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Official Report

FINANCE COMMITTEE

Tuesday 2 November 2010

Session 3

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FINANCE COMMITTEE
23rd 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:

Jim Boyle (Oxfam)
Dr Rosemary Geddes (Scottish Collaboration for Public Health Research and Policy)
Douglas Hamilton (Save the Childen in Scotland)
Anne Houston (Children 1st)
Robert McGeachy (Action for Children Scotland)
Dr Jonathan Sher (Children in Scotland)
Dr Susan Stewart (Aberlour Childcare Trust)
Simon Watson (Barnardo's Scotland)
Dr Suzanne Zeedyk (University of Dundee)

CLERK TO THE COMMITTEE

James Johnston

LOCATION

Committee Room 1

Scottish Parliament

Finance Committee

Tuesday 2 November 2010

[The Convener *opened the meeting at 14:01*]

Preventative Spending Inquiry

The Convener (Andrew Welsh): Good afternoon and welcome to the 23rd meeting in 2010 of the Finance Committee, in the third session of the Scottish Parliament. I ask everyone who is present to turn off any mobile phones and pagers, please.

The only item on the agenda is the taking of evidence for our inquiry into preventative spending. This week, we are focusing on preventative spending from the perspective of children and the early years. We will take evidence in a round-table format that is different from our normal question-and-answer session. Our witnesses are interspersed around the table with members of the committee. All participants can pose and answer questions, and the aim of the session is to allow more of a discussion to take place—in an orderly fashion. In order to maintain some order and structure, anyone who wants to speak should catch my eye or the eyes of the clerks who are sitting next to me. We will start with brief introductions.

I am an MSP, and the convener of the Finance Committee.

Tom McCabe (Hamilton South) (Lab): I am an MSP, and the deputy convener of the Finance Committee.

Simon Watson (Barnardo's Scotland): I am the head of development at Barnardo's Scotland.

Dr Jonathan Sher (Children in Scotland): I am the director of research, policy and programmes at Children in Scotland.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): I am an MSP, representing Tweeddale, Ettrick and Lauderdale. I am a member of the Finance Committee.

Douglas Hamilton (Save the Childen in Scotland): I am the head of Save the Children in Scotland.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): I am an MSP, and a member of the Finance Committee.

Dr Suzanne Zeedyk (University of Dundee): I am from the University of Dundee. I teach child development, particularly early interactions between parents and children, and the early neuroscience of the brain.

Joe FitzPatrick (Dundee West) (SNP): I am an MSP, representing Dundee West. I am a member of the Finance Committee.

Dr Susan Stewart (Aberlour Childcare Trust): I am the manager of Scotland's child and family assessment centre, which is run by the Aberlour Childcare Trust.

Jim Boyle (Oxfam): I am a programme co-ordinator for Oxfam in Scotland.

Robert McGeachy (Action for Children Scotland): I am the policy and public affairs manager at Action for Children Scotland.

David Whitton (Strathkelvin and Bearsden) (Lab): I am an MSP, and a member of the Finance Committee.

Dr Rosemary Geddes (Scottish Collaboration for Public Health Research and Policy): I am a research fellow of the Medical Research Council at the Scottish Collaboration for Public Health Research and Policy.

Anne Houston (Children 1st): I am Anne Houston, chief executive of Children 1st.

Derek Brownlee (South of Scotland) (Con): I am an MSP, representing the South of Scotland.

The Convener: Thank you. I extend to you all a very warm welcome.

When it is published later this month, what would you like to see in the Scottish Government's draft budget on preventative spending and support for investment in early years services? Rather than a wish list, I would like to hear examples of practical, deliverable, affordable and effective preventative spending in early years investment. Who would like to start?

Simon Watson: I will give it a go.

At a time when budgets are being cut, it is important that we look for things that are proven to work. We also need to recognise that we might not have all the solutions at our disposal at the moment. We might need to put aside some money for additional or seed investment in new policy innovations.

There are some examples of what might work. Cited in our submission is a 20-week programme called you first, in which we targeted parents under 21 with a baby under one in the 15 per cent most deprived areas in Scotland. The programme has been designed specifically to meet the needs of participants—they determine the agenda and we pay them an additional £20 a week. It is a practical, pragmatic programme that has an 80 per

cent attendance rate and runs in partnership with the national health service.

We need to find the space to say, "Great, that works. How do we roll it out?" At the moment, initiatives like that seem to fall between the cracks of major departmental spends.

The Convener: You have seen actual outcomes and benefits.

Simon Watson: Yes—there have been outcomes in terms of participants' confidence in parenting, in budgeting and in ensuring that they maximise their benefits and entitlements. On all the indicators, the programme is extremely positive. Those in the group attend only 30 per cent of their doctors' appointments, but they are attending 80 per cent of classes in the programme. They are called "hard to engage", but they are not necessarily hard to engage; they have just not engaged with the right services.

Douglas Hamilton: The convener asked what we would like to see in the budget, particularly on preventative spend and the early years agenda. My focus, in particular, is on what will tackle poverty and disadvantage. There is perhaps a signal of a change in priorities and attitudes when it comes to the budget, and a change in the areas in which the Government prioritises spending. That is not to say that the budget will solve all the problems—it will face a lot of cuts—but there is an indication of the start of something different, and a new way of investing in services and setting out public policy direction for the future by focusing more on preventative spend. We would highlight early years within that.

We need to shift the emphasis in budgets. Rather than focusing on dealing with problems as they manifest—in other words, with a reactionary budget—gradually, over time, we will start to invest more in the preventative side. That might be at the expense of budgets in other areas. All the evidence is there. We do not need to convince anyone here of the value of preventative spend and investing early—the case is well made. The issue is how we go about doing it and whether the budget can be used to start doing that.

I agree with Simon Watson about considering areas in which the evidence is there. There is already a lot of evidence about investing early. I do not suppose that we are here today to recount all the evidence that is out there—it is in our submission and it is available from other sources. If you are looking for a specific example, we know that parenting programmes have a long-term impact. We have good examples of that. We could put money into support for parenting initiatives as part of a framework that is already agreed. The early years framework is already there, but we have perhaps not seen the resources to match the good direction that that has taken. I suggest that initially we target areas of severe poverty, because that is where we will get the biggest return on investment at this stage.

The Convener: Our target is to share experience and seek best practice.

Robert McGeachy: It is important that the Government and other policy makers reflect in the budget a long-term view and avoid short termism. The concern that is uppermost in our minds is that a tendency to look at short-term savings could impact severely on social costs in the long term, particularly with regard to policies that support vulnerable and difficult to reach children, families and young people. Savings might appear to be attractive in the short term, but it is important to consider some of the long-term, perhaps unintended, consequences for the most vulnerable in our society.

To put that in context, as part of our joint report with the New Economics Foundation, "Backing the Future", we did a social return on investment assessment, which found that, for every pound that is invested annually in an Action for Children Scotland targeted service, society benefits from between £7.60 and £9.20 in social value created. Those benefits are reflected in increased tax revenue, reduced benefit payments, reduced costs from crime and antisocial behaviour, and reductions in the health costs of children and other long-term costs.

I would like to highlight to the politicians that we should avoid a short-term approach, because it could have unintended consequences in the long term.

Anne Houston: I agree with colleagues about the clear need for investment in preventative services. We do not take that up for the longer term at our peril.

There are other issues around the balancing of the budget. For example, a significant number of services that are provided by the voluntary sector could be put under the banner of health, and the health spend could be diversified to cover not only traditional health care but the contribution that the voluntary sector makes to children's health and wellbeing now and into the future. Evidence has been given about the long-term financial benefits of that, as well as the benefits to society.

For me, one of the questions about the budget is how radical people are prepared to be. Obviously, part of the current concern is the mismatch between the need for crisis services for now and the need to invest in preventative services when budgets are being cut. We have to become infinitely more creative about how else we might find funding for preventative services. That can be done in a number of ways, whether it is by

looking at the way in which some of the budgets have been allocated in the past, or at some way of reclaiming those budgets, such as seeing whether the sure start or fairer Scotland budgets could be targeted at the early years agenda.

There is a lot of evidence about what works, and this is about using what works. In addition, we need to gather more information. Part of the difficulty with preventative spend is evidencing what difference it makes—often we are trying to evidence a negative, or what has not happened as a result of spending on early years services.

We would like some of the funding to be used to create a pot of money that could be used to undertake specific pilots and longer-term evaluations, so that we can evidence that even better.

Jim Boyle: From Oxfam's perspective, any decision on early intervention has to be gendered. We have to be specific. When we are talking about early intervention, on the whole we are talking about mothers and their children. If decisions are not based on gender, they will have limited success; that must be made more explicit than it has been until now.

