Multi-Agency Working and Information Sharing Project
Early Findings

July 2013

CONTENTS

1. **Introduction**

2. **Multi-Agency Information Sharing Models**

3. **Feedback from Local Areas**

4. **Local area suggestions for setting up a new model**

5. **Case Studies**

1. Introduction

The purpose of this paper is to provide some early findings from a Home Office funded project to improve national and local understanding of the different local multi-agency models in place to support information sharing around safeguarding responses for children and vulnerable people.

The project aimed to develop a national picture of the range of innovative approaches in place locally for example through Multi-Agency Safeguarding Hubs (MASH), co-located assessment or specialist teams – which appeared to be driving improved safeguarding approaches for children and vulnerable adults through better information sharing and high quality and timely safeguarding responses.

The project, led by National Policing colleagues, visited nine regions in England between January 2013 and March 2013 including a sample of up to five Local Authorities/local partner agencies. 37[1] local area visits were undertaken in total selected from an initial survey to all local authority areas.

This report provides some early findings from these 37 visits as a more detailed feedback from a sample of 17[2] areas in order to provide information about key success factors and common barriers emerging from the findings. Case studies are also included. The findings represent the views of a sample of local authority areas visited and have not been subject to external evaluation or validation. Early findings are being shared in order to facilitate the exchange of information, views and experiences of these areas to inform strategic decision makers considering their local multi-agency approaches and responses.

Recognising that every local area will face differing multi-agency challenges and that the safeguarding threats and issues will vary across areas this report does not endorse any particular model to delivering effective multi-agency approaches. Whilst certain factors (for example co-location) are cited as key success factors by many areas, Government is clear that good practice can take many forms and many effective areas will seek their own innovative solutions to overcoming any barriers identified to successful multi-agency working.

These findings must therefore be read alongside existing statutory guidance and local authorities and their partners must decide for themselves how to provide excellent services in line with their statutory requirements. Agencies should also ensure in any approaches that they comply with statutory frameworks and legislative requirements in relation to any information sharing arrangements.

A final project report will be published by the end of this year.

---

[1] Grimsby, Scarborough, York, Hull, Sheffield, Hertfordshire, Suffolk, Cambridge, Norfolk, Darlington, North Tyneside, Newcastle, Gateshead, Cleveland, Stoke, Birmingham, Herefordshire, Leicestershire, Northamptonshire and Daventry, Derbyshire, Nottinghamshire, Manchester, Lancashire, Cumbria, Cheshire East, The Wirral, Bristol, Dorset, Torbay, Gloucestershire, Bath and North East Somerset, Winchester, Portsmouth, East Sussex, Kent, Reading.
[2] Staffordshire, Suffolk, Manchester, Nottinghamshire, Cambridgeshire, East Sussex, Herefordshire, Lancashire, Reading, Hampshire, Wirral, Cleveland, Derbyshire, Norfolk, Hertfordshire, Gateshead and Dorset.

2. Multi-Agency Information Sharing Models

The following summary of information sharing models was provided by the National Policing Project Manager as part of her overview of the project outcomes across the 37 local areas visited[3].

Multi-agency information sharing models

The project identified a plethora of multi-agency information sharing models in place across the country. These consisted of a range of multi-agency working and information sharing approaches which included Front Door, Access, Triage, Central Duty Team, Multi-Agency Referral Unit, Multi-Agency Safeguarding Hub and Joint Action Teams, as well as many other different types of models all aimed at improving and evolving the local safeguarding response through better partnership working.

Although the models appear different in presentation they were all largely based upon three common principles: information sharing, joint decision making and coordinated intervention. Agencies represented within multi-agency safeguarding approaches, often co-located or with virtual arrangements in place, included local authorities (children and adult services), police, health and probation.

As part of our original survey of local authority areas[4], approximately 64% of all respondents said a multi-agency model was in operation in their area and many areas visited had developed co-located or virtual working arrangements. Other areas were considering developing multi-agency teams or were in the early stages of doing so. Many models included both children and adult services although adult engagement was still evolving as part of the wider adults safeguarding board developments. Areas were however beginning to identify the synergies and differences between adult and children's safeguarding. Some specific case study examples are included at Section 6.

3. Feedback from Local Areas

This section provides some early highlights of local area feedback from a sample of 17 local area reports.

