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A Window of Opportunity for Preventive Policymaking? Comparing policies by the UK and Scottish Governments

Chapter 5

The Scottish Government's decisive shift to prevention: some issues are territorial, some are universal

[PAC – Emily, do you think the sections/ subsections are in the right order? There is so much to explain in this chapter that it is hard to know if it flows well]

The Scottish Government has developed a reputation for making policy in a different way than the UK Government, and it has made a firm commitment to 'a decisive shift to prevention' (Scottish Government, 2011). In many ways, the 'Scottish Approach' to policy making and implementation is well suited to prevention policy: its *National Performance Framework* provides a way to articulate cross-cutting aims; its ministers have cross-departmental responsibilities; it engages regularly with public bodies to clarify objectives; and, it encourages local public bodies to take responsibility for long term outcomes while engaging service users and forming meaningful partnerships with stakeholders.

However, it encounters the same 'universal' issues associated with *bounded rationality*, including the ambiguity of prevention policy, and *complex government*, including the potential for many variations in policy to emerge from local practices (Cairney et al, 2015). It also faces the same trade-off between generating a meaningfully national policy and encouraging localism. It might address these issues in a new way, but one should demonstrate rather than assume that a government's reputation for distinctive policymaking relates to actual practices and outcomes. In the case of prevention, this involves examining the distinctive ways in which: a window of opportunity for policy change opened; broad prevention ideas influenced the old way of doing things in Scottish institutions; and, Scottish policymakers describe prevention policies in relation to key target populations.

This focus on a mix of territorial and 'universal' drivers helps us compare policymaking by the Scottish and UK Governments as analytically separate processes. However, in practice, Scotland remains part of the UK and is one of three actors (including the European Union) with the power to make policy that applies across Scotland. For example, the UK retains control of monetary and fiscal policies and social security, and largely determines the budget used by the Scottish Government to spend and invest. Consequently, in a cross-cutting policy area such as prevention there are many overlaps in reserved and devolved responsibilities. This situation adds further elements to a territorial/ universal discussion. There are common pressures for the Scottish and UK Governments to adopt particular approaches to prevention, but also specific limits on the ability of the Scottish Government to 'go its own way' in key areas (Keating, 2010).

In that context, we explore the concept and reality of a distinctly Scottish approach to prevention policy when it faces 'universal' policymaking constraints and specific limits on its

responsibilities. First, we outline current descriptions of Scottish distinctiveness, comparing academic discussions of the 'Scottish policy style' with the Scottish Government's self-titled 'Scottish Approach to Policymaking', and situating its 'decisive shift to prevention' within a broader discussion of its national strategic aims and commitment to public service reform. Second, we qualify this sense of distinctiveness by highlighting 'universal' policymaking constraints, as well as issues of prevention that are common to the UK and Scottish governments. In other words, we use the Scottish experience to separate, at least analytically, the territorial issues associated with different policymaking styles (to consult and form partnerships) from universal problems related to ambiguity (there are many ways to define a policy problem and its solution) and complexity (central governments can only control some aspects of policymaking and implementation). Third, we outline the Scottish Government's responsibilities, and identify its broad impact on relevant policies since devolution. In particular, we draw on approximately 25 semi-structured interviews in the Scottish Government to describe how policymakers have tried to make sense of prevention in this context.[i] This discussion informs the case study evidence in chapters 6-9, in which the Scottish Government pursues different policies, maintains similar policies, or works with policies set largely by the UK Government.

The 'Scottish policy style'

When academic studies describe a 'Scottish policy style', they refer to two aspects:

1. *Consultation*. The Scottish Government's reputation for pursuing a consultative and cooperative style with 'pressure participants' (Jordan et al, 2004) such as interest groups, public bodies, local government organisations, voluntary sector and professional bodies, and unions (Keating, 2005; 2010; Cairney, 2009a; 2011b; 2013; Cairney and McGarvey, 2013).
2. *Implementation*. Its pursuit of a distinctive 'governance' style: a relative ability or willingness to devolve the delivery of policy to public bodies, including local authorities, in a meaningful way (Cairney, 2009b).

This reputation for meaningful consultation combines with an increased willingness and ability of UK and Scotland-specific pressure participants (since devolution) to engage constructively in policymaking in Scotland, to produce 'territorial policy communities' (Keating and Stevenson, 2001; Keating, 2005; 2010; Keating et al, 2009: 54).

Scotland's reputation for consultative and consensual policymaking owes much to the views of its participants. They are generally positive about Scottish policymaking, describing low barriers to access, their ability to engage with the Scottish Government frequently, and the sense of a close network or the 'usual story of everybody knowing everybody else' (Keating et al, 2009: 57). Many contrast this with their image of the UK policy process as less consultative, more top-down, less reliant on professional or policy networks, and with more willingness to generate competition between groups.

However, few participants provide systematic evidence of the difference in Scottish/ UK Government consultation styles (Cairney, 2008: 358). The *assumption* of a major difference

may be based on *assumptions* of policy styles which have been challenged continuously for decades (Richardson, 1982; Kriesi, Adam and Jochum, 2006; Larsen, Taylor-Gooby and Kananen, 2006; Atkinson and Coleman, 1989; Bovens et al., 2001; John, 1998: 42–4; 2012: 62-4; Freeman, 1985; Barzelay and Gallego, 2010: 298). In particular, the literature on the UK's policy style generally challenges the its 'majoritarian', top-down, or non-consultative image (Adam and Kriesi, 2007: 140; Cairney, 2011b; Cairney, 2012: 88-91; Cairney and Widfeldt, 2015; Jordan and Cairney, 2013: 240; Kriesi et al, 2006: 357–8). Consequently, we should not simply assume that the 'Scottish style' necessarily contrasts with the UK. The UK experience should not be a 'convenient target' to allow us to portray Scottish policymaking in a 'favourable light, at the expense of … critical analysis' (Cairney et al, 2015: 2).

We should express similar caution about the extent to which the Scottish experience demonstrates a consistently distinctive 'governance style'. For example, Greer and Jarman (2008) identify different Scottish and British styles from 1999-2007. They identify the UK government's 'low trust in providers' and describe its style as 'top down', based on market mechanisms reinforced by a punitive performance management regime (2008: 172-3). For example, it encouraged a range of different schools, relatively independent of local authority control, to compete with each other, using mechanisms such as pupil testing to help build up league tables of school performance. It introduced tuition fees to allow Universities to compete with each other for students. It set rigid targets for local authorities and used an audit and inspection regime to make sure that they were met. Further, in health policy, it set targets on aims such as reducing waiting times for treatment (backed by strong punishments for non-compliance) and encouraged relatively independent 'foundation' hospitals to compete with each other for business (2008: 173-8).

