

SAFER STOCKTON PARTNERSHIP

Sexworker Report Stockton-on-Tees

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“Evaluation of a multi-agency working model to support females who are sexworkers and substance misusers”.

Recommendations

1. This report highlights the high level of support that those engage in prostitution require if they are to change their lifestyle. The Partnership will need to consider what investment will be placed into such support.
2. If this pilot is to be continued, agreement will need to be made as to who will lead on this. If so, the development of a Memorandum of Understanding (MoU) and clear terms of reference will be required, to ensure clarity for all key stakeholders and to develop a more structured relationship within a case management approach.
3. The police should continue their high visibility patrols in the Yarm Road and surrounding areas in order to deter street prostitution that occurs in that vicinity.
4. The police should record the number of cautions and arrests prior to, during and post intervention.
5. The Probation Trust should continue to provide support to those women who are convicted of such offences and as outlined in the Corston report (2007) ensure they have access to the appropriate interventions, services and support in order to give women offenders the best chance of successfully completing their order and avoid re-offending. The Probation Trust should consider providing a dedicated officer to manage this cohort of offenders.
6. Agreements will need to be made in terms of prescribing contraception with Teeswide Sexual Health Services. This will need to take into consideration the most appropriate times for women to access.
7. Psychotherapeutic interventions need to be provided once regular engagement has been achieved, to address long standing issues.
8. Pathways from prison to community which includes access to sustainable and appropriate tenancies need to be developed.

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1. Introduction

This report will aim to provide an overview of a pilot multi-agency approach to working with sexworkers who are substance misusers. It will describe the aims, objectives and outcomes for a cohort of 12 identified women residing in the Borough of Stockton-on-Tees, including health & social outcomes, offending behaviour and substance misuse. The report will also provide a conclusion in relation to the effectiveness of working within a targeted, multi-agency model and will outline recommendations for the future.

2. Background

In 2010 the Stockton Drug & Alcohol Action Team (DAAT) commissioned a piece of research into identifying the needs and barriers of women in Stockton, in accessing substance misuse Services. 24% of the women interviewed in the report were known sexworkers in Stockton and over half of these women were not in treatment services or had recently dropped out, at the time of the report. The following is an extract from this report.

The area of sex workers needs to be looked at as high importance, as a large number of sex workers are involved in substance misuse (Mosedale et al, 2009). Many will only use sex work to feed their habit, therefore in theory, if the drug problem is tackled, there would be no need for the continuation of sex work (Gale, 2009; Inciardi & Surratt, 2001). There are numerous barriers faced by sex workers, who, in particular experience a lot of stigma from others (Tomura, 2009; Chillman & Ricks, 2002). In Butters and Erickson (2003) sex workers believed that health workers would judge them and be insensitive to their needs. This is further supported by Casey & Paterson (2008) who suggest that stigma is the biggest barrier to women entering services. Focusing on other barriers, it is suggested that there are three main issues to those involved in sex work and entering treatment (Nuttbrock et al, 2004):

- the illegal status of sex work
- alienation experienced by sex workers
- sex workers' fear of stigmatization

In order to overcome these a study was carried out asking what sex workers would like to see from a service, the results from Arnold, Stewart, & McNeece (2000) show

that women wanted treatment programs specific to sex workers for three primary reasons:

- Their belief that they had little in common with addicts who were not sex workers.
- Feelings of shame and stigma.
- Fears of being judged and embarrassed because of their status as sex workers.

(Needs and Barriers: A report on treatment services for women in Stockton. Rachel Burns -November 2010)

Following on from this research and in May 2011 a paper entitled 'Prostitution' was presented to the Safer Stockton Partnership (SSP) by Ted Allen (Chief Inspector, Stockton Police). This paper provided a summary of legislative changes to prostitution, local procedures for dealing with prostitution, the current situation in Stockton and suggested future plans.

Highlighted in the report was a significant increase in reported incidents from members of the public about a rise in on-street prostitution. This increase was noticeable during the period of October 2010 to March 2011. It was therefore agreed that the way forward would be to;

- target kerb crawlers and active sexworkers through police patrols and after caution and possible arrest a mandatory referral into substance misuse services will be generated.
- agree information sharing on an identified group of sexworkers;
- Implement an Integrated Offender Management (IOM) approach thus treating the women as victims as well as offenders and provide supportive measures.

