



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

FINANCE COMMITTEE

Tuesday 9 November 2010

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FINANCE COMMITTEE
24th 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:

Susan Deacon

George Hosking (WAVE Trust)

CLERK TO THE COMMITTEE

James Johnston

LOCATION

Committee Room 6

Scottish Parliament

Finance Committee

Tuesday 9 November 2010

[The Convener *opened the meeting at 14:02*]

Decision on Taking Business in Private

The Convener (Andrew Welsh): Good afternoon and welcome to the 24th 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. I have received apologies only from Derek Brownlee.

Agenda item 1 is a decision on whether to take item 3 in private. I propose that we do so. Are members agreed?

Members *indicated agreement.*

Preventative Spending Inquiry

14:03

The Convener: Item 2 is evidence taking in our inquiry into preventative spending. I welcome our first witness, who is George Hosking, chief executive officer and research director of the WAVE Trust. The committee has received a report from the WAVE Trust that contains international examples of early interventions for children, young people and their families. I invite Mr Hosking to make a brief introductory statement.

George Hosking (WAVE Trust): Thank you. I am an accountant, economist, psychologist and criminologist. I run a charity, the purpose of which is to reduce violence, child abuse and child neglect and domestic violence in society. We have spent 14 years studying the international research on those topics. Basically, we bring a business strategy perspective to that work. Our conclusions have been summarised in a number of published reports, one of which the committee has received.

In making my introductory remarks, I want to contrast some of the things that strike me about Scotland. In the 18th century, despite relative poverty in comparison with the rest of Europe, Scotland led. It experienced the most enormous explosion of creativity in what we all know was the Scottish enlightenment. People such as Hutcheson, Hume, Hutton, Reid, Ferguson, Black and Adam Smith created thinking that stretched the minds of Europe in fields such as philosophy, economics, engineering, medicine, geology, law and chemistry. By 1750, Scotland had one of the highest literacy rates in Europe: 75 per cent of Scots were literate, a figure that is far above the level of many countries in the world today.

If we then fast forward to the 21st century, what do we find? When the Organisation for Economic Co-operation and Development has looked at levels of impairment for the United Kingdom compared with the rest of Europe, time and again the UK, with Scotland mirroring the rest of the UK, was right at the bottom of the league on measure after measure. An OECD comparison of drunkenness in 24 countries found the UK to be the worst, with Scots men and women worse than English men and women. A study of obesity found levels of obesity twice as high in England as in France and Italy; again, Scotland was rather worse than England. In teenage pregnancy, the UK came 27th out of 30 OECD countries and Scotland was found to be the same as the rest of the UK, with 7.1 per cent of births being teenage births. The 2007 European crime and safety survey identified the UK as second worst in Europe on levels of crime and worst on violent crime. Scotland had higher levels of murder by 50

per cent than England and Wales, and I have heard my original educational city of Glasgow being called the murder capital of Europe.

What went wrong? In the 17th century, we took care of the preparation of our children. We ensured that our children were educated to a standard that surpassed the rest of Europe and we sent them into the world as children, teenagers and adults who were full of a commitment to search, learn, contribute to society and be pro-social human beings. Sadly, in the 21st century we have an excess of children who grow up along pathways that prepare them to be antisocial human beings. I have to say—and I say it without blame—that the key problem is the quality of parenting, which leads those children along such pathways.

I will summarise four key messages from our studies of international examples of early intervention. The first message is that prevention is good economics and good common sense. Study after study—I am happy to go into further detail on this—demonstrates that to invest money in prevention is simply the best economics and the best investment for national and local government. Secondly, investment in the early years is the area in which you get by far the best economic return and the best impact on subsequent child outcomes. As a general rule, earlier is better and earliest is best. Thirdly, quality of parenting is the key to a successful society. If we address quality of parenting in Scotland, we can transform Scotland in the 21st century. If we do not, we will not. Fourthly, there will be major dividends from a commitment to ensure that all children arrive at school school ready; by that, I mean that children have not only the ability to learn subjects such as English and mathematics, but the social and emotional bedrock that allows them to interact successfully with fellow pupils and teachers.

As far as prevention is concerned, common sense over the ages has told us that a stitch in time saves nine, an ounce of prevention saves a pound of cure and good beginnings make good endings. We can add to that. Repeated studies in the UK, the United States and Canada have shown time and again that the economics of prevention provide high levels of economic payback.

I will mention four key aspects of earliest years. The first is the need to protect children from foetal alcohol syndrome, which does tremendous harm in creating mental illness among children. Not sufficient is done to protect children from what is a form of child abuse before they are even born. Domestic violence also plays a part in that respect. Secondly, breastfeeding rates in the UK and Scotland are shockingly low by comparison

with those in many parts of western Europe, particularly Scandinavia.

Thirdly, attunement is one of the keys; by that, I mean the harmonious interaction of parent and child in a dance of understanding in which the parent picks up and responds to the cues—usually non-verbal cues—that are given by the baby and reacts in such a way that the baby immediately feels nurtured and nourished. Attunement is absolutely the key to the successful development of children. If you have heard Suzanne Zeedyk give evidence, I am sure that she has touched on that, and if she has not yet given evidence, I am sure that she will do.

Fourthly, empathy is the single greatest antidote to violent behaviour. The reason that most people in this room would not hit their neighbour—not more than once, anyway—is that you would very quickly begin to feel the pain that your neighbour was feeling. As a criminologist who works in prison with violent criminals, I know that when they talk about their violent acts the feelings of their victims mean no more to them than this table means to me when I rap it with my knuckles. How often have we seen newspaper headlines or heard television news reports that say, “The accused showed no emotion” or “The accused showed no remorse”? They show no emotion or remorse because when they were babies they experienced no empathy and no feeling—none of the feelings that would have generated that ability inside themselves.

With regard to the third key message, the quality of parenting, let me say that I am not speaking about bad parents. There are no bad parents; there are only untrained parents. We cannot rely on the assumption that parents know best. If parents know best, how can we explain the National Society for the Prevention of Cruelty to Children figures that show that every year 2 million children in the UK receive significant levels of physical abuse and another 2 million receive significant levels of neglect? Think what the figure of 2 million represents: a quite sizeable football stadium holds 50,000 people. At 2 million, we are talking about 40 football stadiums packed full of children and every child in every football stadium being abused every year. That is what is happening in the UK, and we are allowing it to happen. No wonder the outcomes are so shocking.

Countries such as Sweden, which offers universal parenting education from before birth and intensive universal parenting education from birth onwards, and countries such as New Zealand and the Netherlands, which have campaigns to promote parent education in the early years, are on a pathway of realising that there is nothing wrong with teaching people to parent—we can all learn. When I went to school in Glasgow, I was

taught Latin, French, algebra and dynamics but no one taught me to be a parent. When I had my three children, I did what most people do: I copied my own parents. That is fine for those who had good parenting, but those who did not have good parenting tend to replicate the cycles of abuse and violence. We can all learn from appropriate parent training.

Finally, there is the major dividend from children being school ready. British children start school earlier than children in most nations in western Europe—specific studies have been done with Slovenia and Switzerland—but research shows that, one or two years later, British children lag behind those in continental countries where the children start their schooling later. In an analysis of the reasons for that, one study came up with the fact that, in British schools, children start with very variable levels of preparation for their earliest teaching. That means that the slowest children and the most disruptive children hold back not only themselves but everyone else. We could prepare children for school if we set about creating the right social and emotional bedrock.

My apologies if I have gone on too long, but I think that the points that I have made are quite important.

The Convener: You have not gone on too long. Thank you for painting a very clear picture of the extent of the problems and, indeed, the possible direction for solutions.

One thing that puzzles me is that, in the evidence submitted to the committee, many examples of early intervention are from Scandinavia and the Netherlands on the one hand and from the UK and the US on the other hand, but there are vastly different outcomes for children in those two areas, with the US and UK often performing worse. How do you account for those differences?

14:15

George Hosking: Scandinavia—in particular Sweden, which I have studied in some depth—has a complete commitment to a philosophy of prevention from pre-birth onwards. The data in our report show that, in Sweden, maternity health care services are accessed by 99 per cent of pregnant women, who typically have 11 individual contacts with those services, mostly with midwives; that 98 per cent of all maternity health care clinics offer parenting education in groups to first-time parents; and that 99 per cent of all families make use of child health care services—on average, they have 20 individual contacts with those services, primarily with nurses. Parents are invited to join parent groups when the child is between the ages of one and two months, and 8 to 10 per cent of

midwives' working time is spent getting training in parenting education, which includes regular professional training from psychologists. These things pay dividends in the long run. In Sweden, mothers are given extensive maternity leave. Sweden wraps the principle of prevention round the earliest years. That is why it has one of the leading breastfeeding rates in western Europe.

