Quality of Life
How values boost wellbeing
Editorial Board

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Introduction

Values are the essence of any society. They are part of national identities, influence the internal moral compass of people and form social norms, all of which are necessary prerequisites for general wellbeing. Through these channels, they can ultimately also add to the quality of life. Under the Saudi Presidency, the G20 have declared to create the conditions in which “all people can live, work and thrive” and foster “collective efforts to protect our global commons” (G20, 2020). This includes enabling people to pursue healthier lifestyles, reducing food and energy waste of consumers, and mobilizing communality and contributions to public goods.

The focus on wellbeing and sustainability is in line with the recent global trend to refrain from equating a nation’s overall success with their short-term economic outcome such as GDP but rather to account for further, equally important factors such as health, education, equality or a clean and healthy environment. We welcome initiatives that use metrics beyond the GDP to measure quality of life as does the OECD Better Life Initiative.

In this policy brief, we show that the promotion of specific values can advance quality of life and can significantly contribute to achieving the ambitious goals set by the G20. We show how values can help to mobilize civic engagement and volunteerism, to encourage pro-environmental and healthier behaviors, and to foster innovation. Our arguments are backed up by empirical insights and related case studies. We further argue that the ongoing COVID-19 pandemic is a major threat to the quality of life around the globe. It deepens existing inequalities in health, financial, and social systems, and widens the gap between the privileged and those who are deprived from equal chances and opportunities. It has also contributed to polarization of societies based on different values. We hope that this policy brief can help to establish a human-centered perspective towards these challenges and point to new avenues for policy action that incorporate values as key drivers of people’s behaviors in line with the ultimate goal of a better quality of life for all

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References

Self-direction
Authors: Prof. Dr. Anat Bardi, Prof. Dr. Julie Lee, Eng. Bassam AlKharashi
As the value of self-direction empowers individuals to innovate, we need to create the conditions that will encourage self-direction, so that all people will have the capacity, confidence and motivation to innovate and bring progress to society thereby creating better lives for all as well as for oneself. To do this, policy should facilitate individual innovation by providing support for innovation, making sure that the motivation for innovation is not weakened which happens when people feel unsafe.

This year’s G20 presidency agenda sets the goals of “Empowering People by unleashing opportunities for all. The G20 will aim to create the conditions in which all people can live, work and thrive. It also sets the goal of “Shaping New Frontiers by adopting long-term, bold strategies to utilize and share the benefits of innovation. Values, as powerful motivators, have a great potential to motivate individuals to innovate, but they can also do the opposite – hinder individual innovation. Self-direction is a broad value of independent thought and action. It includes specific values like independence, freedom, creativity, and curiosity. These values empower people to embark on new challenges, strive for innovation and develop creative new ideas. Without self-direction values, people do not strive for novel challenges and they are not motivated to be creative and innovate.

Values motivate behavior, and the behavior of working towards innovation is primarily motivated by self-direction values. Individuals who prioritize self-direction values over other values tend to think for themselves and therefore be creative and act independently. All of these are the bases for innovative striving. Without self-direction values, people are not motivated to take the risk in innovation and to put efforts into it. In contrast, when people value security and keeping things as they are, they are less motivated to innovate. Indeed, people in research positions tend to value self-direction and not security and conservation. On the other hand, women and many ethnic minorities tend to value self-direction less than others, thereby reducing further their inclinations to innovate, beyond their relative lower financial resources and power in society.
EMPIRICAL INSIGHTS

Studies found that the more people prioritize values of openness to change which include self-direction (independent thought and action) and stimulation (seeking excitement and variety), the more they engage in different aspects of creative behavior (Lebedeva et al, 2019). People who prioritize values of security, conformity, and tradition, tend to not be very creative. Broader studies, which examined a wider range of behaviors, found the same pattern of associations with different behaviors of pursuing change (Bardi and Schwartz, 2003; Schwartz and Butenko, 2014). The more openness to change values increased in priority over time in children, the more these children also increased their active pursuit of change and innovation (Vecchione, 2016). Such changes in values over time followed by behavioral changes were also traced back to an atmosphere of embracing change and innovation within children’s schools (Berson and Oreg, 2016).

People tend to value self-direction when they feel safe and when pursuit of self-direction is encouraged by having the potential for success, such as through conditions in their surrounding world that enable them to innovate and that do not block innovation. When new ideas are met with openness and support, people are encouraged to come up with more new ideas, develop further their ideas, and pursue them. However, when new ideas are blocked or the environment does not provide the means to pursue them, people start restraining their ideas, and this potential for innovation is lost. Furthermore, when people are occupied by worries about their safety they crave the security of what they are familiar with and they are not motivated to take risks and think outside the box.
EMPIRICAL INSIGHTS

Values have been measured in the European Social Survey every two years for more than a decade now. Representative samples from all the European Union countries have completed a values questionnaire and many other measures. Research utilizing this survey has shown a decrease in self-direction values following the global financial crisis in 2008 (Sortheix et al, 2019). However, there was a smaller decrease in self-direction values in countries that had good welfare systems, suggesting that policy can mitigate the ill effects that hardship has on the motivation for innovation by self-direction values.

