Public Services Committee

Corrected oral evidence: Designing a public services workforce fit for the future

Wednesday 30 March 2022

3 pm

Watch the meeting

Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Baroness Pinnock; Baroness Sater; Baroness Pitkeathley.

Evidence Session No. 8 Hybrid Proceeding Questions 65 - 70

Witnesses

I: Chief Superintendent Paul Fotheringham, Police Superintendents' Association; Dr Bryan Mcintosh, Senior Lecturer, Brunel Business School; Jade Hamnett, Social Care Future.

Examination of witnesses

Paul Fotheringham, Dr Bryan Mcintosh and Jade Hamnett.

Q65 **The Chair:** Good afternoon, everyone, and welcome to this session of the Public Services Committee in the House of Lords. We are continuing with our inquiry into designing a workforce fit for the future of public services. We are very pleased to welcome three witnesses to this session. We have a strange afternoon today; as usual, we have two sessions, but our second session does not start until 5 pm our time because we have international witnesses. One of them is in New Zealand. She is getting up to give witness at five in the morning there, so we thought it reasonable to go to at least 5 o'clock and not insist on a 4 o'clock start with her.

As you can see, we are again hybrid, which means that some people are in the room and some are on the screen. We are all getting used to working this way. I hope that you all, particularly the witnesses, feel that you are getting a fair deal with this hybrid manner. Can I welcome our first three witnesses? Chief Superintendent Fotheringham, we are very pleased to see you this afternoon, and Dr Bryan Mcintosh is here from Brunel University. They are the two witnesses in the room. We have a third witness, Jade Hamnett from Social Care Future, on screen. Welcome

to all of you.

I will ask the first question. Before you answer it, can you say a little about yourself so that folk can work out who is who and what your background is? As ever, I will try to make sure that we finish on time, but I will ask colleagues to come in with supplementary questions if they would like to.

During the inquiry, we have heard from several witnesses about the importance of engaging with service users and local communities. It has been an issue for a long time for different parts of the public sector, but I want to hear from you how it has worked, either in your sector or in the public sector more generally, and what else needs to happen in order to make sure that it works more effectively.

Chief Superintendent Paul Fotheringham: Thank you for the invite. I am a chief superintendent, and president of the Police Superintendents' Association, so I represent over 1,400 superintendents and chief superintendents who deliver policing across England and Wales in 43 forces, plus some additional forces, including the Civil Nuclear Constabulary, the British Transport Police and others.

Certainly from a policing perspective, we have been very used to engaging with the public over very many years in very many areas, involving independent advisory groups through to community forums and very much at a local level, where we have been delivering and listening to the public. The introduction of the PCCs and the mayors is another way of accessing into the public.

One of the challenges is that, when we are intervening with some of the public, they do not necessarily want our intervention. The vast majority of the public are very supportive. When we have a very serious incident, we are very good at getting into the community, particularly to take forward the investigation and to reassure the public. Without doubt, there are real challenges for us at the moment with the changing and diverse communities that we have, particularly in relation to the well-publicised issues of public confidence. There is a huge amount of work for us to do to re-engage not just with the majority of the public but with many of the communities that we do not necessarily have good engagement with. There is still a huge amount of work for us to do, not just on our own but with other public services.

Dr Bryan Mcintosh: I am an academic based in Brunel University, and I have extensively researched the workforce and access and equality within the workforce. Mr Fotheringham's comments are very concise and accurate. First, this is quite a complex issue. There is no simple panacea for that level of engagement. It has worked well in forums. However, that goes with a health warning. I often call it the sunny-side effect or the devil's effect. You hear about people who are particularly happy with a service or group, and, equally, people who are dissatisfied. You hear that voice coming through greatly.

I know I am hiding my Scottish accent very well. You would never guess I was Scottish, but in Scotland, where I come from, they have had a couple of original processes for engagement and public social partnerships embedded within organisations. The devil is always in the detail. How do you get representation by all groups? We had a discussion with Mr Fotheringham earlier this afternoon in which that point of representation was discussed.

In health, for example, you will be familiar with the statistic that 80% of the resources are used by 20% of the consumers. How do you represent the 100% to future-proof it? That is a challenge. You can use technology or traditional ways to have representation, but, again, I keep coming back with that caution. How do you embed and ensure that? Often, it works best in public social partnerships when there is no democratic deficit but there is a democratic emphasis.

I hate using the word "localism", but localism does work. You have to listen to the communities. Who knows their communities best but the people who live in them? It is not a radical concept.

