

Policy Idol 2020

The finalists' entries



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Preface

Policy Idol at King's College London is a showcase for innovative thinking, addressing the challenges of today and the future. 2020 was the sixth year that the competition has run, and as ever our students shared their inspiring, practical and imaginative ideas to solving key societal issues. Their enthusiasm and determination to make the world a better place was truly infectious.

Each competitor first pitches their policy idea in just three minutes to a panel of expert judges, and the pitches with the most potential go through to the final. Each finalist receives bespoke training in policy communications and a mentor from the Policy Institute to give them guidance on strengthening their analysis and honing their ideas. A subject area specialist from across King's community also gives tailored advice on their chosen topic.

Hosted by BBC Home Editor Mark Easton, the grand final is held in front of a live audience and is the focal point of the competition. This year our talented finalists pitched to a panel of prestigious judges. The panel included Lord Jo Johnson, former Universities Minister; Dame Louise Casey, former Victims' Commissioner and government homelessness tsar; and Professor Rosie Campbell, Director of the Global Institute for Women's Leadership. Charles Clarke, former Home Secretary and Visiting Professor at the Policy Institute, presented the awards to the finalists.

The standard of the pitches was extremely high and competition was tough, so congratulations are due to all those who made it to the final. Particular praise must go to Michelle Sebele and Emily Yam, who were the overall winners of Policy Idol 2020 for their pitch to include lookedafter children and care leavers in the Equality 2010 Act. Alongside the overall winner, standout performances picked up runner-up prizes. Ash Ryan won the pitch with the most substance for her proposal to empower patients on mental health wards. Zewditu Gebreyohanes won the pitch with the most style for her policy to give older people opportunities to volunteer in primary schools as a way of combatting loneliness. The audience also got to select their favourite pitch of the night, choosing overall winners Michelle Sebele and Emily Yam.

You can read these policy proposals, as well as those from the other finalists, in this publication. The finalists of Policy Idol 2020 really were the pick of the crop from some of the best entries we've had in the competition yet. Throughout every stage of Policy Idol 2020, the quality of ideas and enthusiasm of pitchers have been a delight to see. Every single policy pitch our students came up with has been uplifting and inspiring, and the passion and rigour that they brought to the task fills me with confidence that the next generation will be well-equipped to take on the societal challenges of the future.

I hope you enjoy reading these ideas as much as I enjoyed judging them.

Professor Bobby Duffy Director The Policy Institute King's College London



Michelle Sebele & Emily Yam



Overall winner Policy Idol 2020 and winner of the audience prize

The Equality Act 2010

Every year, there are over 78,150¹ children and 10,000² young adults who face discrimination and are less supported than their peers, making it difficult for them to reach their full potential. This affected group are looked after children and care leavers. A looked after child is a child under 18 and in the care of the local authority. A care leaver is a young person aged 16-25 years old who has been a 'looked after child' at some point since they were 14 years old and were in care on or after their 16th birthday.³

Looked after children and care leavers should be the 10th protected characteristic under the Equality Act 2010.

Through working with various organisations such as Drive Forward Foundation, the Widening Participation team at King's College London and the Sutton Trust, we found that looked after children and care leavers had worse outcomes than their peers. We decided to research the reasons behind the statistics. The main areas we have been looking at are education, criminalisation and housing.

The criminalisation statistics though were perhaps the most shocking and most other issues seemed to stem from there. 50 per cent of children in custody were looked after children despite only making up one per cent of the population in England and 2 per cent in Wales.⁴ Our further research uncovered the reasons behind the high numbers of looked after children being criminalised. The Howard League (a social research charity) reported private providers of care homes for young people "were using the police cells as respite to cover staff shortages and because staff were not trained and competent to deal with children's behaviour". They found the police were also called for minor incidents such as one incident where police were called to investigate a broken cup.⁵ Whilst the Howard League were putting together some research on care leavers, in 2019 we met with them. During the meeting, they expressed concern over

the rise of professionals calling the police on looked after children.

