a substantial body of literature supporting the existence of the ‘victim-offender overlap’: the concept that individuals who engage in

criminal activity also experience high levels of victimisation (see for example, Averdijk et al., 2016; Jennings et al, 2012; Pyrooz et al, 2014; McEvoy and McConnachie, 2016).

This victim-offender overlap is evident throughout the literature on ‘county lines’ where young people have been found to fall into the category of victim through experiences of grooming and coercion whilst also going on to commit serious criminal offences and causing significant harm to others (Coliandris, 2015; McLean et al, 2020; Moyle, 2019). While it is common for young people to reject the victim label, Robinson et al (2019) suggested that the young people in their study acknowledged that they were being ‘used’. However, they also note that they engaged in drug supply through their own rational choice, often doing so for the status and financial reward this can bring (Robinson et al, 2019). Similar findings were reported by Windle et al. (2020), who interviewed a young person displaying ‘textbook’ signs of exploitation, but who emphasised that his decision to engage in drug supply was based on a need for money rather than as a result of exploitation. Taken together, these findings complicate dominant narratives that portray young people solely as passive victims, instead highlighting the coexistence of exploitation and agency within ‘county lines’ activity.

What this suggests, therefore, is that the categories of victim and offender represent a false binary (Caluori et al., 2022). Rather than occupying fixed positions, young people involved in ‘county lines’ may move between, or simultaneously inhabit, both identities. For example, a young person could be coerced or manipulated in one scenario, yet display agency and control in another (Harding, 2020; McLean et al, 2021). Importantly, interlinked within the false binary of victim and offender are the motivations and decision-making processes of the young people involved. While some young people are groomed and forced into supplying drugs, others also display varying degrees of agency and do so as a result of an array of motivations (Atkinson-Sheppard, 2024).

Since the introduction of the United Nations Convention on the Rights of the Child in 1989, children have been considered as ‘active in the construction of their own lives, the lives of those around them and of the societies in which they live’ (James and Prout, 1990: 8), reflecting a shift toward viewing children as ‘social actors’ or ‘active agents’ in their own lives (Atkinson-Sheppard, 2024). However, as Whitehead et al (2007) suggest, rather than ‘having agency’ children should be considered to ‘exert agency’, often within structurally constrained environments. Children and young people, therefore, do not have ‘full agency’ but exert it within the limits imposed by the ‘structures and rules already in place within a

society' and according to their own motivations and willingness to achieve their goals (Atkinson-Sheppard, 2024: 233).

While young people's choices and agency can be impacted or constrained for a variety of reasons, of particular importance in the context of this study is the role marginalisation and poverty can have. Honwana (2015), for example, introduces the concept of 'tactical agency' to describe how young people navigate constrained circumstances, making pragmatic and adaptive decisions to negotiate survival, opportunities, or protection, even in contexts of exploitation or marginalisation. In the context of 'county lines', experiences of marginalisation and poverty are considered key drivers for involvement (McLean et al, 2020). Harding (2020) suggests that underlying structural conditions such as poverty, lack of education and limited labour market access makes 'county lines' involvement seem like one of the few viable pathways for income and status. Atkinson-Sheppard (2024:237) found that some young men's participation in drug supply was 'tactical' in that it was used as a way to 'get out' of 'their current living situations, often in overcrowded accommodation, in urban areas, facing poverty, marginalisation, issues with family and peers, and so on'. Similarly, Hesketh and Robinson (2019) introduced the concept of 'deviant entrepreneurship' to describe young people's engagement in drug supply as a result of marginalisation, rising inequalities, and a lack of suitable opportunities. According to Hesketh and Robinson (2019) young people may engage in drug supply in order to obtain their desired goals, applying entrepreneurial skills, innovation, and opportunity-seeking behaviour that mirrors legitimate business practices. This can therefore, be seen as an adaptive and rational choice in response to their limited social and structural circumstances (Hesketh and Robinson, 2019). Moreover, some young people become involved for status, reputation and the acknowledgement of being a 'somebody' (Young, 1999). Earning 'street capital' (Harding, 2014) not only brings reputation and status but is a form of 'protection agency' essential for survival on the street (Atkinson-Sheppard, 2017).

What this shows is that agency is not homogeneous (Atkinson-Sheppard, 2024) but can fluctuate across time and space and can be shaped by broader social conditions such as marginalisation, poverty and social inequality (Atkinson-Sheppard, 2024; Hagedorn, 2014; Harding, 2020). Importantly, this complicates the false binary of victim and offender by demonstrating that experiences of exploitation and agency are not mutually exclusive. Instead, young people involved in county lines may simultaneously experience victimisation while exercising varying degrees of choice and decision-making. Recognising this

complexity is essential for developing more nuanced understandings of ‘county lines’ involvement and for informing responses that move beyond simplistic victim–offender classifications.

## 2.6 Conclusion

Taken together, the literature reviewed in this chapter highlights several important tensions in understandings of ‘county lines’ drug supply and the involvement of care experienced young people. Foundational research on UK drug markets consistently demonstrates that such markets are fluid, fragmented, and locally contingent rather than hierarchically organised or centrally controlled. Within this context, the emergence of ‘county lines’ as a dominant explanatory framework represents a particular way of conceptualising drug supply that risks oversimplifying the diversity and variability of local drug markets. While the concept reflects genuine shifts in some forms of drug distribution, its widespread adoption within policy, practice, and research has also generated significant conceptual ambiguity, with the term increasingly functioning as a broad and sometimes inconsistent descriptor for a wide range of drug supply activities.

This ambiguity is particularly evident in practitioner-based research, where there are often divergent understandings of what constitutes ‘county lines’ activity and how it should be operationalised in practice, despite a shared terminology. Although such studies provide valuable insights into practitioner perspectives, they rarely interrogate the conceptual assumptions underpinning the term or examine how these interpretations shape interventions and responses.

Alongside these conceptual issues, the literature addressing the vulnerability of care-experienced young people emphasises the role of structural and systemic factors, including adverse childhood experiences, marginalisation, and limitations within the care system itself. While this body of research provides important insight into the conditions that may increase vulnerability to exploitation, it has tended to adopt a predominantly deficit-focused perspective. In doing so, it often frames vulnerability as fixed and enduring, with comparatively little attention paid to the adaptive capacities of young people or to the motivations that may shape their involvement in activities such as drug supply.

Relatedly, emerging scholarship on exploitation and agency suggests that the experiences of young people involved in ‘county lines’ cannot be adequately understood through simplistic victim–offender binaries. Agency is neither uniform nor static but instead fluctuates across

time and context and is shaped by broader structural conditions, including poverty, marginalisation, and constrained opportunities (Atkinson-Sheppard, 2017; 2014; Hagedorn, 2014; Hardin, 2020). Recognising this complexity is essential for understanding how young people navigate involvement in drug supply while simultaneously experiencing varying forms of exploitation.

Taken together, these gaps highlight the need for research that moves beyond dominant narratives of ‘county lines’ and beyond deficit-focussed accounts of vulnerability. Instead, there is a need for research that situates ‘county lines’ within the broader heterogeneity of drug markets, critically examines how the concept is understood and operationalised in practice, and highlights the complex interplay between structural constraints, exploitation, and the adaptive capacities of young people themselves. As such, this study seeks to contribute to a more nuanced understanding of ‘county lines’ by exploring how it is conceptualised, how care experience is understood in relation to vulnerability and exploitation, and how practitioners negotiate the complex terrain of victimhood, agency and culpability when responding to young people involved in drug supply.

### 3 CHAPTER THREE: Methodology and Methods

This chapter will provide a methodological account of how the research reported on in the subsequent chapters was undertaken. While the following chapter will outline the research journey and the personal and practical challenges experienced in conducting the study as a lived experienced researcher, this chapter will outline the processes and procedures involved in developing the finished thesis. It will first set out the research questions that guided the study and provide a rationale for the qualitative approach adopted in the research design. It will then set out the sampling and participant recruitment strategy utilised in the study, which will include details of the participants who took part in the study and the methods of data collection adopted with these participants. The methods used to conduct the study will then be thoroughly explained before then outlining the analytical strategy used to produce the findings that will be outlined in chapters Five, Six and Seven. The penultimate section will explore the ethical considerations posed throughout the course of the study. Here, informed consent and confidentiality and anonymity are discussed at length, in addition to issues unique to this study, such as conducting research with friends, witnessing criminal acts and researcher safety. The chapter will conclude with a reflection on the limitations associated with the study.

The original intention of this study was to understand the involvement of care experienced boys and young men in ‘county lines’ drug dealing. At the outset of the project, an initial set of research questions were formulated that sought to address this aim with the research being designed in a way that centred the voices of care experienced boys and young men. However, as significant ethical, practical, and access-related constraints limited the feasibility of directly engaging this population, as discussed in the next chapter, the study reconceptualised its focus to examine how care experienced boys and young men are understood and spoken for within professional practice, in addition to seeking to develop in-depth insights into the current landscape of local drug supply. Rather than attempting to represent the voices of young people through practitioner accounts, the research critically interrogates how such voices are interpreted, filtered, and at times silenced within practitioner discourse. This resulted in the study adopting an emergent and reflexive research design (Morgan, 2008) in

which the research questions were continuously refined, in part due to access constraints, but importantly, in response to insights generated during data collection (Cloutier, 2024). The refined research questions presented below reflect the final analytical focus of the study, developed through engagement with the data and access constraints:

1. How do practitioners conceptualise ‘county lines’ drug supply, and how do these understandings shape the identification of exploitation and responses to young people?
2. How do practitioners construct and explain the relationship between care experience and vulnerability to involvement in ‘county lines’ among boys and young men?
3. How do practitioners negotiate notions of victimhood, agency, and culpability in their accounts of care experienced boys and young men involved in ‘county lines’ drug supply?

In order to sufficiently answer these questions, I needed to capture the experiences and interpretations of practitioners and other key figures who work or have worked directly with care experienced boys and young men and/or who have knowledge and experience of the supply of illegal drugs and criminal exploitation. With this in mind, a qualitative research design that was emergent and inductive in nature was selected. This approach allowed for rich and nuanced insights to be uncovered on complex and contested issues, such as those at the forefront of this study. A qualitative research design involves collecting non-numerical data, which may come in the form of written text, video or audio data (Bryman, 2016) and can encompass a wide range of methods for doing so, such as interviews, focus groups, and observations, for example (Silverman, 2022). For this study, interviews were utilised as the primary research method. More specifically, semi-structured interviews and informal conversations were used as the main tools for collecting data.

Qualitative methods such as semi-structured interviews and informal conversations have numerous benefits (Ruslin et al, 2022; Swain and King, 2022; Zhang and Wildemuth, 2009). Semi-structured interviews offer a flexible yet systematic approach to data collection, making

them particularly well suited to this project that was exploratory in nature. They also enable the collection of rich, in-depth data by encouraging participants to reflect on their experiences, interpretations, and professional judgments. Informal conversations, on the other hand, can allow for more naturalistic data (Swain and King, 2022) by facilitating open-ended and flexible discussions (Zhang and Wildemuth, 2009) which can provide access to data that may not emerge in a formal interview setting. As such, combining semi-structured interviews and informal conversations strengthened the study by enhancing the depth of the data, allowing for triangulation and thereby increasing the credibility and validity of the research findings (Noble and Heale, 2019). This, therefore, enabled a more comprehensive understanding of how care experienced boys and young men's involvement in 'county lines' is understood through a practitioner lens.

Of course, these methods are not without their limitations. Using semi-structured interviews and informal conversations is a time-consuming and resource-intensive endeavour (Lim, 2024) and can often result in studies which have smaller sample sizes, particularly when compared to studies that utilise quantitative methods (Mason, 2002). A commonly cited criticism of qualitative research, therefore, is that the findings of such studies are not generalisable (Bryman, 2016). This is an unavoidable limitation, as the findings in studies such as the one reported in this thesis cannot be considered representative of wider populations or settings. However, it was not the aim of this study to create large amounts of data that were replicable and generalisable. Rather, I sought to produce in-depth and contextually rich data on a complex and contested issue.

Despite these limitations, the methods chosen to conduct this study have a rich history in criminological research (Davies and Francis, 2011), and have been used extensively to study drug markets (see for example, Adler, 1993; Bourgois, 1995; Dorn et al, 1992; Hales and Hobbs, 2010; Harding, 2020; May et al, 2005; McLean et al, 2017; Pearson and Hobbs, 2001; Reuter and Haaga, 1989; Ruggiero and Khan 2006). Furthermore, semi-structured interviews and informal conversations (primarily during ethnographic research) have also been utilised in studies that sought to understand 'county lines' drug supply. Mills and Unwin (2020), for example, used semi-structured interviews with professionals and volunteers to explore their understandings of 'county lines'. Caluori et al (2020) also utilised interviews with key stakeholders to explore how and why young people in care are overrepresented as victims of child criminal exploitation. Furthermore, Lydon and Emanuel (2024) used semi-structured interviews with police officers involved in 'county lines' policing to understand operational

experiences and challenges, while Coomber et al (2025) conducted fifty semi-structured interviews with representatives from forty-four police forces in the UK about responses to criminal exploitation and ‘county lines’. Spicer (2021b) used a range of methods in an ethnographic study that explored cuckooing within ‘county lines’ organisations. Olver and Cockbain (2021) used semi-structured interviews with professionals working on ‘county lines’ in the West Midlands to capture understandings and challenges in responding to exploitation. Marshall et al (2024) used semi-structured interviews with seventeen young people affected by child criminal exploitation in relation to ‘county lines’ drug supply, and Moyle (2019) conducted eighteen interviews with drug market actors who had supplied drugs on behalf of out-of-town dealers or who had regularly purchased drugs from them.

Taken together, the above evidence suggests that semi-structured interviews and informal conversations have a rich tradition in criminological research and are particularly well suited to exploring the interpretations and experiences of practitioners and other key figures who have knowledge and experience of illegal drug supply and ‘county lines’. In doing so, these methods enable in-depth and contextually rich data to be generated and are, therefore, well suited to this PhD study which aims provide a nuanced understanding of an issue that is highly complex and contested.

### 3.1 Sampling, recruitment and access

Throughout this study, a total of twenty-nine individuals participated, and sixteen separate organisations were accessed from a range of criminal justice agencies, local authorities and third sector organisations. Outlined below is an overview of who these participants were, why they were selected and how they were accessed.

#### 3.1.1 Sampling and recruitment

A purposive sampling technique was used to select participants for the research. Adopting a purposeful sampling technique ensured that a cross-section of individuals with the necessary knowledge and experience were interviewed, which in turn, allowed for rich qualitative themes to be drawn out (Patton, 2002). As such, participants were criterion based (Mason, 2002) and were selected for their knowledge and expertise of local drug markets and/or knowledge and experience of working with young people in the care system. A key aim of

the study was to understand the involvement of care experienced boys and young men in 'county lines' drug dealing from a practitioner perspective. As such, suitably experienced practitioners were sought from a range of statutory and third sector services involved in providing care and/or advice to young people in the care system. However, the study also sought to explore aspects of local retail-level drug markets, to examine the nuances and variations in drug supply and how the 'county lines' model may fit in within this. It was therefore important to select a sample from which most can be learned' (Merriam, 2002: 12), and while practitioners from the services described above could offer this to some degree, it was important to gain the insights of those who were able to describe the workings and nuances of local drug markets. As such, the views of police officers (ranging from operational, intelligence and strategic leads) specialising in 'county lines' were sought, in addition to seeking the views of individuals with experience of drug supply activity at a local level. Having experiential knowledge of the activities in which I examine was also invaluable and while I acknowledge that this insider knowledge (Wakeman, 2014) is restricted to a relatively small geographical area, it has certainly been a useful addition to the study in that it has given me cultural awareness and understanding along with access to individuals who would otherwise be unavailable for research purposes.

A key objective at the beginning of the research was to forefront the voices of between twenty and thirty care experienced boys and young men and to supplement these views and insights with the perspectives of approximately eight to ten practitioners. At this early stage of the research, it was felt that eight to ten practitioner interviews were a sufficient enough sample size given the main focus of the research was the perspectives shared by care experienced boys and young men. However, due to the difficulties in accessing this group and later experiencing personal challenges in conducting community based interviews with pre-existing connections (as outlined in Chapter Four), it was deemed necessary to seek the perspectives of additional practitioners and experts in the field in order to build upon emerging themes highlighted during initial practitioner interviews and to explore new topics not previously covered. A specific number of interviews to conduct was not set at this point, instead emphasis was on data saturation. As such, interviewing was an ongoing process being carried out continuously over a twelve-month period and the decision to continue was taken after each interview. It was evident during the latter stages of the interview process that a point was reached where no new themes were emerging, and new data was no longer revealing fresh insights, which is often defined as data 'saturation' (Flick, 2018). There is no

specific criterion for when saturation has been attained (Tight, 2024) and ending the research process prematurely can significantly impact the quality of the research conducted by potentially missing new insights that may develop if further data collection was to continue (Fusch and Ness, 2015). However, it is also important to know when to draw the line, as Morse (2007: 223) notes, ‘collecting too much data results in a state of conceptual blindness on the part of the investigator’.

It was at this stage of data collection where insights and themes were consistently being replicated that I decided to complete all pre-arranged interviews and to not seek access to any further participants. At the end of data collection, a total of twenty-nine individuals participated in the study, which involved:

- fifteen individual interviews
- one group interview with five participants
- informal conversations with nine participants

The table below outlines the participants role, the sector in which they work, the form of interview undertaken, along with pseudonym and gender:

**Table 1: Overview of Participants involved in the study including, method of data collection implemented**

<b>Participant number and pseudonym</b>	<b>Gender</b>	<b>Job role</b>	<b>Sector</b>	<b>Interview type</b>
1 – Michael	M	Senior police officer specialising in ‘county lines’	Police	Semi-structured interview
2 – Andy	M	Safeguarding and public protection lead	NHS	Semi-structured interview
3 – Kay	F	Care leavers project support lead based in a custody setting	Third sector	Semi-structured interview
4 – Connie	F	Children’s social worker (working in a children’s mental health team)	NHS	Semi-structured interview
5 – Sonny	M	Risk and resilience practitioner	Third sector	Semi-structured interview
6 – Katie	F	Child exploitation case worker	Third sector	Semi-structured interview
7 – Gemma	F	Child exploitation team manager	Local authority	Group interview
8 – Carlos	M	Children’s social worker – Child exploitation team	Local authority	Group interview
9 – Heidi	F	Harmful sexual behaviour coordinator	Local authority	Group interview

10 – Lucy	F	Youth worker	Local authority	Group interview
11- Emma	F	Family practitioner	Local authority	Group interview
12 – Cole	M	Children’s social worker – child exploitation team	Local authority	Semi-structured interview
13 – Freya	F	Youth Worker	Third sector	Semi-structured interview
14 – Arnold	M	Community and education lead	Third sector	Semi-structured interview
15 – Danny	M	Youth justice service manager	Youth Justice	Semi-structured interview
16 – Jimmy	M	Senior police officer specialising in ‘county lines’	Police service	Semi-structured interview
17- Nicky	M	Criminal justice worker (drug and alcohol recovery service)	Third sector	Semi-structured interview
18 – Iona	F	Children’s social worker	Local authority	Semi-structured interview
19 – Gabby	F	Independent visitor’s coordinator	Third sector	Semi-structured interview
20 – Gina	F	Youth Justice service team manager	Youth Justice	Semi-structured interview
21 – Manny	M	Senior police officer	Police	Informal conversation
22 – Frank	M	Youth offending team manager	Youth justice	Informal conversation
23 – Morris	M	Youth worker	Third sector	Informal conversation
24 – Billy	M	Youth offending team worker	Youth justice	Informal conversation
25 – Paul	M	Senior figure involved in children’s social care reform	NA	Informal conversation
26 – Karen	F	Police officer	Police service	Informal conversation
27 – Tony	M	Senior police officer specialising in ‘county lines’	Police service	Informal conversation
28 – Tommy	M	Care experienced individual with experience in drug supply	NA	Informal conversation
29 – James	M	Care experienced individual with experience in drug supply	NA	Informal conversation

The participants outlined above were recruited from various sources. Access to the majority of the sample (n-26) was gained from sixteen different organisations, ranging from criminal justice agencies, public sector organisations, third sector organisations and local authorities. The remaining two participants (Tommy and James) were not involved in a particular service. Detailed below is an outline of the organisations accessed to recruit twenty-six of the participants for the sample (to maintain confidentiality, exact locations of the services have not been provided):

- Two local authorities based in Yorkshire and the North East of England.
- Three police forces located in the North East and North West of England
- One national law enforcement agency
- Three youth offending teams located in the North West of England, the Midlands and South East England
- A national third sector organisation working on the issue of child exploitation and trafficking within the UK.
- Two services ran by Catch-22 (a social business working with young people at risk of child criminal exploitation, gang involvement and crime) located in the South West and North West of England.
- Two services ran by a National Health Service trust located in the North West of England.
- A third sector organisation supporting vulnerable young people in the North West of England.
- A third sector organisation supporting individuals and families affected by the criminal justice or care systems.

As is evident above, participants were located across a range of areas in England. As the study evolved beyond the original research design (see Chapter Four), I wanted to broaden the scope of the study and incorporate the views of practitioners from a range of services and areas in the country. With views on ‘county lines’ differing greatly across services and areas, and with individual experiences varying across contexts, it was important to gather data that potentially reflected these differences so a broader and more nuanced understanding could be developed. As such, the study is not specific to a particular local context. Rather, the intention was to attempt to gather data from services in any location across the country. While attempts were made to access practitioners in Scotland and Wales, I was only able to access practitioners based in England. However, various geographical regions are represented in the data, and while the study is not site specific, including data from such a broad range of services and locations strengthens the richness of the dataset and supports the credibility of the analysis.

### 3.1.2 Access

Accessing practitioners and experts in the field<sup>9</sup> was achieved in various ways. At the early stages of the project, I drew upon pre-existing connections gained through previous employment. I had made strong links with various services and key staff members in the local authority in my local area from being employed for a period of eight years on the fostering and adoption panels and the public health team. It was also within this local authority that I spent my time in the care system. As such, it was my intention to draw upon these extensive links to access practitioners. After initial contact, I was duly provided with the contact details of relevant employees within the local authority who might have been able to support me with my research. This included the youth offending team, children's residential services, children's social care, and the child exploitation team. I shared many emails and video calls with senior leadership figures, team managers and social workers who assured me that my research would be shared with the relevant practitioners in the respective teams. However, I was ultimately unable to gain access to any practitioners to take part. Many practitioners who were invited to take part did not respond to the invitation, while others explained that they do not work with any care experienced boys or young men that are at risk of, or are actively involved in 'county lines' drug supply (see Chapter Five for further discussion of the challenges in identifying 'county lines' drug supply and exploitation).

This was certainly a disappointing development as I had somewhat naively expected the local authority in question to be the main source of recruitment to the study, particularly given my employment and care history with them. However, I did have a contingency plan in place in that I had contacts from other previous periods of paid employment and voluntary work in the third sector that I could draw upon. This was initially more fruitful in terms of being provided with the contact details of a several practitioners, however, this unfortunately also did not result in any interviews taking place. As with attempts to access practitioners at the local authority, several practitioners did not respond to the invitation to take part while others explained that they had no experience of working with care experienced boys and young men who were at risk of or who were involved in 'county lines' drug supply. After exhausting contacts made through previous employment, I then proceeded to broaden the scope of my recruitment strategy and widen the search beyond the services I had been

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<sup>9</sup> This section refers to how I accessed practitioners and individuals with lived experience. My attempt at accessing care experienced boys and young men and the challenges I faced with this are discussed in Chapter Four.

employed with. Through a combination of personal contacts, knowledge of services through previous employment, recommendations from supervisors, and an internet search, I was able to make contact with a wide array of services from across the UK, primarily via email, although some personal contacts were approached via the phone. Approximately one hundred and fifty individuals were contacted (to access practitioners and care experienced individuals) with a large majority not responding to the invitation, despite numerous attempts at reaching out (see Chapter Four for further discussion). However, those that did respond to the invitation to participate, as outlined above, were able to facilitate access to practitioners, which resulted in the majority of the interviews/conversations taking place.

The process outlined above refers to accessing practitioners and experts in the field. This process was not necessary when accessing individuals with knowledge and experience of drug supply activity, as these conversations were carried out with individuals whom I had prior connections with (Tommy and James). I had established many contacts over the years living among individuals involved in supplying and using drugs and while many of these bonds were purposefully broken when I decided to change the course of my life, I did maintain contact with small number of individuals to some degree. As such, the process of arranging conversations was relatively straightforward as many of these conversations were occurring naturally during time spent socialising or over WhatsApp messaging and/or phone calls. All the individuals were aware of the research I was conducting as part of the PhD. All of these participants expressed that they did not wish to be interviewed formally for the research, but they were happy to have the relevant information discussed within the conversations to be used in the research on the condition of strict anonymity and confidentiality (this will be discussed in more depth in the ethics section of this chapter).

### 3.2 Gatekeepers

The issues faced during this research project in relation to gatekeepers and the complexities of gaining access will be discussed in some depth in Chapter Four. Nevertheless, accessing some of the participants involved in this research was achieved through the support of a gatekeeper and it is the intention here to briefly outline the role gatekeepers played in supporting this access. While my overall experience with gatekeepers throughout this journey has been somewhat onerous, a number of gatekeepers approached were responsive and genuinely interested in the research and its potential outcomes. A total of four individuals acted as gatekeepers during the data collection process, allowing access to ten of the twenty-nine participants involved in the study. The majority of these participants (n=6) were accessed

through the support of a single gatekeeper in the local authority based in Yorkshire with the two other participants being accessed through a gatekeeper at Catch-22 (n=2), and two separate third sector organisations. The gatekeepers granted access to practitioners who they worked with and who they deemed to be appropriate for the research based on their knowledge and experience. Through the support of the gatekeepers, five practitioners were interviewed individually and five through a group interview, which accounted for a third of the sample size. As such, these gatekeepers were essential to the data collection process.

### 3.3 Methods of data collection

Several different methods of data collection were considered at different points of this study, ranging from carrying out ethnographic fieldwork in a residential children's home to conducting biographical interviews in a custodial setting. However, due to access constraints (see Chapter Four) the study evolved and adapted, which in turn, altered the methods required to conduct the study. Resultingly, the emphasis of the study changed to focusing on the views of practitioners, with the addition of being informed by the knowledge and experience of experts in children's social care and individuals with drug supply experience.

To allow a nuanced and in-depth exploration of the perspectives of these individuals, this study utilised an explorative qualitative research design. More specifically, this study employed the use of individual and group semi-structured interviews and informal conversations as the main methods of data collection. The sections below outline further the specific research methods used in the study, along with highlighting the practical steps involved in carrying out the research.

#### 3.3.1 Semi-structured interviews

Semi-structured interviews were selected as the main data collection method as they most suitably met the needs of the research objective that centred on understanding how practitioners involved in the children's care system and/or in tackling 'county lines' and criminal exploitation understand and explain the involvement of boys and young men with care experience in 'county lines' drug dealing. Semi-structured interviews are one of the most widely used forms of interviewing in qualitative research, in part because they offer an effective and efficient means of generating information from a research participant (Dunn, 2000). This approach allowed the researcher to ask meaningful questions while encouraging in-depth detail from the personal experiences of the participants, without being restricted by a strict interviewing format (Bryman, 2016).

Practitioner interviews were intentionally kept informal in nature with a conversational approach being preferred where possible. Adopting a conversational approach allowed for unanticipated contributions from practitioners, which often lead to more ‘organic’ interactions than a highly structured and pre-scripted format would have allowed (Mason, 2002: 64). However, to ensure the interviews remained focused on issues relevant to the research, a broad interview guide was developed. Interview questions were developed on specific topics and areas of interest, but space was given to allow practitioners to pursue issues and events that they viewed as important (Bryman, 2008).

Practitioner interviews varied in length and lasted between 35 minutes and 90 minutes. The interviews began by asking the practitioner background information, such as what their job role is and in what context they worked with care experienced boys and young men or in tackling ‘county lines’ and child criminal exploitation. This was followed by a series of questions related to three broad topic areas deemed essential in developing an understanding of how practitioners explain and understand ‘county lines’ and child criminal exploitation and the involvement of care experienced boys and young men within this. While only a single interview guide was developed, the questions asked differed slightly depending on the practitioner involved and the role they carry out. For instance, some questions were omitted when interviewing a member of the police force, while a greater emphasis was placed on other topics when interviewing staff from children’s services.

The semi-structured interviews were conducted in a variety of ways and how this was done was largely dependent on where in the country a practitioner was located. Practitioners involved in the study were located across a wide geographical area, namely, Cheshire, County Durham, Cumbria, Lancashire, London, Merseyside, Northumberland, Tyne and Wear, West Midlands, Yorkshire and one nationally focussed. As such, out of necessity, all but one of the twenty participants who took part in a semi-structured interview were interviewed remotely, either via Microsoft Teams (MS Teams) (n~17) using my Durham University account, or over the phone (n~2) using a sim card bought specifically for the research. While face to face interviews would certainly have been the preferred choice for all of the interviews (for reasons outlined in the sections below), the geographical barriers, the cost and the significant time commitment this would have required, meant that it was not feasible or practical to conduct all of the interviews in person. Conducting interviews remotely, predominantly via

video conferencing technologies was seen as the most viable and cost-effective alternative to interviewing in-person (Sedgwick and Spiers, 2009). The sections below explain how interviews were conducted in more detail.

#### *3.3.1.1 Semi-structured interviews (Microsoft Teams)*

Seventeen of the twenty participants who took part in semi-structured interviews were interviewed over MS Teams using my Durham University account. With the exception of two failed attempts to access MS Teams (due to an app update being required), interviews ran as they would have done in-person. Research suggests that video conferencing can replicate and, in some circumstances, improve upon traditional methods, including face to face interviews (Archibald et al, 2019; Braun, Clarke, & Gray, 2017; Deakin & Wakefield, 2014), in part, due to their resemblance to face to face interaction, but also because of their convenience, cost-effectiveness, and flexibility (Archibald et al, 2019). The ability to see the participant and to engage with them in real time was also a major benefit as it helped facilitate engagement, build trust, and promote natural, relaxed conversation (Archibald et al, 2019: 4).

Five of the twenty participants who took part in a semi-structured interview over MS Teams were based within the same service and were interviewed as part of a group. Similar to a focus group, a group interview is an interaction between participants in order to gather data (Kitzinger, 1995). They are essentially group discussions in which the researcher asks a set of questions and encourages participants to talk, ask each other questions, and share experiences (Kitzinger, 1995). Group interviews had not been originally planned with practitioners, but the opportunity arose when a gatekeeper suggested joining the end of a team meeting to speak to the group rather than individually. I intended to ask the same questions as in individual interviews; however, with five practitioners responding in depth, some questions were prioritised due to time constraints. Nonetheless, important data were gathered, with practitioners in different roles sharing ideas and experiences, generating valuable insights. All online interviews were recorded via MS Teams, then downloaded, transcribed into Word, and analysed.

#### *3.3.1.2 Semi-structured interviews (telephone)*

Two of the twenty participants who took part in semi-structured interviews were interviewed over the phone using a dedicated sim card bought for the purposes of the research. The intention was for these interviews to be carried out over MS Teams. However, I struggled to access the scheduled meeting which resulted in the interview being carried out over the phone

shortly after the scheduled meeting time. It was later discovered that an app update was required to fix the issue with MS Teams. Prior to commencing the practitioner interviews, I was aware of the possibility that some interviews may have to be conducted in person or over the phone as opposed to over MS Teams, due to issues such as, reluctance to discuss sensitive topics online (Varma et al, 2021), and unreliable technology such as, a weak internet connection (Sedgwick and Spiers, 2009), for example. However, not being able to access scheduled meetings due to an app update being required was not anticipated beforehand. While not a major issue, it is certainly something to bear in mind for future research using online technologies to carry out data collection.

Conducting interviews over the phone went much in the same way as those carried out over MS Teams with no issues occurring during the interviews. The conversation was able to flow in much the same way as other interviews, although, this was made easier having already corresponded numerous times over email with both participants. The two telephone interviews offered equally rich and in-depth data as the MS Teams interviews (Novick, 2008), while still offering the same advantages (convenience and cost-effectiveness). However, not being able to see the participants was certainly a drawback. While this did not inhibit the quality of the data, it certainly felt like a more unnatural way of conducting an interview, from a personal perspective. The absence of visual cues and facial expressions in response to certain questions or points of discussion certainly made understanding the participants point of view more challenging (Garbett and McCormack, 2001). Nevertheless, the telephone interview represented a valid and reliable alternative to the MS Teams interviews and remains a viable option moving forward in the absence of other data collection tools. The audio from the telephone interviews was recorded using an encrypted audio recording device and was later transcribed.

### *3.3.1.3 Semi-structured interview (in-person)*

As mentioned above, one of the twenty participants who took part in a semi-structured interview was interviewed in-person. This was made possible as the service in which the practitioner is employed was within a reasonable travel distance by car. The interview was conducted in the practitioner's place of work in a large open communal area. Due to there being a kitchen facility in the room, there were other staff members occasionally walking in and out, however, these were fleeting interruptions, and we were generally afforded the opportunity to talk without any significant disturbances. Due to the communal nature of the space with other staff members intermittently walking in and out, I decided not to record the

interview using the audio recording device and opted instead to make notes during the conversation. This decision was made partly due to sound quality issues, but also in order to avoid capturing the voices of others who did not agree to take part in the research. It is acknowledged that failing to record the interview using the audio recorder could have resulted in important information being surpassed by subsequent events, and delaying recording the information could have negatively impact the accuracy of the data (Fetterman, 2010). However, every effort was made to capture important details in the notes during the conversation, and I prioritised developing a more extensive record immediately after the interview when I arrived back at my car. I then developed this further once back at home into a record suitable for analysis.

Conducting the interview in person was certainly beneficial over other methods used in terms of being able to build rapport with the participant much quicker and the conversation flowed in a much natural manner than it would have online or over the phone. While not too dissimilar to conducting interviews over MS Teams, the in person interaction helped facilitate a stronger connection between myself and participant which lead to a more in-depth discussion. Nevertheless, conducting the interview in-person did have drawbacks, particularly in terms of the time taken to travel to and from the location and the costs associated with this, and of course, the lack of a verbatim record in this case. However, the benefits of conversating in-person certainly outweighed these negatives.

Over the course of data collection, conducting interviews with practitioners became easier and flowed in a more natural manner. This can be attributed to the number of practitioners interviewed and the increase of confidence in my interview skills and in the questions that were being presented. Following the first few interviews I had the main questions committed to memory and I was able to focus my attention on building a positive rapport with the participants. I was also able to concentrate more on building on key issues in the discussion and thinking about potential follow up questions. In doing so, the interviews were not only guided by details that were key to the research, but new and potentially important areas of concern were also brought to the fore. While it was certainly disappointing not to hear the voices of care experienced boys and young men, the practitioner interviews alone were extremely useful in addressing the research questions.

### 3.3.2 Informal conversations

While semi-structured interviews formed the foundation of the data collection, the series of informal conversations with practitioners and other key figures away from the formal interview space provided some of the most interesting and in-depth insights into the current landscape of local drug supply and the nature of the involvement of young people in care. Informal conversations are typically viewed as a key aspect of ethnographic research (Fetterman, 2010), often as part of participant observation (Bernard, 2011). However, they can also be used in more general qualitative exploration and can complement and even enhance more formal types of data generated through interview (Swain and King, 2022). Unlike the semi-structured interviews which had an explicit agenda, the informal conversations had a ‘specific but implicit research agenda’ (Fetterman, 2010: 41) which allowed for an open-ended and flexible discussion (Zhang and Wildemuth, 2009). Here both parties were aware of the purpose and general scope of the study, but there were no pre-defined interview questions to determine the direction of the discussion. As such, the informal conversations generally produced more ‘naturalistic data with less performativity from both interviewer and interviewee’ (Swain and King, 2022: 2).

I had not intended on using informal conversations as a standalone data collection tool. However, through the several informal conversations I had with a range of practitioners and experts in the field during the early stages of the research aimed at developing a broader understanding of ‘county lines’ from a local perspective and to seek out potential research sites, it was apparent that these informal and often relatively brief exchanges could facilitate the production of rich data that may not have been readily available otherwise. Further informal conversations with practitioners and experts in the field occurred throughout the course of the research. Some of these conversations were planned, for example, where access or information had been sought from a service and a meeting was set up with practitioner over MS Teams to discuss the research further or where an informal meeting had been arranged in-person and the participant expressed that they did not want to be interviewed formally. Likewise, some of the conversations were unplanned, for example, where a phone call was made to a personal contact who has expertise in children’s social care, or where conversations were occurring continuously and naturally over the course of the research through periods of socialising and over WhatsApp messaging with personal connections. Due to the informal and often spur of the moment nature of some of these conversations, recording the interactions was not possible, nor was it appropriate. As such, detailed notes were

recorded as regularly and as soon after the conversations as possible in separate dedicated word documents.

### 3.4 Data Analysis

Thematic analysis was selected as the most appropriate approach to analysing the data gathered during this research project. Thematic analysis is one of the most common forms of qualitative data analysis (Bryman, 2016), in part because it offers a structured yet flexible framework for identifying, analysing and reporting on patterns of meaning within data (Ahmed, 2025). This flexible approach was particularly useful in this study that adopted an exploratory and emergent research design as it incorporates a degree of theoretical flexibility and has the potential to enable ‘rich and detailed, yet complex account[s] of data’ (Braun and Clarke, 2006:5). Braun and Clarke’s (2006) approach to thematic analysis was used as the basis for the data analysis for this study. Adopting this approach to thematic analysis involved following a six-step process of generating codes and identifying patterns and themes (Braun and Clarke, 2006), as detailed below.

1. Familiarisation - The initial stage of thematic analysis involved immersing myself in the data. This was in part, achieved through the transcribing process. However, in order to familiarise myself further, I read and re-read the data several times to acquire some general ideas and reflect on any overarching themes which started to emerge from the data. I then made separate notes about these to consult for later stages of analysis.
2. Generating initial codes - The second stage involved the production of initial codes from the data. This involved reading interview transcripts and generating codes from segments of text that appeared interesting or important to the overall aims of the research, or which could place further emphasis on a particular topic. To avoid lack of specificity and to accurately capture the nuances in the data, one-code names were avoided. Detailed notes were also formulated regarding each code which were then used to support the development of themes in the next stage.

