Name of Transcription: Regional1Pc10.3.20

I = Interviewer, P = Participant

I: Okay, so, just for the record, do you want to start by just telling me a bit about your role? What you do in the network and what your background is.

P: Yes, okay, yeah. Okay. So, my name is [… covers career background and timeline]

I: Right, okay. And what’s your role in the network?

P: Yeah, my role, I’m the executor director of the organisation and we have – although we don’t need to do it for a community interest company – we wanted to kind of be the best and kind of achieve gold star standards. So, we recruited a board, so we have a board. So, those people include backgrounds from academia, HR, human resources, [name] is on there from industry, we’ve got a director from [place], works for [place]. So, it’s quite a substantial and robust board

I: And so, then the board, with the partnership itself, the network itself. Who’s on there?

P: So, the network – we have – we do monthly briefing documents and circulate newsletters and things. So, that goes out to the region of about 500 different organisations and our regular meetings, network meetings, we have one Thursday and just over 60 people come to that, but it’s usually between 40 and 55, something like that.

I: And who’s represented on that? You don’t have to give me 60

P: To give you a flavour. Of course, includes PCCs office, the Police, GLAA, DWP, HMRC, Local Authorities play a key role in the [region], and then Public Health England, of course. Representation from the NHS, but I don’t think it could be said that they represent the whole of the NHS in the [region]. And then we have third sector organisations and charitable organisations, and housing associations that all support victims of trafficking. And then of course salvation army. And one of the home office subcontracted care and support [??] So, in essence – but also in the [place], the modern slavery strategy includes the aspect that each local authority area will have its own modern slavery partnership which feeds into the strategic one, so the leads from the [number] local authority partnerships attend our network meetings

I: So, in your view then, why is the network necessary?

P: I think it’s necessary, when you have a look at what partnership working is and why do we even need to do it. So, the fact is that why do we need to do it is there’s no one organisation, simply, no one organisation that can deal with all aspects of trafficking and exploitation alone. It’s impossible. So, you need to work in partnership with other organisations. Other organisations also have a responsibility – it’s not solely the responsibility of police and law enforcement. And if you have a look at, of course, this is a dedicated modern slavery and exploitation partnership. There are many other partnerships around, some statutory, some not, community sector partnerships, organised crime partnerships, health and wellbeing boards etc. etc. where modern slavery may be on their agenda, but it’s on their agenda along with many other things. And the level of knowledge is probably not gonna be that high in terms of this agenda within those boards. And also, many of the organisations that are working on this agenda probably aren’t represented at those different partnerships either. So, it does lend itself to kind of being a need for a dedicated modern slavery trafficking exploitation type partnership

I: And sort of going back to the NHS representation – in an ideal world, who would you want to be there from the NHS in the region?

P: In a way that’s not for me to say that, it’s the NHS to decide who they would like to be there to properly represent them. So, when we send out briefing documents, when we send out legislation changes, policy changes, kind of critical updates in terms of types of exploitation and that would be useful to A&Es GPs, midwives etc. etc. and it’s for the NHS to think who would be best represented. Maybe could be more than one person, actually, to attend meetings, gain this knowledge and properly disseminate it and implement it in their own organisation. That’s what each of them has done in the partnership. So, you know, we ask the DWP to attend, they decide, within the DWP, who is best to attend this meeting. That’s kind of generally how it works.

I: Something about the NHS that’s –

P: It’s more about the NHS than it is about the partnership, to be honest. The NHS is so complex, and is probably, you know, probably quite bold to say it but it’s such a large, complex organisation that communication even internally must be extremely difficult.

I: Yeah, sure, that’s a point to take to the NHS when it comes to interaction between PHE and the rest of the health sector. So, could you say a bit more about PHE involvement?

