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Pàrlamaid na h-Alba

Official Report

FINANCE COMMITTEE

Wednesday 23 November 2011

Session 4

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FINANCE COMMITTEE
11th Meeting 2011, Session 4

CONVENER

*Kenneth Gibson (Cunninghame North) (SNP)

DEPUTY CONVENER

*John Mason (Glasgow Shettleston) (SNP)

COMMITTEE MEMBERS

*Gavin Brown (Lothian) (Con)
*Derek Mackay (Renfrewshire North and West) (SNP)
*Margaret McCulloch (Central Scotland) (Lab)
*John Pentland (Motherwell and Wishaw) (Lab)
Paul Wheelhouse (South Scotland) (SNP)

THE FOLLOWING ALSO PARTICIPATED:

James Dornan (Glasgow Cathcart) (SNP) (Committee Substitute)
Mary Fee (West Scotland) (Lab) (Committee Substitute)
Michael Little (Social Research Unit)
David McLetchie (Lothian) (Con) (Committee Substitute)
John Trainer (Renfrewshire Children's Services Partnership)

CLERK TO THE COMMITTEE

James Johnston

LOCATION

Committee Room 3

Scottish Parliament

Finance Committee

Wednesday 23 November 2011

[The Convener *opened the meeting at 10:00*]

Interests

The Convener (Kenneth Gibson): Good morning and welcome to the 11th meeting of the Finance Committee in the current parliamentary session. I remind everyone to turn off their mobile phones, pagers, BlackBerrys and so on.

We have received apologies from Paul Wheelhouse. I welcome Gavin Brown, as a new member of the committee, and James Dornan, who is substituting for Paul Wheelhouse.

Agenda item 1 is to invite Gavin Brown and James Dornan to declare any interests that might be relevant to the committee's remit.

Gavin Brown (Lothian) (Con): Thank you for your welcome, convener. I repeat the declaration that I gave to the Economy, Energy and Tourism Committee. I am remunerated as a director of and shareholder in a training company that I set up in 2002. I am also retained on the Law Society of Scotland's roll of solicitors, although I have not practised law since 2002.

James Dornan (Glasgow Cathcart) (SNP): I have no relevant interests to declare.

The Convener: We also have to take a declaration from Derek Mackay today.

Derek Mackay (Renfrewshire North and West) (SNP): I confirm my previous declaration of interests that I continue to serve as a member of Renfrewshire Council.

Early Intervention (Children's Services)

10:01

The Convener: Item 2 is on early intervention in children's services. We are delighted to be taking evidence from Michael Little, who is the co-director of the Social Research Unit at Dartington, and John Trainer, who is the project manager at Renfrewshire children's services partnership. Would you like to make an opening statement?

John Trainer (Renfrewshire Children's Services Partnership): I am pleased to be here today to contribute to the committee's work. I thought that it would be useful to say a little about Renfrewshire children's services partnership and the work that we are doing.

The partnership is a multi-agency group that was set up as part of our community planning framework. The children's services partnership is unique in that the most senior officers from the council are members of the partnership board, along with the director of the community health partnership, the divisional commander of Strathclyde Police and the commander of Strathclyde Fire and Rescue. The voluntary sector is also represented. Sufficiently high-level people have formed the partnership group.

The chair of the group is the depute leader of Renfrewshire Council, which means that the group has strong political leadership. The partnership has set the agenda that it wants to improve children's lives in Renfrewshire: we want to improve outcomes for children. We started at a relatively good place—lots of our children have good outcomes, such as those who achieve in school and go on to further education and employment—but we also recognised that we had a group of children for whom we were not doing as well as we hoped. The partnership decided to focus on that group.

As Mr Mackay knows, Renfrewshire Council is the ninth largest local authority in Scotland, but we had the fourth highest number of looked-after and accommodated children. We wanted to understand the reasons for that and felt that we needed some support to do so. We started to look at how we planned our services and we realised that we made some good plans but did not have all the required information. We therefore investigated what was out in the wider world and identified additional ways in which we could plan our services.

We approached the Big Lottery Fund and were successful in getting some funding to help to establish the achieving step change in children's

outcomes project, which is the project that I manage. That fund gave us some money to allow us to tender for an expert group to work with us to help us to plan and reshape services. The Social Research Unit at Dartington won that tender.

We are undertaking—I hope that I pronounce this right—an epidemiological study of children's needs in Renfrewshire. I hope that I will have to use that word only once. We are doing that study to understand the needs of children and the ways that we can exert influence.

For about 18 months, we have been working with the Social Research Unit to identify what the children want and need and the big challenges that they face. Through that work, we have identified a need to shift our focus towards earlier intervention and preventative action.

There has been a lot of talk about how the early years work is really important. We agree, but we also recognise that early intervention happens not just in years 1, 2 and 3. We must ensure that early intervention takes place when any difficulties begin to show, irrespective of the child's age. We need a life stages approach to supporting children. I hope that we can talk about that work further.

Michael Little (Social Research Unit): Thank you very much for inviting me—it is a great privilege to be here. I run an independent charity in England. Our primary mission is to improve demonstrably outcomes for children and, wherever we work, to leave clear evidence that children are healthier or better developed.

This committee meeting is timely. We have been gathering technology and information in the area for several years, but there has been a sudden demand for it. There has been demand from England and the United States in particular over the past three or four years, but it is now coming from continental Europe as well, especially Spain and Germany. That is because we all have reduced resources and, following the economic downturn, increased demand on those resources. We must start doing things a little smarter than we have in the past.

In the paper that I have distributed, I emphasise three things. First, in thinking about preventative spending, we must think about who is served. John Trainer referred to the epidemiological data—it is a fancy term, but the data is important, simple information about the wellbeing of children and the services that they receive. About a quarter of children in Renfrewshire are receiving high-end services that, potentially, they cannot benefit from. We feel that the pump-priming money can come from that 25 per cent and be used to begin more effective preventative spending. We are finding that situation not only in Renfrewshire but elsewhere, and we think that it will be an important part of the portfolio of tools that we will bring to bear in other places in the European Union.