3. Methodology

A multi-agency group was established in June 2011 including both statutory and voluntary services. Representatives from the following Services were identified and agreed;

- A Way Out (voluntary service)
- CRI (Substance Misuse Services)
- Addictive Behaviour Service (ABS)
- The Birchtree Practice
- The Probation Trust

- Stockton Police
- Housing Options Service
- Stockton Drug & Alcohol Action Team (DAAT)
- Low Newton Prison (more recent involvement)

The Home Office guidance 'Effective Practice in Responding to Prostitution' (2010) was adopted and using a reported case study within the guidance the following was identified;

- Prioritisation of funding for residential rehabilitation for Stockton residents (including easier access criteria)
- Flexible opening hours provided by the substance misuse services;
- Funding (short-term) for voluntary services to help with vulnerable women including sexworkers (A Way Out & CRI)

The women who would be part of this initial cohort were identified based on those known to substance misuse treatment services and known sexworkers. This resulted in 12 women being targeted as part of this initiative.

The average age of the women involved is 34 years (the youngest being 24yrs old and oldest 43 yrs old). It is important to note that there are more known sexworkers across the Stockton Borough and more women that have engaged throughout this initiative. However, for the purpose of this report the original 12 women will remain the focus.

3.1 Assertive Outreach

An assertive outreach approach was agreed. Since June 2011, each Thursday evening A Way Out and/or CRI and Probation jointly go on the-street, with the main aim being to engage with the women and build trust and rapport. Tea, coffee and food are provided and condoms are distributed to the women. Due to staff being more visible on the street and relationships being established it is reported that engagement is taking place from those women new to services. Additional to this, A Way Out, as part of their core delivery, offer outreach work on both on a Friday and Saturday evening and are hoping to increase this. Of note is that compliance of Community Orders as well as the professional relationship has improved as a consequence of increased Probation attendance and input.

3.2 Weekly, Evening Drop-in Sessions

Each Thursday evening between 7.30pm-11pm a drop-in facility is offered at A Way Out premises. This has generally consisted of staff from Probation, CRI and A Way Out as part of the joint initiative. Women can access their respective workers if need be whilst sharing food in a safe and supportive environment. 1:1 structured sessions are also offered.

One evening per month the Nurse from CRI attends and delivers advice and support around sexual health and substance misuse. This drop-in has been well attended. Discussions have commenced with Teeswide Sexual Health Services to provide a nurse who can prescribe longer term contraception to the females. This is now crucial to help to reduce unwanted or unplanned pregnancies, which are very common amongst the women. Feedback is that the women feel that this provision provides a place of safety and is now a place of trust.

3.3 Multi-Agency Steering Group Meetings (6-8 weekly)

Meetings for key partners were established every 6-8 weekly and initially chaired by Stockton Police. As a more integrative approach was developed and the health and social issues of the women became more apparent it was agreed that a member of the DAAT would assume responsibility for chairing the meetings. This recognised that the bulk of the support provided to the women was from a range of Services. The Police remain very active members of the group. The aims of these meetings are to share information about each of the identified women, to promote engagement to services and improve their outcomes. Outside of the meetings there was agreement for staff to share mobile numbers, to have regular and continuous communication and to share information with each other as received in a more informal approach.

3.4 Information Sharing

Prior to the pilot being set up there was limited sharing of information across the statutory and voluntary sectors. The 1998 Crime and Disorder Act applies in Scotland, England, Wales and Northern Ireland; in Scotland, it is amended by provisions in the Criminal Justice (Scotland) Act 2003. Section 115 of the Crime and Disorder Act 1998 gives power – but not an automatic right or obligation – to disclose information to specified relevant authorities (e.g. those engaged in Crime Prevention Work) where the disclosure is necessary or expedient for the purposes of that Act. Although a specific information sharing agreement wasn't formulated specifically for this pilot, it was agreed that the sharing of information governed within Section 115 of

the Act would be appropriate. All services involved agree that there is a more responsive approach to the sharing of information which has resulted in quicker engagement and re-engagement into Services for the women.

