
SOCIETY WARS

THE BATTLE FOR SOCIAL POLICY

EDITED BY DAVE CLEMENTS AND MARTIN EARNSHAW

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Earnshaw

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Kathryn Ecclestone is Professor of Education and Social Inclusion at the University of Birmingham. She has published and spoken widely on the effects of education policy on everyday assessment and teaching activities and attitudes to learning in further, higher and adult education, with a particular focus on the rise of emotional well-being in social and educational policy and practice. For the past 9 months, she has been a member of the University of Birmingham's Policy Commission on the 'Future of Public Services', leading the Commission's work on the role of government in changing citizens' behaviour.

Brid Hehir started her career in Ireland before working as a volunteer nurse in Africa for four years. She joined the National Health Service in the early 80s and remained there until 2011, first as a nurse, midwife and health visitor and then as a senior manager before being made redundant in 2011. Until recently, she also practiced in the field of contraception and sexual health. She has a keen interest in the politics of health and health care provision both in the developed and developing world. She remains a regular

contributor to the nursing press and has contributed to *spiked* on a variety of topics including the turning of clinicians into state apparatchiks. She now works as a Charity fundraiser and is also a BoI Committee member and regular attendee at the IOI Book Club.

Sally Millard Sally Millard is the mother of two primary school age children and works full time as a Financial Controller. She is a founder member of the IoI Parents Forum, which was set up to provide a meeting place for those who want to make sense of why parents and parenting has become such a focus for policy makers. With concerns ranging from how many books we have at home, to what we feed our children, to how much television they watch, it seems that bringing up kids is neither a straight forward task, nor a private matter. The Parents Forum has proved to be a great place to discuss these developments so that we can work out how to challenge them.

1

Introduction

Dave Clements

Big society, broken society, sick society, stuck society? Who gets to say how we should behave when it comes to what we smoke, drink and eat? Politicians, nudgers, doctors? Should volunteering for the greater good be compulsory? Is living life dependent on welfare actually making people morally and physically sick? Should our schools become ‘engines of social mobility’ or are they ill-equipped to tackle ingrained social inequalities?

These were the big questions that we sought to answer at the Battle of Ideas in October 2011 at the Royal College of Art, London. The Society Wars strand: The Battle for Social Policy, produced by Brid Hehir, Martin Earnshaw and myself from the Institute of Ideas Social Policy Forum, with our partners the Helen Hamlyn Centre for Design, was a collective stab at trying to answer some of those questions. We wanted to do so, though, by taking a step back from the minutiae of policy-making to consider the wider implications. Especially as the coalition government had promised to do away with meddling government and everybody seemed to be opposed to the reforms of the NHS and the welfare state. Here, in print is a taster of what some of our debaters had to say.

In the run up to the Battle of Ideas, there were numerous public health initiatives aimed at ‘nudging’ people to adopt supposedly healthier lifestyles. And despite all the protestations about the new Health and Social Care Bill, few were asking ‘what is a GP’s role today?’ – the title of a debate chaired by Brid Hehir. Patients’ diet, alcohol intake, smoking habits, weight and level of exercise are now considered to be doctors’ main focus. We asked whether GPs are undermining the doctor-patient relationship by trespassing into lifestyle areas previously considered private. Perhaps the new public health is pushing at an open door? Brid shares her thoughts here.

The summer’s riots and the drive to cut public spending inevitably raised questions about the welfare state, young people’s prospects and the so-called ‘sick note culture’. Is the economic crisis bad for our health or is there something else going on we wondered? In ‘Hand-out Britain? Has a dependency culture made us sick?’ – a discussion chaired by Martin Earnshaw, and the subject of his essay – we asked whether we are talking ourselves into being ill. I sat on the panel for ‘Doing it for charity?’ where we considered whether the charity sector’s current ailments are a consequence of *its* dependency on the state. Should charities be running public services, we asked, or does this compromise their independence as campaigners for social causes and needy groups? Is working ‘in partnership’ with the state a poisoned chalice? You can read an edited version of what I had to say in this collection.

Number 10’s Behavioural Insight Team – otherwise known as the Nudge Unit – was a rather shadowy presence throughout the weekend and particularly for the panel for ‘Remaking citizens: from the Big Society to behaviour change’. While commentators

have been quick to debate whether attempts to nudge us into being better citizens or making better lifestyle choices, work or not; few have bothered to ask whether it is any business of government in the first place. This is something that Kathryn Ecclestone explores in her essay below. Our schools also became social policy-making vehicles in the coalition's drive to promote social mobility. But while this may sound commendable, is it really the role of schools to do this, asks Sally Millard in her essay, when they could be focusing on educating our children?

Of all the big questions we asked ourselves that weekend – particularly given the backdrop of ever-increasing cynicism about the Big Cuts – two stood out for me. Isn't the Big Society supposed to be about 'people power' rather than empowering experts and policy wonks? Won't they make us yet more dependent by telling us how we should be living our lives? Here's another: might we make a reality of that people power by asserting our autonomy a little more, depending on the Big State a little less and by putting an end to intrusive policy wonkery once and for all?

2

Remaking citizens: from the Big Society to behaviour change

Kathryn Ecclestone

Introduction

Whatever the political hue of government, the state has always tried to change our behaviours. From straightforward information campaigns, subtle and not-so subtle scare tactics, to targets, tax breaks, promises of deferred gratification, punishments, sticks, rewards and incentives, local and national governments use an array of tactics that encourage us to do the right thing for ourselves and others. For all its talk of dismantling the Big State and creating a Big Society, the coalition is no exception.

The much-touted phrase ‘from nanny to nudge’ suggests that the Conservative-led government wants to move away from New Labour’s attempts to regulate our lifestyles in order to find new ways to shape the habits and attitudes of good citizenship and spread them more widely. Policy makers hope to change our expectations of what local and national government should provide as universal public services, and encourage us to be proactive in changing our own and others’ behaviours.

Certain behaviours are a particular concern. While every other budget is being cut, local authorities in areas with the highest levels of obesity, alcohol problems and poor diet can have extra money from a ring-fenced budget to nudge citizens into achieving public health goals.

Formed in 2010 as part of the Cabinet Office, the Behavioural Insight Team is looking to behavioural psychology and neuroscience to offer effective ways for getting citizens to make better lifestyle choices. At the same time, citizens are to be encouraged to take on a more active, voluntary role in areas traditionally run by local and national government, including housing, youth work and social care.

The prominence of behavioural science in the contemporary politics of behaviour change extends to emotional and psychological aspects of our lives, reflected in state-sponsored interventions for emotional well-being, and renewed political interest in requiring schools to play an active role in ‘character development’.

These developments raise political and social questions:

- Is changing our behaviour per se a legitimate aim for government? What are the implications of expanding behavioural interventions into areas such as emotional well-being and character development?
- In face of policy rhetoric about the Big Society and ‘people power’, what happens to

autonomy and agency when unseen experts and policy wonks seek to subvert competent adults' decisions about what they eat, how many units they drink or whether they give up time to help the community. Or, if they decide to do these things, should government determine how?

- Is it a given that we all agree on 'the good life'? Who has decided that the model citizen should be exercise-loving, abstemious, emotionally-literate and volunteering? Who decides what makes 'citizens of good character'?
- Is nudge a clever if slightly manipulative version of state interference, or a more progressive way of helping people help themselves?
- What do contemporary approaches to behaviour change reveal about images of human nature embedded in them?

1. Expanding the scope of behaviour change

As well as areas such as health and social participation, aspects of life once seen as virtues, the outcomes of moral choices, or the results of socialisation and lifetime development, are now depicted as behaviours. This draws emotional well-being and character development into the remit of state-sponsored behaviour change.

According to positive psychology, learned optimism is at the heart of well-being¹. Its many supporters argue that this, together with resilience, stoicism, a positive and optimistic outlook, an ability to be in the moment or 'in flow', as well as feelings of satisfaction, being supported, loved and respected, emotional regulation, emotional literacy and empathy, managing your emotions, equanimity, compassion, feeling more and caring for others, and not comparing yourself to others can all be taught and learned².

Supporters present these constructs as 'skills' or 'capabilities' vital for life and educational success, arguing that social and economic factors account for less than half of their development³. Promoting school-based emotional well-being interventions, happiness advocate, Richard Layard, stated that '*there is an overwhelming case for the state to intervene in the character development of every family*'⁴.

Following the riots in August 2011, the psychologisation of attributes, attitudes and dispositions associated with emotional well-being paves the way for the same tendency in renewed political interest for schools to play a leading role in character and moral development. A recent inquiry by the think-tank DEMOS defines the various attributes of character as '*a set of capabilities (or virtues) that underpin a good and flourishing life, but which are also instrumental to success in a (comparatively) value-free sense*'⁵.

