



Towards a More Compassionate Justice System



SIR HARRY BURNS

Apex Scotland
Annual Lecture

**A DIGITAL EVENT
7 SEPTEMBER 2021**



Previous Apex Scotland Annual Lectures have been delivered by:

1 September 2020

Dr Hannah Graham

Senior Lecturer in Criminology in the Scottish Centre for Crime and Justice Research at the University of Stirling

3 September 2019

The Rt Hon Lady Dorrian

Lord Justice Clerk

4 September 2018

John Swinney MSP

Deputy First Minister and Cabinet Secretary for Education and Skills

5 September 2017

The Rt. Hon. James Wolfe QC

Lord Advocate

6 September 2016

Fraser Kelly

Chief Executive, Social Enterprise Scotland

1 September 2015

Michael Matheson MSP

Cabinet Secretary for Justice

2 September 2014

Professor Lesley McAra

Co-Director, Edinburgh Study of Youth Transitions and Crime, University of Edinburgh

3 September 2013

Sir Stephen House

Chief Constable of Police Scotland

4 September 2012

Jeane Freeman OBE

6 September 2011

Tam Baillie

Scotland's Commissioner for Children and Young People

7 September 2010

Baroness Vivien Stern CBE

Senior Research Fellow at the International Centre for Prison Studies King's College London

8 September 2009

Professor Fergus McNeill

Professor of Criminology and Social Work, University of Glasgow

9 September 2008

Kenny MacAskill

Cabinet Secretary for Justice and **Richard Jeffrey**, The Prisons Commission

11 September 2007

Professor Wesley Skogan

Institute for Policy Research (IPR), Northwestern University, Illinois

12 September 2006

The Rt. Hon. Lord Cullen of Whitekirk

13 September 2005

Cathy Jamieson MSP

Justice Minister

15 September 2004

Duncan L Murray WS

President of the Law Society of Scotland

16 September 2003

The Rt. Hon. Jack McConnell MSP

First Minister

18 May 1998

Henry McLeish MP

Minister for Home Affairs and Devolution, Scottish Office

Foreword

The 2021 Apex Scotland Annual Lecture was given by Sir Harry Burns, Professor of Global Public Health at Strathclyde University and President of the British Medical Association. Harry is internationally known and respected as a champion of the urgent need to address the links between poverty, trauma and social alienation from his time as Chief Medical Officer for Scotland and involvement with the Violence Reduction Unit, collecting on the way numerous accolades including a lifetime achievement award from the Scottish Government for Public Service.

The relationship between trauma-informed practice and policy, and the direction of Apex Scotland in striving to become an organisation which not only listens to those we work for but adapts its methods and approaches in response to them, made the choice of Harry as our speaker this year a very natural one. Understanding the environments which generate offending is a key component of our ABC approach and is the underpinning rationale for a community justice-based system. If we are to help move the discourse on modernising the justice system forward then this approach is going to be central to that.

In his lecture titled *"Towards a More Compassionate Justice System"*, Harry takes us through the evidence base for his views, comparing social groups and especially illustrating the links between childhood deprivation and trauma to subsequent

developmental and social integration problems. Through this scientific lens he observes how the determinants of offending lie in the environments from which they spring, and in the response that a non-trauma informed system has to individuals perceived as being criminals or troublemakers. He makes an impassioned plea for those who are charged with making policies to stop trying to fix people and things in favour of activities which will enrich communities and create wellbeing, and especially to commit to a profound shift from prison-based justice to person-centered restorative/rehabilitative models which are both humane and sustainable in a way that current systems are not.

The online lecture concluded with a live question-and-answer time (included in the recording of the event on our website) in which he outlined some of the practical measures which could be taken to reduce the negative impact of both deprivation and a largely retribution-motivated offender management model. He also raised a note of hope that there seemed to be some advances in understanding of the impacts of trauma on young people, but this greater understanding needs to turn into political action and begin to change public opinion if what we know is ever to turn into what we do.

Alan Staff

Chief Executive
Apex Scotland

Introduction

Thank you very much for asking me to do the Apex Scotland lecture this year. The title is *Towards a More Compassionate Justice System* and you might ask yourself what on earth is a public health doctor doing talking about justice? The reason is that I wasn't always a public health doctor.

I started my career as a surgeon working in Glasgow and for many years I was a consultant at The Royal Infirmary in Glasgow where I operated on people who came from deprived areas. And it became very clear to me over the years that what the people in the east end of Glasgow did not need was more surgery, what they needed was more wellbeing. You would have a patient come in for maybe the third or fourth time with a serious complication of alcohol, and you'd say to him "Right John, if you keep on drinking you're going to die." and the response was always the same "Och, I know I'm going to die, but I don't care because life's crap and the booze is the only pleasure I've got." I quickly realised that if I wanted to do anything about that I needed to give up surgery and I needed to ask myself, why is it that people who live in very poor circumstances have that kind of attitude in life?

