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Official Report

FINANCE COMMITTEE

Tuesday 21 September 2010

Session 3

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FINANCE COMMITTEE
20th Meeting 2010, Session 3

CONVENER

*Andrew Welsh (Angus) (SNP)

DEPUTY CONVENER

*Tom McCabe (Hamilton South) (Lab)

COMMITTEE MEMBERS

*Derek Brownlee (South of Scotland) (Con)
*Malcolm Chisholm (Edinburgh North and Leith) (Lab)
*Linda Fabiani (Central Scotland) (SNP)
*Joe FitzPatrick (Dundee West) (SNP)
Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD)
*David Whitton (Strathkelvin and Bearsden) (Lab)

COMMITTEE SUBSTITUTES

Gavin Brown (Lothians) (Con)
Lewis Macdonald (Aberdeen Central) (Lab)
Stewart Maxwell (West of Scotland) (SNP)
Liam McArthur (Orkney) (LD)

*attended

THE FOLLOWING GAVE EVIDENCE:

Sir John Arbuthnott (Royal Society of Edinburgh)
Rhoda Grant (Highlands and Islands) (Lab)
Dr Michael Harris (National Endowment for Science, Technology and the Arts)
Professor Edward Melhuish (University of London)
Alan Sinclair (Centre for Confidence and Well-being)

CLERK TO THE COMMITTEE

James Johnston

LOCATION

Committee Room 1

Scottish Parliament

Finance Committee

Tuesday 21 September 2010

[The Convener *opened the meeting at 14:00*]

Preventative Spending Inquiry

The Convener (Andrew Welsh): Good morning and welcome to the 20th meeting of the Finance Committee in 2010. I ask everyone to turn off their mobile phones and pagers.

I have received apologies from Jeremy Purvis, who is unable to attend.

Under agenda item 1, we will take evidence on our inquiry into preventative spending. I therefore welcome to the committee Alan Sinclair, from the Centre for Confidence and Well-being; Sir John Arbuthnott, representing the Royal Society of Edinburgh; Dr Michael Harris, from the National Endowment for Science, Technology and the Arts; and Professor Edward Melhuish, from the University of London.

The written evidence that we have received suggests that preventative spending could be undertaken to prevent a wide range of negative social outcomes in terms of health, housing, violence, education and so on. Given how widely the term could be used, I ask our witnesses to tell us where they think preventative spending has most effectively been defined and implemented. Could a lot of existing Government spending, for example, already be seen as seeking to prevent some kind of negative social outcome?

Sir John Arbuthnott (Royal Society of Edinburgh): Health England provides a good definition. It defines preventative spending as

"A clinical, social, behavioural, educational, environmental, fiscal or legislative intervention or broad partnership programme designed to reduce the risk of mental and physical illness, disability or premature death and/or to promote long-term physical, social, emotional and psychological well being."

You will have received submissions from various people giving many examples of preventative spending in various areas. I suggest that they do not represent an holistic approach to preventative spending. My experience is in the area of health improvement. I was the chair of NHS Greater Glasgow and Clyde for five years and, during that time, although the health improvement initiatives were important, the spend on them was small compared with the spend on the core acute service provision—it was a thin layer of icing on the cake.

There are numerous examples of preventative spending but, looking forward to the 20 or 30-year horizon, we need a completely different approach and mindset. I would like to suggest later how that might be achieved.

The Convener: Would anyone else like to talk about the definition of preventative spending? Have we an accurate definition?

Alan Sinclair (Centre for Confidence): The Nordic countries define it best, and implement it best as well, because preventative spending is woven right through the system. I dug out the objectives of the Finnish Ministry of Social Affairs and Health, and its first objective—I stress that it is their first—is problem prevention and the provision of support through sufficiently early action by primary services. That is quite different from what we are used to here, and is also a good definition of preventative spending.

Professor Edward Melhuish (University of London): Quite a wide range of considerations potentially needs to be borne in mind. Legislators can make rules on a series of services that have the same impact on human beings as, say, the education and health systems. However, there are other aspects of Government action, particularly in economic and housing policy, that impinge on the outcomes in which you are interested but which we do not normally think of as being directly related to the incidence of crime, poor school outcomes and so on. Economic and housing policy influence the infrastructure within which parents function, and parents are the primary preventative mechanism for altering the developmental course of children as they become adults. In seeking to alter children's developmental trajectories for the good, the committee should focus on those that directly impinge on the child and the family.

Dr Michael Harris (National Endowment for Science, Technology and the Arts): Many submissions that you have received show that there is a huge amount of evidence in many areas and that, when they are designed appropriately and intervene at the right stages, those interventions are, in the main, cost saving. There is a fundamental difference between interventions that are taken much later and the kind of preventative interventions that we are discussing.

As Alan Sinclair says in his submission, most public services are still fundamentally designed around intervening at the point of impact, when a situation, health condition or whatever has become acute. The programmes and policies in which we are more interested intervene much earlier, in particular to meet people's needs first time and to help to build up their capability and capacity to respond to problems either individually

or at a community level. Many submissions point to the value of that approach.

The Convener: Now that we have set the broad parameters, can the panel say how far existing Government spending can be termed preventative?

Professor Melhuish: One clear-cut example is the entitlement to free pre-school education for every three and four-year-old in the country, which was introduced in 2004. It boosts the likely educational attainment of the children who receive it and changes their behavioural profile in a way that is likely to have outcomes other than educational ones by, for example, increasing the likelihood of employment, reducing the likelihood of criminality and so on.

The Convener: Does anyone else wish to comment on existing practice?

Sir John Arbuthnott: In preparing the Royal Society of Edinburgh's submission, we found that in England preventative expenditure in health amounted to 4 per cent of the total health budget. Of course, that does not include housing, social justice and whatever but, relatively, the amount is very much smaller than the amount that is spent on responding to the acute problems that my colleagues have outlined.

Alan Sinclair: We do not do much at the margins on spending to prevent. However, if we look at the issue historically, I believe that big leaps were taken when the problem of cleaning up water and sewage, which is almost a metaphor for where we are now, was addressed in Victorian times. Although the expenditure was very large, it left an enormous legacy in many areas of our life. We are advocating something similar when we say that we need to get our act together on early years.

Dr Harris: The current reshaping care for older people programme, which is looking at care and support for an older population, has found that each year in Scotland £1.4 billion is spent on emergency admissions of older people. Of course, with regard to the definitions that are emerging, we would not necessarily call that kind of spending preventative. It is a huge cost that could partly be avoided through more preventative interventions, particularly at the local community level. Given the broader financial context and challenge that Scotland and the rest of the United Kingdom face, it could be seen as a target for reducing spending and shifting provision into other areas where money could be saved and from which the population could benefit.

Professor Melhuish: The committee might be interested to hear that Government spending on early years services is around 1 per cent of gross domestic product in the UK but 2.4 per cent in the Scandinavian countries. As a result, there is great disparity between the current situation in the UK and what is happening in countries that are recognised as having the best models of early years provision.

