

Intelligent Kindness

Second Edition

The first edition of *Intelligent Kindness* had a profound effect on me. A very substantial penny dropped. It provided a prism through which the complex decisions of health and social care could be viewed. When I became stuck, I took time to reflect on whether the decisions I was making as a doctor and a human were both intelligent and kind.

The first edition focused largely on healthcare, but this paradigm shift is needed for care wherever it occurs. There are millions of patchwork squares of care, from homeless support to high-tech hospitals, yet many of them are acting in isolation and desperate for support. *Intelligent kindness* provides a golden thread that weaves these patchwork squares into a connected quilt. It is not a simple book, but then caring is not a simple matter. It delves into a lot of detail and complexity, covering difficult areas of blame, fragmentation and uncertainty to emotional exhaustion. It recognises the burden of caring, how exacting it can be and the fundamental need to care for the carers.

It also emphasises the need to hear the voice of those we are caring for. Our health is our fitness for purpose, but we have to make the effort to discover what that purpose is, and what we wish to do with our wild and precious lives. Rarely do we take the time to ask the people we care for what matters most to them, to pay attention and to act on what we hear. Humans are social animals, and we exist to feel part of something bigger, as if we belong. Our health is relational, not medicational.

The second edition extends beyond health and social care, and into the welfare state. The book argues that it can and must be rekindled. There is a fine chapter on the Politics of Kindness. If MPs embraced a culture of intelligent kindness, and made decisions based on compassion, collaboration and the best flawed science we have, then the progress we make in the public interest would be greatly enhanced, and the toxic culture of blame and fear would diminish. Perhaps we need an Intelligent Kindness Party (anyone for IKIP?). Ultimately, the thread of intelligent kindness needs to weave through and throughout all our lives. Humans are the carers of everything, and we urgently need help. This book is it.

Phil Hammond
NHS doctor, campaigner, comedian and author of *Staying
Alive – How to Improve your Health and Your Healthcare*

In our current care system, there is a danger that conscience becomes replaced by compliance and wise, responsive and virtuous practice goes out the window. This timely book shines an insightful, humane and engaging spotlight on this malaise and provides a hopeful, enticing and thoroughly practical blue-print for a better way forward. It is essential reading for anyone who came into social care to make the world a truly better place.

Nick Andrews
Research and Practice Development Officer,
Wales School for Social Care Research

Praise for the First Edition

Ballatt and Campling show how kindness can work to heal individuals, organisations and society

Prof Kate Pickett
Co-author of *The Spirit Level*

A wise and compelling insight into the crisis in compassionate care within the health service, and what can and should be done about it

Paul Gilbert FBP's OBE
Author of *The Compassionate Mind*

A passionate and clear articulation of the issues of kindness within professional caring systems. The message is clear, well argued for and makes a case with conviction beyond rhetoric

Dr Gwen Adshead
Visiting Professor of Psychiatry at Gresham College,
and Jochelson; Visiting Professor at the Yale School
of Law and Psychiatry, and Forensic Psychiatrist

This wonderful book is an urgent plea for kindness as both the driving force and the touchstone of healthcare in the NHS ... more than recommended reading. If I ruled the world, I would arrange for everyone who wields any power in the NHS to be locked in a room until they had read it. But then of course, that is precisely the sort of dictatorial behaviour that the authors see as the antithesis of intelligent kindness, and so I am obliged to fall back on an unrestrained enthusiasm that I hope will prove infectious.

Dr Iona Heath
Past President of the RCGP in a review in the BMJ

Intelligent Kindness

Rehabilitating the Welfare State

Second Edition

John Ballatt

Penelope Campling

Chris Maloney



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Foreword

This is a generous book, as befits its subject. It is generous in at least three ways: it explains important ideas in open and understandable language; it explores theories that are actually useful in thinking about how we care for others; and it offers some comfort for those who work at a difficult time for public services and those (all of us in the end) who need these services.

It is also a whistleblower of a book. Not that it makes sensational accusations or revelations about the unintended cruelties of our welfare systems. There has been a succession of surveys, reports and inquiries which have done that for us, if we will only take note. This book does something else: it helps us to listen to what we know – from those reports as well as from our own experience – about the difficulties of responding with ordinary kindness to the distress of others. It helps us to overcome our indifference, to face up to the need to do better according to the demands of our humanity.