In the course of it, my understanding of prison as a punishment for crime came about through a number of things that I'll describe later on, but one of the things that I've got on my bookshelf is a small pamphlet called *Reducing Prison Population*. It came from a European meeting that a number of countries attended and it advocates a compassionate approach to offending, reducing offending and rehabilitating offenders. The interesting thing is, when you look at the list of countries that attended this meeting, the only UK country that attended was Scotland.

So what I'm going to try and argue today is that the circumstances into which we are born and grow up determine our capacity to succeed in life and achieve wellbeing. Our health, wellbeing, economic and social outcomes are

largely dependent on early life experiences but, even when they go wrong, with appropriate support we can recover and change those outcomes for the better.

Scotland's health

So let's start off by talking a bit about Scotland's health. One of the things you find when you get into this area is that people believe the wrong things - that we are where we are because we eat too much, don't take enough exercise and so on; it's much more complicated than that. We believe that we are unhealthy because we smoke too much, we eat the wrong kind of food, we drink too much and if only we'd get a grip and do the right thing everything would be okay. The fact is, only one of those statements is true and, regrettably, it's the one about the booze. So we are not basically unhealthy.

This graph (fig 1) shows life expectancy trends in 16 western European countries going back to 1851. You can see that for the vast majority of those many years Scotland's life expectancy (blue line) was at the European average, and it was average when you look at France and Spain and Nordic countries and so on. It's only in the past 50 years that we have seen the richest 20% of the population grow their life expectancy faster than the European average and the poorest people grow their life expectancy more slowly than the European

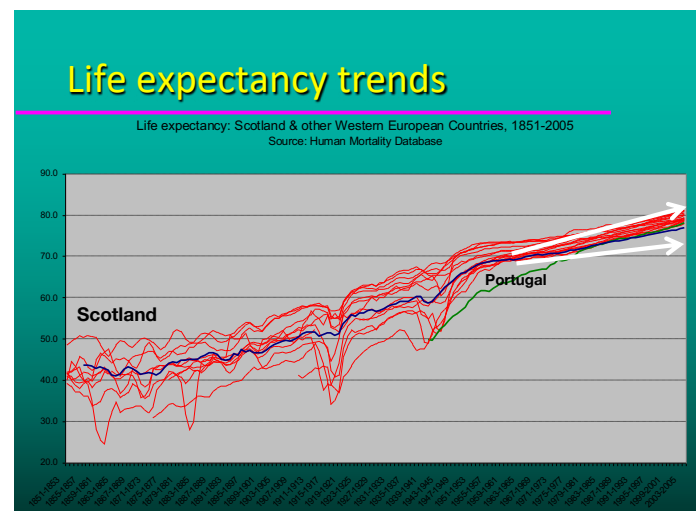
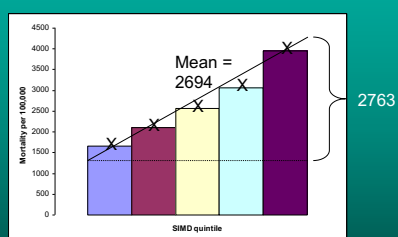


Fig 1.

Slope index of inequality



All cause, M65-69
 $2763/2694 = 1.025$

Fig 2.

Slope index of inequality breakdown by cause of death

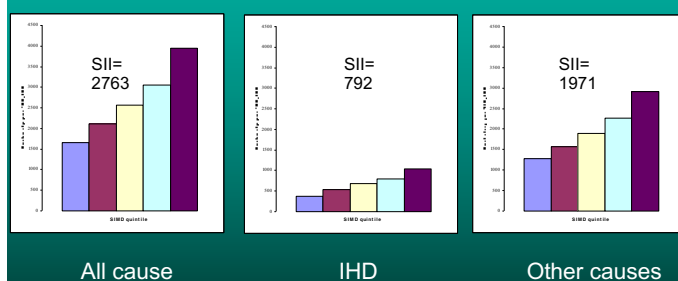


Fig 3.

Relative inequalities in mortality by cause Men, Scotland 2000-02

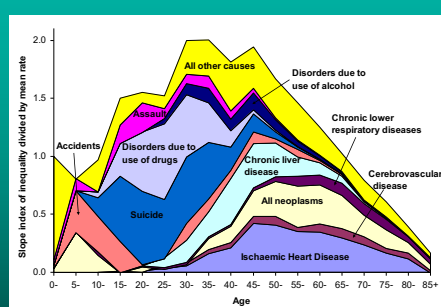


Fig 4.

average. So the average has fallen in the past 50-60 years. When you look at what the causes of that are, is it because in the past 50 years we have seen more people dying of heart disease and cancer and so on? No. As I say, it's more complex than that.