I want to be very brief here, because I considered this when I was preparing my notes. Around 10 years ago, Andrew Lansley produced a number of reforms in which the patient's voice was very much recognised. There was a lot of criticism at that time, or subsequent to that, and a number of the changes have been reversed. I am starting to come to the opinion that he might have been ahead of the time about the voice of the patient or the public being deeply embedded. It became difficult on clinical issues, but I considered the general principle to be sound. The mechanisms to achieve that are not a one size fits all. You would have to consider a whole host of things, making sure that there is no deficit to key communities.

Jade Hamnett: Hello, everyone. I have been using direct payments now for a number of years. I chose to use the direct payment system because I like the differences between that and the more traditional system of care, and it has enabled me to employ my own personal assistants. In a nutshell, care agencies tend to come in at a time that suits them. They do what the agency tells them, whereas personal assistants fit into my life. My interests, hobbies and voluntary work all matter, and they work directly with me.

There are 130,000 PAs in the UK, but if social care is the NHS's poorer cousin, the direct payments system is the entirely forgotten relative. It is there, it is doing great work, but no one really knows much about it, and that really needs to change. I have been involved with my local council quite extensively over the last couple of years. I got involved in the first place because I had just sent my fourth or fifth formal complaint that year about the payroll service that we are contracted to use. I just was at the end of my tether, and I sent an email to every council person I could find the name of online just saying, "Please help". They just so happened to be setting up this group on direct payments, so they were like, "You

sound like you're frustrated. Come and join this group", which was a good start.

First of all, it involved having meetings in person, and then the pandemic hit. In a funny way, for many disabled people digital inclusion has massively increased. Before the pandemic, I was involved in pretty much no voluntary work and was not involved with any local services. Now, I am involved with loads, and that is because I can come online. I do not have to sort out how I will get my wheelchair somewhere. I do not have to book a PA or a hotel. I can just come online and get involved, and that has been absolutely fantastic. If anything can be taken away from the pandemic, I would really like that to continue.

These meetings have been really positive, and they have allowed us to engage with the council and the service user. One of the big differences between meetings like this is that the massive power dynamic is not there, whereas if you are meeting with your social worker there is so much fear there. I cannot state enough how much fear there is. All you are thinking is, "Please don't cut my care. Please don't take away what I need", whereas in these meetings we have been genuinely able to talk about what is happening and the truth.

It was also my first time speaking to other employers, which I had not done before. That process has enabled some really important questions to be asked and conversations to take place. I was speaking to a social worker about reviews, which take place every year. They are meant to look at your care package and how it is going. I said how terrified I was of them, and she was like, "Why? It's your right to have them. They're a good thing". It had never occurred to her how terrified we are of them or that we go to each meeting with social services with the concern, like I have just said: "Please don't take my care away". It made her approach her next reviews completely differently and be a lot more empathetic. If those conversations could be had across the board, so much difference could be made.

We were also able to speak to the commissioners who were making policies and to have really important things said. For example, I asked one of them how they would feel if their partner came home one day and said, "I've got a really great way of saving money. I'm going to stop access to the toilet overnight and you're going to wear pads". This may seem mad, but this is what social workers are asking of disabled people who are not incontinent. Instead of having the right support in place to enable them to access the toilet at night, they are telling them either to use a pad or to have a commode next to them. This was a conversation I had with my social worker. When I was asking for that support to be put in place, she asked me, "Why don't you just use a commode?" I said, "Because I am in my 30s and I don't want a commode, and that should be enough". Dignity and choice should matter.

I do not think the commissioner has even realised that some of these conversations were happening with front-line workers. That is one of the massive things. Front-line workers need to be involved with these

conversations. It is no good having the talks with just the commissioners or the policymakers, because it is the social workers who are out there making these day-to-day decisions.

In our local area, we used to have a fantastic peer support group. A member of the council came along as a representative. We would all talk about our problems and concerns, and that council member would feed that back and come back in the next session with answers or suggestions. The funding was cut for that overnight; it just vanished. We have not had any peer support for years. If something like that could be put back in place, it would help so much to put the link back without that fear being there.

The whole process of engaging with my council in this way has been really positive so far. It has not yet concluded on what it is doing with direct payments, so I just hope that whatever is finally put in place takes on board everything we have said, and that the result is very different from what is in place now.

Q66 **Lord Bourne of Aberystwyth:** Thanks very much indeed to the panel. They were three very different contributions, but they were all very important and informative. My question is particularly addressed to Chief Superintendent Fotheringham, who quite rightly said that there was an issue of public confidence being confronted by the police. I am keen to know what the police are doing generally, if he is able to tell us, on recruitment from ethnic minority communities, and indeed retention from those communities. That is a real issue that needs addressing.