3. Searching for themes - The third stage involved organising the codes into potential themes and collating the relevant data extracts within each identified theme. A thematic map was used at this point to help visualise how the codes could be sorted into the different themes. Although NVivo has a feature which allows the researcher to create a visualisation of their data, I found this to be a complex and time-consuming endeavour, and I eventually opted to use the more traditional method of pen and paper to create a thematic map which made the process of visualising the data and themes easier.
  
4. Reviewing themes - The fourth stage involved reviewing and refining the potential themes. This process ensured that themes remained authentic to the data, that there was enough data to support each theme and that there was a clear distinction between them (Patton, 1990). Completing this stage involved two elements. Firstly, I read the data extracts for each theme and ensured that they formed a logical and coherent pattern. At this point, some themes were removed as it was clear that the data did not support the theme, while other themes were merged as there was little clear distinction between the two. Secondly, the efficacy of each theme was considered amongst the whole data set. This involved re-reading the data to determine whether the themes worked in relation to the data as a whole (Braun and Clarke, 2006). During this process, some themes were removed and merged again to ensure there was a coherent pattern amongst the data. The process of refining themes continued into the writing up of the finding's chapters as I found the process of writing the work caused me to reconsider some of the groupings and their meaning. Some themes were also removed later in the research as these were only relevant had there been data from care experienced boys and young men.
  
5. Defining and naming themes – The penultimate stage in this process involved defining and naming the themes. Themes were designated names that not only captured the essence of the data within them but were named in a way that made the content of the theme easily identifiable. Consideration was also given to how the themes could be constructed into the findings and discussion chapters of the thesis in a way that presented a logical and coherent argument. A brief, yet detailed explanation was also written at this stage to help identify the background of each theme.

6. Producing the report - The final stage involved writing up of the thematic analysis, as is detailed in this chapter and the writing up of the data as provided in chapters Five, Six and Seven. Each findings chapter is based on a particular theme uncovered during data analysis. Each findings chapter is supported with carefully selected extracts of data that supports the theme and answers the research questions.

As data was collected over an extended period, and with the research design and questions adapting and evolving over time, the steps outlined above were carried out several times rather than this being a singular uniform process. For example, I had to regularly familiarise myself with data throughout the study, not only as new data emerged, but also to understand the data in light of changes to the research design and/or questions. Moreover, with new data collected and fresh insights gained, codes and themes were continuously being reviewed, evolving as the study adapted and developed. As such, the approach to thematic analysis utilised in this study was well suited to this study as it allowed for a high degree of flexibility and adaptability (Braun and Clarke, 2006).

### 3.5 Ethical considerations

Prior to the commencement of data collection, ethical approval was sought and granted by Durham University's Department of Sociology Ethics Committee. Initial approval was granted to conduct the study with care experienced young men aged 18-25 years who were serving sentences in His Majesty's Prison and Young Offender Institution (HMP/YOI) at Deerbolt and with practitioners working in services in the community. Shortly after ethical approval was granted, interviews commenced with practitioners whilst awaiting a response from His Majesty's Prison and Probation Service (HMPPS) regarding the security clearance application I had submitted to be granted entrance into the prison. However, with my security clearance application being rejected and access to the prison being ultimately denied (as discussed in Chapter Four), a new ethics application had to be submitted for approval. The new application, which was subsequently approved by the ethics committee, remained largely the same with the only amendments relating to where the research was to be conducted and the age of participants. The final ethics application was approved to conduct research in community settings with care experienced boys and young men aged 16 and over, in addition to practitioners. This amended application allowed for a greater degree of

flexibility in terms of how the data was collected and where and with whom it was to be collected with.

However, ethical issues did not disappear once ethical approval had been obtained. As such, ethical practice remained an iterative and ongoing process throughout the course of the research and every effort was made to ensure that ethical considerations were continuously reviewed throughout the duration of the study. In the penultimate section of the methodology chapter, various ethical considerations pertinent to this research project are discussed, namely, informed consent, confidentiality and anonymity, the issues of researching your friends, collecting information on and witnessing criminal acts, and risk to the researcher.

### 3.5.1 Informed consent

Prior to formal interviews taking place, each participant was provided with a written information sheet outlining what the research was about, what their participation involved and what their rights were. Each participant was given ample time to review the information sheet and were given the opportunity to ask questions about the study and their involvement in it prior to interviews commencing. Upon agreeing to take part, participants were asked to sign a consent form. At the beginning of each interview, the information sheet was discussed once more to ensure the participant understood what was being asked of them and their consent to participate was confirmed before proceeding with the interview.

Formal interviews generally have the benefit of informed consent being agreed prior to the participant and researcher engaging in discussion (Nusbaum et al., 2017). However, given the nature of informal conversations, gaining informed consent in this way is not always possible. The informal conversations in this study generally lacked formality where the use of a written consent form was not always appropriate or necessary. Rather, verbal explanations were provided and where possible, open dialogue with participants was ongoing to ensure they were aware of the purpose of the study and what the information they provided was going to be used for. This was relatively straightforward with regards to practitioners. The purpose of the study was always outlined prior to a conversation taking place or in some cases at the beginning of a conversation and prior to any relevant detail being shared. Furthermore, practitioners were told explicitly that I was seeking to develop my understanding through these conversations and that what we discussed would provide general background context to the study. Therefore, in this context, verbal consent was deemed to be sufficient.

The process of seeking consent from the personal connections involved in the study required more ethical consideration. As previously discussed, the communication between me and these participants occurred naturally before and throughout the course of the research and while issues related to the study were discussed intermittently, much of the discussion was completely unrelated. As such, these conversations and interactions were not the subject of ongoing research and analysis, but rather, only relevant insights that informed my understanding of local drug markets were taken into consideration for the purpose of the study. The ethical dilemma here then was concerned with when and how often to seek consent from my personal connections given that data collection was sporadic yet consistent. While I would have been privy to these conversations regardless of whether I was conducting the research or not, it was important that those with whom I was conversating with understood which insights formed part of the study, what they were being used for, and most importantly, that they were under no obligation to allow limited details of our conversations to form part of the study.

The last point was of particular importance as I was aware that the willingness of some of the participants to take part in the study may have been motivated by a perceived obligation to support their friend, when in reality, they would not have agreed to inform a study of this kind had we not had a pre-existing relationship. In no way did I want these participants to feel pressurised or obliged into allowing the details of our conversations to form part of the study, nor did I want their consent to be a product of manipulation. Those who informed the study were aware from the outset that I was undertaking a research project of some kind. When deciding to seek their approval to use the relevant details of our conversations to inform the study, which was approximately halfway through the project, I verbally explained the purpose of the study, what type of information I would likely need from our conversations to inform my understanding and how this information may be used. Additionally, I made it clear that they were under no obligation to allow the detail of our conversations to be used for the study and that if they later wished for any information to not be used, they were free to have this information removed from the study (up to the point of submission). To aid continued transparency, this was reiterated several times over the course of the research. The reaction to this varied, from one participant being outwardly excited at the prospect of having their knowledge inform research, to another commenting *'Aye, I'm not arsed, as long as my name doesn't come out'* (Tommy). While there is no way of knowing the motives of their

decision to allow me to inform my study with the details of our conversations, it is highly likely that this was the product of trust built over many years and was in part, guided by their desire to support me in my goals.

### 3.5.2 Confidentiality and anonymity

The anonymity of participants and their responses and the security of the collected data were an important ethical consideration in this study. This was particularly pertinent given that some of the participants were actively engaged in criminal activity and to disclose their identities could lead to serious ramifications from the police and potentially others with whom they associate. As such, all participants were asked not to provide names or personal information that would make themselves or others identifiable and participants were advised that they would be referred to by a pseudonym in the thesis where interview data was directly quoted.

For the most part, maintaining confidentiality and the anonymity of participants was straightforward, particularly concerning practitioners. In most cases, interviews were formal in nature and practitioners understood the need for confidentiality and anonymity, both for themselves and their service users. Personal names and specific locations were never mentioned throughout interviews and where a potentially identifying piece of information was provided, this was changed or deleted during the transcription process to ensure anonymity remained. This was also largely the case during informal conversations with practitioners, although these tended to be more casual and relaxed in nature and there were instances where a location or particular service was mentioned. However, as these conversations were not recorded using an audio device, it was simply a case of ensuring that any identifying information was not written down in the conversation notes. However, the process of maintaining confidentiality and anonymity for certain participants was not as straightforward as outlined above. When communicating with personal connections it was impossible to refrain from using personal names, the names of other people, specific locations or other potentially identifying information. As such, it was important that precautions were put in place in order to maintain confidentiality and anonymity and by way of minimising the risk to these participants. As previously discussed, each participant was given a pseudonym to protect their identity. These pseudonyms were used during the writing of any conversation notes and will be continued to be used in any subsequent publications or presentations. Furthermore, all locations or place names were either anonymised or omitted during the writing of conversation notes and in the write up. Finally, the WhatsApp messaging service

by default is end-to-end encrypted which ensures that chats are private and cannot be read by anyone outside of the chat. As an extra layer of protection, the settings in individual chats were altered to ensure that messages automatically disappeared after 24 hours. This gave ample time to make anonymised notes of any information that may be relevant to the study. All handwritten notes were destroyed after they were transcribed.

### 3.5.3 Friends as participants

As previously discussed, I had existing personal relationships with a two of the participants in the study, and while this only represents a small selection of the overall participant number, they played a key role in informing my knowledge and understanding of the drug markets in a number of localities across a single county area. Reflecting on the ways in which this portion of the sample was achieved has presented some relevant points for discussion. The use of previously established contacts from past experiences has provided access to a typically hard-to-reach population, in this case individuals actively engaged in the supply of drugs. Data of this kind would likely not have been available to me or other researchers if a pre-existing relationship had not already been in place. As Adler (1990: 99) notes, ‘the highly illegal nature of the occupation makes drug dealers and smugglers secretive, deceitful, mistrustful and paranoid’. Having ‘insider’ status within these networks can clearly be advantageous as unique insights can be gained that would otherwise be hidden. However, using these friendship networks can also lead to ethical issues (Ditton, 1977).

For example, Duncombe and Jessop (2002) highlight the issue of ‘faking friendship’ whereby researchers seek to build rapport within a particular research population with the sole purpose of extracting data. Furthermore, they also note that using existing friendship networks in research may leave participants feeling powerless, feeling obliged to take part and unable to withdraw consent or being persuaded into giving information they were not comfortable in sharing (Duncombe and Jessop, 2002). There are, therefore, ethical issues embedded in using friendship networks in research, particularly concerning the power relations between researcher and participant. However, these issues can be mitigated somewhat by building on pre-established and longstanding friendship networks where rapport and trust are already embedded (Ward, 2008) and where data can be gathered without the need to ‘fake’ the friendship as a means of extracting data for my own personal gain. Indeed, it can be argued that having a meaningful relationship with those involved in the study can lessen the extent to which the researcher-participant relationship is exploitative (Kirsch, 2005).

The ethical considerations of involving friends in the research also went beyond the participants. Certain elements of the research with my personal connections had the potential to and indeed, did have an impact on me personally. Quite naively, I had not considered quite how much this could have impacted me prior to collecting data, particularly when attempting to collect data through community-based interviews (see Chapter Four). There was no way of knowing that physically re-entering these spaces in this context would have impacted my wellbeing in the manner that it did. I am still privy to conversations of this nature, and I am still friends with the individuals who partake in these activities. However, physically being in a space where I have lived experience of the site and its' associated culture, as opposed to hearing and talking about it brought about unforeseen personal challenges. Therefore, while having lived experience of being in these spaces and through remaining friends with those who occupy them provided insights that may not have been available otherwise, it also led me into a situation that was ultimately detrimental to my wellbeing. Thankfully, the negative effects of this were relatively short lived and I was able to continue distancing myself from the physical spaces that these activities occur within while still developing interesting insights from a network of friends who would otherwise be hard to reach. Nonetheless, it is important to acknowledge these limitations and reflections (see Chapter Four for further discussion)

### 3.5.4 Collecting information on and witnessing criminal acts

One of the aims of this research was to explore how care experienced boys and young men are involved in drug supply. It was inevitable, therefore, that information about crime and criminal acts were brought to the fore regularly throughout the research. This was mostly done through discussions with practitioners working in services aimed at supporting young people either at risk of engaging in crime or preventing further involvement in crime. However, a small element of the research involved communicating with individuals actively engaged in criminal behaviour and as a result, I was privy to conversations, and on one occasion, was in a space where drugs could have been supplied. This involved being included in conversations about the supply of drugs such as, cannabis, cocaine, counterfeit prescription medication (primarily benzodiazepines), crack-cocaine, and heroin. While I had insights of this nature prior to commencing the study, in the context of the research, I had to consider the potential ethical issues that arose from having knowledge of these crimes.

With the exception of acts of terrorism, researchers in the UK generally have no legal obligation to report a crime (Elliot and Fleetwood, 2017), although observing or having

knowledge about crimes that are unknown to the police can result in research material being subject to seizure by law enforcement. While this is hypothetically possible, it is unlikely to occur unless information held relates to a specific criminal case (Elliot and Fleetwood, 2017). Nonetheless, anonymity and confidentiality were essential components in this research, and I was ethically and morally obligated to protect the identities of the participants. As Moore (1993: 18) explains, '[t]he ultimate responsibility has always got to be one's research subjects, unless in serious circumstances in which one would probably feel compelled to act as a citizen rather than a researcher'. Fortunately, a circumstance did not arise during the research where I felt compelled to report a crime to the police. However, reflecting on this issue throughout the research I acknowledged that there were certain circumstances where I would have felt morally obligated to intervene, such as, if I became aware of the supplying of or the intent to supply drugs to a child. Thankfully, I have never come across an issue of this kind and as such, did not feel that it was necessary to bring this to the attention of those who participated. From my experience, behaviour of this kind is strongly admonished and there are clearly defined age restrictions on who can be supplied to.

### 3.5.5 Risk to the researcher

Given the nature of the research and my lived experience with some of the issues being explored, it was important from the outset to consider how the research could impact my own personal wellbeing and safety and what steps I could put in place to mitigate the risks of this occurring. I was acutely aware that gathering data on the experiences of young people in care and drug dealing activity, along with immersing myself daily in literature concerning similar issues, could potentially impact me in a negative way. This was a pertinent issue and one which I reflected on regularly throughout the course of the research. Nonetheless, I was confident from the beginning that I had the support and strategies in place to enable me to carry out the research without being overly impacted. For instance, I have received a great deal of support over recent years to enable me to come to terms with my past experiences and have developed strategies to deal with the lingering effects in an appropriate manner. Furthermore, having been employed in positions in the recent past where I have supported individuals who have experienced similar issues, I have developed the necessary skills and experience to recognise when a situation is potentially triggering and to manage this when presented with it. Finally, I had access to a wide support network throughout the research and received consistent advice and guidance from supervisors which proved to be invaluable.

While the risks of harm and distress were fortunately kept to a minimum throughout the research, there were occasions when these strategies and support systems were used to good effect. For example, as mentioned previously, I found that physically re-entering a space in which drugs could have been supplied during interviews in the community to significantly impact my wellbeing. This became apparent during the interviews and further intensified shortly after to the point that I immediately decided that I could no longer continue entering the field. Although I had not anticipated quite how much doing this would have impacted me, I was able to recognise quickly that continuing would not have been a sensible course of action. I utilised my support systems in this case and arranged discussions with my supervisors to debrief and discuss how to move forward with the research. While certainly not anticipated at the start of the research, this experience, and others along the way, have proved to be a valuable learning experience and have informed my practice as a researcher.

## 3.6 Limitations of the Study

This study has several limitations that should be acknowledged when interpreting the findings outlined in chapters Five, Six and Seven. In addition to the limitations concerning the methods of data collection outlined earlier in this chapter, these limitations relate primarily to issues of access and perspective, and they reflect broader structural challenges inherent in researching populations that are considered to be vulnerable.

### 3.6.1 Limited representation of care experienced voices

A central limitation of this research is the limited representation of care experienced boys and young men's voices in the data. As a result of the access constraints outlined earlier in this chapter and in greater detail in the next, enabling the voices of care experienced boys and young men to be fore fronted in this study was not possible. As such, the analysis in the subsequent chapters regarding care experience, vulnerability, victimhood and agency is based largely on practitioner perspectives. Consequently, this study cannot claim to provide comprehensive insights into the lived experiences and motivations of care experienced boys and young men's involvement in drug supply activities through their own subjective interpretations. While practitioner accounts are informed by professional experience and are shaped by the roles and organisations in which they work, they cannot fully capture the meanings young people themselves attach to their actions, relationships, or identities.

Nevertheless, the limited representation of the care experienced voice in the data should not be viewed as a weakness. Rather, the reasons for this should be considered a significant finding in and of itself. The findings presented in the subsequent chapters reveal how care experienced young peoples lived realities are constructed, interpreted, and acted upon in their absence by practitioners who have the power to influence decisions that impact their day to day lives. In this sense, this research contributes to understanding how care experienced young people's lives are shaped by organisational and institutional structures, and importantly, highlights the continued marginalisation and misinterpretation of care experienced young people's voices.

### 3.6.2 Practitioner interpretations

Building on the above, this study relies on practitioners' interpretations of 'county lines' drug dealing, vulnerability, exploitation, and agency. These interpretations are shaped by professional training, organisational cultures, policy frameworks, and individual subjectivities, which vary across individuals, services, and local contexts. As illustrated throughout the finding's chapters, this variation produces inconsistencies in how 'county lines' is defined, how exploitation is identified, and how young people come to be categorised as victims or offenders.

While the reliance on practitioner perspectives limits the ability to establish definitive accounts of drug supply practices or young people's involvement, it aligns with the study's focus of understanding how care experienced young people are understood and spoken for within professional practice, along with developing in-depth insights into the current landscape of local drug supply. The findings should, therefore, not be read as a direct representation of illegal drug markets or young peoples lived realities, but as an examination of how these realities are understood through a practitioner perspective.

Taken together, these limitations highlight the challenges in researching an issue that is both complex and contested, with and about a population that is regarded as vulnerable. While the absence of the care experienced voice has undoubtedly restricted direct engagement with lived experience, it also foregrounds the power of practitioner narratives in shaping how young people are understood, categorised, and silenced. Recognising these limitations is essential not only for interpreting the findings, but also for reinforcing the need for future

research that meaningfully centres the voices of care experienced boys and young men themselves.

This chapter has provided a thorough methodological account of how the research reported on in the subsequent chapters was undertaken, detailing how the research was conducted and with whom. The chapter commenced by outlining who took part in the study, providing information on who the participants were and their particular background, along with how they were accessed and recruited into the study. This chapter also outlined the methods of data collection chosen for the study, describing why they were selected and how they were applied. The analytical strategy adopted for data analysis was described, detailing each stage of thematic analysis, before then outlining in-depth the important ethical considerations that were pertinent to this study and the distinct limitations with the research. As previously explained, this chapter is complemented by the next chapter (Chapter Four) which offers a detailed discussion of some of the challenges experienced in undertaking the research that led to the final analytical focus of the study as outlined above. In the next chapter, the evolution of the project and a reflexive account of my research journey as a person with lived experience related to the topic will be discussed.

## 4 CHAPTER FOUR: Reflexive account of the research journey as a lived experience researcher

While there has been a recent drive (see for example, Antojado et al, 2025a; Antojado et al, 2025b; Dum et al, 2025; Turer et al, 2025) to include greater participation in research from people with lived experience, my experience of conducting this research is that the very barriers it sought to understand and address, were alive within the research process. The research carried out for this PhD thesis, like many research projects that seek to hear the voices of stigmatised and marginalised populations, faced some significant obstacles. These challenges ranged from, difficulty negotiating access to research sites, to structural barriers, as well as overlaps within and across my own personal biography. These encounters meant that the research design and strategy had to adapt and evolve beyond what was originally proposed. This chapter focuses on these key challenges, and how I navigated and mitigated them across the project. It shows how narratives of ‘protectiveness’ and ‘denial’ operated amongst gatekeepers and interested professionals, functioning as refusals to support access or to recognise ‘county lines’ as a potential problem worth exploring amongst care experienced boys and young men. It also highlights the emotional and embodied challenges entangled in doing research as a researcher with lived experience of the subject area.

Taken together, these issues present insights into the absence and presence of voices within research and research design. In my own research, the voices of those I sought to hear (care experienced boys and young men) ended up being an absent presence in my research. I could not include their voices in the way I had originally intended to do. This was of course, hugely disappointing, not only from a personal perspective, but also in terms of what was not said and what could have been achieved with the important and timely insights from the boys and young men I sought to include within the research. Paradoxically, however, the absence of the care experienced voice was and is very much present, and so the reasons for this absence and the resulting challenges became a key point of interest that required further exploration and discussion. Through a reflexive account of the research journey, this chapter will shine a light on some of the aforementioned challenges and bring attention to the fractures, fortunes and frustrations of research design as a researcher with lived experience.

In order to do this, an overview of the data collection process, along with a concise timeline of how this evolved, will be provided. I will then present the distinct challenges I faced attempting to carry out research with care experienced boys and young men and as a

researcher with lived experience of the subject area. These challenges are presented in three separate sections as follows: ‘getting past the gatekeeper’; ‘access denied – an unsuccessful attempt at entering prison’; and ‘resurfacing trauma – the negative impacts of doing lived experience research’. Firstly, however, an overview of the current literature on conducting research as a lived experience researcher will be examined.

## 4.1 Doing research with lived experience

### 4.1.1 Knowledge production and lived experience in criminology

With its emergence as a scientific discipline in the 19<sup>th</sup> century, criminological knowledge has traditionally been conceptualised as the product of rigorous, expert-led empirical research, grounded in objectivity, methodological precision and systematic ways of knowing (Wakeman, 2014). However, the production of knowledge is not a linear process and is not restricted to the confines of empirical research, nor is it only produced by those traditionally associated with an academic voice. The generation of knowledge is a pervasive everyday activity, evolving as individuals experience the world and subsequently reflect, learn and adapt as a result of their interactions and memberships within specific cultures and societal groups (Antojado, 2023). From this perspective, knowledge is continually produced and reproduced by those who navigate social systems.

Within the field of criminology, a slow, yet consistent shift has developed where the production of knowledge outside the realms of conventional theoretical and empirical based methodologies has been acknowledged as a valid source of epistemological wisdom with the narratives of individuals with lived experience, increasingly being recognised as a valuable source of information. In a criminological context, lived experience typically refers to the personal experiences, perceptions, and insights of individuals who have been involved in the criminal justice system either in a professional capacity or as a result of a criminal justice sanction being imposed upon them. Insights from individuals with lived experience can often provide contextual understandings of crime and its social and psychological dimensions. In doing so, lived experienced narratives can not only challenge and expand upon traditional criminological theories, but can also help facilitate the development of new theoretical understandings that reflect the complex personal and social realities of involvement in crime and the criminal justice system (Sweeney, 2022).

Despite the value and importance of incorporating lived experience narratives, criminology has been comparatively slow to embed lived experienced approaches when compared to other disciplines. Fields such as mental health (Gilbert and Stickley, 2012; Sartor, 2023; Sunkel and Sartor, 2022) and social work (Baidawi et al, 2023; Black et al, 1993; Gair, 2025), for example, have integrated this inclusive and experiential approach much more comprehensively. In mental health research, for example, the subjective lived experiences of individuals who have navigated mental health conditions are now widely recognised as a valuable source of knowledge, offering insights that could not have otherwise been gleaned through theoretical concepts alone (Sartor, 2023). Importantly, the integration of lived experienced voices in this context has offered valuable insights into the nature of mental health conditions and the effectiveness of mental health interventions, directly informing policy and practice in this area. This highlights the importance of incorporating the perspectives of individuals with direct experience of mental health conditions in research contexts, recognising that these individuals are experts by virtue of their subjective experiences. This comparative slow adoption within criminology reflects enduring concerns around credibility and authority, as well as the stigma attached to criminalised populations (Honeywell, 2023). Nevertheless, a growing body of scholarship has begun to challenge these assumptions by asserting the epistemic value of lived experience within criminological inquiry.

#### 4.1.2 Incorporating lived experience in criminology

While not as extensively integrated as in other disciplines, the significance of lived experienced narratives has certainly been recognised in criminology with scholars and academics from the UK (Brierley and Best, 2025; Earle, 2018; Honeywell, 2023; Schreche-Powell, 2025), United States (Newbold and Ross, 2013; Ortiz et al, 2022), and more recently, Australia (Antojado et al, 2025b; Carey et al, 2022) using their experiences of criminal justice involvement to advance knowledge and understanding of prisons and the broader criminal justice system. This somewhat recent interest in embedding lived experience in academic practice has given rise to specialised subdisciplines within criminology, most notably, ‘Convict Criminology’, and more recently ‘Lived Experience Criminology’. Although differing slightly in their scope, both subdisciplines focus on the personal, experiential narratives of individuals with firsthand experience of the criminal justice system.

#### *4.1.2.1 Convict criminology*

One of the most established subdisciplines is ‘convict criminology’ which draws exclusively upon the insights and perspectives of formerly imprisoned scholars and academics, arguing that the voice of the ‘convict’ has traditionally been neglected in academic and policy debates. Offering a critical view from the inside, convict criminology is an ‘attempt to bring first-hand experience of crime and criminal justice more firmly and consciously into criminological reasoning’ (Earle, 2018: 1499). Drawing primarily on autoethnographic methods as a central theoretical and methodological approach, this body of work has generated critical insights into the lived realities of imprisonment, institutional power, and penal harm (see for example, Earle, 2018; King, 2018; Richards and Ross, 2001; Ross et al, 2014; Tietjen, 2019).

As such, convict criminology has been instrumental in legitimising experiential knowledge and challenging traditional criminological perspectives. However, its focus has largely remained on imprisonment and on the personal narratives of formerly imprisoned academics, thereby limiting the range of experiences and pathways into the criminal justice system that are represented.

#### *4.1.2.2 Lived experience criminology*

Building on the foundations of convict criminology, Lived Experience Criminology has emerged as a more expansive epistemological framework. Lived Experience Criminology also seeks to foreground the experiences of those with direct experience of imprisonment but takes this further by incorporating a diverse array of criminal justice experience, including those of victims, criminal justice professionals, legal practitioners, in addition to those with experience of other forms of criminal justice sanction (Antojado, 2023). Importantly, Lived Experience Criminology also advocates for a more expansive conceptualisation of the lived realities of those within the system. This approach seeks to transcend self-narrative and engage with a wider range of academic methodologies, thereby offering a transformative lens through which criminological scholarship can evolve (Antojado and McPhee, 2024). Here, Lived Experience Criminology challenges deficit-based and singular representations of criminal justice involvement by encompassing the experiences of the often-interlinking common pathways into crime and the criminal justice system, as Antojado states (2023: 274):

The reality is, people with lived experience of the CJS are multidimensional, and their experiences with the CJS are a part, albeit significant, of their identities. The

predominant focus on the CJS aspect often overshadows the narratives of individuals' lives before and after their involvement with it. LEC stresses the uniqueness of each experience and the need for diverse experiential accounts in understanding criminal justice matters fully, and language used to frame these experiences should be one oriented towards potential and not deficit.

By encompassing these diverse experiences, Lived Experience Criminology offers a more extensive framework for understanding and acknowledging the varied pathways into criminal justice involvement. Importantly in this context, it challenges the stigmatising narratives that have long dominated criminological discourse (Honeywell, 2023).

However, while Convict Criminology and Lived Experience Criminology have both made important contributions to criminology by valuing insider knowledge and challenging traditional forms of knowledge production, they also insufficiently address the distinct emotional and psychological challenges of doing research as a lived experienced researcher.

#### *4.1.2.3 Unacknowledged harms*

Both Convict Criminology and Lived Experience Criminology rightly challenge epistemic exclusion and conceptualise real-world experience as an epistemological asset. In doing so, however, a lack attention is paid to how this insider status can also entail emotional and psychological vulnerability. These approaches do not fully acknowledge how engagement in research as someone with lived experience can resurface trauma and normalise emotional harm in the name of research, especially where the research subject mirrors their own histories of harm. As the emotional impact of such engagement is often underacknowledged, there is a risk that researchers with lived experience will absorb emotional distress as part of their scholarly contribution, further exacerbating the emotional toll experienced throughout the research.

This was particularly evident throughout this research where my own lived experience of crime, the criminal justice system and of being in care provided the backdrop to the thesis. While I was acutely aware of my own emotional vulnerability prior to commencing the research, and had plans in place to mitigate risks, I had not anticipated just how much engaging in the research would impact me on a personal level. While my lived experience of

care and criminal cultures relevant to the thesis enabled me to provide unique insights, it also acted as a source of harm throughout the research. Reading literature, conducting interviews, access denials, immersion into research sites, and even the writing up of the thesis, have all triggered memories of the past and reignited feelings of guilt, shame, trauma and anxiety. In this sense, foregrounding my lived experience, while extracting valuable insights, has resulted in me being responsible for managing the emotional consequences, consequences which are generally under-acknowledged throughout the criminological literature.

Of course, the responsibility is on the individual researchers, along with the supervisory team and funding bodies to be aware of the risks pertaining to the research so that these risks can be mitigated and managed effectively. Nevertheless, it is important to highlight the need to explicitly acknowledge researcher vulnerability, emotional labour, and the risks of re-traumatisation where the research resonates with the researchers own personal histories of harm. Doing so would ensure that the inclusion of lived experience does not come at the cost of researcher wellbeing. By accounting for both the epistemic attributes, in addition to the emotional consequences of insider research, frameworks such as Convict Criminology and Lived Experience Criminology can move toward a model of knowledge production that is not only more sustainable, but also values lived experience without the risk of unnecessary emotional harm as its price. The subsequent section will explore the emotional harms and the aforementioned challenges I faced attempting to carry out this research as a researcher with lived experience of the subject area. Before doing so, however, an overview of the data collection process is provided, alongside a concise timeline outlining its evolution.

## 4.2 Setting the scene: the evolution of the research project

As previously discussed, the original aim of this research was to explore the relationship between being in care and involvement in ‘county lines’ drug dealing, focusing specifically on the lived experiences of boys and young men. The objective was to conduct in-depth biographical interviews with the care experienced boys and young men in order to explore their journeys into ‘county lines’ involvement and to develop an understanding of if and how their experience of being in the care system played a role in their experiences of criminal exploitation. The intention was to supplement these biographical interviews with semi-structured interviews with practitioners working directly with care experienced boys and young men. In order to access care experienced boys and young men and practitioners, I

planned on utilising pre-established contacts made through previous employment at the local authority based in my local area. As a contingency plan in the event that local authority access was not forthcoming, I also had contacts at several other relevant services from other periods of employment that I could approach to seek access.

However, following several discussions with relevant staff at the local authority over an extended period of time, it soon became apparent that access to care experienced boys and young men would not be forthcoming, as will be discussed in more detail later in this chapter. From here began a journey of seeking access that was marked by obstacles, and which encompassed a variety of research designs and strategies. The following table will provide a brief overview of how the research evolved with the final adaption to the research, the one which this thesis is based, having been discussed in the methodology chapter (Chapter Three):

Table 2: Research access and design timeline

Stage	Research Plan / Actions	Outcome and Design Changes
<b>1. Initial Research Design</b>	Planned to use pre-established local authority contacts to access care experienced boys and young men and practitioners for biographical and semi-structured interviews. Engaged in prolonged email and video call discussions with senior staff. Parallel discussions with supervisors explored a potential prison-based study supported by a custody-based care leavers project. Practitioner access was pursued through personal and previous employment contacts.	Access via the local authority was not possible. Prison-based research appeared promising and was prioritised over the original contingency plan. Practitioner interviews began successfully.
<b>2. Pursuit of Prison Access</b>	Sought access to a prison setting to conduct biographical interviews with care experienced boys and young men serving sentences for drug supply-related offences, with supervisory and prison-based project support.	Access was denied due to failure to obtain security clearance, preventing the prison-based research from proceeding. Practitioner interviews continued, and the contingency plan was activated.
<b>3. Reversion to Backup Plan</b>	Attempted to access care experienced boys and young men through pre-	All recruitment attempts were unsuccessful. As the research

	established service connections. Broadened recruitment to statutory and third-sector services across the UK and used social media and charity-supported advertising.	entered its final year, the original design was deemed unviable. Practitioner interviews continued.
<b>4. Revised Research Scope</b>	Adapted the study to include interviews with care experienced men actively engaged in local drug supply, using pre-existing contacts.	Access was straightforward and data collection commenced but was halted due to personal challenges related to the research setting. The research design required further revision. Practitioner interviews continued.
<b>5. Final Adaptation: Practitioner-Focused Dataset</b>	Discontinued attempts to access care experienced boys and young men. Expanded practitioner recruitment to maximise data collection. Supplemented practitioner interviews with prior and continuing informal conversations and reflexive use of the researcher's lived experience.	The final project is based primarily on practitioner perspectives, supported by informal conversations and the researcher's lived experience of care and criminal justice system involvement.

As is evident from the table above, this study has gone through some significant changes and has had to adapt and evolve considerably beyond what was originally proposed. The changes to the research design as outlined above were in part, as a result of the obstacles I faced throughout the duration of the research, many of which were directly related to my own personal biography. Resultingly, my own lived experience of the subject matter has unexpectedly played a central role throughout the research. Not only has my lived experience enabled me to provide a deeper level of criticality to the practitioner data, but it has inadvertently shaped the course of the study itself. In the following section, I will present the unique structural, emotional and embodied challenges I faced throughout this research, beginning with attempts made to negotiate access via gatekeepers.

### 4.3 Getting past the gatekeeper

Accessing young people in care to take part in research can be a challenging endeavour. They are considered to be one of the most marginalised and disadvantaged groups in society (Alderson et al, 2023) and are often perceived by adults to be a particularly vulnerable

population (Caluori et al, 2020). As a result, anyone wishing to carry out research with young people in care must first navigate and gain consent from an array of gatekeepers before being able to approach the young people themselves. This of course, is a necessary measure to protect young people in care from the potential harms associated with taking part in some forms of research (Heptinstall, 2000). Naturally, therefore, in order to gain access to a group of care experienced boys and young men to take part in the study, I had to seek permission from a range of gatekeepers working across different services.

As outlined in the timeline earlier in this chapter, I attempted to negotiate access to care experienced boys and young men using three different strategies, broadening the scope each time. Initially, my plan was to seek access to care experienced boys and young men through the local authority governing the area in which I live. This local authority acted as my corporate parent during my time in the care system, and I had subsequently taken up employment with them over a period of eight years on the fostering and adoption panels and within the public health team. As such, I had developed extensive links with key individuals in a variety of services working to support young people in care in some capacity, and I was hoping to build upon these contacts to negotiate access.

Following this unsuccessful attempt (and the later attempt at accessing a custody setting), I then moved onto the contingency plan I developed which again involved utilising pre-established contacts made through employment at services in another area who provide support for young people in the care system. After exhausting contacts made through previous employment, I then proceeded to broaden the scope of my recruitment strategy and widen the search beyond the services I had been employed with. Through a combination of personal contacts, knowledge of services through previous employment, recommendations from supervisors, and an internet search, I was able to make contact with a wide array of services across the UK, primarily via email, although some personal contacts were approached via the phone. In total, approximately one hundred and fifty individuals were contacted as part of seeking access to both care experienced boys and young men and practitioners, with the majority of those contacts relating specifically to care experienced boys and young men. Despite my best efforts, however, access to any care experienced boys and young men was unforthcoming, as explored below. As a result, the voices of those I sought to hear ended up being absent from the research. Whilst these voices were primarily absent, they are framed as an 'absent presence' in this research because many of the professionals who participated in this study talked for or about care experienced boys and

young men. This is referred to by Fricker (2007) as epistemic injustice which is a type of injustice experienced by an individual in their 'capacity as knower' resulting from their social position or membership to a particular social group (Weaver et al, 2023).

According to Fricker (2007) epistemic injustice occurs in two basic forms: testimonial injustice and hermeneutical injustice. Testimonial injustice occurs when a person's knowledge is discredited because they belong to a certain social group. Hermeneutical injustice occurs when a person's experience is misunderstood or misrepresented because of their group's unequal participation in, or exclusion from knowledge production (Fricker 2007). In the context of this study, care experienced boys and young men experienced both forms of epistemic injustice because their voices were filtered and silenced through gatekeepers and organisational processes.

The following section reflects on the outcomes of this recruitment strategy, focusing on the nature of responses received from services and the implications of these responses for knowledge production within the study.

#### 4.3.1 Responses to recruitment attempts and barriers to access

While the services contacted and the areas in which they were located differed greatly, the responses to my communication were largely the same. In most cases, my emails were not responded to and despite following up with more emails and in some cases, phone calls, I still received no reply. With those that did respond I was met with two types of reply. While generally supportive and interested in the research, some were unwilling to support it, either due to time constraints, lack of staff or only facilitating research for local universities. A more common response was that, although staff recognised child criminal exploitation in relation to 'county lines' drug supply as a significant national issue, they reported having no evidence that any young people in their care were at risk or involved. Delving deeper into this explanation is not within the scope of this section (see Chapter Five for further discussion on challenges in identifying 'county lines' drug supply and exploitation). However, with young people in care consistently featuring in the literature as one of the groups most at risk of exploitation (Barlow et al, 2021; Caluori et al, 2020; Home Office, 2017; McLean et al, 2020; NCA, 2015; Shaw and Greenhow, 2021; Stone, 2018; Turner et al, 2019), it seems implausible that some of these services were not supporting any care experienced boys and young men who were at risk of exploitation or were actively involved in some form of drug

supply activity. This raises significant questions about how exploitation and ‘county lines’ drug dealing are understood, and how risks are recognised, issues that will be examined in greater depth in Chapter Five.

From a personal perspective, amidst a project that was marred by personal challenges and access constraints, attempting to make contact with gatekeepers was one of the most frustrating aspects of the research. I was often left waiting several weeks for a reply to my emails and in many cases, a reply simply did not materialise. This resulted in many anxious and frustrated days waiting for the research to progress which only added to the pressure inherent in doing a PhD. This also led me to question my communication strategy. Were the emails I was sending appropriate? Did I provide too much or too little information? Should I send follow-up emails, and if so, how long should I wait to do so? Ultimately, however, I was left confused and frustrated by the lack of responses I received, despite the significant time and effort invested in identifying appropriate services and carefully drafting emails.

While this was undoubtedly a difficult aspect of the research, on reflection, this experience reflects the challenges inherent in conducting research on sensitive topics concerning ‘hard to reach’ populations (Gřundělová et al, 2024), particularly when seeking access via children’s social care departments that are experiencing significant organisational pressures such as constrained resources, underfunding and high workloads.