A colleague at Glasgow University some years ago examined what the causes of that widening in equality were. He took each five-year age band of the population, men and women, and looked at their annual mortality by socio-economic status. In this bar chart (fig 2), the blue column is annual number of deaths per 100,000 population of men in that age group, and the most affluent group, and the dark purple one is the annual number of deaths that he found in the most deprived group. And you can see that there is a gradient and you can reduce that gradient down to a single number by subtracting the best from the worst and dividing by the mean, and you come up with the Slope Index of Inequality. You can see here a number close to one reflects as a 45° slope in inequality.

When you plot that for all male ages you see a surprising thing. It's not older people we are seeing inequality in mortality. The inequality in mortality shoots up in teenage years, and is at its highest in young working age people and it is falling for those in their 50s and 60s. Inequality in deaths in Scotland is a reflection of inequality in deaths in young people, not in older people. You can begin to see what's driving this by looking at individual causes of death and calculating the Slope Index of Inequality for them. When you look at the bar chart for ischemic heart disease (IHD) (fig 3) and do the Slope Index of Inequality for that and superimpose it on the All Cause mortality, you can see that heart disease is a small contributor to inequality. It's not nearly the biggest by any means.

So what is driving up inequality in young people? It's drugs, alcohol, suicide, violence and accidents (fig 4). Social causes of death that have their roots in what's happened in

society over the past 50 or 60 years. So what has happened? Well, 50 years ago, 20 miles on either side of the Clyde in Glasgow, the scene at 5 o'clock on any working day would be thousands of men leaving their work; jobs that gave them status and steady income and so on. And then over the past 50 or 60 years those jobs have simply disappeared. These people lost their support, they lost their sense of self-esteem. And at the same time as that happened we began to see significant changes in the social fabric.

In post war years the Glasgow city engineer decided that he was going to create more liveable housing in Glasgow, for example. In the Gorbals and other areas of the city there were rows of houses which made up a community, where people met and were sociable in the streets, kids played and adults kept an eye on them. Neighbours were friends and ready to help each other. But the engineer's vision was skyscrapers. People were taken away from their houses which were then flattened, they didn't know where they were going to go and were decanted into other places which meant they maybe never saw their friends again. They were put into high rise flats that were built all around the place which was a phenomenon that Jimmy Reid called "filing cabinets for people in the sky." These people were treated like things to be filed away and they lost that sense of community. Could that possibly be the basis for this increased widening in the past 60-odd years?

Principles of wellbeing

My studies in public health taught me a new word: salutogenesis. As doctors, we know all about pathogenesis – the causes of disease. Salus was the Roman goddess of wellbeing and safety and therefore salutogenesis is the creation of wellbeing. Colleagues at the Scandinavian Institute of Public Health created this diagram (fig 5) with 25 different theories which were set up to try and explain how we create wellbeing in any society. I won't go through them all, you'll be pleased to hear, but

basically they have a common set of principles. Wellness is present when an individual has an optimistic outlook on life, when he feels in control of his life and feels internally in control; he is not controlled by external forces, he makes his own decisions. If he has a sense of purpose and meaning in life, that is important to him. If he is confident in his ability to deal with the problems life throws at him, that gives him a positive outlook. But what is also important is the support of a network of people around about him, and particularly the support of a nurturing family.

Just one of those theories on that slide is the 'sense of coherence' theory of Aaron Antonovsky. Antonovsky said that it is important that the social and physical environment be comprehensive, manageable and meaningful and, if it's not, the individual would experience chronic stress. Now, as a surgeon, my job was to create acute stress on people. That's what a surgical operation is; it is an acute stressor. Therefore my research area was in stress and I noticed a difference in stress responses in affluent and deprived patients when I measured it. So I began to look for evidence that Antonovsky might be correct. A study carried out by Sir Michael Marmot's group shows that throughout the day people at the lower end of the social scale are more stressed than people at the top of the social scale.

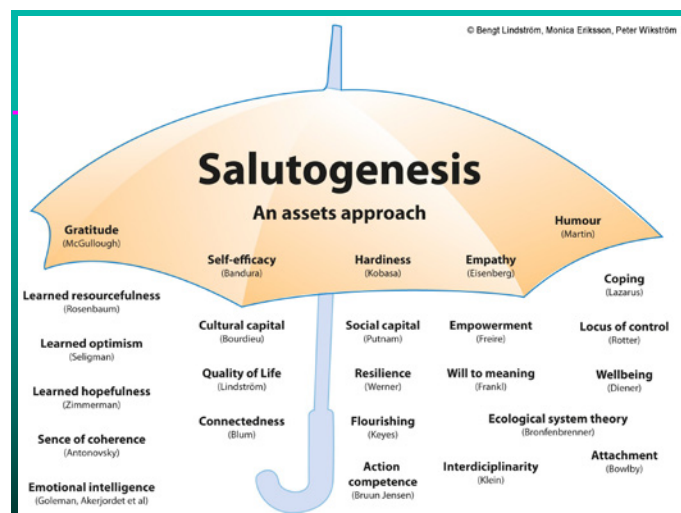


Fig 5.