Although there is evidence of success in early intervention and prevention, we can successfully measure only the long-term effects. There should be links between what is decided in early years intervention and the other interventions that are made as people journey through their lives. Early intervention should not be disconnected from other decisions that are made within the budget process.

The Convener: How do we get such co-ordination?

14:15

Jim Boyle: You have a bank of officials in the Parliament. You start from what the analysis should be. To us, it is clear that, if we are going to target, we have to be gendered—we have to look at the implications for women and men. In this specific case, it is about where resources are targeted and how that is done. We know that it is targeted at women. If you follow through that way of thinking, any intervention along people's journeys should be gendered—so, from delivering antenatal care, through to nursery, through to when the child goes to school, a gender analysis should be done. There are then implications for the mother and her journey into work, further education or whatever. That analysis must be embedded in any decisions that are taken.

Dr Zeedyk: I would like the budget to give a commitment to the evidence that now exists everywhere that investing early brings all sorts of savings. We do not need any more evidence; we need a decision on whether we believe it. That is because, if we believe it, to do anything else with our money would actually be wasting it. All the discourse has been about long-term savings, but the story is much more exciting and powerful than that. We do not have to wait for the long term to get the savings. Politicians try to make decisions about where money will go, but they might not be in office in 10 or 15 years. However, we do not have to wait that long to see the savings.

Lots of evidence shows that if we measure the right things, as Anne Houston talked about, we will achieve savings within months and certainly within a year's budget. We just do not measure those things. We are used to thinking about the cost of prisons, mental health services and lack of academic achievement. The long-term savings will be achieved, but the model is not invest now, save later—if we measure the right things, the model is invest now, save now and save later. If we measured things such as the decrease in doctor visits, the increase in parents being able to attend work and the decrease in police call-outs for domestic violence, I have no doubt that we would see that we are saving money now.

The reason why early years services work is that they influence children's brain development. The neuroscience is now undebatable. Children's brains develop more quickly between birth—really conception—and the age of three than they ever will again. So we need to get the money into services and get support to families because, after that age, those brains are in place. If we delay, all that happens is we continue to spend our money in ways that are, frankly, dumb. We are wasting our money if we do not get it into early years services. In other words, early years services are not a luxury; they are essential if we are to do the things for Scotland that we want to do.

In 2007, the United Nations Children's Fund—UNICEF—produced a ranking of all the western countries, in which the United Kingdom came out at the bottom, next to the USA and ex-Soviet states. The question is how we ended up there. I can tell you that the answer is to do with our early years services. We will never move out of that position until we change the support that we give to families. All that I want to see in the budget is evidence that we believe the empirical evidence that is out there. That does not take courage; it just takes understanding that politicians who put money into early years services are wise and prudent—they are not brave, they are just wise. They are spending our money well.

Dr Geddes: In the draft budget, I would like to see a really good mix of approaches that includes targeted and universal services. The submissions say over and over that we need to think of the

vulnerable and put a lot of money into that. I completely agree with that, but we also need to think about our universal services. Many studies, particularly costing studies that look at bang for your buck, show that focusing on the most vulnerable gives huge returns on the initial investment—in the order of 10 to 17 times.

However, I think that people forget that the most vulnerable are quite a small proportion of the population. If we are thinking about improving the entire country and making Scotland economically productive, we must think about the medium-risk or lower-risk proportions of the population. Studies that have separated out benefits to medium-risk and lower-risk children in the population show that the returns on investment in them are not that high—they are in the order of 1.5 to two times every pound that is invested—but benefits will be received from a very large group of people, who go on to become economically independent and contribute to the country.

I am not saying that we should not have targeted services at all; I am simply saying that we need a combination of targeted and universal services. The term that is bandied around is "proportionate universalism". That simply means that services are called universal, but there are different levels of support, depending on people's needs. Such an approach would mean looking at universal education and health services such as midwifery, health visitor and pre-school services, and making them as strong as possible and of good quality. It would mean increasing health visitor training numbers, for example, so that there is an excellent universal service.

The Convener: Do we have a toolkit to measure success? How do we measure effectiveness? How can we build up evidence-based conclusions on which to form policies? Are a toolkit and measurements available?

Dr Geddes: There is no getting away from good, solid monitoring. One thing that the Scottish Collaboration for Public Health Research and Policy is working on at the moment is a tool for comprehensive early child development. Children's development is measured just before they go to school. That tool is being used in numerous countries. The development of children in a population is measured at, say, age four or four and a half, not in order to hold them back but to show their level of development. Many countries are measuring that; it will be measured again three years later. Different cohorts of children in populations are measured. That shows what is going on in communities. If the community has active voluntary organisations, really good pre-school services and parenting programmes, it will be seen that those children will improve in their development with each three years. That approach is now used in all of Australia and all of Canada. Some basic follow-up measures are taken. Children's outcomes in primary 7 and secondary 2 and at school-leaving age, say, may be considered, and those outcomes must be linked with the criminal justice system. That is more complex. What the population is doing over time must be considered. That is the only way to measure things.

Dr Sher: Of course, I echo and support what my colleagues have said and the evidence that Children in Scotland has presented, but I would like to raise an issue that has not yet been explicitly raised.

At a time of budget cuts, one thing that can be done in the budget—it is something entirely new that would have pay-offs in the first year and would continue to pay off year after year, decade after decade—is simply to take seriously and to fund pre-conception health. Everyone understands that from their own lives. For decades, the international scientific medical research evidence has confirmed that commonsense practical experience, that the health of the mother at the time of conception is the most powerful predictor of what the birth outcome will be.

When a mother has serious medical problems or smokes heavily, drinks heavily or is obese—I have read about obesity—at the time of conception, it is very difficult to address the problem during the pregnancy. All those things result in birth outcomes that are heartbreaking for the families, crippling or life ending for the babies and very expensive in terms of public funding.

If an effort were made to take pre-conception health seriously, there would be no downside to that. Improving the health of women of child-bearing age, even if they never get pregnant, can only be good. It is good for them, for society and for their employers, but the real benefit lies in the birth outcomes. The results can be measured easily and quickly. We have good birth outcome data now; frankly, they make pretty depressing reading. Those data could be improved dramatically by investing now in pre-conception health and changing the equation so that from the first breath of life, children have a chance to have good, healthy lives. That would avoid us spending inordinate amounts of money on children who were born prematurely, on low birth-weight children and on children who were born with entirely preventable problems that were never prevented.

I only note that not only would that have a quick pay-off, but it would be quite new for Scotland. There is not one civil servant in the Scottish Government whose remit it is to oversee pre-conception health and to ensure that there is good pre-conception health. That is the opportunity.

The Convener: A colleague was nodding in agreement.

Dr Stewart: I agree with my colleagues. In thinking about how we make that shift to preventative spending on early intervention, we need to consider how budgets are allocated and managed. One of the biggest issues is that, although practitioners on the ground work together and cross-cut and cross-fertilise, they often do so within budget constraints. It is not necessarily a question of providing more money; it is about jointly managing budgets and looking at what we do with those budgets and who makes the decisions on that.

I will give an example. The service that I manage covers the whole of Scotland. The families that we work with are often very marginalised families in which the children are looked after and accommodated. A considerable amount of money is spent on children in temporary foster care when a lot of work could be done on earlier intervention with those children, which would mean that budgets could be shifted or looked at in a different way.

14:30

Anne Houston: There are a number of issues. We have talked about universal services and targeted services. I suppose that my concern is that they end up vying with each other. If we are truly in favour of an early years approach, it is not a case of either/or.

In discussions with local authority partners, we are already hearing that there is significant risk to existing early years services. Unfortunately, they are sometimes seen to be an easier area to cut. In addition, the spend on child health in 2009 was less than what was spent on the general practitioners out-of-hours service. Even to get to that level, there was a significant increase in spending on child health between 2005 and 2009, although I would query how much of that went into preventative services.

I will tell you about our experience on the ground. I mentioned health visitors a while ago. Health visitors have always provided a very important protective and preventative service. However, at the moment, because of a lack of resources, they are increasingly being targeted to where there are child protection issues or other major issues. So, something that was intended to be a universal service and which had a huge impact in protecting our children is now so targeted that those involved are unable to provide that universal service.

From what we see on the ground daily in our work, the concern is that both the targeted services and the universal services are being reduced although there is a need for investment in preventative services. The convener's first question was about what we would like to see in the budget. I would like to see strong leadership through the budget, emphasising how important it is to prioritise the area.

I take Susan Stewart's point about the need to look creatively at how the money is managed. It tends to be in silos although there are things that could be done if there was a mind to be fairly radical. For example, joint working between local authorities and the NHS could be required under section 17 of the Community Care and Health (Scotland) Act 2002. The question is how far we are prepared to go to achieve that. If what we need is increased funding, something such as the tartan tax could be considered. If the area is important enough to us, might that be considered? We must think outside the box and look across services, given how important the issue is.