All that pays off. In the United Kingdom, infant mortality is 5.1 per 1,000 live births; in Sweden, it is 2.5—less than half the UK level. In the UK, the teenage pregnancy rate is 7.1 per cent, whereas in Sweden it is 1.6 per cent. In the UK, 25 per cent of people aged 15 and over are daily smokers; in Sweden, the figure is 16 per cent. In the UK, people consume 11 litres of pure alcohol a year, whereas in Sweden they consume 7 litres a year. As the table in our report shows, on obesity, smoking-related deaths, liver disease, cancer deaths and deaths from circulatory disease, the statistics for Sweden are far in advance of those for the UK. The Swedes get lifelong benefits from what they do.

In the United States, there are many excellent early intervention or prevention schemes, but they are highly localised and highly specific; they are not applied to the general population. In many cases, they produce extremely good results. The Harlem Children's Zone, parent-child interaction therapy, functional family therapy and the nurse-family partnership all deliver very good results for the populations that they are targeted at, but those are the only people whom they affect. We are talking about the difference between the benefits of a targeted approach and the benefits of a universal approach.

The Convener: Good practice promotes better practice and vice versa.

I throw the meeting open to questions from members.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): I put up my hand to ask a question when you were halfway through your presentation, when you mentioned the importance of good parenting. Everyone would agree that good parenting is important, but it went through my mind that different people would have a different view of what that was. Initially, I was going to ask what you consider good parenting to be but, in a sense, you went on to answer that, especially when you talked about attunement and empathy. I certainly agree with you on that, but there is an issue in that many people approach the subject from different points of view. For example, Frank Field was talking about it in yesterday's papers. In days gone by, people might have thought that good parenting was being a very strict disciplinarian and, even nowadays, that might be what some people think of when they hear the phrase "good parenting". It

is important to provide content and you have done that.

If good parenting consists of things such as attunement and empathy, I suppose that that leads to a further question about the extent to which those things can be taught, given what you said about the fact that many of the relevant faculties are developed—or not—as a result of how people have been treated in early life. It is to be hoped that we can teach those, but how we teach them and to what extent we can teach them are still key questions.

Secondly, although I accept that attunement and empathy are, to a large extent, determined by how someone has been treated in early life, is there not a slight danger in saying that the problem is just bad parenting and in taking things outwith the societal context? The main influences on parents might be how they were treated when they were young, but they may now be living in difficult social circumstances and they may either have a job and an income or not. If we put the parenting aspect on a pedestal, there could be a danger that we lose sight of the wider social context, which surely also has some influence on how parents treat their children.

George Hosking: Let me take the second point first. Of course social factors make a difference, and of course it is far harder to bring up children in conditions of poor housing, poverty or other forms of stress. However, the measures of dysfunction in families today are massively worse than they were 50 years ago. Police statistics show levels of violence in the United Kingdom to be 25 times higher than they were in the 1950s. Some of that is undoubtedly because of better recording, but we are not 25 times better at recording than we were in the 1950s. There has been a huge increase in violence over time.

We are much richer now than we were in the 1950s. In the whole of western Europe, levels of dysfunction and misbehaviour by teenagers have grown rapidly at a time of economic growth. It is not that poverty creates the problems. There is an argument that relative poverty might have some part to play but, according to the OECD, which has looked into the issue closely, the overall impact of poverty is minor rather than major. I accept that it has an impact but, compared with the quality of parenting, it is on the minor side of what is a complex picture—I do not wish to suggest that only one factor is involved, which is certainly not the case, and it is certainly not only about parenting.

I repeat that the issue is not one of good or bad parenting; it is about what people know or do not know about parenting. Every mother wants the very best for her child when it is born, but many mothers do not know, either through lack of

experience or because of circumstances, how to produce the best for their children.

Let me give you some examples of programmes that teach attunement and empathy—and very successfully, I believe. There is a process known as video-interactive guidance, which involves taking a video of a mother and baby interacting—or a father and a baby—and freezing the picture every few microseconds, and then showing back to the parent how the baby has responded to their actions. That has shown parents how to do the right things to understand how the child responds to their behaviour and, in particular, to understand how they respond or fail to respond to the child's behaviour. The University of Dundee is probably the leading centre in the United Kingdom for video-interactive guidance. It is a highly successful method of teaching attunement to parents.

There are many other examples, including the Sunderland infant project, the circle of security programme and many studies that have been carried out in the Netherlands—some of which we have written up in our report—about how video-interactive guidance makes a difference.

One favourite of mine is a programme called roots of empathy, which teaches children, particularly primary school children, what I was not taught: how to be a parent and, in particular, how to be a parent to a baby. It works. It is a Canadian programme, which is currently being run every year for 40,000 or 50,000 children across Canada. It has been enormously successful, it has been thoroughly researched through randomised control trials and it has been shown to be highly influential in fostering pro-social behaviour and empathy and in reducing bullying in schools.

Since two years ago, roots of empathy has been running in every primary school in the Isle of Man. Earlier this year, it began running across a wide range of primary schools in Northern Ireland. On 22 November, it will be running in a school in Scotland for the very first time, in Motherwell. I am happy to say that WAVE has been instrumental in all three of those developments—in the Isle of Man, in Northern Ireland and in Motherwell.

Roots of empathy brings a real, live baby into the classroom, along with the parents. The parents and the baby come into the classroom once a month for nine months from when the baby is three months old until it is 12 months old. They spend an hour with the entire class, playing on the floor on a big green blanket in front of the children. The parents do everything that they need to do—they feed the baby, change its nappy, deal with it when it cries and deal with any problems with it. They talk to the children about what is going on at that stage of the child's life—whether it has croup, whether it is playing with different coloured toys, whether it is recognising certain sounds—and the

children ask questions about it. In asking the questions, they get a sense of what it means to work with children, and it transforms the children's attitudes.

Fascinatingly, the research shows that the approach has the biggest impact on the boys. I will give you a couple of practical examples—if you permit me to do so, I will stand up to do that. In one example, a boy is cradling the baby in his arms and he turns to his fellow pupils and says, "People think that, if a baby cries, that means he doesn't like you. But that's not why he cries. When he cries, that's just the way he talks." Here is a young boy at primary school who understands that a baby's crying is just the way that he talks and that his job, as a parent-to-be, is to decode and understand what the crying means and what the baby is trying to say.

The peak age for child abuse in this country is between zero and one. Why? Because babies cry. All of us who have been parents know how incredibly frustrating it can be when babies are crying, especially in the middle of the night. My second child—my daughter, Iona—did not sleep for the first 18 months of her life, and there were many nights when, at 3 o'clock in the morning, thoughts of violence entered my mind. We must understand that it is the way that babies talk, and the children are learning that at primary school age.

Another child, Sam, was the terror of the school. He had been to multiple care homes and multiple foster homes but had been thrown out of all of them. When the first roots of empathy baby and parents came to Sam's class, in Canada, the teacher had a word with the parents in advance, saying, "Look, we've got this boy called Sam. He's the terror of the classroom. He may want to hold the baby, if the offer is made. If you want us to tell him that he's not allowed to, just say so and we won't let him do it." The mother thought for a moment, then said, "Let's wait and see. He might not ask." So, they went through the normal routines and did all the normal stuff, then asked who would like to hold the baby. The first hand that shot up was Sam's. The organiser turned to look at the mother and the mother nervously nodded. The baby was given to Sam. Sam held the baby in his arms and was perfectly good with it. He then handed the baby back to the mother and said to her, "Do you think, if nobody's ever loved you, you could still learn to love your own baby?"

The programme is fundamentally changing children's preparation for parenting. The reason that people become inadequate parents is that they have never had a role model of adequate parenting to learn from. The programme gives every child in the class role models of good

enough parenting for nine months. It is a very cost-effective programme and I would love to see it in every primary school in Scotland.

The Convener: You have just reminded us all of our common humanity. You mentioned the University of Dundee, which sounds like a cue for Joe FitzPatrick.

Joe FitzPatrick (Dundee West) (SNP): I am not going to pursue that particular point, but I want to continue with the issue of parenting. Dundee has a particularly high number of teenage parents whose own children then become teenage parents, so it feels as though there is a cycle. I was privileged to take part in something similar to the roots of empathy programme, whereby Fairbridge used a robot baby to help young men in Dundee to understand the responsibilities that come with parenthood. Most of them did far better than I did—I think that I broke the poor baby's neck when I passed it on to my assistant when I had to take it to work. It was really good to see that, although the guys initially thought, "I'm not going to play with this dolly," they got into the part, empathised and realised what some of the responsibilities were.

Such provision is patchy, but programmes like roots of empathy happen throughout Scotland. How do we make the fundamental change in society that will be required? Have other countries that had similar levels of teenage parents to Scotland managed to turn that round? If so, how did they achieve that?

14:30

George Hosking: I do not know of countries that reached similar levels and turned that round. It is interesting that one of my colleagues asked me exactly the same question yesterday, and we agreed that we should now look at that issue. We have identified countries that have and have not gone on to positive pathways.