Secondly, we need to think about what is served to children. At the moment, the average local authority in England spends about 0.1 to 0.2 per cent of its expenditure on what we called evidence-based programmes—I do not know about Scotland, but I do not imagine that the rate is any different. Evidence-based programmes are those that have been proven to work. We keep an independently validated list of the programmes and, using evidence of a high standard, we know that they will improve educational, behavioural and emotional wellbeing outcomes—all the things that stack up later to cost the state dear. We think that there is capacity to build that expenditure from 0.1 or 0.2 per cent to around 5 per cent. That is not a complete answer, but it does not make sense for a state with scant resources to be investing so little in technology that we know will make a difference to child outcomes.

Thirdly, people have been talking about prevention, and preventative spending in particular, for a long time—largely since the big prevention experiments in the United States during the 1960s—but it is only in the past few years that that vision has become an empirical reality. We have been working in Ireland, England and the United States to put the technology into practice. The technology that we have available includes the data on the wellbeing of children, to which John Trainer has referred, and a database of proven models, which is validated by a group of international scientists who agree whether a programme has or has not passed the threshold.

We also have an econometric model that is an adaptation of work by Steve Aos of the Washington State Institute for Public Policy. It takes any intervention and predicts, over a period of time, the costs and benefits of that intervention over its life course. In addition, it tells us where the benefits will accrue. If someone does well at school they will earn more money, and if they earn more money they will pay more tax. That is good for you, but it is probably not where you want to put all your resources. The model shows where the savings accrue to the state—in expenditure on prisons, for example—and where the savings accrue to the local authority, in the kind of services that John Trainer has described.

Evaluation used to be incredibly expensive and very involved, but we now have good evaluation tools that local authorities can apply to find out whether the impact on outcomes and the savings that were aspired to have been produced. As John Trainer will tell you, in Renfrewshire we have put in place strategy and governance arrangements to help the local authority to make best use of the technology.

I will make three points in closing. First, the issue is not party political, because the product is better outcomes for children at reduced cost, which is not on the left or right or any other part of the political spectrum. In England, we have been experimenting with private investment, because of the economic returns that it can generate. That is a party-political issue, but I emphasise that the great majority of the money is in the state budget—that is where the real leverage exists. We are pro some private investment because we want to find out what can be achieved with it, but it is unproven technology and there is a political element. For the rest, there is no political issue.

Secondly, the approach involves radical change in the way in which we deliver services, so people such as John Trainer and his bosses need support. If you are investing in preventative spending, you need to provide leadership for local authorities. They will be taking risks, so you need to protect them as they take those risks. They will be taking risks on your behalf—on behalf of the state—and they need protection as they do that work.

Thirdly, we are a charity and our technology is publicly available. An enticing possibility for Scotland is to set up a structure through which information can be passed and managed effectively. If the technology is used wrongly, you get completely the wrong answer. It must be used as it is meant to be used, because otherwise you do not get the return. The technology exists and is freely available, but a repository is needed in Scotland to provide support for places other than Renfrewshire.

The Convener: I thank both our guests for those opening comments. I will ask some questions before I open up the meeting to my colleagues.

In round-table sessions and in other evidence, we have heard that there is, to put it mildly, institutional inertia in relation to the delivery of such policies. What obstacles have you encountered and how have you overcome them?

John Trainer: The biggest challenge that we faced was convincing staff and members of the local authority in Renfrewshire that changes were required. Everyone had a desire to improve children's lives, so people quickly signed up for that, but we then had issues with vested interests—everyone has systems, cultures and services, and it is a real challenge to shift them because people feel vulnerable. We had to consider how to communicate our vision to the wider workforce.

We were fortunate in that we had strong political leadership in Renfrewshire who immediately bought into the idea of making the shift, accepted that it would not be easy and decided to take a strong stand and support the officers in doing that. We had a chief executive with vision who wanted to make a real difference. He engaged the partner agencies, which was important because having a multi-agency focus meant that there was not just one agency considering what needed to shift.

We had that focus because children's lives do not exist in agency silos. We provide services to children and young people in their home communities, but our services were often structured in ways that created barriers, so it was important to address that. We also had strong leadership from the directors of social work, education and the community health partnership, all of whom agreed that it was time for change.

We started the journey before the current financial crisis. It took a few years for the project to materialise and to get sufficient funding in place. However, our imperative was not financial; it was about improving lives—that was the important thing.

10:15

Since we embarked on the journey, we have spoken to a number of other local authorities that are interested in the work that we are doing, not because of the financial imperative but because of the need to improve children's lives. The biggest barriers are the current culture and systems, but we are making progress in challenging and changing them.

Strong leadership is important at all levels. Some of our best champions are not the directors or chief executive but the practitioners who have been part of our discussion groups on the way to move forward because they want to improve children's lives in our area. Having the workforce on board makes a particular difference.

Michael Little: I agree with all of that—it is very tribal out there. Everybody wants change, but they do not want change in their tribe. If you are in social care, it is okay for health to change as long as social care does not.

There is the mentality that it is better to do something than to do nothing, but many things that are done on behalf of children in Scotland and in other countries in the European Union are harmful. There is good evidence that some interventions are making things worse, not better. We are paying for such interventions and for their costs later on.

People are not keeping track with the science. In the past 10 years, our understanding of how the brain functions has radically altered. That is being brought to bear in the health service but not in children's services more broadly. In the past 30

years, our understanding of what works for whom, when and why has radically altered, but we have not kept track with that in the workforce.

A revolution has taken place in the economics in the past seven or eight years, but the technology is not being used in children's services. In the end it comes down to a single metric. In most sectors there is a small number of metrics on which to rely. In children's services, we need good metrics on outcomes for children. Ultimately, I want to know whether Renfrewshire's children are smarter, doing better at school, healthier, happier and better behaved. That can tell me whether things are going in the right direction. I want that result tied to economics and to know that those improvements are occurring at least at stasis in expenditure and ideally at reduced cost.

The Convener: Can you give me an example of a negative intervention that is widespread in Scotland or, indeed, the UK?

Michael Little: There are many examples, but two simple ones are pretty common. One is a programme called brain gym that you can find on the internet. Teachers want to do the right thing for their kids, so they find that programme on the internet. I will not go into its details, but it involves getting kids to do pretty neutral things. It does not do them a great deal of harm, but the resource that is being sucked in could be used on things that would make a difference to their emotional wellbeing and educational outcomes.