The COVID-19 pandemic leaves people feeling unsafe, and this is likely to weaken self-direction values and therefore the motivation for innovation. Indeed, a study that followed the same thousands of participants in Australia, from three years before the pandemic to April 2020, has found that self-direction values were weakened after the onset of the pandemic (Daniel et al, 2020). This change was stronger among people who worried about the pandemic, pointing further to the importance of making people feel safe as a precursor for individual empowerment to innovate.
Given that major global crises, including the current pandemic, have been found to weaken self-direction values, we call on the G20 to promote policies that encourage and nurture self-direction. This can be done by establishing priority challenges and creating mechanisms for financial and non-financial support for innovation, such as training and seed grants for innovations and especially for sub-sections of the population with lower levels of power and financial ability. At the same time, it is crucial to create a safe and secure environment in which people feel comfortable taking risks, examining new ideas, exchanging knowledge, and ultimately innovating. Such a safe environment can be created by ensuring basic safe life conditions such as clean water, housing, and minimal wage that enables dignified living, as well as disease prevention and treatment for all.
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3 Self-control for health and finance

Authors: Dr. Julia Stauf, Dr. Manuel Schubert, Dr. Anja Reitemeyer
People’s wellbeing highly depends on self-control, i.e. their ability to pursue personal goals consistently over time. Considering the global increase in obesity rates and the arising challenges caused by rapidly aging societies, we argue that health and social policies should empower people to take better decisions for their future selves, e.g., by incorporating opportunities for self-commitment.

Health outcomes

The G20 have firmly acknowledged their commitment to “support effective and resilient health systems” and work towards “achieving universal health coverage according to national contexts and priorities” [G20, 2020; G20, 2019a]. As V20, we welcome the G20’s commitments to improve people’s quality of life by making our societies healthier and support the advancement of the Sustainable Development Goal (SDG) 3, Good Health and Wellbeing. From a values-based perspective, though, we believe that the focus on infrastructure neglects the human factor, and that the present work would benefit greatly if it was complemented by approaches to foster people’s ability to care for their own health. In particular, we call on the G20 to address one important aspect: self-control, the ability of people to achieve their desired health outcomes in the future.

“People often act against their self-interest in full knowledge that they are doing so” (Loewenstein, 1996). This behavior arises from time-inconsistent preferences, i.e. a discrepancy between what people prefer their future selves to do and what they actually do when the future arrives (Frederick et al, 2002). Self-control is paramount for people to overcome this problem as it enables them to manage and regulate their impulses: People need self-control when they face tempting opportunities for instant gratification (Ariely and Wertenbroch, 2002). It helps to stick to long-term plans and balance aspirations and spontaneous emotions (Loewenstein 1996), and thus matters for all behaviors in which short term impulses conflict with long term goals (Thaler and Shefrin, 1981).

Lack of self-control can become a major problem as repeated deviations from long term goals can have a devastating impact on people’s financial, educational and health outcomes, and, on an aggregate level, to national health, financial and social policies. According to Hood et al (2016), for instance, healthy behaviors explain around 34% of people’s health outcomes; in contrast, the quality of clinical care appears to make up for only 16%. With 39% of the world’s adult population being currently obese or overweight, diseases linked to obesity have become one of the fastest growing health problems worldwide, especially in middle-income countries [WHO, 2020]. According
to the WHO, these diseases are largely preventable by increased self-control and creating supportive environments and communities that promote more healthy behaviors such as regular physical activity and healthy diets.

Over the past years, a number of health authorities and local communities have tested different ways to support people in achieving their aspirations. One of the most interesting interventions are contests in which groups of people, e.g. families, friends, or colleagues, compete in fun challenges to achieve recommended activity levels (e.g., Intelligent Health, 2016; Euronews, 2019). These interventions offer a range of parameters to policymakers that allow a specific tailoring to target groups’ requirements: For example, the Saudi Ministry of Health has recently launched the “Walk Challenge”, a country-wide competition based on a daily step target, in which selected winners also receive symbolic rewards (MoH, 2020).