The Netherlands has set up a programme called every opportunity for every child, which is based on a universal strategy of prevention, of ensuring very good parenting of children from the ages of zero to four and of giving everyone responsibility for major reductions in child abuse. The Netherlands said consciously that that programme was created because of what the Swedes achieved in prevention and because of a wish to follow the Swedish course in getting the payback from prevention. The programme in the Netherlands is relatively recent, so I cannot point to it for going from A to B.

Joe FitzPatrick asked how we make the fundamental change. I will offer an answer, which is that the answer lies in this room. The Finance Committee is, of itself, capable of transforming

Scotland in the 21st century. How? By leading a shift to an overall strategy of prevention and by deciding that it will be part of a fundamental shift in Scotland whereby we invest money in the earliest years.

Many committee members will have seen the James Heckman graph, which shows the pay-off from money that is spent in the earliest years through to the latest years. The graph runs from high pay-off in the earliest years to lower pay-off in the later years. Members might also have seen the graphs that show how money is actually spent, all of which run precisely the opposite way. We do not invest in prevention, but we can do so.

That need not cost huge sums of money. The WAVE Trust is based in Croydon, in London, and the local authority in Croydon has worked with us in looking at prevention. The UK Treasury recently set up a study called total place, which invited local authorities to measure every penny that Government agencies spend in their areas—on welfare benefits, prison, the work of HM Revenue and Customs or whatever—and to analyse whether that money was being spent effectively. Thirteen towns and cities in England were selected as pilots for the total place analysis of how money was being spent, and one of them was Croydon.

Croydon chose early intervention as its focus. In looking at early intervention, Croydon has come up with a prevention strategy that starts before birth by making maternity hospitals and midwives responsible for the future quality of parenting of every parent-to-be who passes through their hands. Hospitals in Croydon will be set up to identify the training and educational needs of all parents and to set about addressing them, especially in conditions of the greatest need. Systems are being put in place so that, following a birth, the right contact will occur to support the families with the greatest need. For example, that might mean that there will be a single point of contact for a challenging family. Rather than have one contact for housing, one with the police, one with social services, one with education and so on, the family will have one lead contact, who will be their interface with all other agencies and who will ensure that agencies work together in a well-integrated manner.

Croydon arrived at the approach after analysing its existing method, which I think is typical of practically every local authority in England, Wales and Scotland. Croydon found that its existing approach is completely reactive and simply does not match spend with things that make a difference.

Let me talk about the finance aspect of Croydon's conclusion, because you are the Finance Committee. Croydon found that in an area

with a population of 50,000 people, it would need an up-front investment of £2.5 million to switch to a prevention strategy. It estimates that within three years it will get a payback of £6 million from that up-front investment, and that within six years there will be a payback of £25 million. Some of the payback will come nationally and not in Croydon, but sufficient will come in Croydon that the town thinks that the approach is good economics for the local authority.

From work that I am doing with the UK Cabinet Office, I know that it is considering means whereby local authorities that make the right investment in prevention can be rewarded for the savings that they realise.

What Croydon is suggesting to us is that we do not need to find a giant pot of gold to be able to make a shift to a strategy of prevention. It is simply common sense. A stitch in time does save nine, and an ounce of prevention does save a pound of cure. There are models that local authorities throughout Scotland could follow, which would be economically sensible and would put in place a strategy of prevention. We are working with Croydon, and tomorrow I will go to Inverness to look at the Highland model of rapid reaction to the first signs of problems with children.

Why do people not put in place a strategy of prevention, when it makes so much sense? The answer is lack of leadership. That is what is missing. Croydon is going ahead with its approach because a superb chief executive officer has provided the leadership to enable that to happen. I invite the committee to step into that area. I apologise if I am being presumptuous. I hope that what I am saying does not come across as showing a lack of respect, because that is not in any way intended. I simply see a huge opportunity and I am delighted that the committee is looking at the issue. I do not want it to become something that was looked at by the committee but then got buried in the annals of parliamentary history, when it could be a turning point for Scotland in the 21st century.

The Convener: We share that feeling.

You talked about payback in Croydon. Can you give examples of outcomes in that regard?

George Hosking: Yes. First, children who are not properly looked after by their parents often have to be taken into care, which creates massive annual costs. The right type of early intervention with parents can save money in the context of the number of children who need to be taken into the care home system.

Children who are not taken into care but who remain a cause for concern or who are regarded as being at risk can generate high monitoring costs for social services. When things go wrong,

as we know only too well from cases such as the Brandon Muir case in Dundee, huge costs can be involved for the police, the health service, social services, the legal system and so on. Many studies have been carried out—most that I have seen have been in England, but the situation is probably no different in Scotland—that show that the interventions that are needed to deal with a single family that has difficulties and is not functioning properly or effectively can easily cost more than £1 million a year.

As we go down the pathway, there are many other benefits. At school, disruptive children have a significant impact, as I said. There is an impact on other children's learning and the disruptive child might need special needs support. There are also the issues of children not in employment or education, children going into pupil referral units, children going into crime and so on.

David Whitton (Strathkelvin and Bearsden) (Lab): Thank you for your submission, which was an interesting read. Often the committee papers that we get are not so interesting, but I enjoyed reading yours the other day.

I have a number of questions for you. I looked at the Heckman graph that you spoke about. Are you arguing that we should switch resource from tertiary education to nursery primary education?

George Hosking: I am saying that, if we are in a zero-sum situation and we have to move money within education, that money would be better spent in primary education than in tertiary education. Endless international research studies have drawn that conclusion. However, as a graduate of a Scottish university, I am not necessarily saying that we should move money from tertiary to primary education. It may be possible to divert money from areas of expenditure in society other than education. The interesting finding in Croydon is that children's services departments in local authorities can redirect existing children's services budgets from being ineffectively used to react to what has happened to being spent on prevention.

Croydon—which, as I said, is entirely typical—found that, to a large extent, budgets are set on the historical basis of who got how much money last year, with a certain percentage added or subtracted to determine the current year's budget. Basically, money is spent on delivering processes—the whole mindset seems to be that the local authority is there to offer services and processes, not to produce outcomes. One of the fundamental shifts that Croydon recommends is a shift from spending money on processes to spending money on outcomes.

It may be possible to achieve such a shift within existing budgets. However, if someone put me up

against a wall and told me that I had a limited amount of money that I could choose to spend on higher education or pre-school years—especially the earliest years—I would opt to move from a ratio of, say, three or four to one in favour of higher education to more spending or, at the very least, parity for the earliest years.

David Whitton: That is interesting, because it chimes with what we heard at an earlier session from a witness from the University of London.

I am sure that there is a great deal of debate about when children are school ready; I remember discussing with my wife whether our youngest son was school ready. Would you raise the school-leaving age to address that issue?

George Hosking: I would not—

David Whitton: I should have said the age at which children go to school, not the school-leaving age.

George Hosking: I understood what you meant.

I do not consider myself to be an expert in this area, so when I give you my opinion on the age of starting school it is not to be taken as an expert opinion. However, it is critical that children start school when they are school ready. It is far more valuable for children to go to school at the age of six, because that is the age at which they are ready, and to join a class that consists of other children who are all at a similar stage of readiness but are aged five, than for us to match all children by chronological age.

In many Scottish schools, there was a tradition of children being held back a year or of being taught according to ability in mixed-age groups. I have no reason to believe that that was worse than the outcomes of the present system. I was born in the town of Bowmore on the island of Islay. I know from my mother's stories of her childhood at school in Bowmore that it was seen as natural to have mixed-age groups of children and for some children to progress through the school faster than others. That was just accepted.

In some European countries, they spend the years up to, say, the age of 7 focusing on the social and emotional development of the children, who start school later. In fact, Finland, which has one of the latest ages in Europe for starting school, also produces some of the best academic outcomes. The key is in realising that far more important than simply reading and writing is the quality of relationships and preparing social and emotional capability in children.

14:45

David Whitton: Given all that, does it matter what age the parents are?

George Hosking: Again, there is overwhelming international research that shows that, generally speaking, teenage parents produce far poorer outcomes than older parents. That does not by any means apply to all teenage parents, nor to all older people, but as a generality, it is true.

David Whitton: Does it matter whether the children come from a single parent household?

George Hosking: I think that the statistics on the whole suggest that if you have two nurturing, caring, loving parents, that is significantly better than if you have only one caring, nurturing parent.

David Whitton: You could have a caring, nurturing single parent with grandparents who are all part of the family unit.

George Hosking: That might work perfectly well. You might have an absence of any male role model or—this happens a great deal in London—simply a series of different male figures coming in and out of the door, none of whom has any great attachment to the baby. If you look at the worst cases of child abuse over the past 50 years, you can see that, time and again, it is step-parents who have carried out the worst impacts on children, because there just is not the bond of love that there is when a child is your own. I am a step-parent and I know what a challenge that can be.

Do I think that those factors matter? Yes. Do I think that they are overwhelming in their importance? No.

David Whitton: Your previous answer brought another question to mind. Should we be trying to encourage more males to get involved in pre-school education and primary education, where most of the teachers are female?

George Hosking: Yes, I think so.