Cortisol is the main stress hormone in individuals which is always highest in the morning and goes down just before you go to bed at night. Top civil servants in Whitehall were shown to be less stressed than the people at the bottom of hierarchy who had less control over their jobs and their lives, and therefore they were more stressed.

I also looked at stress levels in children. Canadian data shows that the longer a child is in an orphanage the higher its stress levels are. Not having a single significant adult to relate to is something very stressing to a child.

Hopelessness was an interesting one. This was a study carried out by an American lady called Susan Everson who went to Scandinavia to look at a group of men at very high risk of death from heart disease. She measured all the risk factors she could think of: how much they smoked, how obese they were, how much exercise they took and so on. But one of the things she asked them about was hopelessness. She developed a hopelessness score which allowed her to split men into three groups (fig 6). The red bar is men who were very, very hopeless, the purple bar is men who were moderately hopeless and the blue bar to the left is those men who were slightly hopeless. Being a woman she knew that all men are hopeless to a greater or lesser extent and therefore she graded them that way! What you

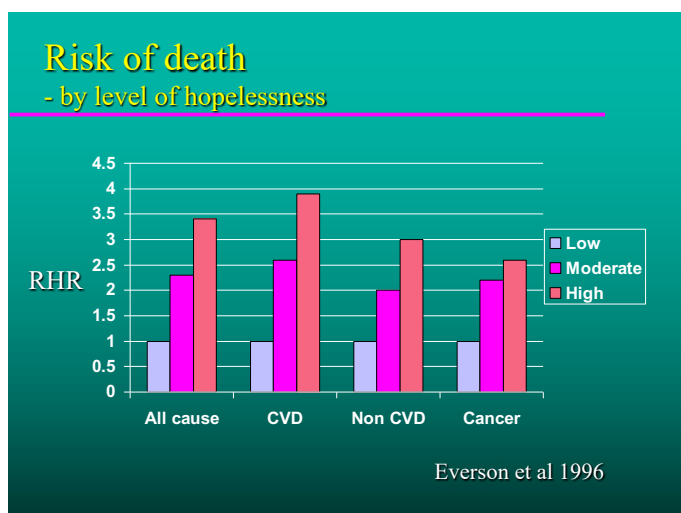


Fig 6.

see is here is that men who score highly on the hopelessness scale are several times more likely to die of heart disease and cancer than men who are more positive in their lives, and that is adjusting for how much they smoked, what they ate and so on. So hopelessness itself is an independent predictor of bad outcome.

The consequences of stress

So what causes this stress? We discover that the basis of it emerges in early life. I saw a study from a psychology department of a university in New York. It was a study in which they made baby monkeys depressed and stressed. How did they do this? It was all down to the way in which they let the mum feed the babies. In one half of the animal house food was lying out so that when mum was swinging about the bars with the baby and the baby indicates he's hungry, she just reaches down, picks the food, gives it to the baby and the baby is happy. In the other half of the animal house they took the food away and hid it so when the baby indicated he was hungry, mum had to go and forage for the food. She was stressed by the experience and she was away from the baby for a long time. They measured the stress levels in the babies who were easily fed and those it was harder to feed. I guess you would believe that the ones where mum was away for a large part of the time were the ones who were likely to be stressed. Well you'd be wrong. (Fig 7)

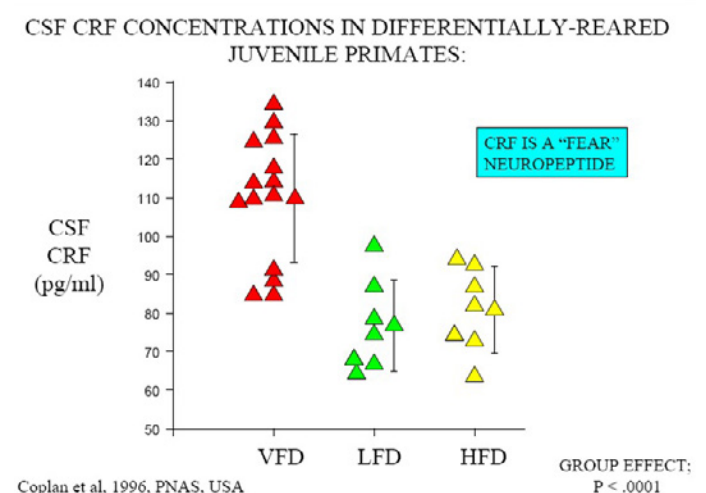


Fig 7.

Here you see the yellow triangles which are the stress levels in the babies where mum was away all the time, the green triangles are the stress levels in the babies where mum was there all the time and you see they are the same, there is no statistically significant difference. The red triangles, however, show stress levels where they randomly changed the feeding pattern from one day to the next. It wasn't mum being there or not being there that caused the problem, it was the baby not knowing what was happening; it was uncertainty and insecurity. And not only did that make the babies withdrawn and stressed, these babies grew up to be obese. I just mention that because we tend to over-simplify these problems. We tend to think that people are obese because they eat too much but there may be a whole lot more going on in their lives that are contributing to that obesity, and I'll mention that later on.