These interventions try to counter the lack of self-control mainly by self-commitment and foster the idea that regular physical activity should become the standard choice, an approach well-grounded in behavioral research (e.g., Ariely and Wertenbroch, 2002; Noor, 2007; Bonein and Denant-Boèmont, 2015). People commit themselves to meeting with their group and jointly strive to achieve a goal. The vow towards the team and the resulting peer pressure help participants to cope with low levels of self-control (e.g., after work) and achieve their long-term goal of a more active lifestyle that corresponds to that of their peers.

EMPIRICAL INSIGHTS: WALK-FOR-HEALTH CONTESTS FOR MORE ACTIVE BEHAVIORS

In walk-for-health contests, groups compete in fun challenges to achieve an activity goal. Evidence for the effectiveness and sustainability of these contests is steadily growing. For example, a large-scale walk-for-health contest conducted in the UK with almost 25,000 participants showed the following results:

• Activity levels of participants increased by 17 - 29% during the contest
• Participants remained active even after the end of the contest, i.e. there was no decline in activity levels over the next 12 months

Intelligent Health (2016)
Financial outcomes

We have focused on the effect of self-control on health outcomes, but the regulation of impulses vis-à-vis long-term goals is also crucial in many other areas of people's lives. With the global population aged 65 and over growing faster than all other age groups (UN, 2019), the G20 have highlighted the urgent need to strengthen the financial inclusion in aging societies—a call which is well in line with the SGD 1 (No Poverty), SDG 2 (Zero Hunger) and SDG 10 (Reduced Inequalities). In this regard, the G20's recently endorsed Fukuoka Policy Priorities on Aging and Financial Inclusion, emphasizing specific policy actions to encourage saving behavior and improve financial literacy and planning (G20, 2019b).

As with health outcomes, innovative policy designs can assist people in addressing time-inconsistent preferences and possible problems with self-control in long-term financial planning. Impressive work in this field has been done by the Nobel laureate Richard Thaler (e.g., Thaler and Shefrin, 1981, Thaler and Sunstein, 2003; Thaler and Benartzi, 2004; Thaler and Sunstein, 2008). His research on intertemporal choice and self-control problems has been highly influential for policymaking in recent years (Nobel Committee, 2017). In terms of impact, it is estimated that he and his colleagues have helped millions of people in the past decade to save more for their retirement, adding around UK £20 billion to their retirement accounts (Nobel Committee, 2017; Halpern, 2019). The approach has been adopted by several national governments; the US and UK, for instance, revised their pension plans to increase citizens’ long-term financial wellbeing with the help of behaviorally informed policy designs.

EMPIRICAL INSIGHTS: SAVE MORE TOMORROW (SMART)

Explicitly addressing self-control, Richard Thaler and Shlomo Benartzi developed a people-centered retirement plan to assist people to save more. The basic idea is that people commit today to save more tomorrow. Once a person receives a salary raise, a small portion of the raise is allocated to retirement savings. In this setup, self-control is no longer an issue because nothing must be actively deducted from today's income. The results of field studies conducted at three midsized companies confirm the power of self-commitment:

1. 78% of those offered the plan joined
2. 80% of those enrolled remained in the plan
3. The average saving rates of those enrolled increased from 3.5% to 13.6% over the course of 40 months

Thaler and Benartzi (2004)
We highly welcome the G20’s commitments to improve national health care systems and foster financial safety, especially in aging societies, and their explicit efforts to support the Sustainable Development Goals 1, 2, 3, and 10.

However, with the global rise of non-communicable diseases (e.g., cardiovascular diseases, diabetes, cancer, or chronic respiratory diseases) and in the wake of rapidly aging populations in most developed countries (WHO, 2020; UN, 2019), we believe that the current policy approach of the G20 would substantially benefit from an additional focus on promoting the ability of people to achieve desired outcomes through their own decision agency.

A large body of research shows that while people strive for self-control, they often fail and give in to their impulses, systematically undermining their health status and financial wellbeing. These behaviors are not only suboptimal from an individual’s point of view, but also incur significant costs on public healthcare, welfare and pension systems.

We therefore call on the G20 to consider time-inconsistent decision-making of people, especially the most vulnerable, as a fundamental threat to global health and financial outcomes.

To formulate innovative future policies and programs that improve the quality of life for all, we highly recommend that the G20 build on the growing evidence in the field of behavioral insights and take inspiration from recent governmental efforts to establish people-centered health and pension systems. New policy interventions should not only aim at preventing people at-risk from worsening but focus on promoting sophisticated reasoning about future health and financial risks among the society as a whole. In terms of specific actions, we suggest that:
• The G20 Health Working Group (HWG), in cooperation with the respective national bodies and the WHO, should assess existing strategies that focus on improving the decision agency of people and their long-term assessment of health risks. Policy designs should incorporate a set of opportunities for self-commitment to assist people in improving their own self-control. National health authorities should be encouraged to jointly validate the results of these interventions through cross-country randomized control trials.