3.5 Recovery Meetings

A recovery meeting can be described as a structured multi-agency meeting set up to discuss and review the care plan of an individual in substance misuse services. The aim of the recovery meetings is to plan and agree the next steps for both the client and the partner agencies involved. The client is invited to attend their recovery meeting. Where an individual is in structured treatment, recovery meetings are planned. Outside of the Steering group meetings, recovery meetings have been used for sharing information with key partners. It has proved very difficult for women to access these planned meetings due to their chaotic lifestyles

3.6 Funding

Although no additional funding was specifically identified for the pilot initiative, short-term non-recurrent funding was granted to A Way Out and to CRI. This funding, although having wider remits of working with vulnerable women through a community engagement approach and providing advocacy support to women to support engagement into substance misuse services, would ultimately provide resources to support the cohort of women identified within this project.

4. Aims & Objectives

The aims and objectives of the group were agreed as;

- To reduce street prostitution in Stockton-on-Tees
- To provide long term support and diversion for vulnerable females involved in street prostitution
- Evaluate the effectiveness of a multi-agency approach
- To suggest longer-term strategies to identify and protect vulnerable females
- Recognise best practice and apply the principles within Stockton
- To reduce re-offending.

5. Key findings

Analysis of key issues facing the 12 women, shows that 100% had multiple, complex and long-term problems. This included; substance misuse, domestic abuse, children

in social care proceedings or adopted, acquisitive crime and extensive housing issues. This makes evaluation of the impact of intervention difficult. (Appendix 1)

The overall impact of multi-agency activity is difficult to assess with such a small cohort. Where women actively engaged with drug/alcohol treatment there is a marked improvement in drug use and other related factors including an uptake of services such as housing and support with child access. Other women continue to utilise services on an infrequent/irregular basis but there appears to be increased awareness of the available support and trust in the workers delivering this. This suggests that the women are more likely to re-engage either at times of crisis or when they feel ready to change their lifestyle.

It isn't clear what intervention was being provided prior to the multi-agency initiative. Many of these women were known to drug services, police and probation and had varying levels of engagement with services both before and during the initiative. It is therefore difficult to identify the additional impact of a more structured multi-agency approach.

There is little solid information relating to the issue of prostitution. There is no information on how often the women were actively 'looking for business' prior to, and after intervention. The identification of visible prostitution in specific localities resulted in a massive increase in reporting by a small number of individuals (64% of all calls from the public were made by two members of the residents association or their extended families). This was encouraged by the police and resulted in increased police activity in the area. Following the complaints and requests to report incidents, reports dropped off dramatically and are now predominantly identified by CCTV/police activity.

As can be seen in Appendix 1, 50% of the clients had seven factors contributing to their chaotic lifestyle. There is insufficient information to determine how long these factors have been prominent in each individual's life, how much impact each has on behaviour or whether each factor is becoming more or less of an issue over time.

One has 9 of the 11 and the remainder have between 3 and 6 factors identified. All have an issue with crack cocaine and 83% abuse alcohol and heroin. Housing need is the next most common factor followed by children (usually looked after), domestic abuse (current and historical), and cocaine (powder) abuse. 42% had reported health

issues. Only one individual reported using Gas/aerosols and one other to using Benzodiazepines. The woman with the most number of factors contributing to her lifestyle had no previous convictions prior to June 2011 but has had six convictions since then and is

reported to have sporadic engagement with workers. This clearly demonstrates the impact that multiple risk factors can have on offending behaviour. For the other women analysis of the correlation between risk factors, engagement and offending is more problematic. Engagement is sporadic in most cases, period in prison and/or regular engagement probably contribute to some reductions in offending behaviour but in many instances it isn't clear that engagement is leading to changing behaviour with some appearing to engage well but having increased numbers of convictions

6. Outcomes

6.1 Offending Behaviour

The table below reflects the number of convictions accrued over the 12 months prior to the pilot being launched (30th June 2010 – 30th June 2011) and 9 months since implementation (1st July 2011-31st March 2012). We can see that timescales are not matched, however, we can still statistically compare. It also shows the level of Supervision by The Probation Service

Client	Supervision By Probation Service	Number of convictions (30 th June 2010 – 30 th June 2011)	Number of Convictions (1 st July 2011 – 31 st March 2012)	
1	Not current	1	3	worse
2	Not current	3	2	better
3	Not current	0	0	same
4	Not current	6	2	better
5	Current	3	5	worse
6	Not Current	1	2	worse
7	Pending	0	6	worse
8	Not Known	1	1	same
9	Custody	2	4	worse
10	Not Known	0	1	worse
11	Not Current	4	3	better
12	Not Current	3	1	better
Total		24	30	25%

Given that the figures from July 2011- March 2012 were over a 9 month period and there has been an overall increase in convictions by 25%, regrettably, if that same trend continued we would expect to see an increase of convictions by 67% by 30th June 2012.