What they then discovered was that the babies' brains developed differently if they were exposed to that inconsistency. The brains developed differently in three key areas. The first one was the pre-frontal cortex which is the bit of the brain that makes decisions for us. We take in information, we process it and the brain decides what to do about it. In the babies who experienced the inconsistent parenting, the cells in the front of the brain did not grow as many connections as the babies who had the consistent parenting, therefore their decision making was impaired. The hippocampus, similarly, did not grow as many cells. The hippocampus is very important for memory and learning, and remembering things in general. The amygdala is interesting; the amygdala is the seat of emotion; it lights up when you are emotionally aroused, it becomes very active. The amygdala became more active in these babies so they were more anxious, aggressive and fearful. They were less well able to take good decisions on the basis of that fear and their memories were poorer.

In human terms, looking at the rate at which cells develop in a child, for the first couple of years things like sight, hearing and so on

develop quite quickly, and language and speech production also develop quite quickly. Higher cognitive function takes several years to develop and therefore during these several years it is critical to make sure that the child is being supported appropriately.

We didn't just take this experimental data as gospel. We went out into Glasgow and asked people if we could scan their brains. The response was often surprising. "What? You mean you're going to prove I've got a brain?" would often be the response. "Can I get a certificate to prove that?" was one guy's request. But we found indeed that in affluent and deprived Scots the same pattern was visible, there was less development of pre-frontal cortex and hippocampus in the deprived group. We also went ahead and looked at the functioning, the choice reaction time for example, ie. the time it takes an individual to respond to a signal. The difference between the two groups was about half a second. Maybe that doesn't seem a lot, but if two cars are being driven on a road side by side at 50 miles per hour, one driven by an affluent guy and one driven by a guy who's experienced a difficult childhood, and a child walks out in front of them, the car being driven by the guy from the poor area will take about half a car length longer to stop because his brain processes matters, and he responds, more slowly.

So what is the basis of this? The basis of the elevated stress response is a process called epigenetics. That is the process by which genes may be present but they may be switched on or off. In the case of stress control, the glucocorticoid receptor gene is important; it has to be activated by comfort. When a baby feels comforted and secure he produces a substance called 5-hydroxytryptamine in his bloodstream (serotonin is its other name). The serotonin goes into cells, it binds to the glucocorticoid receptor gene and activates it. Children who don't feel comforted don't get that activation and that glucocorticoid receptor gene measures the level of cortisol

(the stress hormone) in the bloodstream and when it's too high it switches off production of cortisol from the adrenals. So that explains why these kids who are neglected cannot control the cortisol and it explains a lot about what happens to their brain development.

It is not just neglect that does that. There are concepts like the warrior gene which exists in some populations. Monoamine oxidase A (also known as MAO-A) for example, is associated. If you don't have the presence of this gene you become more aggressive in response to challenge and that has been used as a defence in some places. Just a few months ago in America it was rejected in the case of a murder but there are some countries where it has been accepted as a defence.

And other things can create this epigenetic change. The town of Överkalix in North Sweden collected lots and lots of data on food supply. Överkalix is quite isolated and scientists discovered that they had very complete records on food availability going back 100 or so years. They looked at children born in times of over-supply and what they found was that when these children grew up they were more likely to die of heart disease but, interestingly, so too their children, and their grandsons particularly, were also more likely to die of heart disease. So these genes can be handed down from one generation to the next.

Adverse childhood experiences (ACEs)

The critical study that shows these links between early years experience and outcome is the Adverse Childhood Events study which started off as a weight reduction clinic in California many years ago, but they realised that the obesity they were dealing with was often associated with adversity in early life. They looked at nine different types of events in a child's life: three different types of abuse, two different types of neglect, parental absence through substance misuse, mental illness, being in jail, etc, and what they found was a whole range of problems associated with those difficulties. Alcoholism in adulthood was

significantly more common – eight times more common if you had four or more of these adverse childhood events in early life – than if you had none. Things like violence: boys experiencing violence at the hands of an older male were eight times more likely to be arrested for domestic violence, and significantly more likely to be arrested for carrying weapons. Researchers concluded that childhood abuse and neglect have a significant impact on the likelihood of arrest for delinquency and they found that by the age of 32 almost half of the victims of abuse and neglect had been arrested for a non-traffic offence. What they are saying is that we need to respond to the instance of child abuse and neglect and we can play an important role in preventing future violence. More attention must be paid to childhood victims of neglect and to differences in the consequences of abuse and neglect by gender or race. Not just in California have these studies shown this kind of thing. In the Dunedin cohort in New Zealand, at risk children identified in the early 1970s, now approaching their fifties, have turned out to be more likely to be unemployed, have criminal convictions for violence, experienced teenage pregnancy, have substance abuse problems and have metabolic problems that will increase their risk of diabetes and heart disease.