• The G20 Global Partnership for Financial Inclusion (GPFI) should expand its efforts in the area of consumer protection and financial literacy by adopting additional measures that target time-inconsistent decision-making. The empowerment component of the G20 Principles for Innovative Financial Inclusion should be updated to reflect “improving self-control and decision agency” as a key objective. Future mappings of the GPFI should examine behaviorally-informed pension and benefit systems and review their impact on saving rates while controlling for exogenous factors (such as household income, gender, or educational background) to tailor systems and incentives to the needs of the underserved segments of the societies.
REFERENCES

Special feature: Proactive self-care

Author: Dr. Maliha Hashmi
The original problem

Overweight patients are not empowered to self-care and take personal responsibility for their health. Such patients are often pre-diabetic or have established diabetes (Al-Goblan et al, 2014). They receive physician-led care for their diabetes with a focus on medical treatments such as oral hypoglycaemics and other medicines to offset the complications of their disease (NICE, 2015). However, beyond the typical advice to get more exercise and to watch their diet these patients receive little to empower or inform them that they could manage their own weight/diabetes problems, i.e. proactive self-care is not considered. More often than not these patients then progress on the usual downward trajectory characterized by worsening glucose control, increased medication for their diabetes, growing complications, diminishing quality of life, and increasing burden on the healthcare system and society.

In a broader sense, despite advances in health, life expectancy has remained stagnant since 2014. The burden of chronic disease such as diabetes is ever increasing at alarming rates worldwide. For example, the prevalence of diabetes across many MENA countries is higher than 15% and growing (International Diabetes Federation, 2017). Physical inactivity leads to at least 3.2 million deaths annually (WHO). In the coming decades, these chronic diseases will claim as many as 92 million lives in the OECD countries and will reduce overall life expectancy by nearly 3 years by 2050. This is a global problem but one that is particularly pertinent in the Middle East where the prevalence of obesity is estimated at 16% among men and 26% among women (in KSA 31% of men and 42% of women are classed as obese) (Costa-i-Font and Gyori, 2018), largely due to inactive or sedentary lifestyles. This in turn fuels diabetes and other chronic diseases.

The intervention

To overcome this problem, the NHS UK took a two-step intervention (Lean et al, 2018):

1) effecting change through a radical diet modification. Patients had regular food withdrawn and received total diet replacement via a 825–853 kcal/day formula diet (soups and shakes) for 3–5 months.

2) sustaining change by empowering patients to self-care going forward. Following the soup and shake diet, patients received a stepped food reintroduction (2–8 weeks) and structured support for long-term weight loss maintenance. This included ongoing support from clinicians and coaches on exercise and healthy shopping and cooking. In essence this
gave patients the knowledge and skills to manage their own weight and health into the future i.e. they were empowered to self-care.

Such a radical intervention of withdrawing conventional food may not be required to invoke proactive self-care. The NHS is hamstrung by the requirements to shoehorn this new approach into an existing fragmented healthcare model. Alternative models of healthcare may be more conducive to proactive self-care: for example, the BioPsychoSocial (BPS) model is recognized as adopting a more holistic approach to health and wellbeing (Borrell-Carrió et al, 2004). Promoting the BPS model in the education system and within healthcare systems more broadly may go a long way towards adoption of proactive self-care.

**The impact on behavior**

The NHS intervention had a pronounced effect on patients’ behavior; anecdotally patients reported their “mindset has totally changed for the better ... shopping habits are far healthier and ... when I eat out, I’ll go for a healthier option ... the program has taught me moderation” (The Guardian, 2020). While the total diet replacement only lasted 3–5 months, the impact was still palatable after 12 months implying that patients had had a lasting change in their behavior around diet and exercise and more holistically in their attitude towards self-care. The main scientific results were (Lean, et al 2018):

- At 12 months, weight loss of 15 kg or more was observed in 36 (24%) participants in the intervention group but no participants in the control group (p<0.0001)
- Diabetes remission was achieved in 68 (46%) participants in the intervention group and six (4%) participants in the control group (odds ratio 19.7, 95% CI 7.8–49.8; p<0.0001)
- Quality of life, as measured by the EuroQol 5 Dimensions visual analogue scale, improved by 7.2 points (SD 21.3) in the intervention group, and decreased by 2.9 points (15.5) in the control group (adjusted difference 6.4 points, 95% CI 2.5–10.3; p=0.0012).