Sir John Arbuthnott: Between 2000 and 2005, one of the issues that I was addressing in NHS Greater Glasgow and Clyde, which covers about a third of the population of Scotland, was the impact of certain very important and useful Government measures such as the provision of fruit in schools, healthy eating initiatives, the emphasis on teeth brushing and so on. However, such measures tended to be relatively small experimental pilot schemes that were very difficult to evaluate and from which it was hard to take any lasting conclusions or evidence. I hope that in future there will be an emphasis on hard evaluation of the beneficial effects of such measures. We are in the foothills of such activity in this country and have an opportunity over the next 10, 20 or 30 years to build up a very comprehensive evidence base. I certainly think that this is a good time to carry out such work. In any case, an evidence base is important because we cannot keep putting money into something that we think will do a good job; we have to prove that it does a good job.

Professor Melhuish: We have talked in generalities—I think that we now need to focus on specifics.

Since 2004, we have had universal pre-school education for every three and four-year-old in the country. Scotland, Wales, Northern Ireland and England have all chosen to spend that money in their own way but our research into the long-term impact of such education has shown that high-quality pre-school education has very distinct impacts on children, whereas poor quality education has virtually no long-term impact. If you are going to provide only poor-quality services, you are wasting your money; if you are going to have pre-school education, it should be of high quality. I should add that those findings, which are from England, have also been replicated in Northern Ireland and that the research covered large populations with many thousands of children.

The first lesson, therefore, is that the quality of pre-school education services in Scotland needs to be increased. There is some evidence—not strong evidence, I grant you—that Scotland might be lagging behind the rest of the UK in the quality of its pre-school services, which might to some extent be the result of the way in which Scotland decided to add its sure start money into the general spending pot without its being necessarily earmarked for early years services.

The Convener: Can you expand on your comment that Scotland is lagging behind?

Professor Melhuish: In comparing school achievement by children in Scotland, Ireland, Wales and England, an academic from the University of Durham, Peter Tymms, has found that pre-school education affects educational attainment in England, Wales and Northern Ireland. However, he did not find the same relationship in Scotland. That suggests to me that something different might be happening in Scotland. Not knowing the intimacies of the Scottish situation I cannot comment, but I urge the committee to look at such services as a key preventative measure. One needs high-quality pre-school services.

14:15

The Convener: I appreciate the broad picture that has been painted. Does anyone else wish to finish this line of questioning?

Linda Fabiani (Central Scotland) (SNP): I have loads of questions. If I ask a couple now, will you let me back in later on?

The Convener: You never know.

Linda Fabiani: Dr Harris touched on some of this, but it seems to me that most of the evidence on preventative spend focuses on the early years and children, which is perfectly understandable. However, that is very much a long-term gain and benefit for society. Can any medium-term and even short-term measures also be taken in relation to preventative spend for an overall benefit?

Alan Sinclair: We seem to characterise early years benefits as being long term and intergenerational, and the evidence tells us that the long term is where you get the biggest bang for your buck. However, that does not mean that we do not see benefits much earlier.

For example, Ted Melhuish just mentioned attainment at school. It seems that some of the problems in the poor quality of pre-school education are already evident. Theoretically, a lot in the long tale of poor attainment at school in Scotland is not the fault of the schools or examination system; it is the bad experience in childhood and the very early years. You can begin to see benefits of attainment at school from the age of 10 when, for example—and this is well documented—fewer children are involved in the criminal justice system, and that pattern continues through the teenage years. You can also see that people who had proper support as children have later first pregnancies—that even applies to disadvantaged children. Also well documented is less abuse of alcohol and drugs, and there are fewer people in the not in education, employment or training group. None of those things is that far off.

It would be wrong to say that we can treat early years provision as if it were a television dinner—put it in the microwave and two minutes later you have your answer—but we do not have to wait for 20 or 30 years to see the benefits. We are seeing many of the benefits at primary and even at nursery school. Various nursery school workers have told me, "It's too late when they come here at three; I can tell what's going to happen to them." You have to go back much earlier to help children and parents make a better job of it.

Dr Harris: If you look at the submissions, you can see quick returns from programmes that are well designed and evidenced. There are those that focus on more intensive support for families, particularly families in difficult circumstances, such as those struggling with drug and alcohol issues, and those that focus on offender management and which are well rooted in the community and supported and led by voluntary and community groups. I agree with what Alan Sinclair said. There is a danger in characterising prevention as something that pays back only after 20 or 30 years, because there can be quick returns from some programmes that accumulate into much greater returns when we get into longer timeframes.

The Convener: Can you supply us with any examples of such programmes so that we can see how what you have just described happens in practice? If you cannot do so now, you can write to us after the meeting.

Dr Harris: Absolutely. I praise the committee for beginning this inquiry because you have a wealth of evidence. There are resources that cover many different fields of public services and social problems, and point to both long-term and short-term evidence.

Sir John Arbuthnott: Linda Fabiani asked a very important question. When providers such as local authorities and health boards are thinking about that question, they have to ask, "If we make that investment in the first three years, when is it going to pay off?" I accept that there will be spin-off benefits, but there are acute problems of drug addiction and the quite disturbing figures for alcohol-induced disease in Scotland that we need to look at.

Something happened in the early 1980s when the incidence of alcohol-related liver disease in Scotland began to accelerate, and not just among young men, because men of 40, 50 or 60 years old were dying prematurely of liver failure. We cannot sit back and say that we are going to target everything on the emerging younger generation, although it is very important as part of the story. Other interventions are just as important.

I would move forward—indeed, at my age, I have moved forward. Our biggest demographic challenge is the ageing population, its ill health and the support and care that it requires. I have recently been looking at the possible benefits of telecare and telehealth, and they are potentially hugely significant. People in their own homes could be monitored securely and safely for their compliance with medication, for absent-mindedness—they might say that of course they did not leave the house in the middle of the night but it can be seen that they did—and so that there could be a rapid response. All that would help because it would mean that the person would not have to be constrained or treated in a care home or hospital bed, which would cost infinitely more. I think that there is scope for such interventions right across the age range.

The Convener: What was the acceleration in the rate of alcohol-influenced illness in the 1980s down to? Why did the rate accelerate in the 1980s?

Sir John Arbuthnott: I do not think that anyone has the answer to that.

Linda Fabiani: Convener, do you know that I am not finished yet?

The Convener: Carry on.

Linda Fabiani: From what has been said, it seems that we cannot take just one approach. There is no catch-all answer, so we require to take what is called these days an holistic approach. During the past years and decades, we have seen all sorts of different approaches, such as the multi-agency approach or community planning partnership approach—approaches that were supposed to make agencies work together. However, we know that, for example, health boards and local authority social care providers do not work particularly well together—the services are not joined up. Do bureaucracy and organisations' self-interest create barriers? If so, what do we have to do to get over them? Can we fix what we have, or do we really have radically to rethink how to provide services in a way that makes proper use of preventative spending?

Sir John Arbuthnott: I could speak for a long time about that subject. There is no doubt that, even if there were no financial crisis, the problem of how to crack that issue is really acute, given the times that we are in. There are various complex reasons why interagency working is not as beneficial, or as efficient in meeting the public's needs, as it should be. I will not go into all those reasons, but now that we are under particular financial pressure, I consider that it is absolutely essential to take steps to improve the interface. Whether it is between police forces and local authorities, local authorities and health boards, the fire service and the police force, or early responding organisations and health organisations, we have all seen examples where interagency working has let us down.