As we can see by the table above, most of the women have had limited supervision by The Probation Service. Any Community Orders that were previously imposed were complete between May 2009 and January 2012.

6.2 Soliciting & Licensing

From a Police licensing perspective, there appears to have been a steady decline, followed by a rapid increase, in the number of reports being received in relation to girls on the street by members of the public. In June 2011, patrols were carried out and a number of cautions issued to women, with some arrested. Over a period of 8 months, the calls had reduced significantly (July 2011- February 2012) it is difficult to say whether this is because the girls were not as prominent or members of the public were accepting their presence more. March 2012 saw a huge increase in calls (possibly due to better weather and women on the street and more visible).

Although outside the remit of this report, it is interesting to note that May 2012 saw another influx of calls (14). It is suggested that this may be due to complainants being visited directly from the Licensing unit.

Month (2011-12)	Number of Calls Made	Number of Cautions Issued	Number of arrests for soliciting/kerb crawling
June	30		
July	9		
August	9		
September	7		
October	7		
November	9		
December	5		
January 2012	8		
February	5		
March	14		
TOTAL	103	18 (to a number of girls)	2 (males)
Total Repeat Calls			

Members of public	6 individuals made 29 calls		
Police/CCTV	28		

Following consultation with Middlesbrough District, the Police have now introduced a new policy in relation to the interpretation of Section 1 of Street Offences Act 1959. Sexworkers will now only get one caution prior to any arrest in a three month period and not two as previously. Following a caution, details will be passed to partner agencies and following arrest, applications for engagement and support orders will be sought and details passed to partner agencies for their attendance at court. Persons found to be kerb crawling will be arrested and interviewed. They will then be bailed pending a decision by Crown Prosecution Service on whether or not they are suitable for the Kerb Crawler Rehabilitation Scheme (KCRS). Suitable candidates will be given a place on the scheme on payment of a fee. Others will be charged to court. When a girl is caught with a punter, the punter will be arrested, (providing sufficient corroborative evidence) and the girl will be arrested/cautioned dependent on what stage of the cautioning procedure they are at. If not arrested, arrangements will be made to ensure the girl's safety.

With the introduction of the new legislation it is now difficult to compare cautions, as old cautions are now removed from the police data system if the women haven't been cautioned within three months.

In terms of kerb crawling and soliciting, there have been follow ups made on a number of vehicle owners and warnings given but no arrests made

In summary, Police activity has been deployed in the area and cautions and arrests have been reduced since July 2011. Police sightings of the women involved in the cohort are reported frequently and shared within the multi-agency meetings.

Additional information provided up until January 2012 suggests that fourteen other girls have been highlighted in incidents, in terms of on-street sexworking. This was in the first few months since June, with a number of cautions being given to these girls. It is also of note that a number of girls from outside the area (Middlesbrough, Sunderland, and Newcastle) have also been checked working in this locality.

6.3 Drugs & Alcohol Use

It is important to get the context right when measuring outcomes for these women. Amongst this population of women there are very high levels of drug and alcohol

misuse. All of the women (100%) involved in the pilot reported to have been using crack cocaine – most on a daily basis, the others several times per week, 58% used powdered cocaine on a regular basis, 83% are dependant upon heroin and 83% abuse alcohol – mostly at dependent or hazardous levels (as measured on the AUDIT C Tool). The majority of women are intravenous (IV) or injecting drug users and there is evidence of risky intravenous behaviour including mixing drugs and alcohol together for intravenous use.