For the older age range, there is a programme that has different names but the core brand name is scared straight. It is interesting because it taps into a common perception of what might work. The idea is to take kids who are potentially antisocial, put them in a group and take them off to see local prisoners or other people who have been criminals, who scare them into being straight. It is about the most effective way of increasing antisocial behaviour that we know. It is cheap—I think that it costs about £100 per child to deliver—but the eventual costs to the state will be in the range of £6,000 to £7,000 per child, so effective is it at increasing antisocial behaviour.

Any intervention that puts antisocial kids in a group will increase antisocial behaviour. There is a range of interventions in that category that we can look at.

The Convener: That is fascinating. My colleagues may expand on some of those issues as we progress.

Mr Trainer, you said that Renfrewshire is the ninth biggest authority and had the fourth highest number of looked-after children but that you had managed to reduce that to the seventh highest number. How did you manage to do that?

John Trainer: One aspect of what we looked at was our support of kinship carers. We have a stand that children are best supported in a family, preferably their own family. If their own family can provide a safe, secure and nurturing environment, we will support children there. We also found that some children require to be placed in local authority care and that we were using local authority care as a preference to the child being supported by alternative carers within the family.

We then developed a wider use of the kinship care arrangements. Prior to the Scottish Parliament providing additional support, we provided as an authority a reasonable allowance to our kinship carers to ensure that grandmothers, aunts and uncles could provide alternative care for children. We upgraded that rate when the Scottish Parliament made more money available—we have always invested in kinship care.

We believe that we can reduce the number of looked-after children further by targeting and trying to shift some of our current spending. We recognise that some children, for their own or other people's safety, will continue to require services that remove them from their community, but our experience has been that those children return to their own community at the end of that care episode.

Most children who leave local authority care in Renfrewshire return to their birth family or their extended family. Often, the situation has not improved and has instead got worse, and they then give us our next generation of children who will become looked after. We believe that we can change that outcome for children by focusing services that are delivered differently locally, using some of the evidence-based programmes that Michael Little mentioned to support children differently.

We are still on a journey. The numbers of our children who are looked after and accommodated fluctuate; they go up and down because we are not quite there yet. There is a major challenge. We have probably made reasonable progress in the teenage group—we have made a difference to it—but we continue to be pressured in terms of very young children. Part of that is to do with some of the big challenges in Renfrewshire related to alcohol and drugs and their impact on parenting. We need to find solutions that begin to bring about a shift in parent behaviour at an early stage so that children are not born to problematic families in which drugs and alcohol present a major risk to them.

We need to do work on that, so we are still very much on a journey. We are not where we want to be, but we see progress and some things are happening that make a difference now.

The Convener: Mr Little, in your report you have a section called "Applying these ideas to Scotland" in which you say that you want to:

"switch at least five and ideally ten per cent of resources into policies, programmes and practices that have proven impact on children's health and development".

Can you clarify whether that is 5 or 10 per cent of education and children's budgets, or is it 5 or 10 per cent of overall budgets in a local authority?

Michael Little: It is of overall local authority budgets.

John Mason (Glasgow Shettleston) (SNP): Good morning and welcome. We have struggled here to pin down disinvestment, which is where we will get the money to put into the extra resources, so I was very interested to read in section 1 of the Social Research Unit's evidence, "Who is served", that

"a significant proportion -between 20 and 25 per cent typically- of children getting targeted services do not need the intervention."

That is fascinating. Could you expand on that and give some examples from Renfrewshire or elsewhere?

John Trainer: That figure came through the—I said that I would not use the word—epidemiological study that we carried out late last year and early this year. We decided to speak to our looked-after population, children with additional support needs in education placements and children known to child and adolescent mental health services—our high-need population. We asked them to complete an online questionnaire about their lives and the challenges they face. We expected the results to demonstrate some difficulties and we identified about 13 areas where children might have difficulties such as offending behaviour; alcohol and drug misuse; low parental warmth; antisocial behaviour; and conduct disorder. The returns from the children suggested that that was not there.

We are doing a bit of further drilling back to see who that 25 per cent of children are and why they are currently involved with services—there could be some reason. Some might be children who came to the attention of social work at a very early age as a consequence of parental difficulties. Some will be children of parents with drug problems, who have been accommodated and who are now in long-term, stable placements, perhaps with long-term foster care, but who still have a social worker because we have not managed to get them a permanent placement. A question that arises is whether we can find permanent placements for children more quickly, whether through adoption, a permanency order or a residence order that removes them from the children's hearings system. While they remain in that system, they are required to have continued support from social workers. That can be a drag-down because, although they might not require a high level of support, a social worker who is responsible for 25 or 30 named children will want to give each of them a service. Removing some of those children from the system would free up some social work time.

We are not sure why some of the other children are in this position. That is why we are doing a bit of drilling back. We will review the reasons why they came to the attention of social services and what the issues were, as well as their current circumstances. In that way, we can better understand how to deal with those cases.

John Mason mentioned the challenge of disinvestment. We believe that we can achieve these goals, but there is a requirement for some pump-priming funding to support the development of programmes. Renfrewshire introduced a programme called triple P—promoting positive parenting—through identifying internal resources that could be used. We looked at some of our spend on parenting programmes and decided to stop doing some of what we had been doing, because we were not sure whether it was having the desired impact. We diverted the funding to a programme that has a degree of evidence behind it, which we have now started to deliver. In the past six months, we have been delivering the triple P programme, and we are getting some good early results. There are opportunities to make some shifts by focusing on what we currently do and asking whether it is making the difference that we want, or whether we could do that by giving staff different tools to enable them to work differently.

John Mason: Would it be fair to say that you are not reducing the number of social workers or the amount of time that they spend on such cases, but that you are targeting them better at the people who need them the most?

John Trainer: Yes, but this applies not just to social workers. We are looking at staff across all services. If we genuinely want to tackle some of these issues through early intervention, we should understand that children who come to the attention of social workers are not generally the ones who are involved in early intervention. They are generally children with high-end need. They are often known to the health and education services. Part of our programme has involved examining our integrated assessment process in Renfrewshire, in which school staff—either teachers or the home link service—and health staff identify vulnerable children with needs earlier, and try to meet those needs on a multi-agency basis. By getting in early, we can also free up some long-term resources.