The book is very easy to read, and at the same time very difficult. What the authors are saying is important, chronically true and acutely relevant at this time – more so than ever, nine years on from the publication of the first edition. This account of the significance of kindness in our human relations does not flinch from the dark side of not only individual but also group behaviour, where there is disturbing evidence that the ordinarily caring individual may be influenced to act in an unthinking and cruel way. They describe how kind people do unkind things, and how unkind people – the same people – get away with it for so long. They explore the questions ‘How do good staff become bad?’ and ‘How do we prevent that happening?’.

This second edition – reinforcing the arguments of the first – addresses one of the biggest issues of our time. We are more aware than at any time since the founding of the Welfare State that we live in a fragmented society, with great economic inequalities and arguments raging about who belongs or not. Our capacity to care for the other is a test of our humanity, a test that is now challenging us in ways that may seem overwhelming, as the authors describe.

It is difficult to talk about kindness, an ordinary quality caught up in the technological claptrap. Not sentimental. Not clever. Not easy to audit. Being with patients, clients, service-users or benefit claimants can be very hard work. If we deny that as a fact, we are in trouble, because then we build our defences against the difficulty of the work. We try not to feel the pain of the other or our own pain in responding. We have protocols and procedures, form-filling and training days. But this book poses a question for all of us to answer in our own way: how we do things, our practices and systems, are they helpful or are they hindrances to our capacity to show kindness in our relationships?

When we are most vulnerable, the most ordinary acts of kindness have very extraordinary effects – the patient or service-user recovers some sense of trust in a world that seems harsh and unforgiving of weakness. An 82-year-old woman, who had been a nurse in her working life, described to me her recent experience of hospital care, how she had found herself suddenly in a state of total dependency on others for basic needs, or as she described it, like a baby but with an adult’s internal thoughts. ‘For the first time in my life

I found that strangers were treating me with incredible kindness. I was totally charmed by the people. A sub-culture I had not even known existed until I had desperate need of their services.' She had experienced the kindness that this book describes and advocates for all our human services for those who are vulnerable, as all of us are at some time in our lives.

The Welfare State depends for its continued viability on the workforce, itself a reflection of a diverse society. Walk into a hospital and you will be aware of its staff, the women who make up most of its medical, nursing and auxiliary staff, the men and women of different ethnic identities, first and second generation immigrants as well as earlier generations. Some posts are well-paid but the care is delivered largely by those on moderate or low pay scales, many of them, like so many in work, now dependent on benefits to supplement their income. And the same is true of other welfare services, of the social carers supported by local authorities, and the front-line workers in Benefit offices.

This complex workforce is working to the 'common purpose' that Attlee described as the foundation of the Welfare State. A viable system of health and social care should provide a containing function for the wider diversity in our society – a modelling of the capacity to be with the other, which we know in the kinship of family but tend to forget in the disintegrating communities in our wider economy.

The authors show how kindness is eroded by the ethics of consumerism. We are kind because we are all in it together, not because we are looking to exploit our advantage over the other. And in a diverse world we need an ever-expanding vision of kinship.

The individualism that flourishes at the expense of social capital comes at a high cost. Hospitals, like public transport, are shrinking oases of human connectedness, where we still rub up against other people, and not just people like us. Despite under-funding, there is still a public perception of 'our' NHS being worth paying taxes for, while the continuing erosion of funding for social care has become catastrophic. So much for the continuing rhetoric on the need for integration of health and social care.

Multi-disciplinary and multi-organisational work does not depend on designing the perfect system, but on enabling people to work together with shared intentions and a sense of personal and professional agency – not following robotic imperatives, as the authors say. They describe initiatives being implemented to create integrated care networks, and certainly this is the crucial and biggest test of the capacity to cooperate between disparate systems in health and social services. They plead for enlightened leaders, and make the argument also for a facilitated bottom-up approach that takes account of the lived experience of practitioners and patients alike to counter the 'unrealism, rigidity and over-aspiration' of planners – and, I would add, politicians.

Health and social care professionals have learned not to 'love change' – as management gurus might advocate – but to hate the instability brought about by reorganisation fever. The account given here of the manic restlessness of successive reforms is in moderate language but the underlying anger of the authors is palpable. I used to think of these changes like tides that go in and out: mergers and the creation of mega structures in the name of efficiency, then devolution to a smaller scale in the interests of accountability, leading to further mergers, etc. The authors are convincing that these repeated interventions, driven by ideological certainties but with no clear evidence – and no time to collect the evidence before the next wave of reform crashes in – are symptomatic of a deep social anxiety. Such anxiety is unacknowledged but acted out by successive governments, in the face of the inevitable failures of a 'keep death at bay' health service and an underfunded

social care system that is increasingly expected to mop-up society's largely unaddressed social issues.