I echo what others have said about the initiative that the committee has taken. Perhaps my central suggestion is that the Finance Committee of the Scottish Parliament should be the organisation that monitors the framework for the efficient delivery of those services and the implementation of what we do in relation to preventative measures, and that that should go on over a period of years. Because it is a multi-party committee—as is typical of the Scottish Parliament—it should be robust enough to resist having to change direction completely at election times, so we should get more consistency. That goes beyond answering the question, but if we do not do something radical such as that, I do not think that we will see organisations working effectively together.

Professor Melhuish: On early years services, the evidence in England shows that the sure start programmes function a lot better where there is good co-operation between health services and the local authority-provided education and social services. A mechanism that has been useful in producing greater integration is integrated children's centres that act as one-stop shops for services that are relevant to young children, such as health services, education-related services, social services and so on. That approach requires that health visitors, in particular, integrate with the work of the local authority staff in the children's centres. In that example, new structures are needed to integrate the work of health board staff and that of local authority staff. That is a potential way forward that Scotland might investigate.

Alan Sinclair: There are already some children's and family centres, such as the Jeely Piece Club in Castlemilk, the Girvan family centre, and others in Fife and Lanarkshire. They have all been getting a bit of a squeeze lately, but they reach out and bring together a lot of services, so we have some of the footprints of what we need on a bigger scale in the future.

John Arbuthnott's first point is important. Somewhere, we have to try to put a prism or lens on top of what we are doing to ask, "Is this addressing longevity? Is it addressing the systemic problems underneath?" If we find the mechanism for doing that, it will help us to turn the tanker.

Dr Harris: Alongside that, central Government has an important role to play in understanding and shifting the regulations and systems that inhibit that more integrated working on the ground and those more creative, integrated services. It is important to look at the funding streams, the

auditing, the national indicators and the accounting rules—all the mechanisms that, without a fundamental shift, will not create the incentives for health boards to work more effectively with social care and local authorities, for example.

Tom McCabe (Hamilton South) (Lab): I have a few questions, convener, the first of which is for Sir John Arbuthnott.

You highlighted the 4 per cent that you mention in your submission. From my experience in health I know that the figure for preventative expenditure is low, but to hear that it is 4 per cent surprised even me. If it is as low as 4 per cent, then that obviously shows that we need to re-engineer health spending significantly towards earlier preventative interventions, but that could have catastrophic effects on the existing line of services. Do you suggest that, even in these stringent times, we need to find that money from other budgets or to find new money for health services?

14:30

Sir John Arbuthnott: That is a core question. I have said that health improvement is a thin layer, and I have found information to confirm that—as far as preventative spending is concerned—at least in some areas. That is perhaps not so much the case when it comes to education, but it is in health.

We are trying to protect front-line services that are hugely required, and in Scotland we are still coping with having a greater degree of ill health than exists south of the border. That is a fact. I am in no way suggesting that taking another long-term look at preventative spending means taking money away from areas of need. I am saying that there is scope for taking a hard look at the situation.

You have heard some comments from colleagues about the impediments to getting maximum value out of the money that we are currently spending on the front line. When we put that under the microscope, we see that there is scope for local authorities to work together. I happen to be involved in a project in which local authorities are working towards a common approach to delivering specialised training in some difficult areas of health and social care. That is what all local authorities need, and I hope that you will hear more about that sort of thing soon. At the moment, that training is purchased separately and independently, and it is replicated.

There is real scope for examining the extent to which we are getting maximum value for the money that we are investing. I am not suggesting that we make a sudden transition, which could disturb the provision of front-line services. However, taking a 10 to 15-year look at spending and thinking 15 years ahead means planning and spending money differently on the maintenance and development of health and welfare.

Dr Harris: Such things cannot be done in isolation—we cannot consider separately where the existing costs are, think about where efficiencies can be made and make greater investment in more preventative approaches. That needs to be part of a programmed transition over quite a number of years, and we need to start as soon as we can. The financial challenges that we now face, however difficult they are, could be used as a major impetus to begin some aspects of the process.

We should not go into those challenges with the notion that we are trying to protect existing services exactly where they are. There are areas of spend in those services that are essentially reactive, and we want to reduce spend, so the question is how we do that alongside a programme of increasingly significant investment in alternative approaches. There are policy frameworks and strategies showing how it can be done.

We are particularly interested in one approach in justice, called justice reinvestment, which was developed in Texas and Connecticut in the United States. In effect, that was a parallel programme of disinvestment in existing approaches, particularly in building new prisons, and investing in more community-based prevention and in better management of offenders. Half the money that was saved from not spending the resources on prisons—it was going to be necessary to spend about $500 million on prisons—went into what we would regard as preventative approaches. Not only was the $500 million of prison spending saved, but the approach also saved about $200 million thanks to much lower offending rates. We need to think about what the equivalent to that might be in health and social care, for example, as well as in justice.

Professor Melhuish: The policy that my colleague has just outlined is currently being explored with regard to early years services in Birmingham, where the projected savings for other services are being considered. Those savings could be used to estimate what investment should be put into early years services. The Birmingham case might offer a source of further evidence for the committee.

The Convener: It is a case of a static use of finance being changed into a dynamic one.

Alan Sinclair: In private companies as well as in public jobs that I have had, I have needed to take large sums of money out of the system. The

most important principle that I have followed—there are parallels with the public position—is to take money out in such a way that there is still a forward march, while knowing what we are trying to create beyond simply taking the money out. That approach helps significantly to inform decisions. We should be asking questions about what type of society we want to create in this period, and we should let the answers inform what we do.

To use a specific example, Holland has a similar economy to ours, and it gives support for the very early years—during pregnancy and the first months and two or three years of life. The services are run within the health service there, and they are called mother-and-child wellbeing clinics. It has been a matter of redesigning where resources go in the health service and related services. It is a wonderful example, and I recommend that you add it to your list.

I have mentioned prisons. As a footnote, it is really interesting to see that Holland, which has possibly the best early years or child performance in the whole of Europe, is now selling its prison space to Belgium, which has one of the worst such performances.

Tom McCabe: Professor Melhuish gave the example of sure start south of the border, and spoke about how funds had been earmarked. I absolutely understand the point that you are making. It would be fair to say that, here in Scotland, the direction of travel is the opposite. I am not making a political point here, as the next Administration might do the same, but the current Administration decided not to ring fence certain funds for local government. I repeat that that is not a political point—it might be flavour of the month politically to do that, and another Administration might do the very same thing.

If we sit that point beside the diverse nature of how we have organised services here in Scotland, with 32 local authorities, with more health boards than we need—in my view—and with many more other organisations than we need, it seems that we do not have the willingness to give the central direction that might be necessary to effect the sort of change that you have mentioned. Could you comment on that?

Professor Melhuish: Yes. If we are dealing with an established service system, with a highly professionalised workforce who are experts in their jobs, following many generations of practice, then leaving them in total control of what they do is probably a good thing. If we are setting up new services, in which professionals are still finding their feet, where the training systems are not in place and where there are not necessarily established models for practice, then leaving it to the people on the ground is probably a bad thing.

Central direction is required, with recommended forms of practice and an evidence base that are provided centrally. The exact detail of local implementation might well be left to the locals, but they need a high degree of central guidance, or else they will go astray and waste money. That is the experience of the first five years of sure start in England.