The Convener: Leadership, participation and money management.

Robert McGeachy: In terms of the budget process and looking at the advantages of preventative spending, is there cross-party support for strengthening reporting requirements where the Scottish Government—of whatever persuasion—and local authorities have funded initiatives, policies and legislation designed to improve outcomes on a preventative and early intervention basis? That would help us to measure things and would improve the evidence base.

The Convener: You have added reporting requirements to that list. I now throw the subject open to the politicians.

Malcolm Chisholm: Most of us are persuaded of the preventative importance of early years spending. A lot of evidence for that exists, some of which is presented in the written submissions that we have received. Over the past two or three years, I have become persuaded that that is a crucial area, partly because of new information such as that which Dr Zeedyk mentioned about brain development in the first three years of life. In that sense, the witnesses are pushing at an open door. Having said that, we face unprecedented economic challenges.

First, given that we should have a commitment to the area, what would be the most effective initiatives to fund? Realistically, we are not going to have enormous amounts of extra money, much as we would like to, so what are the most effective interventions? Secondly, although a lot of the evidence is based, as people have said, on the long-term pay-offs in the prevention of mental health problems, lower prison populations and so on—we must recognise and explain that to people—there are also short-term savings to be

made, which were referred to by Dr Zeedyk. It would be interesting to hear the witnesses' reflections on that. It partly strengthens the case. The case stands on the basis of the long-term advantages, but if we can bolster it with examples of the short-term advantages, the argument will be more persuasive when it comes to politicians and the general public. That could be an important area in itself as well as an important part of the debate.

Going back to the first point about what is most effective, I suppose that I am looking for specific examples of interventions. Part of the issue is the balance between targeted and universal interventions. That issue came up in evidence at last week's meeting, particularly from the health and social care panel. I was quite attracted to the concept of proportionate universalism—it is sometimes called progressive universalism, which I think is the same thing. It is about teasing that out and converting it into practical and specific action. That is what I am most interested in.

I think that I am totally convinced of the case for such preventative spending, but I would like to establish what would be the most effective interventions and whether we can bolster the argument and the case by providing examples of short-term benefits, including financial benefits, as well as long-term benefits, which I think everybody is persuaded of.

The Convener: I have opened it up to the politicians, but I would like this to be a discussion, so if any of our witnesses wish to intervene on any of these issues, please do so. I have noted several requests to speak; I will allow another member to comment and then I will try to intersperse people.

Joe FitzPatrick: I will try to be quick, because I think that this is one of the most interesting and useful evidence sessions that we have had in the inquiry.

I ask for more thoughts on two points. First, we heard about the possibility of some short-term savings, but how can we ensure that the savings are not consumed in more spend? If we spend to save and then make savings, how can we ensure that we keep those savings as money that we can invest in something else, rather than the money being consumed in what the services are doing?

Secondly, on reporting, a number of people have talked about there being good evidence out there, and they have challenged us with the question whether we would all support the idea of strengthening reporting. When we speak to our colleagues in local government in particular, they tell us that they are concerned that sometimes the required levels of reporting mean that they spend time producing documents, ticking boxes and reporting rather than doing front-line work. I am interested to hear your thoughts on how we can strike a balance.

Anne Houston: I will respond initially to the point about short-term advantages. I can give a number of examples from the work of Children 1st. Family group conferencing is about involving families in decision making, and the evidence is that that approach can directly prevent children from having to be received into public care. We are increasingly using FGC from pre-birth, particularly when there are substance misuse issues with the mother. That can directly save significant amounts of money. The comparison of the cost of an FGC and some family support with the cost of maintaining a child in public care is the perfect example, but other examples include a number of the parenting services that we run, which lead to a direct reduction in violence, police involvement and a range of other things. There are some clear, immediate indicators as well as longer-term benefits.

Another issue on which Children 1st has given a lot of evidence is the impact of alcohol on children and the need to deal with not only people who identify themselves as having a major alcohol issue but the binge drinking that takes place and its impact on children.

On the question about savings, I will be perfectly honest and say that if we managed to make some savings, I would hope that some of them would go back into further reinvestment in preventative services, given how hard we have to work to get such services.

On reporting, we are very concerned about the fact that there is no national indicator on child wellbeing. The national indicators for children relate to dental health and pre-school issues. We would like there to be a national indicator on child wellbeing, which would be reported on in the process, although I agree that we would have to look at the reporting mechanisms.

The Convener: How would such an indicator be built? Is there enough evidence already to allow you to say that you could create the indicator in such a way that it would be practical and effective?

Anne Houston: Yes. There are a variety of ways of measuring child wellbeing. All of us who work in the field use a variety of assessment tools. The SHANARI model—SHANARI stands for safe, healthy, active, nurtured, achieving, respected and responsible, and included—is built into the Scottish Government's getting it right for every child policy. Different tools could be used for the purposes of evidence.

The Convener: I call Linda Fabiani.

Linda Fabiani (Central Scotland) (SNP): The stuff that I want to discuss is more about implementation and comes a bit further down the line, so I am happy just to listen for the moment

The Convener: Thank you.

Dr Sher: I return to the subject of pre-conception health, as it illustrates the point about a quick return. A lot of people who have not given any thought to the matter assume that any problems that existed before pregnancy can be picked up by midwives and dealt with during pregnancy. It would be nice if we lived in a world like that, but that is not the truth. The truth is that by the time that women know that they are pregnant or have their first booking at six to 10 weeks, a lot has already happened and a lot has already been determined.

There are some interventions that, if they were not made prior to conception, have no meaning during antenatal care. A classic example of that, which I will mention as no one else has, is women taking folic acid supplements prior to becoming pregnant. If a woman takes folic acid supplements after becoming pregnant they will not do her any harm, but they will not do her baby any good. If, however, she takes those supplements prior to becoming pregnant, she reduces the chances of the child developing spina bifida and other neural tube defects by up to 70 per cent. If you have ever dealt with a child with spina bifida, you will know that it is incredibly hard on that child, hard on the parents and extraordinarily expensive to the public purse. The cost of a child not developing spina bifida is minuscule—it costs practically nothing to take folic acid supplements. This is all about knowledge and timing, and it involves something being done at the pre-conception stage that, if it is done later, does not mean anything. It only matters—and it matters greatly—during pre-conception. That is doing something.

The not doing something is drinking alcohol. I have presumed upon your kindness and distributed a copy of a wee primer about foetal alcohol harm. That has been completely overlooked in Scotland. It is a cultural blind spot here, for which children, their parents and Scottish society pay over and over again. Much of the damage can be and is done by women who did not know that they were pregnant and continued to drink heavily. Their babies' lives are shaped—or misshaped, more appropriately—from then on. When they are born, the brain damage does not go away, and it is never outgrown.

I have a quotation from Dr Harry Burns, our chief medical officer, that echoes the views of his colleagues all over the world. He wrote:

"prenatal exposure to alcohol is the leading cause of brain damage and developmental delay amongst children in industrialised countries".

That is just what is true—but we pretend that it is not true, to children's peril and to our continuing overwhelming cost.

Those are things that can be done cheaply—prevention does not cost a lot. The benefits are immediate, and they last a lifetime.

14:45

Dr Zeedyk: The trouble with not funding early years services is that families' need does not go away—it just goes unmet. When we take money out of universal services, we must put more money into targeted services to deal with the problems that universal services would have helped to prevent. The need for targeted services, which are more expensive, rises.

It is not like building roads. Roads are a luxury, but they are not organic. The point is that children's brains are organic. Once children are here, we must cope with them; the alternative is to leave them or their families on the streets, which we as a society do not want to do. If we do not spend our money in a way that is less expensive, we will end up having to spend more of it down the line. That is why all of us are stressing that early years services are not a luxury but something that we must provide. At issue is how we do that most wisely.

I want to suggest something really radical: let us stop collecting more evidence. We do not need any more evidence; we have all that we need. It may be that not everyone knows about it, but many of us do. It could be a matter of trust. We could trust the people that have the evidence to tell us the outcomes. We could trust childminders and people who work with children to get on with the job, instead of requiring them to record more of it.

Many childminders to whom I speak are asked by the Scottish Commission for the Regulation of Care how they know that children are enjoying their day and whether they have any pictures to show that. Childminders ask me whether the commission wants them to stop the pleasure that they were having to take a picture. Sometimes it is a matter of trusting that we know enough. That is not even being radical—it feels radical only because we do not want to believe evidence on the damage that alcohol causes or on early years services. We must trust what the evidence already tells us. The more that we do not trust, the more we create brain damage or children who are in families that will cost us more money.