Children’s social care in England has been impacted by chronic underfunding which has resulted in significant resource constraints (Franklin et al, 2023). Consequently, social workers working within child protection frequently experience unmanageable caseloads, increased administrative burdens and significant workforce pressures (Munro, 2011). When combined with an increased demand for services, social workers experience significant time constraints, impacting the quality of service delivery and their own personal well-being (Baginsky, 2013; YouGov, 2023). Understandably, these organisational pressures limit practitioners’ capacity to support research activities which can result in delays or difficulties reaching potential participants (Gřundělová et al, 2024). It seems plausible then that my experiences of rejection, delays and lack of communication may have been a result of the issues outlined above, along with gatekeepers in this context acting to protect the children and young people from potential harm (Miller et al, 2022).

What this means, however, is that research that seeks to hear the voices of children and young people inevitably never gets realised with the views of ‘proxies’ being prioritised instead

(Coyne, 2010). This results in children and young people being ‘denied their participatory rights’ with their voices remaining unheard (Coyne, 2010: 454). Framing this through epistemic injustice highlights that these organisational barriers do more than limit participation. They also systematically silence children as ‘knowers’, preventing their perspectives from shaping knowledge production and policy development (Fricker, 2007). Ensuring that care experienced young people’s voices are central is important not only to produce knowledge that is contextually grounded, ethically sound, and actionable (Weaver et al, 2023), but also as a means of rectifying epistemic injustices in research and practice.

In the following section, the second recruitment strategy adopted in the study will be discussed. This will include an overview of attempting to access a custodial setting along with a reflection on the barriers and personal challenges I faced throughout the process.

#### **4.4 Access denied: an unsuccessful attempt at entering prison**

This section outlines an attempted but ultimately unsuccessful effort to gain access to a custodial research setting. It details the rationale for pursuing prison-based fieldwork and the steps taken to negotiate entry, highlighting the challenges encountered in accessing a custody setting as a researcher with lived experience of the criminal justice system.

The possibility of conducting the research within a custodial setting was explored during the early stages of the study as a potential means of accessing care experienced young men. This option was pursued further after access to care experienced boys and young men through the local authority was not granted. With the support of my supervisors, contact was established with the lead of a project providing support to care leavers between the ages of 18 and 25 at HMP/YOI Deerbolt in County Durham. Working in collaboration with this service, the intention was to spend several months within the prison supporting the project and engaging with care experienced young men. Following this period of engagement and relationship-building, the plan was to undertake in-depth biographical interviews with a number of young men who met the study’s inclusion criteria.

##### **4.4.1 Personal reflections on identity and criminal record**

While conducting the research in a custody setting was not part of the initial data collection plan, it represented an exciting opportunity to gain unique insights from a group of people whose voices are often missing from academic discourse. Although I approached the

opportunity with enthusiasm, I also experienced a degree of apprehension about conducting the research in this manner. Prison was, for much of my childhood and early adulthood, an ever present entity. These formative years were characterised by consistent infractions with the law and persistent worry about being denied my freedom. Given the criminal cultures I was subsumed in as a young man, a stretch inside prison had a degree of inevitability to it. Indeed, this was the fate for many of my friends and acquaintances who were unfortunate enough to see this fear come to pass. While for many of my peers, serving a prison sentence was seen as a badge of honour or a rite of passage, for me, losing my freedom and control of my life was a source of fear and anxiety that I worked hard to avoid.

Fourteen years after my last conviction, however, I found myself voluntarily seeking entry to a prison. Prison had finally caught up with me, but not in the way that I had anticipated as a young man. It was both a proud and surreal thought that I had the opportunity to go into prison as a researcher, rather than as a result of my engagement in illegal activity. However, the thought of doing so still caused some residual feelings of unease. Paradoxically, however, perhaps the biggest source of my unease, was not the thought of being on the other side of the prison wall, but the fact that my criminal background may actually prevent me from setting foot in the prison in the first place.

I had anticipated from the outset that, as part of the vetting and access procedures to carry out research in the prison, I would be required to apply to the Ministry of Justice (MOJ) for security clearance. As part of this security clearance process, full disclosure of my criminal history would inevitably be required. This was not unfamiliar terrain for me having had my criminal record scrutinised on many occasions in the past for employment, voluntary, education and travel purposes. Indeed, I have experienced the embarrassment of having to explain the details of my criminal history to prospective employers and the shame of being rejected for several employment, voluntary and even travel opportunities in the past as a result of the past actions displayed on my criminal record. I was under no illusions on this occasion about how difficult it would be to successfully pass the MOJ security clearance and be granted access to the prison. Although I was aware that my chances of obtaining security clearance were low, I felt cautiously optimistic on this occasion. Fourteen years had passed since my last conviction, during which time I had attempted to establish myself as a trustworthy and responsible member of society through education, employment and personal development.

Over the years, the identity I assumed as a young man was slowly diminishing with only the memories and trauma of past events, along with my criminal record, left to haunt me. Considering my gradual progression from the margins and the relative achievements I had made in both employment and education, I felt justified in allowing myself to let go of the 'criminal' label and instead, view myself as an aspiring academic undertaking an important piece of research, despite the persistent voice of imposter syndrome suggesting otherwise. However, for the purpose of gaining security clearance into HMP/YOI Deerbolt, it would be my former identity that was subject to review, with the new identity I spent many years developing not being taken into consideration. All the effort I had invested over the fourteen years was effectively negated, as only my past convictions were considered, not my work experience or qualifications (Honeywell, 2023).

#### 4.4.2 Security clearance and denial

This narrow viewpoint of me as a person was ultimately what let me down and, after several anxious weeks of waiting for a decision to be made, I was informed that my application for security clearance was unsuccessful due to information discovered on the criminal conviction check element of the process. Despite the manager of the care leavers project in the prison being particularly keen to involve me in the project in light of my lived experience, and despite efforts shortly after by my supervisory team to negotiate access directly with the governor of the prison, the governor could ultimately not see past my criminal record. While anticipated to some extent, this outcome was disappointing. On a practical level, this denial meant that my research would be delayed further, and the data collection strategy would require a significant restructuring. While certainly inconvenient, I had expected challenges throughout the research and this set-back felt like an inherent part of the process which could be managed with careful planning and project management. However, the impact of this was felt more on a personal level. Being denied access to the prison felt an extension of punishment, reinforcing feelings of shame, guilt, and anxiety associated with my past and further contributing to feelings of imposter syndrome, despite the years I had invested in building a new professional and personal identity.

In reality, the barriers and discrimination I have experienced following my final conviction have been significantly more painful and inconvenient than the original sanctions I received for the crimes I committed (Henley, 2022). The years under supervision of the probation

service and the hours spent on community service seem insignificant in comparison to the barriers and discrimination I have faced over the subsequent years as a result of the seemingly lifelong sentence that comes with a criminal record. Indeed, as Earle (2016: 86) suggests, ‘the criminal record is for life’ and ‘it has become a negative credential certifying a person’s eligibility for peremptory discrimination and exclusion’.

This experience reinforced the importance of reflexivity in research. Being denied access highlighted how my positionality, as a researcher with a criminal record, shaped both opportunities and barriers within the study and who gets to be involved in knowledge production. It highlights broader structural and epistemic issues: the voices of care experienced young men in custody remain absent, silenced by institutional gatekeeping, and contributing to ongoing epistemic injustice. Recognising these constraints has prompted reflection on the limitations of knowledge production in contexts where access is controlled and contingent upon researchers’ positionality.

Following being denied entry into the HMP/YOI Deerbolt and later efforts to access care experienced boys and young men through a range of services (as discussed in the previous section), the research design was adapted further to conduct community-based interviews with care experienced men with whom I had prior connections. The next section briefly outlines the revised research design and reflects on the personal challenges I encountered throughout the process.

#### 4.5 Resurfacing trauma: the negative impacts of doing lived experience research

After 18 months of seeking access to care experienced boys and young men via multiple different avenues, and with only three months remaining in the second year of the PhD, it was decided between my supervisors and I to make some minor changes to the direction of the study. At this stage, there was not sufficient time or avenues to explore to continue seeking access to care experienced boys and young men, or to adequately do the study and participants justice within the time I had left available. From here, the plan was to build upon on personal networks to explore a number of local drug markets in more detail and to offer insights from care experienced men who were actively involved. This involved utilising informal conversations and interviews in the community with care experienced men with whom I had prior connections.

#### 4.5.1 Building on connections

I had established many contacts as a young man living in around criminal cultures and while many of these bonds were purposefully broken when I decided to leave this life behind, I did maintain contact with small number of individuals who remained involved. I keep in regular contact with some of these individuals while maintaining distance from any environment where criminal activity occurs. However, through our conversations, I am regularly informed about what is going on locally in terms of different aspects of local drug supply, and as was discussed in Chapter Three, some of these conversations were used to support the research. However, with the study changing course, having connections with people who occupy the spaces in which I am studying represented an ideal opportunity to develop insights into the workings of a local drug market through interviewing individuals actively involved within it.

Engaging with previously established contacts from past experiences provided me with access to a typically hard-to-reach population, in this case individuals engaging in drug supply activities. Data through this planned period of informal conversations and interviews would likely not have been available to me or other researchers if a pre-existing relationship had not already been in place. Having ‘insider’ status (Wakeman, 2014) within these networks was clearly advantageous in this context as unique insights could be gained that would otherwise have been hidden. However, in this case, having this ‘insider’ status also came with some unique disadvantages and side effects which impacted the course of the research which will be discussed as this chapter progresses.

Drawing on my lived experience with the research site and its associated culture, I initially anticipated data collection in the community to be relatively straightforward. I assumed that familiarity with the environment, alongside people who I had known for many years, would allow seamless access and data collection. Having previously been accustomed to the activities at the heart of the research and the community setting in which interviews may take place, I took for granted that my past experiences had equipped me with the ability to conduct the research in this manner without personal consequences. On reflection, this assumption reflected a degree of naivety, and I overlooked how returning to these spaces might impact my personal wellbeing, and the research itself. This was quickly realised once I commenced planning for the fieldwork.

### 4.5.2 Entering the field

Before going into the community to commence the research, I arranged to meet two of my friends (Tommy and James) on a Saturday afternoon in a city centre pub. The intention was to discuss the research in more depth and to outline what I was trying to achieve by speaking to them. This was, therefore, intended as an introductory, knowledge building meeting as opposed to officially conducting the research. While this was the case for much of the afternoon with the meeting resembling a group of friends socialising, as the afternoon progressed, the situation began to evolve beyond what I had anticipated. Here, my personal biography began to negatively impact me and the nature of the research moving forward. Existing and suppressed emotions connected to my past experiences started to surface, and I found these increasingly difficult to manage within the context of the encounter. While I was aware prior to this meeting that my past continued to shape my present, I was not practically or emotionally prepared for the intensity with which these feelings emerged.

Of course, the responsibility is, in part, on the researcher to pre-empt and manage issues of this nature. However, navigating these issues was complicated by the limited body of literature pertaining to the challenges faced by those with lived experience researching areas in which they have a lived familiarity (exceptions include Wakeman's (2014; 2019) research on the emotive nature of criminological research, for example). Through outlining some of the challenges I faced during this period of the research, the aim of the proceeding section is to not only highlight the evolution of this study, but to also critically examine the opportunities and challenges inherent in lived experience research.

### 4.5.3 Reassuming a former identity

The meeting continued largely in the way I had expected and despite the rowdiness of the football fans sat next to us, the environment was generally relaxed. However, the trade in illegal drugs does not cease at weekends, and phone calls from customers inevitably started to come through. Due to the nature of the research topic, I was aware that discussions related to drug supply would occur and that there was a small possibility that transactions may be arranged in my presence as a result of the 24/7 nature of drug supply. However, I had not anticipated that I may physically encounter such transactions taking place. While I have a continued awareness of these activities, it had been many years since I had personally been situated in an environment where they occurred. It was to my private relief then, that most of

these transactions were arranged for later in the evening when I had left, except for one who had arranged to collect from the pub we were in. My intention on this occasion was to remain quiet and avoid any unnecessary interaction with the customer.

However, upon the customer's arrival, my presence raised suspicion and the dynamic of the situation shifted with my plan to avoid any meaningful interaction becoming increasingly unlikely. Given the purpose of the customer's visit, he was naturally cautious and curious of who I was, and he appeared reluctant to proceed with the intention of his visit without first finding out. Before I could explain myself, however, one of my friends intervened and took it upon themselves to introduce me in a rather forceful manner, recounting details of my past criminal actions, emphasising a former reputation for violence and positioning me as someone 'not to be fucked with'. This of course, changed my position within this situation as I moved from having 'insider' knowledge with an 'outsider' status' (Wakeman, 2014: 711), to firmly having my 'insider status' identified. Not only this, and perhaps more importantly in this context, but my role as researcher was also subsumed by this former identity of a criminal with a potential for violence. As a young man, I thrived off a reputation like this. Not only did this reputation bring about certain privileges in the criminal culture I was subsumed in, but more importantly, it gave me a sense of power and control that was not afforded to me as a child in care. However, on this occasion, I was consumed by feelings of guilt and shame by this former identity and the reputation that came with it and embarrassed about being associated with it once more. These emotive responses are by no means unfamiliar to me as these are in part, emotions that eventually brought me out of involvement in criminality and are emotions I wrangle with in the present. However, I had not anticipated being placed in a situation where I would be required to assume this role once more and was certainly not prepared to be consumed by negative emotions in the context of my research.

Importantly, the scenario outlined above brings to the fore an under-acknowledged and unique challenge associated with lived experience research. Here, my lived experience shaped the encounter in two significant ways: it facilitated trust and access to participants, while simultaneously undermining my capacity to undertake the research in a way that was safe and ethical.

#### 4.5.4 Embodied trauma and escalating anxiety

Shortly after the scenario outlined above, my friends and I returned to discussing the nature of the drug markets in the city. In doing so, I was informed about the diverse range of actors involved, and this inevitably included being informed about some of the same local characters who were involved sixteen years prior. Some of the names mentioned were familiar to me having associated with them during my time spent in the setting, but with no shared purpose following my departure, I had broken all ties and lost contact with them. However, through a genuine attempt at helping me in my pursuits, one of my friends explained that they had shared my details with some of these individuals as a means of helping me develop further insights into drug supply in the city. Such connections may have offered valuable and unique insights into the nature of drug supply in the local area.

Despite the potential benefits for the research, however, having my contact details made available to old acquaintances and the potential of engaging within a wider circle of individuals actively engaged in drug supply triggered a strong emotional and physical response. Before embarking on this research journey, I was aware that I may need to physically re-enter spaces that I used to occupy, and re-engage with people I used to associate with, but I had not taken into account how doing so would impact me physically or emotionally. On reflection, this was a result of me simply blocking out and forgetting certain aspects of my past and what it was like to live in that environment, in addition to being unaware of the unanticipated consequences of embodied positionality.

However, this situation left me feeling uncomfortable and with the emotive responses from earlier in the afternoon still having an impact, I began to feel increasingly apprehensive. Unlike earlier in the afternoon, however, this situation brought about a physical response, in addition to an emotional one. I became acutely aware of anxiety manifesting in my body: muscular tension, hyper-vigilance, and a heightened awareness of my surroundings. I felt on guard, as though preparing for confrontation. Although I had experienced similar responses in the past, this felt distinct and disorienting, particularly as I struggled to immediately understand its source.

From this point I began to develop a heightened awareness of the space and context I had put myself into. I was hyper-vigilant of the conversation we were having, the tone in people's voices, of people coming in and out of the building and of those sat around me. This, in

addition to the events earlier in the afternoon, left me feeling completely exhausted by the situation to the point where I could no longer continue engaging in the evening.

Later that evening, anxiety was soon accompanied by paranoid and catastrophic thinking. I worried about my name circulating within criminal networks, how my presence in the city might be interpreted, and whether I would be perceived as re-engaging in criminal activity or viewed with suspicion as a researcher. On reflection, these thoughts were completely irrational, yet they mirrored patterns of thinking that had once been crucial to my everyday life within criminal environments.

Over the following days, the emotional and physical toll intensified to the point that I could not bring myself to continue the adapted research strategy. The negative emotions experienced were too painful and debilitating and I was concerned that continuing would only further impact me negatively moving forward. Again, I could not, even at this stage, explain the reason why I was experiencing these responses. The thought processes and physical sensations seemed completely irrational yet so visceral and all consuming.

#### 4.5.5 Acknowledging trauma as a lived experience researcher

The support I received from my PhD supervisors at this point was invaluable and I was reassured that there would be no need for me to continue with this data collection plan and that we could devise a strategy to move forward with the study without jeopardising my wellbeing. This was of course, a huge relief, but it was also deeply frustrating and disappointing. I had faced many challenges and barriers throughout the research, and the study had to adapt and evolve continuously as a result. With only three months left of the second year and with time at a premium, it seemed at this point that I had finally found a way to progress sufficiently with the study, only for it to stall again in what felt like an episode of self-sabotage. With the support and encouragement of my supervisors, however, I was able to reframe this unanticipated negative experience into a positive one that I could learn from and use to inform my thesis. Through a period of self-reflection, I came to understand that the responses I experienced were not irrational but consistent with experience of past trauma.

As the panic began to subside and the body began to loosen from the grip of anxiety, catastrophic thoughts made way for clarity of mind. In brief moments of solitude, memories of significant events related to this episode of my life began to emerge and I came to realise that I had experienced this unique blend of emotional and physical apprehension before. The hyper-vigilance, the paranoia, the anxiety and the guarded nature of my being suddenly all

felt familiar. Living and engaging in criminal cultures as a young man, I lived in this heightened state on a daily basis. Living under threat, whether through the ebbs and flows of the criminal lifestyle, the violent environment that came with the territory or the continuous need to be aware of police activity and fear of criminal sanctions, my body and brain adapted to live in a constant state of fight or flight. The memories of this time were largely available for recall, but the physical embodiment of these experiences, the way that it felt to be in this space, had been forgotten yet seemingly stored in the body to play out another day. Unlike other childhood and early adulthood experiences that I recognise as being traumatic though, I had not considered my experiences whilst engaging in criminal cultures as being a contributing factor. The emotional turmoil associated with these experiences had largely been buried beneath the surface, with only residual anxiety, guilt and shame left as a reminder. Despite not attaching the trauma label to these experiences, it is clear that my body felt otherwise. As Van Der Kolk (2014: 17) explains, ‘trauma is not just an event that took place in the past; it is also the imprint left by that experience on mind, brain, and body’. By physically re-entering this setting, I unknowingly reawakened that imprint. This experience ultimately revealed the limits of conducting research as a lived experience researcher and highlighted the necessity of recognising when proximity to the field becomes harmful rather than illuminating.

Following this data collection attempt and discussions with my supervisory team, the study adapted and evolved for the final time. Having exhausted all potential avenues in the time I had available I discontinued attempts to access care experienced boys and young men and expanded the recruitment of practitioners to maximise data collection. These interviews were supplemented with prior and continuing informal conversations with practitioners and experts in the field. Nevertheless, the journey I experienced throughout the data collection attempts outlined in this chapter, along with the conversations I had with those along the way, have significantly informed the final research project. As such, while these experiences were undoubtedly challenging and at times, disconcerting, I have come to see them as a valuable experience that has not only informed the thesis but has enabled me to develop both personally and as a researcher.

## 4.6 Conclusion

Through a reflexive account of the research journey, this chapter has provided an overview of the data collection journey leading to the final analytical focus of the study as demonstrated in the previous chapter and throughout the remainder of the thesis. The discussion has illuminated some of the emotional and embodied challenges encountered throughout the study and has brought attention to the tensions and constraints of conducting research as a lived experienced researcher.

Taken together, this chapter has shown how structural barriers and institutional gatekeeping not only impacted my own personal well-being and the research itself, but also systematically silenced the voices of care experienced boys and young men in the process, contributing to epistemic injustice. These insights underscore the need to place the voices of care experienced young people at the heart of research that concerns their lives in order to both produce knowledge that takes into account their lived realities and challenges epistemic injustices in research and practice. Furthermore, the discussion also demonstrates the need to recognise researcher vulnerability, particularly when the subject matter overlaps with the researcher's own past experiences of harm. They further point to the importance of developing more sustainable approaches to knowledge production that foreground lived experience without rendering it extractive or imposing unnecessary emotional harm on the researcher.

Despite these challenges and constraints, the study successfully generated several interviews and informal conversations with a number of key findings emerging from the data. These findings form the foundation of the empirical analysis that follows in the next three chapters. The next chapter begins this analysis by examining practitioners' understandings of 'county lines' drug supply.

## 5 CHAPTER FIVE: Practitioners understandings of ‘county lines’ drug supply

Since the coining of the term in 2015 (NCA, 2015), the ‘county lines’ model of drug supply has become a well-documented phenomenon and has come to dominate discussions about drug markets. A ‘standard story’ (Densley et al, 2023) of ‘county lines’ has since emerged that generalises drug market activity and foregrounds the ‘county lines’ narrative. This ‘standard story’ is rooted in a knowledge base centred on London or major English supply hubs (such as Birmingham, Liverpool, and Manchester) (Densley et al., 2020), which does not fully reflect how drug markets or ‘county lines’ are organised across the country. Drug markets and those who act within them differ across time and space (Dorn et al, 1992; Seddon, 2006), yet these nuances are not always acknowledged or understood, particularly in light of the ‘county lines’ narrative dominating the discourse in recent years. In practitioner circles, the dominant narrative around ‘county lines’ has become a double-edged sword. On one hand, the development of terminology around ‘county lines’ and the exploitation related to this has raised awareness of the issue and has provided foundational knowledge and understanding. On the other hand, there are complexities in the perception and interpretation of the ‘county lines’ model in how it operates, if at all, in local areas, and in the identification of risk and the needs of individuals involved across regions and services (HMICFRS, 2020).

This ambivalence was a key theme throughout interviews and informal conversations with practitioners where significant inconsistencies and disparities in understandings were identified. The aim of this chapter, therefore, is to explore these issues as understood through the insights of practitioners. The chapter will seek to highlight the ambiguity in the term ‘county lines’ and outline the divergent practitioner interpretations, along with exploring the challenges these issues present. The findings presented in this chapter are organised around two interrelated themes identified through thematic analysis of data from semi-structured interviews and informal conversations with twenty-seven of the twenty-nine participants in the study<sup>10</sup>. Firstly, the chapter will explore how practitioners framed ‘county lines’ as a model of drug supply. Here the focus will be on discussing the utility and limitations of the term from a practitioner’s perspective, exploring how the term itself has shaped their practice

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<sup>10</sup> Two of the participants in the study (Tommy and James) did not take part in the study in the capacity of a practitioner or expert in children’s social care and their views, therefore, were not relevant to this chapter.

and the responses to young people involved in ‘county lines’. Secondly, practitioners understanding of the operational aspects of ‘county lines’ will be examined. Here the divergent interpretations of ‘county lines’ will be outlined in addition to highlighting how this lack of consensus has impacted broader understandings of ‘county lines’ and local drug markets, and how young people involved in ‘county lines’ are identified and responded to by services. The chapter will conclude by arguing that dominant representations of ‘county lines’ are overly simplistic and fail to capture, not only the complexities and nuances in local drug markets, but also the lived realities of the young people involved.

## 5.1 Framing ‘county lines’

This section will examine how practitioners mobilised and framed the term ‘county lines’. While there was broad interpretative consistency among participants regarding key elements of ‘county lines’, there were significant disparities in how they understood and applied the term itself. These differences reveal the extent to which professional language can shape responses to young people who are involved in ‘county lines’ drug supply. The following analysis explores both the perceived utility of the term and the limitations and inconsistencies that practitioners identified in its use.

### 5.1.1 The Utility of the Term

The first part of this section will explore the utility of the term ‘county lines’ as perceived by practitioners. Here, practitioners recognised ‘county lines’ as serving an important function that, not only supported the development of a shared language among services and the public but also aided the reconceptualisation of young people involved in ‘county lines’ as victims of exploitation rather than offenders.

#### 5.1.1.1 A Shared Language

Many practitioners in the sample found the term ‘county lines’ to be a useful and helpful addition to their practice, alluding to how its development had facilitated communication among services and enabled more effective support and advocacy for young people in their services. For these practitioners, the term functions as a shared language that makes exploitation intelligible across services, as Carlos (Children’s Social Worker) explains below:

I think it's helpful with things like when we're trying to advocate for children...  
If we can see that a child, for example, has gone missing from [location] and has been found in a council flat in the back of beyond in Chester or Wales or

something like that, and we know that that's 'county lines', that gives us a shared language. Everyone knows what that means. So, with the police and with other services, we can recognise that that's a form of exploitation through 'county lines' and [we] can try and advocate for them (Carlos, Children's Social Worker).

In this context, the shared language brought about by the inception of the term 'county lines' is understood to have produced greater alignment between services and enabled more efficient recognition of exploitation. Practitioners also emphasised the role of the term in increasing awareness beyond support services. With increased awareness of 'county lines' across service and public domains, recognition of the signs of exploitation has grown which has aided in developing understandings and ensuring support and interventions are provided where necessary, as Cole (Children's Social Worker) observed:

I believe it's been helpful in just making other people, other professionals, parents, carers aware of what it actually is, because before that you might have gone to a carers house and said the young person is doing XY and Z, I don't think they would have a clue. Now they'll have some understanding of what 'county lines' is without having it explained. So, I do think it's helpful, just for other professionals and mainly carers and people who are involved in young people's care, whether that be foster carers or residential homes, etc (Cole, Children's Social Worker).

Similarly, Gemma (Child Exploitation Team Manager) explained how this broader awareness has enhanced multi-agency coordination:

I do think it has been useful to identify that area of need and also for a multi-agency approach to kind of take place where we can say we believe this young person's being exploited or is involved in 'county lines'. Therefore, what do we need to do moving forward collectively to address that? If people are not aware of what it actually is and it doesn't have a name that we can push and move

forward with, it's hard to put the team around the child to kind of address that issue. (Gemma, Child Exploitation Team Manager)

Across these accounts, practitioners described the term 'county lines' as having served an important function in their day-to-day work. In this context, the terminology around 'county lines' is understood to have improved multi-agency communication and facilitated the recognition of exploitation outside specialist services. For these practitioners, this shared language has streamlined the support they provide to care experienced young people. While shared language was important in strengthening multi-agency communication, practitioners also described how the term shaped the ways in which young people involved in 'county lines' were understood. Beyond facilitating cooperation, the language of 'county lines' was seen to play a key role in reframing young people as victims rather than offenders, as will be discussed in the next sub-section.

#### *5.1.1.2 Victim or offender: Reframing the narrative*

Beyond supporting communication and awareness beyond services, practitioners also described how the terminology around 'county lines' contributed to a broader reframing of young people's involvement in drug supply. Similar to the 'changing attitudes towards children once criminalised as 'child prostitutes', now identified as the victims of child sexual exploitation' (Marshall, 2023: 1160), the formation of the term 'county lines' was seen by some practitioners as key in reframing the narrative of young people involved in 'county lines' as victims of exploitation rather than offenders, as Gemma (Child Exploitation Service Manager) explains below:

I think the terminology also kind of enables everybody to understand that actually the child is being exploited rather than making choices and doing it, you know, off their own back. So, it kind of changes the narrative that the child is a victim and needs protecting (Gemma, Child Exploitation Service Manager).

Gemma's account demonstrates how the development of the term 'county lines', and the awareness raising associated with this led to a reframing in this narrative where the attention shifted from individual culpability to the possibility that the young person may be a victim

of exploitation in need of protecting. Arnold (Community and Education Lead) made a similar observation:

It's been going on for many years, hasn't it? But we have just given it a label which has helped understanding and I think it helped people to rethink, actually these young people are being exploited. So, let's safeguard. Let's offer them a safeguarding and a welfare response rather than the traditional criminal justice response (Arnold, Community and Education Lead).

Prior to the recognition of 'county lines' as a form of child criminal exploitation, young people involved in drug supply were primarily treated as offenders within the modern youth justice system. Here, there was a significant focus on the prevention of offending behaviour and an emphasis on punishment and deterrence, rather than exploring the underlying reasons for the young person's involvement in criminal activity. Like Gemma, Arnold also credited the development of the term 'county lines' with facilitating the reframing of the narrative and shifting responses to young people involved in drug supply from criminal justice to more welfare orientated responses. This was also noted by Gina (Senior Youth Justice Practitioner) who highlighted how this change in narrative has impacted her day-to-day work:

When I started working in youth justice 25 years ago ... we used the term young offender quite widely, and it was quite accepted, but we definitely would never have called somebody a child. We'd never have written in our report about a child. We just wouldn't have done that. So, it was a bit of a shock to me because the child first principals had come in and we've massively taken that on board ... but part of our use of the word child and children is around recognising that yeah, a lot of the children that come our way are victims of their circumstances (Gina, Senior Youth Justice Practitioner).

Through this lens, the term 'county lines' has become part of a wider move towards child-first practice, positioning exploitation as a central concern rather than offending behaviour.

The child-first model, officially adopted as the guiding principle for the Youth Justice System in England and Wales in 2021 (Malins, 2023), emphasises prevention, diversion, and collaborative work with young people in conflict with the law to meet their needs and build on their strengths (Case & Haines, 2015). Through this approach, ‘young offenders’ are reframed as ‘children in trouble who present with unmet need’ (Case & Haines, 2020: 8). This move towards a child-first approach coincided with the rise of the concept of child criminal exploitation as a way of understanding some young people’s involvement in offending, and ‘county lines’ as a particular form of child criminal exploitation (Marshall, 2023). As Gina explains above, young people who previously would have been criminalised for their role in drug supply, are now increasingly recognised as victims of exploitation. As such, the terminology around ‘county lines’ and the increased awareness of this as a form of child criminal exploitation is seen to have played an instrumental role in reconceptualising the youth offender-victim narrative.

Collectively, the accounts in this section have demonstrated how ‘county lines’ has served an important function. Practitioners described how the development of the term has improved multi-agency communication, streamlined support for care experienced young people, and helped develop a shared language across service and public domains. Not only this, but some practitioners also recognised the ‘county lines’ narrative as being instrumental in reconceptualising young people involved in drug supply as victims in need of protection as opposed to offenders who are exercising agency. However, not all participants viewed the term positively with several practitioners raising concerns about the adequacy and consequences of the label itself. The next part of this section explores these critical perspectives.

### 5.1.2 Limitations with the term

The second part of this section will focus on exploring the limitations and inconsistencies of the term ‘county lines’ as understood by practitioners. Here, some practitioners raised concerns about the utility of the term, arguing that it obscured harm, minimised lived experiences, limited professional responses to exploitation, and created significant operational inconsistencies when applied unevenly across services.

### *5.1.2.1 Conceptual Limitations*

Despite the perceived benefits, several practitioners criticised the term for failing to capture the severity of harm experienced by young people. They argued that ‘county lines’ fails to describe the crimes and exploitation involved and the level of harm caused while also, in some cases, inhibiting the response to the exploitation of those involved. This was alluded to by Arnold (Community and Education Lead):

Sometimes definitions can restrict the way that we look at things ... [and] they can restrict our responses to the exploitation of children and adults in this case. The term itself doesn't really describe the significant harm that is caused to children and adults. It describes a methodology to exploit and abuse children and adults, and it dehumanises the abuse experience (Arnold, Community and Education Lead).

Arnold’s critique here centres on how bureaucratic language can minimise lived experiences and divert attention away from the consequences of exploitation. The language around ‘county lines’ and the definitional rigidity fails to capture the nuances across local drug markets and the complex realities of those involved. As Cole (Children’s Social Worker) points out below, there is a tendency for practitioners to want to fit young people’s experiences into the ‘county lines’ ‘box’ rather than seeking to understand what these experiences mean for the young people involved:

We just want to it fit in a box so that we can explain it to people, and when you're having conversations, you do have to delve deeper ... If you're talking to a young person and they say they are involved in ‘county lines’, what does that mean for this young person? (Cole, Children’s Social Worker).

From this perspective, the ‘county lines’ terminology reduces young people’s complex realities into a single narrow label and over-simplifies complex cases of exploitation, thereby potentially over-looking those who do not fit neatly into the ‘box’. Resultingly, this can have implications for how a young person’s narrative is understood, and ultimately, how they are

treated by services. Where a young person fits neatly into the ‘county lines’ ‘box’, they may be framed as a victim and receive a safeguarding response whereas, if they do not meet these criteria, they may be framed as an offender and receive a criminal justice response, thereby potentially missing key interventional moments (Fitzpatrick et al, 2022). This was also highlighted by Arnold (Community and Education Lead), who explained how rigid definitions can restrict professional judgement and inhibit effective safeguarding responses:

I think the issue should be, how do we safeguard these children and adults from what is going off within this context, rather than trying to slot it into, you know, what category does this fit. The starting off point should always be how do we safeguard within this context and how do we support staff to look at this? We want staff and professionals to be professionally curious about what is going off in the life of this child and adult. But sometimes our categories like ‘county lines’ and other forms of exploitation don't encourage that professional curiosity. We encourage people to slot people into boxes (Arnold, Community and Education Lead).

For these practitioners, the term ‘county lines’, while initially improving recognition of exploitation, is thought to have blinkered practitioners thinking around what is acknowledged as exploitation. The definitional rigidity and narrowed viewpoint described above has resulted in an over-simplification of young peoples lived experiences and has inadvertently limited key interventional opportunities. These conceptual limitations were compounded by inconsistencies in how ‘county lines’ is defined, understood and recorded across different areas and services. Practitioners, particularly within policing, emphasised that such inconsistencies had notable operational consequences.

#### *5.1.2.2 Divergent interpretations*

A significant theme, particularly among police participants, was the lack of consistency in how ‘county lines’ is defined and recorded across forces and partner agencies. This results in discrepancies in identification, data collection and intelligence-sharing. For example, Tony (Senior Police Officer specialising in ‘county lines’) explained during an informal

conversation that, because child criminal exploitation is not yet legally defined as a standalone crime, police officers record the associated offence linked to the exploitation, such as possession with intent to supply, and then subsequently add optional flags for child criminal exploitation or ‘county lines’ on force specific databases and the Police National Database. As these flags are used inconsistently due to differences in local contexts and understandings, gaps and inaccuracies in crime data are created making it harder to understand the true scale of exploitation. Jimmy (Senior Police Officer) made a similar observation, highlighting the different perceptions among services as to what constitutes a ‘county lines’:

You're always going to get different perceptions from different agencies. There's still a lack of understanding across law enforcement and across other partner agencies as to what constitutes a ‘county line’. What should be counted? What shouldn't be counted? There are discrepancies between police forces. For example, Durham basically said that they don't have any ‘county lines’ ... whereas Cleveland and Northumbria have hundreds and hundreds and it's the recording mechanism that they have got in place and the terms that they have gotten in place that dictate that (Jimmy, Senior Police Officer).

According to Jimmy, police forces and other services within the same geographical region can interpret ‘county lines’ in vastly different ways. This can inevitably lead to a breakdown in communication and information sharing across forces and services and ultimately, lead to inconsistencies in how exploitation is recognised, and responded to (Olver and Cockbain, 2021). Jimmy emphasised this concern:

They might be active in Northumbria once, they could be active a few times in Kent, Essex, Sussex, they could be all over the country committing offences and if Northumbria don't record that one incident on the PND [Police National Database], we are missing information as we did with Ian Huntley which obviously brought around the PND and we need to be able to share information

between police forces and law enforcement agencies (Jimmy, Senior Police Officer).

Michael (Senior Police Officer) made a similar observation:

The issue around ‘county lines’ as a model is there is a lack of understanding ... So, in order to simplify it as much as possible for something to be mapped or to classify as a ‘county lines’ and to meet the Home Office definition, we need movement of drugs, and we need a means of communication. So, phone lines, social media account and we need violence and vulnerability. If we've got those four elements present, then we would be saying to forces, you should be recording that as a ‘county lines’. The reason for that broad definition is that if we get bogged down in saying, well, they need to be crossing county boundaries, they need to be working sort of in a different town ... all we're gonna do is miss loads of violence and vulnerability. We're going to miss loads of impending risk (Michael, Senior Police Officer).

This aligns with concerns in the literature (Mills and Unwin, 2020; Olver and Cockbain, 2021; Pearson and Cavener, 2024) about how fragmented data can undermine coordinated responses to exploitation and can lead to a broader misinterpretation of the issue, either through over or under reporting and thereby facilitating increased media and public alarm or minimising the extent of the issue.

These issues were linked with a divergence in understanding of ‘county lines’ across the wider sample where there were competing views on what constitutes a ‘county lines’. While practitioners across the sample had a shared understanding across key areas of ‘county lines’ (organised crime/gang involvement, drug supply, vulnerability and exploitation) practitioners disagreed on one key aspect that was centred on the distance in which drugs and people must move in order for drug supply to be categorised as a ‘county line’. Practitioners disagreed about whether a ‘county line’ must involve cross-county movement or whether localised drug supply should qualify. Some viewed local operations as part of ‘county lines’, while others felt they constituted different forms of drug supply with only out-of-county

supply constituting a ‘county lines’. This was evident throughout interviews and during discussions with services during the participant recruitment phase of the research where it was difficult to get a consistent interpretation of ‘county lines’ and broader drug supply. As Jimmy and Michael alluded to earlier, the inconsistency inherent in these interpretations can produce substantial variation in how ‘county lines’ are identified and, in the outcomes experienced by those involved across localities, even when these areas are geographically close.

Collectively, the practitioner accounts outlined above demonstrate that ‘county lines’ is a term fraught with ambiguity. According to some practitioners, the term has enhanced recognition of exploitation, aided the development of a shared understanding across services, and supported the gradual reframing of young people as victims rather than offenders. These perspectives highlight a need for a clearer but flexible definition of ‘county lines’, along with improved and joined-up recording mechanisms across regions and services and continuous and up to date training for practitioners that reflects evolutions in the model. Conversely, other practitioners felt that the term has obscured harm and minimised lived experiences, constrained professional responses to exploitation and generated substantial operational inconsistencies across services when applied unevenly. These accounts demonstrate how the ‘county lines’ terminology may be increasingly unhelpful and misaligned with contemporary drug market realities. While initially serving an important purpose for practitioners in terms of its practical functions, it now and to some degree always has, failed to capture the complexities and nuances in local drug markets and importantly, failed to represent the often complex lived experiences of the young people involved, whether that be in a ‘county lines’ or other forms of drug supply. Taken together, these ambiguities provide the backdrop for the next section which will examine how practitioners conceptualise and understand the ‘county lines’ model and outline how their working interpretations shape the ways in which exploitation is identified and understood in everyday practice.