David Whitton: Okey-dokey. I know that this question will sound daft, but I will ask it anyway. Why is breastfeeding so important?

George Hosking: The United Nations World Health Organization has looked at the health benefits of breastfeeding. There are an enormous number of health benefits both for the mother and for the child. For example, it provides lifelong protection against breast cancer for the mother. The WHO estimated that if children were breastfed exclusively until the age of six months and then partially breastfed until the age of two years, the lives of 1.5 million children a year around the world would be saved by the extra health protection that breastfeeding provides. Breastfeeding provides a long list of quite remarkable health benefits.

David Whitton: Your report also talks about the role of health visitors in other countries. It appears to me that the role of the health visitor in this country is kind of being diminished. Should we be reversing that and encouraging the training of more health visitors to get them more involved with families, particularly single parent households?

George Hosking: There are two points to make about that. First, before the last Scottish Parliament elections, I think that every one of the major political parties in Scotland was calling for something like 1,000 extra police officers. I am 100 per cent with John Carnochan, who went public in saying that he would rather have 1,000 extra health visitors than 1,000 extra policemen. So yes, we should have many more health visitors.

Secondly, it does matter how the health visitors work. Another programme that WAVE has been instrumental in bringing to the UK is the nurse-family partnership or, as it is now called in England, the family-nurse partnership. The partnership is an intensive form of health visiting support for mothers in challenging circumstances, particularly teenage, unmarried, first-time mothers, and has been shown in studies in the United States over 25 years to reduce child abuse by 50 per cent and teenager criminal offending by significantly more than 50 per cent. Two years of studies in England have produced extremely good feedback, to the extent that the coalition Government, which picked up the programme from the previous Labour Government, has recently decided to double the number of family-nurse partnership pilot studies in England.

As far as I know, there is only one family-nurse partnership programme running in Scotland—it is in Edinburgh. I heard recently from the chief nursing officer in Northern Ireland that they are putting a significant sum of money into expanding the programme there. I am really sorry that Scotland is lagging behind the rest of the UK in driving that excellent programme.

The nurses who deliver family-nurse partnerships are all former health visitors. When WAVE first started talking to health visitors in England about the possibility of bringing the programme over from the US, we came across a lot of resistance. Many of them said to us, "The Americans can teach us nothing about health visiting. What do they know? They don't have a national health service and they have no tradition of health visitors like we do. If you bring an American programme into the UK, it will give us nothing that we do not know already." When those same nurses speak to us today, they tell us a completely different story. They say that the family-nurse partnership has transformed and

altered their approach to being health visitors in all their work. That is because of an extremely high quality of training and supervision in the programme. It is an incredibly well organised, trained and supervised programme.

One point that has not come up, although the previous point touches on it, is that one of the keys to success in early intervention and prevention is the quality of the labour force that delivers the programme. For example, outcomes for looked-after children from care homes in the UK are dramatically worse than those in Germany or Denmark, not because we have fewer staff than those countries—we have more staff than they do in Denmark and Germany—but because we have a far lower quality of preparation and training for staff. Throughout early years, we pay quite inadequate attention to the quality of staff, training and supervision. If we try to shift to a strategy of prevention without making those factors paramount in the way that we do it, we will not succeed.

David Whitton: That would require a change in resources. If we were to have degree-level delivery at nursery and preschool level and in our care homes that look after children, we would inevitably have to pay people more for that qualification. That money would have to come from somewhere, and we have a zero-sum game with our budgets.

George Hosking: Yes. I do not know the detail of how Croydon has done its sums, although I am beginning to look into it—I received the information only in the past week. For example, one of the measures that Croydon plans is to introduce a baby academy for staff. That would be a training school for all the council's staff who are involved in early years. The council plans to take all its existing staff and start training them in the very best prevention know-how and approaches. I suspect that Croydon is stopping a long way short of sending those staff back to university.

David Whitton: Croydon, which you have mentioned several times, is a borough of London. We could transpose that into one of our local authorities, but we are talking about doing something for Scotland—the country—which will require a great deal more resource, will it not?

George Hosking: The point of implementation for most prevention and early intervention is the local authority or local health board. To that extent, the key to success will not necessarily be the Scottish Parliament voting money for that approach but local authority leaders being inspired to realise that they have a responsibility and opportunity to be part of the transformation of Scotland in the 21st century that I suggest is within our grasp. That is why leadership is important.

Local authorities often have significant budgets that are simply being spent in sub-optimal ways. Obviously, one needs to go into that in greater detail. I may learn more from my day with Highland Council tomorrow.

I mentioned earlier that, before I moved into this work, my background was in economics and accountancy. I spent 17 years working with a large multinational company—Unilever—and I then became a business strategy consultant, working with multinational companies. I have worked as a corporate turnaround specialist, and I have turned around 30 loss-making international companies in my career. Those companies were subsidiaries of businesses such as BP and Unilever, and even within those very well-run and professional businesses it was possible to make millions and millions of pounds of savings per annum by changing the way that they did things. I believe that a lot of money can be saved simply by doing things differently and better in Government and local government in Scotland.

David Whitton: I know that I am hogging the questions, convener, but I have a final one.

Last week in our round-table discussion, there was a disagreement between the Aberlour Childcare Trust and Children 1st on the age at which there should be intervention and a child should be taken away from a family that is not looking after them. Children 1st seemed to think that we should try to keep the child with the family for as long as possible with all sorts of interventions going on around them, while Aberlour took the view that, if it was in the child's long-term interest, the child should be taken away from the family and it would look after them with the professional parenting that you are talking about. Do you have a view on that?

George Hosking: Yes. First, as a general principle, if a child can be brought up successfully—by which I mean that the child becomes one who has good social and emotional capability—within the birth family, it is much to be preferred. That should be the first driving principle.

Secondly, however, significant international research, some of which is in our report, clearly shows that, if children do not receive the right quality of parenting, the longer they are left in that bad environment, the worse their long-term outcomes are. If we are not going to be successful in transforming the quality of parenting in the home environment when it is clearly not good enough, we should make the change as soon as possible to take the child out of there and put them into what needs to be much better third-party care.

That of course puts a high level of responsibility on the assessment of the extent to which parents can be helped to make any changes. Critical to my

answer, therefore, is that we give good support to all parents at the very beginning. I am sorry to be a broken record, but that means following the Swedish or Croydon model: starting pre-birth with every parent-to-be, helping them to understand and supporting them from the moment that the baby is born through programmes such as the family-nurse partnership to be the best parent that they can be for their child. We should have the intention of doing that inside the family, but when it is clear that because of drugs, alcohol, extreme domestic violence or any other reason that will not work in the family, I believe that the child should be taken away as quickly as possible—otherwise, we perpetuate the cycle of violence and abuse.

David Whitton: Thank you.

The Convener: I want to ask about something that has been bothering me. How would you fund the work? You have talked about getting greater efficiency in resource use, and you have given examples from industry, but squeezing more out of local authority and other budgets is what the Public Audit Committee and this committee have been encouraging. If we are organising positive change, there is surely a time and rate-of-change problem. In other words, if you change spending to positive use at the same time as dealing with existing problems, that must surely lead to peak spending—at a time of much-straitened budgets everywhere. Is that what Croydon found, or did people there manage to overcome it?

15:00

George Hosking: There is a need to find some additional money up front. Croydon has identified that it needs to find an extra £2.5 million up front in an area with a population of 50,000. However, because it believes that it will have more than saved that amount within three years, it has found that to be within its self-management capability.

The UK Government has set up a review of early intervention under the Labour MP Graham Allen. I am one of two senior strategy advisers who are working with him on that review, and one matter that we are looking at is the possibility of attracting funding from private industry as an investment in the returns that will come from good investment in prevention. Not only that, we are also looking at the possibility of having local authorities invest in those returns. I had a conversation last week with the CEO in Croydon and he said that he would look at investing money in that way, as a good investment of local authority money.

Of course, such work needs to be done well. As with any change, if it is done badly, it will not produce benefits, but it can be done well and I

believe that the principles of how to do it well are already known.

The Convener: I understand that, but as well as looking at the positive side, we have to look at the problems and try to ensure that nothing goes wrong in delivering the objectives that we all share.

George Hosking: I would say that you should not try to apply the policy throughout Scotland in one go. Choose some pilot local authority areas. Pick my home county of Argyllshire or somewhere and say, "Right, we're going to take this area and apply the policy here." You should do it seriously and with real commitment in those areas and see what changes begin to show from that. If it does not produce the changes that people such as me tell you that it should produce, you can go back to the drawing board, but if it does show those changes, you will have a lot more confidence in starting to make investments elsewhere and a lot more evidence to give to third parties such as industry when you say, "This could be worth investing in."

The Convener: The point is well made.

Tom McCabe (Hamilton South) (Lab): Like David Whitton, I thank you for your paper, which is extremely informative. I also thank you for your opening remarks, which resonated well with so much of the other evidence that we have heard, particularly with regard to empathy. You mentioned Graham Allen. The Graham Allen and Iain Duncan Smith report gives a stunning example of lack of empathy involving a young man who murdered a couple of young girls. I am sure that you are aware of the example, so I will not go through it in detail but, as I said, much of what you said did resonate.