We do not just save money—we generate it. The story is so exciting. The issue of budgetary silos has been raised. I give the example of the Scottish violence reduction unit. The unit was established by Strathclyde Police, which wanted to

know how to reduce violence. After asking many people, it came to the conclusion that we do it by putting money into the early years. John Carnochan, the unit's head, said that he wanted not 1,000 more police officers but 1,000 more health visitors.

The unit tried to break down barriers and began to push the message that violence is not a crime issue but a public health issue, so that we started to conceive of doing things in a different way. Using that approach and putting together some gang initiatives, the unit reduced the number of murders in Glasgow, which has the highest rate of knife crime in Europe. John Carnochan told his chief that the unit had generated money, because the fact that there were fewer murders meant that Strathclyde Police did not have to pay for so many investigations, and asked to be given that money so that he could put it into early years. The chief agreed to do that.

The point is that approaching matters differently enabled us not just to save money but to generate it. We did not need to have long-term outcomes. If we thought about the issue differently, we could get really excited about it, instead of getting scared and worried about it.

The Convener: I acknowledge your request, but the committee's quest for evidence will proceed. For that evidence, we could go to no one better than Douglas Hamilton of Save the Children.

Douglas Hamilton: Malcolm Chisholm asked which interventions are most effective. I do not want to give you a list of the five or six things that I think are most effective, but I can point to some examples.

As Dr Zeedyk said, the evidence is already available. The Children's Workforce Development Council in England reviewed some of the parenting programmes that are in place. It looked at evidence that has been collected in a robust way, through randomised controlled trials, and evidence on programmes that have been followed up over one or more years, and produced a list of about 10 programmes on which the evidence was robust. The council indicated that it could say with confidence that implementing those programmes would lead to improved parenting, outcomes, targeting and so on.

Some of those initiatives are familiar and have operated in Scotland, such as triple P—the positive parenting programme—which Glasgow City Council is picking up; mellow parenting, which other authorities have picked up; and the families and schools together project, which Save the Children introduced in West Dunbartonshire. The evidence for them has been gathered over the years not just from Scotland, but from the States, England and other places.

We have a collection of programmes that we know are effective, from which we can draw. We can rate some of them. The Greater London Authority is looking at a programme that it calls standards of evidence, as part of its project oracle. It involves pulling together issues and rating programmes, so that people can see what is most effective to the achievement of particular outcomes.

We have a list of effective programmes—I will not promote one programme—of which some will be more appropriate to some authorities than others, depending on the context. The list is not prescriptive—it does not mean giving money on the condition that triple P must be implemented in an area. We are saying, "Here's a list of resources and here's where the evidence base is. Please allocate your money to the things that we know work and will be most effective in your area." Much of that evidence is already out there.

On short-term advantages, many of the programmes that have been mentioned and others can point to evidence of a short-term pay-off as well as a longer-term pay-off. We know from our work in West Dunbartonshire on the families and schools together project that, even after eight to 10 weeks, advantages can be pulled out, such as improved behaviour at school. When that is rolled out over another few weeks and to the rest of a class, there begins to be an impact on the number of additional staff that a school requires to deal with behavioural problems, because such problems are not manifesting themselves.

Joe FitzPatrick asked how we ensure that savings are not consumed in more spend. I am really glad to use the example from Glasgow of Strathclyde Police, which partly highlights how we change the attitude of commissioners of services. They need an incentive to disinvest in one measure and invest in preventative early years services. Part of that incentive must be the commitment that any savings that are generated can be reinvested locally, to continue to further the evidence-based programmes that have been implemented.

Perhaps a small amount of seed money could be provided for innovative new programmes that will develop over time. The incentive is needed so that people say, "Okay—we're going to do this, but the savings are not going to head off into some other budget or some other part of the country." Savings need to be reinvested locally, to ensure that people can do more of the work that they have done, to be more effective in the future.

The Convener: Linda Fabiani wanted to ask a question.

Linda Fabiani: No—I want to ask about a new issue.

The Convener: Okay—in that case, I call Simon Watson.

Simon Watson: I echo what has been said. I will take a step back. Sometimes, the implication is almost that we get into a habit of saying, "Well, the money's running out—now what are we going to do?" However, the increases in spending did not necessarily solve the problems. Total managed expenditure in the economy has risen dramatically—we have doubled the amount of money that we spend on welfare in the past 10 years—yet we still have the same reoffending rate among young people who come out of prison, little movement on child poverty, the same level of educational attainment for care leavers and increased problems with alcohol and substance misuse. We have doubled the amount of money that we spend, but we have barely put a dent in the problems.

My view and the view of Barnardo's is that money gravitates to problem management and not problem solving. That means that we have agencies and institutions that are an industry of their own, managing the problem and dealing with its short-term outputs, but few resources are geared towards problem solving. That is where Anne Houston's point about leadership comes in. We need to send the signal that it is okay to take risks. I accept that there is lots of evidence on programmes that work but, sometimes, communities and local authorities must innovate and own their solutions to the problems. No blueprint solution that we can plonk down will work for everyone in any area that we have discussed today.

We cannot lift measures from northern Europe and Scandinavia, plonk them down in Scotland and expect the same outcomes. We need people to own the innovation. To achieve that, a small amount of resource needs to be provided and people need to be given the freedom to take risks. We lack that. Something that went some way towards that would be good.

The Convener: Ownership is crucial.

Dr Geddes: Going back to Mr FitzPatrick's question, I think that if we brainstormed for a couple of hours it would not be difficult to come up with a number of short and medium-term advantages. UNICEF's child wellbeing measures have already been mentioned; of the six different dimensions they cover, Britain actually does really well in the physical area. However, our really weak area is social and emotional wellbeing. If that is such a problem, we should examine it. We should, for example, look at what is spent on children with behavioural problems in school—after all, these kids need teaching assistants—and the number of diagnoses of, say, attention deficit disorder and so on that have been made. The committee will have heard of Phil Wilson. He works on the Glasgow parenting network, which has introduced a kind of screening programme in the city to pick up children with behavioural, social and emotional problems very early on, and which has put in place a number of other programmes to support those children and their parents. All you would need to do would be to measure beforehand the spending on teaching assistants in schools for these kids, the number of diagnoses that are being made by general practitioners and the amount of money that is being spent on Ritalin in the city and then measure the same things again four years later. I do not think that you would have to wait that long to see huge savings.

On the question of getting the right reporting balance, local authorities are finding things really difficult at the moment. They are allowed to choose any number of indicators from a menu of 52 and, indeed, can make up some of their own if they like. However, such a system makes it difficult to measure what is going on in the country. If everyone is measuring a lot of different things, you will not really know whether the country is moving forward, and local authorities need a simpler and very carefully chosen list of what has to be measured if they are going to be measuring anything at all. I realise that this is a terrible thing to say, but there should be more prescription. I am sure that local authorities would hate that; perhaps there should be more guidance on the really important things that should be measured, instead of a menu of 52 indicators that is given out on a "There you go—measure what you want" basis.

Linda Fabiani: I agree with Dr Zeedyk that we have more than enough evidence to convince most people of what needs to be done, so I would like to move on a wee bit.

We have been discussing the need for a national strategy and guidelines, but a lot of the evidence from the voluntary groups refers to local initiatives and enhancing the role of the voluntary sector. My question—which I put directly to representatives of the voluntary sector, although I would be interested in hearing the views of the academics present—is how we actually formulate a national strategy while at the same time dealing with local initiatives; how we match both approaches and make them worth while; how we enhance the voluntary sector's role in all this; and, indeed, how you define the voluntary sector. I accept that there has to be a certain professionalisation of voluntary sector agencies, but how do we ensure that we use the community in this work?

Simon Watson talked about the need to empower the community and get small amounts of seed corn that will help with innovation. How do we use members of communities to input into local

initiatives, which in turn input into national strategies? How do we make that work without the system becoming top-heavy and perhaps more bureaucratic than it currently is? How do we deal with the statutory bodies in that framework? I am asking about implementation, rather than theory.

15:00

The Convener: You have thrown down the gauntlet. Who wants to take it up?

Jim Boyle: I cite a piece of work that we did with Clydebank independent resource centre. We looked at 30 years of regeneration and initiatives through the eyes of a voluntary sector group that had lived through those 30 years. We learned that we no longer need to count or think things up. We learned that we need fundamental changes in how things are delivered.

We need to turn from a deficit model to a development model. We need to think about what we want people to achieve rather than what we want them to stop doing. If we achieve that change of mindset, we begin to think differently. That involves measuring things differently, and I would put more of that in the hands of society as a whole. We should ask people what needs to be measured and what a decent society would look like. We should measure against what people say and we should direct our resources accordingly.

That all sounds airy-fairy, but let us consider the context that we are living and working in. It took 24 hours to put billions into the banks, with no measurements and no outputs at all. I am talking about evidence that is already there. We do not need to think up new initiatives; we need to put more trust in the communities in which we are involved.