There is a recurring theme throughout all the experiences we listened to: the corporate parent failed in their duty. The term "corporate parent" describes any professional, such as social workers, police, hospital staff, teachers and MPs (anyone who comes into contact with the young person or has influence over decisions that affect their life).

Those who are care experienced face both direct and indirect discrimination by both the public and professionals. They are given less opportunity and treated unequally to their peers. Therefore, looked after children and care leavers should be protected under the Equality Act 2010. Previously, local authorities have tried to introduce many less extreme measures to enforce equal treatment of care experienced children, such as best practice guides, staying put policies and higher education bursaries. Unfortunately, none of these have been successful, mainly due to lack of accountability.

If being care experience was a protected characteristic under the Equality Act 2010, it would mean these professionals and government bodies would be held fully accountable for every looked after child and care leaver, who is ultimately their responsibility. Whilst on a visit to the House of Commons, one care leaver went so far as to tell MPs that he and the other care leavers "should feel comfortable here (in the Houses of Parliament), as if the government are our corporate parents then ultimately, this is our home". Whilst everybody laughed, there is a truth about his statement. The power to change legislation which affects care experienced children's rights lies with the government. Therefore, they also have the responsibility to protect vulnerable care experienced people and uphold their rights.

Currently, there is no surety that these policies are upheld and often it comes down to lack of funding. In addition, the lack of regulation causes a postcode lottery in which looked after children and care leavers are treated differently. They are either given access to or withheld opportunities, necessities and support dependent on the guidelines of the local authority they fall under.

Even then the local authorities do not seem to follow their own guidelines. One care leaver we spoke to revealed when first placed in foster care, they experienced this lack of consistency in support from their local authority. Both children entered foster care without any suitable clothing; both were girls of the same age, from the same borough and living in the same foster home. One received £100 and the other received nothing. This lack of consistency shows that despite having the same needs, even children from the same borough can be given completely different support.

Other stories we came across were different councils having greatly varied council tax tariffs for care leavers, as well as a wide range of support (or lack of support) whilst in education – from having rent and other bills taken care of and textbooks paid for, to no support at all. If being a looked after child or care leaver was under the Equality Act, it would mean all care experience people would have to be treated equally.

As well as holding professionals accountable, making being care experienced a protected characteristic would mean that discrimination would be illegal, both by the public and professionals. Many of the young people we spoke to told us stories about being told by professionals such as social workers, teachers and carers that they would never amount to anything except a criminal or a young parent claiming benefits. Many who were told this shared with us how they believed these statements as they were told constantly by multiple people from a young age. This discrimination and negative reinforcement could be another factor for the statistics. Imagine being told you will become something all your life, it is more than likely that your subconscious will make it become true. It is necessary to include looked after children and care leavers as the 10th protected characteristic in order to combat the stigma and give equal opportunities to allow these children to reach their full potential.

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Winner of Policy Idul 2020

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Winner





Zewditu Gebreyohanes



Runner-up (style)

Combatting loneliness among the elderly

Imagine that you are 80 years old. It is a bright, sunny morning but you are sitting by the window in your armchair, watching enviously as everyone else goes about their daily lives: mothers chatting to one another, children laughing playfully and the neighbour striding purposefully to work. You want to join them; you yearn to go out, to socialise and to be an engaged member of the community but you feel confined, trapped. You are physically frailer than you once were; some of your friends have died and many have long moved out of the community and you realise this is inhibiting your once outgoing personality.¹

According to Age UK, loneliness affects a significant proportion of older people in the UK, with over two million aged 75 and above living in relative social isolation.² It is in order to address this emerging crisis that I propose the introduction of a scheme whereby elderly people are given the chance to volunteer in local primary schools, helping to organise and run projects such as gardening, knitting, singing, drawing, acting or storytelling. Almost everyone has at least one hobby which they are passionate about and which they could share with an interested audience, especially amongst eager and receptive young children. The benefits such a scheme could yield are manifold.