**NEOM – a new approach**

Unlike the situation in the UK, NEOM, a new city emerging in KSA, has the luxury of starting with a blank canvas – the futuristic city is adopting a preventive approach to health from the outset and embedding proactive self-care across all facets of life (NEOM, 2020):

- The city will be ‘healthy by design’ and embrace the ‘city as a gym’ concept; investment will be geared towards preventing disease rather than treating it
- All NEOM residents (NEOMians) will be invited to have their genomes sequenced and interpreted enabling them to take early targeted actions to offset their risks of specific diseases
• NEOM will be immersed in smart technology with smart nudging devices in people’s pocket, in their home and in their workplace to promote an active lifestyle
• Health centers (forming a hub and spoke model with the hospital) will consist of life coaches and nutritionists and wellness programs to prevent the onset of chronic diseases
• NEOMians will have the option to have all of their health data, from genomic profile to everyday activity, collected and made into a “Digital twin” to inform and guide healthy living
• There will be centers of excellence on diabetes reversal personalized preventive medicine with the goals of patient empowerment and proactive self-care

While some of these concepts exist today, **NEOM will be the first to put them all together in one end-to-end, holistic model of care.**

At NEOM, the impact of proactive self-care is expected to be even more stark: it is envisaged that residents will extend their lives by 10 years (NEOM, 2020). The Smart nudges that will seamlessly infiltrate the lives of this city’s residents will undoubtedly change habits and behaviors. NEOMians will think differently about their health as they receive continuous updates on their vitals and the necessary support to make positive changes that will add longevity.

Moreover, residents at NEOM can expect an enhanced quality of life: Just imagine if someone who is pre-diabetic has immediate access to monitor themselves at home and then at the health centers engages with a nutritionist and a health coach providing advice on personalized wellness programs to exercise more and eat healthy food. It will empower this person to stay healthy and prevent the onset of diabetes. NEOM will go beyond physical disease and promote quality of life in a truly holistic sense – psychological and emotional wellbeing will also be fostered. As such residents will embrace a new way of living where the chores of lifestyle monitoring are eliminated, good diet and exercise become embedded in everyday life, and disease prevention continues in the background.

**Key takeaway for the G20**

The G20 has a strong commitment to improve quality of life by making our societies healthier. What better way to achieve this goal than to empower people to proactively self-care: adopt policies that change the model of healthcare from the current “sick care” model to one that promotes and incentivizes prevention and disease reversal; adopt policies that empower self-care through education, intensive interventions and durable behavioral changes.

The NHS intervention on diabetes provides
a taster of what is possible. By adopting proactive self-care from the start, NEOM will demonstrate profound benefits at a society level. As an accelerator of human progress, NEOM can be an incubator for the world on this new approach to health.
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5 Interpersonal solidarity

Authors: Prof. Dr. Julie Lee, Prof. Dr. Anat Bardi, Dr. Julia Stauf, Dr. Manuel Schubert
With billions of people helping each other, donating, or volunteering for good causes on a daily basis, interpersonal solidarity is a fundamental value deeply rooted in all our societies. We argue that, despite its importance for people’s wellbeing, interpersonal solidarity has received too little attention by policymakers in the past, present evidence that solidarity is currently threatened by the COVID-19 crisis, and demonstrate how tailored interventions can help to mobilize solidarity at a large scale.

The G20 aim to “build and enhance a policy framework conducive to empowering people and creating economic opportunity.” However, they recognize that this aim relies on solidarity in creating conditions in which all people can thrive. They acknowledge that the “global economy is not delivering for all and inequalities are growing amidst a rapidly evolving environment” (G20, 2020).

Transforming collective responsibility into joint action requires solidarity between people which manifests itself in the mutual willingness to help each other. Solidarity is one of the most important ingredients in building a cohesive social fabric (Durkheim, 1997; Hechter, 1987). It implies that people care for others, through a sense of togetherness, and a desire to help those who are in need. The concept is commonly attributed to the evolutionary legacy of humankind when groups with stronger levels of solidarity had better chances of survival (e.g., Henrich, 2009).

Solidarity is a commitment to enhancing the welfare of all, and of each individual. Today, the basic idea of solidarity is incorporated in every social contract and finds its codification in public social and health insurance systems. It is central to informal social justice and can serve as an interpersonal insurance against the risks and uncertainties of life (Rawls, 1971). It is also at play at the individual level of people’s behaviors, for instance in the form of civic engagement. Every day, billions of people contribute to improving the quality of life of others. They volunteer a significant amount of their time for social purposes, help people in need, or donate money to charities. In the US, for example, donations make up over 2% of the annual GDP, with people giving an average of 2% of their income to helping others (Gallup, 2018; Sargeant and Woodliffe, 2007). However, a large body of literature suggests that giving most often falls onto a few; a group of individuals who consistently act altruistically.
EMPIRICAL INSIGHTS: CIVIC ENGAGEMENT