P: So, I guess linking up to kind of general conversation around partnership working and so some of the work I do – not connected to [region] particularly – but I am also commissioned by the police transformation programme to write and talk to crime commissions and do workshops around the country to those officers in relation to their roles, governance, accountability, scrutiny and commissioning services. Because – and we have these discussions around whether partnerships should be statutory or non-statutory and then some people will say “This is such good work it should be statutory” but on the other hand, you know, look at [region] here. 60 people are attending, it’s not statutory, they don’t have to attend, people are extremely busy with multiple jobs and roles nowadays, but it’s still fine for them to attend. So, it’s identifying what that actually is, that kind of ingredient. And then there are other forums that are statutory and they’re not doing anything. You know, somebody gets sent along because they have to and that’s the end of it, where this way, the passionate and enthusiastic people and that’s the kind of key ingredient, that’s what’s happened here in the [region], really, because you could literally phone up somebody else in Public Health England or elsewhere in the country and they might say “Nothing to do with us” so, we were fortunate enough here to meet [person] who actually, many years ago, actually got this and they get the links between the different agendas. Because I think what’s important to recognise is that modern slavery and trafficking exploitation isn’t a standalone subject matter, it’s linked to domestic violence, it’s linked to homelessness, it’s linked to sexual abuse, crime and so from a public health perspective, certainly in the [region], they get that and then they are able to link those things together and kind of join the dots of the many strands of work that Public Health are involved in.

I: So if I were to go back to PHE and say “This is a really important public health issue, it’s got much broader implications”, what would you advise me to tell them about that would engage beyond the region? So, if I were going to PHE “We need some more work in the regions” what would you advise me to tell them? What do they need? What are the ingredients of the things they need to get people engaged from a Public Health professional background?

P: First of all from the conversation we had earlier for somebody within that region to reflect on the purpose of public health and then for somebody with the knowledge of modern slavery exploitation and safeguarding and protecting the vulnerable, trafficking encompasses all of those, is to have the conversation and then it would dawn upon somebody why public health needs to be in on this agenda

I: Okay, I’ll reflect on that.

P: I think that’s where – cause I’ve had conversations with people from other organisations and it’s not as though until you sit down like this and say that this work isn’t just about trafficking female victims of sex exploitation from Lithuania to the UK. It’s far more than that. And this is the impact upon the UK, the communities, victims themselves and these are some of the challenges we’re facing and then you know. It’s very rare that once you’ve had that conversation, it’s very rare that somebody from Public Health in particular would get up and say “this has got nothing to do with us”

I: Exactly. And so, with the network, what makes it work well, in your view?

P: I think there are a number of things and I think this is the fragility of partnerships and networks. First of all, I think I’ve made a contribution with my background and knowledge, but I learn every single day because nobody could ever call themselves an expert on this, you’re literally learning every day. And it’s by having the people skills and those views that helps build relationships and honest and transparent relationships between organisations. And it’s about partners also being honest themselves. So, as long as they can see us being honest and open, they themselves will be honest and open. So, gone are the days when you would have a police officer stood at the front presenting saying “We’ve absolutely got this nailed. Don’t worry about it. This is perfect” They’re there saying “There are gaps. We know we need to do better. How can you all support me?” and it’s about supporting each other. You know, the knowledge varies so widely across partnerships and also resources. I think the other kind of key ingredient could be that we don’t provide funding to any partners and none of the partners fund us specifically. So, there’s no in-fighting between partnership members around getting funding. And I think funding is one of those things that, especially in the third sector, it’s troublesome.

I: Yeah. In terms of conflict of interest?

P: I think the third sector is complex. They all need funding to survive and to keep jobs and I think there has to be benefit in going forward, when commissioning services, funding multiple organisations as opposed to just going to the same old organisation.

I: So, we were talking a bit about what makes the partnership work well. Are there things that, in your past experience of being involved with lots of collaborations, what makes those things harder or what makes them fail? Collaborations or partnership attempts when they’re not successful

P: I think that it’s important to have some sort of government structure. You know, it’s very hard when it’s a standalone organisation, but I really truly believe you need a political will for this. So, it’s all very well [me] getting some friends around the table, but if it’s not supported by the Police and Crime Commissioner, or it’s not supported by councillors or CEOs of local authorities, nothing would get done. And I think the other element that sometimes we have meetings and although the content’s really interesting, and everyone has a fun time, if nothing comes of it it’s a waste of time. So there has to be actions that come out of it. It has got to be action driven. And people have to – they can’t be totally reliant upon me or the team to do all of the work. People have to take responsibility. So, that’s where you’re talking about Public Health and NHS, we’re kind of saying to them “You’re raising these issues. What are YOU doing about it? We can support you, but you need to take responsibility.”

I: And so, when you have those actions from the meeting, did you have a feedback system as well?