Foremost amongst these is that the volunteers would have a meaningful and rewarding occupation that would boost their wellbeing. The opportunity to meet people on a daily basis and form relationships would in itself be invaluable. Studies have proven that greater social interaction can prevent the onset of illnesses such as depression, dementia³ and indeed arthritis and cardiovascular disease, with the latter two being due to the higher levels of exercise.⁴

Another benefit would be to the schools, as the volunteers – especially those with many decades of experience – could play a supportive role in the classroom, not just in terms

of helping with supervision, but also imparting advice and encouragement to teachers.

Nor should the various advantages that such a scheme could bring to the schoolchildren themselves be overlooked. In the first place, it would open up new opportunities for the children which may not otherwise have been available to them. Moreover, engaging in daily intergenerational interaction from a young age could help make the students more worldly, mature and sociable, all of which are qualities they will need to succeed in life.⁵ Yet arguably the most important impact of such a scheme would be that it would make young people appreciate the value of giving back to society. Seeing elderly people volunteer their time to help them would doubtless instill within the children a sense of duty to help others and would encourage them to respect and celebrate older citizens: something that is of paramount importance today, as age-based discrimination appears to have become more widespread in society. The scheme could thus lead to a profound change in mentality that could transform current challenges into opportunities.

Imagine that you are 80 years old. It is a bright, sunny morning and you are getting ready, dressing for work just like everyone else. You are excited about the day ahead: today the pupils will be performing the play to the entire school. You had sat with them to help them learn their lines, design the set and make the costumes. It will be lovely to see the children's happy faces and you know the teachers and parents will appreciate all the hard work you've put in. You have made a difference to the children's lives, but what a difference they have made to yours...

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7. Zewditu Gebreyohanes

Combatting loneliness amongst the elderly by helping them become more engaged members of their communities

EAS -







Runner-up (substance)

Why patient voice must come first on mental health wards

20 per cent of mental health patients in England "don't feel safe in NHS care".¹ Despite this, the power dynamics on mental health wards, where staff hold enormous power over patients' lives, leave many patients afraid to complain about their treatment.

Patients are disengaged and afraid to speak up. Almost half (48 per cent) are "unlikely" to complain.² The three main reasons are because they are worried about causing "trouble" (40 per cent), indicating they fear staff members' reactions; feel it is "pointless" to speak up (37 per cent), revealing they do not believe complaining will achieve change; and because they fear that complaining will affect how they are treated (25 per cent).³ Almost one third (32 per cent), believe staff will not take their complaint seriously.⁴ 69 per cent of patients were never told, by any health professional, how to complain if they needed to.⁵

The quality of inpatient care is "largely" getting worse, particularly on adult acute mental health wards, with 44 per cent of services underperforming (the Care Quality Commission (CQC) rated 38 per cent as requires improvement and 6 per cent as inadequate).⁶

Patients' reluctance to complain is particularly worrying given over a third of NHS mental health services need to improve on safety (30 per cent of services require improvement, while 4 per cent are deemed inadequate).⁷ Looking specifically at safety on acute and psychiatric intensive care unit (PIQU) wards, in 2017, 71 per cent of wards need to improve their performance (in 2017, the CQC rated 60 per cent as requires improvement, and 11 per cent as inadequate).⁸ The combination of unsafe mental health wards, and disempowered, disengaged patients, is extremely dangerous. It is also no coincidence. Wards do not become unsafe overnight, but after months and years where patients' voices go unheard. At best, this leaves ward managers unaware of problems. At worst, when staff aren't held accountable, unprofessional behaviour can escalate, putting patients' mental health, and sometimes even their lives, at risk.

The situation can be effectively addressed by a package of four measures to ensure patients know their rights and are empowered to speak up. First, all patients should receive an accessible handbook upon admission, explaining their rights, how to complain and how they will be protected (if necessary) during a complaint. Second, friendly posters in every bedroom should reinforce the handbook by asking simple questions such as "Do you feel safe?" and signposting patients to help if things aren't right.