Chief Superintendent Paul Fotheringham: I am very happy to. It is very timely, of course, not just because of the confidence issues, but because we are also currently in the midst of probably the largest campaign of recruitment not just in policing but in public services. We are looking at recruiting 20,000 new police officers, which is a net figure. This means that, over a three-year period, we are looking to employ 56,000 new people, which will be more than a third of the police service within three years. That creates a huge positive opportunity, particularly in getting new people in, particularly from a variety of different communities, but it also offers risk, so there are challenges in how we look at supporting and training.

A key aspect is the opportunity to properly reflect the public we serve. A huge amount has been done by the Home Office public uplift team, with the local forces and supported by staff associations, to find out why, across a variety of communities, people want to join the police service and why people do not. This insight work has been really positive in creating a more positive environment for people to apply to the police.

To give an example, as of the end of last year, nearly 11,000 officers have been identified as black, Asian or minority ethnic staff. I am not sure what the new census will say, but if 16% of the population are at that level nationally, we are clearly not achieving, but it is moving in the right direction, without doubt.

One of the quite innovative ways is using our own staff. Our own staff are also the public—to go back to the old Peelian principles of "The police are the public and the public are the police". We have been seeking the support of our staff from underrepresented groups not only to give insight on what is important to them, but to actively work with their families and friends to get an understanding and an idea of what is important. There are barriers, no doubt, particularly within certain communities. There is a significant trust issue within the black community at the moment that we are trying hard to work on, and the race action plan is due to be delivered next month.

From a retention perspective, there is a concern about those who choose to leave the service after a period of time. Generally, that is either right at the start of the service or at points in years one or two. A slightly higher proportion of those are from black, Asian and minority ethnic groups, which is clearly a concern. A piece of work that is being supported by academia has not reported yet but is giving an early insight into why people are leaving so early after they have joined. It probably comes as no surprise that it is because of a lack of support from certain supervisors or managers.

This has informed a new piece of work which the College of Policing is delivering on. Andy Marsh, the CEO of the college, recently put forward a report, which I have seen, about a leadership centre. When we talk about leadership, this is not people in command positions like me or chief officers. This is a leadership role for all our operational staff. The operational leaders have a responsibility to be fair and supportive and ensure that we effectively become an employer of choice.

I accept that there are still many challenges from a policing perspective, but there seem to be green shoots in terms of the impact of the work that is being done to address those challenges. We are certainly not taking that for granted.

Q67 **Lord Bichard:** Thank you so much to the three of you for giving us your time. We have been talking about engagement in consultation and participation since I was a young lad, which you will appreciate was a while ago. What Jade was talking about went a bit further than participation in consultation. It was about being involved in the way services were designed and delivered. That is what this committee is particularly interested in.

First, what are the barriers to that kind of genuine co-design and co-production? Secondly—I hope I am not trespassing on later questions—could we be more imaginative in the way we engage users in appointments, for example? Would you ever envisage having a user sitting on an appointments panel? Could we perhaps do more to identify users in the community who might be very good public sector workers, and invest a bit in their development, which is an idea that came to us last week? What are the barriers to co-design and co-creation? Could we be a bit more imaginative, particularly locally, in identifying people who might be potential workers?

Jade Hamnett: Yes to everything you said. There can be a lot more imagination. Starting with barriers from the disabled person's point of view, we often have our own stuff going on, whether that is pain, disability or fatigue. People do not know how to engage.

I have said before that being disabled is a full-time job in itself, and that is nothing to do with actual health. That is all the paperwork you have to fill in and all the battles you constantly have going on. I have never not got a battle going on in which I have to justify my own existence, so I often get so drained that I cannot participate in the process because I am just so done with that side.

As I said in my last answer, fear is a massive issue that just cannot be overstated. Every time I speak to any service that has power over me, there is that terror: "You could ruin my life if you wanted to. You could take away half my care plan in an email". It is things like that. Usually, the approach I take is, "Once my support is in place, no matter what that is, please just leave me alone". It is as simple as that: "I just want what I need, then leave me alone". I have a lot to give. Most people with disabilities do. We are being cut out of the process.

Councils and the like often want you to engage in a way that suits them. My condition means that I struggle in the morning. I cannot tell you how many times I have asked, "Is there any chance we could shift that meeting to the afternoon?" "No, that's when we do it". So I am just cut out of that process. Many other people have similar issues, or it might be about getting somewhere. Before the pandemic, I would ask the council if I could join meetings using Zoom, and they said that was not possible. The pandemic happened and the whole meeting was suddenly on Zoom, so obviously it was possible. They just did not want to set it up in the first place.