## 5.2 Understanding the ‘county line’ model: a practitioner’s perspective.

A key theme emerging from the data was the lack of consensus among practitioners regarding what constitutes a ‘county line’. Although participants shared a broad understanding of several core elements, as outlined above, their views diverged on the role of distance in

defining a ‘county line’. For some, the movement of drugs and young people across geographical borders was seen as an essential criterion, distinguishing ‘county lines’ from other forms of drug supply. Others, however, argued that localised operations involving similar patterns of exploitation should also fall within the definition. The aim of the section that follows, therefore, is to unpack these complexities further by critically discussing both interpretations in turn, beginning with the more ‘traditional’ out-of-town model.

### 5.2.1 The ‘Out-of-Town’ Model: ‘county lines’ as Movement Across Distance

A significant group of practitioners conceptualised ‘county lines’ primarily through a geographical framing. More specifically, practitioners understood ‘county lines’ as requiring the movement of drugs and young people from an exporting area into a separate locality. This interpretation foregrounds distance as the defining feature of ‘county lines’ and closely aligns with early policy and media narratives that positioned the model as the expansion of metropolitan drug suppliers into rural and coastal towns (Coomber and Moyle, 2018; NCA, 2015; 2016).

#### 5.2.1.1 *Practitioners’ emphasis on distance and risk*

Corresponding with the early academic and enforcement literature on ‘county lines’ (Coomber and Moyle, 2018; NCA, 2015; 2016; Robinson et al, 2019) several practitioners in the sample drew a clear boundary between local drug supply practices and ‘county lines’ activity, describing the latter as a distinct activity that involves the movement of drugs and vulnerable individuals out of their local area. Sonny (Risk and Resilience Worker) for example, distinguished ‘county lines’ as drug supply that occurred ‘out of borough’ and over ‘quite a large distance’, as opposed to occurring locally:

Our definition of ‘county lines’ is anybody who is going to travel out of borough ... you know, outer city kind of destinations where you might be linking up substances. So, like at least through our experience of working here, Swindon is quite a common one we have going from [location]. We have ... lots of other ones, sometimes down to Brighton. As far as my understanding is concerned, it’s [‘county lines’] a very specific thing where a young person is asked to travel quite

a large distance over an extended period of time (Sonny, Risk and Resilience Worker).

Likewise, Iona (Children's Social Worker) made a similar suggestion in that 'county lines' is a form of drug supply that involves the transportation of drugs and people out of their local area, in this case, beyond the city border:

So, we would associate 'county lines' as being from [location] going to Middlesbrough, Newcastle, Sunderland. So even though they are quite close to us, we would use that as our border and it's any young people that are transported from the [location] area into Middlesbrough or Newcastle or anything like that (Iona, Children's Social Worker).

Both Sonny and Iona imply here that the threshold for labelling drug supply as a 'county line' is based on a particular distance in which drugs and people move across. In each scenario, the amount of distance for the 'county line' to be labelled as such is not clear or consistent. However, it appears to be based on artificial boundaries such as borders between boroughs or cities, or in Danny's (Senior Youth Justice Practitioner) view, simply 'to other parts of the country'. Importantly, the implication in this context is that drug supply occurring locally would not meet the threshold for the 'county line' label, in part because of the geographical framing, but also as local forms of drug supply fall under different categorisations. For instance, Sonny and Iona labelled local drug supply and exploitation as 'peer to peer exploitation' or 'generic' drug dealing:

For me exploitation like that ... I would class as peer-to-peer exploitation or often we do have groups of young people who exploit each other, but I wouldn't define that as 'county lines' (Sonny, Risk and Resilience worker).

Yeah, we wouldn't say that that is 'county lines'. That would be just more the generic and general like dealing and stuff like that. But it's once it goes over the

borders from [location], then we would class that as being ‘county lines’ (Iona, Children’s Social Worker).

Danny (Senior Youth Justice Practitioner) also made a similar observation:

I suppose there is a bit of semantics whether you want to define that as internal ‘county lines’, make it ‘county lines’ or call it something totally different, you know the internal Southern drugs market. I personally wouldn’t. I would probably go as far as saying that a ‘county lines’ is a child being exploited to outside London. (Danny, Senior Youth Justice Practitioner).

Similar to others in the sample, ‘county lines’ for Sonny, Iona, Danny and others who held this view, are synonymous with child criminal exploitation. However, in this context the ‘county lines’ label has a distinct geographical framing with a clear differentiation between localised forms of drug supply. These accounts were commonly paired with the assertion that the risks inherent in the ‘county lines’ model are inevitably greater. In this context, as a young person is made to travel across unfamiliar areas, away from support networks and under the control of those who have exploited them, risks and vulnerability are significantly amplified, as Gina (Senior Youth Justice Practitioner) explains below:

I suppose my view is it's more sophisticated, it's more organised. It's much harder for our children to move away from that kind of a set up without a lot of assistance, or often without being moved away from their area. So, I think in terms of services, we have an exploitation service ... and if we've got a child who we even know or suspect is involved in ‘county lines’, we would often do a referral to them because our risk score would be higher for those children. We'd be more concerned about the risk they posed with us, but also the risk presented to them as individuals. So, we would tend to have more services involved if a child's involved in ‘county lines’ (Gina, Senior Youth Justice Practitioner).

According to Gina, by its very nature a ‘county line’ is more organised than other forms of local drug supply. Exploitation of this nature, where drugs and young people are moved out of area naturally comes with additional risks, risks that require a different level of response and additional service involvement than if a young person were engaged in drug supply in their local area. As such, from Gina’s perspective, recognising the differentiation between ‘county lines’ and other forms of local drug supply activity is key to providing the level of support appropriate for the particular situation.

As has been outlined above, for some practitioners in the sample, there was a clear differentiation between localised forms of drug supply and ‘county lines’ which was seen as a distinct activity that involves young people being moved out of their area to supply drugs. ‘county lines’ in this context are framed geographically and inevitably, according to the risk that this form of drug supply produces where additional service involvement is required to support young people in moving away from these often-exploitative situations. This view corresponds with the ‘county lines’ narrative as it was originally constructed in early law enforcement and academic literature, as will be discussed in more detail below.

#### *5.2.1.2 A traditional view*

The perspectives outlined above correspond with the ‘traditional’ definition of the ‘county lines’ model as described in early law enforcement literature (see NCA, 2015, 2016). In the first NCA intelligence assessment on ‘county lines’ published in 2015, for example, ‘county lines’ were described as involving individuals and groups expanding ‘their drug dealing business into new locations outside of their home areas’ (NCA, 2015: 1). Coomber and Moyle (2018: 1324) later argued that drug dealers from metropolitan supply hubs such as Birmingham, Liverpool, London and Manchester ‘are engaging in outreach activity and travelling from their urban hub to provincial towns and cities within a wide radius of their home turf’. The practitioners’ depictions outlined above align closely with this understanding, emphasising visible features such as long-distance travel and commuting dealers (NCA, 2015; Coomber and Moyles, 2018).

While this traditional view of ‘county lines’ has persisted since its inception in public discourse eleven-years ago, there has been evidence to suggest that the model has evolved, adapting in response to law enforcement strategies and drug market pressures. A recent threat assessment by the National County Lines Coordination Centre suggested that:

There are fewer lines running externally from one force to another (e.g. from a big city to a more rural town), but many more internal lines reported (starting and ending within the same force area), representing a clear shift towards a more localised model of supply (National County Lines Coordination Centre, 2024: 8).

This view, which was also supported by various practitioners in this study (as discussed in the next section) suggests that, rather than a supply model that extends across police or geographical borders, the ‘county lines’ model is now becoming more localised with less young people travelling out of area to supply drugs. With this in mind, it is important to consider why the traditional view of the ‘county lines’ model has persisted, despite evidence suggesting otherwise. While it is difficult to confirm for certain why, the persistence of this model in the thinking among some practitioners can potentially be explained in several ways:

- Early geographical framing: At its inception ‘county lines’ became a prominent focus for political, policy, and practitioner communities, while also becoming firmly embedded in public consciousness (Spicer, 2025). This awareness was predicated on the assumption that ‘county lines’ was a new and ‘rapidly evolving’ (Robinson et al, 2019; 695) form of drug supply that was caused by the geographical expansion of ‘gangs’ from major cities. Indeed, early research into ‘county lines’ referred explicitly to the influx of ‘gangs’ from these major cities into towns across the UK (see Robinson et al, 2019, for example). The strongly embedded memory of this geographical framing appears to have anchored definitions and understandings of ‘county lines’ in the present, even when drug markets and distribution systems have since evolved.
- Practitioner location: Several practitioners in the sample were located in the aforementioned major supply-hub cities where ‘gangs’ were said to have expanded their operations from to rural and coastal areas of the UK. It is possible that this traditional view of ‘county lines’ predominantly persists in these cities as it is from these cities where the traditional model continues to operate in some form, albeit less frequently according to the National County Lines Coordination centre (2024). As Jimmy (Senior Police Officer) explains below:

If you speak to youth services in London, they're still of that mindset because their cohort are the ones that travel out to the likes of Weymouth to the likes of Nottingham, to the likes of Scarborough, to the likes Inverness because they're in control of those markets elsewhere and the policing response is very much based around that (Jimmy, Senior Police Officer).

- Visibility: A 'county line' in its original configuration was considerably more visible. It involved young people from cities travelling over large distances, often by public transport, to smaller towns where they relied on a physical presence in a new territory in order to establish a customer base. This involved young people being missing from home and school for extended periods, with visible signs of exploitation (train tickets, in possession of new items, unexplained injuries etc). As such, early 'county lines' drug supply was easier to recognise with safeguarding responses matching the perceived risks.
- Safeguarding: Spatial displacement readily maps onto existing child criminal exploitation and safeguarding frameworks where displacement is recognised as a central feature of exploitation. As risk assessment tools (exploitation indicators, for example) implicitly forefront distance and displacement, practitioners may interpret instances where a young person is known to have been involved in illegal activity out of their home area as the most straightforward example of exploitation.

As is evident from the above points, there are several potential factors that can influence the persistence in this traditional model among practitioner thinking. While these are important considerations, it is imperative to understand what implications the persistence in this traditional narrative can have in terms of practice, identification and more broadly, the continued development of our understanding on the issue.

While the early and persistent geographical framing of 'county lines' reflects real and harmful drug supply practices, its prevalence among some practitioners has several implications. For example, local forms of drug supply and exploitation may be insufficiently recognised because they do not match the early 'county lines' configurations that focussed on the geographical expansion of major city drug supply 'gangs' and the movement of young

people out of their home area. This was addressed by Michael (Senior Police Officer) who acknowledged the potential gap in key information when viewing ‘county lines’ in this way:

If we get bogged down in saying, well, they need to be crossing county boundaries, they need to be working in a different town. If we start putting those caveats in, all we're gonna do is miss loads of violence and vulnerability. We're going to miss loads of impending risk and we're gonna miss all of that risk management stuff because we're being prescriptive about, well, a ‘county lines’ must be operated remotely, it must involve runners crossing county boundaries. It doesn't have to (Michael, Senior Police Officer).

In addition, the persistence of this spatial lens, or more accurately, the inconsistencies in how ‘county lines’ drug supply is perceived across services and practitioners can lead to inconsistent thresholds and responses between areas. For instance, what one service defines as a local line, another may classify as ‘county lines’ despite originating only a few miles away. This was evidenced in this study where services in bordering counties understood the problem in different ways, as Jimmy (Senior Police Officer) explains below:

There are discrepancies between police forces. For example, Durham basically said that they don't have any ‘county lines’ ... whereas Cleveland and Northumbria have hundreds and hundreds and it's the recording mechanism that they have got in place and the terms that they have gotten in place that dictate that (Jimmy, Senior Police Officer).

This ambiguity can produce disparities in safeguarding referral decisions, risk ratings, allocation of resources and ultimately, differences in how young people involved in drug supply are responded to.

Lastly, by anchoring ‘county lines’ according to the notion of distance or the presence of external actors rather than the structure of the model itself, this runs the risk of reinforcing the impression that ‘county lines’ is an external threat imported from elsewhere. This may obscure the role of local drug supply actors, local demand, and local vulnerabilities, issues that consistently featured in the hybrid / localised model, as discussed in the next section.

## 5.2.2 The hybrid / localised model

In contrast to the above, and perhaps a more prevalent view among the sample was the interpretation that the ‘county lines’ model of drug supply has evolved beyond the original geographical framing. More specifically, these practitioners understood ‘county lines’ as encompassing localised drug markets in addition to the geographical framing outlined above. This interpretation foregrounds the embeddedness of drug market actors and the exploitation of young people as opposed to the distance in which they must travel which signals a transition from policy and media narratives of ‘county lines’.

### 5.2.2.1 Localised lines

Practitioners working across policing, children’s social care, and youth services frequently suggested that rather than being a model of supply that exclusively requires the movement of drugs and people across geographical borders, ‘county lines’ can take, in addition to this, a more localised form. Practitioners described local supply practices that resembled the organisation of a traditional ‘county lines’ - hierarchical structure, dedicated deal lines and the exploitation of young people and vulnerable adults, but without long-distance commuting being a consistent feature, as Micheal (Senior Police Officer) explains below:

We've seen some of the Merseyside teams adopting a bit of a model where that control of the phone and the day-to-day apparent control of the line sits with a local and that's the stuff that's getting missed because people are still thinking, well, if we haven't got Merseyside nominals traveling in ... then it's not a ‘county line’, it's just a local dealer (Michael, Senior Police Officer).

Here, Michael suggests that some lines in his area are now controlled by local individuals with groups from out of the area, in this case ‘Merseyside teams’, exerting influence remotely through online communication rather than physically entering the area. Michael also points out the risks of deal lines and the harms associated with it being missed by local practitioners where the early geographical framing of ‘county lines’ still persists with the view that out-of-town dealers must be present. Arnold (Community and Education Lead) made a similar observation:

['county lines'] is as a model of drug dealing where children were being trafficked ... from city areas to rural areas for the purposes of drug dealing and that's people's understanding and I think what started off as being 'county lines'. But those lines are ever changing, and they are very flexible. Some of those lines are becoming localised. So, if you've got a line that's taking drugs from Merseyside into, say, Shropshire, and then that line then is localised in terms of local children are then dealing it, for me, that is still 'county lines' ... say a child who's been moved across the road to deal drugs, they have still been trafficked. So, it's not like a 'county lines' in terms of the distance they've maybe had to move, but they're distributing drugs potentially on behalf of the 'county lines'. It's ever changing, and a lot of people have fed back that ... they have noticed more localised dealing and localised involvement of local children, rather than just the trafficking of Liverpool children into a certain area (Arnold, Community and Education Lead).

Interestingly, Arnold refers to 'county lines' in its original format in terms of the geographical framing, acknowledging the propensity for the early 'county lines' model to require the movement of drugs and young people over distance. However, as Arnold suggests here, the traditional model of 'county lines' has evolved to become more localised whereby the need to move drugs and people over large distances is no longer a requirement. Arnold also points to evidence here provided to him by a variety of practitioners working across a wide range of statutory and third sector organisations, that local young people are now being exploited into what they describe as 'county lines' to run drugs in their own towns/cities as opposed to being sent elsewhere. In this case, the 'county lines' model retains the original structural elements but differs in terms of the distance young people are being made to travel to operate the line.

These views appear to be supported by Katie (Child Exploitation Worker) who describes, from their perspective, the current context in the area they work, an area typically regarded as one of the main UK supply hubs (Coomber and Moyle, 2018) and exporters of 'county lines' (NCA, 2018):

It's not as often now that we get a young person travel all the way to Scotland. I mean, it does still happen. We had someone not too long ago found in Inverness and we are seeing them more in North Wales as well ... But yeah, I think it is changing in respect of it is becoming more of a local issue rather than travelling further afar (Katie, Child Exploitation Case Worker).

Katie explains that, while drugs and young people are still being moved across large distances, in this case, to Northern Scotland and North Wales, this has declined to some extent to become 'more of a local issue' where young people from the area are being used in more localised contexts rather than being transported to other areas. Interestingly, this view was also supported during an informal conversation with a police officer (Karen – informal conversation) who also commented on the decline in commuting, or at least, the adaptive nature of those involved in drug supply from the Merseyside area. Karen described a recent situation whereby a package containing vacuum packed class A drugs that was destined for Aberdeen had been intercepted by police dogs at a Royal Mail sorting office. Upon further investigation, it was discovered that the package was sent from suppliers in the Merseyside area. Historically, runners would be used to transport drugs from Liverpool to Aberdeen, but as this has become too risky due to police surveillance, the suppliers had resorted to shipping this using the postal service. As the house the package was destined for contained several vulnerable young people from the local area, it was suggested that they were to be involved in the distribution of the drugs upon its arrival. This highlights not only the evolution in supply practices, but also the adaptiveness of those involved in the supply of drugs and their embeddedness in local drug markets. This seems to support the perspectives of others in this section who describe a decline in the frequency of young people running drug lines from out of their area, and importantly, these perspectives reflect a possible shift away from visible out-of-town activity and towards embedded, dispersed supply networks.

#### *5.2.2.2 An evolving model*

While the perspectives outlined above still correspond with the early definitions of 'county lines' in many ways, they also highlight an evolution in this model where drug supply using the 'county lines' modality is being used in localised contexts. This localised model resonates with drug market research in the UK which emphasises the adaptability and flexibility of drug market actors (May and Hough, 2004; Pearson and Hobbs, 2001), and the embeddedness of drug markets within local communities (Hales and Hobbs, 2010). As awareness of 'county

lines' as a perceived 'new threat' rose over time, and as policing strategies intensified, groups appear to have reduced movement over distance, reduced visibility, and embedded themselves within local drug markets. Rather than recruiting young people to 'take over' drug supply in a new area, they have, in some cases, outsourced the management of deal lines to locals in the communities in which they are embedded, therefore, reducing costs and averting enforcement efforts, as Jimmy explains below:

What we started to realise is, over time, that business model ['county lines'] started to evolve because those groups were embedded ... in those different areas and a lot of them had retreated back. They had a workforce that were employed in those different towns and cities ... and what that then meant was that they could return back to London, Birmingham, etc and still control the market ... you don't actually have to be there (Jimmy, Senior Police Officer).

The evidence outlined in this section that points to a potential shift in the 'county lines' model of drug supply challenges previous assumptions that geographical movement is a defining characteristic of 'county lines'. Instead, some practitioners emphasised the structural features of a line (dedicated deal line, customer base and division of labour, for example), exploitative dynamics (coercion, grooming, creating drug debts), and the use of communication technology to manage operations without physical presence. In this sense, while retaining many features, a 'county line' becomes less about geographical framing and more a drug supply strategy that is flexible, adaptable and can operate at multiple levels. With that in mind, however, it is also important to consider what implications this perceived evolution can have in terms of practice, identification and more broadly, the continued development of our understanding on the issue.

#### *5.2.2.3 Implications for practice, identification and understanding*

With flexibility and adaptability comes potential challenges in identification. As detailed in the previous section, without the frequency of individuals travelling into new areas or some of the visible signs of exploitation (out-of-area missing episodes or young people travelling across the country on public transport, for example) cases may not meet the threshold for

‘county lines’ activity or may not even be identified at all. This was noted during data collection attempts where services located in the same area often had competing views on what constituted a ‘county lines’ or what related exploitation would look like. For example, one youth service employee explained that, as they had not identified any young people travelling out of the area to engage in a ‘typical’ ‘county lines’ scenario, they did not believe there to be an issue. In contrast, the police force in the same area explained that young people in the area were still being exploited into illegal drug supply that was often being controlled or at least supplied from elsewhere. As previously discussed, this ambiguity can affect the identification of deal lines, exploitation and ultimately, how young people involved in drug supply are responded to.

Additionally, with the acknowledgement from practitioners that lines have now become more localised, there is a risk that diverse drug market activities can be conflated under the ‘county lines’ label, thereby widening the net and producing interventions and responses by authorities and services that do not always necessitate that level of response. It was evident throughout this study that a diverse range of drug market activities currently operate in tandem with the ‘county lines’ model. Many of those highlighted were structurally similar to the localised forms of ‘county lines’ described above, while others were markedly different. These ranged from well-established local individuals buying bulk amounts of Class A and B drugs who were operating a drug supply business using similar tactics (deal line, local runners, violence), to instances of some of the drug market configurations Hales and Hobbs (2010) referred to in their research on drug markets in a London Borough, including ‘drug dealing on and from local authority and housing association estates; drug dealing associated with specific addresses’ and ‘recreational drugs markets, including those in pubs and clubs’ (Hales and Hobbs, 2010: 20). With this in mind, there is a risk that, where understandings of ‘county lines’ evolve to encompass localised forms, it may end up encapsulating the diverse drug market activities such as those outlined above. Not only does this highlight the importance of recognising ‘county lines’ as a distinct drug supply modality that exists in tandem with a diverse range of drug market activity, but it also highlights the need to understand the nuances in local drug markets which inevitably differ greatly across time and space, as Pearson et al (2001: vii) noted ‘there is not so much a national drugs market, as a series of loosely interlinked local and regional markets’

In summary, the hybrid/localised configuration outlined above is in direct tension with the geographical framing outlined earlier in this section. Here, it is less about movement and more about method. Practitioners have described how local young people are drawn into drug supply that is controlled remotely by actors external to the area. Where this is evident, it represents a significant evolution of the ‘county lines’ model and challenges assumptions that movement across geographical borders is a defining feature. Rather, this evolved model forefronts embeddedness, exploitation and structure, revealing a more complex and fluid picture than previous dominant narratives have suggested.

### 5.3 Conclusion

Based on practitioner accounts, this research has found that ‘county lines’ is not a unified or stable supply model, but a dynamic and evolving set of practices shaped by local contexts. While the ‘out-of-town’ model, characterised by movement over distance and exporter–importer dynamics, remains prominent for many practitioners, particularly in metropolitan areas, its continued dominance reflects professional interpretation rather than market uniformity. In these cases, geographical framing provides a clear threshold for distinguishing ‘county lines’ from other local drug supply and legitimises enhanced safeguarding responses.

However, hybrid and localised accounts demonstrate that distance is no longer a reliable marker of either ‘county lines’ or exploitation. Practitioners described scenarios in which the core structural features of a ‘county line’ (dedicated deal lines, hierarchies and exploitation), are present in the absence of cross-border travel. In these cases, local young people may operate the retail end of the supply chain while control is maintained remotely, or the entire operation may be run locally using the ‘county lines’ business model. Here, harms persist despite the absence of traditional spatial indicators.

What emerges, therefore, is a continuum of supply practices. At one end sit more ‘traditional’ out-of-town operations; at the other are localised structures that replicate key organisational and exploitative elements of ‘county lines’. In practice, however, both models co-exist within many areas, alongside existing and evolving diverse drug supply models that are often shaped by enforcement pressures, demand in local markets and the adaptability of drug supply actors and networks.

Furthermore, practitioner accounts reveal how definitional perspectives actively shape what is identified, recorded and responded to. geographically framed interpretations risk overlooking localised exploitation, while broader conceptualisations introduce concerns around net-widening and conflation of diverse drug market activities under a single label. This ambiguity has significant implications for safeguarding, risk assessment and multi-agency working, particularly where responses operate across administrative or geographical boundaries.

Ultimately, variation in practitioner perspectives reflects the adaptive nature of drug markets and reinforces the need for context-sensitive understandings of drug supply. Recognition of this complexity is essential not only for developing our understanding of local drug markets, but also in order to develop responses that are capable of accounting for the ongoing evolution of supply practices.

## 6 CHAPTER SIX: ‘County lines’ and the involvement of care experienced boys and young men – a practitioner’s perspective

This chapter builds on the analysis in the preceding chapter by examining the relationship between care experience and criminal exploitation within the context of ‘county lines’ drug networks. While the previous chapter explored practitioners’ understandings of ‘county lines’ drug supply, the focus here narrows to the specific experiences of boys and young men in care, as understood through the perspectives of practitioners working directly with this group. The chapter seeks to highlight the complex interplay between individual and systemic factors that place care experienced boys and young men at heightened risk of involvement in ‘county lines’ activity. The findings presented in this chapter are organised around two interrelated themes identified through thematic analysis of data from semi-structured interviews and informal conversations with twenty-seven of the twenty-nine participants in the study<sup>11</sup>. First, practitioners highlighted a range of previous experiences and personal circumstances, including poverty, adverse childhood experiences, trauma, and the absence of positive role models that were seen to heighten the vulnerability of care experienced boys and young men to criminal exploitation. Lastly, practitioners identified systemic shortcomings within the care system, particularly the use of semi-independent accommodation and out-of-area placements, as conditions that can inadvertently increase young people’s exposure to exploitation.

### 6.1 Previous experiences and personal circumstances

During interviews and informal conversations, practitioners were asked about why care experienced boys and young men were at increased risk of criminal exploitation as suggested in the official and academic literature (see for example, Barlow et al, 2021; Caluori et al, 2020; NCA, 2015; Safeguarding Network, 2025; Shaw and Greenhow, 2021; Stone, 2018; Turner et al, 2019). In response to this question, and generally throughout discussions, practitioners placed a greater emphasis on the shortcomings and risk factors associated with the care system, with previous experiences and personal circumstances only being highlighted occasionally. When personal factors were brought to the fore, practitioner responses were, at times, rather generic. They generally referred to care experienced boys

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<sup>11</sup> Two of the participants in the study (Tommy and James) did not take part in the study in the capacity of a practitioner or expert in children’s social care and their views, therefore, were not used in this chapter.

and young men, and young people in care more broadly as having ‘vulnerabilities’ or being ‘vulnerable’ rather than alluding to specific issues or examples. As a result, the vulnerability of this group was framed as an innate characteristic as opposed to being the product of intersecting systemic and personal pre-care and in care experiences.

Children in care are likely to have experienced many different and potentially damaging circumstances prior to entering care, and during their time in-care that can increase their perceived level of vulnerability. However, by generalising their vulnerability, it becomes increasingly difficult to develop a deeper understanding of the unique issues and experiences that young people in care, and more specifically, care experienced boys and young men face. Furthermore, as will be outlined in the following chapter, when vulnerability is generalised, it becomes increasingly difficult to capture the often-complex lived realities of the care experienced young people in which they are supporting. Nevertheless, there were some insights gained throughout interviews and informal conversations with practitioners, and while these are by no means a replacement for the views of those with lived experience, it is a useful starting point for understanding the involvement of care experienced boys and young men in ‘county lines’ drug dealing, and illegal drug markets more broadly.

There is no single factor that contributes to a young person’s involvement in ‘county lines’ drug dealing. Each individual responds differently to internal and external factors and while certain factors may increase the risk of involvement for one person, they may not have the same impact on another. While practitioners cited various factors that can heighten vulnerability to exploitation, they particularly emphasised the impact positive role models, or the lack thereof, and trauma can have on young people in care. These two factors will be discussed in more detail below, commencing first with the issues surrounding positive role models.

### 6.1.1 Positive adult role models

Practitioners consistently identified the absence of a positive adult role model as a key factor that heightened the vulnerability of care experienced boys and young men to criminal exploitation. As a result of unstable or absent parenting prior to entering care, and subsequent disruptions to placements and inconsistent care, support and adult oversight whilst in care, many care experienced young people have limited opportunities to form relationships or attachments to individuals who can offer attention, belonging and a sense of protection in

their life. Some practitioners suggested that, in the absence of an adult who can serve these functions, care experienced young people were at risk of having this void filled by those who sought to recruit them into illegal drug supply. The absence of a positive adult role model was noted as a key factor in a wider set of personal, relational and structural factors that influenced care experienced boys and men's trajectories into 'county lines' drug dealing, as will be discussed in more detail later in this chapter. While some practitioners shared the view that the absence of a role model was a significant factor, the nature of the role model and the specific impact this had on the young person varied. Freya (Youth Worker) for example, explained that it was common for the young men she works with to have lacked the consistent support of an adult at various stages of their pre-care and in-care life. Freya described having this figure in their life as a protective factor that the care experienced young men on her caseload often did not have:

I think for a lot of young guys, they're looking for, especially ones that have been in care when they've probably not got that figure in their life. They are just looking for something, and I think that's why they're easily drawn into that and specifically around care leavers who don't have that strong protective factor that the other young lads might have. So, I think, a lot of it, in my opinion, comes down to attachment, those protective factors because a lot of the young people that I've worked with that are leaving care or are care leavers, they don't have anyone to turn to (Freya, Youth Worker).

Freya later described how the only significant adult some of the young men on her caseload had had were their personal advisors who, due to excessive caseloads and needing to travel across the country to see young people, only had time to offer minimal support. This was further exacerbated due to the often-unsuitable accommodation they had been placed in where some young men were living among older individuals who were active drug users. According to Freya, this had led some of the young men on her caseload to gravitate towards these older individuals and ultimately engage in drug selling activity, along with using Class A drugs in some cases. Clearly, lacking a positive role model is not the only factor to blame for a situation like the one described above, but it is arguably one of several contributing factors. Indeed, a young person's need for a figure to turn to while being placed in an

environment where there are negative influences can certainly heighten vulnerability and can certainly be conducive to exploitation.

However, the notion that a positive role model can act as a protective factor is also problematic. While there is no doubting that having a positive influence in a young person's life can be important, it is overly simplistic to assume that it can compensate for the significant challenges experienced prior to entering care and those affecting them whilst in care. For example, a role model cannot counteract the trauma and instability a young person has experienced, nor can it compensate for the systemic issues present in the care system, such as placement and school instability, underfunding and the lack of sustained and trusted professional relationships. Additionally, Freya's assumption also seems to ignore the wants and needs of individuals. Care experienced young people are not a homogenous group with identical needs and experiences. Rather, like the rest of the population, they come from a range of backgrounds and have experienced the world in entirely different ways. As such, the practitioner view of what is protective or who can act as a role model may not align with the subjective experiences of the young person. Finally, Freya explains that care experienced young people are 'easily drawn into' drug supply in the absence of a role model type figure in their life. Of course, the absence of a positive and consistent figure in a young person's life can have a detrimental impact. However, this implies that care experienced young people lack the strength, resilience and agency to navigate life in the absence of factors that practitioners define as universally 'protective'. This assumption oversimplifies the lived realities and experiences of care experienced young people and obscures the systemic and structural inequalities that often shape their lives.

Building on the theme outlined by Freya, both Andy (Safeguarding and Public Protection Lead) and Jimmy (Senior Police Officer) also highlighted how the absence of a consistent and supportive 'figure' in the life of a care experienced young person can heighten their vulnerability to exploitation. Here, Andy and Jimmy explain that this was seen as a weakness by those who sought to exploit them. This unmet need, according to Andy and Jimmy, can be used by those who seek to recruit young people in care as a means to manipulate and control them by stepping into the role in which they were seeking:

You're looking for a father figure ... to kind of take you under their wing, give you that bit of kind of reassurance and tutoring and love and whatever it may be

... People spot the weakness and spot that they're there to be exploited and then step in (Andy, Safeguarding and Public Protection Lead).

So, looked after children normally are looking for some kind of family unit, some kind of like guidance, brothers, sisters, somebody to put their arm around them. And those recruiting into those 'gangs' understand that that's the case (Jimmy, Senior Police Officer).

The examples provided above are by no means an issue unique to young people with a care status as it is not uncommon for young people who are not in the care system to look up to or seek support and guidance from a figure outside of the home or family where this need may not be being adequately met by someone familiar to the young person. However, the issues stated above are certainly common features for the care experienced population and are often exacerbated when young people are moved away from their home area where they often lack the support of their family, friends and even social workers, as will be discussed later in this chapter. However, while their statements are certainly based on real and important concerns, the points put forward, and the language used throughout highlight some key concerns. For example, as evidenced in the previous discussion, the language used above is suggestive of young people in care being inherently weak. The language used here emphasises the view by some practitioners in the sample that care experienced young people are passive victims who are forced into drug supply as opposed to taking into consideration their motivations and varying degrees of agency, in addition to the broader structural factors such as marginalisation, poverty and social inequality (Harding, 2020), which frequently shape young people's involvement in drug supply. Furthermore, the language used above implies that young people in care are unable to manage without the guidance and support of individuals whom practitioners label as 'protective'. It also conveys the notion that they lack the agency and resilience to withstand attempts by others to recruit them into illegal drug supply. Deficit-based language of this kind was evident throughout many practitioner interviews. This is problematic, not only because it reinforces stigma and negative societal perceptions of young people in care, but it can also negatively impact the ways in which young people in care perceive themselves. This aligns with labelling perspectives (see Becker, 1963; Goffman, 1963, for example), which argues that an individual's identity can

be shaped by the labels imposed upon them. When practitioners describe young people in care using language that focuses on negative aspects or deficits, this can lead to young people internalising this language thus influencing their behaviour and the perception of themselves. As such, deficit-focused language not only describes young people in care, but it also actively contributes to the formation of their identity which can reinforce existing disadvantage. With that being said, however, both Andy and Jimmy raise some important points. Their observations emphasise legitimate concerns regarding exploiters targeting young people who may be seeking a figure capable of providing guidance, support, and a sense of belonging. This was built upon by other practitioners in the sample who develop this further by exploring the role of positive male role models, and more broadly the impact of absent fathers, as will be discussed in the following sub-section.

### 6.1.2 Male role-models and absent fathers

While research on the impact of male role models on care experienced young men is limited, there is some evidence to suggest that same-sex role models are more effective in promoting positive behaviour in young people more broadly (Bryant & Zimmerman, 2003; Walters, 2015). For boys and young men with care experience, a positive emotional relationship with a male figure can provide an alternative narrative to the often negative or inconsistent male relationships some boys may have experienced prior to entering care and during their time in the care system. Furthermore, male role models can also support identity formation by offering boys a sense of continuity, belonging, and guidance at a time when their lives may feel disturbed. They may also help counteract negative influences from their peers, or in the context of illegal drug supply, advances from those who may seek to exploit them. As Walters (2015) notes, exposure to a positive adult of the same sex can not only serve a protective function, but it can also have a significant impact on future violent, anti-social and offending behaviour. This effect is more pronounced when the male figure is a parent (Vanassche et al, 2014). With this in mind, practitioners such as Cole (Children's Social Worker) and Kay (Care Leavers Project Support Lead) highlighted what they viewed as the significance of the lack of a positive male figure and absent fathers in the lives of care experienced boys and young men. Cole, for example, acknowledged the importance of having both parents present during childhood but emphasised how the absence of a father can negatively shape boys' development:

We need to have more positive role models of both sexes. But I do think positive male role models in these young people's lives because I think the percentage is something like 76% of young people in prison have no father in a family home. So, we need to be having positive role models for all these young people, positive male role models ... I do think not having a father in the house has a huge impact on children and we're not saying fathers are more important than mothers, but boys need a good male role model (Cole, Children's Social Worker).

In detailing his argument, Cole points out the percentage of the prison population who had no father present at home. This figure is hard to verify due to a lack of research on the topic, although it may be referring to a Prison Reform Trust study (Jacobson et al, 2010) which found 76% of a 200 sample of children in custody had an absent father. Due to the small sample size of this study, the results cannot be generalised, and while the figures reported are significant, there is no verifiable direct correlation between absent fathers and engagement in crime. While research has suggested that growing up without a father present in the home can correlate with future offending (Simmons et al, 2018) and violent behaviour (Mackey and Mackey, 2008), the same was also true for boys whose fathers were present, but who were abusive and violent (Simmons et al, 2018). As such, it can be argued that absent fathers or male role models, while certainly significant, are one of various adverse childhood experiences that may lead to offending behaviour or vulnerability to exploitation (Smithson et al, 2009) in the future. Nevertheless, Kay (Care Leavers Project Support Lead) also emphasised the significance of a father figure, or the absence thereof for the male care leavers she supports in a custody setting. According to Kay, a father, or a father figure is not only somebody to look up to, but is also someone who can offer guidance and support in navigating the complex aspects of growing up:

So, you're out there and you're looking for somebody to look up to. You're looking for somebody to take an interest in you. Absent fathers are a big thing for me ...and that's a subject that sometimes people shy away from because it's like well, single mums can do a good job. Yes, they can, absolutely they can, however, young men reach a certain age, and you know, it's like, how do you

learn the next steps? How do you navigate, you know, relationships, sexuality, you know, employment? If you've got nobody there, that's kind of, you know, showing you how to go on if you like. So, a lot of the people that manipulate young people do it really. You know, look at him. He's got that fantastic car. He's got a beautiful girl on his arm, you know, he's got the best clothes. How do I get that? He's telling me; to get that, I don't need to go to work. I don't need to go down that road and go down that route. And if there's no one else to balance that out. (Kay, Care Leavers Project Support Lead).

Kay notes above how the absence of a father figure can impact a young man, and like Andy and Jimmy mentioned earlier, also describes how the absence of a figure, in this case, a father figure can heighten vulnerability to exploitation. In her interview Kay emphasised how some of the care experienced young men accessing her service had not experienced a consistent father figure growing up and had turned to others as a replacement. In many cases, this ended up leading down a road to criminal activity and in some instances, exploitation. Based on the perspectives outlined in this section thus far, it seems apparent that what practitioners are describing is not necessarily care experienced boys and young men desiring and seeking out a particular person such as a father or other family member (although this may certainly be the case), but a sense of belonging and a feeling of security, love and recognition that these types of relationships can bring (Smithson et al, 2009). Moreover, it could also be argued that the status and identity brought about by being involved in activities such as 'county lines' and through associating with those involved could also be an influencing factor. A common issue associated with the various pre-care and in-care experiences is a feeling of powerlessness and a loss of identity and place. Being involved in activity of this kind and being associated with those who are involved can offer a sense of power and control to a young person, in addition to providing status and a form of identity (Harding, 2020). It is the lack of these factors and relationships in their pre-care and in-care experiences that may encourage young people with care experience to seek out others who can meet these unmet needs, thereby increasing the risk of exploitative situations.

It is important to recognise here that the absence of a role model, regardless of gender is one of several factors that may heighten vulnerability. Clearly, it is important for care experienced boys and young men to have a positive and reliable relationship with a trusted adult who can

contribute to developing their resilience, emotional development and sense of self. However, to avoid individualising harm and framing birth families in a deficit-focused narrative, it is necessary to take into consideration how complex social processes and structural issues, such as poverty, marginalisation and the inadequate care system that fails to protect and support care experienced boys and young men, can also heighten vulnerability. In addition, as was discussed in the previous sub-section, focussing on single causal factors such as absent fathers or role models fails to take into consideration the lived experiences and realities of care experienced boys and young men. Encompassing these experiences and realities can allow for a more nuanced and dynamic understanding of care experienced boys and young involvement in illegal drug supply.

