RSA

21st century enlightenment

Journal Summer 2013

Caring homes

Onora O'Neill on the importance of ensuring a dignified and comfortable end to everyone's life

Stephen T Asma looks at how we could construct a better care system around our biological biases

Susan Himmelweit explores the economics and gender roles of the care industry

Case study: Plan Zheroes

Plan Zheroes is a Catalyst-funded project started by RSA Fellows Maria Ana Neves and Chris Wilkie. It is a citizen-led initiative to inspire food businesses to give their surplus food to those who need it, so it will never go to waste.

Rather than businesses throwing away and paying councils (sometimes by the tonne) to take good food to waste, their online map makes it simple to find a charity nearby and organise to drop off surplus food to a local soup-kitchen or community group.

After 300 businesses and almost 200 charities signed up to the map, Plan Zheroes was recently designated as the knowledge brokering partner for a WRAP initiative to prevent food waste, which has signatories from larger businesses and from across the country.

www.planzheroes.org

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www.thersa.org/catalyst

"GOOD CARE IS NOT EQUALLY AVAILABLE TO ALL"

ONORA O'NEILL, PAGE 16

REGULARS

FELLOWSHIP IN ACTION

FEATURES

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"CARE HAS MOVED UP THE POLITICAL AGENDA"

MATTHEW TAYLOR

Both politicians and the public must ask themselves some hard questions if we are to begin the process of solving the care crisis

As we tramp slowly through a soggy economy buffeted by the winds of public sector austerity, it is hard to be positive. Yet still, though it is hard to believe, we are walking on rising ground. We are living longer and healthier lives, we are better educated and more cultured, we are less violent and more cosmopolitan, and most of us have choices and opportunities – many of them enabled by technology – unimaginable just a generation ago. Indeed, most of our biggest challenges are by-products of progress. Climate change is one example. Another is the crisis in care brought about primarily by those longer lives we can now expect.

Evidence of the care crisis is all around us. Hardly a day goes by without another grim news story of institutional negligence, policy failure, or people falling through an increasingly threadbare system. Worse than the crisis is what we have come to accept as a norm. In England alone, 400,000 people live in residential care, a destination most of us say we want to avoid for ourselves.

It is hardly surprising that care has moved up the political agenda. Both the coalition and Labour promise to overcome the division between a nationally funded health service and locally funded social care; a division that is both deeply inefficient and a trap that squeezes the hope and dignity out of vulnerable people and their families.

No one disagrees with the principle of greater collaboration, but in practice there are huge problems, not least blurring the boundary between a means-tested and a universally free service. But there could be an even bigger problem, one that is perhaps too personal to too many of us to be discussed openly.

Our whole care system – and this is true of both childcare and elderly care – is based on a convenient but wishful idea: that care provided on the basis of a financial contract will, in general, be of a similar quality as that provided by loved ones. No one denies that most remunerated care is well intentioned and of a reasonable standard, nor that family members can be guilty of terrible negligence. However, as Stephen T Asma eloquently argues in his article in this journal, to ignore the emotional processes underlying familial care and to imagine such processes can be successfully mimicked through financial incentives is to deny human nature itself.

We see our capacity to give and to receive loving care as integral to our humanity, yet care as an economic function suffers low status and poor remuneration. Of course, paid social and childcare is vital for the economy and liberates women in work. To suggest care should go back into the home and back on to the shoulders of unpaid women is neither reasonable nor realistic. Yet, before the socialisation of care is seen as an unalloyed advance for feminism, note that despite the remarkable progress towards equality made worldwide by professional women, the lowly care sector remains overwhelmingly female.

In the UK, hundreds of thousands of women struggle to balance work and home while paying much of their salary to other women to provide cut-price care to family members. This is a strange kind of liberation. Indeed, as I discuss with Michael Sandel in these pages, is there a danger that the commodification of care as a low-status economic activity feeds back into devaluing care based on loyalty and love?

It is not surprising that recurrent themes in feminist writing about care are the need to value it more highly and the vital importance of making further progress towards truly flexible working patterns. Seeing care as a pooled social responsibility, not just one that falls on the shoulders of immediate family, is also a vital principle.

As a social optimist, I believe we will find answers to the care crisis. Both population ageing and female labour-market participation on a large scale are relatively recent phenomena and we can surely, in time, develop humane and life-enhancing solutions that also respect the rights and aspirations of carers and the preferences and dignity of those needing care. But progress does not happen automatically or, necessarily, quickly. We need first to see the need for change, not just in government policy but also in our own attitudes, expectations and norms. In several of its articles this journal speaks to that need.

PHOTOGRAPHY: JOHANNA WARD

Award winners in New York

US STUDENT DESIGN AWARDS

CONNECTING EDUCATION AND INDUSTRY

The inaugural RSA United States Student Design Awards culminated in a two-day judging and awards event at the Cooper Union in New York City on 26–27 April. Kevin Owens, FRSA, design principal for the London 2012 Olympics, delivered the keynote presentation. Participants arrived from around the US as well as from the UK, and one enterprising group made it from California with the help of a crowd-funding website.

Initiated by Seren Page-Bailey, a former RSA Student Design Award winner, the US awards received both an RSA Catalyst grant and an RSA-US Challenge grant before becoming the first ever national project led by the US Fellowship in 2012. The programme, chaired by Cooper Union architecture professor David Turnbull, involves more than 60 Fellows as sponsors, advisers, faculty and judges. The briefs are co-designed by faculty and industry partners to inspire new ways of thinking about social issues and to produce practical and sustainable design solutions that meet industry needs. Unlike other design competitions, judges evaluate the student's potential rather than his or her submission. A weaker submission could be the result of gaps in curricula or a lack of resources and not a reflection of an individual's true talent.

In some ways the awards ceremony completed a circle 30 years in the making. In 1983, a young design student called David Turner won an RSA Student Design Award. This, he believes, changed his life forever, opening doors that might otherwise have remained closed. He went on to study at the Royal College of Art and built a successful international career in textiles and business. Fast-forward to today and David is serving as RSA-US president and has just overseen the launch of the first US awards. Winners received internships and/or monetary awards, including special awards for innovation, sustainable design and overall portfolio excellence.

Full details are posted at sda.rsa-us.org including information about sponsors, briefs and awards for the 2013–14 academic year. The full list of winners can be found at sda.rsa-us.org/sda/first-rsa-us-student-design-award-winners-announced

DESIGN AWARDS

DESIGNING FROM EXPERIENCE

Projects ranging from a rainwater-collecting canopy to a scheme to encourage bee-friendly neighbourhoods were among the winners of the 2012/13 RSA Student Design Awards. Alongside prize money, the winners accepted a year's Fellowship, offering them access to the RSA's SkillsBank and Catalyst fund.

"The winning students developed exceptional insight and ingenuity in response to the complex challenges in the briefs," said Nat Hunter, the RSA's co-director of design. "The awards have transformed their aspirations and they can develop a career that uses their new skills to benefit society."

Many of this year's student designers' creative ideas stemmed from first-hand experiences. Kingston University student and winner of an internship at the Environment Agency, Charles Anderson, said that his 'Dump in Polystyrene' project was inspired by encountering large amounts of waste in the Thames near his home.

Winners of paid internships in the graphic design team at Waitrose, Meredith Thompson and Nicole Shadbolt, both MA design students from Plymouth University, created 'The Hive'. This community-improvement scheme aims to help people live more sustainably by developing bee-friendly neighbourhoods and raising awareness of the importance of bees.

Interior-design-technology student from London Metropolitan University Christopher Kelly, won £1,000 in recognition of his design of a portable canopy that collects and filters rainwater for reuse in urban spaces.

MANUFACTURING

TURNING TIDES

Many types of manufacturing have reached a tipping point in terms of whether they should be located overseas or in the UK, according to the RSA's Making at Home, Owning Abroad report. Its publication in April came at a time when mid-sized manufacturing firms are ending the outsourcing of production to Asia in response to changing business dynamics, with the creation of an estimated 200,000 UK-based jobs over the next 10 years.

The report, which is supported by Lloyds Banking Group and received widespread coverage in the national media, argues that large-scale global trends, combined with new production technologies, will make global manufacturing unattractive to many businesses. Rising oil costs, more stringent regulations on emissions and changing patterns of demand will all affect the economics of outsourcing manufacturing.

"Many companies are now finding that making products in China that are destined for the US or the UK will bring only marginal cost savings," said Julian Thomas, head of enterprise at the RSA. "Mid-sized companies will be faced with the choice of investing in new production and will be trying to understand when exporting will remain feasible compared to owning productive assets in their target markets."

The report concludes that it remains unclear whether the UK is ready to respond to the challenges and opportunities afforded by the changing economic context. To coincide with the report's launch, the RSA hosted an event. Speakers included David Oldfield of Lloyds Banking Group, who opened the discussion, business secretary Vince Cable, Julie Madigan, chief executive of The Manufacturing Institute, and Dr Finbarr Livesey of the University of Cambridge.

"For the UK, the opportunity is to reduce the trade deficit, to rebalance the economy and to be competitive in foreign markets," Livesey said. "The challenge is to focus on companies that are likely to drive these changes: the agile mid-sized companies that are large enough to invest in new technology and have the ambition to grow internationally through investing in productive assets overseas."

Watch edited highlights of the event at tinyurl.com/rsamakingathome

GREAT ROOM DINNER

EAT FOR INNOVATION

Following the success of last year's Great Room dinner, which raised more than £25,000 for our prison project, RSA Transitions, we will be holding a second event on 19 September. The Society's president, HRH The Princess Royal, will attend.

This year's dinner will support RSA [Re] Make Hubs, which will encourage sustainable innovation in enterprise and design and provide a space for designers, entrepreneurs and students to grow their ideas, products and businesses, including those with a social purpose. The project speaks to the heart of the RSA's historical mission of encouraging arts, manufactures and commerce.

To purchase tickets for this event, visit www.thersa.org/greatroomdinner or contact Tom Beesley at tom.beesley@rsa.org.uk or +44 (0)20 7451 6902

CONSULTATION

A BETTER FEDERATION

The RSA is managing an independent consultation on the future of the Police Federation of England and Wales, the representative body to which all police officers up to and including the rank of chief inspector in England and Wales belong. At a time of great change in policing, the project will seek the views of those involved in the service as well as members of the public. In addition to an online consultation, the panel will take oral evidence at sessions in each Police Federation region.

"We want to hear from every level of the Police Federation in this consultation," said Sir David Normington, a former Home Office permanent secretary and the chair of the review panel. "We want every possible angle to be covered and the panel is not going into this with any preconceptions. The better the range of responses we receive, the better able we will be to deliver the best possible recommendations when we report towards the end of 2013."

Should the review conclude that changes are required to the operation or structure of the Federation, which represents 141,000 members, recommendations will be set out in such a way as to allow for a realistic phased introduction from May 2014.

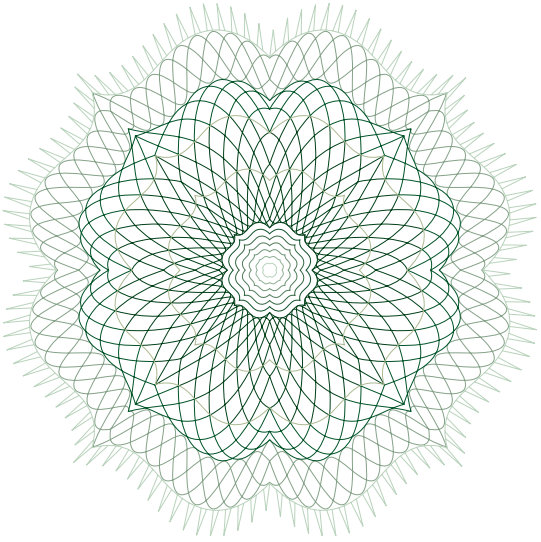
www.thersa.org/action-research-centre/community-and-public-services/police-federation-independent-review/consultation/

NEWS IN BRIEF

MAKING SPACES FOR MAKERS

An event organised by the RSA in June explored how London's inventors and innovators may be provided with better opportunities for designing and making at a local level. Unlike other major cities, London currently has no publicly accessible digital fabrication workshops. They provide businesses, entrepreneurs and inventors with access to state-of-the-art tools within a community setting.

"Modern technology has made it easier than ever for a single individual to create and distribuite items that are unique without having middlemen like manufacturers," said Nat Turner, co-head of design at the RSA. "It is essential that London does not fall behind other international rivals in these emerging trends."



FINANCE

CASHLESS REVOLUTION

The switch away from cash and towards digital money will have a profound effect on the world's poorest communities, according to an RSA report, From the Digital Divide to Inclusive Innovation. It found that micro-finance on mobiles is helping banking to reach rural and impoverished areas, is cutting bureaucracy and bringing previously disenfranchised people into the broader economy.

Bills and coins now account for just 7% of all economic transactions in the US and the eurozone and this global trend could have most impact on poorer communities. Digital payments mean that they do not have to queue for hours on end to pay bills or travel to make face-to-face transactions. Cash-based economies often face challenges with tax collection.

"For billions around the world, digital wallets containing digital identities, money and accounts are a ticket to inclusion in the global economy," said Adam Lent, director of programme at the RSA. "Digital money will increase opportunities for wealth-creating entrepreneurship and the provision of highly localised innovations, thereby increasing standards of living and quality of life."

The report warned that the transition to digital money has to be accompanied by a similar move towards universal digital-identity management and systems that people trust to protect their privacy. There are also issues surrounding technical standards and political and institutional barriers.

"The potential of digital money is extraordinary," said Mark Dodgson, one of the report's four authors and a professor at Imperial College Business School. "At some point, a tipping point will be achieved and progress will significantly accelerate, bringing with it innovations that we can hardly begin to anticipate."

THE ERA OF BEHAVIOUR

LRN CEO and author of *HOW* Dov Seidman has devoted his life's work to helping companies innovate their behaviour. He visits the RSA to outline the implications for living and working in what he calls the 'era of behaviour'.

He will discuss how the source of competitive advantage has dramatically shifted to how we behave, lead, govern, engender trust, and connect and collaborate in our relationships.

Where: RSA
When: Thursday 31 October, 6.00pm

ACTIVISM IN THE DIGITAL AGE

Journalist and campaigner Bidisha explores the resurgence of activism and the importance of the digital revolution to political protest around the world.

The lecture is part of a curated series of RSA events in the Guardian Literary Tent at the Camp Bestival festival.

Where: Camp Bestival, Lulworth Castle, Dorset
When: Thursday 1 August – Sunday 4 August

ON LIBERTY

Shami Chakrabarti, director of Liberty and one of the county's most inspirational public figures, will discuss justice, freedom and social progress in a specially commissioned lecture at the Birmingham Literature Festival.

The event will be held at the largest public library in Europe, a major architectural and cultural project that opens in Birmingham in September 2013.

Where: Birmingham Literature Festival
When: Friday 4 October, 5.30pm

THE POWER OF VULNERABILITY

Renowned Harvard psychologist Professor Howard Gardner explores the challenges facing today's young people. 'The app generation' has to navigate three vital areas of adolescent life – identity, intimacy and imagination – in a digital world.

How can we ensure that the power of new technologies acts as a springboard to greater creativity and higher aspirations?

Where: RSA
When: Wednesday 2 October, 6pm

Events and RSA Animate producer Abi Stephenson has selected the highlights above from a large number of public events in the RSA's programme. For full event listings and free audio and video downloads, please visit www.thersa.org/events

FOR HIGHLIGHTS OF RECENT EVENTS, SEE PAGE 49

THE BIOLOGICAL LIMITS OF EMPATHY

Our natural biases provide the best context in which to carry out essential care for the young and old

By Stephen T Asma

Zell Kravinsky is an American entrepreneur who made headlines when he gave away $45m to charity, donated his kidney to a perfect stranger and promised his remaining kidney to any imminent cancer-curing scientist who might need it. Together with his philosopher friend Peter Singer, Kravinsky preaches a gospel of utilitarian philanthropy that truly shames the average citizen's sense of charity. He was shocked by the media outrage when he wanted to donate his organs to strangers. I won't join the outrage here, and I will state for the record that I support his self-sacrifice for the common good. But here's one important caveat, before we saint him. What about Zell Kravinsky's own family? It is noble that he has achieved an angelic level of altruism, but don't his kids need their dad?