Another challenge is that it is just not the done thing for public services to do it. They are just not thinking about it, and it can be a really difficult concept for councils to engage meaningfully with. It can feel like the decision is already made, and that can frustrate people. As a very little example, my council was setting up a new team, which they called the direct payment monitoring team. They invited a few of us who had been involved with the process to give feedback on the name, and every one of us said, "Whatever you do, don't call it that".

As soon as I got a letter from the monitoring team, I would think, "What have I done wrong? What are they looking for?" They went, "That's a really good point". What is the team called? The monitoring team. They did not take on board anything we said, and then we felt, "What was the point of that? Why did you set that meeting up? We all said, 'Don't do that'". It was very clear feedback that was just rejected. Why have the meeting in the first place if the decision was made?

As I said before, they often have these meetings with the managers and the commissioners. They are not the people who are making the decision on front-line services, and that has to change. With the best will in the

world, managers can have the most amazing thought process possible, but if the social worker is making the decision and they have not engaged with us to understand, nothing will change. To address these issues, you need a genuinely safe forum for feedback and a wide variety of staff engaging in the process. They need to think outside the box. If people cannot make a meeting, do it online. Have ways in which people can just send a quick email with feedback. There are so many ways in which we could get involved that are just not happening at the moment.

Lord Bichard: Jade, have you ever been asked to be involved in an appointment of a public sector worker?

Jade Hamnett: No.

Lord Bichard: Allowing for the issues that you have just been raising, which I know are major issues, would you be interested in doing that?

Jade Hamnett: I would love to get involved with that kind of thing. Just as an example, magistrates were looking for people with disabilities to join. I know this is a specific thing. As I read through the application process, I saw that you had to commit to full days. If I could have done that part-time, I would have loved to have been involved. That is right up my alley. Straightaway reading the form, I thought, "They don't genuinely want people with disabilities, because they're not willing to put the adjustments in place to allow that to happen". I know that is a specific example, but that kind of thinking blocks us from getting involved.

Lord Bichard: Yes. The action does not match up to the warm words, I agree. Bryan, what are the barriers to co-design? I can use the jargon with you. Can we be more creative in involving users in public sector appointments?

Dr Bryan Mcintosh: I will go through the barriers first. There are whole structural barriers and there are financial barriers. I will give you an example. In GP practices, changing the contract to make it more accessible to the public by taking into account the hours GPs are working has been tremendously problematic. Renegotiating a contract involves all aspects of government, so if you are to have direct beneficial impact for the public, a whole strata and a whole host of changes are needed because of the contract, as some of my former colleagues at Health Education England mentioned. To change a contract has direct impact. You have the macro policy impacting on the micro, even down to the previous speaker.

Again, a whole host of structural issues are incredibly problematic. There are barriers in terms of vested interests. If you are going to change people's contracts of employments, you will have to negotiate with trade unions and engage with that. This is not being blasphemous; I often talk about the holy trinity of the employees, the employers and the public. We often talk about a psychological contract, but sometimes we have a perverse psychological contract in the delivery of services.

Your second question was whether we think that having a member of the public on appointment panels would be useful. Yes, it would, at every strata, from the local to the regional to the national. In health, we talk about the patient voice, but sometimes, as has just been outlined by the previous speaker, that whole concept is rhetoric. The expectation or the aspiration only gets as high as the roof. Does it translate into reality?

I want to pick up on the previous speaker's point, which was very specific. She talked about magistrates and whole-day working. Some of these changes, such as offering the agility of part-time working, are so simple. Often, we see rules as if they have come down from Mount Sinai with Moses. We take them like holy writ, and we do not use independent judgment in their application. I am not saying anything that anyone does not know. You will all have seen this, but the impact can be profound because there is a multiplier effect and it can affect human beings. The public pay for all services, and they are for the public, but sometimes there are barriers just because of the structure of them.

Chief Superintendent Paul Fotheringham: Going back to one of the points I made earlier about understanding the community that we serve, the police have to create the offer of engagement. We have to make it very easy. It is very easy in this modern world to talk about technology, for instance. To give you an example, the British Transport Police recently set up the first TikTok account for engaging with the public. One of the posts had over 3 million views, which is just incredible. This just shows the opportunity to properly engage and get information out about what they were dealing with, but a significant proportion of our population are not digitally educated. The proportion of older people in our population will be greater by 2050, so we have to be innovative and clever in how we get into those.