Poor working-class women generally live in poor working-class areas. If early intervention and early years are not linked with regeneration, whatever we put in in the early years will make little difference to children's life chances. The two aspects must go together. Rather than split budgets into two silos, we should maybe bring them together.

A different form of measurement is needed. Oxfam is promoting a different kind of index that will highlight how people think that things should develop, rather than what we should stop people doing.

The Convener: Does such an index exist or would it have to be created?

Jim Boyle: There are a number of indexes, but Oxfam's proposal—we have set up a steering group—is different, because we are proposing that there should be wide consultation in society about what people prioritise, as opposed to what professionals say is needed.

Robert McGeachy: Linda Fabiani's question made the case for the cultural change that is required to get the buy-in for preventative spending and early intervention, from Government, local authorities, the voluntary sector, health boards and other agencies that work with vulnerable children, young people and families. Partnership working should also be at the centre of ensuring that there is greater buy-in for preventative approaches and early intervention.

A good example of successful partnership working is Action for Children's youthbuild model, which involves support from the Scottish Government, Inspiring Scotland, local authorities, housing associations, the voluntary sector and some of the largest construction companies in Scotland, and promotes training and employment opportunities in the construction industry for difficult-to-reach young people, many of whom have issues to do with mental health, drug and alcohol misuse and offending. Partnership working has been successful in promoting positive outcomes for difficult-to-reach young people. Part of the success is also due to the intensive support that is put in place. We work with about 400 young people each year, and 80 per cent of them have very positive outcomes in securing real jobs, accessing training or going on to education. That shows that for preventative approaches, targeted intervention and intensive support, partnership working is the way ahead.

Anne Houston: I do not know that I can answer every one of Linda Fabiani's questions, but I will try.

In response to the question on national strategy and guidelines, I will focus on the voluntary sector's input. There are a number of different ways in which that input can happen. To pick up on the issue of partnership working, a number of the big national children's charities—four of which are represented round the table today—meet regularly to look at how we can have an input into high-level planning, for example. That is increasingly happening, and it means that we can bring what we know from the children and families with whom we work—we listen directly to them—to the planning table at a strategic level.

From our perspective, the national strategy is about having enough leadership to push the direction of travel. Although a level of interpretation is needed so that local needs, which will be different, will be identified, leadership must be sufficiently clear about what the priorities are.

I want to pick up on the question of the voluntary sector's role. The voluntary sector comes from working in communities, very often with those with

whom the statutory sector either could not or would not work, or vice versa. There is still a level of truth in that in terms of the voluntary sector's ability to reach some of those who do not wish to be involved with the statutory sector because of stigma or a range of other things. It is important that we acknowledge that as one of the things that we bring to the table.

We are based in, and we came from, communities. In the implementation of early years and preventative strategies, we ignore community engagement at our peril—to pick up on what Simon Watson said about communities. A lot of work is needed on community engagement. Over the past number of years, during which we had—I use this term advisedly—relative plenty, a lot of child wellbeing and protection work has been professionalised. We have all done that and, unfortunately, given the amount of regulation, legislation and the responses from those of us who are professionals, the result has been to divorce to a great extent a large number of community members from the protection of their children. They are now often frightened to go near children and they are concerned about people jumping to conclusions about what is happening. They do not wish to get involved, and so they have become deskilled and lacking in confidence.

I hear some people say that we just have to remind communities that it is everyone's responsibility. That is not enough. We have created some of the lack of confidence in our communities and we must collectively take some responsibility for re-engaging with them. We need to reskill them, increase their confidence and ensure that they know how they can protect their children. We can do that by directly providing informal support—which can be the best kind of early intervention—and by enabling them to assess at which point they need to involve the professionals. That allows the professionals, in a time of restricted funding, to concentrate on the much more high-tariff incidents of child protection in which they must be involved. The community can be the eyes and ears for those of us who need to hear about such incidents, while providing support and rebuilding the idea that there is no need to be afraid of children. Being afraid of them sends a poor message to children and young people.

The Convener: I have two more requests; Simon Watson can go first.

Simon Watson: A phrase that I use a lot in our organisation is "Culture eats strategy for breakfast". Until we get the culture right, no strategy will work. We have talked a lot about the culture shift that needs to take place, both on the part of commissioners and funders and at a political level.

My second point is that, although everyone agrees that partnership working is something that we do, there is a lot of rhetoric around it. Pragmatism is a lot better. Sometimes people are forced into partnership working that does not really mean anything. What should be happening? An element of challenge to the voluntary and community sector could take place. We could be challenged to take more risk and say, "We believe in this. We believe that the evidence base is there. We think it will have an impact. We'll take it on, but if it works, we want you to fund it and roll it out." At present it is difficult to have that conversation either locally or nationally.

We have a massive voluntary and community sector, but a lot of what we deliver is what we are commissioned to deliver. If you commission us to deliver something that is broken, you will get a broken output. If you say to us, "Come up with a new solution, deliver it, and then we'll see if it is something we can use elsewhere," you will probably get a dramatically different result. There is an element of structural change—

Linda Fabiani: Can I interject? What you said about being commissioned to deliver something that is broken and then delivering it, bothers me. Can you say a bit more about that?

Simon Watson: More tendering is coming out than we have seen before in children's services, but there is little chance in the commissioning process for us to have a dialogue about whether the work represents the best use of the pot of money. When something is recommissioned from one provider to another, we need the opportunity to say, "Is that still the right type of service for this client group? Maybe its needs have changed. Maybe it has moved on."

Linda Fabiani: But you would take it on, even though you thought it was wrong.

Simon Watson: No. We do not bid for things if we do not think that they will work. That is just our organisation's position. However, when organisations are living hand to mouth, small charities will invariably be forced into that space at some point. What I mean—

Linda Fabiani: Sorry. I do not accept that they are forced, but maybe we will agree to differ on that.

Simon Watson: Where is the creativity and flexibility in the commissioning process? We argue that they are not there. If something is commissioned just to reduce the cost of delivering a service, the people who are commissioning it are short changing themselves. Some local authorities are potentially falling into that trap.

Linda Fabiani: Can I suggest that some providers might be helping them to fall into it?

Simon Watson: Some might be.

Linda Fabiani: Perhaps that is another discussion, convener.

Dr Stewart: I want to answer a couple of Linda Fabiani's questions about what happens at the local and national levels with regard to the voluntary sector. Picking up one of Simon Watson's earlier points about ownership, the voluntary sector has an awful lot to contribute in local communities by owning services and being part of service delivery in a way that does not often happen at the local authority level. Regardless of funding restrictions, there are real opportunities to increasingly involve communities and build on engagement so that we enable communities to become much more involved in the more formal processes and structures.

When Linda Fabiani spoke about the third sector interface, how we engage with local authorities, and the processes and structures around children's planning and children's services, I was thinking that a good example of that is the implementation of getting it right for every child. We know that there is huge diversity in how that is being implemented, but we can learn an awful lot from looking at how the voluntary sector engages with the process.

Douglas Hamilton: I have a couple of points. I will try to be brief. On the national strategy, I might have missed some of the points that were made earlier, but some parts of the national strategy are already there. For example, we had a conversation earlier about the early years framework. The national strategy will not really be a new strategy, because there is already a pretty good strategy there. It just needs to be implemented.

On national support for programmes, we talked earlier about the support for evidence-based programmes and the incentives that commissioners need to go down that route. Part of the support that may be required is the support that exists in England and other places such as some states in the US, where the Government provides some assistance. We have reviewed the evidence on such programmes for you, so it is not necessary for you and every local authority to go out and do that. We are saying, "Here it is. It has been reviewed. Have a look. Here are the sorts of things that could be done and here are the people who can support you to implement them." Things can be done nationally and there is already a national strategy, particularly on the early years, or at least a framework that needs to be implemented.

I do not have an answer on the voluntary sector. Linda Fabiani talked about it as if it was all one. The committee can hear the responses from some of the organisations here that are big national service providers. At the other end of the scale, there are small community groups that are focused on one particular estate. We must recognise that it is not the voluntary sector as a whole, but different types of people and different agencies that need to be involved.

15:15

Linda Fabiani: It is just that I have never seen a volunteer when we have taken voluntary sector evidence. Sometimes, that bothers me.

Douglas Hamilton: That is fair enough. It probably reflects some of the agencies that are represented. We could put you in touch with some of our partners.

Linda Fabiani: It is all right—I know plenty.

Douglas Hamilton: Invite them along. Ours tend to be the agencies that have the people who can turn up during the week.

The positive point from what you said is that we must think about how to use the community. Some of the big national voluntary organisations or charities are not always the best people to engage with the local community. We have had to realise that we cannot do that. When we go to work with a local community, we go in through an existing local grass-roots organisation. Such organisations play an important role not only in bridging the gap but in delivering the programmes.