Kravinsky is consistent about his utilitarianism ideals, stating, "the need of others is equal to my needs". This, he says, is the "logical consequence of any egalitarianism". But while he's entitled to reduce his own worth to the flat egalitarian horizon, is he entitled to do this with his children's needs? I submit that his family has many more claims on him than any stranger and he owes his children duties, obligations and generosities that cannot be accommodated in any utilitarian calculus. Filial love is exclusionary and particular by its nature and cannot be reconciled with universalist ethics.

STEPHEN T ASMA IS A FELLOW OF THE RESEARCH GROUP IN MIND, SCIENCE AND CULTURE AT COLUMBIA COLLEGE CHICAGO, AND AUTHOR OF THE BOOK *AGAINST FAIRNESS* (UNIVERSITY OF CHICAGO PRESS)

In his formal statements, Kravinsky seems so unfamiliar with love's deep preferential nature that he complains of a secret psychological conspiracy against him. He warns the would-be saint that they will, like him, endure terrible resistance from family and loved ones. If you adopt this idealistic philosophy of equal care for all, he warns, your family and loved ones will resist you. This attitude, he theorises, is a result of a psychological repression of their own selfish orientations. Your family will begrudge your boundless charity to strangers because it threatens the "collapse of their social project, which is the accumulation of goods unto themselves".

So clueless is Kravinsky's understanding of love that he spins this entirely paranoid theory (their unconscious greed for things) to explain his family's disappointment. This is, I submit, the cost–benefit mind gone off the rails; an ethical bureaucracy that does not even recognise the differential duties of family bonds. Kravinsky does not recognise that love trumps fairness.

Thankfully, his actions speak louder than his words and I'm relieved to discover some very human hypocrisy peeking through. Before he gave away $45m to strangers, he »

ILLUSTRATION: SILVINA DE VITA
PHOTOGRAPHY: PIXELEYES

stored $1m in trust funds for his kids to attend Ivy League colleges. Good for him. This is exactly as he should do. But it changes his argument significantly. It is all fine and good to sing the equality of all needs after you have adequately provisioned your own tribe. Kravinsky will never have to choose between the well-being of his children and the well-being of strangers. But, for the rest of us, such choices are not imaginary jeopardy. Melodramatic as Kravinsky is, he symbolises a common trench that many of us fall into as we navigate the moral landscape. One of the deep assumptions of western liberalism is that we can, with the right effort and dedication, expand our care to wider and wider circles until we envelop the whole species within our ethical regard. If it were not for our troublesome biases, we suspect that we would be more Christ-like or Kravinsky-like. On the contrary, I do not think care is the kind of thing that can be universalised.

NATURE'S ETHICS

We have been operating with a radical misunderstanding about the true wellsprings of ethical care, namely the emotions. And the emotions are biologically constrained adaptations.

All mammals are equipped with adaptive instincts like fight or flight, but these are old-brain systems, housed primarily in the brain stem. Built on top of these reptile brain systems are the limbic brain emotional circuits. Emotional neuroscience has located seven major emotional systems that mammals share. Each of these circuits has unique pathways through the brain, enlists specific neurotransmitters and hormones, and results in specific mammal behaviours. Fear, for example, has a neurocircuitry that passes from the amygdala through the hypothalamus to the periaqueductal gray, down to the brain stem, and out through the spinal cord. This system produces freezing behaviour, distress vocalisation (such as bleating and cries), flight and escape movements, defecation, kicking or other defensive limb thrashing. Natural selection built this operating system in most vertebrates. It helped them survive in a hostile world.

Just as fear and lust have brain-based circuits, the same is true of mammal care. Unlike other vertebrates, mammals care extensively for their young and other kin. As primates, we share important attachment mechanisms in the brain. Mammal mothers have a distinctive circuit from the hypothalamus, through the stria terminalis, to the ventral tegmental area, in which the neurotransmitter oxytocin travels. This brain circuit of care is so necessary for mothering that damage to the circuit destroys maternal feelings and behaviours.

We've known about the phenomenon of imprinting for many years. Behavioural scientists, working on animals, have described and successfully manipulated this simple form of bonding for decades. Researchers can get baby birds, for example, to imprint on the scientists themselves, on beach balls, and even on beer bottles. This is because a 'window' of bonding opens right after birth and closes quickly, so whatever proximate thing is nearby becomes 'mother'. Mammals have the same, albeit more sophisticated, mechanisms for fastening together parents and offspring.

Mother–baby bonding is an essential skill for any animal born into a hostile environment. Prey animals, especially herd

animals, are born with remarkable physical adeptness. They can walk and even run within minutes of birth. This mobility is important in a predator-filled world, but it puts them at great risk of potential separation from their mothers. So it is not surprising that herd animals have very tight windows of opportunity for identifying their mothers and latching on. Failure to lock onto mother (for any mammal species) usually means death for the offspring and possible termination of the gene line for the parents. So the natural selection pressures for reciprocal bonding are intense.

Nature has not left this bonding up to chance, nor has it waited for rational deliberation or cognition to evolve (for example, many animals are great at bonding, despite an utter lack of intelligence). Instead, internal chemical changes spike during the window of opportunity in the brains and bodies of parents and offspring, cementing them together in ways that are incomparable with other relationships.

Specific neuropeptides – oxytocin, opiates like endorphins, and prolactin – all rise profoundly in the last days of a mother's pregnancy. Oxytocin, sometimes referred to as the love hormone, regulates several aspects of maternal biology (facilitating labour and breastfeeding), but also plays a crucial role in nurturing behaviour. Simply introducing these neuropeptides in high doses into a non-pregnant female mammal will actually produce mothering behaviours. Non-pregnant female rats were given blood transfusions from females who had just given birth and they immediately began engaging in new maternal behaviours (for example, building nests, gathering another mother's dispersed pups together and hovering over them to provide warmth). The same triggering of maternal behaviours in non-mother rats can be achieved by injecting oxytocin directly into their brains.

Oxytocin bonding is a time-sensitive process. Sheep only have an hour or two for the mother to bond with offspring. If a lamb is removed from its mother for two hours, the mother will not be bonded and will subsequently reject the lamb. But the astonishing thing is that after the bonding window has closed, scientists can reopen it for a couple of hours by injecting oxytocin into the mother's brain. Once oxytocin is flooding the system again, the mother can lock onto her offspring and engage in maternal behaviours ever after. In chimps, this care system is limited in scope. Mothers and babies bond strongly for approximately seven years, but strong family bonds end there. As the anthropologist Sarah B Hrdy points out, "In roughly half the 300-odd species of living primates, including all four great apes and many of the best-known species of Old World monkeys, such as rhesus macaques and savannah baboons, mothers alone care for their infants". In her book *Mothers and Others*, Hrdy persuasively argued that human cooperation was facilitated by unique cultural shifts in child rearing. Unlike chimps, *Homo erectus* children were raised and provisioned by additional caregivers beyond just the mother. Grandmothers, aunts, uncles, siblings and fathers – collectively called alloparents – contributed to child rearing, and constituted an expanded circle of empathic filial feelings.

THE HUMAN CASE

Human offspring need extra work – a whole team of caregivers – because they are so helpless for so long relative to most other primates. A remarkable chain of events leads to the unique human childhood. Our Australopithecine ancestors had short childhoods and short life spans. They also had wider hips. This means their foetal brains probably developed more *in utero*, like chimps, and their behaviours were more genetically hardwired. But by the time of *Homo erectus*, the hips had narrowed for better bipedalism, and fetal brain development had to be postponed until after birth. This means that members of the genus *Homo*, including ourselves, are born prematurely and our brains develop *ex utero*. The result is a much larger window of infant dependency that requires staggering amounts of parental and alloparental care.

It also means, because of neuroplasticity, that our brains are literally still wiring as we take in information from our environment, including the rich social environment. Our brains are slowly soft-wiring during infancy and our interaction with alloparent caregivers creates wider circles (beyond mother) of emotional bonding. Humans bond with several caregivers, and the bonding window remains open indefinitely after we become independent. This feeling-based flexibility of attachments gives humans unique powers of cooperation, compared with other primates. Mothers have always been paragons of care, but early human fathers evolved impressive abilities of delayed food consumption in order to provision their families. This could not have happened without emotional evolution.

We know that Neanderthals cared for extended kin, because evidence shows they supported sick and elderly members when they became dependent. Moreover, human funerals go back to the Neanderthals and make at least suggestive evidence for filial attachment beyond the maternal template. Once care is filtered through the cultural innovations of reproductive cooperation, alloparenting, social learning and so on, we move beyond narrow dedicated bonding to open-ended flexible bonding. Compared with chimps, human cultures have shifted the function of their emotional care systems well beyond their origin. Like our primate cousins, our social grooming behaviours (such as touch and language) trigger the

oxytocin system and forge friendships that we privilege over strangers. We can widen the care circle well beyond chimps – although bonobos give us a run for our money – but our expansion is still very much finite.

Care or empathy is not a concept, but a natural biological event; an activity and a process. The feeling of care is triggered by a perception and soon swells, flooding the brain and body with subjective feelings and behaviours (and oxytocin and opioids). Care is like sprint racing. It takes time and it is not the kind of thing you can do all the time. You will literally break the system in short order if you ramp up the care system every time you see someone in need. The nightly news would render you literally exhausted. The limbic system cannot handle the kind of constant stimulation that we mistakenly expect of it. And that is because we have been confused about the biology of empathy and imagine instead that care is more like a thought, flitting effortlessly through the mind.

If care is indeed a limited resource, then it cannot stretch indefinitely to cover the massive domain of strangers. Of course, when we see the suffering of strangers in the street or on television, the heartstrings vibrate naturally. We can have contagion-like feelings of sympathy when we see other beings suffering and that's a good thing. But this is a long way from the kinds of active preferential devotions that we marshal for members of our respective families. Our tribes of kith and kin are 'affective communities' and this unique emotional connection with our favourites entails great generosity and selfless loyalty. There is an upper limit to our tribal emotional expansion and that limit makes universal empathy impossible. Granted that we're biologically biased animals, the Kravinskys, Singers and altruistic saints of the world can still ask if we ought to be. Maybe we ought to fight our favouritism impulses and care for everyone as much as Kravinsky recommends. But ought implies can, and I have been suggesting that we cannot. Is there room for human improvement? Of course there is. But we must start to think about the social good in the real context of natural human bias. A universal ethic or a social contract premised on an unrealistic picture of human nature will not help us get past the utopian fantasy stage.

Some will read this as pessimism, but it may prove to be a positive insight for future policy thinking. Many social planners have turned to local community initiatives on the grounds that micro ameliorations are more sustainable and have greater impact. I see my pro-family ethic as a like-minded strategy. After all, what could be more local than kin?

ANTI-EMPATHY IN ACTION

The biology of care may not seem an obvious font of social policy. Facile leaps from biology to social policy have had a dodgy history after all (from social Darwinism to socio-biology). But biology has changed dramatically in the past two decades and the old determinisms have given way to 'plasticity' in every domain of the life sciences. It is increasingly unwise to ignore biology when crafting the mechanisms of healthcare, childcare, elder care, and so on. If we have a broken care system, then one of the ways to fix it may be to align it better with preferential human nature.

One important implication of my filial-care and bio-empathy view is that the state cannot successfully substitute for the family, but the state can better prepare the conditions for families to take care of themselves. Public and private cost sharing for certain kinds of care will be inevitable, but some

of this burden could be shifted from payment for services to work release-time subventions. Family leave could become a broadened notion that goes well beyond maternity leave to include many kinds of family care scenarios.

Ideas such as employer-based income supplements for single parents, elder care leave, work reductions, provisions for caregivers of disabled family members and enlightened aid for alloparents may prove cheaper to the state and employers than present-day institutional alternatives. Such policies may help the private sector's bottom line, because a company cannot sustain itself entirely on the maximisation of profits for shareholders.

Our natural family biases are the best motivators for care. Generally speaking, no one will work harder for your health and well-being than family. Abuse in institutions, at the hands of strangers, would certainly decline. Of course, no amount of filial love will do when skilful medical expertise is what's needed. Highly educated, trained, care experts that can save your life – like surgeons – will more than likely be strangers, not kin. And their detachment may itself be instrumental in saving your life. My views here are not designed to replace these necessary aspects of care with some romantic return to family parlour medicine. Instead, I'm confining my comments to those aspects of care that realistically can be facilitated by family members: childcare, elder care, special needs care, drug addictions, minor injuries, and so on.

It does no good to create public and private systems that free citizens just enough to trade their time and energy for food and shelter, but not enough to care for their own children and parents. Transferring family duties onto private and public services has become a necessity in our labour reality, but this has been a social misstep. The solution is not the easy and melodramatic political scolding of the right for more personal responsibility, nor is it the solution of the nanny-state left, urging more government intervention. Instead, we need a reassertion of filial care (which is natural, but also needs cultural strengthening through education and habit) and a refashioning of institutional policies that recognise people for what they really are: not atomic individuals of the utilitarian or even Enlightenment utopia, but rooted members of interdependent micro-communities. When my employer and the state remember that I'm a highly obligated family member (not just an autonomous agent), they can create policies that complement rather than compete with those primordial attachments.

The philosopher Bernard Williams called our biased, meaningful, attachments our 'ground projects'. Our tight circles of devotion to kith and kin are fundamental to our meaningful life projects. If society continues to ignore these 'ground projects' by outsourcing care to cost–benefit institutions, staffed by strangers, then we will surely reap the alienation we have sown.

"CARE OR EMPATHY IS NOT A CONCEPT, BUT A NATURAL BIOLOGICAL EVENT"

FELLOWSHIP IN ACTION

COMMUNITY HEALTH

People become unhealthy for a variety of far-reaching reasons that can have roots in their communities. Someone who is lonely, for example, may become depressed. This could cause them to neglect their nutrition or drink more alcohol, which in turn puts them more at risk from conditions like diabetes or viral infections.

To combat this, social prescribing is becoming increasingly popular as a way to bring about social interventions that have health outcomes. It links patients with non-medical sources of support within their community, such as art, exercise or local clubs, which have health benefits and promote well–being. The social-prescribing agenda is trying to change the way we conceive of healthcare by thinking about the health of the community, rather than simply that of individuals.

Marios Adamou FRSA, a psychiatrist with qualifications in law, history and management, has worked on an initiative – run at South West Yorkshire Partnership NHS Foundation Trust – for two years that prescribes art to improve the lives of people with mental disorders. "We've really seen some positive health outcomes from those who have taken part," he says. "Some had social phobias and couldn't speak in public, and now have presented to a whole room of people about what they've achieved in the programme."

Some local authorities are beginning to put these ideas into practice, including councils in Kirklees, East Riding, Durham and Barnsley. "This thinking is gaining popularity, but people need to understand the philosophy behind it," Adamou said. "They are used to thinking about individual health, rather than community health, and this has to change."

Adamou is currently helping bring together the RSA and Creative Minds to take social prescribing to a larger scale: "I can link all the thinking together and the RSA will provide leadership on how to fit social prescribing into the system."