### 6.1.3 Trauma

A small number of practitioners highlighted the significant role trauma plays on heightening the vulnerability of care experienced boys and young men to exploitation. While it was recognised that trauma can often intersect with several of the issues mentioned throughout this chapter, it was highlighted by practitioners as a specific driving force in terms of involvement in illegal drug supply. It is widely acknowledged that young people in care are likely to have experienced significant trauma prior to admission into the care system. Indeed, two-thirds of children are currently in care due to abuse, neglect or absent parenting which can often generate psychological and emotional trauma (Department for Education, 2025). Some children are also exposed to further traumatic experiences during their care journey where there has been a failure to protect them from further harm from within their family or community or as a result of systemic failures within the care system itself (Furnivall and Grant, 2014). Early experiences of neglect and trauma can lead to a series of harmful effects that continue through childhood, adolescence, and even into adulthood. These impacts can influence all aspects of a child's life, hindering their ability to learn self-regulatory skills, adapt to structured educational settings, and form secure, trusting relationships (Furnivall and Grant, 2014). As a result, experiencing trauma in childhood and growing up in the care system are closely connected to negative outcomes in the future, such as poor mental health and educational attainment (Oakley et al, 2018), criminal justice involvement (Canturk et al, 2021) and risk of exploitation (Turner et al, 2019), for example.

During interviews, practitioners described working with young people who had experienced a range of adverse childhood experiences that led to their entry into the care system. The trauma that was inflicted as a result of these experiences was seen as a key element that heightened vulnerability, not only to exploitation, but to physical and mental health issues, criminal justice involvement, and homelessness. Indeed, some practitioners referred to trauma as forming the fundamental basis of risk due to the wide-ranging impacts this can have on a child's development, as Gemma (Child Exploitation Service Manager) explains below:

I think childhood trauma is the main kind of foundation level for that vulnerability. And obviously, if a child is looked after, then you know, the basis is that they will have experienced some sort of trauma because at the very least, they have been removed from their family, which is going to be a huge trauma in itself ... I think we see across the board that actually; children have legitimate needs in their life ... but often because of their life experiences and the trauma they've had, they don't develop the skills or have the external opportunities to be able to meet those needs safely and healthily, and therefore they will try and meet those legitimate needs, but through maladaptive ways. And that's when they become vulnerable to being exploited by others (Gemma, Child Exploitation Service Manager).

Gemma's account reflects a widely used trauma-informed approach that aims to recognise and respond to traumatic experiences in the past and present that have had a profound impact on a young person's view of the world and their behaviour (Scheuner and Mark, 2025). However, Gemma's comments are also indicative of a linear causal link between trauma and exploitation (trauma – unmet needs – maladaptive coping strategies – exploitation). In reality, however, this relationship is much more complex and non-linear and is often shaped and influenced by a multitude of personal, environmental and structural factors that create conditions in which exploitation becomes more likely, rather than guaranteed. Nevertheless, Gemma's point illustrates the importance of taking into consideration the lived experiences of young people in care, and how these experiences, and the responses to them impact the young person's life. It is also important to not view these experiences in a way that further

reinforces the deficit-based narrative that focusses on weaknesses and internal deficiencies. Rather, a strength-based view that considers agency, resilience and adaptive strategies, while acknowledging the impacts of trauma, is a useful reframing that moves away from deterministic and individualising explanations of involvement in drug supply.

Practitioners further noted that trauma is not only a precursor to exploitation but also a consequence of involvement in illegal drug supply. In this context, the harms associated with being involved in illegal drug supply (fear, violence, threat) can generate new trauma and also reinforce existing trauma which can deepen existing vulnerabilities. Connie (Children's Social Worker) describes below how a young man she was working with had been moved into the care of another local authority due to the risks posed to him from a gang involved in drug supply. His existing trauma had been further compounded by his involvement in the supply of drugs which had caused him significant distress and warranted a referral to the Child and Adolescent Mental Health Service (CAMHS):

I did a CAMHS assessment recently on a young person who [is] open to the complex safeguarding team. I think they've moved him from one area up to here, but they found him because they're contacting him through his Xbox. He's had his phone taken away from him, but he's still terrified they're gonna come. So, he's been keeping weapons, but then he's been arrested for having weapons. ... So, there's no winning, is there (Connie, Children's Social Worker).

This example illustrates how trauma can be generated and reinforced through not only engagement in illegal drug supply, but also by state interventions. This young person had experienced significant trauma prior to entering care which was then reinforced through his experience of exploitation and subsequent placement move out of his home area (out-of-area placements will be discussed in more detail later in this chapter). Through fear of being found by the gang, the young person felt the need to protect himself through carrying a weapon which inevitably led to police intervention and increased surveillance, thereby further compounding the young person's trauma. Connie's account highlights the often-contradictory nature of safeguarding and criminal justice responses, where trauma is

recognised yet, at times, inadequately addressed. However, Connie's account also addresses the complex and often traumatic nature of involvement in illegal drug supply. This was also noted by Gina (Senior Youth Justice Practitioner) who describes below the severe trauma associated with witnessing extreme violence within gang and 'county lines' contexts. For some young people, exposure to murder or serious assaults had become commonplace, shaping their worldviews and sense of future possibilities:

Yeah, I mean the children we work with, just like youth justice services across the country, you know, will have experienced numerous traumas and I think in [location] a massive number of our children have seen somebody be killed and the associated trauma with that. I just think that's huge, isn't it? What does that do to somebody at the age of 15/16/17. You know, a lot of our children will have been friendly with somebody who's been killed or at least know of someone in their school ... which I think really changes a lot of our children's views on the value of life. Not in a positive way. We had a scenario a couple of years ago where there was a child we were working with was shot and it was gang retaliation and there was a party to celebrate his death. So, the day of the funeral, a rival gang held a massive street party to celebrate his death. He was 16 years old. And when our staff talked to some of these kids to say why do you think that's OK, and the responses that our staff got were things like, "well, you know, I'll be dead by the time I'm 20". You know, there's this whole generation who don't feel that they are going to have an adult life or not live beyond early adulthood because the risks are so high (Gina, Senior Youth Justice Practitioner).

Gina's account outlines how repeated exposure to violence can shape a young person's sense of identity, agency and expectations for their future. Fatalistic narratives such as those described above are often associated with exposure to multiple forms of traumatic experiences (Levin et al, 2021), and can also reflect the wider social (deprivation, poverty, marginalisation) and structural (inadequate care, placement instability) conditions in which care experienced boys and young men experience pre and during their time in the care system. However, it is important to note that, based on understandings developed through interviews and informal conversations with practitioners and individuals actively engaged in illegal drug

supply, scenarios such as those described above are relatively uncommon. Indeed, Gina's was the most severe account provided amongst those who took part in the study, and while this will certainly not be an isolated incident, murder and other forms of extreme violence were rarely discussed.

Nevertheless, Gina's comments above, and Connie's and Gemma's earlier in this section, all demonstrate how trauma can play a significant role in shaping vulnerability. While trauma on its own cannot explain why care experienced boys and young men become involved in illegal drug supply, traumatic experiences can, under certain conditions, form the foundation of risk and vulnerability. However, it is also important to note that trauma is not a linear predictor of involvement in illegal drug supply, rather, it is interconnected in various complex social, structural, and institutional dynamics that together heighten vulnerability to exploitation rather than guarantee it. Crucially, practitioners revealed above how trauma can be generated or exacerbated by the care system itself where safeguarding decisions, placement instability and failures to provide safety can often compound existing harm. This recognition provides an important transition to the next section, which examines the shortcomings of the care system and the ways in which practices and organisational constraints can inadvertently reproduce the very conditions that heighten young people's susceptibility to exploitation.

## 6.2 Shortcomings of the care system

Having examined personal and contextual factors that shape vulnerability, this section moves to a more structural level, focusing on practitioners' views of the risks embedded within the care settings and the care system itself. Practitioners were generally in agreement that certain aspects of the care system, particularly the widespread use of semi-independent accommodation and out-of-area placements can often heighten young people's susceptibility to exploitation. These concerns were most pronounced for older children who are more likely to be placed in these settings and whose needs are often poorly aligned with the support provided. The discussion below examines practitioners' critiques of semi-independent settings before turning to out-of-area placements in the next section.

## 6.2.1 Semi-independent settings

Published data shows that there has been a sharp increase in the number of adolescents entering the care system in England over the past decade: an 18% increase (n=30,930) among 10–15-year-olds and a 44% increase (n=22,060) among 16-and-17-year-olds since 2015 (Department for Education, 2025). Amidst a backdrop of funding cuts, increased demand for children’s social care and a decline in the number of foster carers (The Fostering Network, 2024), local authorities have been presented with the task of ensuring that an increasing number of adolescents with multiple complex needs have an appropriate placement that offers a safe and supportive environment (MacAlister, 2022). As a result, there has been a notable increase in the number of 16-and-17-year-olds being accommodated in independent and semi-independent settings where ‘support’ rather than ‘care’ is provided, and where young people are more likely to be left without consistent support or adult oversight (Children’s Commissioner, 2023). This raises a number of issues, not only due to the lack of supervision and care being provided, but also as many of these settings accommodate individuals with a variety of vulnerabilities and needs (Children’s Commissioner, 2020), in addition to many of these settings being located in densely populated areas with high rates of crime and deprivation. As Caluori et al (2020: no pagination) suggest, these systemic issues have ‘create[ed] the perfect conditions for recruitment into ‘county lines’ and other criminal activity. It can be argued, therefore, that independent and semi-independent settings are environments that not only fail to address vulnerability, but also structurally produce it, as will be discussed in greater detail below.

### 6.2.1.1 *Lack of adult oversight*

Supported accommodation is designed for care experienced young people aged 16 and over as a transitional placement where they can prepare for independent living once leaving care. Here they are placed in flats, or rooms, typically in shared accommodation where they have access to on-site staff for support. The emphasis in supported living is to foster independence and to support the development of essential skills to prepare for a life outside of the care system. While these forms of placement may be conducive to supporting independent living, they often fall short when it comes to meeting the needs of the often-vulnerable young people placed within them. This is particularly the case in terms of the amount of support typically on offer which can be as little as five hours per week. This was a particular concern for some practitioners who felt that the lack of supervision and awareness of a young person’s

circumstances placed them at greater risk of exploitation, as Iona (Children's Social Worker) outlines below:

The semi-independent ones that we have, it's usually that they get 10 hours of support every week per young person. And that's just like floating support. So, somebody will go in for an hour, see how they are managing and is there anything that they need help with and then they are just left to their own devices. So, that can cause its own problems. I've got a few young people who are in foster care placements, and I've got a lot of them that are in semi-independent and the ones in foster placements there's no real risks that's highlighted for them. They seem as though they're a lot more settled. They get a lot more support, whereas the ones that's in semi-independent, they are just left to their own devices (Iona, Children's Social Worker).

This lack of daily oversight was identified as a key mechanism through which exploitation risks escalate. Gina (Senior Youth Justice Practitioner) similarly highlighted:

We do have quite a large number of semi-independent residential settings. So, we'd get a lot of older children, you know, maybe not necessarily children that have had a long care history but may have had a family breakdown at 15/16 often related to their offending involvements and so we've got that semi-independent care where it's very little oversight. Often the staff are not very well trained. The staff haven't necessarily got a full understanding of what the risks might be to those children, and I think that's a really big concern (Gina, Senior Youth Justice Practitioner).

As Iona and Gina explain above, the lack of adult supervision in these placements often means the young people placed within must assume greater levels of autonomy and independence for a considerable portion of the week. The emphasis on independence presumes developmental readiness that many care experienced adolescents, particularly

those with histories of complex trauma, may not yet possess. The concern here is that the risk to the young person is significantly elevated during those times where support may not be readily available. Moreover, what support is available is often inadequate either because staff are not trained sufficiently or simply because the staff are not there enough to understand the risks around each individual young person. However, while these accounts reflect legitimate concerns around the efficacy of supported accommodation, that is not to say that these settings are inherently risky environments. When facilitated correctly with support that matches individual need, supported accommodation can reduce long-term risk by preparing adolescents for adulthood (MacAlister, 2022; Webber et al, 2023). Practitioner concerns perhaps reflect wider systemic issues with the care system as a whole that is struggling to keep up with demand amidst a backdrop of funding cuts, the marketisation of children's social care housing and an increase in profit-driven independent providers that when taken together, make placements in unsuitable environments more likely (MacAllister, 2022).

#### *6.2.1.2 Semi-independent settings and missing episodes*

A particular concern raised about supported accommodation was the heightened risk of young people going missing from these settings. Nationally, a third of all children in care who went missing from their placement in 2023/2024 went missing from independent, semi-independent or supported accommodation, despite just 9% of children in care being placed in these settings (Department of Education, 2025). This disproportionate representation is concerning, particularly given the association between missing episodes and criminal exploitation (Caluori et al, 2020), and as such, preventing and responding to missing incidents effectively is essential in reducing the risk to the young person. However, some practitioners in the study expressed concern that supported accommodation often lacks the infrastructure required to mitigate these risks. The absence of a consistent adult presence, a lack of knowledge of young person's daily routines and a lack of awareness of when missing episodes do occur were cited as common challenges in this context. This increased risk was emphasised by Connie (Children's Social Worker) who explained the following:

A lot of the time, no one is there to support them. They're kind of on their own and that makes them so open and susceptible to being befriended, especially if they're placed out of area. I think that makes a huge difference and the risk of

going missing ... If someone goes missing, it feels like there's less attempts to find them, but it's harder, isn't it? Because if you're in a foster placement, the foster carers are there, and they know that you're missing, and they provide that support. But if you're not, then, then who is doing that? So, I definitely think that 16 plus placements, in my opinion, put people at more risk (Connie, Children's Social Worker).

Connie further illustrated this through an example involving a young person who had been placed alone in a semi-independent setting away from their home area:

One of these young people of the two I had in mind was put in a 16 plus placement on his own from [location] to [location] and there was only a support worker there like 3 hours a day and it was entirely inappropriate. He was going missing left, right and centre and no one really knew where he was at. And that puts him at such a high risk as people can come and go, they can find out where you are, and if there's no staff there who are perhaps going to call the police or call social worker, who's going to stop them from doing something (Connie, Children's Social Worker).

While Connie's account highlights shortcomings within supported accommodation, they also point to deeper systemic problems with the care system itself. Over a decade of underfunding combined with rising demand has led to staff shortages, increased workloads and contributed to a high turnover of staff (MacAllister, 2022). These conditions can significantly impact the emotional and relational wellbeing of the young people in these settings and can affect the continuity of care (Curry, 2019). Additionally, a lack of suitable placements, especially for older adolescents, has forced local authorities into placing young people, who often have complex histories of trauma, in settings that often do not have the staff or the systems in place to provide the support necessary to meet their needs. The combination of these systemic issues has led to some young people being placed in environments that may increase the risk of exploitation. Practitioners described how these structural issues manifest in everyday practice, with some placements failing to undertake even minimal checks when a young

person reports staying elsewhere. Danny (Senior Youth Justice Practitioner) captured this through what he termed ‘complacent negligence’:

When I get the missing children list every day, some of the reports back from our placements where they just sort of say, the young person says he's with Granny. Well, no one's gone to any effort to see whether he's with Granny or not. Where you know really, alarm bells are going off in my head when I hear that he's coming back at three in the morning. Do you really think he's staying with Granny till three and then traveling back? You know, and I just think it's almost a complacent negligence that is going on (Danny, Senior Youth Justice Practitioner).

Collectively, these accounts illustrate how risk can not only be produced by the structure of the placement but can also be exacerbated by systems and cultures that have normalised minimal care, oversight and responsibility for older adolescents. When combined with constrained resources and placement shortages, supported accommodation, if not facilitated effectively, can be ill-equipped to provide the support and oversight a young person needs to be free from harm. In this context, a setting that is set up to protect and safeguard young people can inadvertently expose them to further harm. These conditions can enable exploitation, missing episodes, and undermine the protective functions of the care system. Rather than reflecting the failings of individual staff or settings, however, practitioners seemed to generally attribute these issues to a wider structural problem with the care system itself. As previously discussed, when facilitated correctly with a safe environment and support that matches individual need, semi-independent settings can reduce long-term risk by preparing care experienced adolescents for adulthood. However, as practitioners allude to above, semi-independent settings vary greatly in quality and staffing, and when combined with the various cited structural issues, can be environments that embed and exacerbate vulnerability. These insights form an important transition to the next section which examines practitioners’ critiques of the use of out-of-area placements and, more broadly, the systemic shortcomings of the care system.

## 6.2.2 Out-of-area placements

National guidance stipulates that local authorities have a duty to secure placements for young people in care within their boundaries and close to the child's home and education setting wherever possible (Department for Education, 2025). However, recent data suggests that many young people (44% of the in-care population) are placed outside of their home local authority boundary due to a shortage of appropriate placements in their local area (Department for Education, 2025). This results in young people being separated from their schools, social workers, from local services, and importantly, their families and friends. Such distant placements can often compromise the ability to keep children safe and can impact a young person's emotional and mental wellbeing (Shaw and Greenhow, 2021). There are, of course, circumstances where a placement out of the local authority boundary can be a benefit, such as to be removed from risk or to access a specialist service (Department of Education, 2021). However, out-of-area placements are used, not only for safeguarding purposes, but increasingly because there is a lack of appropriate accommodation within local authority boundaries (Education Committee, 2025). Naturally, this presents challenges for home and host local authorities, particularly in relation to information sharing and effective oversight. In addition, host authorities do not always possess the resources or contextual knowledge required to manage risk for young people placed within their boundaries, as highlighted below.

### 6.2.2.1 Risks associated with out-of-area placements

Practitioners described how the shortcomings outlined above can often heighten vulnerability, contribute to missing episodes and create opportunities for exploitation, as Gina (Senior Youth Justice Practitioner) outlines below:

I think the risk for me is around moving children from their familiar area and making them vulnerable by the nature of, you know, you're entering the care system that's one vulnerability, isn't it? It's quite traumatic. Then if you're in a different area as well, that trauma is compounded by the fact that you can't see anybody, your entire life has suddenly changed from one day to the next because you've been removed from home and from your hometown. And then the other kids that you meet in that setting, you know, those relationships may well lead

you into 'county lines' or some kind of offending or your care home is known to adult criminal 'gangs' who know to target you when you go out of the home because they know that you're vulnerable. They know you're not going to be having a lot of money. They know that you're going to be struggling with everything that's led up to you being in that new setting (Gina, Senior Youth Justice Practitioner).

As Gina reports above, an out-of-area placement has the potential to present a young person with several interlinking challenges. Not only does a young person have to endure being moved away from their home area to an unfamiliar setting without any choice in the matter, but they also have to do so without their family, friends and support networks, significantly impacting their relationships. Being relocated can also impact a young person's personal wellbeing, creating feelings of loneliness and social isolation which can exacerbate existing adversity and trauma experienced prior to entering care (Become, 2024). Moreover, they also run the risk of being placed with other vulnerable young people in a setting that may be a target for 'gangs' or individuals seeking to recruit into 'county lines'. As Gina points out, as many young people in this situation may struggle emotionally, socially and financially, this can lead to negative relationships being formed, and ultimately, increase the risk of exploitation. Practitioners also highlighted that, out-of-area placements, while at times used to minimise and prevent further exploitation, can inadvertently contribute to the expansion of a drug supply network in a new part of the country where no known lines were operating. For example, Morris (Youth Worker – informal conversation) described a case in which a young person moved from London to a small town in the North of England was subsequently located by the gang he was recruited by to establish a new supply line. Similar instances were also recounted by Michael (Senior Police Officer):

The other risk is that we need to be careful that we're not facilitating organised crime by moving children out of area. So, we've seen examples of a child being put into care and the decision has been we need to put them into care somewhere quite remote because they need to be far detached. So, we've seen a young person from [location] put into care in [location] and almost within weeks we got intel that there was a new line set up operating in Scotland and that the child was the

runner for it. So, we're almost supporting the franchise of 'county lines' activity if we're not careful (Michael, Senior Police Officer).

Connie (Children's Social Worker) similarly noted:

Organised crime 'gangs' have a lot more resources to find young people than we do to move them so they could easily be found. I suppose wherever you move people, they could still be found and then you are just moving them away from all their support (Connie, Children's Social Worker).

Local authorities often view out-of-area placements as a measure of last resort (Firmin, 2020) and are typically used when a young person is facing heightened risks of exploitation or during a moment of crisis (Firmin et al, 2021). However, as Michael and Connie illustrate above, these well intended efforts to safeguard young people (Hallet, 2016) are not always successful in disrupting exploitative relationships and can, in some cases, facilitate the establishment of new drug supply networks. These risks are often exacerbated when local authorities struggle to maintain an appropriate level of contact with a young person when they are placed large distances away from their home local authority and are placed in settings that may not meet the young person's needs.

Collectively, these accounts illustrate that out-of-area placements may not only be detrimental to a young person's personal wellbeing but can also, in certain circumstances, further embed harm and facilitate the supply of drugs to new areas of the country. Clearly, several interlinking factors need to align for this to occur, but as practitioner's accounts suggest, distant placements can generate the conditions that can escalate risk, particularly with the challenges inherent in communicating across borders and services, as will be detailed below.

### *6.2.2.2 Information sharing and cross-border communication*

The task of keeping a young person safe and minimising the risk of further harm once moved out of area is undoubtedly more challenging given the inherent challenges of communicating between local authorities. When a young person is moved between local authorities, the continuity of knowledge and understanding among services tasked with safeguarding their welfare often becomes disrupted. This fragmentation occurs regardless of whether the young person is moved to avoid harm or has been relocated by a local authority due to a shortage of suitable placements locally. Relocation often results in the loss of access to familiar services, professionals, and peers who possess key knowledge of the young person's history and lived experiences. Moreover, when care placements occur across local authority boundaries, essential information tends to be dispersed between jurisdictions, further complicating coordinated support and oversight. This was a concern for several practitioners in the sample, such as Katie (Child Exploitation Case Worker):

We are constantly going back and forth with [location] police because they don't inform us. If one of our young people goes missing in Wales, we usually don't find out until weeks later. Which is not ideal obviously, so there's definitely like a miscommunication between the authorities which proves quite difficult (Katie, Child Exploitation Case Worker).

Katie's account illustrates the challenges in communicating across local authorities in different areas in addition to the difficulties in sharing and receiving essential information across partner agencies. When services fail to provide crucial information in a timely manner, such as when a young person goes missing from their placement, this can delay and prevent the implementation of necessary support which can jeopardise the young person's welfare and wellbeing. Recent statutory guidance (*Working Together to Safeguard Children, 2023*) for professionals in England on how to work together to protect children from harm sets out clear expectations that agencies must proactively share relevant information to identify, assess, and respond to risk (Department of Education, 2023). However, as Katie explains, multi-agency working and information sharing is still fragmented and inconsistent across local authorities and services. These operational difficulties were also reported by Sonny (Risk and Resilience Practitioner):

There is a lack of coordination between services. If you're looking at missing from home for instance. The young person might be placed out of borough but still be a [location] local authority child. When they go missing from home, it's still [location] boroughs responsibility to complete return home interviews ... We often don't have the resources to go and complete that return home interview in person, so we might be doing it over the phone ... And then then that information does not get fed back to social services in the local authority where they're placed. It might just get held with. So, let's say we do the RHI when the young person comes back and then that information then has to go from [location] across to whatever local authority is holding that case, and they might not even have this child open as a risk, they might not have professionals around them, they might not have the same link for that information to pass through and I think that often it get ends up getting missed (Sonny, Risk and Resilience Practitioner).

Aside from emphasising the difficulties in communicating and coordinating care across boundaries and services, Sonny's account reveals broader structural problems that exacerbate these challenges. When a local authority takes a young person into care, they become the corporate parent. This status does not transfer when the child is moved to a different geographical area. While this can ensure continuity of care for the young person, it can often be challenging for the home local authority to maintain care and support when the young person is placed at a distance. As Sonny explains, this is often as a result of limited resources but can also be due to inadequate staffing levels or funding restraints, reflecting wider structural issues with the care system as a whole.

Here, Katie and Sonny highlight the difficulties inherent in communicating and sharing information between administrative and geographic boundaries. Not only does this leave a potential gap in data and operational understanding, but it can inevitably lead to young people missing out on the support and care they need to maintain their welfare and safety. Difficulties in communicating between local authorities, police forces and local safeguarding partnerships can often mean young people fall through the gaps leaving them at an increased risk of exploitation and other forms of harm. The final point in this section, and perhaps the

main concern regarding out-of-area placements for practitioners was the loss of key support networks for young people when they are placed out of area.

### *6.2.2.3 Loss of support networks*

Throughout interviews and informal conversations, practitioners highlighted the loss of family and peer support networks, along with prior networks established through schooling and other services, as a key concern when young people are placed out of county. Many explained that the trauma associated with pre-care experiences, compounded by entry into care, is intensified when young people are moved away from familiar environments without adequate support networks. This disruption can exacerbate vulnerability and increase the risk of harm, including exploitation linked to drug supply, as Michael (Senior Police Officer) outlines below:

My concerns are we know that some of the things that make a child vulnerable is sense of isolation not being around their sort of support network whether that's peers and family ... So, by taking a child away from the area that they know, their friends that they've established, where they feel safe, moving them away from their family and extended family, who may not be able to sort of take responsibility for their care day by day but will have some kind of level of interest in their wellbeing and to take them away from all of that and to put them somewhere where they don't know anyone, they're going to be desperate to make some sort of human connection. And that leads to additional vulnerability to people making an approach and recruiting them and presenting as friends. So, there is I think there is some real vulnerability around moving people away. (Michael, Senior Police Officer).

Michael's account illustrates how relocation from a young person's home area, away from their family, friends, school and wider community networks can significantly undermine emotional stability and overall wellbeing. Removing a young person from these support networks can also cause social isolation and loneliness and can disrupt identity formation (Bostock, 2004). As Michael suggests, however, the risks associated with distant placement

moves are not only on an individual level, but also in the pathways it opens, such as running away from distant placements to return to familiar areas and exposing young people to criminal environments. Instead of placing young people at a distance from their home, practitioners suggested that proximity to family and broader support networks was preferable in order to support maintaining family ties. As Gina (Senior Youth Justice Practitioner) explains below, this can be achieved even if a young person is moved over a shorter distance such as to a neighbouring borough or council where a young person has easier access to those vital support networks, as opposed to being sent hundreds of miles away to remote areas of the country:

I don't think moving people that far from home, unless it's for a very short period and it's for their safety, I don't think that ever works because children will run, children will try and return to home. I think it's better to look at moving a [location] child to a different [location]. You know, where they haven't got the same connections. Ideally moving children with their families, where there is still a solid family relationship. ... We've had quite a few successful managed moves from [location] to another [location], you know, so the child can still return to [location] ... the family doesn't lose all its ties, but they're moving away from where that particular issue is. ... I think moving children to the middle of nowhere is absolutely not the answer (Gina, Senior Youth Justice Practitioner).

Kay (Care Leavers Project Support Lead), also emphasised the protective value of family networks:

Every single person that I've spoken to, that's been moved out of county, well they are with me [serving a prison sentence], so there you go. ... And when you are a social worker, you come to realise that no matter ... how many difficulties the family are having, it's still your family. ... You know, work with families, and look for people. Look for aunties, look for uncles, look for grannies, look for, you know, cousins who can help support that young person and keep them in their family (Kay, Care Leavers Project Support Lead).

The practitioner accounts outlined above underscore how placements out of area can fragment a young person's support networks and disrupt their sense of identity and belonging. As MacAlister (2022) argues, growing up within a familiar environment with access to support networks can strengthen resilience and continuity and can support a young person's emotional and mental wellbeing. These factors can be lost or significantly disrupted when a young person is placed in care and subsequently moved far away from their home. In summary, losing support networks as a result of a distant placement is both a personal and structural issue. While the trauma of separation is a personal-level factor, its impact is exacerbated by structural barriers within the care system itself, distance from family, and multi-agency coordination challenges. Maintaining connections to family, friends, and familiar services was highlighted by practitioners as a key protective strategy against exploitation and supports the young person's resilience and wellbeing.

### 6.3 Reflection

This chapter has brought together practitioners views on factors which they deemed to heighten vulnerability to exploitation and involvement in illegal drug supply. While I agree with the fundamental aspects of the explanations put forward by practitioners in this chapter, I have also found them to be problematic. My problem with these explanations is not that they are inaccurate, but that they tend to over-simplify the complex and layered realities not only of experiencing the care system, but also of engaging in criminality. Practitioners, in my opinion, rightly cite trauma, the absence of positive adult figures, and systemic shortcomings within the care system as factors that heighten vulnerability to exploitation and involvement in drug supply. However, these explanations do not sufficiently capture the complexity of how harms experienced before entering care, harms produced within the care system itself, and subsequent engagement in criminality intersect and compound one another.

While I found several aspects of the discussion in this chapter problematic, as outlined throughout (and as discussed in the reflection in Chapter Seven), this reflection focuses specifically on a number of important factors that I believe were omitted from the discussion. While this account is based exclusively on my own personal experience and therefore cannot be generalised across all care experienced young people, it nonetheless adds weight to the arguments advanced in this chapter. In particular, it supports my critical interrogation of the

deterministic and individualised nature of practitioner explanations, and the notion that involvement in drug supply can be both materially and symbolically meaningful, offering belonging, recognition, status, control, and identity within contexts marked by instability, marginalisation, and unmet need.

Like many young people who have experienced the care system, and others whose circumstances can lead to entry into it, I experienced significant harm as a young boy. These harms were, at times, intensified rather than alleviated by a social care system that, looking back, appeared ill-equipped to protect us from further harm. Unsuitable placements, frequent moves, and separation from my siblings, while perhaps well-intentioned, served to exacerbate existing trauma rather than address it. This, along with later experiences that I do not wish to share, contributed to what I can now understand, with the benefit of hindsight, as the foundations of my later involvement in crime.

When I reflect on what this period felt like at the time, it is clear that I was operating on momentum rather than reflection, riding a wave and giving little conscious thought to why I was doing what I was doing. Although, if asked to explain my motivations at this time, it would likely to have revolved around making money. As I have grown older, learned, and attempted to heal, however, it has become clear to me that this lifestyle appealed to me because of what it could provide beyond financial gain. Given my circumstances, money was undoubtedly influential, but what I was truly yearning for was power, control, security, belonging, reputation, and, crucially, identity.

My experiences before entering care, during my time in care, and after leaving it left me feeling powerless, with little control over the direction of my life. Being removed from my home area, separated from my parents and siblings, moved repeatedly between placements and schools, and even subjected to a name change, resulted in a deep sense of dislocation. I felt stripped of my identity, and, as a result, I also felt that I did not belong anywhere or with anyone. I had no sense of place in the world, nor a coherent sense of self within it.

Engaging in the forms of criminality I did, and with the people I did it with at that particular moment in my life, functioned as a way of filling this void. It gave me what other institutions, including education and formal support systems, could not. Firstly, it provided a means of making money, which at the time was a significant influencing factor. More importantly, however, it gave me a sense of control over my life. I experienced what felt like power and developed a reputation for my actions. I was beginning to be recognised as somebody. Being

part of this world enabled me to feel that I belonged somewhere, and that people had my back. Crucially, it provided me with an identity that I had felt was taken from me when I was taken from my family. In this sense, it offered a sense of purpose and place in the world, albeit one rooted in chaos and risk.

So why does sharing this matter in the context of this chapter? It matters because it demonstrates, albeit through a single subjective account, that engagement in the forms of crime discussed in this thesis is not simply the product of single-cause explanations such as trauma, the absence of role models, or structural deficiencies within the care system. As alluded to throughout this chapter, these factors are interconnected, shaping vulnerability and life trajectories in complex and non-linear ways.

What this reflection also illustrates is that involvement in drug supply can be both materially and symbolically meaningful. It can provide access to material resources, while simultaneously fulfilling a range of unmet emotional and social needs experienced by many care experienced young people. To frame such involvement solely in terms of single cause explanations, vulnerability or exploitation risks obscuring the ways in which young people may actively seek to reclaim power, identity, and belonging. This is not to deny that exploitation occurs, or that many young people are coerced into drug supply. Rather, it is to argue that practitioner and policy responses must leave space for more nuanced understandings of agency, meaning, and motivation within highly constrained circumstances.

## 6.4 Conclusion

This chapter has examined the relationship between care experience and criminal exploitation within the context of ‘county lines’ drug supply, as understood through practitioners’ perspectives. In doing so, it has highlighted the complex interplay between individual circumstances and systemic conditions that can place care experienced boys and young men at heightened risk of exploitation. Practitioners emphasised adverse prior experiences and personal circumstances, such as trauma and the absence of stable adult figures, alongside systemic shortcomings within the care system, including the use of semi-independent accommodation and out-of-area placements, as factors shaping vulnerability to involvement in illegal drug supply.

While trauma and the absence of stable adult relationships were consistently identified as important considerations, the ways in which these factors were framed were often overly simplistic and conceptually problematic. This chapter has therefore challenged deficit-focused and individualised narratives that oversimplify care experienced young people's lives, obscure structural and systemic inequalities, and risk locating harm within individuals or families rather than within wider social and institutional contexts.

Reframing practitioners' observations, the chapter shifts attention away from the absence of specific individuals (such as role models or fathers) and towards the interconnection between unmet needs for belonging, security, love, recognition, and identity. From this perspective, involvement in illicit activities can be understood as both materially and symbolically meaningful, offering young people a sense of power, control, status, and identity that is often lacking within pre-care and care experiences characterised by instability, powerlessness, and disrupted relationships. By centring lived experience and rejecting single-cause explanations, the discussion advances a more complex and contextually situated understanding of care experienced boys' and young men's involvement in illegal drug supply.

The findings further demonstrate that the risks experienced by care experienced adolescents in semi-independent and out-of-area placements can be structurally produced through constrained resources, fragmented systems, inconsistent communication, and assumptions about independence that do not always align with young people's developmental needs. While such placements may support positive transitions to adulthood, this potential is undermined where oversight, relational continuity, and connections to support networks are eroded. In doing so, the study consolidates and reinforces existing evidence (Caluori et al, 2020; The Children's Commissioner, 2020; Foster, 2021; MacAllister, 2022; National Audit Office, 2025), calling for a shift away from managing risk through distance and minimal provision towards models of care that prioritise relational support, stability, and systemic accountability.

## 7 CHAPTER SEVEN: Problematising the victim / offender narrative

This chapter further explores a key finding outlined in the previous chapter: the complexity of victimhood and exploitation within the context of ‘county lines’ and youth drug supply. While government and media narratives frequently portray young people<sup>12</sup> as passive victims who are manipulated or coerced into drug supply by ‘gangs’ and organised criminal networks (Askew, 2026; NCA, 2016; 2017), this chapter argues that such representations are often overly simplistic. Drawing on practitioner interviews, this chapter will demonstrate that victimhood and agency frequently coexist in complex and nuanced ways.

As has been outlined in the literature review chapter, exploitation has been widely identified as integral to the ‘county lines’ model (HM Government, 2018). A typical ‘county line’ requires an extensive supply of individuals operating at the retail end of the supply chain, such as ‘runners’ (delivering drugs to users) ‘couriers’ (transporting drugs between locations), and ‘sitters’ (responsible for managing a cuckooed property) (Coomber and Moyle, 2018; Macdonald et al, 2024; Windle et al, 2020), for example. While some young people are paid to carry out these activities, others may need to do so to pay off drug debts, and others may simply be coerced into it. The result is a complex interplay of structure, constraint, and choice, in which the distinction between victim and offender becomes increasingly blurred. This proves to be a complex and contested issue for law enforcement and frontline practitioners, who often face significant challenges in determining where on the continuum an individual may be situated, as will be discussed in the following sections.

The purpose of this chapter, therefore, is to problematise the dominant victim narrative and, drawing on my data, to explore how practitioners and law enforcement professionals negotiate this ambiguity. In doing so, it builds on the previous chapter’s discussion on vulnerability by examining how practitioners conceptualise agency, culpability, and exploitation within their safeguarding and enforcement practices. An important argument I make in this chapter is for the concept of the victim–offender continuum, which frames young

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<sup>12</sup> This chapter is not specifically focussed on care experienced young men. Rather, the issues discussed throughout are relevant to individuals from a range of backgrounds. As such, the discussion will refer to ‘young people’ in general while acknowledging the fact the individuals with care experience are disproportionately impacted by some of the issues brought to the fore in this chapter.

people's involvement in drug supply as dynamic and contextually situated rather than fixed states of victimhood or criminality.

## 7.1 The dominant narrative: young people as passive victims

Mainstream portrayals of 'county lines' activity typically depict a vulnerable and often unsuspecting young person being taken from the care system or a troubled home to a distant location to sell drugs (McLean et al, 2020). In doing so, young people are often constructed as innocent and passive victims who are groomed and coerced into participation by manipulative adults or organised criminal groups. Indeed, the discussion in the previous chapter would certainly support the argument, at least from a practitioner's perspective, that care experienced young people are perceived as victims and passive participants in this particular illegal economy, often at the expense of recognising agency, motivation, and context. Correspondingly, some practitioners in the sample echoed these dominant assumptions, often describing young people involved in 'county lines' and drug supply more broadly as lacking meaningful choice or decision-making capacity as Connie (Children's Social Worker) and Emma (Family Practitioner) detail below:

When you're in meetings with police doing mapping exercises, and the police start talking like quite criminalising them. Actually, no, they don't want to be doing this. Probably they are being forced to do this ... I find it very hard to think that they're making an active choice (Connie, Children's Social Worker).

I think our starting position is always to see young people as victims of exploitation and even where we get some challenge on that from police about children making choices, we would like to explore that in the context in which we see it. Is it a choice? We're always kind of unpicking that idea that this is something that children would ever be in a position to choose freely (Emma, Family Practitioner).

Connie and Emma both refer to young people as lacking agency to make a choice in this context, therefore, suggesting that their involvement in drug supply is solely as a result of exploitation. These perspectives reveal how practitioner understandings, particularly those

from a social care background, are often rooted in safeguarding frameworks that prioritise protection and welfare over culpability or accountability. In this regard, the passive victim narrative serves an important protective function, ensuring that young people are viewed through a lens of exploitation and vulnerability. However, as the following sections will explore, viewing young people through this lens can also oversimplify the often-complex realities of their involvement in drug supply activities. That is not to say that exploitation is not an important and irrefutable feature of ‘county lines’ and drug supply more broadly. Rather the passivity and naivety of those involved is likely to be the exception rather than the rule (McLean et al, 2020). Previous research into ‘county lines’ and child criminal exploitation has suggested that the typical victim-perpetrator situation described above is by no means common place. In fact, young people involved in ‘county lines’ are rarely completely unknowing (Robinson et al, 2019) and often have overlapping friendship and kinship ties with those further up the ‘county line’ hierarchy (McLean et al, 2020). Furthermore, some young people involved in ‘county lines’ may have engaged in criminality and even other forms of drug supply prior to becoming involved in more serious forms of drug supply such as ‘county lines’ (Harding, 2020). This was evidenced by Michael (Senior Police Officer) who highlighted the following:

We did a little bit of research where we looked over 5-year period, we looked at all individuals who had come to notice for a drug supply offence, and they were juvenile at the time of that offence. And what emerged, as you probably speculate, is that a significant number were previously known for criminal damage or low-level theft, shoplifting type offences or violent offences (Michael, Senior Police Officer).