I go back to the example of the families and schools together programme that we have been piloting in West Dunbartonshire. I say that we run it, but we helped to facilitate it in partnership with the school. We train 10 local volunteers who run the team. They are drawn from the local community organisations and from people who work and live in the community. That is what makes the difference. It is the only way to create sustainability and long-term impact. We do not plan to be there much longer than we need to be to do the training, as we hope then to provide the support elsewhere.

It is vital that we engage the communities. That has to be part of the process. Sometimes, not the big national voluntary organisations but some of the more local, grass-roots organisations will be best placed to deliver such programmes.

Linda Fabiani: Between them, Douglas Hamilton and Simon Watson have probably hit on something. We should see this discussion in the context of the wider one about the reform of public services generally. We have to think a bit differently about how we provide services. If, as Simon Watson says, work comes down from commissioners—I perfectly understand that interested charities or voluntary organisations bid

for that, as do private companies—we are probably thinking about it all wrong at all levels, because the real initiatives should come from the people who are most directly affected by them.

We used to have a good system of that in this country—certainly in the west of Scotland, I cannot speak for the east—and we seem to have stymied it by the level of regulation and top-down demands that are made. Perhaps we have to be truly radical and start listening to what people in communities want and what worked some time ago but got hit on the head because urban aid funding came to an end or the lottery did not fund it any further.

We cannot take this discussion out of the context of the other one. As bureaucracies and organisations of all kinds, we must start being honest with ourselves about where the failings are.

Dr Zeedyk: It is interesting that you give that example, because we have an example of exactly that happening in Dundee. The parents altogether lending support—PALS—programme, which I mentioned in my written submission, was entirely home grown. It was put together by local parents and encouraged by the education department. Hundreds of families came to trust it, got involved and got very excited about it.

We were showing benefits for families from that programme, but then triple P—which is a great programme but Government led—came along. The health managers were told that they should deliver triple P, which is much more expensive to deliver. As they put effort into it, PALS got pushed out. Triple P was not only more expensive but had no brand value. Parents trusted PALS but not triple P, so 10 years' worth of effort that had gone into PALS got lost as we went for a Government-led intervention. Now it is all a bit of a mess in Dundee. That demonstrates exactly what you were talking about.

I will give the example of Croydon, if I may. Croydon is a borough in London and I have just come back from discussions that we were having down there. Something really radical is being done by the people there—they are rethinking what they are doing. They looked at partnership working with the voluntary sector and others across various local sectors. They are trying to change the way in which they undertake partnership working, and it all comes down to money—the silos that Dr Stewart talked about. When organisations change the way in which they budget, people can work together in a different way. The people in Croydon have already identified £2.5 million in savings that they expect to make this year. They project that, in three years' time, they will have made £8 million in savings simply through working differently. That is not including the long-term outcomes for the children who will have benefited from those services.

The period of three years is significant, as it goes back to the socio-emotional needs that Dr Geddes talked about. The brain develops emotional pathways between conception and three; by the time that they are three years old we can identify the children who will cause the problems that we are dealing with. So, in Croydon, in three years' time, they will have saved not only £8 million; they will have saved the lives of those children who will have benefited. In three years' time, Croydon expects to have laid the pathways for an entirely different kind of community. You can say that that is a bit ambitious and that it will not happen, but in three years' time we should know. We could do the same in Scotland. If we changed the budgetary silos and our partnership working, in three years' time we could look like that, too.

Robert McGeachy: In terms of the localism that my colleagues have been referring to, with an eye on the committee's final report, it would be useful to get a sense from the committee members whether they believe that there is a case for revisiting the concordat and single outcome agreements to reinforce the emphasis on preventative approaches and early intervention. Does the committee believe that there is a need for such a revision?

The Convener: David Whitton.

David Whitton: Do you want me to answer that?

The Convener: No.

David Whitton: I have a list of questions that I want to ask, based on what I have heard. They follow on from what Dr Zeedyk said. We have a load of evidence and evidence-based programmes, and we have heard from witness after witness that they have programmes that have been peer reviewed and that work—they just need the wherewithal to get on with them. Douglas Hamilton talked about the Children's Workforce Development Council in England having reviewed a number of programmes and having come up with a list of the 10 best ones. Is there such a thing as a Scottish list? If so, where is it?

We are talking about the Government delivering a preventative programme through councils. My personal view is that we cannot have a plethora of such programmes. We must look at those that work and offer local authorities and others five from which to choose the ones—it could be one, it could be three or it could be all five—that work for them. We have 32 local authorities and could get 32 different solutions. In some cases, it would be the same problem that we were getting 32 different solutions to.

We all agree—I presume to speak on behalf of the committee—that preventative spending is a

good use of public resources, but it is not clear to me how PALS is different from the you first programme and nurse-family partnerships, for example. Could we take the best from each of those and devise a new programme that does the kind of thing that we are looking for? Did the people who are running PALS not talk to the Government? Did the Government not know about PALS when it came up with a programme that was more expensive than PALS and squeezed it out? I am not blaming any one person for that; I am just asking why that happened. If we have good ideas such as the you first programme and the thing that Save the Children is doing in West Dunbartonshire, that is what we should be spreading out to the rest of Scotland. The good ideas should be going out there. How do you think that we can get to that?

Should not schools be providing education for children on pre-conception care and all the rest of it? The individuals who are affected by the problems that we are talking about are living chaotic lifestyles. If a teenage girl who goes out and gets absolutely plastered becomes pregnant, will she suddenly change her lifestyle just because she is pregnant? No, she will not. At what point is the education introduced to say to her, even at age 13 or 14, that if she goes out and gets absolutely hammered while she is pregnant, she is damaging her unborn child? I am not sure that we are doing that; Dr Sher can correct me if am wrong. If we are not doing it, and that is the kind of thing that Dr Sher is arguing for, how do we implement it?

If I read the evidence from Aberlour Child Care Trust correctly, it gives examples of children being taken into care from damaged households, for want of a better description, but Anne Houston talks about family group conferencing and trying to keep the children in the household. Who is right? Is it better to keep them within the family and provide support for the family, or is it better to take them out of the family? I dare say that there will be a different answer to each problem. Again, it is difficult for us, the politicians, to decide whether the money should back up one programme or the other. Which would have the best outcome? I do not have the answer to that; perhaps the witnesses do.

That is basically what I wanted to say, convener.

The Convener: You have lobbed a friendly intellectual grenade into the pond. Who would like to reply?

Dr Sher: I am certainly happy to reply to one part of that. It is wishful thinking to believe that schools are taking care of the situation, because they are not. It is easy to tell you how much schools teach about foetal alcohol harm—nothing. That is because the teachers do not know and health professionals largely do not know.

I recently had the experience of being a guest speaker and presenter to groups of second-year midwives who are in training in classrooms and community settings, and who deal with pregnant woman all day long. Since coming to Scotland five years ago, I have learned the expression, “They dinnae hae a scooby!” and that is true of people who are well into their training to be midwives.

The issue is not about the facts; the facts are what they are and they have been documented for decades all round the world. Unless someone wants to make the case that the physiology of Scottish women is entirely different from that of women anywhere else in the world, foetal alcohol harm is a real problem that is unrecognised, and it does not get dealt with because it is a cultural blind spot. That means that, unlike some of the other decisions about where we should spend the money, the amount spent to raise awareness about foetal alcohol harm, or to deal with it in any way, is remarkably close to zero. The amount spent on preventative preconception health care is zero; no one has responsibility for it. However, acting on those behaviours has immediate pay-offs in money, lives and futures, and for us as a society.

David Whitton: Where is the evidence?

Dr Sher: For what?

David Whitton: Where is the evidence to show that if we spend X on pre-conception health, the advantage is Y? Can you provide that evidence? We can take it in writing from you later.

Dr Sher: I will be delighted to provide it. Unlike other issues that have a long fuse, we know about birth outcomes nine months later. It is not a secret and it does not require decades of intensive study. Birth outcomes in Scotland are nowhere near what they should be. Children are not starting their lives as healthy and as likely to succeed as could and should be the case. If you want to compare what is happening here with other countries that are taking the issue seriously, I will be happy to send you the evidence. I will also show you evidence that, if you spend money now, nine months from now it will have made a difference.

15:30

The Convener: The committee looks forward to receiving that written evidence.

You have inspired Derek Brownlee to ask a very quick question on that point.