COMFORT IN SADNESS

We should end our preoccupation with pushing through 'assisted dying' legislation and be more concerned with ensuring everyone has a contented and dignified old age

By Onora O'Neill

ONORA O'NEILL IS A POLITICAL PHILOSOPHER WITH AN INTEREST IN BIO-ETHICS. SHE CHAIRS THE EQUALITY AND HUMAN RIGHTS COMMISSION, SITS ON THE BOARD OF THE MEDICAL RESEARCH COUNCIL AND IS A CROSS-BENCH MEMBER OF THE HOUSE OF LORDS

Every year, more than half a million people die in the UK. This means that the quality of end-of-life care that is available when people need it matters for a huge number of people at any given time and, in the end, for all of us. Yet a great deal of public discussion of end-of-life care in recent years has focused on a much smaller group of people – 600 to 1,200 a year on various estimates – who might choose to end their lives by asking for assisted dying, if it were made lawful.

Why are we so preoccupied with the suffering of the few for whom assisted dying might be a preferred or chosen option, yet relatively inattentive to the far larger number of people who suffer more than they should and do not receive good enough care at the end of their lives? Why do public and political debates not pay more attention to the reality that many people who could not choose assisted dying may suffer pain that they need not suffer when they are dying? Many feel »

ILLUSTRATION: SARAH KING; FABRIC PRINTING: HATLEY PRINT; UPHOLSTERY: BC UPHOLSTERY

bereft of dignity and support, or are treated in ways that they would never have chosen. Why do our public debates repeatedly return to the prospect of enacting assisted dying legislation, although it will do nothing to improve the end-of-life stage for most people? Why do we not pay more attention to the fact that good-quality end-of-life care is unequally available and, in particular, far less available in certain areas and for some communities? These questions are once again pertinent with Lord Falconer of Thoroton's bill to legalise assisted dying.

The phrase 'assisted dying' is a term of art and can mislead. 'Assisted dying' legislation is not about ways of helping those who are dying and, if a bill is passed, it will not help most people who are dying: its aims are dramatically narrower and, in various ways, more controversial. Assisted dying legislation is about assistance in bringing about death, not about assistance to those who are dying. Lord Falconer's bill is likely to propose that it be made lawful for doctors to provide a lethal dose of drugs to adult patients who have less than six months to live, have the mental capacity to make a 'voluntary and informed choice', are not unduly influenced by others and are shown to have a 'settled intention' about their wish to die. In many respects, the proposed bill resembles one introduced in the House of Lords by Lord Joffe, which was rejected on a free vote in 2006.

Many, but not all, people who meet these criteria would be able to end their lives by committing suicide without help from others. For them, no new legislation is strictly needed, since committing suicide is not unlawful. Although attempted suicide used to be unlawful in England and Wales, the law was changed in 1961 and it evidently is not – and never has been – possible to prosecute or penalise successful suicide. So the bill is aimed primarily and narrowly at the predicament of the small number of people who meet all the criteria, but are unable to commit suicide and secondarily, but a good deal more controversially, at the predicament of those who meet all the criteria, but want somebody else to do the deed. The situation of those who would be eligible to seek assisted death but cannot act for themselves is hard and poignant, and much discussed. But the proposed legislation does nothing to address the equally harsh situation of the far more numerous people who would not qualify for

"A GREAT MANY PEOPLE SUFFER PAIN THAT THEY NEED NOT SUFFER WHEN THEY ARE DYING"

or would not choose assisted dying, yet die in unnecessary pain or with poor care each year.

Assisted dying legislation would make it lawful for doctors to provide lethal drugs to those who meet quite exacting criteria. The parliamentary debate on the bill will not be about making it lawful to supply anyone who so chooses with lethal drugs, nor about making it lawful to supply lethal drugs to just anyone who wants to commit suicide. There are good reasons, backed both by human rights considerations and by statute, against any general legalisation of the supply of lethal drugs. Its difficult aim is to legalise the supply of lethal drugs to individuals only in very specific circumstances, by defining a fairly narrow exemption to prohibitions on aiding or abetting suicide, while not removing or weakening the general presumption that we should help those who are suicidal to live, rather than helping and encouraging them on their way. If the bill became law it would remain a crime to supply lethal drugs to those who are not adult, or not terminally ill, or not cognitively competent, or who have not chosen 'assisted dying'; and it would remain a crime to aid or abet suicide in all but the defined exceptional cases. It is also expected that such legislation would maintain a prohibition on supplying lethal drugs to people who are suffering from psychiatric disability or cognitive distortion, including those suffering from clinical depression or dementia. And there is little doubt that no bill would be taken seriously unless it retained criminal sanctions to deter and punish attempts to persuade, influence or put pressure on others to request assisted dying.

Putting these standards into legislative form is notoriously difficult, and I personally doubt whether it can be done without risk to some who do not want to be assisted to die. I remember that when Lord Joffe's quite similar bill was debated a few years ago, my postbag was deeply divided. I received a number of highly articulate letters from people who wanted assisted dying to be made lawful so that others could lawfully bring about their deaths – kill them – when so requested. The point of 'assisted dying' legislation would be to create an advance exemption from prosecution for those who brought about others' deaths in ways that met the required conditions. These were letters from people who greatly prized their own autonomy. But I received a far larger number of much less articulate letters from people who feared that, if assisted dying were made lawful, they would come under pressure from others (possibly from carers or family, possibly from friends or would-be heirs) to request assisted death.

I do not think that these fears are always unrealistic. Not every patient is 'wholly autonomous' and not every relative or carer is 'wholly compassionate'. Often, our capacities for autonomy become a bit wobbly when we are ill and frail; often and very understandably family and carers, even loving and compassionate family and carers, reach the ends of their tethers and have a mixture of feelings, including a longing for the end. This is part of the far-from-simple reality that debates on Lord Falconer's bill will have to probe: is it possible to draft legislation that ensures that those who do not seek to die will not be at risk of action to induce or persuade them to request others to bring about their deaths? Is it possible to tell whether requests for assisted dying are driven by conscientious desires not to become a burden, or by desires not to see an inheritance eaten up in care costs, or even by fear or realisation that mediocre or uncaring care is all that is available?

Here, however, I want to concentrate on some wider issues that tend to be far less evident in most discussions of assisted dying, but that seem to me to matter to many more people who are nearing the ends of their lives.

CARE TOWARDS THE END

Although debates on assisted dying get so much of the political limelight, the past five years have seen a lot of discussion and work on the much broader question of providing »

"GOOD-QUALITY END-OF-LIFE CARE IS UNEVENLY AVAILABLE"

better end-of-life care. The Department of Health's Palliative Care Funding Review in 2011 concluded that, while "Britain is a world leader in palliative care and the hospice movement", this care did not reach all who need it and "access to good services is inconsistent and the absence of sufficient provision of 24/7 community services is stark". It estimated that many of those who could be helped by good palliative care services every year were not being reached, and found that while most people would prefer to die at home – or in their nursing home, if they had moved into one – "the great majority of us still die in hospital and arguably at a higher economic cost". It concluded that "the consequence of doing nothing is clear: ever widening inequities; more and more people not receiving the care they need; and a financial system that results in too many people being cared for in hospitals. This is not what patients want, and is an unnecessary economic burden on the NHS."

These are strong conclusions and the numbers and costs are large. These issues should not be ignored. The report pointed out – not for the first time – the variability in expenditure on end-of-life care in different areas, the absence of a suitable funding system and the urgent need for change. It argued for a five-year process of transformation, which was initiated.

There has already been change, both in the services provided and in the level of effort to open up discussion of dying and end-of-life care to wider debate, particularly by encouraging people to talk and plan for the ends of their lives. The recent fourth annual report on the end-of-life care strategy highlights some progress: "Deaths in usual place of residence… are continuing their steady rise; accompanied by a drop in deaths in hospital… 42.4% of people are now dying at home or in a care home". The rise may be steady, but it is also strikingly gradual: the number dying at home rose from 38% to 42% between 2008 and 2012. Given that there is considerable regional variation in available services, which is likely to be reflected in variable access to good-quality end-of-life care for people from different backgrounds, this means that people in some areas or from some social groups are unlikely to receive good end-of-life care. Although as many as 80% of people in some areas are now dying where they would prefer to die, in other areas all too many die in general wards, which can amount to dying in public. While the statistical picture is patchy, it is sufficient to show that hospice services – whether in hospices, at home, in a nursing home or in a hospital – and other forms of good-quality end-of-life care, including effective pain relief, are unevenly available and are likely to be less accessible to people from minority backgrounds.

PAIN AND DISTRESS

Differences in provision might not matter greatly if they revealed only a problem of location and higher cost (although every unnecessary expenditure in the NHS means that something else cannot be done). But unfortunately difference of location is often correlated with difference in quality of service. The comments reported in *Voices*, a recent government survey of bereaved relatives' experience of the quality of end-of-life care that is actually provided in different cases and settings, show huge variation. Not surprisingly, hospice care is the most highly rated, followed by care at home, although care in care homes is only narrowly behind. But care of those dying in hospitals was rated much less favourably.

Yet, as the report points out, hospitals are "likely to remain the most common place of death, even with a shift to community-based care". This variability in reported quality is further evidence of unequal access to good end-of-life care for people living in different areas, and for those from differing backgrounds. The NHS aspires to and is committed to universal provision, yet end-of-life provision of high-quality pain relief, if needed, and good nursing care is evidently not universal: good care is not equally available to all.

Our preoccupation with assisted dying legislation that might be chosen by a small number of people would be understandable if those who would be entitled to request it were

at greater risk of poor care and treatment at the ends of their lives than are others. But, as the *Voices* survey shows, the risk of poor care and treatment is far more widespread. High-quality pain relief, good and compassionate care, and respect for patients' dignity and privacy are all too often lacking in cases where assisted dying legislation could not or would not be used. Their absence also affects the ends of lives both of people who could not qualify for assisted dying (perhaps because they are depressed or suffer from dementia, or other cognitive difficulties) and of those who, even if they could qualify to choose assisted dying, would not make that choice.

Further evidence of uneven standards of care has emerged in recent reports on failing nursing homes (such as Winterbourne Grove) and hospitals (such as Mid Staffordshire). Once again, there are cases in which acute pain is badly managed, nursing care is of a low quality or there are failures to respect dignity and privacy. Although many patients in hospitals and nursing homes could not qualify for assisted dying, often because of dementia or depression, their suffering matters no less than that of people with greater levels of awareness or autonomy. Lack of good end-of-life care is by no means confined to those who might qualify to choose assisted dying if it were legalised.

If we want to help people who are dying, a far broader consideration of end-of-life care than that which dominates debates about assisted dying is needed. For assisted dying as envisaged by the proposed legislation amounts to assisted suicide and mainly seeks to address the predicament of those who combine high levels of mental functioning (so can choose assisted death) with a lack of physical capacity to commit suicide.

These are people who deserve the very best of clinical and nursing care. But if we care about everyone's rights and about the treatment that everyone receives at the end of their life, we must look far more broadly at assistance for those who are dying, and not only at the predicament of the small number who prize and retain their autonomy and would exercise it by choosing an assisted death. ■

HOSPITALS: HUMAN BODIES?

Medical institutions must not let the drive for greater operational efficiency undermine the essential qualities necessary for organising care

By Dr Robert Farrands FRSA

ROBERT FARRANDS IS DIRECTOR OF FIGURE GROUND CONSULTING, WHICH ADVISES BUSINESSES ON CREATING COMMERCIAL AND SOCIAL VALUE FROM A NEW UNDERSTANDING OF THE NATURE OF ORGANISING

The Francis Report on the failure of the Mid Staffordshire hospital describes in detail a form of organisational hypertrophy: a state when some organs of the body are overnourished and grow at the expense of the whole. This condition prevails in organisations when a limited number of a rich complex of concerns and practices are singled out for special attention. As a result, the chosen aspects become vested with undue significance, while other equally important features are overlooked.

As organisations, hospitals are susceptible to hypertrophic disorders, because much of what is important is conducted below the level of conscious attention and is prone to be overlooked or forgotten in any event. The exercise of care is particularly at risk. Nurses, doctors and other hospital workers come to exercise care through a network of practices and fundamental beliefs

IMAGE: VALERIO LOI

"HOSPITAL WORKERS COME TO EXERCISE CARE THROUGH A NETWORK OF PRACTICES AND FUNDAMENTAL BELIEFS THAT ARE LARGELY TAKEN FOR GRANTED"

that are largely taken for granted. Think of the embodied know-how that goes into the surgeon's operations, or into the touch of the doctor or nurse when examining a patient. Care is grounded in skilful micro-practices that healthcare workers have absorbed and carry out without freshly thinking them through on each occasion.

Collectively, this body of practice forms a shared world that supports the continuance of care practices, or 'the way we do things around here'. It is not a fixed world of blind habit. When aspects of practice become problematic, they are raised for debate and can be changed. However, thoughtfully tackling specific issues or reaching for particular targets – even if these are directly productive of greater care – can have a distorting effect on unarticulated practices. Such distortion is especially liable to occur where no voice is given to the richer context, either because of a climate that is unsupportive of speaking up, or because high levels of staff turnover have destroyed memory of the organisation's tradition. The explicitly articulated targets and their associated activities then have a tendency to become detached from the broader complex of concerns and practices in which they are embedded. Care is then in danger of being reduced to a small number of ideas being realised through a project. What is not included in the targets is considered less important, decays and is eventually forgotten. Commitments to focused action and specific changes are rational: they also carry the risk of hypertrophy.

As a kind of institutional over-focusing, hypertrophy has another implication for the exercise of care, as illustrated by the Mid Staffs case. In addition to the decay of important aspects of practice, hypertrophy may also call up darker aspects of the practice world that are inimical to care. The Mid Staffs report illuminates a mood or atmosphere of callous indifference, where patients were objectified and treated in ways that lacked any dignity, even in death. It is useful here to contain our anger and to recognise that objectification is, indeed, an aspect of the practice of medicine. When we are ill, we submit to being drugged and manipulated like biomechanical machines that need fixing. The latent tendency to treat the patient as an object may exist partly thanks to language that addresses patients as abstract parts of a drive for efficiency. The consequences may then, as at Mid Staffs, stretch far beyond any deliberate intention to harm. Out of such an objectifying atmosphere or mood, all kinds of vagabond practices may emerge and, ultimately, patients will simply fail to show up as human beings. Once this happens, cruelty is normalised.

Sustaining organisations of care depends upon recognising that reason is rooted in a shared world that is already preconditioning and motivating people before they come to think about it. It touches and moves them into shared action, creating affective moods that condition how patients are perceived and how healthcare professionals think. Taking on board the embodied nature of organisational life provides healthcare professionals with a unique opportunity, based on their own preoccupation with human bodies. How can they build on the subtle correspondences between the living body and the living spirit of care in an institution such as a hospital to develop their own theory and practice of sustaining the organisations that care? How can an understanding of the embodied nature of organisations feed back to reinforce healthcare professionals' understanding of the dignity and wonder of human embodiment?

Such questions demand an inquiry into how to listen out for what is silently shaping care. The paradox of listening for what is silent only makes sense by having an empathetic 'ear' for the unspoken ways in which the hospital touches and attunes the human participants. Listening with such increased sensitivity discloses anomalies of both privation and abundance that demand inquiry, articulation and thoughtful response. These anomalies are the ways in which the hospital's historic tradition of care 'speaks' to the human participants, whose role is to continuously complete this tradition, even by transformation where necessary. Superordinate goals – such as the ones that became omnipresent in Mid Staffordshire – have a role to play, but they also feed the dangerous idea that anything might be possible as long as it is rationally thought through. Hypertrophy and grief will flow from such a belief if it is not accompanied by an understanding that, because a hospital always exceeds our grasp, it calls out to be continually listened to: this is the first law of care. ■

TAKING SOCIETY TO MARKET

The philosopher Michael Sandel, in conversation with RSA chief executive Matthew Taylor, looks at the implications when almost everything in our lives can be bought and sold

In the US, concierge doctors charge annual fees of up to $25,000 to a limited number of families, guaranteeing them same- or next-day appointments, no waiting times and round-the-clock mobile phone access. The EU charges companies $10.50 for the right to emit a metric tonne of carbon dioxide into the atmosphere. The NHS's recent 'Pounds for pounds' scheme rewarded participants with between £70 and £425 a year if they met their weight-loss goals. In his book *What Money Can't Buy: The Moral Limits of Markets*, Michael Sandel considers the effects that examples like these have had on society. Matthew Taylor discussed the book with its author, exploring what its arguments may be able to tell us about the care crisis.