Such findings challenge the notion that young people are wholly passive participants. Rather than being forced into criminality, many progress from petty crime or low-level drug supply over time through experiential exposure to drug supply or through factors such as ‘family connections, local influence, wider personal networks ... opportunity and skill (Harding, 2020: 71,72). Indeed, this was the experience for Tommy and James who took part in informal conversations for this study. Tommy and James both engaged in repeat criminality and began their journeys into drug supply as young teenagers selling cannabis resin on a

small scale only to move onto to distributing class A drugs in their late teens. While their earlier engagement in drug supply reflected a constrained choice, their involvement in more serious forms of drug supply reflected conscious attempts to exploit market opportunities and expand profit margins, rather than as a result of manipulation and exploitation. This of course, further blurs the boundary between victim and offender and calls into question the suggestion that all young people lack conscious agentic decision-making abilities, even when these choices involve moving into serious criminality. Of course, this is not to say that some young people are not manipulated, coerced and exploited into engaging in drug supply or are enticed into it by an unrealistic vision of economic security only to be subsequently exploited, rather, the ways in which a young person becomes involved and the motivations for doing so are often not as straightforward as the dominant ‘county lines’ narrative suggests. As Cole (Children’s Social Worker) and Carlos (Children’s Social Worker) discuss below, family and community influences often interlink with socio-structural deprivation, generating environments where agency and coercion coexist which requires moving beyond simplistic and binary categories of victim or offender:

People get into offending for lots of different reasons. Maybe it's your family business and it's just a natural path that you would take to get involved in offending and I keep having these conversations with colleagues and professionals. It's just the same as, you know, when you speak to someone and they are a 4th, 5th generation Army veteran or a 4th, 5th generation police officer or lawyer, doctor or whatever. It's the same for some criminal families. Sometimes it's just your natural path to get involved in whatever your family do and hopefully you get to an age where you reflect on it and you think you know what, this is not for me (Cole, Children’s Social Worker).

While familial influences are multi-faceted, what Cole is referring to here is the notion of intergenerational continuity in drug supply engagement (Farrington et al, 2001) whereby criminal norms and criminal capital such as, knowledge of supply chains, police evasion techniques, and supply contacts (Hobbs, 2013) are passed down through generations. In this context, engagement in drug supply may appear to be normalised and may be seen as a young person’s natural progression to be involved in the family business. However, this is not to say

that intra-familial dimensions of drug supply do not involve elements of coercion and exploitation. While agency may certainly play a role in this context, recent research has highlighted coercive family involvement in ‘county lines’ (NCA, 2021; Spicer et al, 2020) where a young person may be pressured, coerced and manipulated into engaging in the family drug supply operation. These dynamics further blur the line between victim and offender, complicating traditional legal and policy responses to child criminal exploitation. However, it is also important to consider the complexities of family influence within broader socio-structural contexts. For example, families experiencing poverty and deprivation residing in marginalised communities may have limited access to legitimate opportunities and may be drawn to the drug supply economy as a viable means of survival and a practical route to social mobility. As a result, young people may be drawn in through financial obligation or familial expectation. While young people in this context may display some degree of agency, their choices are often shaped or constrained by social and structural inequalities. This was also highlighted by Carlos (Children’s Social Worker), who emphasised the role growing up in poverty and marginalised communities has on engagement in drug supply economies:

I think there's a lot of young people who are involved in these kinds of things because of the financial gains of being involved in the gang and ‘county lines’ ... And I think for me personally, when I look at it, I do think it has a lot to do with poverty, and we put a lot of young people and people in general in the same place. We will make these kind of council estates where everybody in that area have limited resources and limited funds and for young people who grow up there trying to kind of access what everyone wants and if you look around and all the success that you're seeing are people involved in offending behaviour or criminality, you are gonna gravitate towards that (Carlos, Children’s Social Worker).

As Carlos points out here, poverty and social marginalisation can often play a key role in shaping young people’s involvement in drug supply, in part, as a result of the social and structural inequalities that constrain agency and opportunity, as previously discussed. However, Carlos also draws attention to two other key points. Firstly, the community in which some young people grow up in can play an important role in influencing their

engagement in drug markets. In marginalised or economically deprived communities where access to suitable social infrastructure and legitimate employment opportunities are limited, engagement in drug supply and other illegal economies can emerge as an alternative means of survival, income generation, and status acquisition (Bourgois, 2003; Sullivan, 1989). Carlos also draws upon Hesketh and Robinsons (2019) notion of ‘deviant entrepreneurship’ (Hesketh and Robinson, 2019). In this context, as a result of marginalisation, rising inequalities, and a lack of suitable opportunities, there remains a significant gap between culturally valued goals (such as wealth and status) (Merton, 1968), and the legitimate means of acquiring those goals. Resultingly, young people engage in illegal economies, such as drug supply in order to obtain their desired goals, applying entrepreneurial skills, innovation, and opportunity-seeking behaviour that mirrors legitimate business practices (Hesketh and Robinson, 2019). As such, a young person’s engagement in drug supply can be seen as an adaptive and rational choice in response to their limited social and structural circumstances.

This runs counter to the reductionist ‘county lines’ narrative described earlier in this chapter and throughout the thesis, but importantly, it also highlights the need to take into account the individualised and socio-structural factors that can influence a young person’s engagement in drug supply economies. This illustrates that the categories of victim and offender are inept at capturing the complex realities of ‘county lines’ and drug supply involvement. As the following section argues, a more useful approach is to view these categories as existing along a continuum, where young people’s positioning alters over time and across contexts, in response to changing relationships, motivations, and degrees of control and autonomy within the drug supply network.

## 7.2 The victim-offender continuum

The practitioner reflections outlined above demonstrate that young people’s involvement in ‘county lines’ and drug supply more broadly cannot be adequately understood through binary categories of victim or offender. Rather, their experiences, motivations, and degrees of agency vary over time and in different contexts, situating them along what can be more usefully framed as a victim–offender continuum (Atkinson-Sheppard, 2017). This framing recognises that individuals can occupy multiple, and sometimes transitory identities within the same criminal trajectory. For example, a young person could be coerced or manipulated in one scenario, yet display agency and control in another (Harding, 2020; McLean et al, 2021). The notion of a continuum runs counter to the dominant discourse which tends to view young people as passive victims of exploitation. As discussed earlier in this chapter, such

portrayals fail to consider the socio-economic and structural conditions that can inform young people's choices (Robinson et al., 2019). Conversely, viewing young people's engagement in 'county lines' through the lens of a continuum allows for a more dynamic and nuanced understanding, one that incorporates the lived realities of young people and situates agency within structural constraints (Hallsworth & Silverstone, 2009). As Jimmy (Senior Police Officer) illustrates later in this chapter, young people's positioning on this continuum is rarely fixed. For instance, a young person may appear to be acting with autonomy but may in fact, be doing so as a result of debt bondage, or emotional manipulation that can limit their capacity to choose freely. In contrast, a young person may initially be exploited into drug supply but later use those same exploitative behaviours to recruit others. This complex dynamic was evident throughout practitioner interviews with many highlighting instances where the boundary between victim and offender was far from clear. For example, Katie (Child Exploitation Worker) and Gina (Senior Youth Justice Practitioner) illustrate below the challenges in balancing their respective roles supporting young people in light of their active participation in repeat and often serious forms of criminal activity:

I mean, on the surface, I do view them all as victims. Every young person I've worked with has been extremely vulnerable, so to protect them and keep them safe, I naturally view them as a victim. A child can't consent to be exploited. But that's not to say that some of them aren't offenders as well, because you know, a lot of them have been involved in repeat criminality and they sometimes don't show any remorse for that. No matter how much support you are willing to provide them, they don't want it. So, you do start to wonder, are they being exploited at all? They may choose to be involved in criminality, so it's difficult (Katie, Child Exploitation Case Worker).

Similarly, Gina (Senior Youth Justice Practitioner) reinforces this perspective here:

Our children themselves would say that there was some choice, that they are choosing to do this. For me, I think the very way that 'county lines' works and that way of getting them in in the first place by giving them drugs and stealing it

off them. You know, creating drug debts. I think that it's exploitation. You know that child is not making a conscious decision. Or they haven't got the capacity to make that conscious decision, or they have no understanding of the ramifications and the levels of risk that they're going to be presented with in my view. I think every child who's involved in 'county lines', even if they feel that they're making a choice, they are being exploited ... But you know, also some of our 16/17-year-olds are out there killing other children and there is a consciousness in making some of those decisions. It's often not self-defence. You know, it's a conscious decision. Often gang related, you've killed one of my mates. I'm going to kill you. And that child at that time, at that moment in time, is not a victim, are they? You know, there's that dilemma, there's that balancing (Gina, Senior Youth Justice Practitioner).

Much like Connie and Emma described earlier in the chapter, Katie and Gina both view the young people they work with who are embroiled in 'county lines' as victims of exploitation with Gina also implying that young people lack the capacity or agency to choose to be involved in 'county lines' drug supply. However, it appears that Katie and Gina are both conflicted in the sense that, while they want to view young people in this way and support them as victims, it is often difficult when the same young people have or are seeming to willingly engage in repeat and sometimes much more serious levels of criminality. These reflections illustrate not only the notion that agency varies over time and in different contexts, but it also highlights the inconsistency in how young people are labelled in that the same young person can be viewed as a victim in one context and as an offender in another. In reality, these categories do not encapsulate the complex realities of the young people in which Katie and Gina work with, and depending on which label is applied, it can have implications for how their narratives are understood and how they are treated by services. For instance, when a young person is framed as victim, they may be viewed through the lens of vulnerability and receive a safeguarding response whereas, if they are framed as an offender, the same behaviour may result in them being viewed through the lens of rational choice and deviance and receive a youth justice response (Fitzpatrick et al, 2022). In reality however, neither label is effective in capturing their positioning in the drug supply economy, nor the lived experiences that got them there, and as will be discussed at the end of this chapter, the attachment of either label can have negative consequences for the young person.

The complex dynamic discussed above was also noted by police officers in the sample. From a policing perspective, there is a fine and critical line between criminalising and safeguarding a young person for their involvement in drug supply and getting this wrong can often have serious implications. Practitioners in the sample who worked in children's social care were quite vocal and often critical about the police response to young people caught up in drug supply as some thought there was a tendency for the police to criminalise young people who they believed to lack agency and capacity. While these concerns are certainly justified, it was nonetheless important and interesting to hear the views of police officers who took part in the study about the challenges involved when investigating cases involving potential child criminal exploitation. As we will see below, the police officers in the sample highlighted the complicated and highly subjective nature of determining the culpability of a young person involved in illegal drug supply where a consistent or standardised framework is often non-existent. Instead, officers rely heavily on individual discretion and subjective interpretation of each case, as Jimmy (Senior Police Officer) explains below:

The difficulty you've got is it's always case by case based on individual factors, so I could come from a housing estate where actually my entire family have been criminals forever and so all I've ever experienced is crime and I see it as my natural progression through life rather than going to university or getting a job. I see my natural progression to be part of that crime group and work within that drug supply network. At what point then have I been exploited in relation to that? ... As opposed to perhaps you who might be completely different, you're from a really nice background, you're recruited by somebody outside of a school or on a train, and they bribe you by getting a video of you doing something online or embarrassing yourself in some way, or attacking you and then threatening to upload that online and basically using whatever means to get you into that criminal world. Now it's easy to say that you've been exploited at that point, but then if you then go on to exploit others and you go on to stab people as part of that drug network, you go on a recruit other younger kids, perhaps then at some point you are gonna tip the scales, and you're no longer gonna be a victim. You're gonna be in the offender zone, but each of those two cases will be entirely different and trying to navigate some kind of clear guidance around how to treat [you] as opposed to how to treat [Jimmy] based on just that one example of how two different people could be involved in the same type of criminality becomes

extremely difficult and the answer will always be and has been to me, it has to be on a case by case basis (Jimmy, Senior Police Officer).

Jimmy outlines above two distinct examples of how a young person can become embroiled in a potential 'county lines' scenario. While both scenarios encompass elements of exploitation, the latter of the two is distinctly of a more serious nature and clearly fits in with the typical 'county lines' narrative of a young person being forced into drug supply against their will. While the outcome may be similar for both young people (involvement in illegal drug supply), the route in and the level of agency displayed in doing so is markedly different. In essence, what Jimmy is explaining here is how multifaceted this process can be where young people can display varying degrees of agency and, rather than fitting neatly into binary categories of victim or offender, importantly, a young person can fit anywhere along the continuum at different moments. Moreover, as Jimmy goes on to highlight in the second of the two examples he provides, while a young person may initially experience exploitation as a victim, this position can shift if they subsequently engage in serious violence and exploit other young people into the drug supply network, thereby occupying the role of the 'alpha victim'<sup>13</sup> (Shaw, 2024).

Evidently, this shows how complex the victim and offender dichotomy can be, and from a policing perspective, displays how providing the correct response in these contexts can be challenging. Jimmy also alludes to a key issue at the end of his quote where he refers to the lack of guidance available on how to navigate this dichotomy which inevitably leads to subjective interpretations and inconsistencies in police responses. This was also discussed by Michael (Senior Police Officer) who explained the following:

So, one of the big issues and the big challenges for us is that officers and professionals tend to introduce arbitrary ages where they think a behaviour is sort of no longer acceptable. And if you ask a hundred officers, I'd suspect that maybe the majority might start to tip the scales towards offender around the age of 16. Some would say 15, some would say 14, and I think around the age of 13 or 14 you'd start to see the majority tipping more towards potential victim. But it's really arbitrary and there's nothing in law that says anything other than the fact

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<sup>13</sup> The 'alpha victim' is a police term for a child who is groomed into recruiting other children into criminal activity (Shaw, 2024).

that 10 is the age of criminal responsibility and an 18 year is an adult. That's all we've got to work with. There is a tendency that we sort of make assumptions based on what we think is appropriate, and that's based on our professional experience, but also our memories of being that age ourselves. So, it leads to a very, very inconsistent response and it does promote the use of children if there's no real consequences for all those children (Michael, Senior Police Officer).

From a legal standpoint, the age of criminal responsibility is 10 (Crown Prosecution Service, 2026), while a person is legally considered an adult at 18. While these rigid legal structures are the basis in which the police must work from, deciphering culpability and the victim status of a young person is often based on subjective interpretations of police officers rather than a standardised framework. As outlined above, there is a tendency for individual officers to use pre-conceived ideas and assumptions of childhood and the appropriateness of behaviour as the basis of their decision-making processes. As these assumptions will inevitably vary across individuals, time and place, this will lead to significant inconsistencies in how the police respond to 'county lines' and child criminal exploitation and how young people are subsequently managed by the criminal justice system. More broadly, however, Michael alludes to how professional perspectives can be shaped by wider social imaginaries, which encompass class-based, racialised, and gendered notions of who is seen as vulnerable or culpable (Havard et al, 2021; Koch et al, 2024). This is consistent with findings from previous studies (see Hallet, 2016; Koch et al, 2024; Robinson et al, 2019), which suggest that young people from marginalised and care backgrounds are more likely to be adultified or characterised as 'streetwise', or 'troublesome' which results in them being situated as an offender rather than being afforded the protection and support available to those who are constructed as victims.

In the latter part of the quote above, Michael refers to an important point. Michael notes the issue of incentivising the use of young people by drug supply networks. This was also an issue highlighted by Jimmy (Senior Police Officer) who shared the following perspective:

The main reason why I would always push against decriminalising, if you like, and treating in the victim space, anybody under the age of 18 is that you make it more attractive to those that are exploiting people to use children because you know that they're not gonna be prosecuted (Jimmy, Senior Police Officer).

As alluded to by Michael and Jimmy above, when all young people involved in drug supply are uniformly framed solely as victims of exploitation, there is a risk that drug supply networks may deliberately target them, recognising that their victim status protects them from full criminal accountability. This can make young people more appealing as intermediaries in drug supply networks where they essentially act as disposable assets for those further up the drug supply hierarchy (Coomber and Moyle, 2018). This arguably reflects an unintended consequence of well-intentioned safeguarding policies (Hallet, 2016). While recognising exploitation is crucial for safeguarding and protecting young people from harm, a key challenge in this context is balancing between protecting young people from harm and avoiding creating incentives for criminal networks. Clearly, this is difficult terrain for practitioners to navigate as there is a risk of over-criminalising young people and incentivising their exploitation, or over-victimising them which can have negative emotional and social consequences. However, this point also further emphasises a central argument of this chapter, that is, the binary categories of victim and offender fail to capture the complexity of agency of young people involved in drug supply.

### 7.3 Reflection

My aim in this chapter has not been to dispute the fact that young people are exploited and victimised through illegal drug supply or that there are significant vulnerabilities that play a central role in their recruitment and continued exploitation. This is clearly evidenced in the literature (see for example, Coomber et al, 2025; Harding, 2020; Moyle, 2019; Robinson et al, 2019) and has been outlined consistently throughout this thesis. However, throughout this research, and particularly when analysing the data for and in writing this chapter, I found the manner in which the notions of vulnerability, victim and offender have been applied to care experienced boys and young men, to be problematic. As has been outlined in Chapter Three and Four, the original aim of the research was to forefront the narratives of care experienced boys and young men who have been involved in illegal drug supply. In the absence of their

voices, a narrative has been produced by bringing together the views and perspectives of practitioners and professionals. While these perspectives have been crucial and have produced some timely and important insights, we have been left without a narrative that reflects the lived realities of care experienced boys and young men. As a result, there remains limited insight into what it means for young people with care experience to be involved in illegal drug supply, how their vulnerabilities contribute to entry into this illicit economy, and how it feels to be subjected to the aforementioned labels.

Indeed, I experienced a degree of frustration with some of the views presented in this chapter, as they bore little resemblance to my own experiences. Perhaps most frustratingly, there was an over-emphasis on presenting vulnerabilities as an inherent and enduring attribute that resulted in care experienced young people being viewed as weak and passive victims who lack agency. This deficit focused discussion was at the omission of a focus on the positive characteristics and adaptive capacities that can arise from negotiating adversity prior to entering care and life within the care system, such as resilience, adaptability, resourcefulness and independence, for example. Indeed, these are characteristics I developed in abundance as a result of the challenges I faced in the early stages of my life, and they also served me well through my time engaging in illegal economies and criminal cultures. However, there was a distinct lack of attention focussed on this aspect of care experience throughout practitioner interviews which is particularly problematic. This omission undermines the voices and lived realities of care experienced young people.

From my own personal perspective, growing up in and around a range of illegal economies and criminal cultures as a care experienced young man, along with my peers who came from a range of difficult backgrounds and life experiences, did not feel marked by vulnerability and victimisation. Rather, I was part of a group of young men responding to our limited circumstances in order to improve our social, cultural and economic positions in life. Although vulnerabilities were undeniably present, they did not permeate or define all aspects of my life. Instead, my peers and I demonstrated considerable agency and resilience, adapting to social and economic conditions in which legitimate opportunities were often limited or inaccessible. The intention in presenting my lived experience here is not to romanticise or justify my actions, but rather to highlight that young people, and particularly care experienced young people, are capable of exercising agency in their decision-making and often have the resourcefulness to utilise the limited resources and opportunities available to them to enhance their social, cultural, and economic circumstances. Therefore, it is important to acknowledge

the strengths, resilience, and adaptive strategies that young people develop in navigating the challenging circumstances often associated with entering and growing up in care, rather than focusing solely on vulnerabilities and weaknesses or categorising individuals in binary ways that fail to consider these contextual factors (Fraser, 2025).

## 7.4 Conclusion

This chapter has examined how practitioners across policing, youth justice, and social care navigate the complex and contested terrain of exploitation and agency within ‘county lines’ drug supply. In doing so, it has problematised the dominance of binary victim–offender narratives, demonstrating that young people’s involvement in drug supply is more accurately understood through varying motivations and fluctuating degrees of agency. Drawing on practitioner interviews, the chapter has shown how, in the absence of clear and consistent frameworks, professional responses are shaped by moral tensions, subjective interpretations, and broader structural and cultural assumptions, resulting in significant variation in how exploitation is identified and addressed.

By conceptualising agency and victimisation as existing along a continuum rather than as fixed categories, this chapter builds upon the work of other scholars (Atkinson-Sheppard, 2017; 2014; Hagedorn, 2014) by offering an alternative framework that better reflects young peoples lived realities and situates their involvement within wider socio-economic and structural constraints. Importantly, the findings highlight how current responses to ‘county lines’ can inadvertently reproduce inequalities by either obscuring structural harms or overlooking young people’s agency and resilience. Recognising exploitation and agency as coexisting and dynamic therefore provides a more nuanced basis for understanding, and responding to, young people’s involvement in drug supply.

## 8 CHAPTER EIGHT: Conclusion

This thesis has explored how practitioners across policing, youth justice, children's social care and the third sector understand and respond to 'county lines' drug supply, with a particular focus on the involvement of care experienced boys and young men. Drawing on qualitative interviews with twenty practitioners from a range of services across England and informal conversations with nine experts in child criminal exploitation, children's social care and illegal drug supply, this study set out to explore how 'county lines' is conceptualised, how care experience is understood in relation to vulnerability and exploitation, and how practitioners negotiate the complex terrain of victimhood, agency and culpability when responding to care experienced young people involved in drug supply. To do this, the study was guided by the following three research questions:

1. How do practitioners conceptualise 'county lines' drug supply, and how do these understandings shape the identification of exploitation and responses to young people?
2. How do practitioners construct and explain the relationship between care experience and vulnerability to involvement in 'county lines' among boys and young men?
3. How do practitioners negotiate notions of victimhood, agency, and culpability in their accounts of care experienced boys and young men involved in 'county lines' drug supply?

In addressing these research questions, the thesis has sought to move beyond dominant policy and media narratives that portray 'county lines' as a unified and fixed supply model and young people as either passive victims or offenders. The thesis has provided an important and timely critical lens to taken for granted constructions of 'county lines' and deficit-based and individualised explanations of vulnerability and exploitation.

The findings from this doctoral research, demonstrate that practitioner understandings of 'county lines' are neither uniform nor static. Instead, this method of drug supply emerges as a dynamic and evolving set of practices, among other forms of drug supply, that are shaped by local contexts, enforcement pressures and market adaptation. These divergent conceptualisations have significant implications for how exploitation is identified, recorded and responded to, and for which young people are afforded safeguarding responses. Simultaneously, practitioner accounts reveal how care experience is seen to be synonymous

with heightened vulnerability, and is produced through disrupted relationships, trauma and structural shortcomings within the care system itself. Importantly, however, this study finds these interpretations are based on deficit-focussed assumptions that focus on weaknesses and internal deficiencies. This thesis proposes that this deficit-based narrative not only individualises harm and minimises the role of social and structural inequalities that many young people in care have experienced, but it also risks obscuring young people's agency and resilience.

This concluding chapter is structured around the findings presented in the three empirical chapters and synthesises these findings by addressing each of the three research questions that shaped the study's final analytical focus: Before doing so, however, the conclusion chapter will commence by addressing an important contribution this study has made earlier in the thesis, that is, highlighting and fore fronting some of the emotional and embodied challenges entangled in doing research as a researcher with lived experience of the subject area.

## 8.1 Lived experience

The importance of incorporating lived experience in research continues to gain traction in the criminological literature with Convict Criminology and Lived Experience Criminology in particular advocating for increased inclusion and recognition (see for example, Antojado et al, 2025b; Brierley and Best, 2025; Carey et al, 2022; Earle, 2018; Honeywell, 2023; Schreeche-Powell, 2025; Stockdale and Addison, 2024). While these are positive steps forward, the field of Criminology, with the exception of a small number of publications (Wakeman, 2014, 2019, for example) has yet to adequately acknowledge how engagement in research as someone with lived experience can resurface trauma and normalise emotional harm in the name of research. This research has bridged this methodological gap by drawing on my own lived experience and engaging in an open and honest dialogue about the challenges inherent in doing lived experience research. In doing so, I have at times felt exposed, weak, and vulnerable. However, by telling parts of my story and reflecting on the research journey throughout, this thesis lays the groundwork for future discussions on the emotional and physical toll of research of this nature.

With this in mind, this thesis reinforces and consolidates previous research that calls for meaningful involvement of individuals with lived experience in criminological research (see

for example, Antojado et al, 2025a; Antojado et al, 2025b) but advances it in two important ways. Firstly, while previous research has called for greater involvement of individuals with lived experience of prison (Earle, 2018; Honeywell, 2023) or the wider criminal justice system (Antojado et al., 2024), I argue instead for an even broader scope. Restricting lived experience to those who have been formally processed through or associated with the criminal justice system risks privileging legally recognised identities, such as ‘offender’ or ‘prisoner’, while overlooking forms of situated knowledge that emerge from marginalisation and social harm. There are many experiences that occur outside of direct criminal justice involvement that are of significant importance to criminological research. Care experience, engagement in crime or growing up around crime, experiences of homelessness, abuse and neglect, poverty, and drug use, to name a few, while not always resulting in formal criminal justice contact, are all experiences that can give insights regarding what it feels like and means to be in spaces where crime or harm can occur. These experiences generate situated forms of knowledge that extend beyond traditional criminological voices and challenge the field to reconsider whose experiences are recognised as legitimate sources of insight. As such, I argue for a more inclusive approach to criminological research that acknowledges the epistemic value of those positioned at the margins of, but not necessarily within, the criminal justice system. This will add depth and value to criminological research and enhance practice, contributing to systems and interventions that are more effective and empathetic (Antojado et al., 2024).

Secondly, I also argue for the need to explicitly acknowledge researcher vulnerability, emotional labour, and the risks of re-traumatisation where the research resonates with the researcher’s own personal histories of harm. Navigating the challenges I faced in my own research was complicated by the limited body of literature pertaining to the unanticipated consequences of doing lived experienced research. By acknowledging and being open about these challenges, we not only highlight the limits of conducting research as a lived experience researcher (such as the emotional and psychological impact, for example) and recognise when proximity to the field becomes harmful rather than illuminating, but also move toward a model of knowledge production that is more sustainable and values lived experience without allowing lived experience to become extractive or requiring unnecessary emotional harm as its price.

## 8.2 Conceptualising ‘county lines’ drug supply

The first research question that reflected the final analytical focus of the study sought to explore how practitioners conceptualised county line drug supply and to understand how these particular perceptions shaped the identification of exploitation and responses to young people. In addressing this question, Chapter Five identified several key findings. A key theme emerging from the data was the lack of consensus among practitioners regarding what constitutes a county line.

The ‘county line’ narrative continues to dominate discussions on drug supply and criminal exploitation with many practitioners in the sample aligning closely with this dominant policy and media framing. Although they shared a broad understanding of several core elements of ‘county lines’ as reported in official definitions, critically, practitioners diverged on one key area, that is, the role of distance in defining a ‘county line’. For some, the movement of drugs and young people across geographical borders was seen as an essential criterion, distinguishing ‘county lines’ from other forms of drug supply. For others, however, localised drug supply operations that involve similar patterns of exploitation should also fall within the same ‘county lines’ definition. In chapter five, these competing views were broken down into two definitive models, namely, the ‘out-of-town’ model, and the ‘hybrid/localised’ model.

The ‘out-of-town’ model, which is characterised by movement over distance and distinct exporter–importer dynamics, remains prominent for many practitioners, particularly in metropolitan areas where the ‘county line’ modus operandi was thought to have emerged. In these cases, the geographical framing provides a clear threshold for distinguishing ‘county lines’ from other forms of drug supply that occurs locally while also legitimising increased safeguarding measures.

However, the contrasting accounts presented in the hybrid/localised section suggest that distance is no longer a reliable marker of ‘county lines’ or exploitation. Practitioners described scenarios in which the structural features of a ‘county line’ (dedicated deal lines, hierarchies and exploitation) are all present in the absence of cross-border travel. In these cases, local young people operate at the retail end of the supply chain while external actors maintain control remotely, or the entire operation is run locally using the ‘county lines’ business model. Here, the harms associated with ‘county lines’ remain, but the spatial markers traditionally used to identify them do not.

What the practitioner accounts revealed is that contrary to the dominant policy and media narrative, what practitioners describe as the ‘county lines’ business model is not a unified, stable supply model but a dynamic and evolving set of practices interpreted through subjective local contexts. Rather than viewing the two perspectives outlined by practitioners as a dichotomy, they are better understood as existing along a continuum. At one end of the continuum is the more ‘traditional’ out-of-town operations, while at the other lies the localised supply structures that replicate many of the organisational and structural elements of early conceptions of ‘county lines’. Importantly, however, it is crucial to recognise that, rather than accounting for all drug market activity, both aforementioned models co-exist within many areas, alongside existing and evolving diverse drug supply models that are often shaped by enforcement pressures, demand in local markets and the adaptability of drug supply actors and networks (Simpson, 2023).

The diverse range of drug market activities currently operating in tandem and in the absence of the ‘county line’ model was evident throughout this study where Tommy and James (informal conversations) all alluded to supply models that were both markedly different and structurally similar to the localised forms of ‘county lines’ described by practitioners in Chapter Five. These ranged from well-established local individuals buying bulk amounts of Class A and B drugs who were operating a drug supply business using similar tactics (deal line, local runners, violence), to instances of social supply described by Coomber et al (2016). There was also evidence of some of the drug market configurations Hales and Hobbs (2010) referred to in their research on drug markets in a London Borough, including ‘drug dealing on and from local authority and housing association estates; drug dealing associated with specific addresses’ and ‘recreational drugs markets, including those in pubs and clubs’ (Hales and Hobbs, 2010: 20). The diversity in drug markets outlined by Tommy and James, and the disparity in practitioner perspectives outlined in Chapter Five reflects the dynamic and adaptive nature of drug markets and further reinforces the need for understandings that take into account nuances in local drug markets.

The recognition that drug markets are nuanced and complex spaces is not only drawn from my own findings. Rather, a limited but well-established body of research has consistently made similar findings, as demonstrated in Chapter Two. Reuter (1983) for example, argued that drug supply is often characterised by fragmented structures and adaptive practices, while Dorn et al (1992: 54) emphasised the ‘fragmentary and fluid nature of drug markets’. Likewise, Pearson and Hobbs (2001: vi) made similar observations describing drug markets

as ‘highly flexible’ and ‘interchangeable’. While ‘county lines’ became dominant in policy and public discourse, often overshadowing other forms of drug market activity (see NCA, 2015; 2016; 2017; HM Government, 2018, for example), some more recent studies have begun to critically interrogate this narrative. For example, Densley et al (2023: 115) referred to this dominant narrative as the ‘standard story’ of ‘county lines’ and suggested that ‘county lines’ are not ‘county lines’ at all but rather, jargon for good old-fashioned drug selling’. Likewise, Coomber et al (2025) described the ‘county lines’ terminology as being overly rigid, especially where localised drug supply did not involve the traditional markers of ‘county lines’ drug supply.

Despite this, however, the ‘county line’ narrative continues to dominate discussions in policy and practice and remains at the core of academic discussions. With this in mind, this thesis argues that ‘county lines’ should not be understood as a distinct or bounded drug supply model, but as a set of practices that intersect with, and increasingly blur into, wider local drug market dynamics. As such, an important argument I make in this thesis is that it is increasingly important that discussions on drug supply should look beyond the ‘county line’ narrative. The findings in this thesis have demonstrated that the ‘county lines’ terminology is increasingly unhelpful and misaligned with contemporary drug market realities. While initially serving an important purpose for practitioners in terms of its practical functions, it now and to some degree always has, failed to capture the complexities and nuances in local drug markets. Looking beyond the ‘county line’ narrative and recognising the complexity in local drug supply is essential not only for developing our understanding of evolving local drug markets, but it would also allow for a greater focus on the specific practices, relationships, and local market conditions through which exploitation occurs and offer a basis for which responses can be developed that are proportionate and equitable for young people involved in drug supply.

Building on these arguments, the latter part of the first research question asked how the practitioner conceptualisations of ‘county lines’ drug supply shaped the identification of exploitation and responses to young people. The findings in Chapter Five revealed how the contrasting definitional perspectives outlined above can shape what forms of drug supply and exploitation are identified and how this is subsequently responded to by practitioners. Depending on their location, practitioners who interpreted ‘county lines’ via the geographical framing as per the out-of-town model highlighted above identified exploitation related to ‘county line’ activity as either young people being transported out of their home area (mostly

in the case of larger or supply-hub cities), or the presence of out-of-area individuals being transported into their locality (in the case of smaller or importer towns and cities). Not only does viewing through this spatial lens reinforce the impression that ‘county lines’ is an external threat imported from elsewhere, but it obscures the role of local drug supply actors, local demand, and localised exploitation that does not conform to traditional conceptions of ‘county lines’. Importantly, the persistence of this spatial lens, and the disparity in understandings more broadly, can inevitably lead to inconsistencies in how criminal exploitation is responded to between areas. For instance, what one service defines as a local line, another may classify as ‘county line’ despite originating only a few miles away. This matters because it can lead to a postcode lottery in how young people involved in drug supply are identified and responded to.

In contrast, those working with a broadened conceptualisation of ‘county lines’, as outlined earlier in the hybrid/localised model typically referred to exploitation in relation to ‘county lines’ as engagement in any type of drug supply. In the absence of cross-border travel, or some of the visible signs of exploitation (out-of-area missing episodes or young people travelling across the country on public transport, for example) cases may not meet the threshold for ‘county line’ activity or may not even be identified at all. In addition, all forms of drug supply could be considered as ‘county lines’ which not only potentially conflates the diverse range of drug supply activities under the ‘county line’ label but may also risk widening the net and could result in interventions and responses by authorities and services that may not always be necessary or proportionate.

The ambiguity evident in practitioner understandings of ‘county lines’ outlined in Chapter Five can have significant implications for practice. Not only can it produce disparities in safeguarding referral decisions, risk ratings, allocation of resources and negatively impact multi-agency working (particularly where this is required across geographical borders or force or service boundaries), but importantly, it creates significant differences in how young people involved in drug supply are identified and responded to.

As outlined in Chapter Five, the term ‘county lines’, while initially serving an important function for practitioners, now contributes to confusion and significant inconsistencies in outcomes for young people. Although it helped reframe young people as victims of exploitation rather than offenders, it is necessary to recognise how exploitation operates across a range of drug supply contexts, rather than through a singular ‘county lines’ lens.

This reinforces the earlier argument in this thesis that the ‘county lines’ narrative was, and continues to be, overly simplistic and unhelpful, and that its continued use in these contexts should therefore be reconsidered.

Taken together, the findings and analysis in Chapter Five and in this conclusion, have addressed the first research question and have made several important contributions. Firstly, it provides detailed insight into how practitioners conceptualise and operationalise ‘county lines’ in practice, demonstrating a lack of definitional consensus that is largely obscured within dominant policy and media narratives. The notion that ‘county lines’ is a unified and stable supply model has also been challenged in this thesis. Instead, understanding ‘county lines’ as a set of practices operating along a continuum within wider local drug market dynamics has been advanced in this project. Finally, the thesis has demonstrated how the definitional ambiguity among practitioners and services has significant implications for practice, contributing to inconsistent safeguarding responses and uneven outcomes for young people across different localities, such as unnecessary criminalisation, continued victimisation or inadequate protection from harm (Pearson and Cavener, 2024). Overall, these contributions call into question the continued utility and use of the ‘county lines’ narrative and underline the need for a more nuanced, contextual approach to understanding and responding to drug-related exploitation.

### 8.3 The relationship between care experience and involvement in ‘county line’ drug supply

The second research question sought to explore how practitioners construct and explain the relationship between care experience, vulnerability and involvement in ‘county lines’ drug supply. In answering this question, Chapter Six demonstrated how practitioners did not typically view care experience as a direct cause of involvement in ‘county line’ activity. Instead, practitioners constructed vulnerability through a complex interplay between personal and systemic factors. Here, practitioners cited a range of previous experiences and personal circumstances that can heighten vulnerability to exploitation, but they particularly emphasised the perceived impact positive role models, or the lack thereof, and trauma can have on young people in care. In addition, practitioners also identified systemic shortcomings within the care system, particularly the use of semi-independent accommodation and out-of-

area placements, as conditions that can inadvertently increase young people's exposure to risk.

### 8.3.1 Role models and trauma - moving beyond deficit-based and deterministic explanations

Practitioners consistently identified the lack of positive role models, or more specifically, a lack of stable, reliable adult relationships, both prior to and during care, as heightening vulnerability to exploitation. Pre-care experiences of abuse, neglect, and disrupted attachments, combined with placement instability, inconsistent care, and a lack of professional support during care, limit opportunities for young people to form relationships and attachments to individuals who can offer sustained belonging, protection, and recognition. In this context, vulnerability was perceived to be heightened as exploitative actors within practitioner narratives were understood to fill this void by offering attention, protection, and inclusion. As such, the absence of a positive role model, or a consistent adult figure was noted by practitioners as a key factor that influenced care experienced boys and men's trajectories into 'county lines' drug supply.

However, there were several issues with these explanations. While having a positive influence in a young person's life is undoubtedly important, practitioner accounts often implied that the presence of a positive role model could compensate for the significant challenges experienced prior to entering care and those affecting them whilst in care, such as trauma and instability. Such framings obscure the limits of individual relationships in the face of systemic failures, including underfunding, school instability, and the absence of sustained, trusted professional relationships. Moreover, this thesis highlights how these explanations can imply that care experienced young people lack the strength, resilience and agency to navigate life in the absence of factors that practitioners define as universally 'protective'. An important argument I make in this thesis is that this framing of vulnerability and the protective factor of role models oversimplifies the lived realities and experiences of care experienced young people and obscures the systemic and structural inequalities that often shape their lives.