Third, installing a phone booth on every ward will enable patients to call their advocate and the Patient Advice and Liaison Service (PALS) in privacy. Finally, comments cards, issued to every patient upon discharge and placed into a locked box outside the ward, will allow patients to speak freely and, if they wish, anonymously. Asking quantitative, tick-box questions, such as "Did staff treat you with respect?" will make it simple and quick for patients to give feedback, even if they don't feel up to making a formal complaint.

A monthly dashboard of key performance metrics can be created, enabling ward managers to identify and resolve issues at an early stage, rather than problems worsening over time, risking a negative CQC rating and associated improvement notice. Statistics would be displayed on the wards and online. Concrete details of the actions taken as a result of complaints should be published, showing patients their views are taken seriously and result in meaningful change.⁹

Wards with few complaints are currently seen as performing well. But patients' silence can also be caused by fear, disempowerment and disengagement. Culturally, change is needed; low patient engagement in offering feedback should be understood as cause for concern.

Complaints are often understood as a negative, absorbing time and resources. A well-designed patient feedback system will, however, record positive experiences just as surely as negative ones. Feedback will identify problems for resolution, but will also highlight outstanding staff and excellent care. The top-performing wards can be identified, and their ways of working analysed. Disseminating such best practice information would provide a practical model for lower-performing wards to implement.

Instead of every ward manager having to individually figure out the answers to problems that are common to most or all wards, efficiencies of scale in learning will enable rapid change, saving staff time for the NHS as a whole. Patients will receive more consistent care, regardless of where in the country they live.

Acute and PIQU wards are short-term stabilisation units, providing a place of safety where healthcare professionals work to stabilise patients' mental health. Particularly if a patient has been sectioned, they may not be allowed to leave the ward for long, if at all.

The ward environment, including staff behaviour, is therefore a major factor in how effectively a patient's mental health can be stabilised. If patients feel unsafe, or even (re)traumatised by their hospital experience, it is more likely they will relapse after discharge, possibly requiring readmittance.

In 2015–16, the 30-day emergency readmittance rate for mental health patients in England varied between 1 and 17 per cent (the median average was eight per cent).¹⁰

Precise figures are not available, but estimating from the available data, emergency readmissions for mental health cost the NHS approximately £94.5 million a year.

When patients' voices are heard, problems can be solved, improving ward conditions and enabling patients' mental health to be stabilised faster. This could decrease both the average initial hospital stay and the likelihood of emergency readmission. If the median average readmission rate can be reduced by just one per cent, the NHS will save around £11.8 million every year. These four policy measures, costing approximately £1.82 million to introduce, will therefore pay for themselves six times over within 12 months.

The financial and ethical case is clear: there is an urgent need to redesign the patient feedback system to take account of the power dynamics in operation on mental health wards.

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Hester Velthuis



Diverging standard employment practice for a healthier and safer workplace

Participation in society is at the core of people's happiness and wellbeing. That is why employment and feeling meaningful at work is extremely important for global mental health. A recent survey shows that a staggering 85 per cent of employees worldwide are not engaged at work,¹ which has been estimated to cost the UK economy £340 billion annually.²

The underlying cause of employee disengagement is the lack of suitable support for people who experience difficulties to participate in the standard employment conditions. This is the case for those who are neurodivergent, their brain functions diverge significantly from the societal norm.³ For example people with dyslexia, Tourette's Syndrome, autism, ADHD and misophonia, but also those who are transgender, colour blind or left-handed, and more.4 The neurodivergent worker has distinct peaks and dips in their skillset. These dips predominantly concern "executive functions" such as concentration, planning and memory. As a result of the standardised employment processes, their unique skills remain unrecognised and they often remain unemployed,⁵ end up in prison or are positioned far below their potential. In the workplace they do not receive the right help to participate optimally,⁶ leading to high employee turnover, sick leave and a lack of motivation to work.7

Since 1974, employers are obliged to offer health and safety training to their employees. Since 1996, they are required to assess their employees needs and consult them about the subsequent improvements made. Although the Advisory, Conciliation and Arbitration Service (ACAS) recently released a "Neurodiversity at Work" Code of Practice, no national practice has yet followed. Therefore, my policy suggestion is to include a module on neurodiversity in the health and safety training and assessment for employers and employees.