In contrast, the Scottish Government based policy more on 'a high degree of trust in the professionalism of providers' and with less emphasis on competition (2008: 178). It oversaw a 'comprehensive' schooling system, relatively subject to local authority control, with less competition based on pupil testing. It rejected the introduction of tuition fees to Scottish students. It set targets for local authorities but used fewer punitive measures to ensure delivery, and it set health policy targets but without competition within health service markets or a punitive regime (2008: 178-83).

Notably, these developments took place before the election of SNP-led governments which, from 2007, criticised its predecessors for being too top-down in their approach. It would be wrong to rely solely on ministerial statements to help characterise a style of policymaking. However, the rhetoric used by former First Minister Alex Salmond to describe the further development of a Scottish governance style - 'The days of top-down diktats are over' - was significant, since it *signalled an intention* to make arrangements in Scotland even more 'bottom up' (Cairney, 2011a: 130; Cairney and McGarvey, 2013: 142; Cairney, 2014: 9).

Although this image of Scottish politics can be linked to pre-devolution expectations for a culture of policymaking that differs markedly from the UK (Cairney and McGarvey, 2013: 13), there are also practical explanations for its different approach (Cairney, 2013). For example, Scotland is relatively small, the Scottish Government's capacity is limited, and its

responsibilities do not include the salient areas, such as economic and social security policy, most associated with ideological contestation (Cairney, 2015[ii]). The scale of policymaking produces the potential for relatively close personal relationships to develop between senior policymakers in central government and the leaders of public bodies and key stakeholders. The small research capacity of the Scottish Government prompts civil servants to rely more on external experts and the organisations with experience of policy implementation. The Scottish Government's relative willingness to trust policy delivery to those organisations may reflect its reliance on them to make policy work.

The early development of the 'Scottish Approach to Policymaking' (SATP): joined up government and the National Performance Framework

Civil servants in the Scottish Government have also described a 'Scottish approach' in broad terms since 1999, to give the sense of, for example, its relatively open and consultative nature. Over the years, interviewees have contrasted their experiences in Scottish and UK Government (Keating et al, 2009; Keating, 2010; Cairney, 2008). However, the Scottish Government has only recently articulated a *specific model* of policymaking with key elements to be operationalised and evaluated (Scottish Government and ESRC, 2013).

An early incarnation of the 'Scottish model of government' was apparent towards the end of the first era of Scottish Government, overseen by a Labour-Liberal Democrat coalition from 1999-2007. The then Permanent Secretary Sir John Elvidge (2011: 31-5) initially related it to the Scottish Government's potential to exploit its relatively small size, and central position in a dense network of public sector and third sector bodies, by: abolishing policy-area-specific departments; giving 'organisation wide responsibilities' to civil servants who were previously responsible for discrete areas; focusing on the 'aggregate budget' rather than those linked to 'Ministerial portfolios'; developing a more cohesive 'corporate Board' of senior civil service staff, meeting weekly to coordinate their activities; and, extending this sense of coordination through regular meetings with leaders of public sector bodies (which became the 'Scottish Public Sector Leadership Forum').

Elvidge (2011: 31) describes the development of 'the concept of a government as a single organisation' and "the idea of 'joined up government' taken to its logical conclusions". He links this agenda to his belief that 'traditional policy and operational solutions' based on 'the target driven approach which characterised the conduct of the UK Government' would not produce the major changes in policy and policymaking required to address, 'problems with major social and economic impacts: educational outcomes for the least successful 20% of young people; health inequalities related to socio-economic background; geographical concentrations of economically unsuccessful households; and Scotland's rate of GDP growth relative to the UK average and to that of comparable countries'. He argues that such problems:

> had been the sustained focus of policy interventions of various kinds, over several decades and often accompanied by substantial public expenditure, but had either remained unchanged or deteriorated. Work on future scenarios for Scotland's society

> and economy, involving my 50 or 60 most senior colleagues, revealed a high level of scepticism that the policy approaches being followed or discussed would have a positive aggregate impact.

Instead, they required 'more integrated approaches, such as the approach to the early years of children's lives … which looked across the full range of government functions [and] offered the scope for some significant and unexpected fresh policy perspectives' (2011: 32).

Elvidge (2011: 32) suggests that this model took off under the SNP-led Scottish Government, elected in May 2007, partly because his ideas on joined up government complemented the SNP's:

> manifesto commitments to: i) an outcome based approach to the framing of the objectives of government and to enabling the electorate to hold the Government to account for performance; ii) a reduced size of Cabinet, which was an expression of a commitment to an approach to Ministerial responsibilities that emphasised the collective pursuit of shared objectives over a focus on individual portfolios with disaggregated objectives

By 2007, the model combined Elvidge's removal of traditional departmental functions and giving 'primacy to contributing to the collective objectives of the team', with the SNPs pursuit of an 'outcomes based approach to delivering the objectives of government', a 'single statement of purpose, elaborated into a supporting structure of a small number of broad objectives and a larger, but still limited, number of measurable national outcomes' (2011: 34).

The Scottish Government introduced a government-wide policy framework, the *National Performance Framework* (NPF), based on a single 'ten year vision' and a shift towards measuring success with long term outcomes (Scottish Government, 2007; 2014a). The NPF has a stated 'core purpose - to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth'. It seeks to turn this broad purpose into specific policies and measures of success. It articulates in more depth its national approach via a 'purpose framework' - linked to targets gauging its economic growth, productivity, labour market participation, population, income inequality, regional inequality and (emissions based) sustainability - and five 'strategic objectives':

1. Wealthier and Fairer - Enabling businesses and people to increase their wealth and more people to share fairly in that wealth.

2. Healthier - Helping people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

3. Safer and Stronger - Helping communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

4. Smarter. Expanding opportunities to succeed from nurture through to lifelong learning ensuring higher and more widely shared achievements.

5. Greener. Improving Scotland's natural and built environment and the sustainable use and enjoyment of it.

These objectives are mapped onto sixteen 'National Outcomes' and fifty 'National Indicators'. It then works in partnership with the public sector to align organisational objectives with the NPF.

The Scottish Government approached this partnership in two main ways. First, it obliged Scottish Government sponsored public bodies to align their objectives the NPF. This requirement came after a years-long process, from 1999-2003, to reduce the number of non-departmental public bodies (NDPBs, or 'quangos') and return some functions to Scottish Government department or agencies (2011: 35).

Second, it required local authorities to produce 'Single Outcomes Agreements' (SOAs), in line with the NPF's overall vision and strategic objectives, but with local government discretion to determine the balance between a range of priorities and how they will meet these objective, a possibility reinforced by the Scottish Government's commitment not to 'micromanage' local authorities (Keating, 2010: 123-4; Matthews, 2014; *although subnational actors may see this central-local relationship differently*[iii]).