Derek Brownlee: My concern is that the debate on preventative spending is very much stuck at the general level of, “It’s a good thing.” We all accept

that. You have highlighted for the committee two of the most specific and easily understandable examples of problems that can be addressed. I suggest that, in addition to the unplanned pregnancies that David Whitton made a fair point about, there is another group of pregnancies that perhaps were planned by people who either did not know about the issues that you referred to, or absorbed the information but chose not to act on it, which is slightly different. In the light of international experience or, indeed, in your own view, what measures should politicians take to address the two areas for change that you have identified? From what you have said about both matters, it seems that you are sceptical that education at school level, or of midwives or GPs, will have any effect, because by then it is too late. What would we need to do to unlock the benefits that you have identified?

Dr Sher: Children in Scotland's written evidence takes a broader view and deals with many of the issues that my colleagues have raised. I do not disagree with anything that has been said, but you do not need to hear me duplicate their comments.

I just wanted to present to the committee a couple of very easily understood examples of what could be done. In both cases, we have to make a serious education effort that includes, but is not limited to, schools. Midwives, the NHS, GPs, community health clinics, sexual health clinics and other parts of the health spectrum can very much play a role, but with pre-conception health measures, the youth work, children and education sectors must also be engaged.

My suggestion, which I have been discussing with Scottish Government civil servants, is that we should not set up a whole bunch of new programmes, because they are not needed. People are already working with, are in relationships with and are being listened to by the very people we are trying to reach and I am simply seeking to add one more arrow to their quiver. What I am suggesting will piggyback on what they are already doing and will deliver one more message. For example, there are peer health programmes that send out very good messages about the dangers of smoking and binge drinking: it would not take a huge leap for them to say, "And here's one more thing that you can talk about with the people you're already engaging with".

This is not about funding any one organisation or agency, even one as wonderful as Children in Scotland; the fact is that everyone has a role to play in this. If everyone plays their role and, indeed, does a bit more, we can turn this cultural black spot into something on which we can take effective action over the next couple of years. It is not very hard—essentially it comes down to two messages: if you are trying to get pregnant or if there is a reasonable chance that you will become unintentionally pregnant, do not drink; and if you have an alcohol problem, do not get pregnant until you have sorted it out.

Personally, I think that instead of naming, blaming and shaming we should take a positive approach. There are remarkably few people anywhere who want to have a baby with bad birth outcomes; no one says, "Wow! I can't wait to get pregnant so that I can have a baby whose life is compromised from day 1." That is not what anybody wants. Anybody who has parented a child with special needs understands that the already not easy task of parenting is multiplied by the child's having special needs. Therefore, the starting point is not wanting to convince people to do something in which they have no interest; it is that people already want to have good lives as parents, and they want their children to have good lives. There are cheap and easy things that we already know can help people to get what they want. It does not take much to do them, but it takes something. Right now, we are doing nothing.

Anne Houston: I will try to respond to a couple of issues that David Whitton has raised. He asked a direct question about a young girl who gets very drunk and gets pregnant. Where she learned how to behave and whether school should deal with the matter is one aspect. She will have learned how to behave from adults in general. We have a significant cultural issue with alcohol. There is a great risk of demonising young people by saying that they have the alcohol problem when, in fact, they learn from adults. Significant health work needs to be done on alcohol and on raising awareness that a person does not need to have a major alcohol problem, as it would be defined, to be totally alcohol dependent or to have alcohol issues that can be passed on to the young. That is one issue.

The second question that David Whitton asked was whether Children 1st or Aberlour Child Care Trust is right—whether children should be taken into care or left at home. We cannot say one way or the other. The reality is that children and young people, their situations and their family capacity all vary. For some young people, the right thing to do will be to remove them and ensure that they can be given the best possible care to make up for the fact that they are not living in their family. For others, we can put significant supports into the family to ensure that the child can be taken care of within it. Unfortunately, it is not an either/or question, because every young person is different, just as we are.

Dr Stewart: I echo what Anne Houston says. The situation is complex.

With regard to the submission from Aberlour Child Care Trust, the children and families who are

referred to Scotland's child and family assessment centre are a very marginalised group, and they often have complex intergenerational problems. To give members a sense of that, 59 per cent of the children are under the age of seven, but 27 per cent of them have never lived at home, and 49 per cent have been in care for more than two and a half years. Therefore, we are talking about an enormous human cost as well as a significant financial cost for the local authorities that care for those children. Significant resources are targeted at them. Our position is based on being able to undertake work that will inform decision making, and on being able to move that on as quickly as possible when those children are at risk of permanency drift.

The Convener: Does Dr Sher want to make a brief point about that?

Dr Sher: Yes. During this conversation, it has dawned on me more than once that I am a man offering advice about pregnancy. There is a certain irony in that. However, Jim Boyle made a point earlier about a gendered analysis. The discussion would not be right without noting that men have wrongly been let off the hook on foetal alcohol harm and pre-conception health. It is not a uniquely Scottish trait, but it is certainly true that men here use alcohol as a tool of seduction, and many unintended pregnancies occur in an alcohol-fuelled environment. Men exert pressures to keep women drinking, even during pregnancy. That is wrong, and it is part of the problem. The issue is not only what women need to know; it is what both women and men need to know and need to do to get what both want, which is healthy babies and good lives as parents. It is about both genders, not only women.

Douglas Hamilton: I can comment on some of the points that have been raised about the evidence-based programmes. Do we have a Scottish list? No. There is not such a list. The idea is worth considering, however. We can still draw on evidence from other places: we do not need to set up something just for the sake of having something with a Scottish flag next to it. It is helpful to draw on stuff from other places. One reason why is that it supports people who commission services. It also relates to some of the questions that were contained in the initial inquiry, regarding the focus on barriers and the shift in spend.

The big advantage is that local authorities and other bodies are able to have some confidence. In some ways, they will simply be taking a punt, shifting some spend towards the preventative end, which is what we are arguing for. They can do that with some confidence, working from the evidence base that already exists. Such an approach has a very good chance of success.

The example was given of the PALS programme in Dundee. One of the flaws of doing things of that sort is that we can end up missing out on something good. The lists are not exclusive for all time. It is a matter of recognising that there might be good practice elsewhere, which constantly needs to be looked at. If there is evidence that comes from 10 years of experience—Dr Zeedyk was suggesting that it has been evaluated—why is that particular programme not added to the list, as an example that can be considered? We set our criteria for the list: programmes must be proven before they go on to the list, and then other people can look into them. That helps with the whole argument. If Glasgow City Council or Dundee City Council are considering investing in preventative spending, they can do so with some confidence.

Tom McCabe: I can safely speak for most committee members in saying that we are convinced about the benefits of early intervention. Having reviewed what really is a wealth of evidence that has been presented to us, I would agree that the case almost makes itself. I have had an interest in this area for some time. I thought that I knew a bit about it, but reviewing the evidence, as we have done over the past few months, really rocks you on your heels. It is compelling stuff.

I agree with an awful lot of what has been said here today, particularly what Dr Zeedyk has said. I start to disagree, however, when it comes to the courage that is needed by politicians. Politicians today—not just in this field, but in many other fields—as we operate in an increasingly complex and unusual environment, need help from interested professionals, whether it be on questions concerning the fiscal environment or on early years intervention. Politicians need help from concerned, informed professionals—and that is what we have got around the table today.

You tend to view politicians as policy makers, and politicians probably like to be described as policy makers. The reality of government, however—and I have been in government—is that the politician is just the policy maker that you see. It is hard to identify the percentage, but the politician is responsible for a certain percentage of policies. Often, a bigger percentage is the responsibility of unseen people—civil servants and advisers. The help that we need from concerned and informed professionals comes with the question of how you come together with one voice to give the politicians the confidence to see the policy through and also to stop the parochialism among the senior people who advise politicians. The elephant in the room is that a degree of budget re-engineering is required—and especially at times of unusually constrained public finances.

15:45

When the discussion about that crops up among senior politicians—by which I mean politicians who are in decision-making positions; in other words, ministers—the instinctive reaction is to defend what they have. They do so partly out of instinct and partly because they have been programmed to take that position by the senior people who advise them. The civil servants in particular departments want to hold on to their share of the budget, because it was hard fought for and common sense says that it should not be given up easily.

The only way those barriers can be broken down is by people like the witnesses finding a single voice to convince not only the politicians but their advisers that all this is worth while. At the moment, they do not necessarily believe that. I know that when we review the evidence it seems like a no-brainer—you think to yourself, "Goodness me, who wouldn't pick this up?"—but the reality in government is that such things are not that easily picked up.

The politicians need some help to find that courage, but there must be some way that professionals like yourselves can convince the people who advise the politicians and demonstrate to them that this is a viable way forward. In the absence of that, the evidence will still exist; the truth, however, is that it is not all that widely known. The committee will produce a report that will make it slightly more widely known among the politicians who read it—which will not be all of them—but the fact is that if there was great knowledge of this evidence, the issue would have been picked up long ago. That knowledge is simply not there. I suppose, therefore, that I am asking you to think about how concerned professionals can come together with one voice that helps us to overcome the barriers that result in the status quo.