You made the point about how we get members of the public involved in appointments or other aspects of policing. There are very many good examples of police forces with ethics committees, for instance. They have members of the public on them for really challenging issues and local issues that they are dealing with.

My daughter has recently finished at Durham University, and she was invited to sit on the ethics committee for Durham police. It was a fantastic experience for her, but she also gave insight. It was quite interesting that she was one of the only members there who was under 40 years old. I know that Durham is active in relation to that, but that gives an insight into the positivity that my daughter was able to talk about and the things that were being spoken about that were impacting on students, particularly around drugs and alcohol. There are real risk issues of sexual assault crimes that may be apparent. That is the type of positive engagement for which we can get some real impact. We have also been very active, right across the country, on the development of the Special Constabulary and other volunteers. Again, members of the public who are giving up their time get an insight into what we do and how we do it within the organisation.

I was interested to read the *Inclusive Britain* report, which colleagues will no doubt be very aware of. The scrutiny panels are very much a part of that, and it goes much wider than just policing, including health in particular and those issues. Ultimately, we need to be open. We need to offer people the opportunity to scrutinise what we do. Certainly from a senior appointments perspective that is no doubt something that we need to consider when we think about how we engage the public with that.

Lord Bichard: The Special Constabulary is a very interesting example. I talked to someone last week, who asked, "Why don't you have a local talent pool and invest in developing users and members of the public who will come forward to sit on that talent pool?" You have a talent pool, you have a Special Constabulary. To what extent do you use that talent pool to help fill some of the 56,000 posts?

The second question is a very practical one. Paul, you may want to come back on this one. Twice recently I have encouraged very capable young people who are not members of my family to look at the police as a possible career. Both of them came back independently to me and said that they were not going to do it. It was not the starting salary that was the problem, although that is quite low. It was the fact that they were expected to stay on that starting salary for three years. Other jobs in other sectors gave them the opportunity, if they were good, to move more swiftly. Are the police really doing enough to encourage the best people to come forward to fill those 56,000 posts?

Chief Superintendent Paul Fotheringham: That is a really good point about the Special Constabulary. One thing, particularly with digital policing, is that it is very difficult to get the right people with the right talents to support policing, particularly from an investigative point of view. There are examples across the country of forces using individuals with specialist skills to focus on a specialism, whereas specials might normally be used for a variety of front-line uniform roles. There are forces that have got in digital experts as special constables to support the workplace. It is about understanding and opening up the offer of what volunteers can do, because members of the public would want to support the police but would not necessarily want to put a uniform on or go into a confrontational situation on a Friday or Saturday night, which specials do very much as front-line uniform police do. That definitely needs to be explored.

In terms of the offer, you mentioned the starting salary. As a staff association—I am thinking of how to be appropriate for the panel—pay is certainly a significant issue which the Police Federation has made representations on. The public purse has clearly been challenged over the last 10 years or so, but there is certainly a strong argument by the staff associations that policing, particularly with regard to young police officers, has not kept pace with other areas of public service, and certainly the private sector. That is the appropriate way for me to comment on that.

Lord Bichard: My point was not just about the starting salary; it was

about whether you were able to move quickly enough to make this an attractive career option.

Chief Superintendent Paul Fotheringham: Sorry, I misunderstood. A variety of different things are being taken forward by policing. For instance, you do not have to follow the traditional route of starting in a uniform role, and we have certainly encouraged more females forward with the direct entry detective role. For instance, although certain basic training that you do is the same, you focus on a different aspect of policing.

On talent for promotion, the accelerated promotion process has been successfully used over very many years. It is the subject of a review at the moment as to how we can make that better and identify talent, and how, if they make that choice—clearly not everybody can be the chief constable of an area—they are supported to do that. Those entry points will not just be at constable level; they may be at higher ranks as well.

Other opportunities are also being offered, particularly to those from underrepresented groups. To give you a good example, the Police Superintendents' Association, supported by the College of Policing, has a support programme for inspectors and chief inspectors from underrepresented groups to get them into the higher ranks of superintendent and chief superintendent more quickly than they may have done before. That is very much about trying to give more diverse leadership as well as bringing through the talent that we want to make a difference in policing.

Q68 **Lord Davies of Gower:** Good afternoon, panel. My question is still on the theme of lived experience. What steps can be taken to ensure that lived experience is considered or incorporated at different stages in the design, training and delivery of public services?