Advocates of emotional well-being interventions are re-presenting them as part of character education. Anthony Seldon, Headteacher of Wellington School, commends positive psychology for teaching perseverance, courage, belief in justice, loving and

¹ Seligman et al 2009

² Huppert 2007, Layard 2007

³ e.g. Layard 2005, Huppert 2007

⁴ Layard 2007

⁵ *ibid*, p29

being loved, curiosity, wisdom and humour, alongside traditional public school discipline, sport and ‘houses’⁶. An architect of the previous government’s Social and Emotional Aspects of Learning strategy offers it as ‘*one initiative that seeks to develop character through the taught curriculum*’, adding resilience, empathy, setting learning goals, friendship, determination and application, anger management and staying in control to the list of character capabilities⁷.

The cumulative effect is to encompass even more behaviours amenable to intervention than was the case with emotional well-being. Liam Byrne, shadow secretary of state for work and pensions, adds a therapeutic emphasis: ‘*Our young people want to develop, not only their understanding of the things around them – but an **understanding of the things inside them – self-confidence, self-esteem, ambition, motivation, nerve.** Things some of us but not all were lucky to get from our parents; things that a small few often get from the finest public schools... This is why I have come to believe that a new agenda for character education is so important.*’⁸.

2. Looking for good science

Attempts to find scientific evidence for politically-sponsored interventions were well advanced under the previous government. Introducing a report from the All-Party Parliamentary Group on ‘well-being in the classroom’ in 2007, Baroness Susan Greenfield said ‘*there is overwhelming sympathy for schools to do more to protect and promote... emotional well-being*’, calling for support for existing initiatives and for ‘*recommendations that carry considerable weight both scientifically and politically*’⁹. Richard Layard argues:

*By using our brains we have largely conquered nature. We have defeated most vertebrates and many insects and bacteria.... The great challenge now is to use our mastery over nature to master ourselves and to give us more of the happiness that we all want.*¹⁰

In a similar vein, Matthew Taylor, Chief Executive of the RSA, argues that advances in psychological science are now able to tell us how to understand and then work on our emotions, and that this is no different or more problematic than using scientific insights to improve physical workouts¹¹.

These aspirations are fuelled by research that combines economics, behavioural/positive psychology and sociology in order to understand the interplay between people’s rational, irrational, conscious and unconscious behaviours in different aspects of life, and to use new scientific thinking to describe what makes for success and happiness¹².

⁶ Said in 2011

⁷ 2011, p91

⁸ Byrne quoted by DEMOS 2011, my emphasis

⁹ Sharples 2007, p1

¹⁰ Layard 2005, p27

¹¹ Taylor 2008

¹² e.g. Brooks 2011

Amidst these ideas, ‘nudge’ has caught popular and political attention¹³. This aims to engineer ‘choice architecture’, the subtle signals and environments that affect our behaviour in specific contexts before we have chosen consciously to act in a certain way. According to a report for the Cabinet Office, because ‘people are sometimes seemingly irrational and inconsistent in their choices’, attention should shift from ‘facts and information’. Instead, policy makers should manipulate our ‘choice architecture’ to ‘change behaviour without changing minds’¹⁴.

This is an important departure from past political commitments to justifying traditional approaches to behaviour change, such as regulatory interventions or information designed to persuade or dissuade, through political and civic debate.

In response to such criticisms, some supporters of nudge argue that behavioural science is a shift from a deficit model which leads professionals to identify individuals’ behavioural needs and then turn them into targets and outcomes, usually without consultation or meaningful collaboration. Instead, progressive uses of nudge offer an asset-based approach that encourages individuals, communities and professionals to agree what behaviours should change, and then to decide what interventions might work in the social, cultural contexts that shape collective and individual behaviours¹⁵.

Yet, political interest in behavioural science is broader than nudge. A report for the Royal Society of Arts argues that:

A greater comprehension of cognitive pathways, social norms and moral motivations should join with a continuing understanding of instrumental factors in shaping government policy-making. Given the demands of co-production, and the limits to available finance, it could be argued that a shift to a more subtle range of interventions is essential to the future of public services. Our caution rests not so much over the ethical or political issues thrown up by such developments..... There is currently a gap between our understanding of general and psychological processes and capacity to ensure that these insights become effective tools for social engineering¹⁶.

Although behavioural psychology has long influenced areas such as child guidance, the diagnosis of special educational needs and the use of Cognitive Behavioural Therapy in schools, historical precedents should not obscure a crucial difference from the past. The new combination of behavioural psychology, economics and social science is predicated on growing scepticism about rational, conscious approaches to behaviour change. There is a view that classes, public information campaigns, doctors’ surgeries, or even self-help books, do not work: despite our best intentions, we are easily sabotaged by unconscious drivers from past experience, emotional reactions to situations and other irrational aspects of ourselves.

A recent popular example of these arguments is US journalist, David Brooks’ book *The Social Animal: the hidden sources of love, character and achievement* which was widely promoted and debated by UK think tanks and policy makers in 2011. According to

¹³ e.g. Thayer and Sunstein 2008, John et al 2011, Cabinet Office 2010

¹⁴ Cabinet Office 2010, p5

¹⁵ Cabinet Office 2010, p5

¹⁶ Stoke and Mosely 2010, p23

Brooks, it is not that we are victims of our unconscious selves. Instead, shaped by the interplay of genes, culture, upbringing and education, and the institutions and networks in which we live and work, it is possible for us to influence at least some of these. From this perspective, although we cannot master these factors, the art of living well is to know how to steer our natures, and slowly remodel our characters. Supported by policy-oriented bodies such as DEMOS and the RSA, he argues for policies that strengthen ‘character’ and life skills, especially for those left behind by deindustrialisation and rising inequality¹⁷.

Images of human nature

Interventions carry implicit and explicit images of human nature. Some approaches to nudge are predicated on ideas that humans are often irrational, too busy, unwilling or unable to think through difficult and complicated questions, and just need nudging towards rational decision-making. Other interventions might depict us as driven by self-interest and the desire to maximize our own advantages at the expense of others: for example, some nudge-based approaches seek to make us more altruistic or compassionate through incentives that we will benefit materially or psychologically in terms of our own well-being. Some interventions might regard participants as innately altruistic, compassionate and collectively-minded, and then create the social conditions that enable people to build on those attributes and decide how to behave. Others depict participants as emotionally or psychologically vulnerable, and therefore requiring therapeutic support.

The tendency to psychologise complex areas of life goes hand in hand with enthusiasm for science and measures. According to Demos researchers Jen Lexmond and Matt Grist, *‘We need to get better at measuring the development of character capabilities and the range of outcomes to which they lead’*¹⁸. Arguing that narrow views of education based on examination results and narrow economic measures of prosperity *‘miss out on most of the important things in life’* the authors advocate that *‘capabilities important to good and successful lives (empathy, resilience, creativity, application and so on) and the outcomes that embody those good and successful lives (happiness, health, trust, beauty, connectivity and so on) are woefully undervalued by policy makers....because they are so hard to quantify and the tools we have to measure them are so rudimentary’*¹⁹.

Faith in accurate measures leads to behavioural training, including training for parents and programmes to help children regulate their emotions and ‘behave better’, *‘using a proven technology – not just pious exhortations’*²⁰. Hopes for more robust assessments include ‘sophisticated tools’ to measure communities’ well-being, as well as brain assessments of a newborn child’s ‘epigenetic’ code to see if it is already in ‘survival mode’ and *‘likely to be oversensitive or paranoid’* and therefore in need of different support environments, and of the epigenetic states *‘that help people to overcome*

¹⁷ Brooks 2011

¹⁸ 2011, p137

¹⁹ op cit, p137-38

²⁰ op cit, p138

*adversity successfully or the types of cultural institutions – family, schools, community groups and so on – that support people to buck the trend*²¹.

Advocacy of such interventions is offered as a way of overcoming the social disadvantage that parents inflict on their children, and which ‘poor character’ exacerbates. These images are reinforced by an underlying theme in social policy and associated research where emotional and psychological vulnerability has come to characterise whole groups and communities²².

There is therefore new enthusiasm for turning social and individual traits, attributes, dispositions and moral choices into utilitarian behaviours that can be trained. At the same time, the prevalence of counselling, therapy and psychoanalysis in private life and through educational and other interventions, offers ways to explore the interplay between conscious and unconscious, rational and emotional factors that drive those behaviours, dispositions and attributes.

Challenging a behavioural approach

Renewed political interest in behavioural science and in measuring complex aspects of human behaviour, raises questions about whether these are a basis for progressive social policy. The salient point here is not whether faith in science is well-founded or realistic. Instead, a warning by sociologist C.Wright Mills in 1959 is as relevant now as it was half a century ago. For him, the purpose of social science should not be to predict and control human behaviour. This only substitutes technocratic slogans for reasoned moral choices²³.