Joe FitzPatrick (Dundee West) (SNP): If we had a time machine, we would go back more than 10 years to have this debate in 1999, at the start of the Scottish Parliament, and would, I would have hoped, now be reaping the benefits of preventative spending. Unfortunately, however, we cannot do that. I guess it is just the way of things; it is when money is tight that such decisions are made, and that is when it is most difficult.

The scale of the cuts that are coming to Scotland means that in order to divert any money into preventative spending, money has to be saved in addition to the savings that are already required to balance the books. What is the scale of the extra savings that we need to find for preventative spending to make a real difference in the longer term?

Dr Harris: I think that we need to challenge the construction of that dilemma a little bit. If you take an approach that says that we know that we need to disinvest from certain services now for whatever reasons—whether it is to invest more in preventative approaches or just to save money—you are already taking some actions.

As some of our colleagues have said, the question is whether you take those actions with a view to a more progressive, positive outcome or whether you just take a negative approach to them and scrabble around to find efficiencies and savings here and there. In one sense, we are already going down that road. The only question is this: do we go down that road with a more positive vision of the future, in which shifting provision into different areas, often earlier, produces better outcomes for people and better services? Such services would look very different but would be better and much closer to what people want or need. Some of the money that we save from the necessary cuts that we have to make can be invested in those approaches as part of a managed transition to a very different-looking set of public services in the future. The earlier we grasp that that is the nature of the dilemma, the better it will be. Let us not think about this as a matter of seeing out a few years of cuts and then thinking about reform; the thinking about reform needs to happen now, because our decisions will influence the situation.

Sir John Arbuthnott: If we do not do that, what will happen is exactly what was suggested, which is that the magnitude of the savings will be what is

in front of the eyes of the manager and the executive team. They will not be thinking about doing anything new, because they have enough of a challenge in providing the services with a diminishing resource. Essentially—to follow up Michael Harris's point—at a very early stage we have to decide not to leave it to salami slicing but to give some guidance as to what we seek to achieve. Things will be particularly acute as a whole range of services, not only local authorities and health boards but the police force and all the other public services, adjust to the situation and adjust to big staffing changes. As early as possible, a body such as the Finance Committee—I suggest that this is an appropriate body, for the reasons that I outlined previously—should give a clear sign that we are looking at assessing our priorities for the future and that we are saying from the very beginning that things are not going to be the same as they have always been.

Professor Melhuish: Over the past 10 years we have gone through a process of change in early years preventative services from almost zero state investment in the 1990s through to substantial investment today. We have crept up to about 1 per cent of GDP. If we fall below 1 per cent of GDP, we will start to go backwards in a serious way, which will have long-term implications for the services. Given that it is inevitable that one has to focus one's expenditure in straitened times, I suggest that one needs to focus the high-quality early years services, to the fullest extent, in the 30 per cent most deprived areas in the country, where 70 per cent of poor children live, because that is where you will get the biggest bang for your buck. I suggest that in the remaining 70 per cent of areas, where 30 per cent of poor people live, the voluntary and private sectors should be involved by subcontracting from them provision of services for poor children in the more affluent areas.

14:45

Alan Sinclair: In 10 years of devolution, the world labour market doubled in size. That process will continue, so it is not as though, in 10 years when the cuts are over, we will just go back to where we were. We are beginning to reach into a new period in our economic and political development. For that reason, the early years are important.

The targeting that I recommend is not necessarily phenomenally expensive. I will give my personal list. We should support teenage parents, who are a very defined group of 9,500 people a year. We should provide children and family centres in our most deprived communities. Again, those communities are defined. We should think seriously about what we are doing on child protection, kinship care, adoption and fostering. If we are talking about bad public practice, what we do in those areas would make you cry, but that is where the casualties of the system are at their greatest and most costly. We could do an awful lot there that would give us big returns quickly.

David Whitton (Strathkelvin and Bearsden) (Lab): That handily takes me on to my question. Mr Sinclair said that nursery teachers can tell at the age of three the children for whom it is too late. I assume from what you have said that those for whom it is too late at the age of three are the children of the teenage mothers in deprived areas that you talked about.

Alan Sinclair: They are largely, but not exclusively, such children. There is a large middle-class phenomenon in Scotland of subcontracting your children out and not caring a damn.

David Whitton: Given what you have just said about having children and family centres in the most deprived areas, how would you reach the children in the middle-class areas?

Alan Sinclair: The problem that we have in Scotland is not simply with the feckless—it is bigger than that. We have a middle-class problem, a working-class problem and a sub-working-class problem. It is hard to change attitudes and culture, but we can change public policy. If we were to change public policy progressively, there is a reasonable chance that that would have an effect on culture.

David Whitton: Earlier today, when you spoke to Scotland's futures forum, you mentioned nurse-family partnerships. I assume that such partnerships would care for all mothers, regardless of their background, so that such partnerships would pick up what you are talking about.

Alan Sinclair: They would pick it up, but it is almost self-defining that teenagers who become pregnant are the children of poor and dysfunctional backgrounds, although not exclusively. I would apply the provision universally to teenage mothers—and fathers, if they are there, as we should try to ensure they are—and support them intensively for a two-year period. They were the children—they are still often not far from being children—who were not well parented. That approach would be an attempt to break that intergenerational cycle.

David Whitton: My next question is for Professor Melhuish. Do the people who are involved in early years education—the nursery teachers, for want of a better description—have the right training and are they valued enough?

Professor Melhuish: In short, no. The current training needs to be upgraded substantially. There

have been many improvements in the past 10 years, but we still have a long way to go before we have a well-trained nursery workforce. It is still a low-paid profession and many people go into it for the wrong reasons. We need to aim for a workforce who see the job as a career to go into for the long term. We need reasonably able people to work in the area. I suggest that we aim for a workforce of one third graduates and two thirds non-graduates, with that two thirds probably having done a two-year training course of some kind to work with the graduates—

David Whitton: I am sorry to interrupt. Would you therefore advocate shifting resource from tertiary education into nursery education?

Professor Melhuish: Yes. I would advocate the shifting of resources from tertiary education to the early years, generally.

David Whitton: Dr Harris, the submission from NESTA speaks about a scheme called age unlimited, which is described as being "socially motivated". Could you give me a better explanation of what the scheme is?

Dr Harris: Age unlimited is an experimental programme that is taking place in Scotland and in other sites across the United Kingdom. The particular focus in Scotland is on how community groups and voluntary organisations that are formed by older people can play an important role in reducing the social isolation of older people in the community. The idea is, essentially, a preventative one. That relatively low-level form of social support—someone popping round to help with minor repairs and so on—can be incredibly important in terms of someone's social wellbeing because it can prevent them from feeling isolated, from suffering from depression or from ending up in hospital because, for example, they have tried to fix something that is beyond their physical capabilities.

David Whitton: When will the results of those pilots be available?

Dr Harris: We hope to have some initial findings about what those communities and older people have focused on; we have supported them to choose their own areas of focus. The programme will run for a couple of years and we will be evaluating and disseminating the results as we go. We also hope to do some longitudinal work after the end of the programme, which is obviously going to be helpful to policy makers.

David Whitton: Are there indications that there would need to be a shift of resource from the local authority to some of those organisations, if they prove to be as successful as you hope?