Most women are being prescribed methadone daily (and continue to be prescribed) and are reported as using heroin and other illicit drugs on top of their prescription. The prescribing of methadone ranges from 50mls to 100mls daily. On top of this it is common for women to be prescribed benzodiazepines (Diazepam, Temazepam), usually prescribed for anxiety related conditions, medication to help with sleep (Zopiclone) and various other medications for physical health needs. Again, women have had improved engagement with attending their clinic appointments and collecting their prescriptions regularly. Therefore, they are positively starting to reduce the risks associated with their substance misuse, using less illicit drugs and starting to move away from 'chaotic' lifestyles.

Most of these women are not new to services; some women have been involved in drug services since they were 13 years old and have received numerous interventions over the years. Services report that for one woman in particular maintaining her life was the primary concern, there are some very significant health issues, specialist support has been necessary and engagement has fluctuated. Most of the women's histories are of entrenched risk taking behaviours, long term abuse, requiring long term therapeutic involvement.

Attending appointments on time and as agreed has been reflected as a significant outcome; this shows a willingness to engage and for some women previously termed as 'ambivalent to change' they are now contemplating real changes.

Although for most of the women in the cohort reductions in drug use hasn't been sustainable, for some women reducing methadone consumption has been a positive outcome i.e. reduced from 100mls daily to 70mls daily.

Three women are reported to be free from illicit drug use and maintaining their methadone programmes as prescribed. This is a fantastic achievement.

One client has moved away from prostitution all together, is stable in treatment and is moving forward positively.

Although access to funding for residential rehabilitation has been made available for the women and a fast track process offered, and although some women have expressed a wish to pursue rehab as an option, it seems that the lives of most of these women are so chaotic and behaviour so entrenched that achieving a level of stability in order to fulfil access criteria has proved difficult.

6.4 Children & Families

“One of the main needs that came across from sex workers was the need for contraception, and also that they think workers from services should be out on a night to make them feel safer. The ideas that came across from workers being out on a night was not only about safety, but also to build up a relationship and understanding about them so they would feel comfortable going into treatment.”

(Needs & Barriers Report: 2010)

What was of significant concern highlighted within this pilot is 25% of the women were pregnant and a number of women thought at some point that they might be. (This is also apparent with the vulnerable women identified outside of this cohort) Although the distribution of condoms regularly either in drop-ins, during outreach visits or at structured appointments and encouraging access for longer term contraception, has been an integral part of the initiative, it is recognised that easier access to longer term contraception needs to be provided in order to prevent unplanned or unwanted pregnancies.

Additional to that, given that 67% of the women involved are reported to have children, 37% of those have children who live with grandparents, (previous Child Protection proceedings) 25% have children adopted, 25% children involved in social care proceedings, and 13% have children in foster care and no contact. The likelihood of maintaining care for any additional children, if lifestyle issues weren't addressed would be questionable.

All of the women have experienced negative relationships with the men they are involved with including domestic abuse with their pimps, partners and peers, who also may have substance misuse issues. There is some evidence of improved relationships within the womens own families, professionals and social workers with

increased contacts with their children. This has to be seen as a move in the right direction.

6.4 Improved access and engagement to a range of services

In the 2010 report By Rachel Burns she cited being 'Ready to Change' was the answer provided mostly by sex workers, saying they are not ready to change, but think that one day they will. When talking to sex workers, it was found that these women are most likely not to be in treatment at all or to have recently dropped out of treatment. (Needs & Barriers Report 2010). It is important to remind ourselves that this group of women identified in the report, are the ones who feel most isolated and unwelcome to services.

As mentioned previously, all services involved in the initiative agree that there is a more responsive approach to the sharing of information which has resulted in quicker re-engagement for the women. There is also clear evidence that overall engagement rates into services providing both wraparound support (ie CRI and A Way Out) and prescribing services (The Birchtree Practice & ABS) have greatly improved. Evidence within individual case files show a range of interventions offered and engaged in by most of the women, these include; risk management strategies, sexual health advice and intervention, contraception advice including supplying condoms, suicide prevention work, work around developing safe relationships, street safety, building trust & rapport and providing advocacy within Court proceedings.

We can say that an increase in engagement, building of trust, forging relationships and providing immediate interventions, have proved beneficial to some women in managing the risks that go with their lifestyles.