In 2007, the Scottish Government signed a Concordat with the Convention of Scottish Local Authorities (COSLA) which contained a package of Scottish Government aims, including a commitment by local authorities to: freeze council taxes; fund an extra 1000 police officers; maintain 'free personal care' for older people; and, achieve a series of educational aims, including maintaining school buildings, delivering *A Curriculum For Excellence*, reducing P1-3 class sizes, expanding pre-school provision and extending the provision of free school meals. In return, the Scottish Government agreed to increase the scope for flexible local delivery of Scottish Government policies by: promising to not consider reforming local government structures; replacing short term targets with SOAs; reducing the amount of ring-fenced budgets from 22% to 10%; and, allowing local authorities to keep their efficiency savings (Scottish Government and COSLA, 2007; Cairney, 2011a).

Instead, the Scottish Government encourages local authorities to cooperate with a range of other bodies in the public sector, including health, enterprise, police, fire and transport, via 'Community Planning Partnerships' (CPPs), which encourage the pursuit of meaningful long term outcomes via 'community engagement' and engagement with the third and private sectors, to produce a 'shared strategic vision for an area and a statement of common purpose' and (Cairney and McGarvey, 2013: 139-40; Housden, 2014: 68). These CPPs had been established for some time, via the *Local Government in Scotland Act 2003*, but their purpose was unclear before this new emphasis on locally negotiated SOAs was reinforced by the joint 'Statement of Ambition' between the Scottish Government and COSLA in 2012 (Audit Scotland, 2014: 4).

The Scottish Approach since 2013: improvement, assets, and co-production

Since 2013, the Scottish Government has sought to reinforce and articulate the meaning of 'Scottish approach', in part to further encourage its use and gauge its impact. It now gives 'additional priority to:

- Service performance and improvement underpinned by data, evidence and the application of improvement methodologies
- Building on the strengths and assets of individuals and communities, rather than only focusing on perceived deficits
- Services which are shaped and co-produced by both service providers and the citizens and communities who receive and engage with those services' (Scottish Government and ESRC, 2013: 4).

These aims are difficult to define. Elvidge's successor as Scottish Government Permanent Secretary from 2010-15, Sir Peter Housden, provides a broad description, but often to provide emphasis and examples rather than any more clarity than we identify in chapter 1. For example, on 'co-production', Housden (2014: 67) suggests that:

> we put a real premium on the idea of co-production, with services designed and delivered with service users and organisations. This ranges from self-directed care for elderly people and those managing chronic conditions or disabilities, to the networks of support for children with learning difficulties with parents and voluntary organisations at their heart. This is very different from a passive 'consumer focused' approach. It requires professionals to sustain a deep and on-going dialogue with service users and to commission with and through those users the range of services and providers best suited to their needs.

On the idea of an 'assets based approach', Housden (2014: 67-8) suggests that governments should draw on the strengths of service users and communities (as opposed to a 'deficit model' focusing on their problems), but also that the Scottish Government's aim is to, as far as possible, reduce its need to deliver public services:

> we look always to build on and strengthen the assets and resilience of individuals, families and communities. Community grant schemes and devolved budgets can build assets and stimulate local action and decision-making. Recovery programmes for those seeking to exit drug use look to draw on the resources and potential of those in recovery themselves to assist others on the journey. Community resources can be mobilised to support the lonely and vulnerable, with many such as befriending and walking groups requiring no professional inputs.

Further, a focus on 'service performance and improvement' goes beyond the bland assertion that the Scottish Government supports well integrated public services which are of demonstrable high quality (2014: 67). In many ways, it is the most interesting aim, because the Scottish Government is seeking ways to: (a) encourage national improvements in public service delivery without 'micromanaging' local services; (b) gather data on service

improvement without relying on the kinds of short-term targets and performance management that help produce regular data; (c) address the 'not invented here' problem, in which local policymakers are sceptical about importing innovations from other areas; and, (d) recognise that public service innovation, 'is driven organically by organisations and networks with the requisite ambition, curiosity and skills. It thrives on variety and experimentation. It cannot generally be delivered in penny packets from the centre' (2014: 71).

In that context, its focus on 'scaling up' 'best practice' is informative, since it is experimenting with three main ways in which to encourage service improvement by gathering evidence of success and encouraging its spread across local areas (table 5.1):

1. *The importation or spread of innovative projects using criteria associated with 'evidence based medicine'.* With this approach, policies become highly regarded because they are backed up by empirical, generally quantitative, data on their success. The approach has relatively high status in health departments, often while addressing issues of health, social care, and social work. Further, 'evidence based medicine' (EBM) is associated with the argument that there is a hierarchy of evidence in which systematic reviews of randomised control trials (RCTs) are at the 'top', while user feedback and professional experience are closer to the bottom. The Family Nurse Partnership (FNP) initiative is a key example of a programme imported (from the US) and funded centrally by the Scottish Government, then adopted in local areas with minimal scope to modify the original service design. It has also encouraged the use of other parenting programmes whose reputation has been based on multiple RCTs, such as Incredible Years (the US) and Triple P (Australia)
2. *The spread of innovative projects using stories of success.* In contrast, advocates of this approach reject an evidential hierarchy and the need to 'scale up' successful projects uniformly. Instead, they make reference to principles of good practice, and the value of practitioner and service user testimony. Policymakers create a supportive environment in which practitioners and users can tell stories of their experience, and invite other people to learn from them. External evidence can also be used, but to begin a conversation; to initiate further experience-based evidence gathering. *My Home Life* (Scotland) and *Skilled Workers, Skilled Citizens* are key examples.
3. *Improvement methodology/ science.* Advocates make reference to a process in which they identify promising interventions (based on RCTs and other evidence), and encourage trained practitioners to adapt and experiment with the interventions in their area and gather data on their experience. A core team describes the best available evidence to practitioners, teaches them improvement science methods, and asks them to experiment with their own projects in their local areas. The subsequent discussion about how to 'scale up' involves a mix of personal reflection on one's own project and a coordinated process of data gathering: people are asked for 'contextual' evidence for the success of their own programmes, but in a way that can be compared with others. If theirs is successful they should consider expansion. If there is evidence of relative success in other areas, they should consider learning from or emulating other projects. The *Early Years Collaborative* (EYC) is a key example, and it is often

highlighted as one of the Scottish Government's most promising areas of policy and policymaking (Housden, 2014: 68).