Dr Harris: We feel that the third sector and community-led groups can play an incredibly important role in providing that kind of support and in being the first point of contact for those who need help. That is generally because they know the conditions on the ground and are aware of the particular issues in a community. They can be more approachable than publicly provided services, and they can also be more efficient and imaginative in terms of how they respond to the issues, including through preventative approaches.

David Whitton: Your submission said that Nottingham was an "Early Intervention City". Could you explain a bit about that? What is involved in being an early intervention city?

Dr Harris: I can submit more information in writing but, essentially, Nottingham has taken an holistic approach and has focused on a number of its communities. It has said, "Here are the problems and here is where our spending is going. We will set a number of indicators and targets to improve the wellbeing of people in those communities and then we'll gather our public service organisations around the question of how we can achieve those better outcomes." There is an effort to create a much more integrated and holistic approach, which is, in part, inspired by the experiments in the total place initiative in England, which started with an accounting approach to discovering where money was being spent and where there was an overlap of spending.

David Whitton: You have given evidence to the committee previously on total place. Does the approach that you are discussing today move forward from that?

Dr Harris: Yes. You might not be surprised to learn that an enormous amount is spent in certain communities and on certain families that are struggling and which have various state agencies responding to them in narrow ways. The approach that I am discussing is an attempt to make our interventions much more co-ordinated and cost effective.

Alan Sinclair: I know the Nottingham example. The approach in Nottingham came about largely through the determination of the local Labour MP, Graham Allen, who also happened to be chair of the urban development corporation—which is very unusual. In the past five years, he has collaborated extensively with Iain Duncan Smith. They produced a book together on the early years and what we should be doing about them. That level of cross-party collaboration is extremely unusual. Their book is really worth reading.

The Convener: I point out that we have invited Nottingham City Council to give evidence to the committee, which should be helpful.

David Whitton: I have a final point to put to Sir John Arbuthnott. You said that during your time as

chair of Greater Glasgow NHS Board, you tried to introduce some early preventative measures. What held you back? I know that you introduced a number of them, but you indicated that you were not as successful as you had hoped to be.

Sir John Arbuthnott: When I arrived at the health board, we were at the beginning of a transition towards taking health improvement much more seriously, so there was a climate for asking how we should go about that. The executive and the non-executive members of the health board, who were responsible for about £3 billion of spend and were therefore very hard nosed, had to be convinced that spend on such a process was not spend that was not particularly well founded. My reaction to that was to ask how we could find out much more about how the population of Glasgow, greater Glasgow and the west of Scotland respond to interventions. If we were to measure or to assess the efficiency and effectiveness of such processes, what should we do?

With the help of Malcolm Chisholm, we established the Glasgow centre for population health, which is now five years old. That was the first attempt to assess critically planned interventions, to get feedback and to obtain highly specific quantitative evidence on the extent to which the spend was effective. The work of the centre has gone from strength to strength, and it is now accessed frequently by international authorities. In other words, we have a base for doing such work; we are not starting from square 1.

As that process was going on, quite a lot of initiatives came through in Scotland that were well minded but not particularly well funded, and which were rather short term and not properly assessed. When the Glasgow centre for population health got its teeth into them, we recognised that we should stop that approach and adopt one that was much more strategic, which is what we are now doing. With the work that the committee is doing and the work of the centre, I hope that we are in a position from which we can make progress in introducing some of the changes that colleagues around the table have suggested.

I have a final brief comment. We have not talked entirely about public services, but that is what the main emphasis has been on. The role of the voluntary sector and the role of the private sector are extremely important, but there are difficulties in both those areas. There are hugely well-meaning voluntary organisations. In Glasgow, I once invited them all for tea, and I could not accommodate them in the biggest hall because there were so many of them. Those people are fully committed to doing what they can for their communities, but they do different things and they want different things, and they want different things from the Government. It is really quite a messy situation.

The private sector has a lot to offer, but it will only sell what it can sell, and although some of what it can sell is very good, some of it is not very good, so we have a lot of work to do in getting the best value for our bucks. To deal with the point that was made—I think—by Derek Brownlee, if we are going to have to make hard decisions about the money, we must not forget the money that is spent in the voluntary sector and the money that is spent in the private sector.

15:00

Malcolm Chisholm (Edinburgh North and Leith) (Lab): I think that we are all persuaded and will be increasingly persuaded about the importance of the agenda that we are discussing, and I hope that we will all become champions of it. I hope that we can communicate that and that the agenda will start to inform all of our budget and policy processes.

As you will be aware from the questioning, we are focusing in particular on next year's budget and the worst budgetary situation that we have ever had. I suppose that we would like to do many of the things that you have referred to, particularly in relation to older people, justice and the early years. Many of us are probably beginning to wonder how we can get things going in a meaningful way with the most difficult budget that we have ever had. You touched on that question to some extent. My instinct is that we want to do something that relates to the early years because, notwithstanding the other examples, that seems to be the most dramatic area for doing work. Even within that area, I see a tension between some of Professor Melhuish's research, which was very much on three and four-year-olds, and Alan Sinclair's emphasis on the stages before then. You can see our difficulty. We all admit that we have a difficult budget. How will we decide what to do to kick-start things in next year's budget? There has to be something to do with the early years, but I am not clear about what it is.

Professor Melhuish: I think that Alan Sinclair's views and my views are very close, although we have said things that might seem to show that there are discrepancies between them. I have talked about three and four-year-olds because my top priority is to maintain spending on them and spare them from cuts. It would be a disaster if spending on them was cut. That is not to say that spending on the zero to three-year-old group is not important—it is important, particularly for the most deprived groups. However, I want to qualify one thing that Alan Sinclair said. It can be recognised that a three-year-old will have a very bad outcome, but it is not as if that outcome cannot be changed.

It is still not too late to intervene for three-year-olds, but it is too late to intervene by the time those children are five.

Alan Sinclair: We would do very well in a three-legged race on almost every issue, and we meet only so many times a year.

There is a complication for us. People often want evidence, but trying to establish evidence on what is missing from pregnancy to age three is the trouble. Giving figures is not easy because of the type of studies and evidence that people look for. From neurological evidence, evidence on foetal alcohol syndrome and so on, it can be seen that an enormous range of problems needs to be addressed, and we will be significantly on the back foot if we do not address them. Some situations are irretrievable, whereas others require a lot of effort to address. We must try to get in as early as possible. There will be another advantage from doing that, which is where we started. This is about early years, but it is also about parenting. When people have children there is a golden moment to engage with them and change their behaviour. They can be engaged more during pregnancy and when children have just been born than they can be later. That is where the engagement should start if we are talking about moving people on.

Malcolm Chisholm: According to Professor Melhuish's research, the evidence on child care for children from nought to three is mixed. Is that to do with the quality of the child care?

Professor Melhuish: Yes. Basically, high-quality child care in the early years fosters good language development and subsequently better social development, for example, whereas poor-quality child care can inhibit language development and other aspects of development. To some extent, the findings relating to early child care are similar to those for parenting. Unresponsive parenting and unresponsive child care will lead to poor outcomes.