Furthermore, trauma was also recognised by practitioners as being a specific driving force in terms of involvement in 'county line' drug supply. Practitioners described how trauma was a significant feature of many care experienced young people's lives. Many young people

enter care having experienced significant harm, while for others, these experiences were compounded by further trauma during their care journey where there had been a failure to protect them from further harm or as a result of systemic failures within the care system itself. Practitioners described trauma as shaping emotional regulation, relational capacity, mental health, and engagement with education and services. As such, experiences of trauma were understood to heighten vulnerability, not only to involvement in drug supply activities, but also to physical and mental health issues, criminal justice involvement, and homelessness. Indeed, some practitioners referred to trauma as forming the fundamental basis of risk due to the wide-ranging impacts this can have on a child's development. Nevertheless, while experiences of trauma can play a significant role in shaping present and future vulnerability, practitioners' articulations of the issue were, at times, overly simplistic and problematic.

The main issue with this explanation lay within its conceptually overly deterministic nature. Practitioner accounts were suggestive of a linear causal link between trauma and exploitation, where trauma led to unmet needs which resulted in maladaptive coping strategies and ultimately, to exploitative relationships. While engagement in drug supply and the systemic failures within the care system were cited by practitioners as exacerbating trauma and vulnerability, this thesis found that a number of practitioner accounts implicitly individualised vulnerability and involvement in crime, which, like role model explanations, risk further reinforcing deficit-based narratives that focus on weaknesses and internal deficiencies.

With this in mind, this research has identified a number of challenges to the practitioner explanations in Chapter Six. Firstly, this thesis challenges deterministic practitioner accounts that position trauma as a direct causal pathway into involvement in drug supply activities or exploitation. While it is acknowledged that trauma can play a significant role in shaping vulnerability, it cannot on its own explain why care experienced boys and young men become involved in illegal drug supply. Rather, this thesis reconceptualises trauma as a non-deterministic but foundational factor that is interconnected within complex social, structural, and institutional dynamics which can increase exposure to exploitation rather than treat it as inevitable.

These complex dynamics were often omitted from practitioner narratives, yet they are an important consideration in moving away from individualised explanations of vulnerability and involvement in crime. Moreover, it is important to consider that traumatic experiences

are inherently subjectively experienced. Trauma is not defined solely by the event itself, but by how the individual experiences, interprets, and responds to that event. As such, while trauma is an important consideration, relying on it as an explanation for vulnerability or involvement in drug supply is overly simplistic, as it cannot be generalised across a population.

Building on these arguments, this research also challenges the over-emphasis on presenting vulnerabilities, such as those resulting from trauma or lack of role models, as an inherent and enduring attribute that resulted in care experienced young people being viewed as weak and passive victims who lack agency. This deficit-based discussion was at the expense of a focus on the positive strength-based characteristics and adaptive capacities that can arise from negotiating life within the care system, such as resilience, adaptability, resourcefulness and independence. This framing through a lens of vulnerability implies passivity, weakness, and a lack of agency, reinforcing pathologised understandings of care experienced boys and young men. Drawing on labelling perspectives (see Becker, 1963; Goffman, 1963, for example), this thesis makes a theoretical contribution by demonstrating how practitioner language not only reflects perceptions of care experienced boys and young men but actively contributes to stigma, identity formation, and the reproduction of disadvantage and marginality.

In doing so, this thesis makes an original empirical and theoretical contribution by demonstrating how practitioner constructions of vulnerability both reflect and reproduce deficit-based and deterministic narratives around care experience and ‘county lines’ involvement. This study argues instead for the need to move beyond a deficit-based view (Booth and Harriot, 2021) to one that foregrounds young people’s agency, resilience, and adaptive strategies, whilst also recognising that these operate within constrained conditions. It also argues that involvement in drug supply or vulnerability to exploitation can be understood as emerging from unmet needs for belonging, recognition, stability, and identity that interconnect with structural and social inequalities, rather than from individual deficits or familial absence. Involvement in activities such as ‘county lines’ or drug supply more broadly, may offer young people a sense of power, control, status, and identity that is otherwise denied through experiences of marginalisation, powerlessness, and disrupted relationships. Involvement in drug supply, can therefore, be understood as both materially and symbolically meaningful within structurally constrained environments that many young people in care grow up within.

By moving beyond deficit-based and deterministic explanations, this thesis offers a more nuanced and critically grounded understanding of care experienced boys' and young men's involvement in illegal drug supply. In doing so, it contributes to criminological scholarship by demonstrating how systems, structures, and professional narratives actively produce harm and proposes the need to centre lived experience, foreground agency and adaptive capacities when practitioners engage with care experienced boys and young men.

### 8.3.2 Structural vulnerability within the care system

Building on the findings outlined above, Chapter Six also uncovered practitioners' views of the risks embedded within the care system itself. Here, concerns were raised about the widespread use of semi-independent accommodation with practitioners emphasising how their use can often heighten young people's susceptibility to exploitation due to the limited support and oversight provided and the increased risk of missing episodes. The use of out-of-area placements was also cited as a key concern where the loss of support networks and the challenges inherent in cross-border and multi-agency communication were highlighted as being issues that can exacerbate and reproduce harm. The findings in this chapter reinforce and consolidate existing evidence (Wroe et al, 2023) by demonstrating that vulnerability can be shaped and further embedded, in part, by how placements are designed, facilitated, and resourced, and ultimately, how the wider care system is managed, thereby raising important questions about the continued disconnect between evidence and practice.

In relation to semi-independent settings, the findings in Chapter Six advance an understanding of risk as not primarily the result of individual or placement-level failures, but as structurally produced through limited oversight, insufficient staffing, and constrained resources. Practitioners highlighted that young people placed in these settings are often left with minimal access to support provision or adult supervision, which they believed increases the likelihood of exploitation and missing episodes.

These accounts demonstrate not only how risk is structurally produced, but also how it can be exacerbated by systems and cultures that have normalised low levels of care, oversight, and responsibility for older adolescents. When combined with placement shortages and ongoing resource constraints, semi-independent accommodation can be ill-equipped to provide the level of support and supervision required to keep young people safe from harm.

However, semi-independent accommodation may not be inherently unsafe. When placements are appropriately resourced, well-staffed, and tailored to individual need, supported accommodation can reduce long-term risk and play a positive role in supporting transitions to adulthood (MacAlister, 2022; Webber et al, 2023). The significant variation in quality and staffing across these settings means that, in practice, such placements can either mitigate or embed vulnerability. Where structural constraints persist, semi-independent environments may actively exacerbate the risks young people face.

This reinforces the argument that outcomes are shaped, at least in part, by how placements are designed, facilitated, and resourced, rather than simply by the type of setting in which young people are placed. Ultimately, these concerns reflect wider systemic pressures within the care system itself, which is struggling to meet demand amidst funding cuts, the marketisation of children's social care housing, and the growth of profit-driven independent providers. Taken together, these factors increase the likelihood of placements in unsuitable environments and actively contribute to the production of vulnerability (MacAllister, 2022).

Alongside these findings, out-of-area placements were widely understood by practitioners as reproducing and amplifying risk and vulnerability. Rather than being used primarily for safeguarding purposes, practitioners described out-of-area placements as a response to systemic placement shortages within local authority boundaries. Risk and vulnerability were understood to be exacerbated by separation from familiar environments, schools, trusted professionals, and, importantly, family and friends, with significant consequences for young people's emotional and mental wellbeing (Shaw and Greenhow, 2021). The fragmentation of responsibility, oversight, and information-sharing across local authority boundaries further compounds these risks, increasing the likelihood of young people falling through organisational gaps and heightening exposure to missing episodes, exploitation, and other forms of harm.

These findings reinforce the thesis's broader argument that vulnerability is not only structurally produced through placement shortages but actively embedded through the organisation and management of the care system itself (Oakley et al, 2018). Delays and gaps in information-sharing, particularly in relation to missing episodes, were understood by practitioners to inhibit timely intervention and reflect wider resource constraints, staffing shortages, and high staff turnover. Systemic placement shortages, in turn, compel local authorities to place young people both at a distance from their support networks and in

accommodation that may be unsuitable, thereby further embedding risk and vulnerability (MacAlister, 2022).

Crucially, a key contribution of this study is its identification of the loss of support networks as a central mechanism of harm associated with out-of-area placements. Practitioners consistently described distance from family, friends, schools, and professional support networks as deeply destabilising, contributing to social isolation and loneliness, and disrupting processes of identity formation. This was understood to increase susceptibility to exploitation, including involvement in drug supply networks. Practitioners emphasised that proximity to support networks functions as a critical protective factor, even where young people cannot remain within their immediate local area. In doing so, this study adds weight to existing evidence (MacAlister, 2022) and advances it by demonstrating that protecting young people from harm and supporting their wellbeing is not solely contingent on placement type or location, but on the maintenance of relational continuity. Maintaining relationships emerges, therefore, as key mechanism that can help support the overall wellbeing of young people in care.

Taken together, the findings and analysis in Chapter Six and in this conclusion chapter address the second research question and have made several important contributions. Importantly, what this thesis has shown is that care experience is not a direct cause of involvement in ‘county lines’ drug supply. Moreover, care experienced boys’ and young men’s vulnerability to exploitation into drug supply cannot be understood through linear, individualised or deficit-based explanations, or as an inevitable feature of placement type. Rather, it can be better understood as adaptive responses to unmet needs for belonging, recognition, stability, and identity that arise within contexts of constrained choices, disrupted relationships, marginalisation, and the wider structural and institutional conditions of the care system itself.

Such involvement can be materially and symbolically meaningful, offering care experienced boys and young men status, control, and identity in environments where supportive relationships and continuity of care have been eroded. At the same time, the research shows how these structural conditions are produced through placement shortages, funding cuts, marketised provision, and the use of out-of-area and poorly resourced semi-independent accommodation. Where placements lack adequate staffing, oversight, and relational

continuity, they actively embed and exacerbate vulnerability by isolating young people from family, friends, schools, and trusted professionals, and by fragmenting responsibility across systems.

Overall, the thesis emphasises the need to move beyond deficit-based explanations, towards a perspective that is structurally informed, relational, and attentive to lived experience. Young people are impacted less by placement type, and more by whether the care system can sustain meaningful relationships, recognise young people's agency, and address the structural inequalities that underpin vulnerability and exploitation.

## 8.4 Problematising the victim-offender narrative

The third research question, which reflected the final analytical focus of the study, sought to explore how practitioners negotiate the complex terrain of victimhood, agency and culpability within 'county lines' drug supply. In addressing this question, Chapter Seven highlighted several key findings. Central to these was the finding that the binary categorisation of young people as either victims or offenders remains a complex and contested issue for law enforcement and frontline practitioners to navigate.

Practitioners were often wedded to dominant portrayals that depict young people involved in 'county lines' drug supply as innocent and passive victims who are groomed and coerced into participation by manipulative adults or organised criminal groups. However, they frequently encountered difficulties in determining how a young person should be categorised in practice. As demonstrated through practitioner interview data, in the absence of clear and consistent guidance or frameworks, professional judgments were shaped by moral tensions, subjective interpretations and local organisational cultures, which varied significantly across individuals, time and place. This ambiguity resulted in considerable variation in how exploitation was identified and addressed, and in how young people were responded to by safeguarding services or managed within the criminal justice system.

Importantly, the findings presented in Chapter Seven highlight how responses to 'county lines' can often reproduce the very inequalities they seek to mitigate. When a young person is characterised solely as an offender, the structural harms and socio-economic factors underpinning their behaviour are frequently obscured. Conversely, when young people are categorised exclusively as victims, their agency and resilience are often overlooked. These

findings demonstrate the limitations of dominant victim–offender frameworks that underpin much current policy and practice.

As such, a key contribution of this thesis is the advancement of the concept of the victim–offender continuum, which frames young people’s involvement in drug supply as dynamic and contextually situated rather than as fixed states of victimhood or criminality. This builds upon the work of other scholars (Atkinson-Sheppard, 2017; 2024; Hagedorn, 2014) by providing alternative framework for understanding young people’s involvement in ‘county lines’ by recognising that agency and victimisation are not mutually exclusive but fluctuate over time and across contexts. Importantly, this continuum also takes into account the often-complex lived realities of young people who are involved in drug supply, a view which is often not captured in dominant victim or offender framings.

As illustrated throughout Chapter Seven, young people’s involvement in drug supply cannot be adequately understood through binary categories of victim or offender. Rather, their participation is more accurately characterised by differing motivations and varying degrees of agency, shaped by broader social conditions such as marginalisation, poverty and social inequality (Atkinson-Sheppard, 2024; Harding, 2020). While practitioners at times acknowledged young people’s agency, this recognition was often inconsistent, implicit, or expressed in contradictory ways, reflecting discomfort with narratives that challenge dominant victim framings. By recognising that agency is often exercised within, and constrained by these structural conditions, this thesis moves beyond reductionist ‘county lines’ narratives of full victimhood or full culpability. Instead, it acknowledges that young people may experience exploitation and exert choice independently from one another, or simultaneously.

In answering the third research question, this thesis demonstrates how practitioner responses are shaped by competing narratives, moral tensions and structural assumptions. These practitioner constructions have substantial consequences, shaping intervention pathways and influencing whether young people are primarily criminalised or safeguarded. The victim–offender continuum advanced here provides a more nuanced and dynamic framework through which these negotiations can be understood, with important implications for how exploitation is recognised and how young people are responded to in both safeguarding and criminal justice contexts.

## 8.5 Summary of key contributions

In summary, this thesis has made the following key arguments and contributions to knowledge:

### 8.5.1 Lived experience research

- This thesis argues for a more inclusive approach to lived experience research that moves beyond legally recognised identities to include individuals at the margins of, but not necessarily within or associated with, the criminal justice system.
- It calls for open and honest dialogue on researcher vulnerability, emotional labour, and the risks of re-traumatisation when research resonates with personal histories of harm, promoting a more sustainable model of knowledge production that values lived experience without becoming extractive or requiring unnecessary emotional harm.

### 8.5.2 Conceptualising ‘county lines’

- This thesis challenges the notion that ‘county lines’ is a unified and stable supply model, instead advancing it as a set of practices operating along a continuum within wider local drug market dynamics.
- It demonstrates how definitional ambiguity among practitioners and services contributes to inconsistent safeguarding responses and uneven outcomes for young people across different localities.
- It calls into question the utility of the ‘county lines’ narrative, arguing that it fails to capture the complexities of local drug markets and lived realities, and highlights the need for a more nuanced, contextual approach to understanding and responding to drug-related exploitation.

### 8.5.3 Care experience and ‘county line’ involvement

- This thesis shows that care experienced boys’ and young men’s vulnerability to exploitation in drug supply cannot be understood through linear, individualised, or deficit-based explanations, nor as an inevitable feature of placement type. Instead, it is better understood as an adaptive response to unmet needs for belonging, recognition,

stability, and identity within contexts of constrained choices, disrupted relationships, marginalisation, and wider structural conditions.

- It demonstrates how involvement in ‘county lines’ and drug supply more broadly can be both materially and symbolically meaningful, offering status, control, and identity where supportive relationships and continuity of care are limited.
- The thesis highlights how structural conditions, such as placement shortages, funding cuts, marketised provision, and out-of-area or poorly resourced accommodation can embed and exacerbate vulnerability by isolating young people and fragmenting responsibility across systems.
- Moving beyond deficit-based and deterministic explanations, it offers a more nuanced and critically grounded understanding of involvement in drug supply, showing how systems, structures, and professional narratives can actively produce harm, while emphasising the importance of centring lived experience and recognising agency and adaptive capacities.
- It makes an original empirical and theoretical contribution by demonstrating how practitioner constructions of vulnerability both reflect and reproduce deficit-based narratives, and argues for approaches that foreground young people’s agency, resilience, and adaptive strategies within constrained conditions.

#### 8.5.4 The victim-offender narrative

- This thesis challenges fixed binary categories of victim and offender, arguing that young people’s experiences, motivations, and degrees of agency vary across time and context.
- It advances the concept of a victim–offender continuum, framing involvement in drug supply as dynamic and contextually situated and recognising that agency and victimisation are not mutually exclusive but fluctuate over time and across contexts.
- In doing so, it provides a more nuanced and flexible framework for understanding young people’s involvement in drug supply.

## 8.6 Directions for future research

There are a number of areas that this study has opened up for future research and investigation. As alluded to in Chapter Eight, future work that looks beyond the ‘county line’ narrative, challenges dominant perceptions and recognises the complexity in local drug supply is needed. This is essential for understanding evolving local drug markets. It would also allow greater attention to the practices, relationships, and local conditions through which exploitation occurs, providing a basis for responses that are proportionate and equitable for young people involved in drug supply.

There is also scope for research that examines comparable drug supply practices outside of the UK. While ‘county lines’ is a UK-specific term, the EMCDDA and Europol (2019) identified similar supply practices across a European context. However, these are generally framed through organised crime or public health perspectives, rather than as a distinct category of exploitation. Future research could, therefore, examine how such practices are constructed and labelled across jurisdictions, and what this means for identifying and responding to criminal exploitation.

As highlighted in Chapter Three, a limitation of this study was the absence of care experienced boys and young men’s voices in the data. In order to understand their lived realities and subjective interpretations, future academic work must actively centre the voices of care experienced young people. Participatory methods can ensure their perspectives are authentically represented, producing knowledge that is contextually grounded, ethically sound, and addresses longstanding epistemic injustices in research and practice.

One of the key findings in this thesis is that narratives and research regarding young people in care is overwhelmingly negative. It tends to focus on risks, vulnerabilities, problems and outcomes. While research and practice of this kind is clearly of high importance, it often frames care experience through deficit-based and deterministic narratives. Future research can instead seek to empower care experienced young people by foregrounding their agency, resilience, skills and adaptive strategies. Instead of focusing on negative and deficit-based aspects, research could focus on their strengths and explore how their experiences have or can help them succeed and thrive in their life. Having the ‘looked after’ or care experience label attached comes with negative connotations and stigma. Therefore, research should seek to minimise the reproduction of stigma and negative labels by inspiring and empowering young people in care.

Finally, and building on the above, instead of asking ‘what’s wrong’, future research could also ask ‘what has been ignored’. In doing so, research could potentially draw on elements of the framework put forward by ‘ghost criminology’ (see Fiddler et al, 2023). ‘Ghost criminology’ is a relatively recent, critical approach in criminology that seeks to make visible the experiences, harms, and social dynamics that are often ignored or rendered ‘invisible’ in mainstream criminological research and policy (Fiddler et al, 2023). In essence, this framework seeks to focus upon individuals or practices that are ‘ghosted’ or, in other words, hidden from sight or ignored from dominant discourse. This approach enables future researchers to examine previously overlooked harms, institutional practices, and lived experiences that remain absent from dominant accounts. For example, where traditional research frames young people in care as ‘risky’, ‘vulnerable’ or ‘problematic’, future research could instead explore the missing contexts and harms that produced these labels and outcomes in the first place. In doing so, it could also explore how the application of these labels continues to ‘haunt’ those with care experience through enduring stigma and marginalisation. Elements of the ‘ghost criminology’ framework could also be operationalised to look for hidden harms, such as, institutional harm that is not labelled as such, the unheard and marginalised voices of young people in care or their unrecorded resilience and survival strategies. Importantly, this could highlight the resilience, positive adaptation and strengths that are present but systematically excluded from official narratives and bring to light the harms that are observable but excluded from discourse.

## 9 Reference list

Adler, P. A. (1990) 'Ethnographic research on hidden populations: Penetrating the drug world', in Lambert, E.Y. (editor.) *The Collection and Interpretation of Data from Hidden Populations* (National Institute on Drug Abuse Research Monograph Series 98). Rockville, MD: National Institute on Drug Abuse, pp. 96-112.

Adler, P. A. (1993). *Wheeling and Dealing: An Ethnography of an Upper-Level Drug Dealing and Smuggling Community*. New York: Columbia University Press.

Alderson, H., Lingam, R., Brown, R., and McGovern, R. (2023). Care-experienced young people's reflections on their relationship to and use of alcohol: A qualitative exploration. *Adoption & Fostering*, 47(1), pp. 6-21.

All-Party Parliamentary Group for Runaway and Missing Children and Adults (2019) *No place at home: Children in care housed in unregulated accommodation*. London: APPG for Runaway and Missing Children and Adults.

Andell, P., and Pitts, J. (2017). *Preventing the Violent and Sexual Victimisation of Vulnerable Gang involved and Gang-affected Children and Young People in Ipswich*. Available at: [Preventing the violent and sexual victimisation of vulnerable gang involved.pdf](#). (Accessed 03/03/2026).

Antojado, D., Budd, J., Doyle, C., and Bartels, L. (2024). Criminal justice, representation and the lived experience scholar. *Incarceration: An International Journal of Imprisonment, Detention and Coercive Confinement*, 5.

Antojado, D., Darley, D., and Maycock, M. (Editors). (2025a). *Beyond Autoethnography: Lived Experience Criminology*. London: Routledge.

Antojado, D., and McPhee, T. (2024). Move over and make space for lived experience criminology: Why we do "lived experience". *Journal of Criminology*, 58(3), pp. 485-501.

Antojado, D., Bloggs, J., and Doyle, C. (2025b). Lived experience to lived experience expertise: embracing lived experience in Australian criminology. *Contemporary Justice Review*, 27(4), pp. 348–362.

Antojado, D. (2023). "Nothing About Us Without Us": Analyzing the Potential Contributions of Lived Experience to Penological Pedagogy'. *Journal of Criminal Justice Education*, 36(2), pp. 271–288.

Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., and Lawless, M. (2019). Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants. *International Journal of Qualitative Methods*, 18.

Askew, J. (2026). *Boys, 11, found with cannabis in drugs crackdown*. BBC News. Available at: [Boys, 11, found with drugs in Eastbourne county lines crackdown - BBC News](#). (Accessed 23/03/2026).

- Atkinson-Sheppard, S. (2017). Street children and 'protective agency': exploring young people's involvement in organised crime in Dhaka, Bangladesh. *Childhood (Copenhagen, Denmark)*, 24(3), pp. 1–14.
- Atkinson-Sheppard, S. (2024). Hyper-agency and county lines. *Theoretical Criminology*, 29(2), pp. 231–245.
- Averdijk, M., Eisner, M. and Ribeaud, D. (2016) 'Violence begets violence ... but how? A decision-making perspective on the victim-offender overlap', *Criminology*. 54(2), pp. 282-306.
- Baginsky, M. (2013). *Retaining Experienced Social Workers in Children's Services: The Challenge Facing Local Authorities in England*. NIHR Health & Social Care Workforce Research Unit, The Policy Institute, King's College London.
- Baidawi, S., Avery, S., Ball, R., and Newitt, R. (2025). Living with Experience in the Academy: Pressures to Disclose in Routine Research Activities. *Australian Social Work*, 78(2), pp. 226–235.
- Barlow, C., Kidd, A., Green, S. T., and Darby, B. (2021). Circles of analysis: a systemic model of child criminal exploitation. *Journal of Children's Services*.
- Barnardo's (2023). *Double discrimination: Black care-experienced young adults navigating the criminal justice system*. London: Barnardo's. Available at: [Double Discrimination - Black care-experienced young adults navigating the criminal justice system report.pdf](#). (Accessed 19/03/2026).
- Barnardo's (2021). *Exploited and Criminalised*. Available at: [Exploited and Criminalised report.pdf](#). (Accessed 03/03/2026).
- BBC News. (2019). *County Lines: Drug gang that 'preyed on children' jailed for London Exeter dealing*. Available at: [County Lines: Drug gang that 'preyed on children' jailed for London-Exeter dealing - BBC News](#). (Accessed 03/03/2026).
- Becker, H. (1963). *Outsiders: Studies in the sociology of deviance*. New York: The Free Press.
- Become (2024). *Still too far: Children in care being moved miles from the people and places that matter to them*. Become. Available at: [Still-Too-Far-report-FINAL-v1.pdf](#). (Accessed 08/01/2026).
- Bennett, D.L., Schlüter, D.K., Melis, G., Bywaters, P., Alexiou, A., Barr, B., Wickham, S. and Taylor-Robinson, D. (2022). Child poverty and children entering care in England, 2015–20: a longitudinal ecological study at the local area level. *The Lancet Public Health*, 7(6), pp. 496–503.
- Bernard H. R. (2011). *Research methods in anthropology: Qualitative and quantitative approaches* (5th edition.). USA: AltaMira Press.
- Black, P. N., Jeffreys, D., and Hartley, E. K. (1993). Personal history of psychosocial trauma in the early life of social work and business students. *Journal of Social Work Education*, 29(2), pp. 171–180.

- Black, C. (2020). *Review of Drugs - evidence relating to drug use, supply and effects, including current trends and future risks*. Available at: [https://assets.publishing.service.gov.uk/media/5eafffedd3bf7f65363e4fda/Review\\_of\\_Drugs\\_Evidence\\_Pack.pdf](https://assets.publishing.service.gov.uk/media/5eafffedd3bf7f65363e4fda/Review_of_Drugs_Evidence_Pack.pdf). (Accessed 03/03/2026).
- Blades, R., Hart, D., Lea, J., and Willmott, N. (2011). *Care: a stepping-stone to custody? The views of children in care on the links between care, offending and custody*. London: Prison Reform Trust.
- Booth, M. and Harriott, P. (2021) 'Service users being used: thoughts to the research community', in I. Masson, L. Baldwin, and N. Booth (editors), *Critical Reflections on Women, Family, Crime and Justice*. Bristol: Bristol University Press.
- Bourgois, P. (1995). *In Search of Respect: Selling Crack in El Barrio*. Cambridge: Cambridge University Press.
- Bourgois, P. (2003). *In search of respect: Selling crack in El Barrio* (2<sup>nd</sup> edition.). Cambridge: Cambridge University Press.
- Bostock, L. (2004). *Promoting resilience in fostered children and young people*. Social Care Institute for Excellence (SCIE). Available at: [Promoting-Resilience-in-Fostered-Children-and-Young-People.pdf](#). (Accessed 08/01/2026).
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage Publications.
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3(2), pp. 77-101.
- Braun V., Clarke V., and Gray D. (2017). Innovations in qualitative methods. In: Gough, B. (Editor), *The Palgrave handbook of critical social psychology*. Basingstoke: Palgrave Macmillan.
- Brewster, B., Robinson, G., Silverman, B.W. and Walsh, D. (2021). Covid-19 and child criminal exploitation in the UK: implications of the pandemic for county lines. *Trends in Organised Crime*.
- Brierley, A., and Best, D. (2025). Desistance habitus: Strategically Using experience in practice. *Incarceration: An International Journal of Imprisonment, Detention and Coercive Confinement*, 6.
- Bryant, A.L. and Zimmerman, M.A., (2003). Role models and psychosocial outcomes among African American adolescents. *Journal of Adolescent Research*. 18(1), pp. 36–67.
- Bryman, A. (2008). *Social Research Methods*, 3<sup>rd</sup> edition. Oxford: Oxford University Press.
- Bryman, A. (2016). *Social Research Methods*, 5<sup>th</sup> edition. Oxford: Oxford University Press.
- Butera, J. (2013). *Cuckooing: home takeovers of vulnerable tenants*. Available at: [Cuckooing-Home-takeovers-of-vulnerable-tenants.pdf](#). (Accessed 03/03/2026).

- Caluori, J., Hull, J., Mooney, B. and Lumley, J. (2022). *County Lines: Breaking the Cycle*. London: Crest Advisory. Available at: [County Lines: Breaking the Cycle FINAL REPORT](#). (Accessed 12/03/2026).
- Caluori, J., Corlett, M., and Stott, J. (2020). 'county lines' and Looked After Children. Available at: [64e09b\\_fce6388df9084169b7545d28c7c032de.pdf](#) (Accessed 07/01/2025).
- Cantürk, M., Faraji, H. & Tezcan, A.E., 2021. The relationship between childhood traumas and crime in male prisoners. *Alpha Psychiatry*, 22(1), pp.56–60.
- Carey, L., Aresti, A., and Darke, S. (2022). What are the barriers to the development of convict criminology in Australia? *Journal of Prisoners on Prisons*, 30(1), pp. 77–96.
- Case, S., and Haines, K. (2020). Abolishing youth justice systems: Children first, offenders nowhere. *Youth Justice*, 21(1), pp. 1–15.
- Case, S., and Haines, K. (2015). Children first, offenders second: The centrality of engagement in positive youth justice. *Howard Journal of Criminal Justice*, 54(2), pp. 157–175.
- Chatwin, C., and Potter, G. (2014). Blurred Boundaries: The Artificial Distinction Between “Use” and “Supply” in the U.K. Cannabis Market: The Artificial Distinction Between “Use” and “Supply” in the U.K. Cannabis Market. *Contemporary Drug Problems*, 41(4), pp. 536-550.
- Children Act (1989). c. 41. S. 20. Available at: [Children Act 1989](#). (Accessed 10/03/2026).
- Children Act (1989). c. 41. S. 31. Available at: [Children Act 1989](#). (Accessed 10/03/2026).
- Children’s Commissioner (2023). *New statistics on looked-after children*. Available at: [New statistics on looked-after children | Children's Commissioner for England](#). (Accessed 08/01/2026).
- Children’s Commissioner. (2020). *Thousands of children in care being ‘failed by the state’ because of a broken residential care home market*. Available at: [Thousands of children in care being ‘failed by the state’ because of a broken residential care home market | Children's Commissioner for England](#). (Accessed 05/02/2026).
- Children’s Commissioner (2020). *Unregulated*. Available at: [cco-unregulated-children-in-care-living-in-semi-independent-accommodation.pdf](#). (Accessed 08/01/2026).
- Cloutier, C. (2024). Strategies for Generating Deliberately Emergent Qualitative Research Designs. *The Journal of Applied Behavioral Science*, 60(2), pp. 358-380.
- Coliandris, G. (2015). County Lines and Wicked Problems: Exploring the need for improved policing approaches to vulnerability and early intervention. *Journal of the Australasian Institute of Policing Inc.* 7(2), pp. 25-35.
- Coman, W. and Devaney, J. (2011) ‘Reflecting on Outcomes for Looked-after Children: An Ecological Perspective’, *Child Care in Practice*. 17(1), pp. 37–53.

Committee of Public Accounts (2026). *Financial sustainability of children's care homes*. Sixty-First Report of Session 2024–26. HC 1233. London: House of Commons. Available at: [Financial sustainability of children's care homes](#). (Accessed 09/03/2026).

Coomber, R. (2006) *Pusher myths: Re-situating the drug dealer*. London: Free Association Books.

Coomber, R., Devany, C., Kammersgaard, T., Lloyd, C., Brown, K., and Bainbridge, L. (2025). *'county lines', policing and vulnerability*. Vulnerability & Policing Futures Research Centre. Available at: [county-lines-report-digital.pdf](#) (Accessed 14/01/2026).

Coomber, R. and Moyle, L. (2015). Earning a score: An exploration of the nature and the roles of heroin and crack cocaine 'user-dealers'. *The British Journal of Criminology*. 55, pp. 534-555.

Coomber, R., Moyle, L., and South, N. (2016). The normalisation of drug supply: The social supply of drugs as the "other side" of the history of normalisation. *Drugs Education Prevention and Policy*, 23(3), pp. 255-263.

Coomber, R. and Moyle, L. (2018). The changing shape of street-level heroin and crack supply in England: Commuting, holidaying and cuckooing drug dealers across "'county lines'." *The British Journal of Criminology*. 58, pp. 1323-1342.

Coy, M., Kelly, L., and Sharp-Jeffs, N. (2017). *Key messages from research on child sexual exploitation: Social Workers*. Centre for Expertise on Child Sexual Abuse. London Metropolitan University. Available at: [Centre-of-expertise-CSA\\_250117\\_Key-messages-from-research-briefing\\_Social-Workers\\_refslinks\\_Online.pdf](#). (Accessed 10/03/2026).

Coy, M. (2009). "Moved Around Like Bags of Rubbish Nobody Wants": How multiple placement moves can make young women vulnerable to sexual exploitation, *Child Abuse Review*. 18(4), pp. 254-266.

Coyne, I. (2010). Accessing children as research participants: examining the role of gatekeepers. *Child: Care, Health and Development*, 36(4), pp. 452–454.

Crown Prosecution Service (2026). *Youth crime*. Available at: [Youth crime | The Crown Prosecution Service](#). (Accessed 21/05/2026).

Curry, A., (2019). "If you can't be with this client for some years, don't do it": Exploring the emotional and relational effects of turnover on youth in the child welfare system. *Children and Youth Services Review*, 99, pp. 374–385.

Daly, M. and Sampson, S. (2012). *Narcomania: A journey through Britain's drug world*. London: Random House.

Darker, I., Ward, H., and Caulfield L. (2008). An analysis of offending by young people looked after by local authorities. *Youth Justice*. 8(2), pp. 134-148.

Davies, P. and Francis, P. (2011). Doing Criminological Research. In: Davies, P., Francis, P., and Jupp, V. (editors), *Doing criminological research* (2nd edition.). London: Sage Publications.

- Deakin H., and Wakefield K. (2014). SKYPE interviewing: Reflections of two PhD researchers. *Qualitative Research*, 14, pp. 1–14.
- Deehan, A., and Saville, E. (2003). *Calculating the risk: recreational drug use among clubbers in the South East of England*. London: Home Office.
- Densley, J., Deuchar, R. and Harding, S., (2020). An introduction to gangs and serious youth violence in the United Kingdom. *Youth justice*, 20(1-2), pp. 3-10.
- Densley, J, McLean, R and Brick, C. (2023). *Contesting 'county lines': Case Studies in Drug Crime and Deviant Entrepreneurship*. Bristol: The Bristol University Press.
- Densley, J., McLean, R., Deuchar, R. and Harding, S. (2018). An altered state? Emergent changes to illicit drug markets and distribution networks in Scotland. *International Journal of Drug Policy*. 58, pp. 113-120.
- Department for Education, 2025. *Children looked after: A focus on placement location — reporting year 2024*. GOV.UK. Available at: [Children looked after: A focus on placement location, Reporting year 2024 - Explore education statistics - GOV.UK](#). (Accessed 08/01/2026).
- Department for Education (2025). *Children looked after in England including adoptions*. Available at: [Children looked after in England including adoptions, Reporting year 2025 - Explore education statistics - GOV.UK](#). (Accessed 08/01/2026).
- Department for Education. (2021). *The Children Act 1989 guidance and regulations: Volume 2 — Care planning, placement and case review*. GOV.UK. Available at: [The Children Act 1989 guidance and regulations](#). (Accessed 08/01/2026).
- Department for Education. (2023). *Working Together to Safeguard Children 2023: statutory guidance on multi-agency working to safeguard and promote the welfare of children*. GOV.UK. Available at: [Working together to safeguard children 2023: statutory guidance](#). (Accessed 08/01/2026).
- Ditton, J. (1977). *Part-Time Crime: An Ethnography of Fiddling and Pilferidge*. London: McMillan.
- Dorn, N., Levi, M. and King, L. (2005) *Literature review on upper level drug trafficking*. Home Office Online Report 22/05. London: Home Office
- Dorn, N., Murji, K., and South, N. (1992). *Traffickers: Drug markets and law enforcement*. London: Routledge.
- Dorn, N., (2000). Performance management indicators and drug enforcement: in the crossfire or at the crossroads?. *Crime Prevention Studies*. 11, pp. 299-318.
- Drake, D. H., Fergusson, R. and Briggs, D. B. (2014). 'Hearing new voices: Re-viewing youth justice policy through practitioners' relationships with young people', *Youth Justice*, 14(1), pp. 22–39.
- Dum, C.P., Fader, J.J., LeBel, T.P., and Wright, K.A. (Editors). (2025). *Handbook on Lived Experience in the Justice System* (1st edition.). New York: Routledge.

- Duncombe J., and Jessop J. (2002). 'Doing Rapport' and the Ethics of 'Faking Friendship'. In: Mauthner M., Birch M., Jessop J., and Miller T. (editors), *Ethics in Qualitative Research*. London: Sage Publications.
- Dunn, K. (2000). Interviewing. In: Hay, I. (Editor), *Qualitative Research Methods in Human Geography*, 2nd ed. Oxford: Oxford University Press.
- Earle, R. (2016). *Convict Criminology: Inside and Out*. Bristol: Bristol University Press.
- Earle, R. (2018). Convict criminology in England: developments and dilemmas. *The British Journal of Criminology* 58(6), pp. 1499–1516.
- Education Committee (2025). *Children's social care — Second Report of Session 2025* (HC 430). House of Commons. Available at: [Children's social care](#). (Accessed 08/01/2026).
- Elliott, T., and Fleetwood, J. (2017). Law for ethnographers. *Methodological Innovations*, 10(1).
- European Monitoring Centre for Drugs and Drug Addiction and Europol (2019). *EU Drug Markets Report 2019*. Luxembourg: Publications Office of the European Union. Available at: [EU Drug Markets Report 2019](#). (Accessed 19/03/2026).
- Farrington, D.P., Jolliffe, D., Loeber, R., Stouthamer-Loeber, M. and Kalb, L.M. (2001). The concentration of offenders in families, and family criminality in the prediction of boys' delinquency. *Journal of Research in Crime and Delinquency*, 38(3), pp. 226–247.
- Fetterman, D. M. (2010). *Ethnography: Step-by-step* (Third Edition). CA: Thousand Oaks. Sage Publications.
- Fiddler, M., Linnemann, T. and Kindynis, T. (2023). 'Ghost criminology: A framework for the discipline's spectral turn', *Theoretical Criminology*, 64, pp. 1–16.
- Firmin, C. (2020) *Contextual Safeguarding and Child Protection: Rewriting the Rules* (1st edition). Oxon: Routledge.
- Firmin, C., Wroe, L. E. and Bernard, D. (2021) 'Last resort or best interest? Exploring the risk and safety factors that inform the rates of relocation for young people abused in extra-familial settings'. *British Journal of Social Work*, 52(1), pp. 573–592.
- Fitzpatrick, C., Hunter, K., Shaw, J., and Staines, J. (2022). *Disrupting the Routes between Care and Custody for Girls and Women*. Available at: [Final-Care-Custody-Report-May-2022.pdf](#). (Accessed 08/01/2026).
- Foster, D. (2026). *Looked after children: out of area, unregulated and unregistered accommodation (England)*. House of Commons Library Research Briefing Paper 7560. UK Parliament. Available at: [CBP-7560.pdf](#). (Accessed 05/02/2025).
- Franklin, J., Larkham, J. and Mansoor, M. (2022). *The well-worn path: Children's services spending 2010-11 to 2021-22*. London: The Children's Society. Available at: [Children's services spending final report\\_0.pdf](#). (Accessed 16/03/2026).