I have two concerns. The first is about what we define as parenting in this day and age. As a local MSP I come into contact with an increasing number of people who are to a large degree outside society. Parenting in that situation is often not just about the biological parents but acquires involvement from a much wider family circle. Grandparents are often involved, and sometimes people from an even wider circle, because of the inadequacies of the biological parents. That makes me think that the level of intervention that would be required is much wider than just the biological parents, and the resources that would have to be behind such work would therefore need to be pretty substantial.

Flowing on from that is the problem of professional protectionism and demarcation and how we would overcome that, because a seismic shift in practice would be required in some areas to turn people around to focus on such intervention. I do not mean to suggest that

because substantial resources would be required that is a reason for not doing it—quite the opposite—but as well as the political argument, there is a hearts-and-minds argument to be won. Do you have any thoughts on how we can go about winning those arguments? As members of the committee have said, it is difficult not to be convinced by the evidence but, if I am being honest, it is also quite difficult to accept the argument that says, “Actually, this doesn’t take huge amounts of resource.” It sounds to me as if it will take a pretty big shift in practice and a pretty big reallocation of resources.

George Hosking: I base my statement that it might not require a huge input of resources on the studies that have been done in Croydon. Those might prove to be false. They might not produce the anticipated benefits. However, the studies could be a long way wrong and still be a good investment, based on the numbers that they have produced. If we put aside the Croydon model, which suggests that the changes can be done by simply removing existing inefficiencies—and my previous industrial experience suggests that that is not a particularly strange conclusion—WAVE has a strategy called the 70/30 strategy, which is committed to producing a 70 per cent reduction in child maltreatment by the year 2030. Why?

Child maltreatment in the United Kingdom and Scotland has not reduced since the second world war. Levels of neglect have probably gone up during that period. In spite of all the efforts that have been made by every charity under the sun and all Governments since the second world war, child maltreatment continues at much the same level. We need to see a fundamental change in that level. Using our business strategy background, we looked at how we turned around major companies, and one of the fundamental things that we did there was to create a new vision in which people believe. By the way, people never start by believing in that vision. We start with a vision in which no one believes, then use methods by which we gradually create belief. We then get people to live into the vision that we have created. However stretching that vision is, it has to be achievable.

We have analysed the situation and concluded that a 70 per cent reduction in child maltreatment is possible over a 20-year period. We have built a mathematical model that shows how that reduction could be achieved, and we have measured the cost of achieving it. In the UK, the cost is quite significant. I would frighten you if I told you the number, but it runs to about £100 billion. However, it looks like it would produce benefits of £1 trillion, so the benefits run at about ten times the cost. It is good economics, but it assumes up-front investment.

I recognise absolutely the challenges that we face, particularly in the Scottish Parliament, where the money is laid down from Westminster and the members do not have the freedom to determine it for themselves. Looking at politics over the years, however, I have noticed that, whenever we need money—to have a war in Iraq, to build a millennium dome, or run the Olympics in London—somehow we find that money. When we need money to transform the quality of childhood for the rest of this century, we cannot find it. I believe that if we have the will to do this, we will find the way to finance it. If we come at it by saying, “It probably can’t be done, but let’s have a look,” then it cannot be done. Henry Ford famously said that if you say you can, you can, but if you say you can’t, you can’t. I invite you to say, “We can.”

Tom McCabe: I have no doubt that the money is there. From experience, I know that it is being applied ineffectively across Scotland. Turning that around is easier said than done, but the money is there, I know that.

I have another point to raise, and I will use the analogy of when we decided that people would not smoke in public places. I was heavily involved in that process. In a sense, we might be looking at this problem through the wrong end of the telescope. I do not think that we have to convince the politicians that early intervention is the key to so many of our society’s ills. We want to win the hearts and minds of the public, and they will convince the politicians. That is what we did with smoking.

Organisations such as your own, and many well-informed and knowledgeable individuals from other organisations have spoken to the committee during the past few months. How can we galvanise them to help us to turn around the public’s view of what is achieved, so that the pressure that then exerts on politicians becomes irresistible? That is how we make progress.

George Hosking: There are many ways in which that can be done. We need only consider great campaigns such as those on seat belts and drink driving. Countries such as France have successfully made major reductions in alcohol consumption. There are examples of countries that have carried out national campaigns successfully. The Swedish ban on smacking is an example. To begin with, most parents in Sweden were in favour of smacking children. However, if you asked parents in Sweden today, you would find that only a tiny minority are in favour of smacking. You may not agree with the policy, but those are examples where society has made major changes in thinking.

It is part of WAVE’s 70/30 strategy to recognise that we have to get the general public on board, which probably means using approaches such as

social networking—quite a powerful medium these days. My children spent years trying to persuade me to join Facebook, but I resisted it. It finally had some impact on me when I saw Madeleine Albright being interviewed on television after Barack Obama was elected as President of the United States. She said that the election had been won on Facebook. That made me stop and think. If it is possible to elect the President of the United States because of what happens on Facebook, maybe it is something that we need to think about. There are many ways in which we could work on that, but it starts with leadership.

Linda Fabiani (Central Scotland) (SNP): It is always difficult to come last because most things have been said, especially when one follows Tom McCabe. I think that he was looking at what I had written down.

Tom McCabe: I do that every week, Linda.

Linda Fabiani: I have been thinking during the discussion—along the lines of what Tom McCabe was saying—about winning the hearts and minds of the public. It seems that a bit of a culture shift is required because we do not tend to think highly of children or young people, or consider their needs in society generally. We are still a bit in thrall to the idea of seen and not heard. I wonder whether there is a wider society issue, beyond the parenting, about recognising the worth of young people and children and the contribution that they make now and will make in future to the wellbeing of society. Is the issue of how we make that culture shift one that you have considered?

George Hosking: That is an extremely good point. I have three grandchildren who live in Italy. The attitude to children is dramatically different in Italy from that in the United Kingdom. There is much that could be done to make people more aware of many aspects of childhood.

One of the most important issues is to train people on the simple facts of—to repeat myself—attunement and empathy. Ninety-five per cent of the growth of a child's brain occurs between birth and age three. I never look at the arithmetic without saying to myself, "I must have got this wrong." I read the figures and I still come up with the same answer. A baby adds synapses and connections at 2 million per second between birth and three years of age. Every second of its life, 2 million new synapses and connections are being created, based on the experience that it is going through, be that experience wonderful, nurturing, caring and loving or totally neglectful, abusive and violent. If adults understood that, we would all respect children and babies a great deal more than we do. I realise that your point was targeted at all ages and not solely zero to three, but I agree with what you said.

15:15

Linda Fabiani: Beyond that—or within it, I should probably say—looked-after children in our society have a huge stigma attached to them. Instead of asking why the child or young person has ended up in care, terrible perceptions centre on them just for being in care. A few years ago, I was part of a trip to Finland. The thing that really sticks in my mind was being told in one session that looked-after children in Finland attain better educational outcomes than children who live in families. That absolutely fascinated me. Do you know what the Scottish or UK comparator with Finland is in that regard? Do we need to look at the training of those who are involved as well as see a shift in the way in which wider society perceives the care home?

George Hosking: If you were to read the appendices to the report that I submitted, you would find a comparison of care homes in Denmark, Germany and the UK. Like Finland, Denmark is a country whose care home system appears to be run on the principle that care homes should produce better, not massively worse outcomes for children. Of course, the Danish model is based largely on graduate staff trained in social pedagogy who deliver high-quality care. In that system, the education of children often takes place inside the care home. I forget the precise figures, but the number of children in British care homes who do not even go into education is a disgrace. We accept standards that we should never accept.

As I said, I know about turning around businesses. If you go into a business that has been producing poor results—it has been losing money; it cannot survive in that way—one of the first things that you do is to set different standards and insist that people meet those standards. You never accept the excuse, "It cannot be done." That is seldom ever true. The same should be the case for our care homes. We should set standards and apply them no matter what. A standard should apply for all looked-after children to their education, employment success, teenage pregnancy rates or the number who go into the prison system. For example, such standards would mean that five-year-old looked-after children are school ready, socially and emotionally as well as in other ways. All that should be part of what we do. Again, it does not necessarily cost more money. From comparisons with Denmark, we appear to have far more care home staff. That said, our staff have less training than is the case in Denmark where care homes have fewer, but highly trained staff.

Linda Fabiani: Everyone recognises the benefit of parenting education. You gave the example of parents in Sweden being invited to join groups,

pre-birth and beyond. The culture in Scotland is one of distrust of perceived authority. There is a wish not to join in with anything that is seen as authority. Straight after the section on parenting as an open topic in your report, you talk about engaging the community. I am a great believer in that. If ways of doing things come from within the community, the peer group element means that there is a greater likelihood of success. Will you say more on the strategies with kids, information for parents—SKIP—campaign? Are there other initiatives where communities own projects that are going forward? Perhaps something is happening in Croydon?