A series of institutions have examined the levels of civic engagement including charitable giving around the globe. For example, Gallup conducted more than 150,000 interviews in almost 150 countries in 2017. Projected to the adult population of the world, the results provide an insight into the magnitude of global cooperation. In 2017,

- 1.4 billion people donated money to charities
- 1 billion people volunteered time to organizations
- 2.2 billion people helped strangers

Gallup (2018)

The more altruistic forms of solidarity appear to be contextual. A large body of literature suggests that the willingness to help is altered by supposedly subtle changes in the choice environment. For example, people feel more inclined to help others when they feel socially closer to them (Bohnet and Frey, 1999), when their moral identity is threatened (Sachdeva et al, 2009), when social cues point to a prevalent giving norm (List, 2007), when recipients are perceived to deserve their help (Engel, 2011), or when causes are aligned with the givers’ sense of self, their motivational goals (Sneddon et al, 2020).

Moreover, solidarity is not always rooted in pure, unconditional altruism but also influenced by notions of mutual reciprocity: people help because they know - or at least expect - that others would help them too, when they or someone they feel close to need support or assistance (e.g., Gintis et al, 2002; Dohmen et al, 2009). As such, conditional solidarity has been found to be a major driver of prosocial behavior in various domains of social interaction (e.g., Fehr and Gächter, 2000; Camerer, 2003; Seinen and Schram, 2006; Oliver, 2019; Jakiela and Ozier, 2020).

Recognizing that solidarity does not have to be unconditional is a key to activating this value in society. A field study on organ donor registrations in the UK exemplifies how public policy can leverage reciprocal motivations of citizens and elevate prevailing solidarity levels (OECD, 2017).
EMPIRICAL INSIGHTS: ORGAN DONATION

Research on solidarity and prosocial behavior has produced intriguing results which underscore how reciprocity impacts quality of life. In a large-scale intervention to increase the number of people registered in the NHS Organ Donor Register in the UK, a group of people were asked “If you needed an organ transplant, would you have one? If so, please help others.” Adding this simple sentence to the basic request led to significant changes in people’s solidarity levels: registration rates increased by around 39%. The OECD explains:

“This is estimated to have an impact of 96,000 additional registrations in one year”

OECD (2017)

With the outbreak of COVID-19 and the global crisis that is unfolding with it, the general idea of solidarity will have to pass a stress test. The crisis has not only disrupted global markets and economic structures; it is being felt at all levels of society. Both governments and charitable organizations are now tasked to dramatically increase their efforts in protecting the most vulnerable. While surviving and overcoming this crisis will require unprecedented levels of communal support, giving to charitable organizations has recently been declining though, and many major fundraising events have been postponed or cancelled due to the pandemic, leaving charitable organizations in dire need (Maher et al, 2020; Mesch et al, 2020).

Given its economic and societal importance, we argue that the G20 have paid too little attention to solidarity and its enabling factors in the past. To prevent a further deterioration of prosocial behavior, we call for concerted action in which the promotion of solidarity plays a key role.

A vast body of experimental and behavioral research provides usable insights on how to move beyond existing ‘givers’ and encourage and motivate more people to give. The reciprocal nature of solidarity means that it is not necessary to change the basic nature of people, but rather provide new and tailored opportunities that recognize that people give for very different reasons. In this context, especially subtle adjustments to the choice architecture, so-called nudges (Thaler and Sunstein, 2008), appear to be a promising avenue for policy interventions.
as indicated by the above-mentioned case on organ donation. If no action is taken, however, one can only guess how a global shock may influence the fragile balance between solidarity and self-interest in the short and long term.

At the same time, policymakers must be cautious about possible adverse effects: the overwhelming share of solidarity is organized at a systemic level by publicly regulated private companies, state-owned companies or by public administration. These institutions ensure fair access to health care, education and security and enable broader participation and social mobility for the less wealthy. Solidarity at this level requires people and companies to pay taxes, duties, and insurance premiums honestly and comprehensively. Charitable giving is an important outcome of solidarity values; yet, it is only one among many. It is an alarming signal when companies compensate higher charitable giving with lower taxes (e.g., Davis et al, 2016).
In light of the global deterioration of interpersonal solidarity, we call on the G20, supported by the OECD and other international bodies, to systematically assess adequate policy measures to nurture and restore solidarity between people and within systems. Besides providing financial support to volunteering organizations, we highly recommend that this assessment takes into account the large body of behavioral economic and psychological research on altruism and reciprocity, especially the emerging literature on nudging, i.e. subtle and low-cost changes to the donor’s choice architecture. New policy interventions should be built on these findings, tailored to the different motivations of target groups, and thoroughly tested and validated prior to upscaling.