However, one of the challenges that we face is that the introduction of the programmes that we think will be most effective involves start-up costs. In the current circumstances, it will be difficult to disinvest to pay for those costs quickly. However, if we had some pump-priming funding, we could introduce the services, having trained the staff to be ready to deliver them. That could produce results quite quickly, and the money could then come back into the service to enhance our other support for children.

John Mason: Mr Little, is that your experience elsewhere, or are there some places that have achieved the savings already?

Michael Little: Yes, we have places that have achieved savings. In Birmingham, for example, a big experiment was carried out over some time, involving a £42 million investment to produce £101 million-worth of economic returns.

John Mason: What does "economic returns" mean in that context?

Michael Little: As a simple example, one of the programmes in Birmingham was the incredible years parenting programme. In our children's centres, we established a programme that targeted those parents with the most badly behaved children at three years of age. At that age, those children had what a psychiatrist would recognise as a conduct disorder. They were difficult to control and, later, they will have difficulties in school and come into the youth justice system. We know that that programme can make a difference for those kids, and we ran a strict trial in Birmingham to demonstrate that it could work there as well.

When we put those results into the econometric model, we are able to predict where the benefits will fall. They fall in a number of ways. One beneficiary is the local authority, because the intervention is made so early. Those kids will be more ready for school, and they will do better when they get there. They will make fewer calls on special educational needs services, and the programme will greatly reduce the impact on CAMHS. Later, there will also be a reduced impact on adult mental health and prison facilities. Those young people will also get better jobs in the long run, and therefore pay more taxes.

John Mason: Although that would be much further—

Michael Little: Much further down the road, yes. We have a database of proven models, with about 50 core models that really meet the standards, and about 100 models that meet the standards if we lower them a little. Some of those programmes, such as the family-nurse partnership programme that you are implementing here, are core to preventative spending. If you do not have family-nurse partnerships at scale, you will be making a big mistake, but the returns from that will largely come after around 15 years. That is a big long-term investment, and perhaps the state wants to take more of the burden in that.

Most of the other programmes on our roster—the functional family therapy and multisystemic therapy programmes, for example—are for the heavy-end kids, and they will produce very quick returns, within six months to two years. We are working with local authorities in particular to try to get them to have a portfolio in which there will be interventions with quick returns that can be used to invest in further prevention, and long-term bets that will pay off in the longer term.

10:30

Margaret McCulloch (Central Scotland) (Lab): Good morning. Can we see the recorded data on the short programmes from which you say you get quick returns so that we can see what you are looking at, what you expected the outcomes to be and what the outcomes actually were? That would be useful. Quite a lot of people have given us evidence, but we have never seen the success of specific projects against what would have happened if interventions had not been made.

Mr Little has talked about the information technology systems that are used and about sharing database information. What is the expected or projected cost of implementing that in Scotland?

Michael Little: On your first question, of course we can share that data. We have it in volume in two forms. We have good data on the impact on what we call child outcomes, which are intrinsic to the child—behaviour, emotions, intellectual development, health and so on—and data that links that to outputs, such as how many fewer kids will knock on the social work and youth justice doors. We can share all that data. It will be completely publicly available on the web next year, but it is publicly available now through us. That is not without cost, as we do not currently have a portal to get that information out in a systematic way.

I will answer your question about costs in two ways. First, as I said, our information will be freely available next year, particularly on the database of what works and the econometric model, and you can simply draw on that. However, branding is important. As I was preparing to give evidence today, I was struck by the similarity between Scotland and Washington state in the US. The Social Research Unit works in small ways in many places in the European Union and the United States. In Washington state, there is a unit that is smaller than the one in Dartington, which is

answerable to the Washington State Legislature. It is led by Steve Aos. Every year, during the budget season, he is asked what the costs and benefits of different investment strategies will be, and he gives independent advice. As politicians, sometimes you ignore such advice, as there are many other things than economics that press on your decision making, but sometimes, where it is even, the advice will be taken. A cross-party approach is taken in Washington state—it is not a Democrat versus Republican issue.

It seems to me that that model is right for implementation in Scotland. Scotland and Washington have around the same population sizes, and the Scottish Parliament could link to a small unit. Steve Aos's unit consists of four people. You can do the math—there would not be a huge cost. My guess is that there would be quite considerable benefits for you, and we could pass any technology that we have into that unit.

John Trainer: I can give you a local example from Renfrewshire. We are at an early stage of gathering information on triple P. We established a service a number of years ago called the reparation and mediation/parent support service, or RAMPS. The project was set up to provide diversions from the children's hearings system for young people who were involved in the early stages of offending behaviour. We have evaluated RAMPS—although not as rigorously as some of the programmes that Michael Little will talk about later—and found some really good results, for example young people who had been diverted from further offending and had remained free from offending for a number of years.

In the past two years, we have extended the programme and changed the name to the early and effective intervention programme. It was evaluated independently, as a pilot in Renfrewshire, and showed some good results. It is not always the agency that delivers the service that gets the returns. Although RAMPS was delivered by social work, one of the areas in which the results were delivered was the Scottish Children's Reporter Administration. Fewer children were being reported by the police to the SCRA, so there was less administration there. However, there was still a service delivery. We need to understand that, although resources might be freed up in one area, there can still be a cost elsewhere.

It goes back to the deputy convener's first question. We might eventually need to look at how we shift resources between agencies when resources are freed up in one agency but the service is delivered by another. That is a challenge. However, we have had some good results and we can certainly share that information as well.

Margaret McCulloch: You are talking about shared resources. Let me take community planning partnerships as an example. If we had a preventative spend initiative, would it be practical to take money from each agency's budget to implement it?

John Trainer: There is a challenge involved in taking money from current budgets because of the present financial pressures on local authorities, health boards and other services. The pooling of resources makes a difference. I mentioned the work that we did to create the triple P programme in Renfrewshire. Although we identified budgets in social work, education, corporate services and the health service locally, the programme was voluntary. That worked well. If we top-slice, something would be at risk—we would need to see what that was. Saying to agencies that they need to work co-operatively makes a difference.

Mr Mackay would verify that our partnership is strong. However, it has not been easy to get there. It takes time. You need to develop trust but, once you get that trust, there is potential. The sharing of resources is important, but I would be concerned about top-slicing.

Gavin Brown: The aim of your project is to improve children's outcomes overall. I think that you suggested that we are 18 months into a three-year project, so it is probably too early to judge. At the end of the three years—at the end of 2012—what would success look like from your point of view, in terms of demonstrable metrics?