Table 5.1 Three approaches to 'scaling up' evidence-based service improvement

	Approach 1 Policy emulation	Approach 2 Story telling	Approach 3 Improvement science
How should you gather evidence of effectiveness and best practice?	With reference to a hierarchy of evidence and evidence gathering, generally with systematic reviews and randomised control trials (RCTs) at the top.	With reference to principles of good practice, and practitioner and service user testimony.	Identify promising interventions, based on a mix of evidence. Encourage trained practitioners to adapt interventions to their area, and gather data on their experience.
How should you 'scale up' from evidence of best practice?	Introduce the same specific model in each area. Require fidelity, to administer the correct dosage, and allow you to measure its effectiveness with RCTs.	Tell stories based on your experience, and invite other people to learn from them.	A simple message to practitioners: if your practice is working, keep doing it; if it is working better elsewhere, consider learning from their experience.
What aim should you prioritise?	To ensure the correct administration of the active ingredient.	To foster key principles, such as respect for service user experiences.	To train then allow local practitioners to experiment and decide how best to turn evidence into practice.

Source: Cairney (2015c)

Summing up the Scottish Approach

Overall, the 'Scottish approach': began in 1999 as a broad idea about how to govern by consensus in a new era of devolved politics; developed from 2007 as a way to pursue a 'single vision', cross-cutting government aims, and an outcomes-based measure of success, developed in cooperation with the public sector; and became, from 2013, a way to articulate, and measure the impact of, key governing principles ('assets-based', 'co-production', 'improvement methodology') and address specific issues such as inequality. In many ways, the approach is likely to be in continuous development as one new aspect of its approach produces new issues to address, such as the effect of 'co-production' on the idea of leadership, workforce development, and the rising value of skills to encourage joint working (Housden, 2014: 73-4).

Further, the reference to a 'Scottish approach' has two notable elements beyond the obvious point that it refers to government in Scotland. First, Elvidge suggests that, although it contained elements that SNP ministers borrowed from Virginia in the US (Keating, 2010: 121), 'I told them that I could not point to a similar model for the organisation of central government elsewhere in the world' (2011: 34). Second, Housden (2014: 69-70) argues

strongly that the approach contrasts with post-war UK policymaking and, in particular, the UK Labour Government's alleged rejection of 'localism' in favour of centrally driven short term targets backed by a performance management regime associated with 'New Public Management'.

On the other hand, Housden's (2014: 71-2; see also Wallace et al, 2013: 7) justification of the Scottish Approach, in relation to the limits to central government control, and the non-linear nature of policymaking systems, bears a strong resemblance to the arguments that we relate to complexity theory and which are being reflected increasingly in policymaking strategies in the Scottish *and* UK governments (chapter 2).

The Scottish Government's window of opportunity: a 'decisive shift to prevention'

Since 1999, the Scottish Government has identified, in an ad hoc way, a broad desire to tackle inequalities or encourage early intervention policies (such as in strategy documents on individual policy areas), but the language of prevention and preventive spending as an overall approach to government was largely absent before 2010 (interviews, Scottish Parliament Finance Committee, 2015).[iv] The Finance Committee took up this agenda in June 2010, noting in its report (on the 2011-2012 Budget Strategy Phase) that: the public sector in Scotland was preparing to face a period of reduced public spending; and, preventive spending initiatives are hardest hit in periods of fiscal retrenchment; but, preventive spending was a sustainable and effective cost-saving strategy for the longer term (Scottish Parliament Finance Committee, 2010: 12).

The Scottish Government commissioned the 'Christie Commission' to examine these issues in November 2010 (Commission of the Future Delivery of Public Services, 2011). The Commission examined social and economic inequalities, broadly defined, and in relation to housing, employment and employability, crime, education, health and wellbeing. Its aim was to examine how to reduce inequalities, improve 'social and economic wellbeing', *and* spend less money, in the context of:

- over 10 years of high post-devolution spending producing minimal or adverse effects on inequalities (including healthy life expectancy and education attainment)
- the likelihood of reduced budgets for at least the next 10 years; and,
- rising demand for many public services, resulting from a combination of demographic change, such as an ageing population, and 'failure demand', defined as the high cost of a public service when it treats acute problems (2011: viii; 7; 16; 75).

To do so requires the Scottish Government to address its unintended contribution to a 'cycle of deprivation and low aspiration' by: redirecting spending towards preventative policies in a major way (it estimates that over 40% of local public spending could be redirected - 2011: viii; 6-7); change its relationship with delivery bodies; address a lack of joint working in the public sector, caused partly by separate budgets and modes of accountability; and, engage 'communities' in the design and delivery of public services, rather than treating them as 'passive recipients of services' (part of an 'assets-based' approach – 2011: 27).

The Christie commission set out a broad statement of intent based on four principles:

- ‘Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.
- Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve.
- We must prioritise expenditure on public services which prevent negative outcomes from arising.
- And our whole system of public services – public, third and private sectors – must become more efficient by reducing duplication and sharing services wherever possible’ (2011: vi).

It also gives a steer on the types of projects on which a prevention agenda can draw, including those which:

- ‘personalise’ service delivery by, for example, encouraging disabled service users to negotiate the details of their care (including how the budget is spent) (2011: 28-9) or encourage ‘recovery’ from addiction (2011: 31)
- train ‘kinship’ carers, to reduce the need for cared-for people to use relatively expensive public services (2011: 31)
- foster social networks to address the mental health effects of isolation (2011: 32)
- involve partnerships with specialist third sector bodies (2011: 33)
- involve bottom-up service delivery through organisations such as community development trusts (2011: 34)
- focus specifically on inequalities in areas such as training and work (2011: 57)
- focus specifically on ‘the needs of deprived areas and populations’ (2011: 59).

These projects should be underpinned by measures to produce the right environment for preventative work. First, inter-disciplinary professional training should help foster a ‘single cross public service’ (2011: 39). Second, transparent and consistent measures -‘accountability frameworks’, ‘performance management’ and ‘benchmarking’, ‘funding, budgeting and accounting’ or ‘commissioning’ processes (for current and capital spending), and audit - should be introduced to support the outcomes-based approach of the National Performance Framework (2011: 42; 63-5). Third, a ‘power to advance well-being’ and statutory duty to provide ‘Best Value’ (which refers to measures to ensure continuous service improvement) should be extended from local authorities to all public bodies (2011: 47).

It identifies 9 priorities and at least 10 recommendations, but we can identify an overall aim, based on three relevant steps: (1) make a firm and tangible commitment to prevention,

backed up by a commitment to cross-cutting budgets (and, in some cases, legislation – 2011: 72); (2) use the existing evidence on prevention to identify the projects most worthy of investment; and (3) pursue a 'bottom-up' approach to policy delivery, encouraging local bodies and 'communities' to work together to turn this agenda into something relevant to local areas.