- Fraser, A. (2025) 'Manchester: Rewriting the pain', in *Young Warriors* [Podcast episode]. Available at: [2. Manchester: Rewriting the pain - Young Warriors | Podcast on Spotify](#). (Accessed 19/01/2026).
- Fricker, M. (2007) *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press.
- Furnivall, J., and Grant, E. (2014). *Trauma sensitive practice with children in care* (IRISS Insights No. 27). Institute for Research and Innovation in Social Services (IRISS). Glasgow. Available at: [Trauma sensitive practice with children in care | Iriss](#). (Accessed 08/01/2026).
- Fusch, P., and Ness, L. (2015). Are We There Yet? Data Saturation in Qualitative Research. *Qualitative Report*, 20, pp. 1408-1416.
- Gair, S. (2025). 'Honouring the Legitimacy and Power of Shared Lived Experience in Social Work'. *Australian Social Work*, 78(2), pp. 129–132.
- Garbett, R., and McCormack, B. (2001). The experience of practice development: an exploratory telephone interview study. *Journal of clinical nursing*. 10(1), pp. 94–102.
- Gilbert, P and Stickley, T (2012). "'Wounded Healers": the role of lived-experience in mental health education and practice". *The Journal of Mental Health Training, Education and Practice*, 7(1), pp. 33–41.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. USA: Prentice-Hall.
- Goodair, B., Schoenberger, F., and Bach-Mortensen, A. (2026). Commercialisation and care sufficiency: the privatisation of children's homes in England. *The Lancet Public Health*. 11(2), pp. 129-136.
- Gřundělová, B., Broskevičová, Z. and Kowolová, I. (2024). When a gatekeeper denies a researcher access: circumstances of gate closure in social work research. *Research Ethics*.
- Hagedorn, J. (2014). *A World of Gangs: Armed Young Men and Gangsta Culture*. Minneapolis: University of Minnesota Press.
- Hales, G. and Hobbs, D. (2010). Drug markets in the community: A London borough case study. *Trends in Organized Crime*. 13(1), pp. 13-30.
- Hallett, S. (2016). 'An uncomfortable comfortableness': 'Care', child protection and child sexual exploitation. *British Journal of Social Work*, 46(7), pp. 2137–2152.
- Hallsworth, S. and Silverstone, D. (2009). 'That's life innit': A British perspective on guns, crime and social order. *Criminology and Criminal Justice*, 9(3), pp. 359-377.
- Harding, S. (2014). *The Street Casino: survival in violent street gangs*. Bristol: Policy Press.
- Harding, S. (2020). *'county lines': Exploitation and Drug Dealing Among Urban Street Gangs*. Bristol: Bristol University Press.
- Havard, T., Densley, J., Whittaker, A. and Wills, J., (2023). Street gangs and coercive control: The gendered exploitation of young women and girls in 'county lines'. *Criminology & Criminal Justice*, 23(3), pp. 313–329.

Henley, A. (2022). Criminalisation, criminal records and rehabilitation: From supervision to citizenship? *Probation Journal*, 69(3), pp. 273-277.

Heptinstall, E. (2000). Research note: Gaining access to looked after children for research purposes: Lessons learned. *British Journal of Social Work*. 30(6), pp. 867-872.

Hesketh, R.F. and Robinson, G. (2019). Grafting: “the boyz” just doing business? Deviant entrepreneurship in street gangs. *Safer Communities*, 18(2), pp. 54–63.

Higgins, A., Sebba, J. and Luke, N., (2015). *What is the relationship between being in care and the educational outcomes of children? An international systematic review*. Oxford: Rees Centre for Research in Fostering and Education, University of Oxford.

HM Government. (2018). Serious violence strategy. Available at: [Home Office – Serious Violence Strategy, April 2018](#). (Accessed 08/01/2026).

HMICFRS, (2020). *Both sides of the coin: The police and National Crime Agency’s response to vulnerable people in ‘county lines’ drug offending*. Available at: [Both sides of the coin: The police and National Crime Agency's response to vulnerable people in ‘county lines’ drug offending](#) (Accessed 08/01/2026).

Hobbs, D. (2013). *Lush Life: Constructing Organized Crime in the UK*. Oxford: Oxford University Press.

Home Office. (2017). *Criminal Exploitation of children and vulnerable adults: County Lines guidance. Government report [online]*. Available at: [Criminal exploitation of children, young people and vulnerable adults - county lines](#). (Accessed 19/02/2026).

Honeywell, D. (2023). *Living with Desistance*. London, UK: Routledge.

Honwana, A (2015). Innocent and guilty: Child soldiers as interstitial and tactical agents. In: Honwana, A and De Boeck F (editors), *Makers and Breakers: Children and Youth in Postcolonial Africa*. Oxford: James Currey.

Howard League for Penal Reform (2017). *Ending the Criminalisation of Children in Residential Care: Briefing One*. Available at: [Ending-the-criminalisation-of-children-in-residential-care-Briefing-one.pdf](#). (Accessed 10/03/2026).

Howard League for Penal Reform. (2018) *Ending the criminalisation of children in residential care: Briefing three: ‘Hearts and Heads - Good practice in children’s homes: Briefing Three*. Available at: [Hearts-and-Heads-briefing-three.pdf](#). (Accessed 10/03/2026).

Hudek, J. (2018). *Evaluation of the County Lines Project*. JH Consulting, St Giles Trust, Missing People. Available at: <https://www.stgilestrust.org.uk/app/uploads/2021/06/County-Lines-Demonstration-Pilot-Evaluation-Report-May-2018-designed.pdf>. (Accessed 03/03/2026).

Hunter, K., Francis. B., and Fitzpatrick, C. (2023). Care Experience, Ethnicity and Youth Justice Involvement: Key Trends and Policy Implications. Available at: [Policy-briefing-Katie-Hunter.pdf](#). (Accessed 10/03/2026).

ITV News (2016). 'Going country': ITV News reveals scale of children being exploited and sent around Britain to carry drugs. Available at: ['Going country': ITV News reveals scale of](#)

[children being exploited and sent around Britain to carry drugs | ITV News](#). (Accessed 03/03/2026).

Jacobson, J., Bhardwa, B., Gyateng, T., Hunter, G. and Hough, M. (2010). *Punishing Disadvantage a profile of children in custody*. Prison Reform Trust. Available at: [https://prisonreformtrust.org.uk/wpcontent/uploads/old\\_files/Documents/PunishingDisadvantage.pdf](https://prisonreformtrust.org.uk/wpcontent/uploads/old_files/Documents/PunishingDisadvantage.pdf). (Accessed 08/01/2026).

James, A, and Prout, A. (1990). *Constructing and Reconstructing Childhood*. London: Falmer Press.

Jennings, W. G., Piquero, A. R. and Reingle, J. M. (2012). ‘On the overlap between victimization and offending: A review of the literature’. *Aggression and Violent Behaviour*. 17(1), pp. 16–26.

King, A. (2018). Just mercy through cultural and convict criminology. *Journal of Criminal Psychology*, 8(1), pp. 80–95.

Kirsch, G.E. (2005). Friendship, Friendliness, and Feminist Fieldwork. *Signs*. 30(4), pp. 2163-2172

Kitzinger, J. (1995). *Qualitative Research: Introducing focus groups*. *BMJ*, 311, pp. 299-301.

Knowsley Safeguarding Children’s Board. (2017). *Preventing and Tackling the Criminal Exploitation Children*. Available at: <https://www.knowsleyscp.org.uk/wpcontent/uploads/2017/03/Updated-Criminal-Exploitation-Procedure-Jan-2017.pdf>

Koch, I., Williams, P. and Wroe, L. (2024). ‘county lines’: Racism, safeguarding and statecraft in Britain. *Race & Class*, 65(3), pp. 3–26.

Levin, A.P., Putney, H., Crimmins, D. and McGrath, J.G. (2021). Secondary traumatic stress, burnout, compassion satisfaction, and perceived organizational trauma readiness in forensic science professionals. *Journal of Forensic Sciences*, 66(5), pp. 1758–1769.

Lim, W. M. (2024). What Is Qualitative Research? An Overview and Guidelines. *Australasian Marketing Journal*, 33(2), pp. 199-229.

Lupton, R., Wilson, A., May, T., Warburton, H. and Turnbull, P.J. (2002). *A rock and a hard place: drug markets in deprived neighbourhoods*. Home Office Research study No. 240. London: Home Office.

Lydon, D., and Emanuel, P. (2024). Practitioner perspectives on dealing with victimhood and offending in UK ‘county lines’ drug supply investigations. *The Police Journal: Theory, Practice and Principles*, 98(2), pp. 273-289.

MacAllister, J. (2022). The independent review of children’s social care. Available at: [the-independent-review-of-childrens-social-care-final-report.pdf](#). (Accessed 08/01/2026).

Macdonald, S.J., Donovan, C., Clayton, J., and Husband, M. (2022): Becoming cuckooed: conceptualising the relationship between disability, home takeovers and criminal exploitation. *Disability & Society*. Volume 37.

- Mackey, W.C. & Mackey, B.W., 2003. The presence of fathers in attenuating young male violence: Dad as a social palliative. *Marriage & Family Review*, 35(1–2), pp. 63–75.
- Maguire, D., May, K., McCormack, D. and Fosker, T. (2024) ‘A systematic review of the impact of placement instability on emotional and behavioural outcomes among children in foster care’, *Journal of Child & Adolescent Trauma*. 17, pp. 641–655.
- Malins, P. (2023). *Child First Justice*. Loughborough University. Available at: [Child First Justice](#) (Accessed 08/01/2026).
- Marshall, H., Bacon, M., and Spicer J. (2024). Emerging Victims in Contemporary Drugs Policing. *The British Journal of Criminology*, 64(6), pp. 1292–1309
- Marshall, H. (2024). Child Criminal Exploitation and the Interactional Emergence of Victim Status, *The British Journal of Criminology*. 64(5), pp. 1011–1027.
- Marshall, H. (2023). Victims first? Examining the place of ‘child criminal exploitation’ within ‘child first’ youth justice. *Children & Society*, 37, pp. 1156–1170.
- Mason, J. (2002). *Qualitative Researching* (2nd edition). London: Sage Publications.
- Matrix Knowledge Group (2007). *The illicit drug trade in the United Kingdom*. London, England: Home Office.
- May, T. and Hough, M. (2004). Drug markets and distribution systems. *Addiction Research & Theory*. 12(6), pp. 549-563.
- May, T. and Hough, M. (2001). Illegal dealings: The impact of low-level police enforcement on drug markets. *European Journal on Criminal Policy and Research*. 9, pp. 137-162.
- McAlinden, A. M. (2014). ‘Deconstructing victim and offender identities in discourses on child sexual abuse’. *British Journal of Criminology*. 54(2), pp. 180–198.
- McEvoy, K. and McConnachie, K. (2012). ‘Victimology in transitional justice: Victimhood, innocence and hierarchy’. *European Journal of Criminology*, 9(5), pp. 527–538.
- McEvoy, K. and McConnachie, K. (2016). ‘Victimhood and transitional justice’, in Spencer, D. C. and Walklate, S. (editors). *Reconceptualizing Critical Victimology: Interventions and Possibilities*. London: Lexington Books.
- McLean, R., Densley, J. and Deuchar, R. (2018). Situating gangs within Scotland’s illegal drugs market(s). *Trends in Organized Crime*, 21, pp. 147-171.
- McLean, R., Robinson, G. and Densley, J. (2020). ‘county lines’: *Criminal Networks and Evolving Drug Markets in Britain*. Switzerland: Springer Nature.
- McSweeney, T., Turnbull, P.J. and Hough, M. (2008). *Tackling Drug Markets and Distribution Networks in the UK: A review of the recent literature*. London: Institute for Criminal Policy Research, King’s College London.
- Measham, F., Aldridge, J. and Parker, H. (2001). *Dancing on drugs: risk, health and hedonism in the British club scene*. London: Free Association Books.

- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco: Jossey-Bass.
- Merton, R.K., (1968). *Social theory and social structure*. New York: The Free Press.
- Miller, P., Kirkman, G., Timmins, S., Banerjee, R., Panicker, A., Nelson, K., Jones, A. and Ochen, E. (2022). Getting past the gatekeeper: Cultural competence, field access and researching gender-based violence – evidence from four countries. *Power and Education*, 14(3), pp. 204–217.
- Mills, S., and Unwin, P. (2020). Perspectives of volunteers and professionals working ‘county lines’. *Youth & Policy*.
- Montgomery, H. (2005). Gendered childhoods: a cross disciplinary overview. *Gender and Education*, 17(5), 471-482.
- Moore, D. (1993). Ethnography and Illicit Drug Use: Dispatches from an Anthropologist in the “Field.” *Addiction Research*, 1(1), pp. 11–25.
- Morgan, D. (2008). Emergent Design. In: Given, L.M. (editor), *The SAGE Encyclopedia of Qualitative Research Methods*. Thousand Oaks: SAGE Publications,
- Morse, J. (2007). Sampling in Grounded Theory. In: Bryant, A., and Charmaz, K. (Editors)., *The SAGE Handbook of Grounded Theory*. London: Sage Publications.
- Moyle, L and Coomber, R. (2015). Earning a score: An exploration of the nature and the roles of heroin and crack cocaine ‘user-dealers’. *The British Journal of Criminology*. 55, pp. 534-555.
- Moyle, L., (2014). An exploration of how the social supply and user-dealer supply of illicit drugs differs to conventional notions of drug dealing and consideration of the consequences of this for sentencing policy. PhD thesis: University of Plymouth.
- Moyle, L. (2019). Situating vulnerability and exploitation in street-level drug markets: cuckooing, commuting, and the “‘county lines’” drug supply model. *Journal of Drug Issues*, 49(4), pp. 739–55.
- Munro, E. (2011). *The Munro Review of Child Protection: Final Report – A child-centred system*. London: Department for Education. Available at: [Munro-Review.pdf](#). (Accessed 16/03/2026).
- Natarajan, M. and Hough, J.M.. (2000). *Illegal drug markets: from research to prevention policy* (Vol. 11). New York: Criminal Justice Press.
- National Audit Office. (2026). *Managing children’s residential care*. Report by the Comptroller and Auditor General, HC 1290, 10 Sep. London: National Audit Office. Available at: [Managing children’s residential care](#). (Accessed 05/02/2025).
- National ‘county lines’ Coordination Centre. (2024). ‘county lines’: *Strategic Threat Risk Assessment*. Available at: [‘county lines’ - Strategic Threat Risk Assessment](#) (Accessed 08/01/2026).

National Crime Agency (2015). *NCA Intelligence Assessment: 'county lines', Gangs, and Safeguarding*. Available at: <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/359-nca-intelligence-assessment-county-lines-gangs-and-safeguarding-2015/file>. (Accessed 08/01/2026).

National Crime Agency (2016). *'county lines' Gang Violence, Exploitation & Drug Supply*. Available at: <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/15-county-lines-gang-violence-exploitation-and-drug-supply-2016/file>. (Accessed 08/01/2026).

National Crime Agency (2017). *County Lines Violence, Exploitation & Drug Supply*. Available at: <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/234-county-lines-violence-exploitation-drug-supply-2017/file>. (Accessed 19/02/2026).

National Crime Agency (2018). *NCA Intelligence Assessment. 'county lines' Drug Supply, Vulnerability and Harm*. Available at: <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/257-county-lines-drug-supply-vulnerability-and-harm-2018/file>. (Accessed 08/01/2026).

National Crime Agency (2021). *National Strategic Assessment of Serious and Organised Crime*. Available at: <https://www.nationalcrimeagency.gov.uk/images/campaign/NSA/2024/nsa-2021.pdf>. (Accessed 08/01/2026).

National Crime Agency (2025). *County Lines*. Available at: [County Lines - National Crime Agency](#). (Accessed 03/03/2026).

Newbold, G., and Ross, J. I. (2012). Convict Criminology at the Crossroads: Research Note. *The Prison Journal*, 93(1), pp. 3-10.

News and Star (2018). *11-year-old child used as a drugs courier in Carlisle*. Available at: [11-year-old child used as a drugs courier in Carlisle | News and Star](#). (Accessed 19/02/2026).

Noble, H., and Heale, R. (2019). Triangulation in research, with examples. *Evidence-based nursing*, 22(3), pp.67–68.

Novick G. (2008). Is there a bias against telephone interviews in qualitative research? *Research in nursing & health*. 31(4), pp. 391–398.

NSPCC (2023). *Why language matters: why you should avoid the acronym 'LAC' when talking about children in care*. Available at: [Not using 'LAC' to refer to looked after children in care | NSPCC Learning](#). (Accessed 19/02/2026).

Nusbaum, L., Douglas, B., Damus, K., Paasche-Orlow, M., and Estrella-Luna, N. (2017). Communicating Risks and Benefits in Informed Consent for Research: A Qualitative Study. *Global qualitative nursing research*, 4.

Oakley, M., Miscampbell, G., and Gregorian, R. (2018). *Looked-After Children: The Silent Crisis*. Available at: [Looked-after Children: The Silent Crisis](#). (Accessed 08/01/2026).

Olver, K., and Cockbain, E. (2021) Professionals' Views on Responding to 'county lines'-Related Criminal Exploitation in the West Midlands, UK. *Child Abuse Rev*, 30, pp. 47–362.

- O'Neill M. (1997). Prostitute Women Now. In *Rethinking Prostitution: Purchasing Sex in the 1990s*, G, Scambler, and A, Scambler. (editors). Routledge: London.
- Ortiz, JM., Cox, A., Kavish, DR., and Tietjen, G. (2022). Let the convicts speak: a critical conversation of the ongoing language debate in convict criminology. *Criminal Justice Studies*, 35(3), pp. 255–273.
- Parker, H., Aldridge, J. and Measham, F. (1998). *Illegal leisure: The normalization of adolescent recreational drug use*. Adolescence and society series. London: Routledge.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Newbury Park, CA: Sage Publications.
- Pearson, J., and Cavener, J. (2024). Professionals' understanding of the 'county lines' phenomenon: Insights from a study exploring the perceptions of young peoples' supported accommodation staff. *Children and Youth Services Review*. 156, pp. 1–14.
- Pearson, G., (2007). Drug markets and dealing: From street dealer to Mr Big. *Drugs in Britain: Supply, consumption and control*, pp. 76-91.
- Pearson, G. and Hobbs, D. (2001). *Middle Market Drug Distribution*. Home Office Research Study. London: Home Office.
- Plimmer, R. (2020). *Exploring the Characteristic Profile and Parental Experiences of Child Criminal Exploitation Within Shropshire*. Available at: [Microsoft Word - Final Child Criminal Exploitation Report- We Are With You.docx](#). (Accessed 19/02/2026).
- Potter, G., (2009). Exploring retail-level drug distribution: Social supply, “real” dealers and the user/dealer interface. *Old and new policies, theories, research methods and drug users across Europe*, pp. 50-74.
- Pritchett, R. (2015). *Children entering care: what are they like and how do they contribute to foster care relationships?* PhD thesis. University of Glasgow.
- Pyrooz, D. C., Moule, R. K. and Decker, S. H. (2014). ‘The contribution of gang membership to the victim-offender overlap’. *Journal of Research in Crime and Delinquency*, 51(3), pp. 315-448.
- Rescue and Response (2019). *Rescue and Response County Lines Project - Supporting young Londoners affected by county lines exploitation: Strategic Assessment (August) 2019*. Available at: [https://www.london.gov.uk/sites/default/files/rescue\\_and\\_response\\_county\\_lines\\_project\\_strategic\\_assessment\\_2019.pdf](https://www.london.gov.uk/sites/default/files/rescue_and_response_county_lines_project_strategic_assessment_2019.pdf). (Accessed 19/02/2026).
- Reuter, P. (2001). The need for dynamic models of drug markets. *Bulletin on Narcotics*. 53(1/2), pp. 1-10.
- Reuter, P., and Haaga, J. (1989). *The Organisation of High-Level Drug Markets: An Exploratory Study Santa Monica*. Santa Monica, CA: RAND Corporation.
- Richards, SC, Ross. JI. (2001). Introducing the new school of convict criminology. *Social Justice*, 28(1), pp. 177–190.

- Riley, S. James, C., Gregory, D., Dingle, H., and Cadger, M. (2001): "Patterns of recreational drug use at dance events in Edinburgh, Scotland." *Addiction*. 96(7), pp. 1035-1047.
- Robinson, G., McLean, R. and Densley, J. (2019). Working 'county lines': Child Criminal Exploitation and Illicit Drug Dealing in Glasgow and Merseyside. *International Journal of Offender Therapy and Comparative Criminology*. pp. 1-18.
- Rock, P. (1998) 'Murders, victims and "survivors": The social construction of deviance'. *British Journal of Criminology*, 38(2), pp. 185-200.
- Rock, S., Michelson, D., Thomson, S., and Day, C. (2015). Understanding Foster Placement Instability for Looked After Children: A Systematic Review and Narrative Synthesis of Quantitative and Qualitative Evidence, *The British Journal of Social Work*. 45(1), pp. 177–203
- Ross, JI., Darke, S., Aresti, A., Newbold, G., and Earle, R. (2014). Developing convict criminology beyond North America. *International Criminal Justice Review*, 24(2), pp. 121–133.
- Ruggiero, V., and Khan, K. (2006). British South Asian communities and drug supply networks in the UK: A qualitative study. *International Journal of Drug Policy*, 17(6), pp. 473–483.
- Ruggiero, V. (2010). Unintended consequences: Changes in organised drug supply in the UK. *Trends in Organized Crime*. Volume 13, pp. 46-59.
- Ruslin, R., Mashuri, S., Rasak, M.S.A., Alhabsyi, F. and Syam, H. (2022). Semi-structured interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *IOSR Journal of Research & Method in Education (IOSR-JRME)*, 12(1), pp. 22-29.
- Ryan, G. W. and Bernard, H. R. (2000). Data management and analysis methods. In: Denzin, N. K. and Lincoln, S. (editors), *Handbook of qualitative research*. (2nd edition). Thousand Oaks, CA: Sage Publications.
- Safeguarding Network (2025). *Child Criminal Exploitation*. Available at: [Child Criminal Exploitation | Safeguarding Network](#). (Accessed 03/03/2026).
- Sartor, C. (2023). 'Mental health and lived experience: The value of lived experience expertise in global mental health'. *Cambridge Prisms: Global Mental Health*, 10, p. e38.
- Scheuner, L. and Mark, I., 2025. Trauma-informed care in the UK: A systematic review and thematic synthesis of qualitative studies. *BJPsych Open*, 11(Suppl. S1), p. S66.
- Schreeche-Powell, E. (2025). Insecurity and fragility: the perpetual duo of precarity for 'convict criminologists' in a risk averse academy. *Critical Criminology*, 33, pp. 155–177.
- Schofield, G., Ward, E., Biggart, L., Scaife, V., Dodsworth, J., Larsson, B., Haynes, A. and Stone, N. (2012). Looked After Children and Offending: Reducing Risk and Promoting Resilience: Executive Summary. East Anglia: University of East Anglia. Available at: [crcf-rb-looked-after-children-and-offending-reducing-risk-and-promoting-resilience.pdf](#). (Accessed 10/03/2026).

- Seddon, T. (2006). Drugs, Crime and Social Exclusion: Social Context and Social Theory in British Drugs–Crime Research. *The British Journal of Criminology*, 46(4), pp. 680-703.
- Sedgwick, M., and Spiers, J. (2009). The Use of Videoconferencing as a Medium for the Qualitative Interview. *International Journal of Qualitative Methods*, 8(1), pp. 1-11.
- Shaw, J. Frost, N. (2013). *Young people and the care experience: Research, policy and practice*. London: Routledge.
- Shaw, J. and Greenhow, S. (2019). Children in Care: Exploitation, Offending and the Denial of Victimhood in a Prosecution-led Culture of Practice. *British Journal of Social Work*. 50 (5). pp. 1551-1569.
- Shaw, J. and Greenhow, S. (2021). *The Criminalisation and Exploitation of Children in Care: Multi-Agency Perspectives*. Abingdon: Routledge.
- Shaw, J. (2017) ‘Residential care and criminalisation: The impact of system abuse’, *Safer Communities*. 16(3), pp. 112–121.
- Shaw, J., Staines, J., Fitzpatrick, C. and Hunter, K. (2024). The exploitation of girls in care: An ongoing struggle for recognition. *Child Abuse Review*, 33(3).
- Shaw, J. (2023). ‘Won the Battle but Lost the War?’ ‘County Lines’ and the Quest for Victim Status: Reflections and Challenges. *Youth Justice*. 24(2), 231-247.
- Silverman, D. (2022). *Doing Qualitative Research* (6th edition). London: SAGE Publications.
- Simmons, C., Steinberg, L., Frick, P.J. and Cauffman, E., (2018). The differential influence of absent and harsh fathers on juvenile delinquency. *Journal of Adolescence*, 62, pp. 9–17.
- Simpson, G. (2023). *Impression Management in the Bottom to Middle levels of UK drug Markets. A Case Study of Kent’s Coastal Towns*. PhD thesis, University of Kent. Available at: [106Impression Management in the Bottom to Middle levels of UK drug Markets. A Ca.pdf](#). (Accessed 24/01/2026).
- Smith. N. (2017). *Neglected Minds: A report on mental health support for young people leaving care*. Barnardo’s. Available at: [neglected-minds.pdf](#). (Accessed 09/03/2026).
- Smithson, H., Christmann, K., Armitage, R., Monchuk, L., Whitehead, A., and Rogerson, M. (2009). *Young people’s involvement in gangs and guns in Liverpool* (Research Report). University of Huddersfield. Available at: [Microsoft Word - ACC Guns and Gangs Report.doc](#). (Accessed 08/01/2026).
- Spicer, J. (2025). Chaotic conceptualisation, hyper-chronocentrism and cautionary tales: A cultural realist analysis of ‘county lines’. *Crime, Media, Culture: An International Journal*, 0(0).
- Spicer, J., Moyle, L. and Coomber, R. (2020). The variable and evolving nature of ‘cuckooing’ as a form of criminal exploitation in street level drug markets. *Trends in Organised Crime online*. pp. 1-23.

Spicer, J. (2019) “That’s their brand, their business’: how police officers are interpreting County Lines’. *Policing and Society*, 29(8), pp. 873–886.

Spicer, J. (2021a). Between gang talk and prohibition: The transfer of blame for County Lines. *International Journal of Drug Policy*, 87.

Spicer, J., (2021b). The policing of cuckooing in ‘county lines’ drug dealing: an ethnographic study of an amplification spiral. *The British Journal of Criminology*, 61(5), pp. 1390-1406.

Stone, N. (2018). Child Criminal Exploitation: ‘County Lines’, Trafficking and Cuckooing. *Youth Justice*. 18(3), pp. 285 –293.

Sullivan, M.L. (1989). *Getting Paid: Youth Crime and Work in the Inner City*. Ithaca, NY: Cornell University Press.

Sunkel, C and Sartor, C (2022). Perspectives: involving persons with lived experience of mental health conditions in service delivery, development and leadership. *British Journal of Psychiatry Bulletin*, 46(3), pp. 160–164.

Staines, J., Fitzpatrick, C., Shaw, J. and Hunter, K. (2024). ‘We Need to Tackle Their Well Being First’: Understanding and Supporting Care-Experienced Girls in the Youth Justice System. *Youth Justice*, 24(2), pp. 185–203.

Stockdale, K., and Addison, M. (2024). *Marginalised Voices in Criminology*. London: Routledge.

Sturrock, R. and Holmes, L. (2015). *Running the risks: The links between gang involvement and young people going missing*. Available at: [Running-the-risks-the-links-between-gang-involvement-and-young-people-going-missing-Dawes-Unit-2015.pdf](#). (Accessed 19/02/2026).

Swain, J., and King, B. (2022). Using Informal Conversations in Qualitative Research. *International Journal of Qualitative Methods*, 21.

Sweeney R. (2022). Restorative pedagogy in the university criminology classroom: Learning about restorative justice with restorative practice and values. *Laws*, 11(4), 58.

Taylor, C. (2006). *Young People in Care and Criminal Behaviour*. London: Jessica Kingsley Publishers.

The Fostering Network (2024). *New Ofsted data shows number of foster carers in England declining for third year running*. Available at: [New Ofsted data shows number of foster carers in England declining for third year running](#). (Accessed 10/03/2026).

The North West Evening Mail (2018). ‘County lines’ gang who flooded Barrow with drugs jailed for almost 20 years. Available at: [‘County lines’ gang who flooded Barrow with drugs jailed for almost 20 years | The Mail](#). (Accessed 19/02/2026).

The Promise Scotland. (2023). *The Promise: Scotland’s care review*. The Scottish Government. Available at: [The-Promise.pdf](#). (Accessed 19/02/2026).

- The Times (2017). *Thousands of children groomed as drug mules in 'county lines' trade*. Available at: [Thousands of children groomed as drug mules in 'county lines' trade](#). (Accessed 03/03/2026).
- Tietjen, G. (2019). Convict criminology: Learning from the past, confronting the present, expanding for the future. *Critical Criminology*, 27(1), pp. 101–114.
- Tight, M. (2023). Saturation: An Overworked and Misunderstood Concept? *Qualitative Inquiry*. 30(7), pp. 577-583.
- Turner, A., Belcher, L. and Pona, I. (2019). *Counting Lives*. London: The Children's Society. Available at: [counting-lives-report.pdf](#). (Accessed 14/11/2023).
- Turner, E., Broad, R., Miles, C., and Maruna, S. (Editors.). (2025). *Bringing Criminological Theory to Life: A Lived Experience Approach to Crime and Desistance*. United Kingdom: Emerald Publishing Limited.
- Vanassche, S., Sodermans, A.K., Matthijs, K. and Swicegood, G., (2014). The effects of family type, family relationships and parental role models on delinquency and alcohol use among Flemish adolescents. *Journal of Child and Family Studies*. 23(1), pp. 128–143.
- Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Penguin Books.
- Varma, D. S., Young, M. E., Kreider, C. M., Williams, K., Vaddiparti, K., Parisi, C., and Semeah, L. M. (2021). Practical Considerations in Qualitative Health Research During the COVID-19 Pandemic. *International Journal of Qualitative Methods*, 20.
- Wakeman, S. (2019). Feeling Criminology. In: Jacobsen, M.H., and Walklate, S. (editors.), *Emotions and Crime: Towards a Criminology of Emotions* (1st edition). London: Routledge.
- Wakeman, S. (2014). Fieldwork, Biography and Emotion: Doing Criminological Autoethnography. *The British Journal of Criminology*, 54(5), pp. 705–721.
- Walters, G.D. (2015). Someone to look up to: Effect of role models on delinquent peer selection and influence. *Youth Violence and Juvenile Justice*. 14(3), pp. 257–271
- Ward, J. (2008). Researching drug sellers: an 'experiential' account from 'the field'. *Sociological Research Online*. 13(1), pp. 31-42.
- Weaver, B., McCulloch, T. and Vaswani, N. (2024). Envisioning social justice with criminalized young adults. *The British Journal of Criminology*, 64(3), pp. 675–692.
- Webber, R., Hill, K., and Hirsch, D. (2023). *Living or surviving? Benefits, barriers, and opportunities for young people transitioning out of homelessness*. Loughborough University. Available at: [living-or-surviving-report.pdf](#). (Accessed 30/01/2026).
- Whitehead, A., Hashim, IM., and Iversen, V. (2007). Child migration, child agency and intergenerational relations in Africa and South Asia. In: *International conference, childhoods: children and youth in emerging and transforming societies*, Oslo, Norway.
- Wilson, A., May, T., Warburton, H., Lupton, R., and Turnbull, P. (2002) *Heroin and crack cocaine markets in deprived areas: seven local case studies*. CASE report, 19. Centre for the

Analysis of Social Exclusion, London School of Economics and Political Science, London, UK.

Windle, J. and Briggs, D. (2015). ‘It’s Like Working Away for Two Weeks’: The Harms Associated with Young Drug Dealers Commuting from a Saturated London Drug Market’. *Crime Prevention & Community Safety*. (17)2, pp. 105–19.

Windle, J., Moyle, L. and Coomber, R. (2020). ‘Vulnerable’ Kids Going Country: Children and Young People’s Involvement in ‘county lines’ Drug Dealing. *Youth Justice*. (20)1-2, pp. 64-78.

Wood, M., and Selwyn, J. (2017). Looked after children and young people’s views on what matters to their subjective well-being. *Adoption & Fostering*, 41(1), pp. 20-34.

Wright, A. (2006). *Organised Crime*. Cullompton: Willan Publishing.

Wroe, L. (2019). *Contextual Safeguarding and ‘County Lines’*. Available at: [contextual-safeguarding-and-county-lines-briefing\\_-wroe-oct-2019-final.pdf](#). (Accessed 03/03/2026).

Wroe, L.E., Peace, D. and Firmin, C. (2023). ‘Relocating’ adolescents from risk beyond the home: What do we learn when we ask about safety? *The British Journal of Social Work*, 53(5), pp. 2958–2978.

YouGov (2023). *The social work workforce*. On behalf of Social Work England. Available at: [The social work workforce](#). (Accessed 16/03/2026).

Young, J. (1999). *The Exclusive Society*. London: Sage.

Zhang, Y., and Wildemuth, B. M. (2009). *Unstructured Interviews: Applications of Social Research Methods to Questions in Information and Library Science*. Exeter: Libraries Unlimited.

# 10 Appendices

## 10.1 Appendix 1: Practitioner information sheet



### **Practitioner information sheet**

You are being invited to take part in an interview as part of a Ph. D research project. Before you decide to take part or not, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Feel free to get in touch using the details provided at the end of this document if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

#### **Purpose of the study**

This research will be exploring how and why boys and young men with care experience have been involved in criminal activity, with a specific focus on their involvement in drug supply activities. The aim is to explore their journeys into involvement in drug supply and to understand what role their time in the care system played throughout this journey. A key part of this study is to explore how practitioners involved in supporting care experienced young men and/or tackling drug supply and criminal exploitation understand and explain their involvement in drug supply activities.

#### **What does taking part involve?**

If you do decide to take part, you will be asked to undertake a single interview with the researcher. This is likely to be carried out over Microsoft Teams, Zoom or over the phone if preferred. A follow-up interview may be requested if more detail is required. Interviews are expected to last between 30 and 45 minutes. If you are happy to do so, the interview will be recorded and then transcribed.

#### **Who can take part in the study?**

Anyone who has experience of supporting young people currently in the care system or care leavers, and/or who has knowledge and expertise of local illegal drug markets, and child criminal exploitation.

#### **Are there any risks in taking part?**

There are no risks involved in taking part in this study.

#### **Will my taking part in the study be kept anonymous and confidential?**

Any information you provide will be kept strictly confidential. You do not have to disclose your name at any point during the interview, however, the researcher will require you to sign a consent form. This will be kept separate from any other information you provide and will only be accessible to the researcher. Your data will be stored securely, and your personal information will remain anonymous. Your data will be anonymised you will not be directly identified in any reports or publications that result from this research.

**Do I have to take part?**

No, your participation in the research is voluntary and it is up to you to decide whether to take part or not. If you do decide to take part, you will be asked to sign a consent form to confirm that you understand the purpose of the research and what is expected of you. If you wish to withdraw from the study, you can do so within 4 weeks after the interview has taken place by contacting me at the following email address: [gary.reynolds@durham.ac.uk](mailto:gary.reynolds@durham.ac.uk). Any information you have provided up to this point will be destroyed appropriately. Requests to withdraw after this timeframe has lapsed cannot be fully honoured where data has already been used in publications.

**Contact details of researcher:**

Gary Reynolds - Email: [gary.reynolds@durham.ac.uk](mailto:gary.reynolds@durham.ac.uk)

**Contact details of supervisors:**

Dr Kate O'Brien - Email: [kate.obrien@durham.ac.uk](mailto:kate.obrien@durham.ac.uk)

Dr Michelle Addison - Email: [michelle.addison@durham.ac.uk](mailto:michelle.addison@durham.ac.uk)

## 10.2 Appendix 2: Consent form



### **Participant consent form**

<i>Please tick as appropriate</i>	
I confirm that I have read and understood the information sheet and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	<input type="checkbox"/>
I understand that my participation in the study is voluntary, and I am free to withdraw at any time prior to the research project being written up, without giving a reason and that this will not affect my rights	<input type="checkbox"/>
I understand that personal information collected during the study will be anonymised and remain confidential	<input type="checkbox"/>
I agree to the interview being recorded using audio equipment and later transcribed	<input type="checkbox"/>
I understand that parts of our conversation may be quoted in future publications or presentations but that such quotes will be anonymised	<input type="checkbox"/>
I agree to take part in the above study	<input type="checkbox"/>

Name of participant [printed]:

Signature:

Date:

Name of researcher [printed]:

Signature:

Date:

### **Project contact details for further information**

Contact details of researcher:

Gary Reynolds [gary.reynolds@durham.ac.uk](mailto:gary.reynolds@durham.ac.uk)

Contact details of supervisors:

Kate O'Brien [kate.obrien@durham.ac.uk](mailto:kate.obrien@durham.ac.uk)

Michelle Addison [michelle.addison@durham.ac.uk](mailto:michelle.addison@durham.ac.uk)

## 10.3 Appendix 3: Ethical Approval Letter



Inspiring the extraordinary

Sociology Ethics Committee  
Durham University  
32 Old Elvet  
Durham  
DH1 3HN

GARY REYNOLDS  
Sociology

28 October 2024

Dear Gary,

Thank you for your ethics submission. The Sociology Ethics Committee has granted ethical approval for the following project:

Title: A Critical Analysis of 'county lines' Drug Dealing from the Perspective of Care Experienced Young Men

Dates: 30/04/2024 - 31/12/2024

Supervisor / Project Team Members: Kate O'Brien, Michelle Addison.

Project ID: 1803

Review Reference: SOC-2024-1803-2243

If the work requires any other approvals or licenses, please make sure that these are in place before you start work.

### **General conditions of ethics approvals**

It is expected that you will begin work on the project within one year of the date approval is given. Ethics approval is normally granted for the stated duration of the project, up to a maximum of five years. Beyond this, you should apply for extension or re-approval.

If you make any significant changes to the design, duration or delivery of your project, you should submit an amendment form for further consideration and approval as required.

If any significant ethical issues arise (i.e. a risk, foreseen or unforeseen, becomes a live issue), you should notify Sociology Ethics Committee. If you have received approval from an external body, you will also need to check their requirements regarding notification of adverse events.

If you have any queries regarding this approval or need anything further, please contact [sociology.ethics@durham.ac.uk](mailto:sociology.ethics@durham.ac.uk).

Dr Kimberly Jamie

On behalf of Sociology Ethics Committee of Durham University

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