John Trainer: When we established the project, we set ourselves the ambitious target that we would improve children's outcomes. However, we decided that we first had to find out from children what those outcomes would be. That is where the epidemiological work has helped us.

In the initial study, children identified behaviour, physical health and emotional wellbeing as their three priority areas. That is where we have set our targets. We want to improve children's behaviour, physical health and emotional wellbeing. We are currently considering how we would measure that. We use some standardised tools. There is a strengths and difficulties questionnaire, which helps young people to gauge their position in relation to behaviour, physical health and emotional wellbeing. We are using that as an early tool. Part of the work with Dartington is to refine that metric so that we can identify how to measure and report on the outcomes.

We said that the project would last three years, but we have realised that that is very ambitious. It took longer to get going than we thought because of simple things such as identifying the population that we wanted to survey, getting the questionnaire up and running, getting the returns,

analysing those returns and bringing together all the decision makers.

In identifying the outcomes for children, we brought chief executives and directors of services across the local authority, the health board and the voluntary sector out of their work programme for four days in March this year. We bombarded them with statistics and data from the children's survey and we provided them with information on evidence-based programmes and on how to evaluate such programmes so that they could select the outcomes that they wanted to measure. We are at an early stage and need to do a bit more work on that but, with the support of the Social Research Unit, we are confident that we will have that relatively soon.

Gavin Brown: At this stage, you do not yet have any evidential metrics that you can look at in an objective fashion.

John Trainer: No. We have some early returns from our work with triple P, in which we used the strengths and difficulties questionnaire to measure changes in parent behaviour, but it is early doors. We have been running the programme for only six months, so the numbers are still quite low, but we are seeing demonstrable changes in the way in which parents are behaving and in their confidence.

We have not yet introduced some of the programmes that we think are essential to improve children's behaviour. Michael Little mentioned functional family therapy. We have identified functional family therapy as a programme that could not just improve children's lives through improved outcomes but reduce the population of children who are accommodated in residential schools and residential care units. It would probably cost £300,000 to introduce that service in Renfrewshire, but it could return two or three times that amount over a short period—within a year to two years. Our difficulty is in finding the funding to implement the programme, which is why I keep mentioning the kick-start funding. If we could get funding for that and use that to demonstrate the shift, that would be incredible.

Gavin Brown: Can you give me some examples of the things that you have stopped doing since the project started? I presume that you do not do the brain gym and scared straight programmes in Renfrewshire any more. Are there other specific things that you have stopped doing since the project started?

John Trainer: No. We are currently reviewing all our specialist services and support services to see exactly what they do and why they do it. We are considering whether there are opportunities to stop them doing some of what they are currently doing and to shift that resource.

I will use the example of triple P and then talk about the incredible years project, which we have introduced recently. With triple P, we trained workers to use their time more effectively by giving them a tool that they did not have previously. Some workers were effective in maintaining contact with families, but their work was unfocused and inconsistent. The triple P programme gave them a toolkit that ensured a degree of consistency and focus when they met parents. We were not saying that they should stop meeting parents; we were saying that, when they met parents, they should be much more purposeful.

We had an opportunity to train a number of staff in the incredible years programme, which Michael Little mentioned, and we identified one of our local authority pre-five centres where there was a high level of need. We trained all the staff there and, as recently as two weeks ago, they started to deliver that programme. They are only two weeks into an 18-week programme and evaluation. The programme is about using their time slightly differently. Whereas in the sessions that they had with parents they would give the parents individual responses about how to change behaviour when the parents expressed dissatisfaction or concern, we now have a consistent way of working.

That is where we are at the moment. There is a big programme ahead if we can make a real shift in how we give all our staff across the services the tools that they require. For triple P, we have trained staff in social work, health and education, and staff take referrals irrespective of whether they originate in their own agency. There is no preciousness or saying that a case is a social work case, a health case or an education case; the staff work collaboratively to determine who is the best practitioner to support the family.

Gavin Brown: Mr Little, I find the Birmingham example that you cited interesting. I want to ask about the measurement and the model that you used. You suggested that they were all three-year-olds on that programme. I presume that some of those three-year-olds would have gone on to positive destinations or outcomes without any intervention—that would have just happened—and that some of the three-year-olds who were on the programme may still end up, to put it simply, with a negative outcome. How does your model factor in those two parts of the equation and what assumptions are built into it? Does it assume that every child on the programme would have ended up in a bad place and will end up in a good place?

10:45

Michael Little: That is a very important question. The reason why we are unpopular in some parts of the children's services community is that our reputation has been built on the use of

what we call randomised control trials. Generally speaking, every time we have an intervention, demand exceeds supply. For example, in Birmingham, there are 63 children's centres, all of which want to introduce a programme called incredible years. In the first instance, it has been introduced in nine of the centres and we will compare the results for children in those nine centres with the results for children in the other 54. That is the key—we must have a control group to know what is happening.

A good example of why that is necessary is the triple P programme, which is aimed at eight-year-olds. One of the key target outcomes is better behaviour but, given that, on average, children's behaviour will get better between the ages of eight and nine, if we did not do anything, the children's behaviour would get better, so we would want to know that the programme made it better still, and the control group is critical in that regard.

That also applies to the financial element. When programmes such as incredible years are introduced, we will compare the costs and the benefits in the nine children's centres in which the programme is introduced with those in the other 54. That control element is critical.

It is important to say that, by our reckoning—others may have a different opinion—Renfrewshire Council is at the cutting edge of such work in Scotland. Naturally, it is being very cautious, as it is taking big risks—no one is asking it to do this work. It has been extremely cautious but, given our experience over the past seven or eight years, I would be much more ambitious now as regards what could be done if a local authority or a group of local authorities could get backing, not just as regards what can be achieved for children and the benefits in budgetary terms but from the point of view of speed. The process takes time because it is different for everyone and it is necessary to get everyone on side. It is no good imposing this stuff—that just does not work. You have to carry people with you. However, if the Parliament could show leadership, that would make it possible to be more ambitious about what can be achieved and in what time period.

Gavin Brown: I think that I know the answer to this, but has the SRU done other work with local authorities or organisations in Scotland?

Michael Little: No. We have done tiny bits of work, but nothing major.