Matthew Taylor: Let's start off with the tendency you describe at the heart of your book, which is this process of marketisation.

Michael Sandel: We have drifted from having a market economy to becoming market societies. The market economy is a valuable tool for organising productive activity, but a market society is a place where everything is up for sale. Market values increasingly dominate every aspect of life and that's what I am worried about.

Taylor: What are some of the most egregious examples of this?

Sandel: One of my favourites is the ability to buy a prison-cell upgrade in some jails in California. There is »

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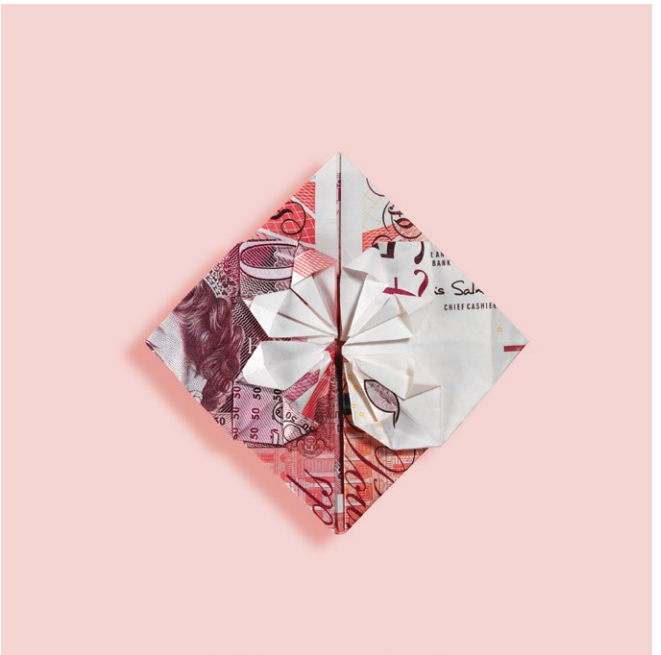
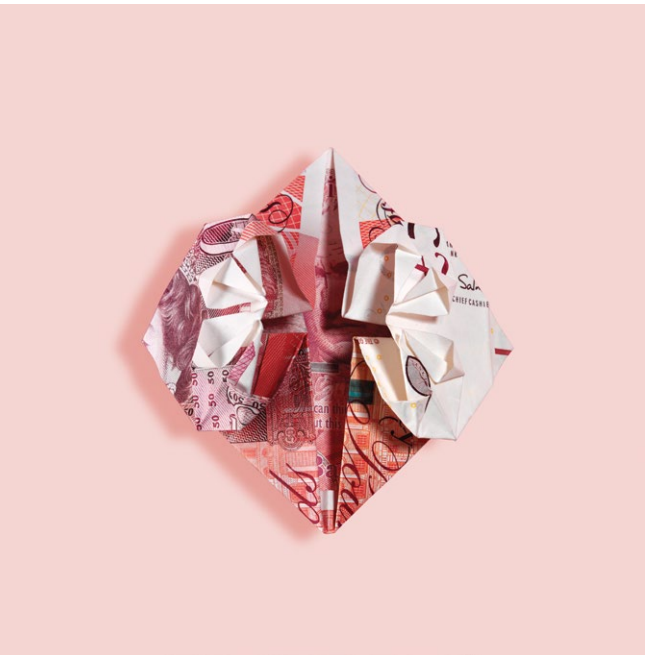




also paid line-standing, where companies hire homeless people to queue up for lobbyists to get a front-row seat at a congressional hearing. In Iraq and Afghanistan, there were more paid contractors on the ground than there were US military troops. This is not because we had a public debate about whether we wanted to outsource war to private companies, but this is what has happened.

Taylor: In your book, you particularly focus on two consequences of this marketisation. The first is the way it interacts with inequality and the second is the notion of corruption. Tell me more about these concerns.

Sandel: The more that money can buy, the harder things are for people of modest means. If money and wealth only determined access to yachts and fancy vacations, inequality would not matter that much. But if money determines access to health and education, if it determines who fights our wars and who stays at home, if it determines political influence and power, then inequality matters a lot more. The marketisation of everything sharpens the sting of inequality by raising the stakes on money, wealth and who has it.

But there's a second objection, which would be reason to worry even apart from the rampant inequality. This is the tendency of market values to corrupt, degrade or crowd out non-market values worth caring about. Economists often assume markets are inert, that they do not touch or taint the goods that are exchanged in them. If you sell me a television, or give me one as a gift, it will work just as well either way. But the same may not be true when market relations invade the non-material aspects of social life, such as health, education and personal relations. There, putting a price tag on something might change its meaning. For example, some school districts in the US are trying to improve academic performance by paying students to get high test scores, or in one case even to read books at $2 a time. You might say that whether this is good or bad simply depends on results, but that's not the only question. Does offering cash for reading books teach the wrong lesson or cultivate the wrong attitude towards the activity of reading? Even if the kids read more books, maybe they will be learning the lesson that reading is a chore to be done for pay, rather than something with intrinsic value to be done for the love of it.

The same problems arise in the area of health bribes, when organisations pay people to look after their health; to lose weight, quit smoking or show up for their jabs. In each of these cases we have to ask whether introducing money will be corrosive of attitudes and norms surrounding these activities that are worth caring about.

Taylor: That leads me nicely on to the issue of care, which I think is already a crisis in this country and is a growing crisis in other parts of the developed world. We have undertaken a massive experiment in the past few decades, where we have socialised and marketised care. The idea 50 or 60 years ago was

that you would care for your family yourself and women, for the most part, would do the caring. Population ageing has changed things and we now have a situation where a huge swathe of the economy is given over to people, who are generally not very well paid, to provide care to strangers.

There's an interesting contrast between care in our private lives, where we value it enormously, and care in the market, where it is accorded low status and low pay. It is a remarkable thing that in England there are now more than 300,000 people in residential care homes, a form of care that – when you ask people – no one actually wants for themselves. To what extent do you see this experiment in care – and its problems – as an example of, at a grand scale, the way this marketisation process tilts things, changes them and makes us lose our bearings in terms of what matters to us?

Sandel: I think that care is a powerful and far-reaching example of the dilemmas that marketising a fundamental human need brings out. I do not have, or pretend to have, an answer to it. Traditionally, the care that we now marketise was provided within families or extended families and within communities. I think the tendency you describe is a social experiment for which we are not fully prepared. We have not thought through the full implications of it. It is not realistic to simply suggest that we try to revert to the way things were in the good old days, because that involved roles for women in the home that are no longer widely accepted.

Taylor: And of course, overwhelmingly, these low-paid care jobs are performed by women. So the woman's yoke has not been lifted, it's just been moved from the home to the low-wage sector.

Sandel: And there are further implications for this. Arlie Hochschild's 2001 article 'The Nanny Chain', for example, looked at the families that immigrant care givers leave behind in their own countries. In some cases, relatives are caring for their children back home. The immigrant women caring for children in the developed world invested their love in the children in their charge, which was almost a compensatory expression for their children – often thousands of miles away – who were being looked after by someone else. The global marketplace has rearranged the expression of love that characteristically accompanies care of children.

Taylor: I wonder whether this care example is really, in a sense, the most profound example of what you're talking about in the book. You urge us to understand that there are these things going on in relationships and transactions that are lost when they are marketised. Although, ultimately, one is not criticising those that put their relatives into homes and there is a need for elderly care, isn't the main thing that paid-for care is measurably different to care that is given voluntarily by a loved one? And this seems to be a distinction that we have glossed over because it has become inconvenient. »

"THE MORE THAT MONEY CAN BUY, THE HARDER THINGS ARE FOR PEOPLE OF MODEST MEANS"

Let's face it, it is not much fun looking after someone in their 80s with Alzheimer's. In a sense, the question of care giving's intrinsic value has gone. It is just described as a burden.

Sandel: It feels like the outsourcing of a fundamental human relationship. And yet, as you say, we do not want to restore the gendered family roles that existed two generations ago.

Taylor: In the end, as a philosopher, you are always saying 'let's discuss this and understand it deeper and better'. But this care issue has never really been subject to that kind of conversation.

Sandel: I do not mean to suggest that philosophical discussion is a substitute for changing, but I think it is a precondition to thinking through possible alternatives to the way things have developed, where there is no obvious policy fix we could simply enact. What I want to emphasise – and why I think this is such an important example – is that the discussion we need to have about care and how to organise it takes us unavoidably to debates about the meaning of the good life and the good family. These debates are about how family members and citizens should relate to each other across the life cycle.

One of the philosophical positions that gets me into a lot of trouble is when I say that questions of justice and fairness cannot be neutral with respect to debates over the good life and how to live. Here is a perfect example of how we couldn't begin to discuss how to organise care without discussing the nature of the good life, the good family and the good society, all of which are morally contested terrain. It is unavoidable and we cannot hope to address this without entering that contested moral terrain in our public discourse and debate.

Taylor: Moving to a slightly broader question, popular philosophy has become more prominent in recent years and moved beyond philosophers simply talking among themselves. Does that hearten you?

Sandel: I would not criticise philosophers that work in the more technical areas, but it is important that philosophy has a public presence and that some of us try to speak to a broader public. The desire for public philosophy is a reflection of a hunger among citizens to think about the ethical questions we face every day.

Taylor: And you've actually used the internet to help bring your lectures to anyone who's interested, haven't you?

Sandel: A few years ago, I did an experiment and had the entire course of my justice lectures at Harvard filmed and made freely available online, just to see what would happen. The results were astonishing, with tens of millions of people watching the lectures. It is hugely exciting to open up higher education to anyone, anywhere, who is interested. People who cannot afford the $50,000 a year to go to an expensive university like mine should have access to the classroom now that technology has made it possible.

As online learning has become widespread, people are asking the understandable question of how it will be financed. It is one thing to pilot a project, it is quite another to finance the filming of large numbers of courses and put them online. The financial pressures on higher education may push this in worrying directions, because there is the temptation to think that watching a course online can replace in-person teaching and learning. Financially pressed institutions may be tempted by this, but we should not think that we can replicate the relationship between teacher and student.

Taylor: So this itself – the degree to which higher education has succumbed to the language of marketisation – could be another example of your core thesis. 'Pay your fees and you will get a qualification at the end' downplays the community and ethics of the academy.

Sandel: Too much of higher education has been distracted by the credentialing function, to the neglect of the substance of the educational experience. The technology is simply alerting us to the imbalance we already see in higher education.

Taylor: It's that question of whether students are learners or consumers. Learners are at the bottom of the hierarchy looking up; and consumers are at the top looking down. The likelihood is that this debate will be solved in favour of consumerism. So here again, we have the consequences of losing something that is hard to define, in favour of something that is easy.

Sandel: On the surface, consumer choice is empowering. But in areas of teaching and learning – and healthcare when it

comes to the relationship between doctors and patients – other identities matter more than the consumer identity.

Taylor: What position do you take when it comes to marketisation and utilitarianism? Utilitarianism is our common sense, which we apply to decisions in all kinds of domains. Are the two fundamentally different?

Sandel: I think that marketisation is applied utilitarianism. As with marketisation, so with utilitarianism: it is fine, in its place. So, utilitarianism is fine when engaging in a market transaction for a material good, but not all things in life are properly treated as commodities. Just as utilitarianism informs our common-sense transactions when we go shopping, we should not think of all of life as shopping. And we should not think of all the good things in life as commodities and consumer goods. Utilitarianism has its place, but part of moral philosophy has to be concerned with identifying those moral and civic goods that must not be subjected to utilitarian calculus.

For example, some people would say that there is nothing fundamentally wrong with torturing people if you are really desperate for the information. But many would say that torture carries utilitarianism outside its proper domain. In efficiency, utilitarianism and marketisation are cousins. Markets in their place are useful tools, but the question is determining where they serve the public good and where they do not belong. Commodities are, almost by definition, goods that are open to use; something that is not violated if it is used. But most of what we prize in life is not of that kind.

Taylor: But utilitarianism is not just about commodities. Take the classic example of the three children that all need organs and you have a fourth child that could lead to them staying alive. You are not treating those children as commodities, but you nevertheless face a dilemma that leads you to say either there is something sacrosanct about human life, or we can calculate three lives versus one. Your arguments about marketisation are compelling, but I find the critique of utilitarianism quite difficult.

Sandel: I think we need to develop and strengthen the tools that enable us to criticise utilitarianism. It is very seductive, but wrong-headed.

Taylor: But it is habitual. We could not operate without using it all the time, so it becomes our default way of looking at the world. Not because we philosophically adhere to it, but because it is the way the world is.

Sandel: It is a relatively default way of looking at the world that needs to be reined in. And so we need to try and work out the moral basis of reining it in so we can figure out when and why to do so. ■

ESCAPING THE PACK

Civil society must start meeting its potential and contribute fully to the public good

By Kurt Hoffman

The UK charity sector is a major conduit for state help and public munificence. It seeks to tackle social problems that, if not adequately addressed, can have significant economic and social costs. Civil society is best placed to catalyse the inclusive, democratic and community-based approaches needed to solve the more intractable challenges that threaten the stability of mature economies like the UK.

Unfortunately, the UK's civil society as currently configured cannot fill this role. Creating the right conditions so that it can is not simply a matter of getting more funding to those on the frontline of social change. Nor is it an issue of overcoming a lack of competence and good intentions, both assets that the charity sector enjoys in great abundance. Rather, the biggest obstacles lie in a set of financial, behavioural, regulatory and structural manacles that have caused the sector's systemic underperformance over many years.