P: Yeah, we have actions, we’ve got an action spreadsheet. So, if a challenge comes up or something needs to be done and we need to find out more, we can allocate an action to somebody or an organisation and the next meeting they come back and update us, we’ll share information. And by having the governance and things around work it means that those challenges can’t be resolved around the room, it can be escalated to a more strategic level. So, to have the structure for us and elsewhere - you know, you could escalate it to the home office in two easy steps, so. And that’s important. Otherwise, if members or network partners see that challenges keep coming up and nothing ever gets resolved, you can guarantee attendance and enthusiasm and things would run out in the end

I: Have you got an example of that where you’ve escalated and change has happened? So, you’ve gone up the chain

P: Oh, there’s lots of examples. I think some of the challenges around national referral mechanism about the completion of NRM forms, about who is actually a first responder. So, [person] who you spoke to earlier, from the work that we’re doing, the safehouse project which is just a kind of local project for us, supported by Public Health England and health. That’s resulted as the first in the country. They’ve been asked to it on the Home Office working group for care and support for victims. They want to learn from our evaluation, they want to learn how the project’s going, so they want to implement this post-rescue accommodation service, whatever that’s going to be in a new NRM contract. So, that in a way is a small piece of work that we’re doing is influencing national policy and procedure and things.

I: And moving a little bit back towards the politics. So, political leadership in the [region]. Who are the key players in that and how do you involve them?

P: I think – there’s only a couple of ways from a political aspect. First of all, the PCC, it’s a political post, an elected post, the PCC in the [region, political party] candidate. We work on trafficking and slavery on a [regional] combined authority homelessness task or steering group and that’s [political affiliation]. [Place] Council who provide a place of safety house and support us in many ways there. Their councillors who have visited the house are political posts, and publicly elected posts. So that’s kind of how we get the political buy in, that way, and then our work feeds into a national Police and Crime Commissioners Modern Slavery and Trafficking forum, chaired by [name].

I: Is it important to have that political awareness, do you think, in this sort of collaboration?

P Yeah, especially on this agenda. And I think even more important going forward because we’ve just had a general election, the government probably got in on the back of Brexit, so current government and home office thinking has probably changed in terms of illegal immigration, asylum seekers, and so in the next 12 months it’ll be interesting to kind of keep an eye on things. Because if the public are electing the likes of PCCs and councillors and MPs based on that thinking, and we saw that across swathes of the north where they went from labour heartland to conservative, we know potentially based on Brexit and things. It’ll be interesting. The PCCs posts, there are a few independents but in the main where you have a strong labour heartland, they will be labour PCCs. So, if that changed as well.

I: Does that alter your approach to how you present the network or the work around modern slavery at all?

P: It’s something we keep a view on. We’re not a political organisation, but we are victim focused. And we are kind of aware that if victims get the right care and support and we do the best we can on this agenda, it will lead to prosecution of perpetrators and building intelligence and things. We know that.

I: Okay, that’s helpful. So, involved in the network you say you’ve mentioned before that you meet every 6 weeks. You also have these other bulletins of information to keep people engaged. How would you describe a routine network meeting?

P: So, a network meeting is a set format. So, there are a set number of items that are on the agenda every time. So, you have seven local authority partnerships, so every meeting we introduce each partnership in turn would do a 20-minute presentation on what that area is doing. So, I think the next one is [place], but each local authority takes it in turn, so then everybody is getting kept abreast of what each one does. And I guess underlying that could be a bit of competitiveness. If someone’s not doing so well and they attend one and they see the amazing stuff someone else is doing

I: Like [place]

P: Yes, exactly! And the police give a regular update, so they’re a standing item on the agenda. They speak about trafficking from the last meeting. Numbers, nationalities, challenges, how it affects children, forms of trafficking. So then everyone is kept abreast of exactly what trafficking looks like here now and that’s broken down into local authority areas as well. And we have Barnardo’s, they give a regular update on the independent child trafficking advocates, or guidance, and so we have them making sure we bring in the child element into our work. So, we have them there saying what child trafficking looks like here in the region and then after that we build in a couple of additional and different presentations and speakers each time. That’s just to kind of build our knowledge and also ensure that all of the partners are aware of all of the other partners’ aims and objectives and the work they’re doing. So, sometimes you might just go, I don’t know, DWP, we always assume we know what DWP does, but sometimes, you know, it’s good to have them present on the work they do so kind of building relationships between each other, network members, they know that they’ve got the details of DWP, so if it’s a small charity or some other organisation wants to contact one of the other members there, they’re not phoning a generic helpline number and the person on the other end of the phone doesn’t know what they’re talking about. They know they can ring [name] from DWP who knows exactly who you are and what it’s about. So, those are some of the benefits of network meetings.