If you look at adverse childhood events, the more events of these you have in your life the more likely you are to experience drug problems, suicide issues, etc in adult life. A study carried out by Glasgow University comparing Glasgow with Liverpool and Manchester found something very similar (fig 8). The excess mortality pattern they found in Glasgow was exactly the same. Now that's not to say it's adverse childhood experiences that are directly causing it, but the pattern that you see suggests that chaos in childhood, insecurity in childhood, is behind a lot of these problems. And not only are they expensive in human terms but they are expensive in terms of society at large. Mark Bellis who runs the Welsh public health system calculated that the annual cost

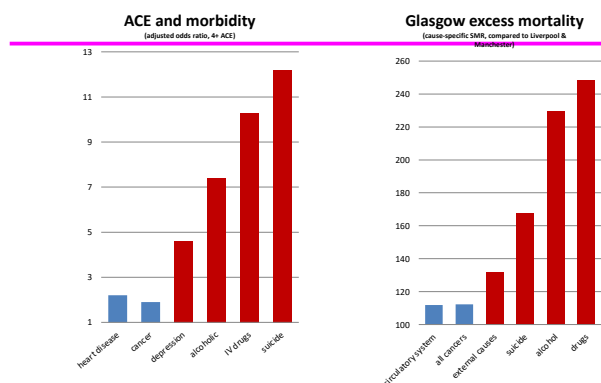


Fig 8.

in terms of health care, imprisonment, and so on, as a result of adverse childhood events in Europe amounted to £581bn. If you look at the population size of Scotland, the annual cost of adverse childhood events in Scotland by this reckoning would be about £3.9bn each year.

The ability to choose

So, in terms of wellbeing, we have these outcomes of heart disease, type 2 diabetes, chronic obstructive lung disease, lung cancer - these are the typical outcomes that we talk about as being associated with poverty and socio-economic status. And we attribute them to smoking, obesity, not taking exercise, poor diet and so on. It is the easy answer. But it's wrong. Because the problem is an individual's inability to choose a more positive lifestyle, caused by a lack of wellbeing in those individuals at the bottom end of the social scale. Purpose, meaning and sense of control are significantly lower and they are more likely to have these adverse outcomes.

But it's not just biological outcomes that we are worried about. Poverty, unemployment, imprisonment, homelessness, drug addiction and so on, are all associated with these behaviours - propensity to violence, etc - and that tracks back to the ability to choose. It tracks back to fixing problems in early years. If you don't fix it you will get health consequences, but what is harder to

understand, unless you know the science, is that it results in these other problems as well.

So why does public policy fail to do this? It fails because policy focuses on people's problems and deficiencies. We design services to fix people. We rarely take account of the complex interactions that are behind a lot of these issues and citizens become passive recipients of services because we do things to them rather than with them. What we have discovered over the past few years, making changes to a number of public services, is that what is important is the relationship that you have with people. That someone who wants to help an individual in difficulty has to be non-judgemental and the relationship has to be built on trust and mutual self-esteem. If that happens, the individual realises, "This person cares about me... maybe I'm worthwhile... maybe I can take control of my life." And then, if he gets the support he needs, he realigns his life and he comes back to help others once he's achieved that stability in his life.

The Broadway experiment in London, for example, looked at 13 rough sleepers who had been rough sleeping for between four and 45 years; hard core rough sleepers. They decided that they would have to do things differently. They produced a personalised budget putting 13 bank accounts together with £3,000 in each of them and they gave them a mentor who asked what mattered to them, what they needed. They first person they asked said, "Well, can I get a new pair of specs? I like to read the papers people throw away in the morning and I've lost my specs." The most expensive thing anyone asked for was from a guy who said that the only time in his life he'd ever been happy was as a boy when his parents would take him on holiday to a caravan park in Kent. Could they look to see if there was a vacant caravan and he would go and live in it? A year into the experiment 11 of these hard-core rough sleepers were in permanent accommodation, a couple of them had undertaken training and were in jobs, and the average spend out of the £3,000 bank accounts was £800. A review of

the experiment prompted The Economist to say that "the most efficient way to spend money on the homeless might be to give it to them."

Beacon and Old Hill Estate in Falmouth was known locally as Beirut. It was a war zone because the main employer, the naval dockyard in Falmouth, had closed down and between 1996 and 2004 it had just gone crazy, people fire-bombing each other's cars and so on. Two district nurses got together to say enough is enough. They gathered together four or five local people and asked them what would make a difference. They decided that they would set about improving the look of the place. So they started mowing people's lawns, cutting down overgrown trees and bushes, painting dilapidated houses, and gradually people learned that they could make a difference. These were the results they got: crime down by 50%, unemployment down by 70%, child protection registrations down by 65%. Huge improvements.