James Dornan: Some of the questions that I was going to ask have been answered well.

Mr Trainer, you mentioned silos. I congratulate Renfrewshire Council—I think that it made an extremely brave decision in taking on such a project. How did you manage to combat the vested interests? I am a councillor on Glasgow City Council and I have noticed on numerous occasions, as have colleagues who have been in that situation, that even when the politicians want to do something, the vested interests of the departments stop it happening. How did you manage to combat that? My question has a second part.

John Trainer: As a former Glasgow City Council employee, I recognise some of that.

I have worked for Renfrewshire Council for about eight years. When I arrived, there were already quite strong partnerships on the ground, at practitioner level—health visitors worked closely with social workers, who worked closely with schools—so we started in quite a good place. The challenge was in looking not just at the political leadership but at the senior leadership in the service departments, and we had a number of difficult decisions and discussions about who would own the service, because people want to hold on to what they do.

We need to recognise why some agencies work in silos. As part of the research work that we did, we looked at policy on children and what drives it in Scotland. The Scottish Parliament has issued hundreds of initiatives that challenge us all to improve children's lives, their health and their educational attainment. Reports have been published such as "Looked After Children and Young People: We Can and Must Do Better". Audit Scotland recently published a report on children's residential care. There is a host of competing demands. The health service is held to account by the Cabinet Secretary for Health, Wellbeing and Cities Strategy in delivering health outcomes. We realised that we could all influence that by influencing each other and sharing things. It involved tough negotiation, building relationships, making difficult decisions, displaying leadership and vision, and taking risks, but we agreed on that way forward. There is not a magic answer or a silver bullet that will change the relationships that exist, but we can build on what is there.

In Glasgow, there are strong relationships on the ground and practitioners who work well, but there are also challenges. I do not want to answer for it, but Glasgow should reflect on how it can build on its strengths. If we always operate on a deficit model, we will reinforce that deficit. In our work with parents and young people, we have tried to move to a strengths-based model. We have asked, "What capacities and capabilities do children have, and how do we build on those?" We have done the same with our staff, our directors and our chief executive—and ultimately with our politicians, because they gave us that approval.

The input from politicians on the community health partnership, and recently from the

community health representatives on the community and family care policy board, has contributed to breaking down those barriers. However, it is difficult to do that because of the culture that exists, and we want to look at that area further.

The Improvement Service, which I did not mention, is another partner in achieving step change. We are talking to the service—the discussion is still at a very early stage—about how we bring culture change into organisations so that they feel safe to make changes. If a health visitor who has been charged with ensuring that children are healthy does not see the link between parents' behaviour and poorer health outcomes, it is difficult. We need to give staff the information.

When I was a social worker 20 years ago, I never really thought about children's attendance at school as being my primary concern, because I was concerned about the child protection risk or the child's offending. However, it became clear to me that if a child did not attend school, their life outcomes would be poorer.

That shift towards understanding children as small human beings with a multitude of needs and wants that exist outside silos is something that we can all work towards and share in. We can deliver the understanding that an agency can sometimes take on another agency's responsibility without feeling threatened, but it will take time.

James Dornan: Do you believe that such programmes—in Renfrewshire or more widely—will bring about a redesign of council services, which might help to free up more money to be put into what is important?

John Trainer: We have not looked at structural redesign, because we do not view structure as being always the answer. From our experiences over a number of years, we are aware that redesigning structures does not necessarily deliver the outcomes that we want to achieve. We want to address the behaviours and competencies of staff, and to work with our communities, so we will redesign services, but not necessarily structures. We will address our systems—indeed, we already have: I mentioned our integrated assessment approach. We shifted—using the getting it right for every child principles—to considering how we assess children early and effectively to ensure that they get support at the earliest stage.

This is a bit like tooth decay: if you go to the dentist early and the dentist catches the decay and does some repair work at that stage, it prevents you from losing the tooth. We were not good at that in many of our children's services. We let children's behaviour deteriorate and become problematic, and then went in when it was very difficult to change. We need to get in a bit earlier. We need to change the focus—not necessarily the structure, but the systems and the access to services and, most important, what the services do and why they do it. We need to use tools that make a difference, not just because John Trainer likes them, but because they have been shown to make a difference.

Michael Little: What is happening will lead to redesign of services at some point. The next big stage of the work that we are undertaking will involve examination of scale. The programmes that have been introduced in England, Ireland and the United States and those that will be introduced in Renfrewshire are marginal and are added on to existing portfolios. We are taking things away, but they, too, are marginal. The real goal is to introduce services as core programmes.

Family-nurse partnership programmes are a perfect example. They are so effective that they should be a core part of children's services, but it is necessary to deliver them at scale. For that to happen, a redesign of children's services is required. The primary future investment of our work will be to work out how to do that.

John Pentland (Motherwell and Wishaw) (Lab): Mr Trainer said that he would like to start a lot of programmes but does not have pump-priming money for that. Mr Little said that, in Renfrewshire and many other local authorities, 25 per cent of the financial resource is wasted on areas that do not help children. Can you give examples?

My main question is about the wider approach. We have taken a lot of evidence from a lot of organisations and the common theme has been that there is a silo approach; there is tribalism and a need for better leadership. I am sure that most of the organisations have many well-evidenced good practices, but is there a case for creating a national framework or model, using a one-size-fits-all approach, in order to move everybody away from the silo approach and tribalism?

John Trainer: You have asked two quite difficult questions. I mentioned the need for pump-priming funding because a lot of our resources are tied up in staff, and many of the services that we require them to deliver will continue to be required. Our staff are our main resource, so it is difficult to release the money that is tied up. We need money to train them. It would cost about £300,000 to implement functional family therapy in Renfrewshire. That investment would train a number of workers and enable them to use their time differently. They would then deliver a programme that has been shown to improve children's behaviour, emotional wellbeing and attainment at school, and to reduce antisocial behaviour and drug and alcohol use. The programme is effective, but it takes some time and

dedicated resource to do those things. In the longer term, we would be able to reduce the number of staff we require, because we would make much more effective use of staff time. That is where we will begin to get results.