The Scottish Government's response to Christie

The Scottish Government (2011: 6) response was positive, signalling 'a decisive shift towards prevention' and 'a holistic approach to addressing inequalities'. It sought to turn this broad agenda into specific aims and projects, by:

- listing its existing prevention-led projects, including a focus on early years (and poverty) investment, class sizes and curriculum reform, employment training, tobacco, drug and alcohol control, 'inequalities-targeted health checks', alternatives to short-term custodial sentences, affordable housing, energy assistance and community-based carbon emissions reduction projects.

- announcing three new funds, representing £500m 'investment in preventative spending' from Scottish Government and public body funds - a 'Change Fund for older people's services' (primarily NHS budget), an 'Early Years and Early Intervention Change Fund' NHS and local authorities) and a 'Reducing Reoffending Change Fund' (with high third sector involvement) – and a 'Scottish Futures Fund' bringing together spending on youth sport, broadband, Sure Start, fuel poverty and public transport encouragement.

- Outlining its specific priorities up to 2016, to expand nursery education and reduce class sizes, roll out Getting it Right for Every Child (GIRFEC) nationwide, increase funding (£30m) on early cancer detection, introduce a minimum unit price on alcohol and further tobacco control, regenerate 'disadvantaged communities' and support community-based renewable energy schemes (2011: 6-9).

It also provides a review of its current and future activities, describing how they fit into the prevention agenda. The list is long (approximately 50 bullet points) and brief, without a detailed explanation of how each policy fits Christie's criteria (2011: 76). Generally, it shows a broad commitment to a broad prevention-style philosophy, 'mainstreamed' throughout government, accompanied by a short list of projects receiving new dedicated funding. So, Scottish Government prevention policy is a very broad approach applied across the public sector, combined with some relatively-developed public health measures and a small number of identified priorities, including:

- Early years – a focus on investment in education at an early age (nursery, pre-school and lower class sizes in primary 1-3) combined with the GIRFEC agenda on personalising social care for individual children.

- Older people's services – a focus on keeping older people out of hospital care, in favour of supporting people living at home (free personal care, combined with fuel, transport and social network initiatives to promote mental wellbeing) or residential care.
- 'Reducing reoffending' projects based on partnership with third sector organisations and some justice system reforms.

Prevention policy and the 'Scottish Approach': the NPF and SOAs

As we suggest in chapter 1, prevention policy involves a complicated mix of: a philosophy on the purpose of government; the identification of specific policy interventions; and, an approach to governance which devolves much policymaking responsibility to local authorities and their partners. In Scotland, one key indicator of this mix is the SOA generated by each local area, to adapt the Scottish Government's NPF to local circumstances. The first SOAs in 2013 (Scottish Government, 2014b) are generally similar, sticking closely to the guidance issued by the Scottish Government and COSLA (2012). All SOAs support:

- a 'decisive shift toward prevention' and the idea of holistic action to reduce inequalities and/ or secure long-term cost-saving
- a more systematic integration of prevention into community planning
- community planning through consultation, information sharing, co-production, and lesson-drawing based on a combination of research evidence and local knowledge.
- prevention plans for the six priority areas for 'transformational' improvement: economic recovery, development and growth; employment; early years; community safety and security, with a particular focus on the reduction of reoffending; the reduction of health inequalities and increase in participation in physical activity; and the improvement of outcomes for the elderly.
- A four stage process to identify existing policy and spending, 'co-produce' aims and targets for change, and evaluate progress regularly.

There are also broad differences of approach in many areas, partly because local authorities rely heavily on their own experience: there is minimal evidence, at least from these documents, of learning directly from other local authority areas.

Many SOAs legitimately describe shifts towards preventive spend as an enhancement of existing practices. In other cases, it is more difficult to tell if the 'prevention' label is used merely to guarantee continued funding. The NPF metrics may help evaluate their performance, but the lack of clarity over the meaning of prevention and early intervention allows CPPs to fit much of their current services under that heading. While many SOAs follow the Scottish Government's broad definition, others construct their own definitions and concepts. Prevention projects can therefore range from the Highland focus on 'healthy and fulfilling' lives to East Lothian's 'crisis intervention'.

CPPs can share prevention as a priority but be motivated by different ideas about causality. For example, almost all drug and alcohol strategies seek to prevent risk-taking behaviour through educational and diversionary programs, or provide support and rehabilitation of those in difficulties, while Shetland also has a deterrence-focused approach, based on increasing canine searches and police detection of substance and alcohol misuse. Local areas may also use different measures to define their geographical and socioeconomic properties. The most frequently cited source of information on inequality is the Scottish Index of Multiple Deprivations[1], but CPPs such as East Dunbartonshire add information from their own studies.

Local areas may also target populations in different ways, using different rationales for intervention and the targeted use of resources. The more notable differences come when local areas turn broad strategies into specific projects, relevant to their geographies and socioeconomic conditions, and try to give greater meaning to 'prevention'. Some natural geographic and demographic differences produce idiosyncratic aims: the Highland SOA features action to prevent wildlife crime, mitigate the negative effects of bad weather on hard-to-reach rural communities, and prevent environmental degradation; Orkney's discussion of community safety includes actions to prevent water-related accidents through primary prevention (safety inspections) and early intervention (educational and diversionary programs for children and young people); and, Argyll and Bute argues that its geography plus an unequal, declining, and ageing population presents it with the challenge of having to implement prevention for a unique group of 'people on the fringe', facing deprivation and geographic isolation. Yet, geography is not always a predictable indicator of differences. For example, there is some variation in discussions of the prevention of terrorism through targeted schemes and early interventions to reduce the risk of 'radicalization' – and it does not seem to relate strongly to, for example, urban/ rural areas.

The diversity between SOAs appears to be most evident at the project level, although many CPPs have a common commitment to, for example, the Early Years Collaborative (Scottish Government, 2014c) and many individual projects appear to differ more by name than aim (Cairney and St Denny, 2014).

Overall, the SOAs symbolise a classic central-local dilemma, 'when governments seek to balance national standards and policy uniformity against local discretion' (Cairney et al, 2015: 2). They also reflect a lack of development of CPPs as meaningful corporate bodies with binding decision-making powers (Audit Scotland, 2014: 14) and uncertainty, 'both nationally and locally about the extent to which the focus of community planning should be on local needs or about delivering national priorities', particularly since the Scottish Government's NPF operates alongside other performance management systems which emphasise the need to adhere to relatively short term national input/ output measures rather than long term measure of local outcomes. This uncertainty complicates debate within CPPs about the extent to which they should balance a specific focus on prevention and inequalities with 'a broader role in improving and reforming mainstream public services' (2014: 7; 13). There is a broad Scottish Government commitment to prevention and localism, but it is not

[1] PAC - Include this discussion in ch3 too.

easy to operationalise and, as yet, no clear pattern has emerged on the operation of CPPs or the development of SOAs.