I: Yeah. Is it important to have that structure? I mean does it arise naturally?

P: It’s just evolved, really. It’s just us being conscious of not doing the same thing year in and year out, becoming outdated, not making a difference. Just kind of consistently evaluating and monitoring our work, getting feedback from attendees, other parties. “What would you like to see? It’s your network meeting” You know, “What would you like to see? What do you want us to do?”

I: Yeah. What do you think the network achieves in facilitating this dialogue?

P: I think one of the main things, I would say, is that without something like that, of some sort, you potentially have got 60 different organisations doing their own thing, going off in all sorts of directions, using all sorts of resources and funding. No joined up, no connectivity at all. What you’re doing is you’re getting them all on one coach, setting the direction and you’re all on this journey together. So, you’re avoiding wasting resources and funding, you know. If there’s an organisation over there has just spent a load of money on leaflets or literature or something like that and then another organisation the other side of region thinks they need literature or leaflets and ask PCC for an applied grant to print something, “You two need to talk to each other”. So, it’s also kind of like DWP said this, it’s like the one door into the [region] to access all those organisations and it’s really a one door. Our side of the [region] to all of the work in the UK, cause we attend national forums. So, and that’s important, I think. It’s all very well being linked regionally but you need to be linked nationally too.

I: Yeah. Who do you link to mostly on a national level?

P: National Crime Agency, Human Trafficking Foundation where we are chair of the National Network Coordinators forum, so that’s coordinating all the partnerships. I attend the national Police Crime Commissioner’s Modern Slavery and Human Trafficking network on behalf of all of the other partnerships. We link into the home office and other coordinators and other third sector organisations.

I: And as a whole, how coherent do you think activity is across the modern slavery, human trafficking prevention and responding to victims’ needs and so on? How coherent do you think it is nationally? Is your experience different to others’?

P: So, a number of years ago you had the home office modern slavery strategy speaks about partnership working, but it never explained what that actually meant and how that looked. And at the time we’d been up and running for many years, I think, and we were closely linked to the National Crime Agency and Human Trafficking Foundation. The Welsh Modern Slavery coordinator, Unseen, I think. And some others. Eventually got a meeting together – a number of meetings, actually – with the home office to say “You have this in your strategy that’s just been published. Are you going to co-produce any further guidance on how this should be?” You know, and the room was kind of split, really. In my opinion, I thought that the home office should be supporting the partnerships around the country, they should all be joined up and all working with common aims and objectives and things. Another part of the room was kind of “Let wildflowers grow”, almost. “We’ve said work in partnership and how you do it is up to you.” And I think at times reflected at the Notts University Rights Lab report on partnership collaboration for freedom, cause what’s happened is you have got this “Let wildflowers grow” approach. To some degree I agree with it because the model that works for Greater Manchester police, a challenging model, wouldn’t work in Cumbria. And the one they’ve got in Cumbria wouldn’t work in GMP or the metropolitan area, or West Midlands. And so to some degree of making it bespoke for your region, but the fact is that what’s happened as a result of that is that you can literally get Mrs Jones and her three friends set up the Solihull partnership and say “We’re in a partnership” and apply for funding. And I think the new publication by – I’ve seen the first draft from the Rights lab on the revision of that first document – and it lists all the partnerships in the country. And they’re not large regional ones, or even local authority areas. It’s some very tiny partnerships. So, when you might get an independent commissioner saying that partnerships – well we really need to – or the home office or anybody else – they need to talk about what partnerships are you really talking about? Are you talking about partnerships in general? You say partnerships, dedicated ones? And if they think this model is a good model, I think it should be supported. Not just funding, but it should be supported and promoted. And provide proper kind of governance, accountability and scrutiny on the work across the UK. Cause I think it’s dangerous. Cause it’s unregulated, that’s the other thing.

I: So if you had a wish list of how you’d like to see this sort of partnership and network arrangements across the country, from your own experience, how would you like to see it grow and change to better meet the needs of local areas, communities, victims?