THE PRISONER'S DILEMMA

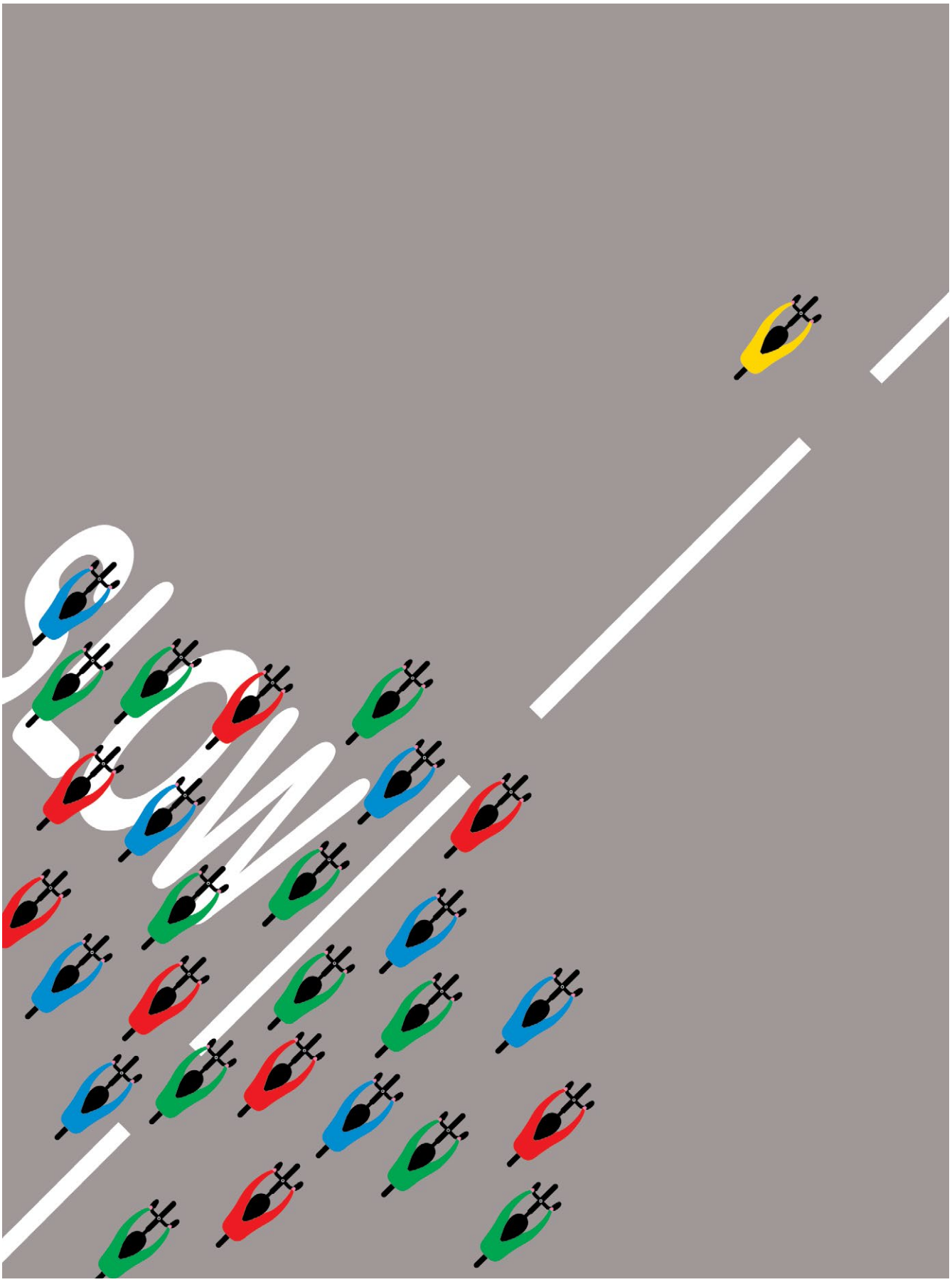
The root of these constraints is our use of private resources, voluntarily donated, to fund charities. There are obviously powerful historical and cultural reasons for this, but the way the charity sector funding model presently works traps charities, philanthropists, even the government, in a classic 'prisoner's dilemma': a situation where players pursue actions – often with the best of intentions – that lead to outcomes that are much less beneficial for everyone than they should be. This means the neediest have long been denied access to the best help society can offer, while the economic costs of addressing major social challenges are much higher than necessary. However, changing this requires rethinking the way we fund social change and reprogramming the unintentionally debilitating behaviour of charities.

KURT HOFFMAN IS DIRECTOR OF ENTERPRISE ANSWERS, A SPECIALIST ADVISER IN SOCIAL-IMPACT INVESTMENT

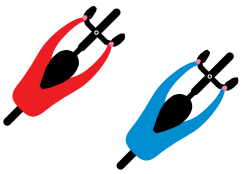
Transformation of this sort is already under way, driven initially by wealthy white knights like Bill Gates, highlighted in the influential book *Philanthrocapitalism: How Giving Can Save the World* by Matthew Bishop and Michael Green. These 'new philanthropists' believe that, by proactively tackling big social problems in an entrepreneurial fashion, they can produce social good on a scale not known for a century. However, as promising as these new routes to social change are, the ability of this community to deliver on its potential is severely inhibited by the constraints affecting the whole of the sector.

To change the charity sector for the better, we must first understand the problems with its funding model. The estimated amount that charities in the US and UK spend on fundraising ranges from 15% to 50% of the amount raised. Taking a 33% midpoint for illustrative purposes, this figure is more than three times the average cost of raising commercial finance in the private sector. In real money, this means that between 2000 and 2012 – when the UK charity sector's estimated total income was £410bn – the amount spent on fundraising came to about £124.5bn, much of which could have been spent on doing good.

Worse, if up to 50% of charity leaders' time is spent on fundraising, this limits the attention they can devote


SLOW

"CHARITIES PURSUE ACTIONS – WITH THE BEST OF INTENTIONS – THAT LEAD TO OUTCOMES THAT ARE MUCH LESS BENEFICIAL FOR EVERYONE THAN THEY SHOULD BE"



to ensuring their organisations run efficiently. Most of this energy should be consciously allocated to innovation and improving ongoing performance.

The UK charitable sector should be ploughing resources into innovation, but this is not happening. The scale of the resultant social-opportunity costs is heightened by the inexplicable failure of government and philanthropists to proactively support research and development in the sector, which is something that happens on a large scale across the rest of the productive economy. Instead, too high a proportion of the meagre public and private resources that are made available to strengthen the charity sector is spent on exhorting the public to give charities ever more money, much of which is then absorbed by fundraising, scale and operating diseconomies. In a time of severe resource constraint and growing need, this failure to maximise the sector's innovative capabilities is collective madness.

The dysfunctional social change capital market forces philanthropists and charities to competitively pursue and then maintain myriad bilateral relationships, a system that is inefficient and socially costly. It discourages working together, when cooperation should, in mission terms, be charities' default mode of operation. This, in turn, severely inhibits the sharing of best practice and shields charities and philanthropists from constructive criticism. Charities may generate just enough funding to provide localised 'sticking plaster' assistance, but frequently they cannot raise enough money to tackle the underlying causes of problems, or take the good things they do to a more cost-effective scale.

ABSENCE OF LEADERSHIP

Most new philanthropists prefer to work in relative and confidential isolation and all manner of social-opportunity costs derive from their consequent reluctance to put much effort into networking collectively to generate maximum social good. The UK philanthropic community has been reluctant to support and participate in independent and rigorous comparative research into its performance over time. This sort of knowledge would be critical to designing policy that would help improve the sector's performance and, consequently, benefit the most vulnerable. The end result of this self-inflicted data famine is that nobody really knows how the sector is performing and what works best. Consequently, the UK philanthropy community fails to bring its collective weight, vision and resources to bear on the most important social issues confronting the country.

Microcredit's recent fall from grace illustrates many of these issues. Microcredit actors and institutions have attracted hundreds of millions of dollars from philanthropists since 2000, including $100m from Pierre Omidyar. The core proposition is that small loans would help very poor people, especially women, start up businesses whose success would lift them permanently out of poverty. Unfortunately, this proposition was found seriously wanting by 2008 and, by 2010, had been comprehensively disproved. Microcredit does yield some important benefits for poor people, but has not proved to offer the mass exit from poverty it promised.

Support for microcredit has been one of the biggest single issue bets made by the global philanthropic community. And, while it demonstrated that the sector can move large amounts of resources to tackle a big issue, philanthropists' backing for microcredit has proved a huge misjudgement. The pro-microcredit community did not spot or communicate its model's failure. It took independent analysts conducting comparative research to reveal the huge gap between myth and reality. Furthermore, the fact that some philanthropists continue – even now – to provide support to microcredit, long

after they should have had access to evidence to the contrary, raises questions about the quality and conflicted nature of the professional advice they are proffered. The microcredit story is an important cautionary tale for UK civil society.

ESCAPING THE DILEMMA

Progressive UK philanthropists and charities must now engage with government, the public and media in an effort to reach consensus about how to fundamentally restructure the way we fund charities. In the interim, they must begin to build an information and institutional infrastructure that will allow charities to deliver the greatest social value they can, within the constraints of the current funding paradigm and under a new funding model as it comes into place. If any fundamental change is to happen, a leadership group must emerge and act. It will need a start-up strategy that generates the evidence necessary to convince the doubters, conducts pilots that have a high chance of success to show that beneficial change can occur, and gets the basic institutional and knowledge foundations in place as soon as possible. The following ideas could provide a starting point.

The RSA Fellowship could help foster the country-wide dialogue that needs to take place and help bring the leadership group into being. A parallel step would be to tackle the sector's knowledge gap. This effort must have government as an integral partner and be built from systematic, comparative case studies and time-series analyses of performance, value-creation and innovation. These can only happen if charities, philanthropists and social entrepreneurs are willing and transparent participants. This knowledge will help the sector understand what forms of philanthropy, social finance and charitable delivery systems work best to solve different kinds of social problems.

The funding model is too big an elephant to be reformed at once, so we need a strategy that seizes on quick wins to show what can be done and engages publicly on solving the prisoner's dilemma. The social finance movement, for example, must try to understand how far impact investment, social enterprise and payment-by-results models can be extended effectively into the voluntary sector. The public, local philanthropists and investors, private-sector actors and the government must be challenged to focus their combined resources on supporting community-based efforts to solve specific problems, rather than only supporting their preferred bits of the social change supply chain.

Leading stakeholders need to create peer-to-peer learning forums that reach out to philanthropists of all kinds and engage them in external challenges. An independent, dedicated training regime for the sector's serious funders is needed, one that uses learning-by-doing techniques and seasoned professionals to create savvy investors in scalable social change supply chains. Similarly, philanthropists should insist that anyone who seeks to advise them individually should be independently certified as having an experience-based social change track record and be credibly able to balance the philanthropist's personal and society's best interests in any advice provided. Finally, the sector needs to create pooled funding platforms that allow philanthropists with modest resources but serious intent to jointly tackle problems they care about. Many on the sector's frontline will recognise the need for change, but will not have the ability or resources to move in that direction; many just will not believe this is possible or necessary and others will have vested interests in maintaining the status quo.

These are not good enough reasons not to get started. If left to their own devices, it is unlikely that the hugely valuable social change resources that charities, philanthropists and governments control will by deployed in the best interests of the most vulnerable.

FELLOWSHIP IN ACTION

SIGN UP TO MAKE A DIFFERENCE

Online subscription services – for music, movies and all manner of other content – are now part of everyday life. Makerble, a social enterprise set up by Matt Kepple FRSA, adopted this model for charitable giving and allows users to tailor donations around their individual concerns. "The user selects their interests and Makerble recommends charitable projects that meet those interests," Matt explained. "We identified that not being able to see outcomes prevents people from giving to charity. Our system converts data supplied by the projects and allows users to see exactly what their donations achieve." Makerble's 'lifestyle checkout' allows users to select a monthly donation amount based on the price of an everyday item. "For example, you can donate a cappuccino a month or a round of drinks a month," Matt said. "It should help people realise how inexpensive making a difference can be. An RSA Catalyst grant helped get Makerble off the ground. "That was a great vote of confidence," Matt said. "I'm keen to engage the Fellowship and work with their charitable projects."

RSA Catalyst provides money and expertise to Fellow-led ideas that aim to have a positive social impact. Find out more at www.thersa.org/fellowship/catalyst

WHO CARES?

To prevent care standards declining, we must address who pays for care and, crucially, ensure that unpaid care moves beyond its traditional gender roles

By Susan Himmelweit

Care is needed by some people to enable them to do what others can do unaided. All societies have systems for providing it; some succeed better than others in meeting most people's care needs. In times of transition, old systems may no longer function well while new ones are still being contested. Does care seem such an insuperable problem now because we are experiencing such a transition?

Traditionally, care was largely invisible and performed within an unpaid economy. It was based upon a gender division of labour in which women's primary responsibilities lay in the home, while men's were to earn an income in the paid economy. In the unpaid economy, women provided a range of services directly for their families. These included care, but also cooking, cleaning and much other necessary domestic work. This system did not work for everyone and did not cover all care needs, but it did provide the vast majority of care.

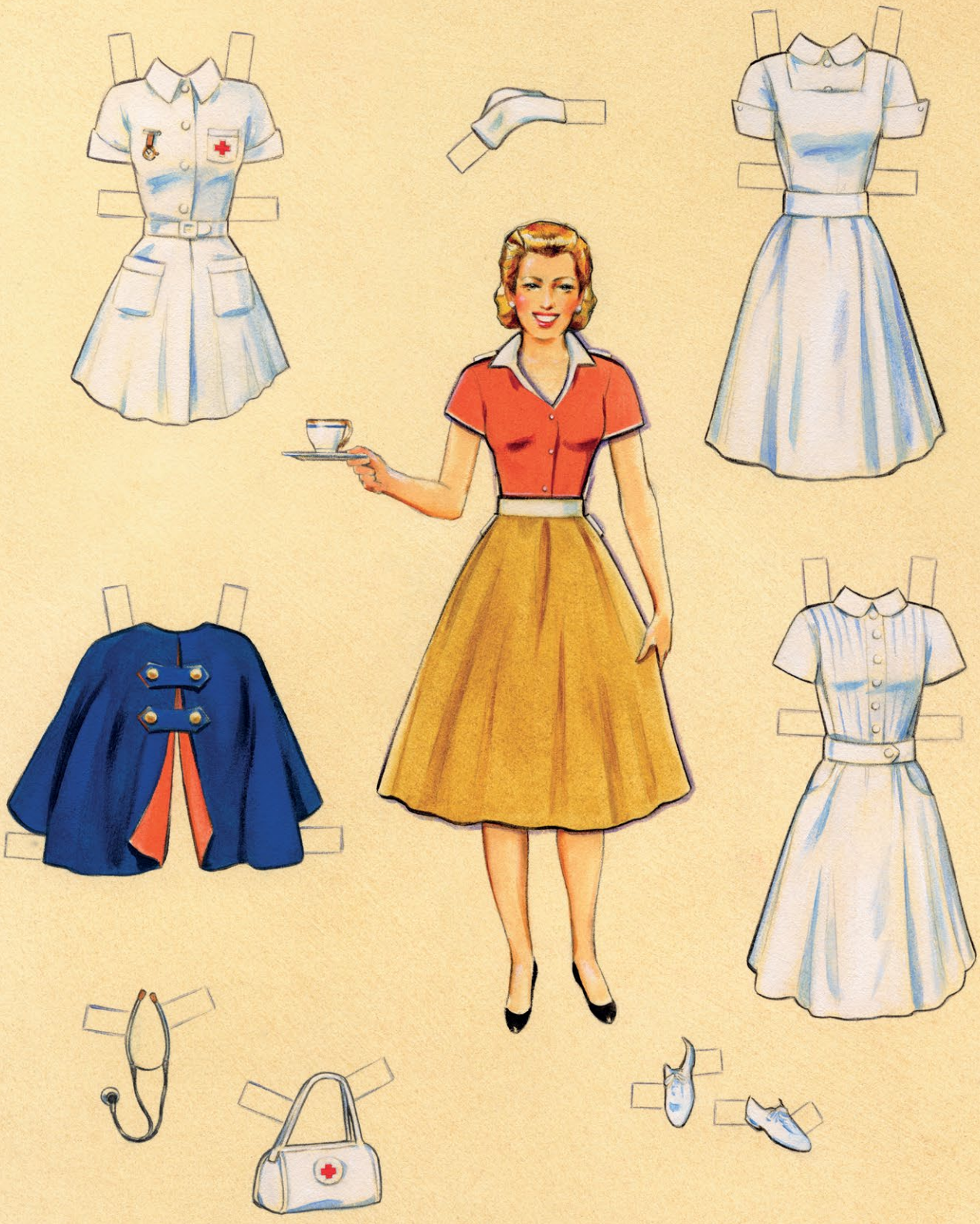
Industrial production allowed some of women's domestic work to be outsourced. Washing machines, cheap clothes and partially processed foods enabled washing, mending and cooking to take less time. Innovation and capital investment led to increasing industrial productivity – more being produced by each worker – which in turn enabled output prices to fall and real wages to rise. As wages increased, more families could raise their standard of living through the woman taking employment, possibly part-time, because not all her wages would be needed to buy replacements for her previous domestic work. Thus home-based tasks and their products increasingly moved from the unpaid to the paid economy. This largely happened without state involvement, or even being seen as a matter for public policy beyond ad hoc regulation.