We often want to see the failures of a system as isolated incidents, aberrations in an otherwise well-functioning state of affairs, but there are too many failures for this to be a sustainable argument. The authors make the powerful argument that kinship and kindness, properly understood, can themselves shape the quality, effectiveness and efficiency of care. They undertake a wide-ranging exploration of the conditions that influence the expression of those qualities in individuals, teams and organisations. They know what they are talking about. They dig into their extensive clinical and managerial experience to uncover from below the surface the deeply held concern that what we are doing is actually not good enough.

The authors engage the reader in an intense conversation. They put forward a passionate argument for valuing the Welfare State and how it might be nurtured in our current world. Do not expect to agree with everything the authors say, but be prepared to enter into the argument.

Tim Dartington

*(author of *Managing Vulnerability: The Underlying Dynamics of Systems of Care*, Karnac Books, 2010)*

Authors' Note

The enthusiastic reception for the first edition of this book has prompted us to produce a second. We were delighted by the interest from people thinking about and working in public services beyond healthcare, although the book had been unapologetically health focussed.

Eight years have passed, and although the issues we addressed are still very much with us, times have changed. 'Austerity' has bitten hard into the UK's public services, especially social care. Developments in policy, technology, organisation and practice have affected health and social care, separately and together. Mindful of this, we have extended our reach to consider both sectors and, to an extent, the wider world of 'welfare'. Hence our new subtitle: *Rehabilitating the Welfare State*. We have expanded our narratives, case studies and references accordingly, believing that the issues and perspectives in each field illustrate important points for all.

This presents some challenges in our choice of examples, stories and references, and also in our language, especially when we speak of those who need or receive services. Terms such as 'patient', 'client' or 'service-user' carry baggage. In other circumstances one might deconstruct this. Here, though, to keep our central focus we have chosen to alternate between such labels: whilst holding in mind that behind each of them there is always a person, with needs, aspirations, and their own personality and life circumstances.

Our focus is the value and relevance of intelligent kindness to how the public thinks about, how policy shapes, and how organisation and professional practice realise the vision and intentions behind our public services. As a great many factors influence the wellbeing of the Welfare State, we draw on a range of disciplines to place our critique in a wider social and political context.

To maintain the flow, and to avoid excessive detail, we have judged that this is not the place to burden the reader with excessive detail or too much reference to controversy, but rather to create an overarching narrative that stimulates critical thought and exploration. Consequently, we summarise complex ideas and evidence, including those areas where we have our own specialist knowledge and experience. We are aware that this may frustrate readers from various specialisms, who might look for more detail or nuance. To mitigate this, extensive references are used throughout, both to support our argument, and to point to useful and interesting further reading. Ultimately, our argument is grounded in our experience and observations over our working lives.

We have substantially re-written much of the original book. In response to preoccupations in our current world we have added several new chapters, including one on blame, and one on 'the hostile environment'. End of life care, covered in the first edition, is of course still very relevant, but has been covered extensively elsewhere, and has been omitted as part of our change of focus. Our new penultimate chapter, 'Cultivating Intelligent Kindness', offers ideas that may help support and sustain healthy organisational culture and effective, humane practice.

We have cautiously welcomed the appearance of the word 'kindness' in policy, education and practice since the first edition. Many national and local initiatives have

promoted compassionate care. This has prompted us to stress a system-wide perspective to help ensure that such focus on kindness and compassion is underpinned by the intelligence without which, we fear, it simply adds to the list of ‘musts’ so often imposed on people working in challenging circumstances.

Although we are primarily concerned with health and welfare services in the UK, many of the ideas we explore are more broadly applicable – both to other countries, and to other sectors such as education and justice. Fundamentally, we are concerned with culture, with promoting the conditions where relationships flourish, and with bringing out the best in each other as we undertake vital and difficult work.

As we write, British public services are in an even more precarious state than at the time of our first edition. Their staff are under close to intolerable pressure, as they work on our behalf to address daunting suffering, disturbance and need. At the same time, poverty, social division, conflict and preoccupation with excluding others have reached dangerous levels, both nationally and internationally. We believe that our argument addresses these perils, and is, more than ever, important.

Finally, we are now three co-authors, not two. Chris Maloney was a wise adviser on the first edition, and now steps into the team.