In a modern version of these warnings, philosopher Tom Nagel responds to contemporary efforts to predict and control what people will do by arguing that ‘*even if empirical methods enable us to understand sub-rational processes better, the crucial question is, how are we to use this kind of self-understanding?*’²⁴. The civic task is to go beyond simply discovering unacknowledged influences on our conduct and adapting our behaviour accordingly. Instead, we need to learn how to respond critically²⁵.

This is no easy civic task. Public services have become preoccupied with ever-more accurate ways of identifying and assessing a widening array of behavioural traits and capabilities. Rooted in a view that many citizens are both psychologically vulnerable and trainable, the drive to predict future problems and diagnose our psychological states legitimises state intervention. One effect has been to move responsibility for complex areas of socialisation, character development, health and lifestyle choices away from

²¹ ibid

²² e.g. McLoughlin 2011, Ecclestone 2011

²³ Mills 1959

²⁴ Nagel 2011, p2

²⁵ ibid

parents, individuals and the wider community into schools²⁶, guidance and welfare agencies and psychology services.

Yet, life, morality and politics are not science and their improvement requires civic debate and thought, not about how to find the most effective means of shaping people, but about what our ends should be. This means challenging a social project that hopes to engineer the emotional well-being, character, health and social behaviours of citizens seen as vulnerable whilst avoiding civic engagement in the political and educational questions this raises. The problem is that if we are seen as emotionally vulnerable and amenable to sophisticated forms of behavioural training, we are in no fit state to engage in these questions.

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²⁶ Schools have always had a socialisation role, however, as explored in the example of social mobility in chapter 4 of this volume, their role has become more narrowly defined as tools for delivering specific policy initiatives and interventions.

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3

Doing it for charity?

Dave Clements

The UK charity sector isn't feeling very charitable at the moment. It is, after all, being asked to deliver the Big Society while itself being subject to Big Cuts.

In an open letter to the prime minister, Stephen Bubb, chief executive officer of the Association of Chief Executives of Voluntary Organisations (ACEVO), warns of an approaching 'tidal wave of growing needs and rising cuts'. This new 'programme for government', this 'renaissance for civil society', he says (without any sense that these two things might be contradictory) is being starved of the funds it desperately needs. Stop ignoring us and give us the money we need for 'supporting the poor and vulnerable', demands Bubb. Stuart Etherington, chief executive of the National Council for Voluntary Organisations (NCVO) echoes²⁷ this plea: *'We support the idea of the Big Society, but the government needs to take swift action now to ensure that voluntary organisations survive to deliver it.'*

As a consequence of the £81 billion of cuts announced in last year's Comprehensive Spending Review, local authorities need to save²⁸ around £6.5 billion this year, and the charity sector is going to be nearly £3 billion worse off²⁹ over the next five years.

However, Patrick Butler from the *Guardian* says: *'The cuts are not directed at charities as such, but at services which charities happen to provide.'*³⁰ These typically include things like 'supported housing, women's refuges, family support' etc. It is the 'vulnerable beneficiaries'³¹, he argues, who will suffer most as they lose *'a few hundred pounds here, a few thousand there; a youth worker made redundant here, a day centre's hours dramatically reduced there'*. All of these things add up and will in many cases, it is claimed, have a quite devastating impact on the people who use these services and who receive support from the charities affected. According to the National Association for Voluntary and Community Action³²: *'This will cause real damage to many communities,*

²⁷ 'How to rescue the big society' 14th February 2011, National Council for Voluntary Organisations, <http://www.ncvo-vol.org.uk/news/civil-society/how-rescue-big-society>, (accessed 12th December 2011)

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²⁹ 'Eric Pickles willing to block "unreasonable" cuts to voluntary sector', *Guardian*, 2nd March 2011

³⁰ 'Cuts will cost charities £3bn over five years', *Independent*, 7th August 2011

³¹ 'Charity cuts: a disaster of Eric Pickles' own making' by Patrick Butler, *Guardian Cuts Blog*, 2nd March 2011 <http://www.guardian.co.uk/society/patrick-butler-cuts-blog/2011/mar/02/charity-cuts-a-disaster-of-pickles-own-making?&CMP=EMCSOCEML657>, (accessed 12th December 2011)

³² 'Cuts: what does a voluntary sector financial crisis look like?', by Patrick Butler, *Guardian Cuts Blog*, 7th March 2011 <http://www.guardian.co.uk/society/patrick-butler-cuts-blog/2011/mar/07/what-does-a-charity-financial-crisis-look-like?&CMP=EMCSOCEML657>, (accessed 12th December 2011)

³²

which is why we all have a duty to speak out to protect services for our most vulnerable citizens.'

You might have noticed by now that the word 'vulnerable' keeps coming up. Which is why we have a duty to be more sceptical about some of the claims made on behalf of those 'vulnerable groups' we are told will be hit the hardest, especially given the hardships charities anticipate for themselves. There is, it seems, a degree of competitive claims-making and vaulting victimhood, as each charity seeks to out-patronise the other, as they in turn are patronised by the state. Is it really the case that our streets will fill with homeless drug-users, or that there will be a 'surge' in domestic abuse, if certain charities lose their funding or close down, as has been claimed? Are some of them guilty of inflating problems that are less pressing than we might be led to believe, or of inventing catastrophes should their funding be withdrawn? To what extent are they providing a useful service for people in desperate need, rather than hiding behind the vulnerable status of their supposed beneficiaries?

A recent piece in the *Guardian* expresses shock and outrage that a charity helping men being abused by their partners should lose some of its funding. After all, the British Crime Survey says that one in six men experience domestic violence³³. Is that really true?

What this actually suggests to me is that perhaps some services do need cutting. And the charities that provide these services should be denied the state support – indeed, life support – that is keeping them going. While I am in no way against charities providing public services - they often do a better job in many instances than local authority departments – when charities belittle those they claim to be working for; when they effectively become an arm of the state, we do need to ask ourselves what we mean by 'charity'. The programme of cuts that charities are rallying against at the moment is nothing to be celebrated in itself, but it does expose the extent to which charities have become dependent upon the state.

As Butler puts it, what we are witnessing is the 'extended state, if you like, being decommissioned'. Over a third of voluntary sector organisations receive state funding. That comes to around £12 billion per year³⁴. It is little wonder, in the midst of the economic crisis and severe public-spending restraint, that charities now find themselves in a state of crisis³⁵. A total of 1,600 charities reportedly went out of business³⁶ in the Lib-Con coalition's first year. Others have merged. Not only have charities lost much of their funding from the state, but private donations from members of the public are also on the decline. This no doubt reflects the fact that we all have less to give, but it also points to

'Spending cuts will create "meaner, nastier" Britain', *Guardian*, 8th February 2011

³³ 'Charities fear vital services will be lost if they go under', *Guardian*, 2nd August 2011

³⁴ 'Cuts will cost charities £3bn over five years', *Independent*, 7th August 2011

³⁵ 'In this twisted "Big Society" it has become harder to help', by Zoe Williams, *Guardian*, 25th May 2011

³⁶ 'Charity numbers fall leaving "Big Society" pledge under threat', by *Guardian*, 5th June 2011

the sector's increasing lack of legitimacy. It seems to have lost its way and, as a consequence, has sought out the wealthy corporate donor and the tax break, rather than going to the trouble of making the case for 'the cause' – whatever that might be – to the general public.

Stephen Bubb argues that the sector can and should provide services, while retaining its 'independent voice'. He gave a talk³⁷ last year explaining how, prior to the Reformation, the 'concept of an independent charity sector was unknown because the affairs of charity and state were intimately entwined'. It was the late-eighteenth and nineteenth centuries that brought us the 'campaigning charity' against cruelty to animals, for instance, and only then, bizarrely, children. Of course, as he suggests, charities like Shelter and the NSPCC continue to provide services and to campaign, too.

But this 'dual role' is deeply problematic because it confuses what charities are for - undermining any claim to be a truly 'independent voice', while endorsing them as somehow representative. Bubb, like many in the sector, wants it both ways. But charities that work for the state and at the same time campaign against it are inevitably compromised. The charity sector does not represent us. Shelter, for all its good work, does not represent the homeless and the NSPCC is far from representing abused children, still less the adult population of whom it has a very dim view.

Indeed, one might ask, who does the charity sector represent other than itself? And, as a result, why should we stand up for it when the money runs out?

³⁷ Stephen Bubb, *Rediscovering Charity: Redefining our relationship with the state*, 2010, ACEVO

4

Should schools be engines of social mobility?