Universal issues with territorial consequences

The Scottish Government faces the same 'universal' constraints as any government, producing two key dilemmas which it shares with the UK Government. The first relates to ambiguity: prevention is difficult to define and operationalise. This ambiguity can present an opportunity for the Scottish Government to describe its agenda in a distinctive way and link its choices to other policy priorities. However, it also contributes to common problems with prevention agendas: policymakers' commitment can diminish when they operationalise prevention and better understand the scale of the task; they have an electoral incentive to address more pressing issues of acute service delivery; their performance management systems are still geared towards short term targets and outputs; they are wary of redistributive measures to reduce societal inequalities and individual measures to limit individual liberties; and, they can only draw on very limited evidence of policy success to address problems that often seem intractable (Cairney and St Denny, 2015). We expand on this dynamic in the case studies (and chapter 6 in particular).

The second relates to complexity: outcomes and actions emerge from complex policymaking systems, often despite central government attempts at control; prevention policy seems to be based primarily on a pragmatic response to complexity, in which governments accept their limitations and delegate more decisions to local actors; but they face a continuous trade-off between central and local control, and the unintended consequences of whatever balance they attempt to strike. When they seek central control, they encounter limits to joined-up government at the centre, and emergent outcomes beyond their control at local levels. When they encourage local discretion, and the involvement of users and communities in service delivery, they encounter problems of accountability when there does not seem to be a meaningful nationally-driven strategy and there is high potential to identify a 'postcode lottery' in which people receive a different level of service according to where they live (Cairney et al, 2015: 2).

The latter problem highlights some unusual unintended consequences of the 'Scottish approach' which combines high national-level consultation with delegated policymaking. Its consultation style promotes group 'ownership' of policy and suggests to participants that they can influence its policy choices. However, its governance style involves a reluctance to tell delivery bodies how to implement policy strategies (Cairney, 2009b; 2011a: 135; 2014: 10). Instead, there is great potential to produce new, local policymaking relationships and a significant difference between the initial policy choice and the delivery or outcome.

Consequently, participants face the need to maintain multiple channels of access with many local public bodies, to monitor and further influence the progress of policy. While they once had to influence a single Scottish Government (or perhaps a range of actors within it) they may now have to lobby to influence 32 local authorities (and organisations within them). This new requirement produces new imbalances of influence and a counter-intuitive sense that

participants may, to all intents and purposes, become disillusioned with this national style of high consultation. In particular, groups with limited resources may be the least supportive of flexible delivery arrangements because they only have the ability to influence the initial choice. When national governments make policy commitments that lack detailed restrictions, and leave the final outcome to the organisations that deliver policy, these groups perceive their initial influence to diminish during implementation (2009b: 366).

This new form of policymaking combines with a new financial reality which changes further the nature of consultation. The first eight years of devolution were marked by nationally-driven policymaking and significant increases in public expenditure. There were comparatively few policy disagreements and departments or groups were competing for additional resources. Most services were well-funded but they did not contribute substantially to a reduction in socio-economic, health or educational inequalities. Now, local partnerships negotiate the delivery of services, to make a greater impact on inequalities, at a reduced cost. The further devolution of power, combined with the new economic climate, produces new tensions between local policymakers and interest groups, and challenges for groups with limited lobbying resources to engage, all within the context of limited policy success before the new dynamic emerged.

The Scottish Government's responsibilities: devolved and shared powers

Scotland remains part of the UK and EU. The direct influence of EU policy on prevention is not always easy to detect, but the European Commission has become a big player in some relevant areas, such as to advance tobacco control (Cairney et al, 2012; Asare et al, 2009), harmonise some aspects of alcohol policy (Princen, 2007), and set the agenda on issues such as cancer and obesity. Its rules on free trade have also contributed to a delay in the Scottish Government's plan to introduce a minimum unit price on alcohol (Holden and Hawkins (2013).[2]

UK government responsibilities are easier to detect, since they influence most aspects of prevention policy in Scotland. The UK government controls monetary and fiscal policies, largely determining the budget used by the Scottish Government to spend and invest, and limiting its ability to redistribute income to address economic inequalities. It controls most aspects of social security, including the ability to address inequalities through direct payments, and determine the rules relating to benefits and unemployment (although the Scotland Act 2016 devolves key responsibilities in income tax and disability benefits[v]). It also controls measures with the potential to interact with devolved policies, such as the classification of illegal drugs (which places limits on 'harm reduction' measures in this field) and the law on equalities and discrimination.

Therefore, although the Scottish Government has primary responsibility for most areas of delivery relevant to prevention - such as health, education, housing, local government, and criminal justice – as well as some aspects of economic regeneration and employability, it

[2] PAC – chase up European Commission Communication on Early Childhood Education and Care (COM (2011) 66)

does not have the responsibility to ‘join up’ taxation, social security, and the delivery of public services (Cairney and McGarvey, 2013: 196). For example, its ability to address health and education inequalities by using taxation policies to address income inequalities is very limited (even after proposed changes in the Scotland Acts of 2012 and 2016). It could not reform the benefits system to supplement its powers to influence ‘employability’ policy (chapter 8), or emulate the UK Government’s attempts to pass on social security savings to the local authorities implementing its ‘troubled families’ programme successfully (chapter 7).

Table 5.2 The reserved and devolved policy areas most relevant to prevention

UK Government responsibilities	Potential overlaps	Scottish Government responsibilities
• Fiscal and monetary policy • Social Security • Employment • Drugs classification • Equality	• Fuel and child poverty • Public health measures (e.g. tobacco, alcohol) • Early years (e.g. Surestart) • Social security reforms • Employability and disability	• Health, social care, and social work • Education and training • Economic development • Local government, housing and planning • Law, home affairs, police and prisons, emergency services

Note: the Scotland Act 2016 extends devolution to areas such as social security (disability and housing benefits) and taxation (income tax, some aspects of VAT)

This situation informs our focus on universal and territorial dimensions of policy change. There are common pressures for the Scottish and UK Governments to adopt particular approaches to prevention, but also specific limits on the ability of the Scottish Government to ‘go its own way’ in key areas (Keating, 2010). There is also potential for a division of responsibilities to produce unintended consequences (McLean, 2014). For example, it is not possible for the Scottish Government to take an approach, often linked to the idea of ‘Nordic’ social democracy (Harvey, 2015), to combine (a) spending decisions based on an appeal to universal service provision, and (b) redistribution through taxation. Instead, there is great potential for the Scottish Government to oversee a spending regime that favours the wealthy and middle classes (on universal free services with no means testing) while the UK Government maintains a tax and benefits policy that may not seem particularly redistributive (Cairney, 2015)[vi].