We further recommend that governments and nonprofits regularly present and discuss their latest interventions, successful and unsuccessful ones, at an annual Global Solidarity Forum in advance of the G20 Summits. Such a forum would facilitate knowledge sharing and exchange of best practice between stakeholders from public institutions, businesses and charity organizations, and effectively guide future policies on how to enhance solidarity both at the interpersonal and systemic level.
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6 Special feature: Values-based Education (VbE)

Author: Dr. Neil Hawkes
“I strongly feel that Values-based Education taught me to develop self-awareness. It has truly had a transformational and lasting impact and made a real difference to my pathway in life.”

Stephanie Giles, former pupil at West Kidlington School, Oxfordshire, UK.

This case study gives unique insights into the impact of Values-based Education, as a method for developing prosocial consciousness, such as ethical intelligence and solidarity in young people.

In the early 1990s, a growing proportion of children in the UK were entering state schools, at age five, struggling to comply with basic behavioral expectations.

It led to a transformative research project into what appeared to be a growing problem in the general population; that children were less inclined to adhere to adult expectations concerning their behavior. They often acted selfishly, had problems establishing good relationships, were reluctant to cooperate and had an insecure sense of self. They often appeared to have challenging relationships with their parents. The problem of the children’s lack of self-regulation seemed linked to an absence of an understanding of positive values. My research sought to answer whether their behavior, happiness and commitment to school life would improve if they learned about the meaning and application of values words, such as respect, responsibility, freedom, kindness, equality, justice, co-operation, patience, honesty and compassion?

My research took place in West Kidlington School, a large urban primary and nursery school in Oxfordshire in the UK. Professor Richard Pring, Head of the Department of Education at Oxford University, supervised the research. It investigated whether the quality of education in a school would be improved if children experienced and learned about a community chosen set of universal, positive human values, in a school community that explicitly underpinned all aspects of its life and curriculum with such values?

The research involved the introduction of a values-based approach to education at the school. The school community, parents, teachers, governors and other stakeholders were involved in an open process of values identification and clarification. They collectively chose the dispositions that they wanted their children to develop. The dispositions were expressed as values - principles that guide thinking and behavior. The process led to the selection of an ethical vocabulary of 22 values; one value to be the school’s monthly focus over a two-year cycle of eleven values per year.
Children were to revisit a value three times during their six years at primary school, each time at greater depth. Staff agreed to model the values in terms of their own behavior. They modelled respect by never shouting at children or shaming them in any way. Values, such as patience and responsibility, created a calm, purposeful and happy environment in which all values could be nourished.

The monthly value was introduced to the children and staff at an experiential assembly, which helped everyone understand its meaning. To deepen awareness of the value, children were invited to sit quietly and inwardly reflect, which encouraged self-regulation. Each class devoted time to exploring experientially the monthly value’s meaning, which was linked to the curriculum’s learning objectives by asking questions such as, “Think about how this value will help you in your learning.” Besides explicit lessons, the teachers agreed to bring all the school’s values to life by modelling the values and giving practical examples of them in all subject areas across the curriculum. Also, in their general use of language, teachers highlighted children’s positive behavior by using value sentences, such as, “Well done, you have all cooperated well this morning; you have shown respect to each other.” Teachers gave space for silent reflection which focused concentration and improved outcomes. Each classroom had a creative values display highlighting the value of the month. Children were encouraged to live their values by taking part, with the active support of their parents, in community projects. Regular newsletters were sent home, giving parents ideas about how their family could live the values at home (Hawkes, 2005).

For the following seven years (1993-2000), the school community successfully developed a form of values-based education (VbE) that went on to become a model for educational transformation worldwide.

The school’s work became the ‘gold standard’ for the Australian Government’s Values Education Program, for example. The positive effects were researched by Professor Terence Lovat et al (2009). It showed five specific outcomes: improved values consciousness, enhanced wellbeing, greater student agency, connectedness in terms of better relationships and transformation in terms of improved student learning (Lovat et al, 2009).

More recently, as increasing numbers of schools have adopted values-based education worldwide, it has become clear that a school’s focus on values has a positive effect on teachers’ thinking and behavior and their pedagogy, as well as on the wider community. As educators create a positive values environment for learners to experience first-hand, it nurtures good interpersonal relationships. By giving the children access to an ethical vocabulary,
they share a new common narrative which nurtures ethical intelligence - the ability to self-regulate behavior, make wise choices and be socially responsible. The children appear to be more self-aware and conscious of the impact of their behavior; they have a moral compass that guides their thinking and behavior. Evidence confirms that values-based education helps children strengthen the executive functioning of the prefrontal cortex of the brain so that people have more control over their behavior and are therefore able to function at a higher state of consciousness (Siegel, 1999).