P: I don’t think it should be made statute (You do or you don’t?) I don’t. No. I don’t think that would make any difference. But I do think that first of all there should be recognition that without the partnerships that this agenda would be way down the list of priorities and any connectivity or any good work going on. Because if you kind of really think about how you’re here today, you know, you were put in touch by [name] who sits on our partnership. Otherwise, and [name’s] only on this agenda because they attended our partnership. So, you know, although there’s no real structure to that, that really is just how it is. But in a way, it shouldn’t really have to be solely reliant upon keen, enthusiastic, passionate people to drive such an important agenda forward. This should really be driven from the centre and not just by saying “Work in partnership. Get on with it. There’s no other support or funding or anything else that comes with it”. And then, being critical of what’s happening around the UK, in terms of partnership working. If there’s no real support behind it.

I: What would that support look like?

P: I think an example could be that many years ago I had this idea about getting a modern slavery partnership call notice together and seeing if there was any benefit in us meeting every quarter to identify trends in good practice. I went to the Trafficking Foundation and someone I was working with there, Tatiana Jardan who was then CEO of Human Trafficking Foundation. Then went to the commissioner’s office. And said to her about it, she said “It’s a good idea. Let’s do it” And that is still how it is. There’s no upper forum in the UK where the coordinators and partnerships get together. So, it’s so reliant upon me having this idea and Human Trafficking Foundation supporting it. That is literally it. So, that’s the craziness of it. On the one hand they’re saying it’s a key priority for the country and the government, at the same time – and kind of for them also being able to have a say in where those partnerships fit in. You know.

I: Okay, that’s really helpful and interesting. Just sort of turning back towards Public Health engagement and conscious of the time. What do you think that – so, we’re interested in what added value, what might be the added value of Public Health or health sector, more generally, so health sector including health services and Public Health. What is the benefit of including the health sector in these partnerships? So, what benefit is brought to the network or benefit it brings to population?

P: I suppose there are a number of benefits. First of all, about victim care and support. That’s vital. The vast majority of victims you rescue or are identified need access to health services. And there’s barriers to that. First of all, there are language barriers. Accessing GP surgeries. Accessing other specialist health. Other services. Especially if somebody is transient and hasn’t got any identification documents. You know, sometimes they’re being turned away from health services because of the lack of knowledge within the health service about who should be able to access. The likes of receptionists and others acting as a gateway to the services. And so that’s where advocacy is required of course. And, you know, in terms of work with [name], you know, they commissioned us to do a piece of academic research on access to health for Albanian victims of trafficking, which was reasonably low cost but it had a real impact and was able to – and I think it’s something Sara Thornton advocates is that, you know, there is so much academic work going on out there that once it’s done, there’s so much good stuff out there that it just gets stuck in a cupboard and nothing comes of it. Whereas something like that is very useful and actually can be used, and I think that’s important. [Name] as you know, is in a position not only to commission it, but to actually do something with it once it’s done

I: So, what did you do with it once it was done? Cause it was a good piece of work

P: It was published in a public health journal and then [name], I think they used that at various forums and national forums and things

I: Cause the evidence base or the size and the quality of evidence base is quite small in this area. So, it’s always great to have a new addition.

P: That’s for Albanian female victims of trafficking, but that story can be replicated with every other country and every other region of the UK, to be honest.

I: So, that’s one example of where -

P: That’s one example. There’s an absolute need for GPs, A&Es, Midwives to be aware of trafficking and modern slavery. You know, they’re such a key partner for a number of reasons. First of all, they are in the ideal position to identify victims of trafficking. There are certainly victims of trafficking who get taken to A&Es and GPs by their traffickers. And it’s not seen. And it’s an opportunity for the health service to up their game a bit. So, you know, a story could be that somebody who’s Polish goes in, they’ve had the end of their finger cut off working in a factory, they go in, somebody’s with them speaking on their behalf. Or they use, you know, the hospital cleaner who happens to be Polish to do the interpretation for them. Chances are they live in the same postcode as the victim. But, so lots of stories like that, it’s an opportunity for the health service. You know, law enforcement, local authorities, and health service, to some degree, have kind of upped their game on this now. And the NHS is so complex. This is a good opportunity for them to up their game and really kind of play a key role.

I: Yeah, yeah. Of course, public health approaches have emerged recently as a way of looking at these complex and challenging social issues. So, you know, violent crime, really good example. What benefit, if any, do you think there is of applying some of these emergent approaches to modern slavery and human trafficking? Is there any added value?