Scottish Government policy: its impact on inequalities before the ‘decisive shift’

Although the Scottish Government referred rarely to ‘prevention’ before 2010, it identified several ways to address inequalities by combining policy choices and governance reforms. From 1999, it introduced a range of initiatives under the banner ‘social inclusion’, which ‘become a shorthand label to refer to individuals alienated from economic, political, and social processes due to circumstances such as unemployment, poor skills, low incomes, poor neighbourhoods, bad health and lack of access to childcare’ (McGarvey and Cairney, 2008: 211).

The most direct responses, to encourage employability or provide social security benefits, were UK responsibilities, and the Scottish Government relied on UK Government's policies such as 'welfare to work, the minimum wage and the Working Families Tax Credit' (2008: 211). The Scottish Government's own response was to address disadvantages by focusing on economic regeneration in specific geographical areas, and reducing 'unequal access to services such as education, health and housing' (McGarvey and Cairney, 2008: 210; Fawcett, 2004: 240). Its approach to governance highlights a developing 'Scottish approach', with an emphasis on social inclusion as a cross-departmental theme and the development of 'Social Inclusion Partnerships' (SIPs) which resembled, and in 2004-5 were subsumed by, CPPs (2008: 211). Yet, Scottish social inclusion policy did not differ markedly from the UK Government's 'social exclusion' initiatives, and both governments have continued to promote concepts such as community and individual 'resilience' more than redistributive policies.

Further, the Scottish Government shared with the UK Government a tendency to focus on high profile issues and policies designed to improve outcomes overall without necessarily reducing inequalities of outcome. Indeed, in some cases, policies based on universal provision had the potential to exacerbate inequalities. For example, a real rise in spending (cash spending adjusted with the GDP deflator) on health policy of 68% from 2000-11 did not have a major effect on health inequalities (Cairney and McGarvey, 2013: 229). Instead, Scottish Governments tended to use the money in areas such as acute care to, for example, maintain high profile waiting list (non-emergency operations) and waiting times targets which did not have a health inequalities component (Cairney, 2011: 177-9). It has also phased out several charges, such on prescriptions and eye tests, which increase spending without decreasing inequalities (particularly since the lowest paid already qualified for exemptions for charges). At the same time, it has pursued strongly a public health strategy geared, in part, towards reducing health inequalities, albeit with the same tendency as in the UK for healthcare to come first (chapter 6). This process includes interesting overlaps in aims and outcomes, such as in tobacco control where smoking is addressed strongly partly because it represents the single biggest element of health inequalities, but most initiatives do not appear to reduce class-based inequalities in smoking.

Further, a real rise in education spending of 46% from 2000-11 relates primarily to the combination of improved teachers' pay and a commitment to a target of 53000 teachers, in part to reach targets such as to reduce primary school class sizes (Cairney and McGarvey, 2013: 229). Further, when challenged on the value for money of such initiatives (in the early to mid-2000s), the then First Minister Jack McConnell defended them as a solution to industrial relations and education attainment without identifying progress on inequalities in attainment (Cairney, 2011: 194). From 2007, the SNP Government made a similar pledge on the number of police officers (1000 more officers from its election in 2007) which placed a similar constraint on criminal justice funding (2011: 197).

In some cases, these policies have a reinforcing effect on inequalities. The best example is current Scottish Government policy on free tuition fees in Universities for Scottish (and EU) residents. In the absence of redistributive fiscal policy, and the presence of inequalities in attainment, this policy reinforces inequalities in education two-fold (Riddell et al, 2015). The

first relates to the reduced likelihood of University attendance in school leavers from a deprived background. Lower educational attainment is linked strongly to poverty, and Scotland exhibits a significant gap in attainment in key areas (Wyness, 2013: 5). Second, funding inequalities are often masked by a 'universal' approach in which higher education is free to eligible Scottish students. The absence of tuition fees benefits the middle classes disproportionately, while the debt burden is higher on poorer students. The maintenance of University funding also seems to come at the expense of the college places more likely to be filled by students from lower income backgrounds

Scottish Government policy since a 'decisive shift to prevention'

In our Scottish Government interviews, we probed the ways in which policymakers turn a 'window of opportunity' for prevention policy into: (a) new rules or ways of thinking in Scottish institutions; and, (b) clear or distinctive choices, based on the particular ways in which they describe prevention policies in relation to target populations. In this section we provide a brief overview of the key themes to emerge from a range of policy areas, before we describe key areas in more detail in the case study chapters.

We identify a notional spectrum of issues, from those which involve well defined target populations and clear attempts to change key rules of policy delivery, to those which display only one or neither element. To some extent, this range of activities can also be linked to the ages of the target populations.

New rules and target populations: early intervention and the EYC

In terms of target populations, the most noticeable shift in focus relates to early intervention projects involving young children and, generally, their parents or families. There is a strong narrative on the need to intervene as early as possible in people's lives to address the likelihood of reducing criminality, anti-social behaviour, drug use, low educational attainment, unhealthy behaviour and poor mental health outcomes. In some cases, there is an emphasis on identifying needs before birth, or strategies are linked to the nascent evidence on the effect of childhood trauma (measured with reference to raised cortisol levels) on future behaviour, or the assumption that the most significant brain development takes place from age 0-3. For example, the most mentioned interventions (particularly in health) tend to be parenting programmes - the Family Nurse Partnership programme (aimed primarily at first time teenage pregnancies), Triple P, and Incredible Years – followed by a more general reference to attachment theory and the potential for disorders related to separation anxiety.

However, there is a less noticeable shift in the rules underpinning the delivery of public services, with new early interventions running alongside well-established reactive programmes which tend to account for most Scottish Government resources. An often-stated but unfulfilled aim is to shift this major imbalance between existing and preventive services (which extends to the generally low number of Scottish Government staff devoted exclusively to prevention and early intervention).

In that context, one high profile initiative is the Early Years Collaborative (EYC) designed primarily to encourage cultural change in the design and delivery of public services. It is underpinned by 'improvement science' and a model developed by the Institute of Healthcare Improvement (IHI) in Boston (and first used to address patient safety in the Scottish NHS). 'Collaborative' refers to a group of similar organisations engaging on a specific problem in a specified amount of time (such as 1-2 years), drawing on the 'sound science' - on how to reduce costs or improve outcomes - which exists but 'lies fallow and unused in daily work. There is a gap between what we know and what we do' (Institute of Healthcare Improvement, 2003: 1). Participants are trained to identify a specific aim, measures of success, and the changes to test then gather quantitative data on their effects, using a form of continuous learning summed up by a 'Plan-Do-Study-Act' cycle (2003: 7).