Jade Hamnett: One of the barriers is that we are not allowed to accept payment for that kind of thing. Just as an example, the Department of Health has recently invited me to meetings to give my lived experience on the policies it is creating. It offers £15 a meeting, so we are not talking a massive amount. When I asked, "What do people on benefits do?" the answer was just "Tough luck. You have to do all this for free, unlike everyone else who's in the meeting".

On a general point, if councils engaged with us and took on board the reality of our lives instead of guessing, the system would just look entirely different. It is really obvious to me that we should all be able to live the lives we choose. It should not just be about the utter basics of getting someone out of bed, washing them, cleaning them and popping them on the sofa for the day. The right to have our hobbies, interests, work lives, voluntary work, friends, family, dreams and aspirations should all matter and be enshrined in law.

Over recent years, councils have tended towards offering personal assistant hours only in care budgets, when there are lots of ways to meet

someone's eligible needs. It is often about thinking outside the box. Funding a craft class for someone, for example, could tick multiple boxes in their eligible needs. It could be getting out to the community, meeting friends or improving fine motor skills. There is a real reluctance on the part of councils to step outside the line of, "We're giving you X amount for personal care and X amount for shopping". You can end up with none of your wider needs being met this way.

I say this, because when you ask councils for person-centred care, they immediately think you are saying, "Give us more money", and that is not the truth. It would be life-changing for me overnight if they allowed me to control my own budget. My budget was set up over eight years ago, and the support plan has not been reviewed since. My life has changed quite a lot in eight years. If I could control my own budget and meet my own needs without having to ask—again, I go back to the real fear of going to them and asking for help—that would be life-changing overnight and would not cost them a thing. If they really engaged with people's lived experience, they would understand that. Not a single person I know with direct payments will willingly contact the council to ask it that. That is how much terror there is around this. This is from experience of what has happened. The lack of trust is a reality, given what has happened so far. It is not an imagined thing.

To give one example of something that could have been different had people with lived experience been engaging in the process, my power wheelchair became dangerous to use a number of years ago. I have been fighting for five years to get that chair replaced. In our local NHS CCG, the policy is that they will not fund a power wheelchair if you can take a single step, because that single step will get you far in life, won't it? I do not think so.

Once I realised that I was not going to meet their policy, I went to social services and said, "I wasn't able to use much of my budget during the lockdown—I didn't leave my house, like many other people—so I have an excess. Can I use that on a power chair? That would meet every one of my eligible needs". This whole process with social services took well over a year. I was patronised, shouted at and ignored. The whole thing was just horrendous. The whole process was so awful.

Half way through this process, I got an email saying that I had to have an early review because I had asked for help, and they were cutting my budget because of that. I have been telling you how much we fear that all the time. I was so stressed and upset that I was in bed for two weeks. Stress affects my condition. By the way, at the end of that email saying, "I'm cutting your budget", she put, "I'm going on annual leave now", so I had no one to go back to or discuss this with. She came back after those two weeks, read my response, and said, "Oh yes, the evidence is here to give you those hours, so forget all that". It was too late; I was already a wreck at this point.

By the end of the process, I found out that my social worker was ringing random people to ask about my mobility behind my back. She finally

finished this whole process with, "We can't fund your wheelchair for you, because the NHS should have funded it for you". She knew 18 months previously that they were not funding it. It should not happen like this. This is just not how it should go. We should not be left terrified in bed. If people with lived experience were put at the heart of delivering services, things like this would just stop happening. It would not even be a thing.

The other major issue at the moment is the cost of living crisis. If councils engage with us to truly understand what kind of money we have and what we are spending it on, the whole care assessment and how much you paid would change overnight. People on the lowest incomes and on benefits have to pay significant proportions of that for care. It is just so unfair that people are terrified that they do not have enough money to pay for their care or are having to go without care altogether because they do not have that money. The Joseph Rowntree Foundation says that PIP should be £1,113 a week to meet the extra costs of being disabled. Instead, it is £152 at its highest rate. Often, half of that is being used for an adaptive car or a wheelchair.

The massive costs that are coming and the price increases will hit people on benefits and the lowest income the absolute hardest. It is blocking people from accessing care or the amount that they need.

Lord Davies of Gower: Thank you very much indeed for that, Jade. It was really insightful and helpful.

Chief Superintendent Paul Fotheringham: Getting feedback from people who use the police service is essential. It is something that local forces have done for many years.

Jade's points are interesting, and you would hope that she had the opportunity as a service user to feed back in to say, "This doesn't work for me", but that somebody asked her the question. From a victim contact perspective, most, if not all, forces around the country invest quite a bit of time in dip-testing and going straight to members of the public to ask, "How was that for you?"