The Health and Safety Executive, a national public body sponsored by the Department for Work and Pensions, will be overseeing the implementation. Training material and assessment questions will be produced based on existing national guidelines⁸ and evidence from publicly and privately funded research.⁹ The module assesses the employees' needs and potential for growth, in order to suggest tools and adjustments fitting the individual, and not record data about disability. The policy will be mandatory across all sectors and industries, and effectively promote and push for the adoption of tools in the workplace (eg noise-cancelling headphones, silent "break-out" rooms) and normalise the use of inclusive software¹⁰ (eg speech recognition software) and other inclusive practices (eg providing information in multiple formats/media).

Pioneers in the field of neurodiverse working, ie Microsoft, Google, SAP, Deutsche Bank, Ernst & Young all highlight the value of an "inclusive company culture". Their statistics show an absolute increase in creativity, productivity and revenue.¹¹ For the ease of the employer, recourses of outcomes and learnings from existing business cases will be listed in the training material.

There are many astounding outcomes from neurodiverse employing initiatives in all sizes of private companies¹² as well as public institutions.¹³ Providing evidence that this policy will improve engagement of the workforce for a more productive, healthier and meaningful society.

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Policy Idol 20

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DIVERGING STANDARD





Matthew Ader


How Britain can transform its citizenship system to turn popularity into strategic advantage

The United Kingdom is in a moment of strategic danger. Brexit has strained ties with our partners in Brussels. The United States is helmed by Donald Trump – an erratically isolationist populist. The current leading chance for replacing him, Bernie Sanders, is doubtful of the Americanled international order. Global Britain is seen by many as a damp squib.

The increasing isolation we face is exacerbated by the rise of peer competitors. A revanchist Russia interferes with our democracy, slaughters civilians in Syria and threatens eastern Europe. China, meanwhile, undermines international law and builds dependencies through debt diplomacy. Both present a major threat to UK security and interests. Yet with our partners increasingly distant, how can we stand against these great powers? What advantage can we leverage?

One key thing we do have is reputation. 33 million people want to permanently resettle here.¹ English is the international language of choice. The BBC World Service reaches hundreds of millions of people. But this is diffuse. How can it be converted to strategic capability?

The answer is my policy idea – the Electronic Commonwealth (E-Commonwealth). Anyone employed by a British company or Her Majesty's Government, anywhere in the world, is automatically enrolled. The idea is that the longer you work for an accredited organisation, the more rewards you get. This starts with British Council language products, escalating through free BBC access, online NHS consultations and finally citizenship, with the option of residency after a suitable delay.² This policy would let us spread our values further, empower business and strengthen migration. In terms of values, it would provide opportunities for targeted communication. It would also incentivise enterprise and demonstrate that Britain is open to hard workers – in line with broader government policy.

British businesses would find it easier to recruit and partner abroad under this scheme. If working for Tesco or Compass came with a path to citizenship, more people would engage. Moreover, these benefits would incentivise more transnational companies to base themselves in the UK – and be taxed. The E-Commonwealth will therefore empower our businesses and bolster the public exchequer.

Lastly, the E-Commonwealth would provide a route for diverse migration into the UK. The proposed points-based system meets government intent but will limit service sector immigration. The E-Commonwealth, through its applicability to all workers for accredited organisations, would plug this gap without compromising the broader strategy.

That sounds wonderfully utopian. But how much would this proposal cost? And what are the risk factors?