George Hosking: Nothing is happening as yet in Croydon, albeit that there are discussions about that. I will give an example from Sweden. It is the Leksand model.

The municipality of Leksand, which is somewhere west of Stockholm in Sweden, has a parenting education model whereby the education is owned and run by the parents. They own it in effect, but not legally—it is owned legally by the municipality. That model takes the same parents who were together in antenatal classes and keeps them together in an unbroken manner for about five years thereafter. The parents continue as a group, having got to know each other in the prenatal period and moved through the growing ages of their children, sharing their learning with each other about how to deal with the terrible twos and various other aspects of parenting.

When the children are four, the Leksand model still has the engagement of about half the people who were engaged on the programme in its antenatal stage. Remarkably, the level of male involvement is the same as that of female involvement after that five-year period. The model keeps engagement throughout that period by creating a sense of group identity and allowing the group to lead to a large extent the parent education process because they all have a shared interest as their children get older, as well as the comfort of dealing with a group of people that they met before their babies were born.

SKIP is different. It was set up by a New Zealand Government ministry and intended to be a nationwide campaign to encourage parenting education at community level. SKIP encourages local communities to set up initiatives to drive parenting in highly innovative ways. The initiatives are carried out in various localities and might be very different from one to another, but the constant centre is SKIP, which acts as a catalyst, prod, encouragement and motivator for such initiatives to take place. The New Zealand Government has brought in from outside strategy consultants to evaluate the model. Sadly, they have not evaluated it financially; it would have been

interesting to see that. However, they have evaluated it qualitatively and it has had an exceptionally good rating for how it is transforming parents' attitudes to parenting. I am told that in a number of areas, it has completely changed the way that people talk about parenting, such that parents start talking to each other about parenting while standing on the factory production line, for example. We know that the future of New Zealand depends on having good parents. What are we doing about that in our community? It is an okay subject to talk about there, whereas in Scotland, all that we talk about are the riots at Easter Road last weekend.

Linda Fabiani: SKIP is a national Government initiative delivered locally by people who submit projects that might be run by the voluntary sector.

George Hosking: Yes.

The Convener: Members have asked all their questions. Mr Hosking, you have given us much food for thought. Do you want to add anything further?

George Hosking: No, I think that I covered the points that I wanted to make. I thank you all very much for your purposeful questions and express my deep hope that we might look back on this Finance Committee's work as a turning point in the history of Scotland.

The Convener: We thank you for the clarity of your evidence and your clear commitment to change for the better. Your theoretical background and practical examples will be of great assistance to us in our deliberations.

15:24

Meeting suspended.

15:25

On resuming—

The Convener: I welcome our second witness, Susan Deacon, who was recently appointed by the Scottish Government to lead a national dialogue on how to improve children's early years. I invite her to make a brief introductory statement.

Susan Deacon: Thank you very much for giving me the opportunity to give evidence to the committee. I very much welcome the scope of the inquiry and hope that it will have a significant impact on our future direction of travel in Scotland.

As you say, convener, I am here primarily in my current role, which involves working with the Scottish Government, through the University of Edinburgh, to look at how we can scale up our effort to improve children's early years in Scotland—indeed, how we can go further and

faster in meeting many of the commitments that have been made and shared across the political spectrum for some considerable time. However, as I have now spent in the region of a quarter of a century variously studying and practising politics, social policy, management and change, many of the views and insights that I will share with you will come from that wider background.

I have submitted a short paper to the committee. From that, you will see that my focus has been on how we can get better at bringing about the shift that I have heard about today and in other evidence sessions for the inquiry, which I have followed closely. It is a subject that, rightly, is close to members' hearts and minds. To me, adopting a preventative approach across the piece is a no-brainer. The evidence and common sense combine to tell us that, but it is remarkably hard to do it. Many of us in this room have tried, with limited degrees of success, to bring about that kind of shift.

You have heard incredibly compelling evidence about why the early years of life, in particular, matter. I am not going to rehearse that evidence today. Suffice it to say that, over the years, as I have looked into the matter more and more, I have found the evidence more compelling and I am more seized of the need for us to get better at acting on it. I do not intend—unless you ask me to go down this road—to say too much about what we need to do to act on the evidence. We have a welter of insight, knowledge, experience and evidence that tells us the things that can be done—not just the things that are being done internationally or in other parts of the UK, but the things that are being done in many parts of Scotland right here, right now. The challenge for us is to act on that information and to scale that action up.

Rather than concentrate on the why and the what, I want to say a little bit about the how. I have spent a lot of time engaged in a lot of discussions and exploration with a lot of people over recent months. I am conducting this piece of work over a short period of time, and it is only a part of the work that I do, so I do not profess that those conversations have been in any sense comprehensive. Neither, however, was it from a standing start that I began my work for the Scottish Government four months ago. It is something that I have spent considerable time on. In my paper, I pull out some of the main themes that I think it is important for the committee to focus on. I hope that, by sharing some insights, it will be helpful.

15:30

Interestingly, my main, opening theme is exactly the question that you have raised this afternoon

about how we can raise awareness of and secure public buy-in to the importance of the early years. That is a critical factor in bringing the shift about, for at least two reasons. The first is that it is pivotal in creating a climate that is conducive to decision makers in public policy and spend making the shift towards prevention, where that is possible. The second reason—and this is very important—is that it is only once we open up and have a much broader, accessible public conversation about what is going on in our homes, our families and our communities that we can begin to address some of the behavioural and cultural issues that impact on the upbringing of our children. In my view, too much of the debate has been a closed conversation within debates about public policy and public services. Some very basic human truths need to be opened up and discussed.

It flows from what I have just said that it is important to build a shared responsibility for supporting the early years. No matter how good, how effective or how well resourced our public services are, there will always be limitations on the impact and influence that they can have on the raising of a child. We know that, within the home, the family and our communities, there is much that we can do to improve outcomes.

In my submission I use the phrase, which you may wish to explore, that there is a need for us to get “out of our boxes” in moving forward. For a small country, Scotland has an immense propensity to divide into lots of different organisations, agendas, professions and specialisms. We talk a lot about the silos of central and local government, but having studied and worked within many of those systems for many years, I think that that runs much deeper and more widely in Scotland. We really have to start putting things back together again. Even in a lot of the work that I have been doing on early years, where there is a massive shared commitment, I am struck by the fact that people are sitting in different groups talking to one another within health, education, the criminal justice system or whatever. It is not rocket science to say that there is much that we can do to join that up.

Finally, I passionately believe that we have to refocus on people rather than process—although my work in early years remains on-going, I have to say that I reached that conclusion a very long time ago, and I see more and more by the day that confirms it. The time, energy and resource that are locked up in process and the way that we do public policy making, decision making and service delivery in this country are unacceptable and unsustainable. The point that we have reached is a bit like the old adage about a fish in water: if you ask a fish to describe water, they cannot, because they swim in it all the time and they do not see it. We have reached that point in the way that we do

public policy and public services. That is nobody's doing, as such, because nobody intentionally set out to do that—a whole range of factors have come into play during the course of my professional working life over the past 20 or 25 years. However, I think that the time is now right—indeed, it is necessary—for us to push the stop button on a lot of process that is getting in the way and to free up people to drive the change that is most necessary.

I end my submission with a little quote from Einstein, who says that the definition of insanity is

“doing the same thing over and over again and expecting different results.”

There is a real opportunity and a need for us now in Scotland to be willing to acknowledge that we have tried in some areas and have not delivered what we hoped to deliver and that, therefore, there is perhaps a different or better way to work in the future.

The Convener: Positive change will require co-operation and interactive working as well as innovation. You argue in your submission that previous attempts to encourage joint working across the public sector have not always been successful—I think that that is putting it mildly. On preventative spending on early intervention, what are the specific means by which relevant public bodies could co-operate better and could provide better outcomes for children?

Susan Deacon: We have to start by putting up in lights that it is people who drive change. You and I, convener, shared several years together on the Parliament's Audit Committee. I remember, for example, the work that Audit Scotland did a number of years ago on examining how community planning and community planning partnerships operated and how lost a lot of individuals and organisations had become in the process and the machinery around community planning. Where Audit Scotland found evidence—which is borne out by subsequent work that it and others have done—that change had come about that delivered good, improved, joined-up services, that was because people had built the relationships, fostered the trust and taken a leadership role locally on the ground, as well as at a more strategic level, to drive that change.

A similar pattern is emerging for getting it right for every child, the model that has been favoured for a while here in Scotland, especially in the area of early years. Putting that methodology into practice mechanistically will not get us there. When people combine some of the methods with the behaviours that are necessary, we see transformational change.