Perceived outcomes of multi-agency working

Whatever the precise set-up of local multi-agency information sharing models, all areas reported that they felt these new approaches had positive outcomes for their service and service users. These included:

- More **robust decision making** among professionals because decisions are made based on sufficient, accurate and timely intelligence. Professionals have said they are better able to step up and step down risk assessments allowing for better allocation of resources and more appropriate services for users.
- Working together **avoids duplication of process** across agencies. Greater efficiencies in process can mean re-allocation of resources to other areas i.e. Child Sexual Exploitation/Prevent.

---

[4] All 152 local authorities were survey, 83 usable responses were received from 63 different local authority areas.

- An increase in the **uptake of the use of early help assessments, such as the use of**
- **the Common Assessment Framework (CAF)**.
- A **reduction in repeat referrals** and cases ending in 'no further action' through earlier sharing of information leading to earlier intervention in cases.
- **Better Information sharing across partners** – enables better safeguarding of the children and young people involved as concerns which initially appear to be of a low level when seen in isolation, are sometimes recognised as part of a long standing pattern of abuse and neglect which needs a response when information is pooled together.
- **Improved engagement of health partners** – where involved – engagement of health partners had proved particularly valuable and beneficial across agencies, in helping to identify risks and intervene early.
- **Improved knowledge management** – partner organisations (and the staff within them) develop a better understanding of the work undertaken by each organisation.
- **Reduces the risk of 'borderline cases'** slipping through the net without any action being taken.

Key features

Local areas mentioned a number of factors they believed played a pivotal role in their multi-agency working and information sharing approaches. These included:

- **Co-location was cited as a welcome approach for good information gathering and decision making**. Where these arrangements were in place, local areas reported that these approaches had yielded benefits for speedier information exchange, information sharing, greater area engagement and facilitating the culture of joint working as working together in the same place fosters mutual respect among different agencies and builds trust.
- **Good engagement from health** is very important as their information/perspective is often crucial to effective decision making on risk assessments. Health care professionals are often more comfortable sharing information with other health care professionals.
- A **good link and joint working with the Troubled Families agenda** helps with early identification and prevention work, i.e. housing problems.
- Need buy in from the strategic leadership team and **good leadership** within the MASH. A lack of good leadership can lead to drift on performance. Having an **operational/business manager who was seen as independent** acted like a glue to bind all the agencies together. They could push forward towards a shared culture more easily than any individual agency.
- Having staff within a **rotating team** keeps the balance between triage, risk assessment and frontline work and evolves the team's competence. It also transfers knowledge back to the donor organisation when staff members return from their secondment.
- An analyst or someone with the capacity to **examine monitoring data to identify trends or hotspots** within the MASH can enable **early identification** of potential harm and can reduce the risk of cases escalating unnecessarily. It can also provide the evidence behind repeat referrals.
- Listening and capturing **service users' voices**.
- **Strong accountability and leadership**: governance and oversight through the Local Safeguarding Children's Board (LSCB) and other local partnership accountability structures.

Other factors mentioned were:

- Training across diverse groups and agencies to meet local needs. **Joint training for adult and children's services** to share good practice where applicable.
- **Shared risk assessment tool**, used by referral agencies.
- Joint information sharing protocols for adult and children's services supported by sharing champions from each agency.

Key Barriers

Local areas also mentioned a number of barriers that they had experienced in the setting up of their multi-agency working and information sharing approaches. These included:

- All areas highlighted issues around **information sharing** when talking about barriers for establishing effective multi-agency models and mentioned key themes such as **IT systems and confidentiality of information.**
- They found that **multiple IT systems** could hamper **attempts to join agencies together to share in**formation for risk assessments.
- Many areas were using a **secure email system** but not all organisations had access to this.
- There was some **misunderstanding** among professionals about what client information can be shared, for example around confidentially (which is not limited to those engaged in these models)**, especially among health professionals**. This could result in low confidence and uncertainty about what information can be shared.
- Many areas also thought that **high staff turnover and corporate memory loss** impacted upon operational outcomes. This was particularly salient at management level.
- **Shared ownership** among agencies was deemed important. Sometimes a lack of understanding about safeguarding resulted in a reliance on social services taking the lead. Several areas mentioned a **lack of engagement from housing.**

Challenges going forward

Areas identified a range of challenging going forward:

- **Funding constraints** were perceived to be a significant challenge for the future. Although the multi-agency model principle had streamlined a number of processes there were worries about the impact of **increased demand for services**, for example:

  ➢ **Preventative work** has not got off the ground as many services are 'fire-fighting' high end need. Prevention work can reduce escalation of need resulting in greater capacity.