Sally Millard

Secretary of State for Education Michael Gove argues that ‘*schools should be engines of social mobility, helping children to overcome the accidents of birth and background to achieve much more than they may ever have imagined*,’³⁸. For such an ambitious sounding project, it has attracted very few critics. Whilst there are some disagreements over the policy detail, the idea that schools can (and should) be helping to make Britain a ‘*society in which everyone is free to flourish and rise. Where birth is never destiny*,’³⁹ (in the words of Deputy Prime Minister Nick Clegg) has achieved a wide consensus. It is worth interrogating whether this as ambitious as it first appears.

What do we want from our schools? As a parent of a 10 year old currently wading through the mire that is the school application process, this is a question that has been at the top of my mind. I recently asked my mother-in-law, who attended grammar school in the 1950s, what she thought she had gained from her education, her response was that she had gained knowledge; the subjects that she had studied at school had given her a broad knowledge and understanding of the world and the way it works. This meant that she could look at problems and issues from a more objective and critical standpoint. She explained how this had widened her horizons, helped her to think and form opinions. This is what I want my children to get from their education. I want them to have access to knowledge and ideas that will take them out of their immediate surroundings (nice as they are) and open their eyes to a wider world.

Michael Gove does seem to have recognised that school life has become skewed against teaching knowledge to a new generation, and he has said that he wants schools to be rewarded for pursuing a more academic curriculum. The English Baccalaureate (BACC) has been introduced as a (limited) technique to reverse the decline in school standards and promote more rigorous academic subjects. However, there is a long way to go before that will be achieved, and, unfortunately, the idea that at the same time schools should be ‘engines of social mobility’ has muddied the waters somewhat.

To those not versed in all the research and policy documents on the subject, the term social mobility is generally understood to mean social advancement. The coalition’s Strategy for Social Mobility, *Opening Doors, Breaking Barriers*, however, argues for a narrow focus based around two concerns: The first is intergenerational social mobility, defined as ‘*the extent to which people’s success in life is determined by who their parents are*’; and the second is relative social mobility, which refers to ‘*the comparative chances*

³⁸ *The Importance of Teaching*, p6

³⁹

Opening Doors, Breaking Barriers, p3

*of people with different backgrounds ending up in certain social or income groups.*⁴⁰ The overarching theme is that the earnings and behaviour of parents closely determine the opportunities for their children. Wider social influences such as the role that the economy might play in the opportunities available to us, or the role of politics in influencing our interests or ambitions more broadly, are ignored. Whether it's the influence of the wider community, be they one's peers or authority figures such as teachers or religious leaders. Also absent is influence, authority or any sense of 'making it' through any means other than earning more money, such as being a respectable figure in the community, in a charitable or public vocation, or in the pursuit of excellence.

In the hands of politicians, social mobility is not about wider economic or social development that might make everyone better off; it is a zero-sum game. As David Skelton of Policy Exchange argued in a Battle of Ideas discussion on this very subject⁴¹, wealthy people have to give up some of their advantages too. Add these assumptions to the pre-occupation with an apparent (although not uncontested)⁴² decline in social mobility, and the focus of policy is established; to remove the 'strait jacket' of family and background on our 'life chances' in the hope that children's income will be less closely related to that of their parents. When politicians talk about schools and social mobility, this is the framework they are imposing on them.

Schools are expected to advance social mobility in two ways: by narrowing the attainment gap that exists between rich and poor students at school; and by narrowing the destination gap (the jobs, or higher education their pupils move into) when they leave school.

That an attainment gap exists is widely recognised. The figures quoted in the coalition's strategy for social mobility are that '*only 75% of the poorest children reach the expected level by the time they leave primary school, compared with 97% of the richest children. And just 20% of the poorest children gain five GCSEs at A*-C, including English and Maths, compared to 75% of the richest children.*'⁴³ This gap is indeed an indictment of the current education system. It is unlikely, though, that adding social mobility to the list of issues schools have to concern themselves with will solve this problem.

Concern with the attainment gap encourages schools to focus their attention on children from poorer families. The aim of policy is to raise their educational attainment, *relative* to the rest of the student population; to *narrow the gap* between rich and poor, not to improve education per se. The result is a distortion of the teacher's priorities away from educational needs, to the needs of improving social mobility.

⁴⁰ *Opening Doors, Breaking Barriers*, p15

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'Should England's schools become "engines of social mobility"?' Battle of Ideas Satellite Event, 6th October 2011, London, http://www.battleofideas.org.uk/index.php/2011/session_detail/5773/ (accessed 7th November 2011)

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See Professor Stephen Gorard 2010, for a good critique of the statistical evidence of decline. http://eprints.bham.ac.uk/304/1/Gorard_2010_British_Journal_of_Educational_Studies.pdf (accessed 7th November 2011)

⁴³

Opening Doors, Breaking Barriers, p35

When education policy becomes focused on narrowing the attainment gap even policies which appear to be about educating children, such as the proposal by Nick Clegg to introduce summer schools for children who are falling behind, end up being about something else entirely. In this case, Clegg sees this policy as a solution to the summer riots, to help young people, who he says have lost touch with their future⁴⁴, but it is also informed by one of the key themes of the literature on social mobility, that children are disadvantaged because of their parents. As Barbara Ellen argued in an Observer debate on this subject, ‘*underprivileged children, who hold their own during the academic term but fall behind every summer because they miss out on the stimulation and structure better-off parents are able to provide throughout the holidays. It’s disadvantage piled upon disadvantage – how is this fair?*’⁴⁵

The idea that the attainment gap is a result of parents’ background or behaviour has won increasing influence in education policy and practice. Advocates of this view have pointed to a correlation between such factors as the number of books in the home, parental (especially the mother’s) attitude towards education, and parenting style, with the attainment of children. A review of the literature on the impact of parental involvement published in 2003 points to the 1997 government White Paper, ‘Excellence in Schools’. This first set out the then Labour Government’s strategy for securing parental involvement in their children’s education⁴⁶. Since then there has been a steady increase in the drive to involve schools in their child’s schooling and education, with home-school agreements; the provision of lessons for parents to teach them how to help their children with their homework; and campaigns to get parents to spend 15 minutes reading to their children daily. These are just some of the techniques employed⁴⁷. More recently, Children’s Minister Sarah Teather announced at the Liberal Democrat conference that the government would be piloting parenting classes for parents of all children under the age of five. They were a response to those parents who say they are under pressure, and would like more information on what to expect, more ideas on how to cope, and more ideas for helping children learn and develop, she said⁴⁸ *Opening Doors, Breaking Barriers* takes up this cause: ‘*Children with more engaged parents are more likely to succeed. Many schools that have successfully raised the attainment of*

⁴⁴ Nick Clegg keynote speech to propose summer schools in response to riots <http://educationviews.org/2011/09/22/nick-clegg-keynote-speech-to-propose-summer-school-in-response-to-riots/> Posted by EducationViews.org on September, 22, 2011 in Daily, Global, (accessed 7th November 2011)

See also: ‘Nick Clegg keynote speech to propose summer school in response to riots’ *Guardian*, 21st September 2011⁴⁵

‘Are the school summer holidays just too long?’ *Observer* columnist Barbara Ellen and teacher Francis Gilbert debate whether children and parents would benefit from a shorter summer break, *Observer*, 24th July 2011⁴⁶

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The Impact of Parental Involvement, p7

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See *Parenting Matters* (2011) CentreForum

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See Sarah Teather’s speech to Liberal Democrats Autumn Conference 2011 http://www.libdems.org.uk/latest_news_detail.aspx?title=Sarah_Teather_%E2%80%99s_speech_to_Liberal_Democrat_Autumn_Conference&pPK=0b20f466-bd30-4abc-842a-3a273aed6f5c (Accessed 19th September 2011)

*disadvantaged pupils have successfully engaged disadvantaged parents in their children's education.*⁴⁹

That parents' educational and cultural capital might have an influence on how well their children do in school is hardly surprising, but it doesn't follow from this that attempts to change how parents bring up their children, or even the number of books in a house, will change how well their children do at school. Attainment is the result of a number of personal, social and educational factors and it is bizarre to think that enforced reading for 15 minutes a day can transform these, nor does it follow that schools should take on responsibility for influencing the home lives of their pupils. Historically there has been more sensitivity about schools interfering in the family, because of the potential of damaging parental authority. However as more and more non-educational policy priorities have been heaped on them schools have been driven to look elsewhere for a solution to the one area that perhaps they should take responsibility for - education.