P: I think taking that concept. First of all, it’s a tough one, but it’s important that, for example, Public Health England is able to communicate with organisations outside of health about what they actually do. That’s a big one. I know it sounds quite simple, but, you know, in order to get by for other organisations and to kind of work in partnership, you have to understand what each other does. And I think you kind of gave a good explanation earlier about what Public Health England is there for, you know, and kind of goes right down to grass roots community wellbeing. And of course, slavery and trafficking fit right into that. Victims of trafficking are in our communities. They’re living in our communities. They’re accessing services in our communities. They’re working and living in the communities. But at the same time, they’re commissioning services, you know, and it’s important for whichever commissioned services there are, or tendering contracts and things, that you know who’s in your supply chains and things. You know, you could look out and see a huge building, you know, you could have an organisation like the [regional] Police who are doing amazing work on modern slavery and trafficking, they’re having an extension built to [place] Police station, you look out there, there’s all the construction workers there and you’ve got no idea who they are, which is crazy. That’s just – that’s a random example that I made up, but that’s kind of where Public Health England, it’s kind of knowing who works for them, setting good practice, leading the way, almost.

I: Yeah, yeah. Getting the house in order

P: Yeah, yeah, absolutely, yeah. And they’re in such a great position to be able to do it, but at the same time the people who understand the constraints of budgets nowadays, demands on services, you know. So, it is hard for them too, but not everything – you know, there are systems in place already within A&Es for example to identify victims of domestic abuse. Probably aren’t the same systems in place for trafficking and exploitation. But I mean from my perspective, the other one to be conscious of is that there is a Public Health England, and a Public Health Wales. NHS England and Wales. So, when the independent commissioner at the home office, they speak about work in public health. The last thing I think the previous independent commissioner published - it wasn’t until it was published that people realised it’s only for England. It’s not for Wales. It’s being conscious of that

I: Yeah, sure. Conscious of time. I wanted to ask one last question around how you sustain your work as a network and what you would like to see to support it further. So, it’s two parts, really. How do you sustain it and what would you like to see that would sustain it better?

P: So, for our network? (Yeah) I think it is longer term funding. You know. I really hate talking about money and about funding, because much of the time you can have support by other organisations that’s in kind. So, the fire service don’t fund us, but they provide our meeting spaces free of charge and things. And so many organisations public health England and so many partners have contributed in that way. But at the same time recognising that [name] and I had to travel here today for example, you know, you can’t pay for it out of your own pocket – that money has to come from somewhere. So like [name] has to pay their bills. They’re doing amazing work, but they have to be paid for. A lot of funding around this type of work – it’s because of the budget it comes from. So, from home office and other places. So [region] police would get their budget for next year, they don’t get 5 years’ budget, they get next year’s budget, so everybody within the organisation is on one-term contracts, so some really great people out there to employ, not many of them want a one-year contract. And it’s about the sustainability, really. And then I think the work of the networks and partnerships, so, although the Police and Crime Commission fund us here at the moment, I do this work in [place] as well and a number of other places, and they’re looking at different models of funding and they’ve recognized that the work we do actually benefits many agencies, so in [place] they’re looking at where the PCC makes contributions, but so do the local authorities. And that makes absolutely perfect sense to me

I: So, sharing the load a bit

P: Yeah, yeah. So, from the health perspective, I know from [region], we benefit from [name], but in other areas where they haven’t got that, you know, the partnerships and networks probably support the health services a lot. Probably health services aren’t commissioning any work around it or supporting them in any way

I: Okay, so it’s kind of a give and take model

P: Yeah, so, a very small example is up in [place] where I started a task and finish group and came out with a proper victim care pathway for local authorities. The lady from health up there from one of the CCGs, she took it upon herself to say “We’ve got a contribution to make and we will provide the health element to this” so she immediately like - where we have a victim care pathway for each local authority and pan-[place] is a fourth sheet of paper that has a flow chart for health, so she’s identified a GP that will take people. So, that’s kind of gold dust as far as we’re concerned

I: Yeah, it is, isn’t it? It seems very kind of based on this model of good will and the commissioner says she’s not very keen on that model, so.

P: Yeah, yeah. So, I would say – I would agree with her. I’m not keen on that good will, but someone’s gotta change it

I: That’s brilliant, thank you.