  ➢ Partnerships have been effective at dealing with funding challenges; in the future it may mean that the voluntary and community sector have to focus more on their own priorities.

- **Adult safeguarding** is not on the same footing as children's safeguarding. Areas reported that:

  - ➢ The absence of statutory legislation for adult safeguarding has implications for funding and resource allocation (though measures are currently before Parliament to place adult safeguarding arrangements on a statutory footing).
  - ➢ Where a multi-agency model is up and running it is usually just for children's services; some areas had found it beneficial to integrate adult services too.
  - ➢ There is a need for better community awareness about adult safeguarding.

- Other issues raised included:

  - ➢ Many multi-agency models work in big geographical areas with many organisations feeding into safeguarding; each has their own priorities and performance indicators. Working across regional boundaries can be an additional challenge.

Child sexual exploitation

Areas reported that Child sexual exploitation (CSE) has become a priority within safeguarding practice. Areas felt that multi-agency working had resulted in:

- A better focus on the coordination of intelligence for CSE (getting the big picture).
- Good evidence of joined up working with police, social services and the voluntary and community sector, especially agencies like Barnardo's.
- Lessons learnt from recent police operations i.e. Derby, Rochdale etc.
- Strong links with missing teams and joint procedures.

Specifically, teams had:

- Engaged with young people via radio stations and young advisors.
- Campaigned to educate hoteliers, B&B owners and taxi drivers about missing children, CSE and perpetrator profiles which had resulted in enhanced intelligence gathering and greater reporting of suspicious activity by these professions.
- Trained GPs and A&E staff in identification of CSE.
- Identified a CSE champion who acted as a single point of contact.

4. Local area suggestions for setting up multi-agency models

Below are some key issues that areas said were important to them in developing their multi-agency models, as set out by the National Policing Project Manager as part of her overview of the project outcomes across the 37 local areas visited. The list is not exhaustive and is based on opinions of the areas interviewed rather than evaluated evidence.

Leadership and Governance	**Get strategic buy-in early on:** Obtaining early strategic buy-in was identified as essential for the smooth running of the development of a model. Having a strategic board that is able to 'unblock' issues as they occur was found to be invaluable by areas. Forming an Operation Group to co-ordinate activity was considered essential to ensuring work was being carried out against an agreed timeline, as was ensuring working groups were established, with clear terms of reference, to deliver on the key components of the project.
Co- location	**Co-locate partners in the same building**: Areas commented that in their view co-location was key to building trust and encouraging intelligence and soft information sharing. Areas reported that co-location could create a better understanding of partners' roles and responsibilities and result in an improved working relationship reflected not only inside the model/safeguarding hub but also as part of relationships/practices outside the model/hub.
Accommodation	**Ensure accommodation is put in place and future proofed:** In order to facilitate effective co-location of staff working in a multi-agency team, areas reported that early consideration should be given to sourcing and funding appropriate accommodation, and that accommodation costs ought to be shared between partner organisations rather than being met solely by any host organisation. Areas also emphasised the importance of effective demand profiling and future proofing the accommodation specification wherever possible. A number of areas had experienced the costly process of having to re-locate the hub within the first year as the original accommodation was found not to be 'fit for purpose'. Most areas had used existing premises to guard against making the accommodation cost prohibitive.
Resources	**Plan resources and consider an overall hub manager:** Areas found that effective scoping of predicted demand was essential to the resource specification and that employment of an overall manager was critical to the smooth day to day running of the hub/its ability to move resources to meet peaks in demand. Invariably areas found they had underestimated the demand, which increased as a result of the existence of the model/hub and subsequent rise in awareness. Areas found that building in resilience, particularly in respect of decision makers and research/administrators, was key and having capacity to identify emerging trends/themes assisted in targeting early intervention and prevention.