This is summed up by a comment made by Nick Clegg in September 2011, '*We already expect our teachers to be social workers; child psychologists; nutritionists; child protection officers. We expect them to police the classroom, take care of children's health; counsel our sons and daughters; guide them; worry about them, and, on top of that, educate them too*⁵⁰' For Clegg, the solution is for parents to do the educating, but surely a more logical approach would be to let parents get on with all the other stuff, while schools teach? This would mean putting aside the concern that parents are somehow damaging their children's potential, and just trusting them and their children to do well enough on their own. This is an unimaginable leap of faith for most policy makers today, who tend to see parents in the role of unworthy care-takers of their children, rather than loving Mums and Dads. This attitude is expressed by the increasing proclivity to call the family home a 'home learning environment'. Once conceived of in this way, the role of schools easily slips to one of policing the extent to which parents fulfil their obligations to teach their children.

It is not just parents whose behaviour has to change to advance social mobility. The coalition argues that 'wider society has a role to play in raising aspirations in schools'⁵¹. The idea that some children end up NEET (i.e. not in education, employment or training) because their families did not go to University or have professional jobs, has resulted in a swathe of initiatives that attempt to address this. These include; 'Inspiring the Future', which will '*get up to 100,000 people from all sectors and professions into schools and colleges to talk about their jobs and career routes*'⁵²; 'Speakers for Schools' which will provide state schools with access to high profile speakers (including Cabinet Ministers);

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Opening Doors, Breaking Barriers, p39

⁵⁰ Nick Clegg calls on parents to take responsibility, by Andrew Porter, *Telegraph*, 5th September 2011

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Opening Doors, Breaking Barriers, p40

⁵²

Opening Doors, Breaking Barriers, p41

and various mentoring programmes. Apart from ignoring the fact that many people end up NEET because there are just not enough jobs; these patronising schemes assume that children (and their parents) will not be able to make the ‘right choices’ without armies of semi-professional do-gooders to help them. Schools are the conduit through which this ‘level playing field’ is to be established, and they will be accountable for how well they do under Gove’s new ‘destination measure’. This ‘tells us if students are moving into high quality apprenticeships, satisfying jobs or good college and university courses’⁵³. It puts schools in the role of employment agencies, and means that even the choice of subjects to be taught is discussed within this framework⁵⁴. For teachers and students alike, the purpose of school becomes a narrow and instrumental obsession with obtaining the right certificate, experience, contacts and skills for a job.

In truth schools already see themselves as ‘engines of social mobility’, where children’s failure to achieve is understood as stemming from a home life deficient in parenting skills, knowledge or opportunity. The result is that a teacher’s traditional role of passing on knowledge to the next generation has become a side-act to the demand of creating a fair society, but this is a project in which schools can never succeed. Schools cannot transform the job market. Neither will their interventions in family life have the outcome of improving children’s educational attainment. But by constantly sending the message through the social mobility discussion, that their parents aren’t good enough, they will manage to undermine the authority of parents in the eyes of their children. One thing that schools can do is teach their pupils knowledge in the first place. This requires educationalists to reject the attempt to turn schools into ‘engines of social mobility’ and to concentrate on what they are uniquely able to do – teach subjects to the next generation.

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⁵³ ‘Tories want traditional A-level to “restore confidence”’, by Margaret Ryan, *BBC News* <http://news.bbc.co.uk/1/hi/education/8583440.stm> (accessed 7th November 2011)

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See for example: EBacc under fire, 3rd March 2011, SecEd http://www.sec-ed.co.uk/cgi-bin/go.pl/article.html?uid=82379:type_uid=1:section=News (accessed 7th November 2011)

5

Radical surgery for the NHS? What is a GP's role today?

Brid Hehir

Although General Practice has been around for over 60 years, the role of GPs has changed considerably in that time, particularly of late. GPs used to be the backbone of the NHS, respected and authoritative figures. They were family doctors who developed long term, trusting relationships with patients and understood the contexts in which people lived their lives. Generally speaking the patient's agenda was theirs. While the public continue to respect⁵⁵ GPs, expectations of them have changed. Patients, because they are now encouraged to view themselves as consumers of care, expect their doctors to be even more responsive to their needs. The increasing focus on public health has further contributed to changes in and expansion of the GP's role. Their traditionally intuitive approach to their patients' care has suffered as a consequence.

This is partially due to the fact that they are now expected to work to prescriptive guidance produced by the National Institute of Health and Clinical Excellence (NICE), and to adopt the indices developed by the Quality and Outcomes Framework (QOF⁵⁶). NICE have developed 764 disease-specific sets of guidelines at the last count. They are not popular with clinicians, however, who contend that people are more than the 'disease' they present with. The Chair of the Royal College of General Practitioners (RCGP) has criticised the NICE and QOF cultures for 'managing patients to within an inch of their lives'⁵⁷. Further to this, and within the context of current health and social care reforms, is the controversial proposal that GPs become commissioners of health care, making them responsible for an estimated £80bn budget.

GPs have been criticised⁵⁸ by the King's Fund for concentrating too much on clinical activities and high-risk patients. So they are now expected to tackle health inequalities⁵⁹ as well through promoting culture change, advocacy and education campaigns. Thirty five NICE guidelines have been developed that relate specifically to public health, one of

⁵⁵ 'R.E.S.P.E.C.T. – Why doctors are still not getting enough of it', by Zosia Kmietowicz, *British Medical Journal*, 5th January 2002

⁵⁶ 'Quality and Outcomes Framework', NHS: The Information Centre, <http://www.qof.ic.nhs.uk/> (accessed 12th December 2011)

⁵⁷ 'RCGP chair claims NICE guidelines "just don't work" for treating patients', by Christian Duffin, 13th May 2011, *Pulse*

⁵⁸ *Improving the quality of care in general practice: Report of an independent inquiry commissioned by the Kings Fund*, 24th March 2011, The Kings Fund

⁵⁹ 'Doctor urged to tackle health inequalities', by Mike Broad, 11th June 2010, Hospital DP, <http://www.hospitaldr.co.uk/blogs/our-news/doctors-urged-to-tackle-health-inequalities-facing-patients> (accessed 12th December 2011)

which elaborates ‘*the most appropriate means of generic and specific interventions to support attitude and behaviour change⁶⁰ at population and community levels*’. They are also encouraged not to refer smokers or obese⁶¹ patients for operations, unless they first agree to change their ways. Even GPs themselves are expected to become ambassadors for healthy living⁶² and be role models⁶³ for their patients. GPs are expected to involve themselves in their patients’ lives to a quite unprecedented degree. They are supposed to identify vulnerable people⁶⁴, working in partnership with local authorities, rather than basing their assessment on clinical needs alone. Under new welfare arrangements, they are expected to complete fit notes⁶⁵ instead of sick notes

There is also an expectation that they should extend their brief well beyond that of a clinician to share data⁶⁶ with the authorities. GPs are encouraged to help the government with its counter terrorism⁶⁷ efforts, and to effectively become thought police⁶⁸ by identifying people who might be ‘vulnerable to being drawn into terrorism’. They are asked to help the police fight violent crime by informing them when treating knife victims⁶⁹, or if they identify gun owners with mental health problems. GPs are even told to be on the look-out for young women who self-harm or lack interest in their academic work as potential victims of forced marriages⁷⁰. They are even urged to help fight climate change⁷¹, encouraging their patients to walk more and to eat less meat. Perhaps not surprisingly given their increasingly intrusive role in the lives of their patients, GPs are also advised to be on their guard for patients getting violent in their surgeries. To this end, and perhaps testing that relationship of trust with patients even further, they are encouraged to operate zero tolerance policies.

⁶⁰ ‘Behaviour Change’, NHS, NICE Public Health Guidance, October 2007

⁶¹ ‘GPs agree ban on operations for smokers and obese patients’, *Pulse*, 19th July 2011

⁶² ‘Should overweight Doctors lose weight?’ by Deborah Michell, *Emax Health*, 9th January 2010, <http://www.emaxhealth.com/1275/1/35065/should-overweight-doctors-lose-weight.html> (accessed 12th December 2011)

⁶³ ‘Should medical pros be role models? Obese doctors, or nurses who practice unsafe sex. Can we take their health advice seriously?’, *Red Orbit*, 6th September 2005 http://www.redorbit.com/news/health/231072/should_medical_pros_be_role_models_obese_doctors_or_nurses (accessed 12th December 2011)

⁶⁴ ‘Vulnerable people at risk unless council-GP linked improved’, *Community Care*, 24th March 2011

⁶⁵ ‘Fit note ignored by many Doctors, Lord Freud warns’, *Daily Telegraph*, 22nd March 2011

⁶⁶ ‘Emergency doctors and police share data sharing schemes’, *British Medical Journal*, 28th April 2009

⁶⁷ ‘Doctors asked to identify potential terrorists under government plans’ *Guardian*, 6th June 2011

⁶⁸ ‘Government recruits doctors to become thought police, pinpoint potential terrorists among their patients’ *Natural News*, 8th June 2011

⁶⁹ ‘Doctors must inform police when treating knife victims’ *Telegraph*, 19th August 2008

⁷⁰ ‘Teachers, doctors and police given guidelines on forced marriage’ *Guardian*, 2nd July 2009

⁷¹ ‘Doctors urged to take climate leadership role’, *Guardian*, 5th April 2011

The King's Fund is of the view that GPs are far too insular, that they should look beyond the care that takes place within their surgeries and create 'teams without walls'. Rather than just providing medical care they should promote the health and well-being of populations, both within and beyond their practice boundaries. They are told that they should be reaching out to meet the needs of people who may not yet seek it from them; or who may not even know they need it e.g. the homeless, refugees and asylum seekers, and people with mental health or drug and alcohol problems etc. Healthy lives, healthy people⁷², the government's strategy for public health, aims to create a 'wellness' service where GPs not only treat their patients for clinical conditions, but 'nudge' them into living more healthy lifestyles. In reality, this has long been the case. The GPs role, since the 'don't die of ignorance' AIDS campaign of the late 1980s, has already been extended well beyond the surgery door.