Alan Sinclair is not just talking about child care for zero to three-year-olds; he is talking about parenting support services. Parenting support services are important for families with difficulties and families that are receptive to change. One problem with parenting support services is their acceptability to people who need them. We have a mechanism for delivering such services in this country, which we do not use adequately: health visitors. We need to look at the training of health visitors, as they are one of the primary routes by which parenting support might be provided. Health visitors should receive increased training in parenting support and child development, because in their training there is still too much focus on purely health issues. They also need to extend their remit to cover not just the first six months but the first three years.

Malcolm Chisholm: Your comments are helpful. We want to sell this approach because it is the right thing to do, but we also want to sell it on the financial arguments. Sir John, in your submission you caution against

"the dangers of focussing solely on the potential of making financial savings".

You say:

"Regardless of the positive impact of preventative spending, cost savings may not be realised due to the level of unmet demand for acute services".

Is that cautionary note based on your experience of the health service, or should it also be sounded for some of the other policy areas that we are considering?

Sir John Arbuthnott: It is based partly on the work that I have done for the health service and partly on the work that I have done in the past year or more in local authorities, which has enabled me to see where the junctions and needs are.

The committee has started an incredibly important process of gathering information, evidence and views on this subject. Malcolm Chisholm makes the point that the committee has heard people say that we should invest in this or that area. There is a requirement for continuous input on the evidence for and the efficacy and efficiency of processes. If I were in your position, I would not just jump into something that sounds as if it is okay—we must have a continuing supply of evidence. Health, social care and education professionals must be expected to provide not complete evidence but really strong, analytical, directional advice to the committee, because money is short and we must get the best value for it.

Dr Harris: Although evidence and evaluation—especially around the design of particular interventions, which can be incredibly important to their impact—are vital, the bigger issue that we face is not cuts but increasing demand. There have been historical episodes in which we have managed to cut public services—that can be done, however difficult it is—but we have not yet succeeded in managing and reducing increasing demand on our public services, which we will need to do.

Demand is increasing because, fundamentally, public services are designed in a reactive way. We estimate that, over the next 15 years, there will be £27 billion-worth of extra demand in Scotland in health, social care and justice alone. The bigger question is, how will public services, Government and the Scottish people respond to that? Aside from investing increasingly in more preventative,

effective and cost-effective approaches, I am not sure what options we have to deal with increasing demand.

Derek Brownlee (South of Scotland) (Con): All of us can see the logic of what is being argued for. Some of the specific cases that have been mentioned sound persuasive; it is intuitive, to a degree, that dealing with issues early will lead to savings elsewhere. However—to pick up a point that Sir John made—there is a danger that, if it becomes the vogue for us to switch spending towards preventative spending, every public sector budget holder will pop up and say that their budget is preventative spending. That will become the defensive tactic.

I have lost track of the number of times that we have heard that we should spend to save. Every public sector information technology disaster has been sold to ministers on the basis that it would save money; we get the spending but not the saving.

How do you properly assess—perhaps without evidence, as there will be comparative evidence from elsewhere in some cases but not in others—what will work and what will not work sufficiently early on? We do not want to hold a similar session in 15 years' time in which we say, "What a complete waste of money that was," or argue that while we were not misled, things were perhaps oversold. How do you sort that out, particularly when you do not have specific examples of practice being followed elsewhere that might give you some comfort?

Professor Melhuish: If you go in to any large company in a country, you will find that it has a research and development division, which constantly monitors the company's products and the efficiency and effectiveness of production, and alters the company's strategy year by year.

In Government, you need a research and development division that collects statistics on the performance of various sectors of the economy—education, health, social services and so on—in relation to the policies that apply at the time. When you introduce a policy change, you should anticipate changes in the outcomes of that sector within an appropriate timeframe, such as two or three years. If those changes are not forthcoming, you need to adjust policy. That is what you need to overcome the problems that you mention, which are fundamental problems of governance in most countries.

The Convener: It might be useful to tell you that we are alert to that issue; there is a financial scrutiny unit in the Parliament.

Linda Fabiani: I want to pick up on some of the stuff that I have heard since I asked my previous questions. I am keen that we examine what is already being spent in this country and termed as preventative spending; some may have an opinion on whether it is or not. One could say, for example, that free personal care is preventative spending, because it prevents the backlog of hospital beds in geriatric units and therefore makes savings.

We do not look across sectors to examine comparative savings. Initiatives are being carried out in the area of justice, and we have heard about the early years work in this country. Is any effective preventative spending taking place in Scotland at present, or has any been undertaken since devolution?

Sir John Arbuthnott: If we return to the Health England definition that I quoted at the start, I think that the answer is yes. The definition refers to

"clinical, social, behavioural, educational, environmental, fiscal or legislative"

measures. We have those. We have changed the way in which we address problems in this country. However, we are much further behind in fulfilling the second part of the definition, which refers to the need to

"promote long-term physical, social, emotional and psychological well being."

We have considered a series of problems, as you have indicated, and come up with policies that have been nae bad: they have cost a lot of money, but they are reassuring and mostly seem to work. However, that has dealt with only an issue or a problem; it has not been about laying the foundation, which is the case for investing in early years in order to improve long-term physical and social development. Those two things have to come together. That is the difference between reactive and preventative spending.

We have to rethink. Linda Fabiani raises a good point: if we look at the basket of things that we do, and ask to what extent the definition applies to them, we will come up with some interesting aspects of what we call early intervention or preventative spending. That is part of the process of changing the mindset, which Michael Harris and Professor Melhuish described as absolutely necessary. I would not be despairing—I am never despairing.

15:15

Alan Sinclair: The overwhelming mindset that lurks behind how our public services are delivered is that we should invest at point of impact when things have gone wrong—indeed, when things have gone seriously wrong—instead of going back and putting something in systemically. We are far away from that latter approach. In the set of papers that I prepared either for this meeting or for

my previous appearance before the committee, I included the Organisation for Economic Co-operation and Development's league table of children's wellbeing, which shows the UK to be very near the bottom next to some ex-Soviet countries. Although that is sad, it also presents something of an opportunity. After all, if you are really bad at something, there is usually more of an opportunity to get better by getting a few things right, whereas if you are already doing exceptionally well, it is hard to shave off another tenth of a second. There is more scope than we might realise to get ourselves moving, and once you get a sense of movement, things grow on top of that.

Linda Fabiani: I asked earlier about multi-agency approaches and the bureaucratic barriers that build up when you try to take an holistic approach. I believe that Professor Melhuish said that there needed to be very strong central guidance, although the general view seems to be that it is probably best to have local service provision. In that respect, is there any scope for extending local authorities' existing single outcome agreements to cover an issue base and thereby ensure that public service agencies in a given area address certain issues?

Professor Melhuish: Two kinds of output measurement apply here: first, you can measure the amount of services that are provided; secondly, you can measure the change in a certain social problem, such as the change in special needs or the change in children with language difficulties. Measuring those outputs involves very different exercises. Measuring the output of services is fairly straightforward, and indeed fits in with existing procedures. However, it is much more difficult to measure outcomes with actual people. It requires another level of measurement over and above what we currently do and would add to the cost of evaluation. I am not saying that we should not do it; I am simply pointing out that it would lead to an extra layer of cost.

Linda Fabiani: Earlier, we talked about setting the bar for where we want to be in certain geographical areas. I suggest that for certain issues we set the bar that we expect all those who are publicly funded and working in the field to achieve, perhaps with the central pledge that all help will be given to break down some of the practical and legislative barriers that exist.