You mentioned children getting services that we do not believe they need. We have looked at the children's behaviour, but they might still need services because of a parent's behaviour. A child could be involved with social work because he or she has been physically or sexually abused by a parent and brought into social work services for protection reasons. We need to understand that, and we are involved in a back study to help us to do that. We hope that we will have more information by February or March that will help us to say whether those children can go off the books to free up staff time that could be used more effectively, or whether we still need to provide for their particular protection needs.

We sometimes make too much of the point about working in silos. There are sometimes difficulties with such working, but they are less evident than the common perception suggests. My experience in Glasgow and Renfrewshire has been that, in individual cases, staff work well together for the most vulnerable families. They know who the families are, they share information and they deliver services. The challenge is in whether they are delivering the right services at the right time and whether the services could be better focused. There could be a shift in that regard.

We need to be careful that we do not decide to have a national framework that would fit the needs of, say, Renfrewshire, because it might be different from other parts of Scotland. Flexibility is required in any framework that is created, to allow us to address the needs that are presented to us. We have been undertaking through a questionnaire, which we are now closing, a study of the needs of the whole population of children in Renfrewshire. Children aged from nine to 17 were asked to complete an online questionnaire about their behaviour, their health, their emotional wellbeing and the community that they live in. That will tell us about Renfrewshire's children. I do not know that we will be able to say that the information reflects the positions in Aberdeen or Stirling; there will be some commonality, but we need to be careful. Any national framework will require flexibility for local delivery.

11:00

Michael Little: I am pretty confident that a national framework is probably not the answer to the particular problems that we all face. One of the things that we know when we study scale is that any product that has been successfully scaled, such as the motor car, mobile telephone and so on, has not been pushed but pulled. People want these things so they pull them in. The question for me is this: what is the incentive for change in the public sector workforce?

If John Trainer improves the behaviour or educational attainment of children in Renfrewshire, which are attainable goals, no one will notice, but if John allows two children who are known to children's services to die, everyone will take notice and he will probably lose his job. There are risks: this is about providing the right incentives for public sector workers to take some of those risks and to carry some of them with them. The issue is about national politicians giving permission to take and carry some of the risk.

As an outsider, I say that I face all the time the issue of English local authorities wanting to use private investment, so I ask them why they do not use their own investment. For example, Birmingham City Council spends £1.3 billion per year on children, and that budget has plenty of room to pump-prime preventative spending, but Birmingham needs permission to do it.

I played a big role in the preparation of the Allen review. Part of the thinking behind that was, if we could require that local authorities spend 2, 3, 4 or 5 per cent of their expenditure on an independently validated list of interventions—not a Government list—that would help to move things along in the right direction.

All of this is about encouraging pull and not trying to push too hard. Our experience is that if you push too hard, you do not make a lot of progress.

Derek Mackay: John Pentland picked up on the point that local members—none more so than I—like to point out local projects or successes, as with talking or hearing about Renfrewshire this morning. However, there is sometimes a feeling that we have projectitis rather than core outcome-focused delivery models, and the committee is interested in making that happen not just on our own patches but right across the country. Michael Little mentioned moving the spending figure closer to 5 per cent. I am a bit reluctant about that because we do not want to return to nationally set financial parameters, targets, ring-fenced funding and so on; rather, we want to move towards focusing on outcomes.

We have spoken about the family-nurse partnerships and the Government has committed to rolling that out fairly soon. I will be slightly parochial again. Based on what you know of the work that is happening in Renfrewshire, would you suggest that Renfrewshire is a good place to extend the pilot to when it is rolled out?

Michael Little: I will deal with the first part of your question first. You raised a very important point. First, everyone is doing too much; there are too many small things going on. I had breakfast with John Trainer this morning and I just could not keep up with what is going on. The places that are really making progress are doing fewer things—not more. It is important to help local authorities to get that message.

Small projects just do not pay off. I am not absolutely sure about this piece of evidence, but I think that there was a request for information from the English Department for Education. During the previous Administration, 1,000 pilots came out of that department, but we cannot remember what 995 of them were. We need four or five really good projects.

Should Renfrewshire do family-nurse partnerships? Absolutely, and it should do it at scale. Yesterday I addressed the family-nurse partnerships workers at their annual conference in Manchester. They have done a fantastic job of implementing this model with fidelity. I am absolutely confident that they are going to make really significant inroads into the poor wellbeing of children in England.

The next task here is to scale the family-nurse partnership programme in particular areas. Why is scale important? I would have to do the math on this, but my guess is that in Renfrewshire there are probably about 150 mothers who meet the criteria for such a programme. A pilot programme will, on average, start with 20 or 25 cases, and would probably stop at that point. However, if there were 150 in a locality such as Renfrewshire, the mothers would be more likely to go back to work than they would be if they were not in the programme, they would be more likely to bring up their children without any child protection issues whatever, and their kids would be more ready for school. There is a contagion effect: even those who have not been on the programme begin to behave like mothers and their children who have. We need the scale to get the contagion effect.

I urge you to avoid going anywhere near the 1,000 pilots. Pick four or five really solid programmes that do what other people have not managed to do, which is to scale them.

John Trainer: We in Renfrewshire are keen on the family-nurse partnership. We explored the needs of the population and had development sessions with managers from all our services—social work, health, education—and the voluntary sector. We presented a range of programmes that could help to shift children's outcomes; the family-nurse partnership was one of the top five programmes that staff selected. We were not talking about projects, but about introducing programmes that have been shown to be effective and, as Michael Little said, doing it at scale.

There are ways we can do that, but there are challenges. We have introduced the triple P at scale in Renfrewshire. It is a population approach, so we decided that we would instil the programme in all our child-care practitioners so that everyone is trained in one aspect of it. It is a five-layered programme, so people get trained at different levels—some workers are trained at multiple levels to allow full capacity—but it is about changing the behaviour of all the staff.

We see the family-nurse partnership as being about changing the behaviour of all staff—it is a programme of scale. The incredible years programme is a pilot; we had the opportunity to train a small number of staff and we will evaluate it rigorously. If it is effective, we will roll it out in all pre-five centres in Renfrewshire, because we think that the results that we could get from it will make a significant difference to children.

The other aspect is that programmes are required at different ages and stages. The functional family therapy does not target children under the age of 12; it targets the 12-to-16 and 12-to-18 age groups. We need to think about the population in each area and about who requires the programme. If we can introduce functional family therapy, we will ensure that we train enough practitioners for it to become the norm in what staff do, rather than a special project. That is how you get out of the projectitis and how you get effectiveness and whole-population change.