Their jurisdiction over people's lifestyles, in the home, the school, the workplace and beyond has only been extended still further. A visit to the GP has become less an opportunity for patients to present their symptoms, than an interrogation about the way they choose to live their lives. While the health promotion messages suggest that virtually everything we do is bad for us, in truth the public health benefit of these intrusions is far from clear. By encouraging us to obsess over what we eat, how much we drink or exercise, and who we have sex with, a health crisis of sorts is pretty much assured. Not content with getting GPs to intervene in their patient's lives, even GPs themselves are coming under increasing scrutiny⁷³. Questions are being asked about the legitimacy of a GP's own advice if they, as a smoker or overweight person, are setting a bad example. It is time that the zealots of the new public health are challenged.

That these developments court little controversy, especially in the context of the hugely unpopular health and social care reforms, should be of great concern. It suggests that the 'radical' defenders of the NHS, far from opposing the new public health agenda that is so central to it, are much more inclined to embrace it. While much of the debate over the recently passed Health and Social Care Act has focused on the question of how healthcare is delivered, there has been little discussion about what healthcare is for. As we have seen, the role of the G.P. has been redefined from one of dealing with ailments, to one of implementing governmental agendas on everything from protecting the environment to monitoring people's lifestyles. Does this new public health agenda, with its focus on patients' behaviours, already compromise the duty of care of GPs and others in the medical profession, even tending to a denial of treatment for those who fail to make the 'right' choices? While patients do indeed have more choice in where and how they get healthcare, are their choices actively denied in other, arguably more important, ways?

⁷² *Healthy lives, healthy people White Paper: Our strategy for public health in England*, 14th July 2011, Department of Health

⁷³ 'GPs criticise plans for GMC regulation of doctors' private lives', *Pulse*, 19th September 2011

6

Sick-note Britain? Is a dependency culture making us ill?

Martin Earnshaw

‘Stress is the New Black Death’ announced the Daily Mail⁷⁴, reporting on a study published in October 2011⁷⁵ claiming that stress had overtaken stroke, heart attack, cancer, and back problems as the leading cause of long-term sickness absence. Notwithstanding the hyperbole of comparing stress to a disease that wiped out over a third of Europe’s population, sickness absence and worklessness caused by incapacity have seemingly reached epidemic proportions. The number of people claiming incapacity benefit has quadrupled from 1979, now accounting for around 7-8% of the working age population⁷⁶. Sickness absence has been estimated to cost the country 140 million working days a year⁷⁷.

Attempts to account for these numbers tend to either suggest that we are a nation of malingerers for whom the work ethic has become an alien concept⁷⁸, or suffering the symptoms of stressful work⁷⁹ or lack of work⁸⁰. It is suggested that we live in a sick-note culture. Consequently, reducing the numbers of people not working due to illness has been a major policy goal for government. The Welfare Reform Act 2012 put a time limit on employment and support allowance of just twelve months⁸¹. The government has also proposed to nip sickness absence in the bud. The recent Sickness Absence Review, *Health at Work*, characterises sickness absence as a conveyor onto long-term incapacity and proposes a raft of measures to keep people in work⁸².

By any standard a large number of people out of work due to sickness is detrimental at both to the individual concerned and to society. From the 1980s to the mid-1990s, the

⁷⁴ ‘Stress “is top cause of workplace sickness” and is so widespread it’s dubbed the “Black Death of the 21st Century” by Becky Barrow, *Daily Mail* 5th October 2011

⁷⁵ *Absence Management 2011*, London, The Chartered Institute of Personnel and Development

⁷⁶ ‘Section from paper by the Department for Work and Pensions’, July 2004, Department for Work and Pensions, p1

⁷⁷ *Health at Work*, p7

⁷⁸ See for example: ‘Benefits “wrecked the British work ethic” new study claims’, by Steve Doughty, *Daily Mail*, 8th October 2009

⁷⁹ See for example: ‘Stress at work costs economy £100bn a year, says Mind’, *Guardian*, 16th May 2005

⁸⁰ See for example: ‘Our toughest challenge: unemployment’, by David Blanchflower, *Guardian*, 18th March 2009

⁸¹ ‘Proposed changes to contribution-based Employment and Support Allowance’ Welfare Reform Bill 2011, September 2011, Department for Work and Pensions, <http://www.dwp.gov.uk/docs/esa-changes-q-and-a.pdf> (accessed 6th December 2011)

⁸² *Health at Work*, p8

numbers of people on incapacity benefit increased exponentially. This is not a purely British problem. The OECD reports that most industrialised countries have rising rates of disability benefits⁸³. This is particularly pronounced in the Scandinavian countries. If anything Britain seems to be doing rather better than many other countries, at least with regards keeping incapacity payments down. In 1995 a tougher regime was put in place when invalidity benefit was replaced by incapacity benefit. From this point on, there was an emphasis on getting people into work rather than keeping them on benefits indefinitely. These reforms seem to have contributed to a slowing of the rise in people claiming incapacity benefits from the mid-1990s to 2008, and even to a slight decrease. This has led to a belief among policy makers⁸⁴ that a still tougher policy can solve the problem of health-related worklessness.

Are we a sicker society?

The numbers of people who are out of work due to illness, however, does not help to explain the current discussion about a sick-note culture. One can argue that the relative decline in the total number of people on incapacity benefit and employment and support allowance, as well as a corresponding decrease in days lost to sickness absence due to the recession, might mean that the problem is being handled. However, the nature of the discussion about health-related worklessness points to a shift in the debate about welfare dependency. It is no longer primarily about unemployment or even about the amount of state spending on welfare, significant though these problems are. The issue has instead come to rest on the perceived ill-health of the population and how the state should respond to it.

As a starting point for understanding this shift, it is worth noting that the profile of people who are likely to be deemed too ill to work has altered. The initial increase in incapacity benefit take-up was due to industrial workers being laid off. The typical profile of the incapacity benefit claimant therefore, being the older male workers living in areas of high unemployment. In recent years, however, the profile of claimants has been slowly changing. The number of women on incapacity benefit has been increasing from around 350,000 in the early 1980s to 1.1 million in 2009⁸⁵. The proportion of young people claiming disability benefits has increased too. While the OECD average of young people on disability benefit is 2%, in the UK and Holland the number is double this. The belief that the population are becoming more ill was the subject of a recent BUPA Report⁸⁶. A common factor cited here is the aging population. From 2007 to 2025 it is claimed that the average age of the working population will increase from 39 to 42.6 years of age⁸⁷. Lifestyle is also mentioned as a factor in a sickening population, with obesity, alcoholism

⁸³ *Sickness, Disability and Work: Breaking the barriers*, p34

⁸⁴ *Sickness, Disability and Work*, chapter 6

⁸⁵ *Women on Incapacity Benefits*, p5

⁸⁶ *Healthy Work: Challenges and opportunities to 2030*

⁸⁷ *Healthy Work*, p12

and smoking apparently accounting for a third of long-term illness⁸⁸. One study even says that as many as eight out of ten of the workforce have a long-term illness⁸⁹. *Health at Work* argues that as a consequence the government should popularise the message that work is compatible with less than perfect health⁹⁰.

Is there any truth in the thesis of a sickening population? It has often been assumed that illness and disability would decrease as time went on, especially given increasing life expectancies and better healthcare, but this hasn't happened⁹¹. Nor does it seem to be the case that rates of people on incapacity benefit fluctuate according to the business cycle. While rates of people in employment go up and down according to the economic climate, people who go onto incapacity benefit during a downturn seem to stay there⁹².