Dr Harris: The idea is very interesting, but my only concern is that if we define the issue too narrowly, it might become the target, which will lead to a silo approach and replicating another set of indicators and another narrow set of behaviours. If the issue were broadly enough defined to allow local public services, voluntary organisations and so on to come up with creative approaches, it might be very useful.

Sir John Arbuthnott: Dr Harris makes an important point. This has to be a two-way process. In other words, we need to keep refining and improving what we want to do. We are not absolutely content with what we are doing, because of the many barriers that we have to deal with. The process then becomes an interaction with the professionals whom we expect to provide that service but who might say all the things that I have heard before, such as, "We can't do that, because these people have to be trained in a specific way." It is quite possible to say, "No, we've got to think differently and do that plus. Tell us how you're going to do that. What do we have to change?" If we just accept the existing barriers and differences, we will never make that jump.

Linda Fabiani: My final question relates to Sir John's earlier comments on the potential role for a committee such as this one in looking at the bigger picture and plotting the way forward. Does anyone on the panel know of legislators elsewhere in Europe or more widely who have decided at some point in their country's history that there is a bigger picture and that certain things have to be achieved following an election, regardless of political persuasion—things that are sacrosanct to all and will be worked towards?

Professor Melhuish: I suppose the most obvious examples are the Scandinavian countries, which have said that certain early years services—such as universal child care from birth onwards as well as high-quality pre-school provision and family support—will be provided for the population. They regard those things as essential to a civilised society, in the same way that we view sending all our children to school. That is the clearest example that I can think of. The approach that those countries have chosen is based on some evidence, but to a large extent they have accepted that those things are inherently good and they believe that they are justified by the inherent social worth of the exercise as much as by the long-term economic benefit.

Alan Sinclair: I am still trying to understand how Holland, Finland, Norway and Sweden got themselves into a position where they are doing those things, and doing them so well. We were discussing that at lunch time. Many factors came together. Some of the reasons are economic, as there were shocks to some of those economies at different times, but some of them relate to the roots of the culture. A colleague who comes from Holland says, "In Scotland, it seems to me that you just tolerate children. In Holland, we love children." That has an effect. Some of the reasons came from the greater participation of women in work in the 1960s and 1970s, the women's

movement and the notion that, if women were going to participate in work, the children had to be properly looked after rather than just pushed out. Somehow, that translated itself into public agitation in the 1960s and 1970s across a range of countries, but we were not one of them. It looks as if that public agitation led to the approach becoming strongly entrenched in systems and budgets. That is as close as I can get to an answer.

The Convener: The final question comes from Tom McCabe.

Tom McCabe: It is really for Mr Sinclair and Professor Melhuish. I entirely agree with all that you said about early interventions and some of the things that you have suggested, but my experience suggests to me that we have what I have sometimes described as a growing underclass or a number of people who are ill equipped to deal with the problems that they face in society or in bringing up children, and those people are also cursed by having a poorly equipped peer group and even poorly equipped parents.

Although I agree with the interventions that you have suggested, it seems to me that, for them to really work, they would have to go deeper and further than just the health visitor who stays with the parent for three years. That health visitor would need to work more widely with the family group to prevent those negative influences from contradicting the work that is being done. Do you agree?

Alan Sinclair: I agree that we need to go with quality interventions with the right duration and dosage. Some of the problems that you know of in your constituency are deep inter-family problems. However, the good thing about a number of the studies that have gone on for decades is that we can see that parents and children have benefited significantly from different measures, so we know that benefits have flowed from single interventions.

I recommend that we have a series of interventions and approaches so that, while some would concentrate on teenage mothers, others would involve family centres in the area, which would overlap and help to provide support. Other work could go on in kinship care, adoption and fostering so that, cumulatively, we would begin to change the picture and texture of what we do.

Professor Melhuish: At the beginning of the meeting, I said that many of the things that we need to consider go beyond the services that are directly provided for children and families. I mentioned economic and housing policies, and they are directly relevant to the points that you have just made, Mr McCabe.

Parents are the biggest single influence on children's longer-term development and health, educational, social and criminality outcomes. One of the strongest predictors of poorer and dysfunctional parenting is worklessness in the household. Young people are the parents of the next generation, so we can predict that, if there are high levels of youth unemployment, there will be high levels of dysfunctional parenting in the next generation of parents, with subsequent increases in high levels of special needs, problem behaviour, poor educational outcomes and so on in their children. Worklessness among young people is therefore to be avoided if at all possible. That is obviously a matter of economic policy.

We have also to think about parenting. It is a learned skill, so how do people learn it? They learn it from their family, peer groups, neighbours and so on. If a young mother grows up on a housing estate where she is surrounded by dysfunctional families, she will learn dysfunctional parenting. We should therefore not cluster deprived families into what are, in essence, ghettos of deprivation; we need to scatter deprived families more widely among the more affluent members of the population. That is a matter of housing policy.

The points that you raised are very relevant and extraordinarily important, but they go beyond what we normally think of as early intervention and prevention services.

The Convener: In today's meeting, we have touched on some deep and fundamental aspects of our society and its possible future. There being no final questions or comments, I thank our witnesses for an informative session that was based on theoretical and practical knowledge and experience, which will be very useful to the committee in its further deliberations.

I thank the witnesses for their attendance, and I allow a short suspension for them to leave.

15:28

Meeting suspended.

15:33

On resuming—

Domestic Abuse (Scotland) Bill: Financial Memorandum

The Convener: Item 2 is to take evidence on the financial memorandum to the Domestic Abuse (Scotland) Bill. I welcome Rhoda Grant MSP, who is accompanied by Liza Gilhooly, her researcher. I invite Rhoda to make an opening statement.

Rhoda Grant (Highlands and Islands) (Lab): I am grateful to the committee for the opportunity to give evidence. It is not as comfortable at this end of the table as it is at the other end, so bear with me.

As the committee knows, the bill seeks to offer victims of domestic abuse greater protection from abuse by bringing civil non-harassment orders into line with criminal non-harassment orders. That would be done by removing the course-of-conduct requirement, which would mean that civil non-harassment orders could be applied for after one conviction for harassment. The bill also seeks to provide greater protection by making breach of interdict with powers of arrest a criminal offence in its own right, rather than just contempt of court. That change would mean that the prosecution service would deal with breaches, which would remove the requirement for the victim to seek redress through the courts.

The bill also seeks to end the anomaly by which some victims—those who do not qualify for legal aid—are required to pay for their own protection. It would do so by making legal aid available for non-harassment orders and interdicts with powers of arrest with regard to domestic abuse.

My team and I have gathered information on costs from a range of bodies through the process of consultation on the bill and prior to that. We have also had a meeting with the Scottish Legal Aid Board and sought further written information from it directly and through the Scottish Parliament information centre. We have also sought information from other agencies.

The financial memorandum makes it clear that the costs are difficult to estimate because of the lack of definite information on domestic abuse. That remains the case. The committee will be aware that the Scottish Court Service has, in response to the committee's call for evidence, quantified its costs, which is welcome. Members will also be aware that the Scottish Legal Aid Board has now produced an end-year figure for primary cases, which is lower than that estimated in the financial memorandum. However, the board has highlighted additional cases in which non-harassment orders and interdicts with powers of arrest have been applied for, along with other court procedures such as divorce and custody cases. That has increased the numbers, because we did not have that information when constructing the financial memorandum.