Contractual/ Security Issues	**Consider contractual and security vetting early on.** Areas said that contractual issues and security vetting should be addressed at an early stage as they could present as delaying factors for the project.
Cultural Issues	**Build trust and engagement through understanding individual working approaches:** Areas said that cultural barriers should not be underestimated and that understanding differences in language and agendas was important in building trust and meeting expectations.
Staff Training	**Understand staff training needs and ensure this is costed.** Areas considered understanding the training needs for staff essential to the transition to a new way of working. Realisation of costs involved and the time it will take to deliver such training was considered crucial.
Information Technology (IT)	**Consider an integrated IT solution**: Areas said that IT issues could be a serious inhibitor to effective information sharing. Areas had tried to overcome this by linking into agency systems and working from remote access on laptops, with case investigation and safeguarding processes held on one central site for consistency and auditing purposes.
Performance Framework	**Consider performance indicators and outcome data on the model/hub activities.** Areas identified the importance of having a performance framework for the model/hub, including performance indicators and data on outcomes for children and vulnerable adults to ensure areas could demonstrate the value a new model/hub would add in terms of outcomes, referrals, safeguarding work and savings.
Processes	**Ensure you do some process mapping for all agencies involved in your model.** Areas reported that opportunities existed to streamline processes and reduce duplication and understand how different processes fed into the model.
Information Sharing	**Ensure you develop a strong information sharing protocol.** More advice/information is available at www.informationsharing.co.uk
Communication/ Marketing Strategy	**Consider communication and marketing strategies.** Examples were given where the lack of an effective strategy proved problematic to the smooth running of a model/hub where through a lack of understanding staff tried to circumnavigate the model/hub and revert back to old process. Other areas had used the strategy to consider internal and external marketing and communication for agencies inside/outside the project as well as the public.
Multi-Agency Funding/ Structured Funding	**Agree funding input from all multi-agency partners:** In order to minimise the risk of funding being provided by just one or a small number of organisations, areas reported that as many partner organisations as possible should be involved in the development and implementation of a new multi-agency model including the contribution of staffing and resources. This could help ensure greater clarity around expected costs, allow for financial planning, enable cost monitoring, and encourage engagement and contribution from all affected partner organisations.

1. Case Studies

Case Study One – Staffordshire

Title: Staffordshire MASH

Contact details: John Maddox John.maddox@staffordshire.gov.uk 01785895069

Staffordshire MASH has been in existence since 2011 and was set up following a review of 23 Serious Case Reviews all of which revealed issues with information sharing and a wide recognition of the need for a radical response to learn from mistakes. The MASH has brought together statutory agencies (including Staffordshire County Council Children and Adults services, Staffordshire Police, Staffordshire and Stoke NHS Partnership Trust, Stoke on Trent City Council Children and Adults services, Staffordshire & West Midlands Probation Trust and North Staffs Combined Mental Health (Aug 13)) into one location.

The MASH concept includes sharing more information, undertaking early risk assessment, a 'whole family' approach to safeguarding, enhanced data sharing and analysis to join up the information available about a family to support and/or intervene to protect the vulnerable and creating a confidential environment where proportionality, necessity and justification allow information to be released to operational staff.

Cohorts of business are high risk children referrals, vulnerable adult referrals, domestic abuse - victims and perpetrators and repeat cases, domestic violence screening for children and vulnerable adults, missing persons, child sexual exploitation, hate crime and some professional concern cases (issues raised by professionals but not clear as to the cohort at referral stage).

As a result of this approach, vulnerable people get a better service and are better protected, all agencies are in a better position to safeguard the vulnerable, allocating the right agency first time reduces demand for others, repeat incidents are identified and a problem solving approach is initiated. Early identification leads to early help.

Future planning includes achieving a common operating process to arrive at a 'one MASH', 'one team' ethos that provides greater support to frontline operations

Case Study Two – London

Title: London MASH

Contact details: Mark J. Clark Tel - 07500 765523 mark.j.clark@met.police.uk

The London MASH is a pan-London project that includes all 32 Boroughs. It is supported by the London MASH Project Board, the London Safeguarding Children's Board (LSCB), Association of London Directors of Children's Services (ALDCS) and is endorsed by the GLA and London Councils. The project has created a London network and is informed by innovative practice from a number of London boroughs. It has a five stage rollout plan, and has the ambition to establish effective MASH's serving all London by March 2014.

Key elements include co-location of professionals from core agencies to research, interpret and determine what is proportionate and relevant to share. Children's Social Care, Police, Health, Mental Health, Education, Probation, Housing and Youth Offending Service agencies are all required to co-locate within the facility. The hub is fire-walled keeping MASH activity confidential and separate from operational activity. An agreed process for analysing and assessing risk, based on the fullest information picture and dissemination of a suitable information product to the most appropriate agency for necessary action.