First, cost. The exact price tag is unclear at this time. However, the British Council spends approximately £1bn a year. Given the overlap of services offered under the scheme, this seems an appropriate estimate. That sounds substantial. However, set against the £13.4bn spent on overseas development aid – or the £56.1bn spent on defence – it is relatively minimal.^{3,4} Given that the E-Commonwealth would provide a unique advantage across several domains of national power and influence, it is worth the money.

Second, risks. There are two potential challenges, but both can be effectively mitigated – the perception of imperialism and the risk of impotence. It may be argued that the E-Commonwealth has imperialist undertones, rewarding those who work for British companies. This is inaccurate; becoming a citizen of any nation, and earning benefits in most, requires employment. The novel part of this scheme is outsourcing that work so that prospective applicants don't need to immigrate first. Nonetheless, this concern should be taken seriously. The E-Commonwealth should launch alongside a strategic communications effort to get ahead of any concerns and reduce them.

Impotence is the second potential challenge. Those enrolled within the E-Commonwealth scheme may expect a degree of protection from the British government. The expatriate citizens generated by successful completion certainly will. This means that we can only launch the scheme in secure nations with good human rights records and relationships with Britain. Otherwise, we risk demonstrating British weakness through a failure to protect our people. Using the existing Commonwealth of Nations as a starting point for the effort will mitigate the challenge. Future expansion into other countries will have to be carefully considered and vetted. Yet, it is doable.

Britain is increasingly isolated on the world stage. We face competition and threats from peer authoritarian powers. Our alliances are not fit to purpose. Our sovereign capabilities cannot match the threat. We have a groundswell of soft power and influence around the world. The E-Commonwealth will provide a platform to effectively turn it to our advantage. It will provide a unique capability to defend and advance British interests in this increasingly uncertain century.

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-Commonw





Joy Nyabwari



Tackling period poverty for all women

In the past decade, many campaigns tackling Menstrual Health Management also known as 'period poverty' have focused on increasing access to sanitary products in the developing world. Period poverty is a lack of access to sanitary products as a result of financial constraints. The issue has gone unnoticed in the developed world for some time. A 2018 report by menstrual hygiene company Always via onepoll.com revealed that in the U.K alone, more than the 137,700 girls missed school due to period poverty.¹ Since this report, multiple studies and reports continue to highlight the severity of period poverty in the U.K.

The same report reveals some of the social economic and consequences of period poverty.² These include:

- Anxiety and depression.
- Lower probability of completing GCSE or A levels.
- Theft (6% of parents admit to stealing as a last resort to provide sanitary products).
- Missed work and educational opportunities for women and girls.
- Health risks (many women at risk of STI's from using unsanitary products).
- Homelessness (survey finds link between period poverty and homelessness).
- Stigma (more than 40% of women resorting to makeshift products).

In response to the report, period poverty has gained significant political attention in 2019 and 2020. The Government of Scotland in 2019 became the first country in the world to provide free sanitary products for all girls in primary and secondary schools as well as universities.³ In mid-2019, the Welsh government followed suit providing free sanitary products for all students. In January 2020, the UK government introduced a scheme to fund schools with sanitary products.⁴ These changes are evidence that the government is addressing period poverty on an unprecedented scale.

The current approach is not working, and period poverty continues to persist. Studies from Scotland revealed that 75% of girls were hesitant to ask male teachers or administrators for sanitary products. 25% of females admitted they wouldn't even ask a female staff member. Equipping schools also only accounts for the time that the girls are in school and does not cover weekends, holidays or any other time the need arises. This approach only aids a fraction of those facing period poverty. This scheme does not help homeless or economically disadvantaged women of working age.

A 2019 study by the University of Leeds' Centre for International Health and Development recommended a 360 degree approach to Menstrual Health Management. The report reveals that the taboo of menstruation generates "pervasive silence and negative social norms around menstruation".⁵ The study concludes that addressing the shame and stigma surrounding menstruation is key to tackling the issue of period poverty.