One of the biggest things that we can do in Scotland is to recognise how important people's

behaviours are. We should also do more, at a number of different levels, to recognise and reward people who are fostering joint working. Over many years—this is not new—we have had some interesting examples of effective joint working at the local level, by which I mean both the community level and, sometimes, the local authority level; there are even examples in national programmes. We must ensure that, where effective joint working happens, it is fostered, nurtured and encouraged. We must not reinvent the wheel two or three years down the line, with yet another innovation or new fad or fashion. If we really support and—dare I say it?—empower people to drive forward that kind of change, often despite some of the obstructions that stand in their way, we can make a real impact.

Linda Fabiani: My question relates to the same theme. You have spoken about the culture that we have. I cannot remember exactly what you said, but about halfway through your remarks you talked about centring early interventions back on the child and suggested that they are wrapped up in too many initiatives and boxes. All of us know that.

Communities can be suspicious—especially those that have been told for years that they are disadvantaged and are not up to much, with the result that their self-esteem is already at zero. How can we encourage conversations about all the things that we do not talk about—what happens in families and how we look after children—to take place at the local level, so that people really believe that they and their views are being taken seriously, and expand those conversations out into bottom-up solutions? Do you have views on how that can be done? Will they be set out in your report when it appears in February?

Susan Deacon: I always have views.

Linda Fabiani: Do you have a solution?

Susan Deacon: All of us are on a constant search for solutions. This morning, I attended the launch in Glasgow of healthier, wealthier children, which is a major programme that NHS Greater Glasgow and Clyde and Glasgow City Council, among others, are developing and which looks at health and financial issues together. The Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon, was also at the launch. The programme relates to one of many areas in which this discussion arises.

I had a number of conversations around the event. In the work that I have been doing over the past few months, in particular, I have been trying to drill a bit deeper into the discussions that we have and the questions that we ask in such forums, as it is often quite threatening for people who have a particular role to say openly what

stands in the way of things working better. I am really struck by the fact that, in conversations with both professionals and communities and with those who are involved with them, there is widespread recognition of the fact that, inadvertently, we have overprofessionalised in this terrain. The time is right for us to be honest about that—not in a spirit of blame, but so that we may learn from, reflect on and acknowledge what has happened.

You alluded to the extent to which people have been disempowered, which should not be underestimated and is having all sorts of adverse impacts. People do not feel confident about taking decisions about their children and the things that they need to do, so they push responsibility for addressing behavioural issues and lifestyle or routine issues back on to health professionals, teachers and so on. Those issues need to be addressed first and foremost in the home. The starting point may be to acknowledge that we have the balance wrong.

I am conscious that when we get into this space there are echoes of what these days is often badged as the big society approach. I am also conscious that the one Conservative member of the committee is not present, and I would have been interested to learn whether he agrees or disagrees with what I am about to say. I think that it is a fact that—rightly or wrongly—Scotland is not likely, any time soon, to embrace hugely and enthusiastically the big society as it is currently being articulated by the UK Government.

However, there is a pressing need for us to develop our own narrative and to change our practice in a way that acknowledges that we have often got the balance wrong between professional and individual or family, or between state and citizen. We must craft the narrative in a way that goes with the grain of our history, culture and politics. If we continue to do more of the same and try to churn out more and more professional intervention, there will increasingly be adverse consequences.

The issue touches on the point that was made about resources. I know that there is quite a complex mix of change to bring about, but that would be the right direction of travel. Part of the effort of trying to target diminishing public spend at the areas in which it will have the greatest impact involves rebalancing what we do and taking responsibility. We might operate in a less costly way, for example through community and voluntary organisations. However, as we make the case for such an approach, it is important that we say that we are doing so because it is the right thing to do and not just because it will save money.

David Whitton: I will ask you questions that I put to Mr Hosking, whose evidence you heard. First, do you have thoughts on the age at which children go to school? I think that you are a mother of two children—unless you have had more since I last saw you.

Susan Deacon: I have thoughts on the issue, which in part come from a personal perspective and in part are informed by wider study and discussion—I guess that that is ultimately the case for all our opinions. A mistake that we make in large swathes of public policy is to make blanket generalisations about doing things in a particular way at a particular time, to the population as a whole. We trot out the truism that every child and family is different, but we often struggle to develop public services and public policy responses that are flexible and responsive enough to variations.

We should not try to suggest that there is a right or wrong age for a child to go to school. I am familiar with evidence about different approaches in other countries, which might on aggregate be better than our approach, but I long for an approach whereby we can be a bit more receptive and responsive to individual children and families.

Such responsiveness is important, because early child development is so rapid that if it takes six months or a year for the right response or support to kick in we lose vital development time. The evidence is most compelling in relation to communication skills. I am not a scientist and I will not try to come at the issue from a scientific point of view, but I can say that the part of the brain that deals with communication develops even more rapidly and even earlier than other aspects of the brain. Speech, for example, is hugely important in the context of an individual's ability to engage in life and flourish. If a child has early speech and language or communication problems, it is incontrovertible that an early response is needed.

To suggest that there are absolute times when a child must be checked or measured or when a child will or will not develop is to risk masking the enormous variation that exists, particularly during the period of rapid growth and development.

David Whitton: On early intervention, we have free nursery places for three-year-olds. Should there be such provision for two-year-olds?

15:45

Susan Deacon: Again, that is a proposal on which I do not feel that it is for me to be prescriptive. There is certainly strong evidence to suggest that the more we provide high-quality support to children at an early stage, the better—that goes back to all the evidence that the committee has heard—but a little caveat must be played in, which is that we should not see all the

answers as lying in child care or in education. I am not the first and I hope that I will not be the last to say that. It comes back to the balance of responsibility with what goes on in the home.

As someone who has tried—particularly since I left Parliament—to examine and reflect on why we have moved in the wrong direction unintentionally or have not made as much progress as we would have liked, I conclude that one of the reasons is that the public policy debate around children has been overly focused on child care. I would be the first person to argue not just for early child care but for early years education, but if we focus disproportionately on that, we will risk paying insufficient attention to all the other things that impact on a child's learning.

I have looked at some extremely persuasive work that has been done in Scotland on the learning that goes on in the home or the family and the influences that are brought to bear in the wider community, and that is why I share the discomfort that I think Malcolm Chisholm voiced in the discussion with the previous witness about having too great a focus on parenting. Common sense and the evidence tell us that those influences are multifaceted—some of them come through the television screen or the internet, some of them come through the extended family and some of them come through neighbours and the surrounding environment. We focus on any one area at our peril. My bias would, of course, be in favour of more early years education and the provision of greater support; I just worry about our having a blanket approach and setting too much store by any one policy intervention.

David Whitton: Mr Hosking argued that there should be greater intervention even before the child is born. Last week, we had evidence that there should be classes in school not just on issues such as foetal alcohol syndrome but on what happens before conception and from conception onwards. You probably heard what Mr Hosking said about health visitors and the nurse-family partnership pilot. We are only at the pilot stage with that, when it seems to be a proven concept in other countries. Are we a bit slow in picking up international evidence that shows that that is the approach that we should be taking? Is it the case that we should never mind the pilot study and just get on and do it?

Susan Deacon: That is a classic example of the need for us to look a bit closer to home and to learn a lot more from our own experience. There are numerous documents that I could point you to. Rosemary Geddes, from whom you took evidence a few weeks ago, has been involved in work with John Frank. Recently, they produced quite a tome on all that has been going on here in Scotland in

that regard and pointed to work that could make more of a difference if we built on it.

We must be extremely careful that we do not keep reinventing our approach simply because the latest fad or fashion has reached us from across the pond or wherever.

David Whitton: Are you saying that nurse-family partnerships are a fad or a fashion?

Susan Deacon: No, I think that there is a huge amount of merit in that approach, which is being developed in Lothian, but lots of practitioners have said to me, albeit informally, that we must watch that we do not suggest that all this stuff is shiny and new. You mentioned health visiting. There is quite a strong sense that some of the things that we need more of now are things that we used to do more of, and that the change has been relatively recent. All that I am saying is that we have to watch because we have been in a cycle of reinvention, which is one reason why we do not get the sustained and the sustainable change that we all desperately want.

You mentioned the importance of antenatal support and care. I could not agree more and feel extremely passionately about that. It is another area in which we have been guilty of a great deal of policy churn and reinvention.

Many years ago—a decade ago, to be precise—I was terribly proud of being the health minister who stood up and launched Scotland's first maternity services strategy. What we would do in antenatal care and education and all the rest of it was put up in lights. I hoped—perhaps naively—that that would bring about a shift. Over the years, I have watched through various prisms how often that work has been reinvented and repackaged. Other members in the room have seen that.

We have an immense propensity to rearticulate what needs to be done, but we do not have the bias for action—for getting on, doing it and making it happen. An awful lot of that stuff is not rocket science. We in Scotland have articulated many times what good antenatal care and support should look like. That concerns not just what the national health service delivers but community-based support that can be given to people who are about to become parents or who are thinking about becoming parents. I return to the point that much of that knowledge is locked up.