Based on feedback from schools, the values-based approach is practiced in upwards of 4,000 schools in over 30 countries. There is abundant evidence of its positive impact on individuals, schools and the local communities. The VbE website offers a number of examples of its impact (Values based Education, 2020).

**Key takeaway for the G20**

This case study indicates that if the aims of the G20 are to be achieved, such as fostering education for the 21st Century, combating corruption, women’s empowerment, unleashing access to opportunities and preserving the oceans, then there needs to be a focus on the development of the overarching values competence of ethical intelligence, which leads to social responsibility and community solidarity.
REFERENCES

Social connectedness, or feeling connected to others, improves individuals’ own quality of life and motivates collective efforts to tackle global threats to well-being such as COVID-19, climate change, and the plight of disadvantaged groups. To promote social connectedness, we recommend providing ways for the public to discover the substantial overlap in values among citizens, particularly across polarized groups.

One of the overarching G20 aims is to empower people, which includes improving people’s quality of life, particularly among disadvantaged groups, and protecting people from global threats to well-being such as COVID-19, climate change, and conflict (G20, 2020).

Social connectedness, or the sense that fellow citizens share our values, can help achieve these aims. It improves individuals’ own quality of life and motivates collective efforts within and across communities to protect global well-being against adverse impacts from societal crises.

Research found a range of positive outcomes of social connectedness. For instance, people who perceive others to share their values report higher levels of life satisfaction and more generally, higher mental well-being. Social connectedness, or shared values, can also help overcome entrenched group boundaries (see below).

Based on Wolf et al (2020)

EMPIRICAL INSIGHTS

Do people report higher life satisfaction when they assume that their fellow citizens share their values? To answer this question, we recruited a representative sample of 1,181 Greater Manchester citizens and asked them to indicate both their own values and their perceived values of fellow citizens. The findings showed that citizens reported higher life satisfaction when they felt that their fellow citizens share their values. Interestingly, this effect emerged for pro-social values (for example, helpfulness), self-centered values (wealth), and openness values (freedom), but not for conservative values (security). We speculate that sharing conservative values such as security may give us a feeling of relief rather than satisfaction. Nevertheless, for most values, we may often benefit from being around like-minded others because they give us a sense of common purpose, validation, and fitting in.

Social connectedness results from perceiving our fellow citizens to share our values. It is good news then that extensive
Media reports focus on fellow citizens’ noncompliance with COVID-19 guidelines, ignoring the positive adherence that is much more widespread. People may often infer that this assumed non-compliance of others can be attributed to a difference in values (for example, ‘others do not

EMPIRICAL INSIGHTS
We conducted our study in the context of the 2016 Brexit referendum, which produced deep divisions between UK citizens who voted to leave the European Union and UK citizens who voted to remain. Despite these deep divisions, we found that among the 1,500 respondents, more than 90% of the Leavers and Remainers shared values such as freedom, tradition, and honesty (Hanel and Wolf, 2019). By highlighting these actual similarities to a new group of participants, views of the opposing group were significantly improved. We did this by showing participants graphs such as the one below. This graph depicts accurate information on how similar or different Leavers and Remainers are in their security value. Other evidence from our lab has shown similar effects on improved views towards immigrants in a UK context (Hanel et al, 2019; Wolf et al, 2019).

Evidence reveals that most people have very similar values, even if they belong to opposing political groups (for example, US Republicans vs. Democrats; Garcia-Rada and Norton, 2020). Crucially, however, we often do not recognize these similarities, likely because we are motivated to see our existing views confirmed and because of our selective exposure to media. Recent evidence shows that these misperceptions can be corrected, bringing people’s views of others’ values more in line with reality and eliciting a sense of social connectedness.
value social responsibility as much as I do’). Because tackling the COVID-19 crisis requires a collective effort, assuming that others have different values may reduce our willingness to self-sacrifice for others, whereas highlighting our similarities should give us a sense of social connectedness and motivate collective efforts to tackle the crisis. Thus, it is imperative to work against media reports and biased perceptions that, for example, young people flout the rules and simply do not care. Instead, we need to focus on what unites us and work together to overcome the challenges posed by COVID-19 (for a more detailed discussion of media effects, see the chapter on “Shared Truth” in the Global Values Policy Brief).
Media reports that give an exaggerated view of people flouting COVID-19 rules or damaging our natural environment are harmful in creating societal divides and undermining collective action. To overcome these divides and promote social connectedness, it is imperative to work against such biased perceptions by focusing on the substantial similarities in our values and views. We recommend that policymakers provide more ways for the public to discuss, get acquainted, and work together to discover what unites rather than divides them.
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