6.5 Housing needs

This group of women tend to be a transient population. The women involved in the pilot tend to move across local geographical areas quite often with some residing temporarily in Middlesbrough and Durham. Effective communication has been essential across other geographical areas and this has proved easier when the client is still in Tees Valley. It has been essential not only with the prescribing services but with CRI who have provision for substance misusers across Tees. Communication has helped with providing crisis intervention and effectively supporting re-engagement.

All of the women at some point have additional needs relating to housing. The women are often living in inappropriate and or temporary accommodation; they generally have histories of multiple previous tenancies with moves in and out of the hostel system. Most of the tenancies are temporary due to; their chaotic lifestyles, previous non-payments of rent, subsequent build up of arrears and histories of drug dealing taking place from property. They often find themselves moving house frequently, sleeping in risky places i.e. outside or in cars and often live with their punters.

Half of the women involved in this group have used official temporary accommodation in the last twelve months. One has moved regularly and has lived at 5 separate addresses and remains in temporary accommodation. She has sporadic contact with services and increased alcohol abuse has led to a decline in her engagement. Two have had extended stays but are no longer showing as resident and the remainder have used these places for short durations (under three weeks).

There is some work that has started with developing pathways from Low Newton Prison. Low Newton Prison is an all female maximum security prison and those women receiving a custodial sentence within Stockton will be likely to be housed within this prison. The development work so far is in identifying those sexworkers who are sentenced and will be released back to Stockton on release. Supportive measures can be put in place prior to discharge back into the community and when motivation can be at its highest. Planning in this way may reduce the high levels of crisis intervention work required for this group. Housing and securing sustainable tenancies post release will need to be developed alongside these pathways.

7. Conclusion

The pilot has focused on 12 identified women across the Borough. It is worth noting that the length of time this reports covers is a short time in comparison to what are considered lifetime behaviours. Because of this it has been difficult to evaluate behavioural change amongst these women. Although there has been some significant increases in convictions across the cohort, which were not expected, in terms of cautions and arrests for soliciting this has reduced. There are also numerous subjective changes and individual improvements which cover reduced drug and alcohol use, improved relationships, and above all improved engagement with services. However, long-term sustainable outcomes for these women can only be achieved by continuous support and a long term commitment.

“Women involved in street prostitution will frequently have complex needs that will require sustained and dedicated support” (‘Effective Practice in Responding to Prostitution’ Home Office 2010)

The Stockton multi-agency approach that has been adopted has worked by managing significant risks that are posed to these women and “.....as well as ensuring that various agencies are involved it is necessary to adopt an appropriate structure to sustain this involvement and ensure that each is contributing effectively and working to agreed terms of reference, aims, objectives and outcome measures” (*Effective Practice in Responding to Prostitution – Home Office 2010*)

8. Recommendations

- This report highlights the high level of support that those engage in prostitution require if they are to change their lifestyle. The Partnership will need to consider what investment will be placed into such support.
- If this pilot is to be continued, agreement will need to be made as to who will lead on this. If so, the development of a Memorandum of Understanding (MoU) and clear terms of reference will be required, to ensure clarity for all key stakeholders and to develop a more structured relationship within a case management approach.
- The police should continue their high visibility patrols in the Yarm Road and surrounding areas in order to deter street prostitution that occurs in that vicinity.
- The police should record the number of cautions and arrests prior to, during and post intervention.
- The Probation Trust should continue to provide support to those women who are convicted of such offences and as outlined in the Corston report (2007) ensure they have access to the appropriate interventions, services and support in order to give women offenders the best chance of successfully completing their order and avoid re-offending. The Probation Trust should consider providing a dedicated officer to manage this cohort of offenders.
- Agreements will need to be made in terms of prescribing contraception with Teeswide Sexual Health Services. This will need to take into consideration the most appropriate times for women to access.
- Psychotherapeutic interventions need to be provided once regular engagement has been achieved, to address long standing issues.
- Pathways from prison to community which includes access to sustainable and appropriate tenancies need to be developed.

Appendix 1

Identified Issues contributing to chaotic lifestyle and prostitution

	Aerosols	Crack	Cocaine	Alcohol	Heroin	Diazepam	Housing need	Acquisitive Crime	Domestic Abuse	Health Issues	Children
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
%	8%	100%	58%	83%	83%	8%	75%	67%	58%	42%	58%