SUSAN HIMMELWEIT IS PROFESSOR OF ECONOMICS AT THE OPEN UNIVERSITY

Care may be the final frontier in that process. But care's transformation is clearly not happening smoothly, nor without policy intervention, though there is huge variation across countries in the extent and type of state involvement. Partly, the process is more difficult for care because it is the final frontier. When many other tasks were performed in the home, care was largely done alongside them, hardly seen as a task in itself and its cost largely unrecognised. But replacing unpaid care time costs money and seems particularly expensive because, unlike the time spent on those domestic tasks that were replaced by purchased physical goods, every hour of care needs to be replaced. Furthermore, replacement carers are rarely replacement multi-taskers fitting in a lot of other domestic tasks alongside care.

The cost of care remains high because the gains in productivity in outsourcing care are inherently limited. As family size has fallen, mothers are unlikely to be looking after more than two or three pre-school children at a time. But fees for childcare are based on a maximum permitted ratio of four two-year-olds to each childcare worker, and it is only from that difference that any productivity gain arises. But, as the recent debate about relaxing permitted ratios shows, a low child/staff ratio is seen as a marker of high quality in childcare. »

ILLUSTRATION: VINCE MCINDOE



"ONE WAY TO REDUCE COSTS IS TO EMPLOY FEWER WORKERS, RAISING THEIR PRODUCTIVITY BUT REDUCING QUALITY"

The same is true in care for the disabled. There are productivity gains in domiciliary care being provided for just the periods of time when care is required, so that in one day a care worker cares for more people than an unpaid family member who typically looks after just one person. But the only way to increase those gains would be to shorten the periods of time care workers spend with each client; and many people think that care quality has already fallen too far because care workers are too rushed.

In other words, there are limits to the productivity gains that are possible in care without severely affecting quality. This has important implications for the costs of care. As wages rise, technology can be used to reduce the amount of labour in some industries, but not in others. Prices in an industry, such as care, whose product is essentially a worker's time, will rise faster than prices in those industries where investment and technology can lead to continual increases in productivity without reducing quality. Care costs, therefore, inevitably rise faster than the price of the average basket of goods that is used to measure inflation.

This produces a perfect storm for families, care providers and public policy. Policy is needed because not only are care needs unequally distributed, but so are the resources to meet them. The people who need the most care are not necessarily those with family members willing and able to care for them. Large numbers of disabled adults and older people cannot pay for their own care and, if lower-paid women are to move into employment, they will need help with the cost of childcare. Rising levels of inequality are likely to leave more people needing help from the state to meet their own, or their children's, care needs.

SEARCH FOR SAVINGS

Providing unpaid care is not costless for families. The cost is the wages that might otherwise have been earned in the paid economy. This cost rises along with wage levels, but so do the costs of purchasing replacement care, since wages in care work cannot fall too far behind those in other occupations. In a highly unequal labour market, while high-earning women may earn enough to pay for care, low earners may not earn enough to make employment seem worthwhile if they have to pay the full costs of replacement care, especially if that care is hard to find and of dubious quality. But they and their families want a share of the benefits that having two earners brings.

For the care industry, the only way to reduce costs is either to employ fewer workers, raising productivity but reducing quality, or to employ cheaper workers, if they can be found. This explains why care workers are typically so badly paid and, despite needing to deploy a range of cognitive and relational skills in their work, usually have few qualifications. In trying to reduce costs, employers often turn to vulnerable groups, who have limited alternative forms of employment. For adult care, this was initially single women, then women returning to employment after having children, and now immigrants. Cost-cutting leads to poor pay and conditions, insufficient supervision, low incentives to train and high turnover, resulting in poor-quality care, sometimes disastrously so.

In public policy, rising costs mean continued attempts to control spending. Every way of doing this is problematic, raising issues about who should be eligible for state support and the quality of care provision, as well as putting pressure on the working conditions and pay of care workers. The government's present plan for childcare is exactly what the theory above would suggest: that the only way to lower costs is by increasing staffing ratios so that each childcare worker can look after more children. But the government's claim that this single productivity increase will both lower costs to parents and improve the wages of childcare workers has been met with scepticism, as well as outrage at its quality implications. People care about care.

For adult care, concern about controlling spending is also fuelled by fears about increasing demands for care through people living longer. Greater numbers of older people do not necessarily mean increased demand for care; if an ageing population lived its extra years in good health, no extra care would be needed. However, increased longevity has so far resulted in more years requiring care, though that might be avoided with greater attention paid to prevention. Greater numbers of older people, of course, also mean more potential carers of both other older people and children. So the results of increasing longevity on care costs are not necessarily so clear.

WOMEN'S WORK

A more important factor is changing gender roles. Inevitably, more paid care will be needed as women's employment opportunities expand. The care industry is already the fastest-growing sector in all the richest economies. As women's economic opportunities improve and they increasingly compete with men in the labour market, women may not be as willing to give up those opportunities to become unpaid carers, especially if men continue not to do so. And the gender division of responsibilities for the doing of care is unlikely to carry over

into the paying for care. While women do tend to pay for childcare, it is not so clear that a woman who might once have expected to care for her father-in-law would now expect to be the one who pays for his care.

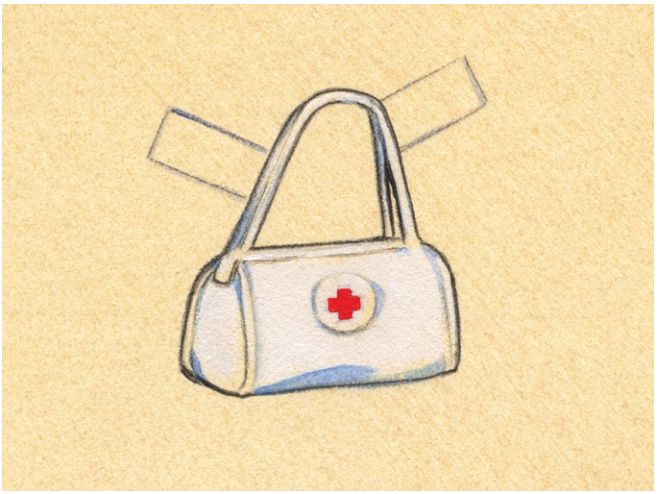
Care costs will inevitably rise if wages do. But any such rises are the result of economies becoming richer through their dynamic sectors in which productivity is rising. As countries get richer, if care standards are to improve in line with an improving standard of material well-being, a rising proportion of GDP needs to be spent on care. This would take some, but by no means all, of the increasing wealth that such productivity gains bring. There are different ways in which this could be financed. It is not unreasonable to expect the public purse to contribute through proportionately higher taxes, but both the current and the previous governments tried to shift more of the costs of care onto families, either by family members doing more of it for each other or by contributing more of the costs of paid care.

To some extent, the former has been happening already. Older people are increasingly looking after other older people, mostly spouses, though also neighbours and siblings. As women tend to outlive their husbands, men make up a larger proportion of very old carers than women. This is because men are more likely to have living spouses, some of whom need care. This small but significant contribution to the total quantity of elder care illustrates how men can and do provide care, but currently usually do so only when there is no woman available. A far larger number of older women have no spouse to look after them by the time they need care. This makes them more dependent than men on paid care, although they are less likely to be able to pay for it. Ironically, this is because women's low pensions are often due to an employment history interrupted by periods spent caring for others.

Among people of working age, women are still far more likely than men to give up or reduce their hours of employment to be unpaid carers, whether for elderly parents or parents-in-law, or for children. Here, gendered norms and expectations are reinforced by the longer hours of most men's jobs and the gender pay gap, so that most families lose less from the woman reducing employment than the man.

THE CARE FUTURE

The spectacular growth of the care industry shows that a system based on gender differences in the time devoted to unpaid care is already proving unsustainable. Increasing the amount of unpaid care would require better employment opportunities for those with care responsibilities, both men and women. If carefully designed to encourage men to take up unpaid care, such policies could also make a significant contribution to undermining the feedback loop between gender divisions in employment and those in care. In practice, however, much government policy pushes in the opposite direction. Although there have been attempts to enable more flexible working patterns, an emphasis on full-time over part-time employment reduces opportunities for those wishing to combine care with employment. And the trade-off between raising the pension age and having younger old people available to be



unpaid carers, both for each other and for grandchildren, is barely mentioned. Whether policies can tackle these concerns in sustainable ways depends on whether they succeed in transforming gender divisions, so that men and women can both contribute to care without paying too high a personal economic cost. Policies cannot succeed if those personal costs remain high: men will not take on these caring responsibilities and women will not continue to bear them on their own.

If care standards are not to fall, but rise in line with improvements in other aspects of our lives, three requirements will have to be met. First, the proportion of the total time society devotes to care will have to rise. Second, to retain even the current level of family provision of care requires it to be more equally spread between men and women, and to be better supported. Third, a larger proportion of GDP will have to be spent on paid care; how much of that will be paid for by families and how much will need to be financed by government will depend on a number of factors, including the level of income inequality. With greater inequality, more families will need state support in funding care for adults and children. So government expenditure on care will have to take an increasing proportion of GDP, particularly if inequality continues to increase.

But none of these requirements may be met. Rather than recognising that economic policy may both limit and be limited by what is achieved for care, too much current policy is driven by a short-sighted focus on increasing GDP and the revenues it brings. A civilised society has to be prepared one way or another to pay for the rising costs of care brought by increased prosperity. Without a willingness to recognise this – and the extent to which the paid and unpaid economies are intertwined – the future is likely to mean declining standards of care and, worse still, the acceptance of those declining standards as inevitable.

FELLOWSHIP IN ACTION

TAKING OWNERSHIP OF CARE

Sunderland Home Care Associates (SHCA) is one of the largest employee-owned home care companies in the UK and has managed to export its model in cities acros the north of England. The company's founder, Margaret Elliot FRSA, spent about 20 years working in and running various workers' cooperatives before setting up SHCA in 1994.

"In the mid-1970s I started my first cooperative, a shop with a nursery above so we could look after children as we worked," she said. "In the 1980s, we formed a second cooperative and looked after older people, using social security benefits to cover the cost of help." When councils began to outsource certain services in the 1990s, Margaret started SHCA as a cooperative with 20 staff. She wanted SHCA to be big and show others that this kind of home care service was viable. After steadily growing, SHCA moved from being a workers' cooperative to full employee ownership.

"Everyone who works for us owns a little piece of the company," Margaret explained. "The benefits to the workers and the people being cared for are huge. People are not going to provide a bad service, because the company is theirs. Our staff care about the business and the people they are looking after." SHCA opened a cafe in 2012, which employs staff with learning difficulties. Even if they only work a few hours a week, they get a small share in the company.

In 2004, Margaret founded Care And Share Associates to export the SHCA model to other towns and cities. The family of employee-owned companies now covers Knowsley, Leeds, Halifax, North Tyneside, Newcastle and Manchester.

www.sunderlandhomecare.co.uk

PHOTOGRAPHY: MIKAEL SCHILLING

MAKING THE OLD NEW

Matthew Lloyd Architects LLP's efforts creating a contemporary space in the Grade I-listed RSA house have been recognised by the Royal Institute of British Architects (RIBA). The RSA won two prestigious prizes: RIBA London's 2013 English Heritage Award for Sustaining the Historic Environment and the RIBA London Award 2013 for the renovation project, which began with significant work to the Great Room.

According to Matthew Lloyd, a partner at the firm, the Great Room posed the biggest design challenge. "Integrating cutting-edge technology into the room, while at the same time making sure the likes of English Heritage would still see the space as sympathetic to its history, was extremely complicated," he said.

In addition to the Great Room, the ground floor has been transformed from a maze of small rooms to easily navigable spaces where Fellows can congregate.

"The project was more about well-judged subtlety than outright conversion," Lloyd said. "I'm proud that we produced something that was judged to be protecting the old while also new enough to be considered contemporary architecture."

Alongside the architects, chair of the house development committee Andrew Summers CMG, former Trustee David Archer, and current Trustees Andy Gibson, Clive Grinyer and Vanessa Harrison were instrumental in coordinating the project.

THE BRAINS BEHIND SPIRITUALITY

We must enrich our idea of what it means to believe in order to fully understand the role of spirituality in society

by Jonathan Rowson

Immanuel Kant said that the impact of liberal enlightenment on our spiritual life was such that if somebody were to walk in on you while you were on your knees praying, you would be profoundly embarrassed. That imagined experience of embarrassment is still widely felt in much of the modern western world, not merely for religious believers, but for the silent majority who consider themselves in some sense 'spiritual' without quite knowing what that means. This sense of equivocation is felt when we hear the term 'spiritual' referred to apologetically in intellectual contexts. Consider, for instance, 'the mental, emotional or *even spiritual* qualities of the work', or 'the experience was *almost spiritual* in its depth and intensity'.

This unease with public discussions of spirituality is not universal and clearly varies within and between countries. Perhaps the embarrassment is a peculiar affliction of western intellectuals, since 'spiritual' appears to convey shared meaning perfectly well in ordinary language throughout most of the world. This intellectual unease matters because spiritual expression and identification is an important part of life for millions of people. But it currently remains ignored because it struggles to find coherent expression and, therefore, lacks credibility in the public domain.

Andrew Marr astutely opened a recent BBC discussion by referring to the "increasingly hot-tempered public struggle between religious believers and so-called militant atheists, and yet many, perhaps most people, live their lives in a tepid confusing middle ground between strong belief and strong disbelief". There is some empirical backing for this claim. *Post-Religious Britain: The Faith of the Faithless*, a 2012 meta-analysis of attitude surveys by the thinktank Theos, revealed that about 70% of the British population is neither strictly religious nor strictly non-religious, but rather moving in and out of the undesignated spaces in between. While the power of organised Christian religion may be in decline, only about 9% are resolutely atheistic, and it is more accurate to think of an amorphous spiritual pluralism that needs our help to find its form.

The point of rethinking spirituality is not so much to challenge these boundaries, but to clarify what it means to say that the world's main policy challenges may be ultimately spiritual in nature. When you consider how we might, for instance, become less vulnerable to terrorism, care for an ageing population, address the rise in obesity or face up to climate change, you see that we are – individually and collectively – deeply conflicted by competing commitments and struggling to align our actions with our values. In this respect, we are relatively starved for forms of practice or experience that might help to clarify our priorities and uncover what Harvard psychologist Robert Kegan calls our immunity to change. The best way to characterise problems at that level is spiritual.

There are so many dimensions to spirituality that it is necessary to qualify what we are talking about. >>

JONATHAN ROWSON IS DIRECTOR OF THE RSA'S SOCIAL BRAIN CENTRE, WHICH IS WORKING ON A 20-MONTH PROJECT CALLED 'SPIRITUALITY, TOOLS OF THE MIND, AND THE SOCIAL BRAIN'. IT WILL CULMINATE IN A FINAL REPORT AND EVENT AT THE RSA

ILLUSTRATION: CHARLIE RABICANO

Personally, I think of it principally as the lifelong challenge to embody one's vision of human existence and purpose, expressed most evocatively in Gandhi's call to be the change you want to see in the world. Others may place greater emphasis on the forms of experience that inspire the changes we want to see, or the realities we need to accept.

Being spiritual can mean safeguarding our sense of the sacred, valuing the feeling of belonging or savouring the rapture of intense absorption. And then there is the quintessential gratitude we feel when we periodically notice, as gift and revelation, that we are alive.

Such experiences do not depend upon doctrine or on institutional endorsement or support. They are as likely to arise listening to music, walking in nature, celebrating the birth of a child, reflecting on a life that is about to end, or losing oneself – in a good sense – in the crowd. With such a rich range of dimensions, it is regrettable that spirituality is still framed principally through the prism of organised religion. But it is perhaps no less unfortunate that those who value spiritual experience and practice are often suspiciously quick to disassociate themselves from belief in God and religion, as if such things were unbearably unfashionable and awkward, rather than perhaps the richest place to understand the nature of spiritual need.