John Mason: I want to follow up on one or two things that have been said. Risk has been mentioned. The suggestion was made that if you improve the lives of a number of people, that might not be noticed, but if we lose two lives along the way, that certainly would be noticed.

Michael Little said that local authorities need permission; I do not know whether that is legal permission or political and leadership support. Do we need to say to authorities, "Go ahead. If you have a few failures along the way, we'll back you and live with that, as long as the overall picture gets better?"

Michael Little: Exactly. There is not a legal issue; structures do not need to change here and no change of law is needed. Maybe the situation is different in Scotland, but I know that if I were in John Trainer's position in England, I would be frightened of you guys, because I know that I can lose my job and my local authority can really suffer. There can be a knock-on effect from which it can take two or three years to recover. Significant change has to take place if we are going to make the changes that we want to make. We need political backing.

John Mason: If we took support from the 25 per cent of kids we thought did not need it and something bad happened to one of them, everyone here would be jumping up and down and demanding heads. You are saying that that really has to change.

Michael Little: Precisely. Of course, we have not mentioned the fact that in every local authority there are 15 or 20 per cent of children who have huge problems but come nowhere near the heavy-end children's services. If something happens to one of them, no one bats an eyelid. We bat an eyelid only when something goes badly wrong for the children who fall within the remit of children's services. We want to ensure that resources go to the right kids, but there is some risk in transferring resources.

The Convener: I thank members for their questions and will finish the session with one or two of my own. With regard to best practice, Mr Trainer said early on that other local authorities are taking an interest in what is happening in Renfrewshire. What sort of response have you had from local authorities? How are you disseminating the work throughout Scotland? What help can we provide in that respect?

John Trainer: That is a helpful question. The significant interest in the programme has been shown in different ways. When I came into post, I felt that I was ploughing a lonely furrow because my work was very much inward-looking and focused on Renfrewshire, and it took a bit of time to gather data and information. However, once we got all that, we began to talk to other authorities. We want first of all to share the data internally with our own politicians and leaders before we start to share it more widely.

That said, we have also held a couple of events in which we have spoken to other authorities about what we are doing and we have managed, again with the Social Research Unit's assistance, to bring to Scotland a number of events, including one on knowledge sharing. Earlier in the year, Professor Jack Shonkoff, a brain development expert from Harvard University, gave the Social Research Unit's annual lecture in London and we were able to bring him to Renfrewshire for a conference, which we opened to staff in all local services and to which we invited a number of Scottish Government representatives. In fact, Sir Harry Burns came along and participated very well in the seminar not only in answering questions but in supporting some of what Professor Shonkoff was saying.

Moreover, when Graham Allen came up in September to give evidence to the committee, we piggybacked on your invitation to organise a seminar elsewhere in Edinburgh and discuss not only Mr Allen's work, the evidence that he had gathered and his approach to understanding early intervention, but our own work on gathering information and data from children. People have shown a lot of interest in our approach, but there is a degree of caution; they want to see how it works. As Michael Little suggested, people sometimes need permission. People have called our approach exciting. They understand why we have taken it and are quite keen to explore it further, but they first want to see it working in Renfrewshire.

In the next three months, there will be a two-day event at which Renfrewshire's senior officers and politicians, the council and the health service will come together to examine and come to an understanding of the data that more than 13,000 children have provided in the past six to eight weeks. We will use that to develop our strategy further. I think that at that point we will share the information and the process more widely with communities elsewhere in Scotland, so we need the backing of the Scottish Parliament in making it clear that the work is important and should be highlighted. We are happy to speak elsewhere, if required.

With the Improvement Service, we are capturing some of our learning in order to build our learning network across Scotland, through which we will take that learning to other local authorities.

Michael Little: Four times a year we bring an international expert to England to give a speech. Last week, for example, we brought to London the world's leading expert on bullying, who is from Finland and has developed the most effective programme for reducing bullying. It is very easy for us to bring those people up to Scotland at the same time, as we did with Jack Shonkoff during the year, and we are more than happy to facilitate that.

We publish an online newspaper called "Prevention Action", which every single day has a story on a breakthrough in prevention science or on its application to policy and practice. If there is a way of making that more accessible in Scotland, we would obviously like that to happen.

11:15

The Convener: Finally, is there anything that you want to convey to the committee that has not been covered in questions?

Michael Little: I will stress two things. First, we recently had an interesting meeting in London with our chief executive in which we brought together businesspeople, including a leading businesswoman from Scotland, and public sector people to talk about scaling of evidence-based programmes. It was a fantastic meeting. Interestingly, we thought that the businesspeople would talk about metrics, but they said that it is all

about hearts and minds and that we have to learn how to change the hearts and minds of the workers and users. That has underpinned much of our conversation today and will probably be an important part of the committee's future work.

Secondly, in our work in Birmingham, we were recently told that, as an incentive, every time we demonstrated a financial benefit it would come back to the local authority pot for further investment in intervention. I have never worked so hard to get the right programmes to the right people to deliver the right amount of fidelity. That incentive made a big difference to the quality of work that was undertaken in Birmingham.

John Trainer: One interesting thing is that, through our engagement with schools, we went from dealing with the high-need population to dealing with all children. We worked with headteachers in primary and secondary schools to find out what they wanted, from which it was clear that there is an absolute commitment to improving the lives of all children. People occasionally think that headteachers are fixated on exam results, but it came across clearly that they want to improve outcomes for all children in their schools. We have started to share information with schools differently. Previously, we had lots of information that we did not share, such as data on outcomes, but we have started to share that. We are sharing programmes with schools and they are considering what programmes would be most effective for the whole population.

We want a strategy that does several things. We need intervention in the early years and when children begin to demonstrate problems. We also need services for the high-need children. We require a mixed bag, and we need to support staff to develop the tools that allow them to deliver. As we get better at understanding the science behind improving outcomes for children—which Michael Little talked about—the challenge for us will be to shift. Our experience in Renfrewshire is that the workforce is willing to shift.

We get positive feedback from families about what is happening for them. The big win will come when bigger numbers of families experience real changes, which will lead to real improvements.

The Convener: I thank Michael Little and John Trainer for their excellent contributions. We have had a fascinating and productive meeting.

Meeting closed at 11:18.

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