Research carried out by GingerComms together with campaigners from the Bloody Big Brunch found that 65% of UK citizens believe sanitary products should be free for all women.⁶ Yellow Box intends to solve this issue by making sanitary products free to all in need. Yellow boxes will be easily identifiable boxes filled with sanitary products and placed at strategic points throughout the UK. Yellow Box will enable women and girls to pick up sanitary products for free at any time of day or night. The project will be piloted in the boroughs of Barking and Dagenham and Hackney, as they are two of the most economically disadvantaged boroughs in London.

Tackling period poverty through the Yellow Box initiative will have the following benefits:

- Reduction in the number of girls missing school due to period poverty.
- Reduced anxiety for all those facing period poverty.
- Dignity for economically disadvantaged women and homeless women.

Yellow Box is more than a policy. It is a message. Most importantly the unambiguous yellow box will serve as a reminder that women's issues are society's issues and help to dissipate the stigma surrounding menstruation.

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Accessibility to quality apprenticeship pathways

Apprenticeships in the UK are becoming increasingly popular and the stigma around their training compared to other education pathways is shrinking. Across the UK there are around 740,000 people currently on apprenticeship programmes, which on average annually add £30 billion to the economy.¹

Currently 80 per cent of British businesses have told the CBI the lack of skills entering the market was hindering this country's competitiveness.² Particularly, with vocational and leadership skills, skills which apprenticeships are much more focused on and are an effective tool at shrinking this gap. Therefore, we propose that this government needs to enhance the current setup of the apprenticeship scheme in order to improve the lives of workers and the competitiveness of this nation. Our policy has three aims: to improve the current apprenticeship levy, centralise and standardise the application process and secure the rights of apprentices.

Currently, businesses with a pay bill over £3 million are charged 0.5 per cent of their annual pay bill. This money is then set aside for the business to invest into their apprenticeship schemes. While this has improved funding for apprenticeships leading to a larger number of schemes available, the levy has failed in certain areas. In the UK, small businesses comprise of 99.3 per cent of the total businesses yet this levy is not fully available to them. This means apprenticeship schemes are not being funded well enough in the small businesses which are the foundation of the UK economy. To improve the range and quality of apprenticeships, we propose a minimum of 20 per cent of this levy is distributed to smaller firms.

Doing so will have several impacts. Firstly, it will distribute schemes across the nation, improving their accessibility

whilst distributing productivity. In 2018/19 only 23,260 out of 393,380 apprenticeship schemes in England were in the north east, with the majority of apprenticeships in the south. Widening the businesses running apprenticeship schemes would help distribute jobs and growth. The current administration has a focus on widening the productivity in the UK and this policy is one step to achieving that goal.

We also recognise that most apprentices are young adults – either the age of A-level students or undergraduate students. Hence, most need to have apprenticeships close to home so that they are able to commute cheaply and prevent extra costs for rent.

Shifting the focus of apprenticeships away from larger businesses will create a more diversely trained workforce, moulded to fit the UK. As three fifths of the working population work in smaller businesses, it makes sense to train the new workforce in this environment.

The centralisation and standardisation of apprenticeships is the largest part of this policy. Creating a uniform system for applicants would vastly increase the accessibility of apprenticeships and improve the quality and purpose of apprenticeship schemes.

Firstly, apprenticeships need a centralised search website which provide every available apprenticeship. Currently there are several major websites, each with slightly different apprenticeships available, making it far more complex to find apprenticeships than it should.

Secondly, this website then needs to break apprenticeships down into geographical sections. Many apprentices commute from their family home as it is not financially possible to move. Hence, a location is a key determinant of apprenticeships and should be made clear to applicants. Thirdly, the application form needs standardisation. At the moment, each scheme requires a different application process, limiting applicants to apply to fewer schemes than possible because of the varied requirements. A government created form, which employers could tailor to their needs but not fundamentally change would help applicants be more efficient at applying. With this form, the government would be able to set the general structure of what an apprenticeship should look like, instead of the employer deciding how to create its scheme. The government would be able to set the foundations in order to secure equal quality across all apprenticeships.