SPIRITUAL BUT NOT RELIGIOUS

While there has been a growing normalisation of the idea that a person can be 'spiritual but not religious', this designation may actually compound the problem of intellectual embarrassment. It does nothing to clarify what spirituality might mean outside of religious contexts, nor how religion might valuably support and inform non-believers. People in this category get attacked from both sides; from atheists for their perceived irrationality and wishful thinking, and from organised religion for their rootless self-indulgence and lack of commitment. And the category of spiritual but not religious hardly does justice to the myriad shades of identification and longing within it and outside it. What are we to make, for instance, of the fact disclosed in the same Theos report, that about a quarter of British atheists believe in human souls?

Such findings highlight that spiritual embarrassment is grounded in confusion about human nature and human needs. We struggle to speak of the spiritual with coherence mostly because it has been subsumed by historical and cultural contingency, and is now smothered in an uncomfortable space between religion and the rejection of religion. Surely religions are the particular cultural, doctrinal and institutional expressions of human spiritual needs, which are universal? In this respect, is it not the sign of a spiritually degenerate society that many feel obliged to define their fundamental outlook on the world in such relativist and defensive terms? Compare the designations: 'educated, but not due to schooling' or 'healthy, but not because of medicine'.

There must be a better place to begin the inquiry. The categorisation spiritual but not religious still tacitly assumes the most important question to interrogate is which version of reality we should subscribe to, rather than what it might mean to grow spiritually in a societal context where for most people belief in God need feel neither axiomatic nor problematic. The writer Jonathan Safran Foer highlighted the depth of this

"THE SPIRITUAL SITS IN AN UNCOMFORTABLE SPACE BETWEEN RELIGION AND THE REJECTION OF RELIGION"

point on BBC Radio 4's *Start the Week* programme when he responded to the question of what he believed by saying: "I'm not only agnostic about the answer, I'm agnostic about the question."

RECONCEIVING SPIRITUALITY

One major challenge in making the spiritual more tangible and tractable is, therefore, to enrich our currently impoverished idea of what it means to believe. To believe something is often assumed to mean endorsing a statement of fact about how things are, but that is both outdated and unhelpful.

Consider the story of two rabbis debating the existence of God through a long night and jointly reaching the conclusion that he or she did not exist. The next morning, one observed the other deep in prayer and took him to task. "What are you doing? Last night we established that God does not exist." To which the other rabbi replied, "What's that got to do with it?"

The praying non-believer illustrates that belief may be much closer to what the sociologist of religion William Morgan described as "a shared imaginary, a communal set of practices that structure life in powerfully aesthetic terms". Within the same discipline Gordon Lynch suggests this point needs deepening: "The unquestioned status of propositional models of belief within the sociology of religion arguably reflects a lack of theoretical discussion… about the nature of the person as a social agent."

It is therefore time to question the common default position that emphasises the autonomous individual striving to consciously construct their own religious belief system as a guide to how they should act in the world. It is not just about sociality. The emerging early 21st century view of human nature indicates we are fundamentally embodied, constituted by evolutionary biology, embedded in complex online and offline networks, largely habitual creatures, highly sensitive to social and cultural norms, riddled with cognitive quirks and biases, and much more rationalising than rational.

Such a shift in perspective is important because every culturally sanctioned form of knowledge contains an implicit injunction. The injunction of science is to do the experiment and analyse the data. The injunction of history is to critically engage with primary and secondary sources of evidence. The injunction of philosophy is to question assumptions, make distinctions and be logical. If spirituality is to be recognised as something with ontological weight and social standing, it also needs an injunction that is culturally recognised, as it was for centuries in the Christian west and still is in many societies worldwide.

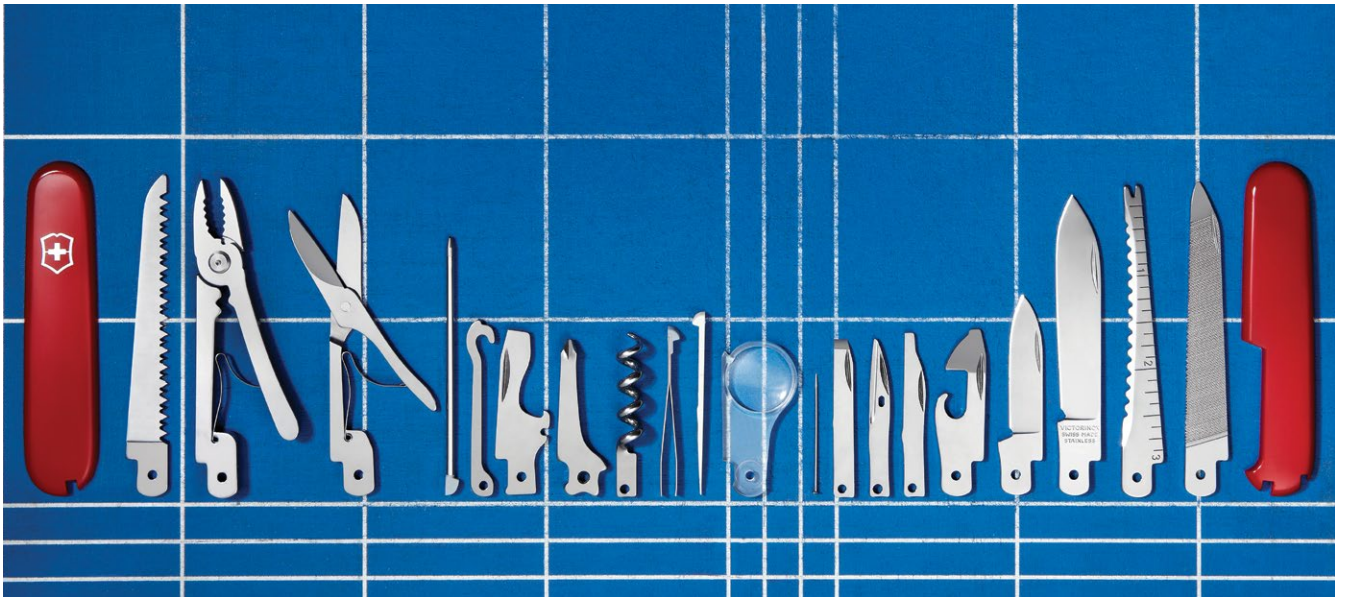
The spiritual injunction is principally an experiential one, namely to know oneself as fully as possible. For many, that means beginning to see beyond the ego and recognise oneself as being part of a totality, or at least something bigger than oneself.

Such self-knowledge is a deeply reflexive matter. The point is not to casually introspect, but rather to strive to connect our advanced third-person understanding of human nature with a growing skill in observing how one's first-person nature manifests in practice, and to test the validity and relevance of this experience and understanding in second-person contexts. In this sense, spirituality is about I, we and it, and this process of trying to know oneself more fully, both in understanding and experience, is therefore no mere prelude to meaningful social change, but the thing itself.

There are many ways to illustrate how new conceptions of human nature might revitalise our appreciation for the spiritual. The psychiatrist Iain McGilchrist's work on the competing worldviews of the two brain hemispheres offers a new perspective on the challenge of creating balance in one's thought and life. Daniel Kahneman, the Israeli-American psychologist, has suggested that we can't really do anything about our innumerable cognitive frailties, but this questionable claim is challenged by mindfulness practices, where we can see and feel the root cause of some of our mental tendencies and biases more viscerally. And cognitive scientists George Lakoff and Mark Johnson's idea that thinking is fundamentally grounded in bodily metaphors gives us new appreciation for our need to be touched, moved or inspired on a regular basis.

The point of reconsidering spirituality through such lenses is not to explain away spiritual content. We do not want to collapse our deliciously difficult existential and ethical issues into psychological and sociological concepts. The point is rather to explore the provenance of those questions and experiences with fresh intellectual resources.

Returning to Kant, if enlightenment in his view was about humanity emerging into adulthood, one corollary is that unquestioning subservience to organised religion may now be condemned as immature. However, the deeper implication is that we need to rediscover or develop mature forms of spirituality, grounded both in what we can never really know about our place in the universe, and what we can know – and experience – about ourselves.



MAKING US USEFUL

Vocational education and inspiration from Germany are two ways to help fix our skills shortages

By Chris Haskins

The Humber region – where I serve as chair of the Local Enterprise Partnership – is a microcosm of England outside the south-east. East Yorkshire and rural North Lincolnshire are well to do, middle class and conservative, but the cities of Hull and Grimsby have experienced generations of social deprivation and relative economic decline.

In the midst of recession, all four of these local authority areas are experiencing severe skill shortages. Potential inward investors are surprised to find such a skills gap in an area of relatively high unemployment and these conditions are replicated in other regions.

There are three distinct problems in the Humber labour market. A dearth of relatively low-skilled workers is a result of substandard levels of basic literacy and numeracy, and poor reliability (such as just showing up for work). Would-be investors are concerned about shortages of workers with craft skills: welders, electricians, engineers. And it seems that talented young people who, 50 years ago, would have pursued a high-

CHRIS HASKINS IS THE CHAIRMAN OF THE HUMBER LOCAL ENTERPRISE PARTNERSHIP BOARD. HE IS THE FORMER CHAIRMAN OF NORTHERN FOODS AND A LIFE PEER

PHOTOGRAPHY: PIXELEYES

"FAR TOO MANY PEOPLE ARE ENCOURAGED TO GO TO UNIVERSITY, WHERE, TOO OFTEN, THEY STUDY COURSES THAT HAVE NO VALUE TO AN EMPLOYER"

skilled technological management career prefer opportunities in the service industries that are less demanding socially.

The decline in low-skilled physical work opportunities, carried out mainly by men, in the fishing, docks and food industries was caused by political and ecological disasters, the forklift truck and automation. Society failed to address this explosive problem, resulting in a generation of workless households where dependency on state benefits has become the norm. If you have no close relatives in work, the basic disciplines of a job – getting there on time, high attendance, being presentable – are absent in the family. And employers still rely excessively on recruiting people based on personal recommendation and contacts.

Our educational system focuses excessively on academic achievement and has seriously neglected the needs of young people more suited to vocational training. The principle of setting standards and determining local requirements from the centre is wrong and successive governments have undermined 'local ownership' of schools. There is little pressure on businesses to engage with schools, but when they do the benefits are remarkable. A vocational educational option should be made available for 14-year-olds who are identified as unsuitable for an academic route. It is tragic that so many children are frogmarched through the GCSE process, only to fail. Even worse, many who scrape over the GCSE hurdle are encouraged to stay on for the sixth form, only to find the courses too demanding and as a result drop out before they sit A-levels. These children should be pointed towards vocational training, along the lines of Ordinary National Certificate and Higher National Certificate curricula. The government has recognised the problem by making funds available for apprenticeships, but these are top-down initiatives, managed by private providers that are rewarded for the quantity, rather than the quality, of the apprenticeships delivered. A bottom-up approach, managed by local partnerships between colleges and businesses, would provide much greater benefits for participants and better value for the taxpayer.

Far too many people are encouraged to go to university, where, too often, they study courses that have no value to an employer and emerge with degrees, but low employability skills. If these students had been directed towards job-focused vocational training, they would be more fulfilled and the country better off.

Although the Humber's skills problems are more acute than elsewhere, this is a national issue and, indeed, one that affects most developed economies as knowledge-based work becomes more important and low-skilled jobs migrate to the developing world. The pace of technological change requires all workers to engage in lifelong learning.

Germany appears to tackle problems of social deprivation and skill shortages more effectively than Britain. There are four reasons for this. First, localism is alive and well in Germany thanks to a constitutional bias towards decentralisation. The big companies have retained their provincial links. BMW and Siemens are based in Munich and Volkswagen in Saxony; great companies that are strongly committed to their local communities. The Mittlestand companies – small to middle-sized private businesses – are the engine of the German economy and their roots are local. By contrast, large British companies have endorsed the government's disastrous obsession with centralisation by moving their headquarters to London, or by selling out to multinationals. Cadbury in Birmingham and Rowntree's in York – as well as my own former company, Northern Foods in Hull – have all disappeared.

Second, German businesses, unlike their British counterparts, have a deep cultural belief in the merits of training. Apprenticeships are the norm, in both big and small companies. Most British companies believe that training is someone else's responsibility. Third, Germany's decentralised educational system puts a much greater emphasis on vocational training designed to meet the needs of employers. Only 20% of Germans go to university, less than half the British number. Fourth, German companies invest in people and businesses for the long term, again in sharp contrast to the short-termism which bedevils British businesses.

In recent years, British governments have paid lip service to the benefits of localism. Only one part of the UK has been granted serious devolved powers. Unsurprisingly, Scotland has outperformed the English regions as a result, though Aberdeen's oil bonanza has helped.

Until the Second World War, public sector power was mainly managed by local government, but the combination of wartime centralisation, the creation of the NHS, the establishment of a centralised school system and a contempt for local government among the Westminster elite has been a major factor in Britain's relative decline. Michael Heseltine's radical proposals for devolution of power away from Westminster – the *No Stone Unturned* review – could start a reversal in these trends. Otherwise, the social and economic problems caused by educational and skills shortages will remain untackled.

HARRIET LAURIE

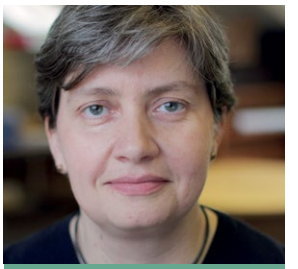
CREATING CALM

Harriet Laurie's TheHorseCourse pioneers a new approach to equine-assisted intervention in prisons, with inmates who have not responded to any other ways of improving their behaviour. The project was piloted at Portland Prison, Dorset, where an academic study found that those who took part in the course reduced their instances of bad behaviour by 70% and doubled their positive behaviour signs.

"When nothing else works and people can't manage their own emotions, equine-assisted learning is a good way to get through to them," Harriet said. "If you're calm and focused, the horse will walk and jump for you. If you're too aggressive, it won't work with you."

When the inmates start the course, they are typically unconfident and prone to giving up on a task as soon as they get frustrated. "At the end of the week's course, they are more articulate and confident," she said. "I've seen prison officers not recognise prisoners that have completed the process."

Harriet hopes to use her Fellowship to connect with other people who want to foster social change.



DELIA POP

HOPE AND HOMES

Delia Pop discovered the cause that was to become her life's work while working as a medical doctor in her native Romania. Helping confront that country's huge orphan crisis, she became involved in a project that moved 40 children out of institutions and into family homes. "After that, it was impossible to turn away," she said.

Delia joined the charity Hope and Homes for Children in 2001 as the country's national director, leading the first closure of institutions for children in Romania. She moved to Hope and Homes for Children UK in 2004 and became director of programmes in 2007. Over the past 15 years, Delia has developed training materials that will aid global childcare reform.

"We have created a model for deinstitutionalisation that has worked in eight countries, including Rwanda and Sudan," she said. "The core principles are around the children. Their circumstances tell us what needs to be put in place."

Delia was glad of the chance to become a Fellow. "The RSA is a great organisation," she said, "and I'm looking forward to seeing how my experiences can help others."

YOUR FELLOWSHIP

There are four main ways for Fellows to engage with the RSA:

Meet other Fellows: Network meetings take place across the UK and are an excellent way to meet other Fellows. Check out the events taking place on the website.

Connect online: You can like the RSA on Facebook, or follow us on Twitter @thersaorg using #thersa hashtag. There is also a Fellows' LinkedIn group, our own network www.rsafellowship.com, and blogs at www.rsablogs.org.uk

Share your skills: Fellows can offer expertise and support to projects via SkillsBank using a form available online.