It may well be that they are focused on particular crime types that they are worried about. It may well be hate crime, for instance, which has a disproportionate effect on certain communities. That should directly impact not just on the short-term resourcing but on longer-term planning about what investment in resource needs to be put in place and whether the response is effective or not. We have been effective at that as a service. I am not underestimating the current climate we are working in, and we need to work much harder at it.

I will use recruitment as an example, particularly as we are very much trying to get a representative service. We need the support of academia to help us to properly understand the challenges and not just the gut feeling that that is not working as well as it could be. With the recruitment and the current research work on onboarding, as they describe it, those who join give their experience of what works for them

and what does not. This is where we got the feedback from black, Asian and ethnic minorities who have left the service early: "What do you find?" We have been able to change and adapt to that.

There are some really positive examples here from a policing perspective, but, again, we must engage, ask the difficult questions and not be frightened of receiving an answer that we do not like.

Lord Davies of Gower: I should perhaps say that my background is in policing as well. I spent 32 years as a police officer. You talked about dip-testing. How do you incorporate that into training? It is easily done at recruit level, but how do you do that at a more senior level? Places like Bramshill, for example, have disappeared now. How do you do it? The College of Policing is not practical delivery as such, is it?

Chief Superintendent Paul Fotheringham: It has practical delivery responsibilities, so there is a mixture of what the College of Policing delivers, particularly to senior ranks, in its training. One of the things that it has developed is the What Works platform. Effectively, if there is a burglary problem in Truro, it should not have to come up with how to deal with it when Chelmsford has dealt with it effectively. The What Works centre has academic and lived experience, but also quantitative and qualitative data, so you can go to that and properly reflect from it. It is easily available. The College of Policing needs to do a bit of a sell and to make sure that my colleagues around the country use and access it.

Lord Davies of Gower: You are saying that the onus is on you to access it.

Chief Superintendent Paul Fotheringham: There is a balance. From a superintendent's perspective, for instance, one of the things that we do in support of the college is proactively send out contacts to senior leaders to say, "We can give you information on this. We can give you training on this. We can give you CPD on that". There is a balance between personal responsibility and professional responsibility and developing yourself. You are absolutely right that there is a responsibility on the college, and it has taken positive steps towards it, certainly supported by us and other staff associations.

Dr Bryan Mcintosh: I just want to build on what Mr Fotheringham has said. It is about value systems and recognising the value. I will give you a very simple example relating to recruitment and user voices. I hope everyone will understand this. I did a lot of research on career outcomes for women. When a woman had a career break, there was a belief that her human capital or experience had diminished. In fact, in many ways it was the exact opposite, but on re-entry within organisations that was not recognised. If you really recognise the value and worth of that user and what they can contribute, that multiplies their voice. We often have the exact opposite of that. That user voice is diminished or we do not recognise it. It has been covered by the previous speakers, but that is just a very specific point about the value system that you ascribe.

The Chair: Yes, and that is a lot of what Jade was saying earlier, too.

Q69 **Lord Filkin:** I want to ask a focused question, because a number of previous questions have come into this area already. Clearly, in principle, employing people with lived experience is one way of embedding lived-experience understanding into a service. What evidence do you have about places or services that have done this that you could offer us?

Dr Bryan Mcintosh: It is a very good question. The biggest piece of research I ever did, as I alluded to earlier, was on the career outcomes of women in nursing. Some 89.9% of the workforce in nursing is female. Only 10.1% are men, but men had greater career outcomes than the women.

I called it snakes and ladders. Women would have a very quick career outcome. They would meet not a glass ceiling but a concrete ceiling. They would take a career break and re-enter at a lower grade. Just to add to the point I made earlier, the fundamental thing is the value you ascribe to experience in its totality. If a person takes a career break and has other experience in other areas, it is how you recognise that.

All the major public sectors have all the same pressures on them, including ageing workforces. Mr Fotheringham mentioned the massive recruitment campaign. The NHS is similar. To address that, you have to take a more nuanced view about the value you ascribe to that human capital and experience, and then apply it. The difficulty is in the application, because the constant theme throughout has been all the pressures on the organisation or any public service, financially and structurally.

Mr Fotheringham made a point about the census. We could have a perverse situation here, because our data is often through a prism. We are looking at data that is not accurate and trying to project on to it in the future, so I always add a note of caution. The census might tell us that groups that are currently minorities, particularly in London, are the majority. We are always playing catch-up.

Lord Filkin: Do you have any examples of where it has been done in a significant way?