All notifications relating to safeguarding and promoting the welfare of children are to go through the hub. This will enable effective interventions at the earliest opportunity. This approach was strongly endorsed by the Ofsted report, *'Good Practice by Local Safeguarding Children Boards'* and *'The Munro Review of Child Protection'*.

Key outcomes include early identification and understanding of risk, victim identification and intervention and harm identification and reduction. Once fully functioning, the MASH will identify harm in terms of individual children, adults and families. Once identified, the drive for problem solving will reduce all partners immediate and long term commitments and interventions through preventative measures.

Case Study Three – Cambridgeshire

Title: Multi Agency Referral Unit (MARU)

Contact details: Sue Nix sue.nix@cambridgeshire.gov.uk

The Cambridgeshire MARU sits across County and Unitary authorities with Peterborough recently deciding to create a MARU satellite hub locally. Fourteen partners including Cambridge Constabulary, Cambridge County Council, Peterborough City Council, Cambridge and Peterborough Women's Aid, Cambridgeshire Community Services, Cambridgeshire and Peterborough Foundation Trust and Cambridgeshire Fire and Rescue Service) are involved in the development of the unit. For some involvement will be about adapting working practices to integrate with the MARU processes and for other partners their involvement will be co-locating their staff into the MARU. A number of partners, including the police, local authority and health are already co-located.

The fundamental purpose of the MARU is to contribute to improved outcomes for safeguarding children and adults through collaboration and close integration of services and processes. Key activities include accepting and directing contacts received from any source such as the police, health and members of the public, managing information sharing from all agencies to achieve a timely response, making informed threshold decisions at a managerial level, ensuring that an appropriate pathway is followed for on-going intervention and providing consultation and advice to agency referrers about thresholds, appropriate actions and outcomes.

A benefit of this model is that the child sexual eploitation agenda can be easily incorporated into existing processes.   Other benefits include:

•   By working together we can share information, specialist skills and provide a much more integrated service.

•   By working together we can prevent duplication and ensure children and adults receive the best possible service available.

•   By co-locating or integrating we can cut bureaucracy and be more efficient with our resources, building on the expertise of each agency and sharing knowledge and experiences.

Case Study Four – East Sussex

Title: Integrated Screening Hub

Contact details: Diane Williamson diane.williamson@eastsussex.gov.uk

East Sussex has developed an integrated screening hub for cross agency consultation and information sharing. The integrated screening hub brings together a virtual multi-professional team (including social workers, a specialist health visitor, targeted youth support worker, family key workers linked to children's centres and schools as well as telephone links with police child protection teams) every weekday at the same time of day, to look at new requests for intervention for children and families and identifying how best to respond and/or provide support.

The aim is to reach a shared understanding across partner agencies about the child's needs, providing a clear pathway to support and services offered by partners.   It also ensures that children's social care is effectively targeted at children and families with identified levels of acute need, including those in need of protection, and that those needs are responded to in a timely way.

East Sussex's biggest concern has been the continuing rising number of referrals for assessment by social care and children who require a child protection plan.

To tackle the volume of work undertaken by children's social care, East Sussex has taken a corporate, whole systems approach to reviewing and transforming systems, called Thrive. Thrive aims to create robust multi-agency preventative services that can offer genuine support to families and divert referrals away from children's social care. There is a strong emphasis on early identification of need, early intervention and prevention, alongside better identification of those children with acute needs who need social care intervention and support. Additionally, East Sussex has developed a set of child sexual exploitation risk assessment indicators to be applied to children who returned from an episode of missing and may be at risk of sexual exploitation.

Case Study Five - Nottinghamshire

Title: Nottinghamshire MASH

Contact details: Merlin Tinker **merlin.tinker@nottscc.gov.uk**

Partners across Nottinghamshire have worked together to establish a Multi-Agency Safeguarding Hub (MASH), which opened in December 2012. The MASH deals with new safeguarding concerns about vulnerable children and adults, collating information from partner agencies and assessing risks to make better, faster and more consistent decisions about the most appropriate type of intervention.