Securing better rights and working conditions for apprenticeships is also tied to centralising apprenticeships. The government needs to ensure apprenticeships are working to what they are paid for. While is it not possible to monitor everything, the government needs to set stronger standards in place to make sure apprentices (often young people) are not being overworked. With a lack of experience and power, it is easy for apprentices to be manipulated or pushed beyond what they are paid for. Included in this, we propose a rise in the payment of apprenticeships. Currently, apprentices in their first year are paid a minimum of $\pounds 3.90^{3}$ and while this increases, we believe the pay must be higher in the first year. And while we acknowledge these workers are not fully qualified, often they are performing tasks that another worker would get paid at least the minimum wage for. Therefore, while we desire to increase the minimum wage in apprenticeships to the real minimum wage, a compromise could be met.

Our desire to change apprenticeship schemes across this country are based in a belief that the education system should be as flexible as possible to cater to both to the economy and the individual needs of young people. Current systems favour certain types of learning capabilities and create a more rigid workforce. Shifting the power of learning away from academia into business will create a more efficient workforce and unlock the unused potential in this country.

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Matthew Waugh



Peer support in sport to improve mental health

Peer support helped change my life. I used to be very depressed. And this was mainly because I used to drink too much. I'm going to share a quick story about how I stopped drinking. This was a few years ago and I'm up in Edinburgh for the weekend. England are playing Scotland in rugby. I go up on the Friday, I have a night out and don't go to bed. I go straight to the game on the Saturday.

I'm trying to use my card to buy a drink in the stadium. My card has been declined. And this doesn't make much sense to me because I should have been paid the day before. I call the bank and ask what's going on? They said I had been paid. What happened was I'd spent my entire month's paycheck in a single night and not remembered it. At that point, I thought it'd be a good time to retire. And England also lost to Scotland that day, so it was a very expensive and unsuccessful weekend. But how did I stop drinking? This was something I tried to do for a long time.

At the same time, I was about to start training as a mental health nurse at King's. I remember on my first day of placement, I'm shown around this big hospital and it's got eight wards on it. As I'm being shown round, I'm really surprised to see that on all the wards, there are small gym spaces. These gyms are going to be really important. Whenever I've been really depressed, exercise has been the most important thing to take me out of that space. I then realise as soon as I start my training that the gyms are all locked and are never used. I thought I'm going to start training. I opened them myself and that's what I did.

I started exercising with the patients every day in the hospital and it was really good fun. I realised that hospitals are actually really good places for behaviour change. This is because patients are so bored and so miserable that if you put something fun on for them, they'll do it because often there's nothing else to do. I used to come in and bring speakers to play music the patients like and we trained together everyday. I exercised with about 105 patients, male and female, over that time and it had really, really good outcomes. I realised that this, in essence, was peer support. People with similar or shared health experiences give support to or gain support from each other.

This is something that the NHS are really looking to focus on in their five-year forward view. A great example of how this works in practice is that Mind, the mental health charity, between 2014 and 2017 trained 224 peer support workers. People with lived experience of mental illness who are passionate about sport and often changed their lives with it. And these 224 peer support workers were able to engage 3,585 people in a 12-week programme of community sport. 83% of the participants reported improved mental health, and one participant said that it saved their life. What better return on investment can you get on that?

What I'm advocating is to actually learn from this and create full-time peer support sport roles within the NHS. People with lived experience who have improved their lives through sport and are passionate to help others do the same. If we created these roles and piloted it across five trusts, it would cost us just £105,000.

Since that weekend in Scotland, I founded Live More, I won places on the King's 20 accelerator and the NHS clinical entrepreneur programme. I've won a Winston Churchill fellowship to go to Australia to learn how they do peer support.

I think that this is something that we should lead the world in.





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Heat judges

Charles Clarke, former Home Secretary;

Catherine Connolly, Founder, Economicsense;

Jonathan Grant, Vice President & Vice Principal (Service) and Professor of Public Policy, King's College London;

Suzanne Hall, Research Director, Ipsos Mori;

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