We were unclear how the board's figures had been calculated and asked it for further information, which it kindly provided last week. We have now used the board's figures to identify cases to which non-harassment orders for family actions and interdicts with powers of arrest for family actions are attached. It is still impossible to identify which of those cases were a result of domestic abuse. Therefore, we have counted them all. We have also counted defenders as well as pursuers, because SLAB has stated in its evidence that a small number of defenders are victims.

The committee should be aware that the figures that we have used to calculate are lower than those that SLAB has provided. We believe that there were 410 primary cases and 320 ancillary cases. To assist the committee, we have made calculations, which I think have been passed to members, based on our figures and those of the Scottish Legal Aid Board as outlined in its evidence to the committee. Those are estimates, because we are working on average costs. It is clear from the calculations, including those that are based on our figures, that they are overestimates, because they are based on all family interdicts with powers of arrest and all family non-harassment orders, not just those that have been initiated as a result of domestic abuse.

As in the financial memorandum, we have used the number of cases multiplied by the average cost per case, while taking into account contributions made. SLAB tells us that about 75 per cent of the population currently qualify for legal aid. SPICe estimates that as many as 90 per cent of victims of domestic abuse qualify for legal aid. Therefore, we have calculated an absolute maximum cost using a 25 per cent increase in cases. We still believe that the figure will be nearer SPICe's estimated 10 per cent increase, because we are aware that 90 per cent of domestic abuse cases currently qualify for legal aid. Therefore, we have also worked up estimates for a 10 per cent increase in cases. When the legal aid threshold was increased to cover a further 31 per cent of the population, which happened last year, there was no corresponding rise in grants—our initial calculation shows that the rise was nearer 6 per cent.

There might also be savings because of economies of scale when dealing with ancillary cases. We need to listen to the evidence on that and seek further information to cost that and confirm it. There would also be savings to the legal

aid budget because victims would no longer require legal aid to pursue breach of interdict cases.

In relation to court fees, we face similar difficulties. However, we have used the figures that the Scottish Court Service has given us on the costs of cases and the SLAB figures on the number of cases to make calculations. At the lowest, using my figure of 10 per cent, the additional costs would be £23,360 and, at their highest, using SLAB's figure of 25 per cent, they would be £73,200. Again, that figure includes people who are not suffering from domestic abuse and it includes defenders.

With regard to criminal court cases, there could be savings as well as costs, because of reduced reoffending. We are aware that most cases of domestic abuse that are dealt with by the police—61 per cent—involve reoffending. Current civil breach of interdict costs would be offset also, because breach of interdict would be criminalised.

None of those costs takes account of the further savings that would be made to the public purse by reducing repeat offending and dealing with domestic abuse more quickly and effectively. The committee will be aware that domestic abuse costs the Scottish taxpayer £2.3 billion per annum. That figure represents a huge amount of human misery. Against that figure, even the high end of the estimate for my bill would represent good value for money.

I apologise for taking so long over my opening statement, but I thought that it would benefit the committee to have a full explanation of the cost.

Malcolm Chisholm: Your final remark was very timely, because we have just started an inquiry into preventative spend. Your final few sentences were particularly interesting. I see that the submission from the Association of Chief Police Officers in Scotland picked up that point:

"it was considered that any and all additional costs can be factored and will be a fraction in comparison to the emotional and financial costs required to respond to and investigate further domestic abuse incidents."

You touched on the global figure, but it might help the discussion if you could give some examples of what you think the additional spend would be if we stick with the current system and do not strengthen it. Based on the experiences that I have had with constituents who have tried to get justice, we need to strengthen the system.

Rhoda Grant: As abusers become more aware that, as the situation stands, a breach of interdict is not a criminal offence, they become more likely to breach it. That means that the victim has to go back to court, which is a cost to the public purse. If the victim is getting legal aid, they have to go and claim it to go back to court. It is also a cost to the police, because they have to pick up that person repeatedly. The abuser is locked up for two days, then released, and it goes on and on. There is also a personal cost to the victim, who continues to be abused, while society does nothing to stop that abuse.

Malcolm Chisholm: Legal aid is the area that we might want to question you on. Are you saying that, although the bill might lead to more legal aid costs in some cases, it will lead to a reduction in the legal aid budget for those who are already receiving it?

Rhoda Grant: Yes. At the moment, people who are receiving legal aid and who need to go back to court because of a breach of interdict find that they have to push the issue as contempt of court, which is a civil issue not a criminal issue. The costs of that fall on the legal aid system. Breaches of interdict with powers of arrest would be removed from the legal aid budget and the case would become a criminal case.

Linda Fabiani: The Scottish Government's submission to the Justice Committee says that

"the Bill needs to reflect the current legislation."

but it suggests that the bill does not do that. What is your view on that? Has the bill been amended? Should it be amended? If so, would that change the position as set out in the financial memorandum?

Rhoda Grant: The bill will need to be amended because the Government changed non-harassment orders for criminal cases. Obviously, a non-harassment order can be obtained in the criminal court and the bill needs to take that into account. That change was going through at around the same time as we were drafting the bill.

Another issue arises around ancillary cases. The Scottish Legal Aid Board's submission refers to a number of additional cases, which it calls ancillary cases, in which the interdict or non-harassment order is applied for in connection with other issues, such as divorce or custody. We were not aware of those cases when we first drew up the bill, but we will seek to amend the bill to take account of them and ensure that they can be dealt with holistically. If the bill were passed in its current form, I do not think that that would not be possible. We must also ensure that there are no additional costs. Such cases could give rise to costs, but those costs that it could give rise to are included in those figures; again, if we amend the bill in that way at stage 2, the costs would be reduced.

The Convener: There are no further questions from members. Do you wish to make any final comments?

Rhoda Grant: No. I am very grateful that the committee has taken the time to listen to us. I understand that many committee members support the fight against domestic abuse, and I appreciate that too.

The Convener: Thank you for your attendance and contribution.

Decision on Taking Business in Private

15:44

The Convener: Item 3 is to decide whether to consider our draft report on the Domestic Abuse (Scotland) Bill in private at future meetings. I suggest that we do so. Is that agreed?

Members *indicated agreement.*

Wildlife and Natural Environment (Scotland) Bill: Financial Memorandum

15:45

The Convener: Item 4 is to consider our approach to the scrutiny of the financial memorandum to the Wildlife and Natural Environment (Scotland) Bill. Members will see from the clerk's note that level 1 scrutiny is suggested. Are members content with that approach and with the suggestions for written evidence as set out in the clerk's paper?

Members *indicated agreement.*

Linda Fabiani: I suggest that we also seek evidence from Scottish Natural Heritage because it now incorporates the Deer Commission for Scotland and, in some cases, it might have a different view from that of the Scottish Gamekeepers Association.

The Convener: Is that agreed?

Members *indicated agreement.*

The Convener: That is fine. We will seek evidence from SNH.

As previously agreed, we move into private session to consider our report on the financial memorandum to the Damages (Scotland) Bill.

15:45

Meeting continued in private until 15:46.

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