Dr Bryan Mcintosh: It has worked best with public social partnerships. Groups and areas with devolved responsibilities and budgets have been able to make changes because they have been agile. Large institutions are often curtailed by legal necessity. Devolved drug services in Scotland have been effective because the patient voice or recovering people have been involved. That has worked effectively.

Lord Filkin: Paul, do you have examples of forces or other parts of the criminal justice system where the user voice has been brought into strategies to employ them more?

Chief Superintendent Paul Fotheringham: The most significant one is flexible working during Covid and post-Covid activity. We all know what

has happened over the last two years, but policing was forced into working much more flexibly, as were many other companies. Of course, a significant proportion of our responsibility has to be face to face with the public while working from our police stations, but a significant proportion of our staff are not in front-facing roles, or they are in roles that do not necessarily need to be available to answer emergency calls.

I have to say that there was probably a reluctance to work from home to start off with, but we have had a reaction from our staff to being much more flexible, particularly those with childcare responsibilities. I understand that the average sickness rate was previously nearly 8%. Many forces are now working at less than 3%, which is competitive with any private company, because of the flexibility in working. One of the challenges for the service is that females who have their second child are more likely to leave because of a lack of flexibility, so that should have an immediate impact. The feedback I had from my staff before I took on this role makes me much more positive and confident that we are not going to have that loss of experience. It has been said that Covid has probably pushed the police service 10 years forward in the use of technology and data and the benefits that we will get from it, particularly the flexibility for our workforce.

Lord Filkin: That picks up a point that Jade made about needing much more flexible contracts if you are to attract people with lived experience to match the reality of their lives. Jade, do you have any knowledge of places that have done this well?

Jade Hamnett: PAs are a fantastic system for people with lived experience. Most people who employ PAs have part-time, flexible hours. Many of my PAs have been people from the local area who have had past experience in care through family or indirectly, and a lot of career changes are great for PAs as well. A lot of people who have been unemployed in other sectors and are looking for work have transferrable skills that can be used to be a PA. One of the main barriers is that most people, if you stop them on the street, do not know what a PA is.

Lord Filkin: That probably includes quite a few of our listeners, so could you explain?

Jade Hamnett: Yes. They are a form of carer, but unlike a carer they fit into your life more. They are directly employed by the disabled person, so there is no agency involved. You just put an advert up for what you need. The council provides the funding for this in the form of a direct or personal budget. There are a few different terms, which also confuses matters. It means that we can then direct our own care and employ the people we want to employ who work for us.

For someone to be my PA, I look for someone with empathy and good organisational skills. Someone else's PA might have completely different skills. They are unique to each employer, which means that someone who has just lost a job as a hairdresser might be fantastic at talking to people and would be a great PA for someone. You see adverts on TV every day

for the care industry, but not for personal budgets, direct payments or personal assistants.

The main answer I get if I say I have a PA is "Oh, aren't you posh?" They did not understand that it is a care thing. They think that I am some CEO for a company who has a PA. Yes, people with lived experience can fit fantastically into the PA world. There just needs to be more awareness, and the wage needs to be looked at. The wage has stagnated for so many years now. Eight years ago, it was £9 an hour, and this year it has just gone up to £10 an hour. Lidl and other supermarkets are offering £12 or £13. We cannot compete with that. The council sets the highest rate that we can pay, so that definitely needs looking at.

Lord Filkin: I have got from that that there is a need to give higher priority to lived experience in recruitment in very many jobs. It clearly should be a component of many jobs that you understand the context in which you are working with direct experience. We need much more flexibility in employment contracts to fit the reality of people's lives. Thank you, all three, very much.

Q70 **Baroness Pitkeathley:** Jade, it is my impression that direct payments and PAs have slipped off the radar a bit in recent years. It is my impression that they were much higher up on everybody's agenda some years ago. Would you agree with that?

Jade Hamnett: Yes, definitely. A lot of people do not know about them. If someone becomes disabled—take an older person, for example—they will automatically put a care agency in place. That is half down to people not knowing about direct payments and half down to the system being fairly complicated.

There is an irony that, to qualify for direct payments, you need to have fairly severe disability, but you need to take on all the legal responsibilities of an employer as any other. That is a lot. I have to deal with all of that. It is really difficult, and there is a real lack of support out there for that. That is the main issue. The system works fantastically, but you need that support and advocacy in place to enable people to access the system and get it right for them.

The Chair: Can I say thank you to all of you? It has been a session in which we have learned things in very different ways from very different sectors, and that is really important and useful for us.