Obesity and other lifestyle factors only account for a small proportion of sickness absence cases. According to the Department of Work and Pensions obesity came well below the top ten illnesses cited in benefit claims, with only 1,830 people claiming for obesity in August 2010⁹³. Alcoholism came higher at 42,360 claims, but still below the top ten. The two most common claims were the 398,700 people citing depression and the 168,300 suffering from back pain.

Stress, Mental Health, and Wellbeing

An increasing proportion of incapacity benefit claimants are reported as suffering from mental health or behavioural problems. About a third has mental health problems. These claimants are more likely to stay on the benefit than those with any other condition⁹⁴. This seems to be an OECD-wide phenomenon with mental health problems being cited as the reason for the majority of disability benefit claims in some countries⁹⁵.

What accounts for the apparent rise in mental health problems? This is a tough question to answer. Some commentators see health problems in the context of 'hidden unemployment'⁹⁶. *Women on Incapacity Benefits* points out that the figures still hide a problem of depressed economic development in some former industrial areas. While the

⁸⁸ *Healthy Work*, p8

⁸⁹ 'Eight out of 10 British workers are overweight or have long-term illness' 29th September 2011, *Guardian*

⁹⁰ *Health at Work*, p17

⁹¹ *Trends in the Employment of Disabled People in Britain*, p13

⁹² *Sickness, Disability and Work*, p32

⁹³ 'PM vows to get addicts on benefits into work', *BBC News*, 21st April 2011, <http://www.bbc.co.uk/news/uk-politics-13152349> (accessed 6th December 2011)

⁹⁴ 'Section from Paper by the Department for Work and Pensions', July 2004,

⁹⁵ *Sickness, Disability and Work*, p10

⁹⁶ *Women on Incapacity Benefits*, p39

profile of claimants has widened, the individualised experience of being on incapacity benefit remains an isolating one, compared with the collective solidarities that characterised the industrial working class in the past. According to this line of argument, people are more likely to either develop an illness ‘on the sick’ or dwell on whatever illnesses they already have, worklessness reinforcing depression as well as other chronic illnesses.

Some say that work today is more stressful, insecure and less rewarding than in the past. Stress seems to be a ubiquitous category today though, with wealthy CEOs⁹⁷ as likely to say that they are stressed as poorly paid call centre workers. Stress is defined by the Health and Safety Executive as a point where the demands of work outstrip an individual’s ability to cope with it⁹⁸. While pressure may induce an individual to be more productive, stress impedes performance because a worker is less likely to cope with the demands of the workplace. It seems unlikely that work is more demanding than in the past. An important determinant is rather that stress and wellbeing are on the political agenda today.

Happiness Guru, Richard Layard, argues that economic growth has exponentially increased since the war with no corresponding increase in rates of happiness, citing the increase in rates of depression as an example⁹⁹. The preoccupation with happiness and mental well-being has become main-stream in recent years. The Office for National Statistics is compiling a Happiness Index which will inform government policy¹⁰⁰. Similarly questions about poverty and inequality are understood in terms of mental health. The influential book *The Spirit Level*¹⁰¹ has argued that across a range of indicators (e.g. obesity, crime, teenage pregnancy, early death) less equal societies do worse than more equal ones. Significantly, what underpins all of these disparate phenomena is the increased stress caused by being on a lower rung of the social ladder. Like Layard, *The Spirit Level* argues that economic growth does not make you happy, indeed the opposite since economic growth means more inequality.

In this way the argument is made that modern life is bound to make you ill. Since health is inextricably linked to well-being, it follows that unhappy people are unhealthy people. Usually this argument is used to attack unequal wealth distribution. Widely deployed even before the recession, today it has clear implications for discussions about work and unemployment. According to the Young Foundation’s recent *The State of Happiness* report, unemployment is bound to have an impact on well-being regardless of whether

⁹⁷ See for example: ‘CEO’s job stress worried Pfizer’, *Wall Street Journal*, 7th December 2010

⁹⁸ ‘What is Stress?’ Health and Safety Executive (HSE), <http://www.hse.gov.uk/stress/furtheradvice/whatisstress.htm> (accessed 7th December 2011)

⁹⁹ Layard R (2011) *Happiness: Lessons from a new science (Second Edition)*, Penguin

¹⁰⁰ ‘Happiness Index: how happy are you – and David Cameron’, *Guardian*, 1st December 2011

¹⁰¹ Wilkinson R and K Pickett (2009) *The Spirit Level: Why more equal societies nearly always do better*, Allen Lane

you are in work or not¹⁰². Unemployment not only makes the unemployed depressed, but is also likely to cause a broader anxiety about people losing their jobs. The report recommends building ‘emotional resilience’ among the workforce. This argument proceeds from the assumption that people are not resilient to begin with, as does an earlier Young Foundation report. *Sinking or Swimming* painted a picture of people needing state intervention to cope with their psychological needs as well as their material ones. The authors advocated ‘rethinking welfare provision through the lens of wellbeing’¹⁰³.

The Wellbeing State

The post-1945 welfare state had a built-in presumption that people who were ill would not work¹⁰⁴. This presumption combined with the grim economic circumstances of the 1980s and early ‘90s led to a view that industrial workers and others made redundant in economically depressed areas would never work again¹⁰⁵. Both GPs and benefits officials shared this assumption. It was easy to sign off people with any kind of ailment onto sickness benefit. But the recent policy turn with regard to work and illness suggests that even when people are ill, they would be better off working. Is this turn as radical as it seems?

One problem with this approach is its managerialism. The work capacity assessment has been roundly criticised, as has the time limiting of employment and support allowance. In the latter case, this requires cancer patients to go onto job seekers allowance after just one year¹⁰⁶. It is likely that some people, whether genuinely ill or just demoralised, will turn up elsewhere in the system. A more fundamental problem is the tendency for the state to colonise the terms of illness. After the *Working for a Healthier Tomorrow* report¹⁰⁷, GPs were required to issue fit notes instead of sick notes. These notes, which required GPs to identify which tasks patients could still perform, caused some disquiet not least because it undermined the GPs role in the doctor/patient relationship¹⁰⁸ (see Chapter 5). GPs, to some degree at least, play the role of a patient advocate. If they seem to be accusing their patients of being liars, or doing the work of the state, then this relationship gets off to a bad start¹⁰⁹.

¹⁰² Mulgan G et al (2011) *The State of Happiness: Can public policy shape people’s wellbeing and resilience?*, Young Foundation

¹⁰³ Mulgan G et al (2009) *Sinking or Swimming: Understanding Britain’s unmet needs*, The Young Foundation, p10

¹⁰⁴ *Trends in the Employment of Disabled People in Britain*, p1

¹⁰⁵ *Women on Incapacity Benefits*, p82

¹⁰⁶ ‘Lib Dems oppose plan to remove benefits from cancer patients’, *Daily Telegraph*, 16th September 2011

¹⁰⁷ *Working for a Healthier Tomorrow: Dame Carol Black’s review of the working age population*

¹⁰⁸ ‘Fit note ignored by many Doctors, Lord Freud warns’, *The Daily Telegraph*, 22nd March 2011

¹⁰⁹ *Women on Incapacity Benefits*, p82

The latest proposals from *Health at Work*¹¹⁰ recommend taking the decision to sign a worker onto long-term sick leave out of GPs hands altogether, and giving the task to an independent body. This move to side-line GPs from the strategy to improve the working population's health is consistent with the government's strategy to lock well-being ever closer to the workplace. *Health at Work*, like much of government policy, is premised on the proposition that work is good for our health¹¹¹. Intervening early to keep sick people in work is emphasised. Rather than illness being seen as separate from work, the classic 'sick role'; individuals, doctors, employers and state bodies are expected to work together to improve the health of the workforce. However, this approach, though intended to prevent sickness absence, tends to share the same assumption that we are frail. Once the primary aim of work comes to be to improve well being, then it is likely to increase anxiety among workers, not reduce it.

Critics of the politics of happiness are fond of quoting the John Stuart Mill maxim that if you ask yourself 'am I happy?' it means that you won't be. The point is not that happiness isn't worth seeking out, but that dwelling on it is not a good idea. You will be happy when you find what fulfils you. The same is surely true of well-being at work. This is not to defend tedious and low-paid jobs. The point is that work, regardless of our experience of it, needs to have a purpose beyond well-being. Just as the mass take-up of incapacity benefit was a poor substitute for social solidarity, so wellbeing today is a poor substitute for a defence of work. When we are at work we are truly social, and our activities have wider meaning. This is lost in a fragmented world of individuals. Health and well-being fill the gap, as they touch us personally, even (or especially) at work where we spend most of our waking lives. It is unlikely, therefore, that any policy intervention will break the tendency to see ourselves as ill, whether at work or not. Only new forms of social solidarity that can make our working lives meaningful will do that.