Grow your idea: RSA Catalyst gives grants and support for Fellows' new and early-stage projects aimed at tackling social problems.

Explore these and further ways to get involved at **www.thersa.org**

IN BRIEF

Here are a few more new Fellows who are working to drive social progress:

Mark Simms is CEO of social inclusion charity P3. The charity offers successful and lasting routes out of social exclusion. Mark hopes that Fellowship will allow him to further develop this work around social change.

Kevan Martin is the founder of NERAF, the Northern Engagement into Recovery from Addiction Foundation. The charity aims to transform people's lives by helping them recover from substance misuse.

Anne Viney is the former CEO of Cruse Bereavement Care. In retirement, she is taking a particular interest in health issues and is a member of the King's College Hospital Foundation Trust.

Mark Ballard is head of policy at Barnardo's Scotland. He is looking to add his experience as a former member of the Scottish Parliament, a writer, a magazine editor and a charity campaigner to the RSA network.

ILLUSTRATION: CIARA PHELAN/YCN

A STEP TOO FAR

Dieter Helm's article ('Natural capital', Spring 2013) makes a compelling case for the need to preserve our beloved landscape through natural accounting and other mechanisms. Wind farms, among other measures, are named and shamed for their "costs to the countryside".

His recent book, *The Carbon Crunch: How We're Getting Climate Change Wrong and How to Fix It*, argues that gas should be used as a transition fuel to help meet carbon-reduction targets (as it produces half the emissions of coal). In Britain, exploration of shale gas is taking off amid much controversy surrounding its environmental impact. Compared with the risks of minor earthquakes, water pollution and degradation of landscape associated with fracking, wind farms seem quaint and benign features of our once green and pleasant land.

It is unclear how the carbon-reduction proposal in Professor Helm's book will meet the environmental standards referred to in his *RSA Journal* article. Shale gas may not help Britain achieve its climate change commitments, an issue that also merits the RSA's consideration.

—Frances Butler

FIT FOR PURPOSE

David Sainsbury ('The enabling state', Spring 2013) criticises policymakers for comparing old-style control and command with modern neoliberalism, stating that there must exist within society the institutions with the capability to carry out given tasks. Several government and private organisations have been examined: the conclusion is that they are not 'fit for purpose'.

Living organisms evolve if they are fit for purpose, adapting to a changing environment by trying out modifications. Governments establish organisations by statute, offering little opportunity for modification or allowing for feedback.

Aeroplanes, ships and cars are designed to be fit for purpose; engineers design the physical and informational relationships of the components. The availability of data and information processing has aggravated chaos in social organisations. Performance will deteriorate until it is appreciated that the flow of information needs to be designed into the structure and operations in a similar manner to energy systems. Social organisations must be designed to be fit for purpose.

—Mick Pitt

ARTS IN FOCUS

I found the voice of Vikki Heywood ('A New Stage', Spring 2013) refreshing. Working in the arts myself, her comments about encouraging businesses to be creative, while focusing on the right things, resonated with me.

In an artistic culture, it is important that the RSA focuses on the right ideas. Creativity is important, but many artists and creative individuals are often not good enough at sticking with something. In projects and businesses there are seasons: seasons of being focused on the 'right' thing and of being creative and producing ideas. We need to get this right within our own projects and the RSA. In this rocky economy, focus could be the difference between succeeding and failing. We need to sift the wheat from the chaff to develop. I look forward to seeing – and being a part of – what Vikki will bring to the RSA.

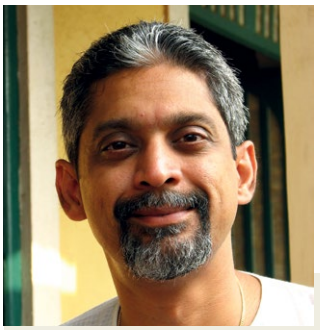
—Jodie Marshall

TAXING EMPTIES

George Clarke's excellent article ('Restoration Britain', Spring 2013) was right to focus on providing affordable housing through restoration. Construction began on about 98,000 new homes in 2012, the worst but one year for house building since the Second World War. Landlords own too many empty properties for investment purposes. These disgraceful developments deprive families, students and key workers of places to live. Heavy taxes on empty properties, graded for smaller and corporate landlords, seems the only way forward.

—Yvonne Craig

Please send us your thoughts on the *RSA Journal* by emailing editor@rsa.org.uk or writing to: Editor, *RSA Journal*, Wardour, 5th Floor, Drury House, 34–43 Russell Street, London WC2B 5HA. Or comment online at www.thersa.org/journal



THE GLOBAL MENTAL HEALTH CRISIS
10 April 2013
Professor Vikram Patel argues that the human resources available in our neighbourhoods can help tackle some of our greatest predicaments

"UNDER-RESOURCED COUNTRIES CAN TEACH US HOW TO BEST USE MENTAL HEALTH RESOURCES"

One of the principal reasons why 60% of those in the US with mental health conditions do not receive care is because psychiatry and its allied disciplines have become increasingly remote and disconnected from the society that they operate in. Interventions are highly biomedical, they are offered in settings that are expensive and specialised, and we use complicated language that hives off psychiatry and mental health disciplines altogether.

Under-resourced countries can teach nations like the US something about how to best use mental health resources. Some of the most creative things happen when resources are scarce and the developing world might offer radically new ways of thinking on how mental healthcare should be organised in the rich world.

Perhaps one of the most important things about mental healthcare is the availability of skilled human resources to deliver it. The treatment gap is the difference between the number of people in any community with a mental health condition and the proportion of those people that receive care.

India is a country of 1.2 billion people. Let's imagine a situation where India has the same number of psychiatrists per head as the UK. That would give us about 150,000, but the true number is actually just 3,000. This shows that any model of treating mental health in India that seeks to ape western Europe is doomed from the outset; the number of psychiatrists in India will not compare to the UK for the foreseeable future.

VIKRAM PATEL IS THE JOINT DIRECTOR OF THE CENTRE FOR GLOBAL MENTAL HEALTH AND THE AUTHOR OF *WHERE THERE IS NO PSYCHIATRIST*

Now, the developing world is short of all kinds of healthcare professionals and it struck me that one could learn lessons from what these other areas of healthcare have done to address these grave human resource shortages in their fields.

An NGO in central India figured that, if they could not get neonatologists to come and live in small villages, they might as well train people who did live in those villages to save lives in whatever way they possibly could. They randomly allocated villages in central India to receive otherwise uneducated women who had been trained to diagnose and treat newborn pneumonia. In the villages in which these women worked, newborn deaths reduced by 40% compared with ones that had not been allocated anyone.

Today there are 1 million women like this who are sponsored by the national government to deliver this model of care across India. This has redefined who can provide child healthcare in one of the poorest countries in the world. So why not train women like this to treat mental illness?

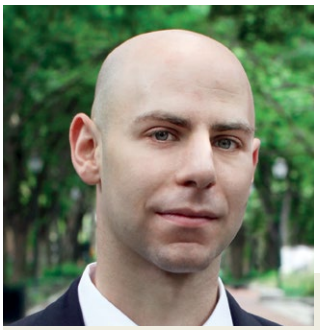
One example is a team in southern Uganda, where there was an HIV epidemic, that trained ordinary people in villages to deliver a psychological treatment for interpersonal therapy. They compared the prevalence of depression in the villages that had these workers with the ones that did not. In the villages with lay health workers, 95% of people with depression recovered, compared with 45% in the comparison villages.

The next step is to learn lessons from experiments like these. We need to simplify the jargon that psychiatry and its allied disciplines love to surround themselves in. This involves breaking down complex treatments into smaller components that can be more effectively delivered by whoever is affordable and available in the local community.

The intention is not to dismiss the role of specialists, but change them from being frontline providers to people who manage programmes of care that reduce treatment gaps. Neither does it mean dumbing down healthcare. Instead, this kind of approach expands the range of interventions in order to achieve a larger coverage of care.

We need to increase this knowledge and continue to build the evidence base. We have many interventions that we know can transform the lives of people with mental health conditions. People with mental illness are being mobilised to speak out for their own needs and stand alongside practitioners and professionals as equals, to call for action that will transform lives. ■

IMAGE: MIKE KAMBER (ADAM GRANT)



FOR HIGHLIGHTS OF FORTHCOMING EVENTS, SEE PAGE 9

A BIT OF GIVE

9 May 2013

In professional interactions, says Adam Grant, there is a rare group of people who contribute to others without expecting anything in return

I'm interested in how we interact with other people and the motives we bring to everyday relationships and conversations. There are three categories that define our motives and interactions with others: takers, matchers and givers.

When you are in a taking mindset, your goal is to get as much as possible from other people and not really think about what you can contribute back. The second category, matcher, is about making an even trade and receiving the amount you give in return. Then we have the giving mindset, which is about making an offer to somebody else without any strings attached.

But what makes people adopt this giving mindset? At Microsoft in the 1990s, certain software developers would get feedback from users that their programs did not make sense, but would claim that the users must be idiots. Microsoft realised they had to make their users more visible to the developers. They built a usability lab where developers got to watch people navigating the programs and could see that they were not idiots and maybe some of the technology was confusing. They empathised a lot more once they could see the person they were trying to help.

So one reason people do not give is that they do not know who they are helping and how their contributions will make a difference. If we can bring them face to face with the beneficiary, we could solve a lot of those problems.

But a second factor gets in the way of this, which takes us to football. A psychology study in Manchester staged an accident where someone is running and slips, falls and starts screaming. When the runner is wearing a plain T-shirt, only one out of three Manchester United fans helps, but when the runner is wearing the team's shirt, 92% of people help. This is about finding a common identity, saying that this person is part of my group. We need to show each other what values and characteristics we share. Looking for common identities is the second factor that enables people to feel like they want to give.

But sometimes that is not even enough. Compliance with a request can be boosted to 55% if the person asking for help tells the person being asked that they share the same fingerprint type. This can shoot up to 82% by saying that the fingerprint type is extremely rare and that only 2% of the population has it. This makes four out of five people comply with the request. The third principle, therefore, is not just about showing common identity, but highlighting what is unique and unconventional about the relationship between two people or the group to which they belong.

Finally, if you want people to be givers, you have to encourage others to ask for help. There is evidence to suggest that, of all helping that happens in organisations, 75% to 90% is initiated by a request, somebody directly asking 'can you help me solve this problem?'. But many people do not ask, feeling that they will be perceived as dependent.

Yes, it might be time-consuming, but it is also embarrassing to say no to a direct request for help and there are so many benefits that come into play when you do get to give. People who give come to feel more valued and more appreciated. There are lots of people willing to give, but you have to ask. ■

ADAM GRANT IS THE AUTHOR OF *GIVE AND TAKE: A REVOLUTIONARY APPROACH TO SUCCESS*

MORE FROM THE EVENTS PROGRAMME

Nobel Laureate **Jody Williams** delivered a rousing 'how-to' on changing the world with ground-up action; author **Dan Pink** explored the ways in which we can move others in powerful ways; shadow education secretary **Stephen Twigg** presented his vision for raising education standards across the UK; literary legend **Martin Amis** discussed the future of England and Englishness in his only UK event; award-winning author of *Half of a Yellow Sun* **Chimamanda Ngozi Adichie** expanded on the humanising role of literature; political forecaster **Nate Silver** took part in a conversation with comedian **Dara Ó Briain** on predictions, politics, behaviour and noisy data; TED sensation **Brene Brown** demonstrated the transformational social power of vulnerability; **Sir Peter Bazalgette** delivered his inaugural lecture as chair of the Arts Council; Eden Project CEO **Tim Smit** joined a panel to discuss community, responsibility and social capital; technology sociologist **Evgeny Morozov** attacked solutionism as a framework for approaching global problems; and world-renowned educationalist **Sir Ken Robinson** delivered the follow-up to his Changing Education Paradigms talk.

The highlights above are just a small selection of recent events from the RSA programme. All of these, and many more, are available as audio downloads at www.thersa.org/audio

Full national and regional events listings are available at www.thersa.org/events

Human beings are unique among animals in having a middle age. We should embrace it

By David Bainbridge

As a zoologist and vet, I am constantly amazed at just how long humans live. After all, the creatures I care for prowl, graze and flutter for five, 10, maybe 20 years if they are lucky, before taking the Darwinian hint and keeling over. In contrast, human beings are hardly even adults by the end of 20 years and usually still have at least another two score years and 10 to look forward to.

This bizarre longevity, contrary to what medics might have you believe, has little to do with modern medicine. We often hear statistics about how life expectancy dipped below 30 at times during human history, so it can be tempting to assume that everyone in the middle ages died long before they had a chance to think about starting a pension. However, statistics are the damnedest lies of all and the oft-quoted sub-30 average is no more than that: an average. The sad fact is that if two-thirds of people die before the age of five, the surviving third must live to 80 to drag the average life expectancy above a measly 30. Throughout most of human history, if you survived to adolescence, your chances of seeing old age were surprisingly good.

Things were probably even better before the advent of agriculture. If hunter-gatherers reached adulthood, they frequently lived beyond 60 years, refuting the lie that longevity is a product of modern medicine. They had a varied diet, spent as little as four hours a day gathering what they needed, and often passed the rest of their time sitting around chatting. Many anthropologists wonder why these peoples never invented agriculture; I am more surprised that they did not come up with the pub.

Hunter-gatherers do teach us why we live so long: because it takes many years to become a successful human. When we are born we can only cry, suckle and defecate, and it takes decades to learn all our other skills. Studies show that humans' peak ability to hunt and gather is not reached until we are 45, something that I, being 44, find immensely reassuring. Humans evolved to eat things with poisonous rinds, or that hung from precipitous branches, or which were more speedy and ferocious than us, and all these things are difficult. It takes years to get good at being a person, and this also applies to university lecturers, sports managers and management consultants. We middle-aged people are the species' productive, confident zenith. It is no wonder that everyone younger and older than us expects us to look after them.

DAVID BAINBRIDGE IS THE AUTHOR OF *MIDDLE AGE – A NATURAL HISTORY* AND *TEENAGERS – A NATURAL HISTORY*

The middle-aged are sometimes portrayed as the 'sandwich generation', squashed between the demands of caring for feral teenagers and reciprocating the care that older generations claim they once lavished on us. Yet with our species' ultra-social, information-intensive way of life comes a conflict. Yes, we are programmed to care for others because *Homo* is a hyper-social species, but our playful intelligence makes us demand something more from life. The middle-agers are a dangerous mixture of caring and hedonism.

And this is where the so-called midlife crisis comes in. Few psychologists still believe this ill-defined phenomenon exists, but one of its alleged components has emerged as a powerful force for good in human life: the desire to do irresponsible and immature things. People often decide to do something a bit crazy when they get to their 40s or 50s, but this should be seen as a liberation, not a crisis. I had wanted a Lotus ever since I was eight, so was it really so bad to buy one at 42, even if some might unkindly label it a 'concubine harvester'? And if I decide to take that unachieved gap year now, who am I really harming? Apart from my wife, children and job prospects, of course.

Many of us get to a stage in our life when we have fewer immediate responsibilities, a little more liquid cash and – most important of all – less shame. If there is one thing the baby boomer generation taught me, it is how to be selfish and enjoy oneself. An important part of getting older is caring less what people think, so make the most of it. Care when you have to, but not when you don't. ■

ILLUSTRATION: STEVEN GIBBON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From encouraging young enterprise, to cultural visits and debating contests, the new Student Opportunity Fund will provide enrichment activities for students in our RSA Academies.

The fund will be used to help to grow students' confidence and encourage creative thinking and problem solving. It will give them new opportunities and skills that offer the best possible chance to realise their potential when they leave school.

To find out more, or to make a donation and help us reach our target of £35,000, please visit www.thersa.org/opportunityfund

There are two ways to donate:

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