I will add to what has been said on a bigger contextual issue that the committee has touched on—the cultural point about whether Scotland is in general child-friendly enough or parent and family-friendly enough. That is worthy of further consideration and comment. When the Breastfeeding etc (Scotland) Bill was discussed in Parliament, a few anecdotal accounts were initially given of women being prevented from

breastfeeding in public places. Once the inquiry process started in the Parliament, example after example came through of women being asked to leave buses, public libraries and public parks when they were breastfeeding.

We changed the law, but we still have a way to go to change the culture. Many of us have experience of going to places such as cafes and restaurants in other countries with screaming bairns. In other cultural settings, we might feel much more comfort than we feel in the same settings here. Such changes are not made overnight, but many people are coalescing around the idea that, in addition to anything that is done at the hand of the public purse, the Government and the Parliament, we need to open up and lead a wider discussion about whether we value children and their upbringing sufficiently and about what more we as a society can do.

David Whitton: I will ask you the same question that I asked Mr Hosking. Does the type of family group matter?

Susan Deacon: We have a substantial body of evidence on that subject, some of which was grown close to home. The centre for research on families and relationships, which is just up the road in the University of Edinburgh, has done much work on the issue. I would be cautious about trying off the top of my head to churn out the findings.

A lot of mythology is around. We have many stereotypes about which families flourish most. I remember becoming immersed in some of that when we debated family policy in this place some years ago. The issue provides another classic example of being careful about generalisations. By definition, population-wide data tell us averages. When people say, "Oh—this is the best way of bringing up a child," that masks the enormous variation between different families. What matters most is security, nurture, stability and consistency, which can be offered in a range of family settings.

As a kind of hybrid person, I work across different areas. Part of the brief for my early years work was to bring to bear different insights. I have concluded that one reason why we have not talked more about the importance of family in our public policy debate is that, 10 to 20 years ago, we ended up in a place where the concept of the family became loaded and associated with a political point of view that was judgmental about the family unit that people should have. As a consequence, many people stepped out of the space where we were talking about the importance of family. Collectively, we need to get right back into that space and to say that family is the building block of society but that families can come in many shapes and forms. As far as the child is concerned, what matters is quality.

The Convener: Could you make the University of Edinburgh study that you mentioned available to the committee?

Susan Deacon: There is a swathe of studies. We have one of the best units in the country.

The Convener: Well, within reason.

Susan Deacon: I will certainly ask the centre to provide what it thinks would be the most salient information to the committee. I am sure that it would be delighted to do that.

The Convener: That would be helpful.

Tom McCabe: Perhaps Susan Deacon's frustration could be summed up by saying that we are world class at producing glossy documents and not very good at implementing them.

Susan Deacon: That is not a bad summary.

Tom McCabe: We spend a lot of time focusing on what we might call challenged families and problems that they face but, when we look a bit more widely, we see that an awful lot of what I suppose we would term middle-class families hand their children over at a fairly young age to other people for a large part of their day and entrust their care to them perhaps because of economic pressures. However, there is a lot of evidence that that bond with a child is important, particularly in the early years, and that the more parental contact there is, the more beneficial the results. Do we, as a society, need to think about the issue that, because of economic pressures, people feel that they have no choice but to hand over their child to someone else, although they would prefer more direct contact?

Susan Deacon: That is a hugely important issue. It is part of that much broader public conversation that I would love to open up about how we feel and what we think about what is going on in our lives, lifestyles and families.

I remember writing a wee piece on that for a newspaper while I was still a member of the Parliament, but shortly after I had stopped being a minister. I dusted it down recently and, funnily enough, the first line stated that prevention is always better than cure. The article mused on exactly that point: that we need to consider not only all the terribly broken families with great needs and extreme vulnerabilities—albeit that there are huge issues there—but the wider issues about parents who are cash rich and time starved, the impact that that has and the importance of the bedtime story and so on. As somebody who has ventured forth periodically over the years and put opinions out into the public domain, I was struck by the amount of feedback that I got on that wee piece. The issue resonates with many people.

A number of people in political life have reflected on where the balance has perhaps been wrong. I think that I am not doing Harriet Harman a disservice to say that she is one of them. Whatever your politics, she has unquestionably been a champion for children and families issues. Over the years, she has argued that we have not got the balance quite right. We have talked too much about work and not enough about the value of being with a child in the home. We need to marry that issue with the issue of people wanting to make choices. That is where flexibility comes into play and where employers have a key role.

Tom McCabe makes a hugely important point. If we disproportionately focus our time, energy and effort on thinking about the small but highly significant proportion of the population in which there are exceptionally poor outcomes for children, that allows us to avoid holding up a mirror to the rest of us and considering where we are as a society. I am sometimes uncomfortable about that. Any big shift that we bring about in Scotland will have to involve population-level shift as well as our getting better at the focused and targeted efforts.

The Convener: We are coming to the end of the session. We are dealing with the most difficult and complex things in the world—human nature and human chemistry. Susan Deacon said that she wants, as we all do, “sustainable change”. She also reminded me about our time on the Audit Committee, when we saw, through the work of Audit Scotland, that whether in NHS boards or further education colleges, good and sensible organisation and good management can turn a situation round.

We keep coming back to questions about how to break down barriers to co-operation, about accessible expertise and about barriers to action. A lot of that is to do with organisation.

Do you wish to come in at this point, Linda?

16:00

Linda Fabiani: I am sorry. I thought that you were coming to a question—or were you just chatting?

The Convener: I was doing slightly more than that, I hope. As I was saying, we keep coming back to the practical organisational aspect, as well as to the objectives that we are looking towards. In the Public Audit Committee we have seen that in practice.

Do you wish to come in anyway, Linda?

Linda Fabiani: Yes. I will come in on something that just struck me a wee minute ago. Thinking about all the committees that I have been on during the years I have been in Parliament, I would say that this subject seems particularly to

have attracted consensus of opinion across this committee. There might be differing views about implementation, but the overall importance of early years provision and preventative spending seems to have been taken on board. There is a general feeling that it could bring about major change.

Mr Hosking emphasised the requirement for leadership. If there was ever a subject on which there could be a consensus of political opinion, ergo leadership, this one might be ripe for such agreement. As a political person, Susan, do you think that an issue such as this could draw parties together, with certain principles that could hold good regardless of the future political make-up of the Parliament? Could there be sacrosanct policy aims and objectives, such as on the importance of properly nurturing our children, as a society? Do you feel that such agreement could take place?

Susan Deacon: There is an immense opportunity here, not just to make a practical difference, but for politicians across the spectrum to demonstrate their capacity and willingness to work together. That is not just in the general, national interest; it is for our children and their future. I cannot think of another area where that kind of co-operation is more necessary and important.

It is no secret—I have said it before—that I share the disappointment that has been expressed elsewhere that there has not been as much co-operation and collaboration across the political spectrum in the Parliament as had been our aspiration in the run-up to devolution. I really think that there is a tremendous opportunity for that in this area.

When Mike Russell, the Cabinet Secretary for Education and Lifelong Learning, asked me to take on this role, we both recognised that part of what I am trying to do on the search that I am on is to help to craft some kind of narrative and to encourage others to do likewise. I am not suggesting that everything begins and ends with my work. This committee inquiry has done some of that. It is a matter of crafting a narrative whereby people from across the political spectrum can see that we really want to make headway. We are not going to keep reinventing the wheel: we will not keep commissioning yet more research, strategies or whatever. We are going to work together to get underneath some of the systemic and cultural issues that exist so as to bring about real practical change here in Scotland.

If we look back over the policy narrative since 1999, the subject is one in which there has been a huge amount of consistency. I know from having spoken to people across the political parties that the desire to work to give more children in Scotland a better start in life is shared. That is a

hugely important point, and I am awfully glad that Linda Fabiani raised it.

The Convener: We have perhaps just had a glimpse of the future as it could be and as it should be.

I invite Susan Deacon to have the last word, if she has any final comments to make.

Susan Deacon: I would have made the point about the need for cross-party co-operation my last point. However, I want also to reinforce the point—we did not spend as much time on this as I thought we might—about the need to move the focus on to action and on to people.

I have not really done numbers with you today, but I will share one number that was a real wake-up call for me. A few years ago, a piece of research that was commissioned by the Big Lottery Fund and used by the Scotland funders forum, showed that £450 million a year was spent by Scotland's charities and third sector organisations purely on reporting back to their funders; somewhere in the region of 5 per cent of their funding went on producing multiple reports and multiple evaluations. I suggest that very little of that added much to the sum total of human knowledge, but it often added to delays in people getting on and doing more of the good work that they want to do. That is just one number.

I do not have numbers—I shudder to think what they might be—for the amount of time, energy and money that are spent on wading through the treacle of different funding streams and different pots of money. If an application is rejected, all the preparation is just wasted. We can address that nationally and locally in a practical way, which will really help, and not only to shift financial resources but to free up the human creativity and action that we desperately need.

The Convener: Thank you for your attendance here today and the evidence that you have given.

As previously agreed, we now move into private session to consider our final item of business.

16:06

Meeting continued in private until 16:21.

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