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¹¹⁰ *Health at Work*, p29

¹¹¹ *Health at Work*, p18

Dame Black C. (March 2008) *Working for a Healthier Tomorrow: Dame Carol Black's review of the working age population*, Presented to the Secretary of State for Health and the Secretary of State for Work and Pensions, The Stationary Office

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Conclusion

Martin Earnshaw

When the coalition took power in May 2010 they promised to sweep away New Labour's 'nanny state' and replace it with a more free society. While Prime Minister David Cameron talked of his vision of a 'Big Society' which would replace the Big State and usher in a new age of voluntarism, Deputy Prime Minister Nick Clegg offered to consult us on which legislation to remove from the statute book. While many have since dismissed all this as ideological cover for austerity, the impulse behind these moves was an apparent recognition of the limits that should be put on the role of the state in society. From Phillip Blond's 'Red Tory' ideas on the political right, to the enthusiasm for 'co-production' among sections of the left, there is a degree of consensus that both the market and the state have failed to solve society's problems. Consequently a new political consensus has developed around the desire to co-constitute a civic space where communities can run things for themselves.

This is no bad thing. Indeed, the need to inject a bit of community spirit into our neighbourhoods became more urgent still thanks to the riots that blighted many of our cities in the summer of 2011. While some have interpreted the riots as an essentially political protest against the public spending cuts and police brutality, the anomie of many of the rioters was evident. The rampage, according to conservative commentator Theodore Dalrymple, '*had some of the qualities of a prison riot*,'¹¹² as young people trashed their own communities.

Those who hoped that the Big Society would open up a new realm of civic freedom have been disappointed. As Kathryn Ecclestone explains in this collection, the Big Society was not about creating a free public space after all, but more about 'nudging' us into becoming responsible new citizens. The rise of nudging though incorporates the language of freedom and preserving choice. The authors of *Nudge*¹¹³, Richard Thaler and Cass Sunstein, called their philosophy 'libertarian paternalism'. The phrase, seemingly an oxymoron, captures something important in the way that both 'liberty' (in this case 'choice') and the role of the state, are understood today. Nudging assumes that behaviour change is a legitimate aim of government, but is uneasy about the state actually compelling us to alter our behaviour. Like the 'nannying' it has supposedly replaced it focuses on our health; claiming to tackle obesity, alcoholism and smoking, as if our bodies, and our anxiety over their frailty, are the one thing that we have in common. Even more solipsistic, it suggests that we are essentially our brains. Incorporating nudging into the very fabric of government, Number 10 Downing Street has set up the Behavioural Insight Team, or Nudge Unit, which aims to understand how our brains shape our decisions. The image of citizens here is one of essentially atomised individuals who need

¹¹² Theodore Dalrymple, 'Barbarians on the Thames', *City Journal*, Autumn 2011, vol.21, no.4

¹¹³ Richard Thaler and Cass Sunstein, *Nudge: improving decisions about health, wealth and happiness*, 2009, Penguin

shaping through the manipulation of the unconscious choices that we are still ‘free’ to make¹¹⁴. It seems an unpromising foundation for creating a space for the self-determination of ordinary people, whether ‘responsible’ citizens or not.

Even when tackling broader social issues, the post-‘nanny’ state conceives of its citizens not as subjects capable of forging a new civil society, but as objects fit only for intervention at the level of behaviour. As we have seen, the government wants to get sickness benefit claimants back into work and prevent people from slipping out of work. Work, though, is not defended in itself as a social good, but because it supposedly improves peoples’ health and wellbeing. Similarly, in an effort to improve children’s life chances early intervention in parenting is recommended, and dubious claims made. Not only are parents incompetent and apparently to blame for riotous youth; but ever-dubious claims are made that brain science shows that a child’s life course is set before they are five years old¹¹⁵.

Benedict Dellot, responding to the latest British Social Attitudes Survey, complains that 25% of us believe that people are poor because they are lazy; and 63% believe that children live in poverty because their parents don’t want to work¹¹⁶. He says that this indicates that *‘as a society we are becoming more atomised and increasingly judgemental about one another’*. This, he says, does not bode well for our chances of creating a Big Society. But perhaps people are taking their cue from officialdom. They think very little of us too.

The Big Society promised to return power to ordinary people, and the coalition also proposed to liberate the professions. Areas like health and education had become too subject to political dictates that were both bureaucratic and politicised. NHS management positions were to be cut while GPs were to be given control over their budgets¹¹⁷. Teachers were promised that they would be left to get on with teaching, and parents would be free to decide what they wanted for their child’s education. To this end free schools were created¹¹⁸. The practical effect of all this decentralisation, however, has been only to devolve the politicisation to the level of the professional. As we have seen, GPs now act not only as the enforcers of public health (which is bad enough) but also as police informants.

¹¹⁴ Nudge theory argues that should be free to make our own decisions. However it conceives such decisions as influenced by the environment and more likely to be unconscious than conscious. Therefore people can be manipulated into making a choice desired by government.

¹¹⁵ Graham Allen MP, *Early Intervention: The Next Steps: An independent report to Her Majesty’s Government*, January 2011, Cabinet Office

¹¹⁶ Benedict Dellott, ‘The Big Society: a battle over cognitive dissonance’ 10th December 2011, RSA projects, <http://www.rsablogs.org.uk/2011/social-economy/big-society-battle-cognitive-dissonance>, (accessed 28th December 2011)

¹¹⁷ ‘Ministers give GPs more powers’, *Guardian*, 12th July 2010

¹¹⁸ ‘Free Schools’ Department of Education, <http://www.education.gov.uk/schools/leadership/typesofschools/freeschools>, (accessed 29th December 2011)

It is not only GPs who are expected to promote the public health message. Following on the heels of the Change4Life campaign¹¹⁹, which recruited supermarkets, food chains, sports companies, and even British Gas to support an often patronising public campaign against obesity, the Department of Health has handed over its entire public relations strategy on public health to a single PR company¹²⁰. Diane Abbott, Shadow Public Health Minister, describes the move as ‘really creepy’ and complains that: ‘*Big business is now completely in the driving seat of the country’s public health polices*’. But when business has already been recruited to promote the government’s agenda, it is not surprising that they should be asked to help write the policies too. When institutions and organisations at all levels of society become politicised in this way, it is difficult to see how society is in any way distinct from the state.

If the decentralisation of healthcare seems to lead to an outsourcing of government policy as opposed to greater independence, in education things are more ambiguous. The governments experiment with free schools does promise to give some educational institutions the opportunity to exercise some autonomy. Policy towards disadvantaged children, however, tends to shackle education within the constraints of narrow policy goals. Education policy, despite the coalition reversing the name change imposed by the last government, remains about children, schools and families rather than education as such. Thanks to a perceived crisis of child-rearing the roles of schooling and parenting have become blurred. As we have seen in the case of social mobility, this can distort the purposes of education. The role of schools is not as straightforward as the role of doctors might be. Naturally, we might expect our schools to help children advance in life, but the goals of education are necessarily open-ended. We can educate our children, but we cannot determine in advance what they are going to do with that education. When institutions like education are reduced to carrying out narrow political goals their role in society is inevitably confused.

Paradoxically, however, the restructuring of various institutions by the government provides an opening for us to argue anew what we, as society, want from them. The charity sector has traditionally been one sector where people with a passion can pursue their goals in the public sphere. Despite its billing as a third sector, as Dave Clements has argued, it is not as independent as it appears. Instead various charities have been competing for patronage from the state. In a way, the state of the charity sector is the best example of how ordinary people have been elbowed out of the Big Society project. State funded ‘independent’ bodies provide the work of helping ‘support’ the atomised vulnerable individuals of which our society is apparently constituted. But is society as atomised as it is often supposed to be? The other story of the riots, after all, was how communities spontaneously came together to protect and clean up their neighbourhoods. A culture of self-reliance and ordinary people coming together to solve their problems is possible. But it will require a critique of the dominant conception of the public as objects of behaviour change, and a rejection of the attempts to turn public institutions into tools of state policy.

¹¹⁹ ‘Change4Life’ Website, NHS, <http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>, (accessed 28th December 2011)

¹²⁰ ‘Matthew Freud picks up £1m-a-year contract with Department of Health’, *Guardian*, 20th December 2011



Social policy is apparently everywhere these days, embedded in everything from soap opera storylines to arts funding criteria. Yet, for all its pervasiveness in our culture, it is rarely discussed in its own terms. This is a problem because instead of policy makers trying to find ways to better meet people's needs, they are more likely to be found promoting behavioural change or advocating intrusive interventions into people's lives.

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