Citizens Basic Income (US and Canada) tried it many years ago. It reduced domestic violence, there was better mental health, hospitalisations in general were down significantly, lower birthweight babies were reduced because the money that was given to pregnant girls was actually spent on food, not alcohol as the right-wingers predicted. New Jersey high school graduations went up by 30%. But the

whole project was torpedoed because the city of Seattle reported that divorces increased by 50%, and they said "Well, that's what happens when you make women financially independent from their husbands: they get divorced." All the experiments were closed down after that, but when someone went back and looked it was found that there had been no change in the number of divorces in Seattle. This was fake news aimed at getting the project stopped, and we can only surmise who that might have been.

The cost of adversity in early life is shown clearly by an experiment in Stoke on Trent (fig 9). What they did was they identified people living really difficult lives and they calculated that the average cost of each individual to public services was in excess of £100,000 per year. They then implemented this "What matters to you?" approach and reviewed that a year or so later and the average cost had fallen to £2,000 per year. There was significant reductions in social services costs, local authority costs, health services costs, police and criminal justice costs; the only organisation that was spending more money was education because more of the children were going to school. We need to change the way we think about society and the way in which we work with citizens.

We've been talking about getting to the third curve (fig 10). Mrs Thatcher and co introduced new public management, managing public services by setting targets, sanctions, inspections and so on through performance management systems. That was about keeping power at the centre and that is still being seen in the health service in England. Sharing power was something we introduced when we implemented the patient safety programme in the Early Years Collaborative. We asked front line staff what would make a difference, they implemented change, and we saw significant improvements. That quality improvement approach is important. What we now need to do is mobilise social action; co-production between Government and citizens means ceding power to those citizens.

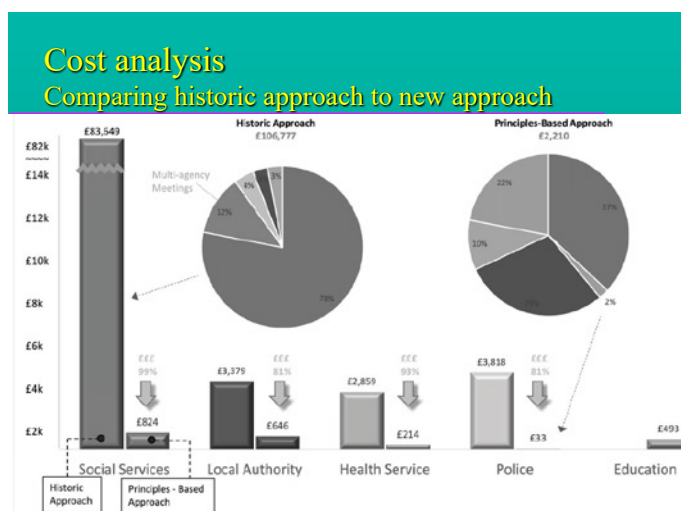


Fig 9.

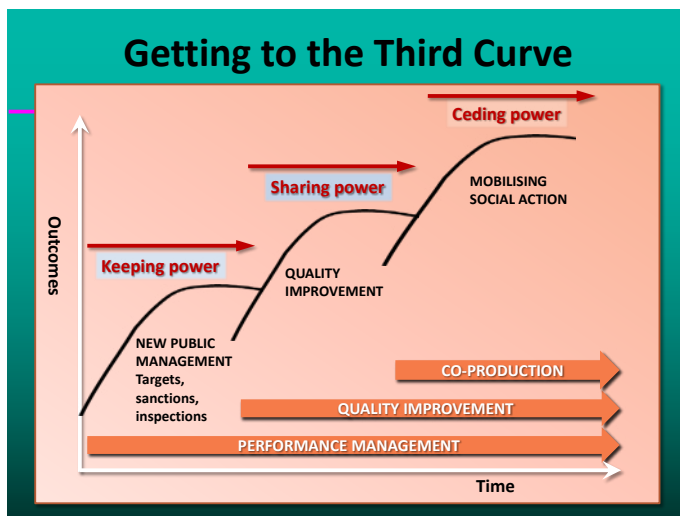


Fig 10.

Compassion... not judgement

In his book, *The Theory of Moral Sentiments*, Adam Smith said "How selfish soever a man may be supposed, there are evidently some principles in his nature which interest him in the fortunes of others and render their happiness necessary to him, though he derives nothing from it except the pleasure of seeing it." He was right. We do need to feel as if we are supporting our fellow citizens, not because we make profit out of it, but because it is the right thing to do.

As a medical student in 1971 when the great Jimmy Reid, the leader of the Upper Clyde Ship Builders work-in was elected Rector of Glasgow University, his rectorial address was reprinted in full in *The New York Times* which described it as "...the most important piece of public rhetoric since the Gettysburg Address" and that comparison with Abraham Lincoln just didn't do it justice. What Jimmy talked about was alienation which he defined as "The cry of men who feel themselves the victims of blind economic forces beyond their control. It's the frustration of ordinary people excluded from the processes of decision making. The feeling of despair and hopelessness that pervades people who feel with justification that they have no real say in shaping or determining their own destinies..." He nailed it. He was a very clever guy, Jimmy Reid, and he describes

exactly what goes on in the minds of parents and what is transmitted to their children.