I also point out that the problem with reporting in Scotland is not necessarily that local authorities and other large agencies such as the health service resent it. Instead, they resent being asked the same question time and again by different organisations, and being asked to supply information that they know is often as good as meaningless. From my experience in government, I can tell you that the mass of information requested is way beyond the civil service's capacity to analyse it. Although collecting it requires a big effort, that effort is, in the main, wasted. If there are going to be changes to early years intervention, those authorities and agencies would appreciate a reporting system that is based on a range of relevant indicators—perhaps, in the early stages, a concise range—that shows where progress might be made and which, on the basis of demonstrable progress, might lead to something wider and catch some of the policy's wider benefits.

Earlier, someone said that solutions have to be found at local level and suggested that the things that work could be identified and that local organisations could be given resources and implored to adopt one or other of those methods. That approach will simply not work. As I think David Whitton said, there has to be a degree of prescription. I realise that it is unfashionable to say so, but without that the professionals in the local organisations will continue to pursue their pet projects and delivery methods. Proving that this is all necessary will require some leadership and prescription—at least in the early stages until you get the initial proof, after which things can be taken further.

Finally, you would think that we would have learned that huge budget increases do not necessarily lead to huge improvements in outputs. That is clearly not the case; if it were, the NHS would be a very different organisation. In some respects, it is, but it is not as different as you might think, given the resources that were piled into it. We have to recognise that existing budgets must be re-engineered, not hide from the fact.

Sorry for rambling on a bit, convener.

The Convener: You did not ramble on at all, Mr McCabe.

You have just heard the view from the other side of the fence, a truth well made and a request for all of you to bring all your gathered experience to bear and to speak with one voice. You have heard a voice of sense and great experience, and you should ponder those comments in the same way that the committee will ponder the evidence that we have received.

Dr Zeedyk: I want to come back with a question. In a sense, you have answered it, but I will just reinforce it. What do you need to know? We are all here and, if we need to get together, we are all up for that. Which civil servant do we need to talk to? We are all here because you invited us to come and we are excited to be here. If you are not who we need to talk to, who do we need to talk to? You tell us what you need to know, and I bet that we will provide it, but we do not know what you need to know.

The Convener: You are speaking to the whole of the Parliament through the committee, for starters.

Tom McCabe: You need to compile your views in a way that makes it difficult for civil servants, advisers and even politicians to resist. At the moment, your views are not presented as

comprehensively as that, so it is easy to resist them.

One reason for that is the fact that the evidence that you have all spoken about is not well known. It might be better known in a group like we have here today and a group of politicians of this size, but it is not well enough known. In doing that, you need to see the civil servants and people such as departmental secretaries, and to convince them that it is worth their while to think differently to the way in which they have thought for a number of years. It is not just about protecting what you have; you could achieve a better outcome by taking a more corporate approach rather than a siloed approach to the problem.

The Convener: Linda Fabiani and Malcolm Chisholm want to speak, and Jeremy Purvis will have the last word.

Linda Fabiani: I suggest that those who are here today to look at the evidence that has been provided, and those who have been before the committee during the early years inquiry, get together and amalgamate submissions into quick bullet points, and submit it to the committee as an addendum signed by all of them. You should also send it to the appropriate ministers and departments, saying that you have submitted it to the committee. That would be a starting point.

Malcolm Chisholm: I do not really know whether I want to say this or not.

Linda Fabiani: Go on, Malcolm.

Malcolm Chisholm: I do not have quite the same perspective as Tom McCabe. I will not go into detail, but I think that the problem is more to do with politics than it is to do with the civil service. Civil servants are very important, but at the end of the day politicians lead on policy and if the Government wants to achieve something, it can achieve it. Yes—you will have to persuade the civil servants, but the primary challenge is to persuade the politicians. We are a group of politicians and I think that you all have made some progress over the past few months, so we are persuaded. I am not going to go into all the details; you will see it all playing out over the next six months. The challenge for us all is to deal with the politics. We all know about the priorities that people pick when the elections come, and that is where the challenge lies. There are also issues around party politics, and this committee is politics at its best because this committee has co-operative members who listen to the evidence and, we hope, come to the right conclusions. The real challenge is to translate what happens in the committee into the real world of party politics. You have to persuade the civil servants, but at the end of the day they will do what the minister tells them. We have to be absolutely clear about that.

Jeremy Purvis: I agree more with Tom McCabe's perspective, having been a lowly back bencher all my career.

There has been scant and passing reference to the early years framework. Douglas Hamilton mentioned it, but we have been having this discussion for about two hours and the early years framework has hardly come up at all. That is quite interesting, because that is the strategy that we have and Douglas Hamilton's submission described it as

"a welcome and ambitious plan of action".

If it is, I would have thought that we would have had more discussion about it, especially as the Government has said that £1.5 billion annual spend is allocated to it.

I do not want anyone to take this personally. Most of you are good lobbyists—that is your job—but in all the written submissions, I did not pick up much of any of you highlighting anything other than what your organisations all do.

I am not criticising you for that, but it is symptomatic of the current relationship with the money, which Simon Watson encapsulated very well. You have to be very careful that the voluntary or third sector does not simply chase money or create new initiatives to chase new money because previous money has run out. I see that in my local area fairly frequently. I am not critical of it, as I know that when a funding stream ends, organisations ask themselves, "How can we get another funding stream?" and reshape accordingly. That is a problem not of yourselves nor necessarily of the civil servants; it is a fault of the relationship with the money.

I do not know whether there is a solution other than moving down the routes that were being pointed to, in which we agree an outcome and then share the risk. At the moment, there does not seem to be much accountability. I am not talking in an electoral sense: if one organisation fails in its work and an outcome is not achieved, other organisations are not affected. Councils and your organisations do not have a vested interest in the success of someone else's work and nor are you accountable for the failure of that work. For budget holders, the emphasis becomes the budget rather than the outcome, even though we have a strategy that says that we are now outcome focused. The question is how we break that down.

You will all be aware of this point, because you are professionals in the field. It is fantastic to hear that we should focus on budget shift but, God, that is difficult. It is hard even when new money is coming on stream. The proposal to use dormant bank account money was mentioned. That would be a new pot of money—allocating it would not take money away from anything else. I cannot tell

you the strength of the e-mail that I received from the Scottish Council for Voluntary Organisations after I had the audacity to say that it should go as an endowment fund into early years intervention and youth work. A ton of bricks came down on my head because I proposed that someone should not get the money. I know that that sounds defensive, but I would be really interested in looking at the relationship with the money and whether it artificially skews the work that is being done.

I have a final point. I would love Linda Fabiani's point to be the action point for today. John Carnochan gave evidence to the committee last week. I am sold on early intervention, but the best way to help us to put the case is to get people such as him who have no vested interest to back us up. I do not want to be too rude about this, but you all have vested interests. If you get other people who do not have such vested interests in your organisation to agree on the wise way to use the money, you will start to shape our decisions, because we will know that we have cover.

Dr Zeedyk: I just want to point out that I do not have a vested interest.

Jeremy Purvis: Really?

Dr Zeedyk: I am not representing a voluntary organisation; I have been trying to help us think through the processes. Within the community here there may be more variance in terms of what could be seen as a vested interest, so there may be more scope for doing exactly what you are asking for than might immediately seem to be the case.

Jeremy Purvis: I take that point. My comments are not in any way pejorative, but they apply similarly elsewhere. I have seen academic research that has been created simply because there was an opportunity to do some research because a pot of money was associated with it. We all have vested interests—politicians have a lot of them. I am just thinking about how we can set them aside. You mentioned John Carnochan, and you were right. Arguably, the strongest endorsement for what we have heard today is what we heard last week.

The Convener: There are vested interests, but how do we gather together an overview to turn vested interests into a united interest? The question is how we, as a people and Parliament, gather together the practical expertise, experience and willingness that exist around the table and turn them into concerted, effective action. The evidence that we have heard will be in our committee report, but if it ends there we will have all failed. The important point is to get practical action. Politics is all around us, but overarching that is the need to get effective action in the communities that we represent. I hope that we can make steps in the right direction.

We are reaching the end of the evidence session, which has been excellent. I thank all our witnesses for their expert contribution, and I wish them all well in the work that they do within their individual spheres. It has been a long and detailed ingathering of such a wide range of views, and the evidence is appreciated. They have given us all and, I hope, the wider public and Parliament food for thought today. Thank you very much indeed.

I will bring the meeting to a close. Our next meeting will be on Tuesday 9 November when we will take evidence on the preventative spending inquiry, focusing on international examples. We will also take evidence from Susan Deacon, who was recently appointed by the Scottish Government to lead a national dialogue on how to improve children's early years. The thought process is going on; I hope that we can produce some positive action.

Meeting closed at 16:01.

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