The MASH involves over 65 representatives from children's social care, adult social care, Police, Health, Probation, Early Help and schools working together in one secure room. Virtual links exist to other services and agencies such as mental health, district councils and housing. This arrangement has significantly improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

As a result of this improved information sharing, better decisions are being made about what action to take and support is being targeted on the most urgent cases. Better co-ordination between agencies is helping to ensure that vulnerable children and adults are kept safe and receive a more joined up, improved service. In addition, those reporting safeguarding concerns to the MASH are receiving a more professional service with better guidance and support.

Some key features include:
- Holistic – one of only a handful of MASHs that handles safeguarding concerns about both children and adults, taking an holistic family approach.
- Information sharing - partner agencies co-developed a MASH information sharing agreement to govern information sharing. Workers within the MASH access their own agency systems and sources to gather relevant information that will inform the social care decision about the case. Collated information from all partners is securely stored on a bespoke ICT system, which also facilitates workflow.
- Training - Extensive multi-agency and role-specific training sessions have been held, covering topics such as cultural change, working together and listening skills as well as training in the MASH business process and systems.
- Scenario workshops - these have enabled multi-agency groups to walk cases through the MASH, increasing understanding of each others professional approaches and identifying where process improvements could be made.
- Performance management – Cases in the MASH are tracked to ensure they progress on time, based on a risk rating system. Extensive performance measures are closely monitored and reported and cases are audited to ensure quality is maintained.
-
- Timescale – 14 months from project initiation to the first MASH go-live.

Case Study Six – Derbyshire

Title: Police Central Referral Unit

Contact details: andrew.stoke.1354@derbyshire.pnn.police.uk

The developing MASH model is based on the original Police Central Referral Unit (CRU) and currently provides cover between 9-5 Monday to Friday. From September the Unit will be operational at weekends as well. The unit manages all police referrals regarding vulnerable adults, domestic abuse and child protection as well as the review of all missing episodes to establish if there are any wider partnership implications and potential links to child exploitation. It is seen as the main point of contact for Derbyshire Constabulary for issues relating to vulnerability.

The approach being pursued in Derbyshire is being referred to as MASH – LITE. The wider development of the MASH concept has been presented to the respective Child and Adult Safeguarding Boards. The further development of the CRU will be pursued on the basis of expanding the current model. This approach involves the introduction of other agencies, thus allowing for improved information exchange and quicker strategy discussions.

The Unit will not be the gateway for all safeguarding issues from across Derbyshire. Individual agencies will retain responsibility for initial receipt of any concerns but then refer into the CRU for the multi-agency discussions and research to be undertaken. Within the CRU, officers have an identified screening process which they utilise to identify whether the referral is urgent or not.

There is an exchange of information with social care via secure email. Strategy discussions generally take place over the phone and are then allocated, in respect of the police, to the investigative units at Derby or Chesterfield. All multiagency teams now have an allocated Child Sexual Exploitation Champion which enables a single point of contact for all concerns to be filtered and shared effectively. During the last six months County Children's Social Care has seconded a full time child protection manager and administrative support into the CRU.

The immediacy of action that co-location with Children's Social Care allows has positive outcomes, enabling initial responses to be much quicker.

Case Study Seven - Suffolk

Contact details: Alan.Caton@suffolk.pnn.police.uk , David.Cutler@suffolk.pnn.police.uk

Suffolk's aspirations include development of a Multi-Agency Safeguarding Hub which will include children's services and adult services. The Suffolk MASH is due to 'go live' in January 2014 and the strong multi-agency partnership is in the process of designing how it will work.

The MASH will be built on the current strong partnership between the police and children's social care that are already co-located in a building that is shared by the police and the local authority. Other agencies that are keen to be co-located within the MASH in Suffolk include, Adult Social Care, Health, Mental Health, Education, Probation and Housing.

A multi-agency strategy was developed and agreed by the leaders of key partner agencies, and was launched in March 2007. Since then much has been achieved. Street prostitution no longer occurs on the streets of Ipswich. Many front-line practitioners have undergone awareness training to identify the signs of child sexual exploitation at the earliest opportunity; since the launch of the strategy, over 200 children have been identified as being potentially at risk. Many of the women who were engaging in prostitution activities, predominantly to fuel drug addiction, have turned their lives around with the support they have received from the police and partner agencies.

The strategy has been independently reviewed by the University of East Anglia who conclude, 'there is much to commend this collaborative strategy both to other regions of the UK and to other countries as an innovative, effective and cost effective means of achieving justice for all stakeholders'.