Joseph Townsend, however, was a doctor, he was also a Church of England cleric. And as a medical graduate of Glasgow University I like to tell people that Joseph Townsend was a medical graduate of Edinburgh University. What he said was, "Hunger will tame the fiercest animals. It will teach decency and civility, obedience and subjection.... it is only hunger which can spur and goad the poor on to labour." I would suggest that were Joseph Townsend alive today he would be working for the Department for Work and Pensions. That's not how we transform society.

In this photo (fig 11), the guy on the right in the black garb is a catholic priest, Father Greg Boyle, who 30 years ago was sent to the most violent parish in Los Angeles where the LAPD told him that if he tried to change anything there he would be dead within half an hour; the Latino gangs would kill him. Thirty years later he reckons he has probably saved thousands of lives by talking to these guys. He would just wander up to them with their guns and machetes in full display and say "Hi, how are you?" and ask them what they needed. Basically what they said was, if they had jobs to go to they wouldn't be into drugs and violence. So he got the other guy in the black suit, a friend of his, to buy a disused bakery and they



Fig 11.

started Homeboy Industries. They started baking. Father Boyle comes to Glasgow regularly and I take him to schools. This is what he tells the kids: "What we need is a compassion that can stand in awe at the burdens the poor have to carry rather than stand in judgement at how they carry them." This notion of compassion and caring for people in difficulty, not judging them, but caring for them and supporting them is critical to this.

The final quote that I'll give you comes from Terry Waite who was imprisoned in Lebanon by extremists and told for five years that any day he could be shot. He never saw anyone and was held completely incommunicado. I once had dinner with him and he kept me laughing for two hours; he told funny stories about these horrible five years. And at the end of it I said to him, "Okay, what is the answer to the Middle East?" and it was the C word again. "At the end of the day, love and compassion will win." is what he said.

In conclusion

So where does that leave us? If we are going to move society forward we need to do it through sustainable growth (fig 12). The world needs sustainability. It needs to be inclusive; we need to include the poor – the poor are much more important than the rich in all of this – and we need to do that by providing good work, inclusive work, that allows everyone to participate, through local ownership and ethical investment that allows local communities to thrive. But the critical thing begins at the left end of the diagram: a nurturing childhood that produces healthy, educated children who will be able to contribute to that objective of sustainable economic growth. They will do that by supporting their communities, by being productive in their jobs and by innovating. What's not to like?

Thanks.

The new normal?

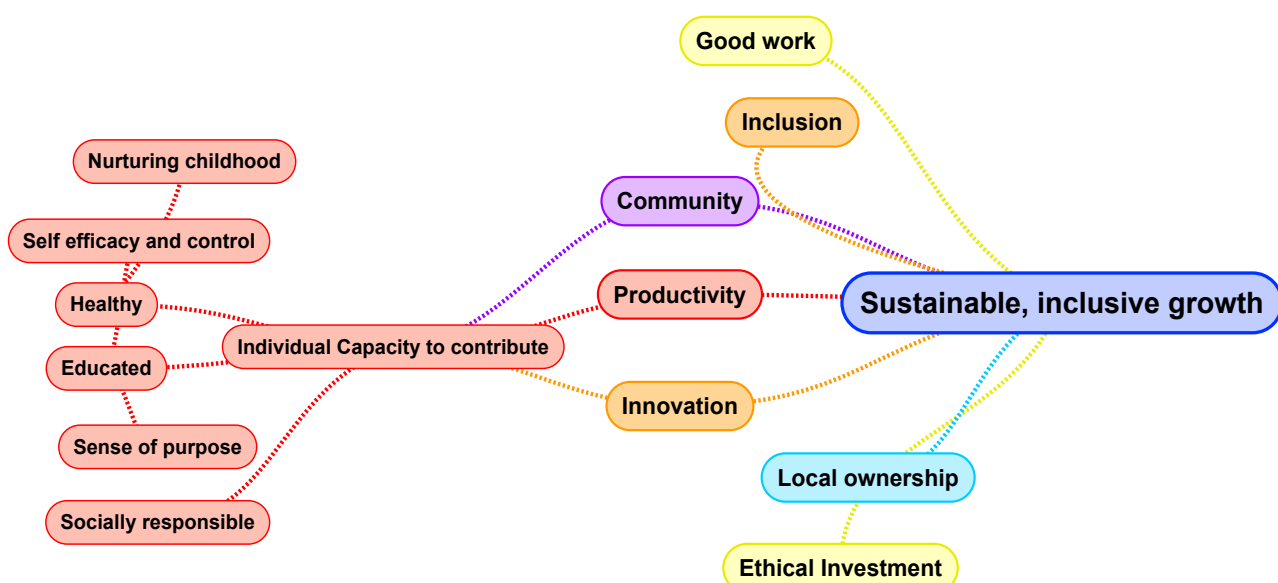


Fig 12.



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