The EYC is an attempt, from 2012, to adapt and use the IHI's method for single organisations to coordinate a multi-agency project, working with local and health authorities through the 32 CPPs. It has widespread support from these bodies (Scottish Government, 2014c: 8) and the first 'learning session' in January 2013 involved an audience of 800 practitioners. It focused on introducing the improvement method (and identifying the 'early adopters' crucial to selling the approach to colleagues), discussing the EYC's core aim ('best place in the world to grow up'), and outlining key aims in relation to different age groups:

- reduce infant mortality by 15% by 2015 (0-1), as a proxy for related aims related to low birth weight, maternal smoking, obesity, and deprivation; and,
- ensure that 85% or 90% achieve developmental milestones for 1-2.5 years, 2.5-primary age, and up to primary 4 (age 8) (Scottish Government, 2014c: 53).

The second event focused on specific projects, but on the general assumption identified by interviewees that, unlike in patient safety, there is no set of known, effective interventions - with key exceptions, such as programmes to encourage parents to read to the children at bedtime – and that the Scottish Government, as a policy innovator, is providing lessons to the world rather than having an international evidence base on which to draw. The new process is described as a way to encourage local practitioners to translate evidence into cultural or organisational change. Indeed, most of the factors underpinning EYC theories of change relate to public service leadership, management, communication, joint working and 'family centred' responses, supplemented with reference to, for example, nutrition and dental health (Scottish Government, 2014c: 38-40).

New rules and target populations: employability and other areas

Employment is a largely-reserved policy area (chapter 8), and was near the top of the Scottish Government's list of requests for further devolution in the lead up to the *Scotland Act 2016.* However, the Scottish Government describes a 'Scottish approach' to employability, to contrast its 'assets based' approach to employment 'pathways' with, for example, an alleged tendency of the UK Government Department of Work and Pensions (DWP) to: (a) enforce box-ticking exercises with a punitive targets-driven approach, with (b) unintended consequences such as 'creaming and parking' by the companies paid to find people work

(they deal with the easiest cases of unemployment, and ignore the hardest, to maximise payments by results – Carter and Whitworth, 2015: 279).

Scottish Government employability policy also demonstrates a marked shift in rules and choices: its main policy aim involves a change in the rules of service provision, driven by a clear choice to describe target populations in different ways. SNP ministers describe the idea of a 'lost generation' of people with low employability because they have limited relevant education or training. So, policy is based on addressing specifically the *next* potentially lost generation, by focusing on services for young people. For example, approximately 50% of modern apprentices are aged between 16 and 19, and 80% between 16 and 24. There is also an explicit aim to prioritise the participation of such young people in college provision, in part by redirecting resources from recreational to vocational courses (often while cutting funding, in real terms, overall).

In most other areas, we rarely detect equivalent measures to redirect resources, in such an explicit way, from one population to another. There is not such a clear sense of choice between winners and losers, or clear differentiation between target populations. For example, in mental health, there are new agendas on a whole population approach to wellbeing, an increased focus on parenting programmes to address 'conduct disorder', and the timely diagnosis of conditions such as dementia and psychosis. However, there is no equivalent to the idea of focusing on the next potential lost generation at the expense of this one; new initiatives remain small compared to the provision of existing services for people with mental illnesses that seem relatively unaffected by preventive initiatives (chapter 6).

In public health, although Scottish/ UK tobacco policy is one of the most 'comprehensive' in the world (Mamudu et al, 2015), more money is spent on cessation and harm reduction in already-affected populations than the prevention of smoking, and socioeconomic inequalities remain high. The balance of funding may differ from employability, driven by some attempts to direct smoking cessation to people in their 30s and higher (deemed less likely to quit smoking on their own volition). In alcohol control, there is some confusion about the extent to which policy addresses general public consumption (towards the primary end of the prevention spectrum) via a mixture of measures on cost, advertising and education, or 'problem drinkers', through measures such as alcohol brief interventions (secondary prevention, to prevent people from developing serious long term health problems). The Scottish Government's legislation to introduce a minimum unit price of alcohol sums up this confusion, since it began as a means to address overall consumption in the population *and* as a form of tertiary prevention, to target heavy drinkers buying cheap alcohol, but the Scottish Government has emphasised the latter during the court challenge which has delayed its introduction (Katikireddi et al, 2014; Katikireddi and McLean, 2012; Cairney and Studlar, 2014; Holden and Hawkins, 2013).

In drugs policy, there is an increasing focus on the concept of recovery, which links well to an 'assets based' approach in which the capabilities of service users are incorporated into the design of relevant public services and there is less of a focus on the criminal nature of drug use (Best et al, 2010). There is also a broad aim, albeit not yet realised, to transfer a

significant level of police and prison spending to drug prevention work (as a source of better value for money), and improve the links between public services (such as to improve the housing and employability of drug users, and incorporate advice into the school curriculum) and local level alcohol and drug partnerships. In health and social care, there is an increasing recognition that prevention initiatives for older people may increase costs and/ or inequalities, with some attempts to reframe the issue in terms of a better quality of life outside of hospital (Scottish Government, 2014).

Using universal services to identify risk groups and secondary prevention

Many interviewees highlight important dilemmas when they seek to operationalise prevention within a public service in Scotland generally built on 'universalism'. There is a widespread acknowledgement that policies produced broadly in the name of prevention, or with reference to the Christie agenda, may not reduce inequalities or public sector costs, while some may exacerbate both. Much depends on the service under discussion, with many examples of unlikely cost reductions in areas such as care for older people and mental health (since prevention initiatives do not allow people to close parts of the service), compared to further education in which it is more straightforward to limit provision.

In some cases, the phrase 'progressive universalism' (Gwatkin and Ergo, 2010) has some traction, as a way to articulate the potential for universal services to exacerbate inequalities without further targeted action. Further action can involve the use of quite crude early indicators of target populations with additional needs for support, but accompanied by a narrative about a Scottish approach to using such indicators intelligently (and with reference to assets and co-production), to distance their work from UK programmes such as 'Troubled Families' (chapter 7).

The simplest and perhaps most significant national policy development relates to the expansion of pre-school child care, using one working assumption (80% of brain development occurs from age 0-3, so young children need an education-rich environment) and one main proxy of need (linked initially to likely entitlement to free school meals, but now directly to indicators of income and employment) to identify the vulnerable two-year-olds eligible for 600 hours per year of free care. The policy originally covered 15% of the population, whose parents/ guardians received one of five benefits (Income support, Jobseekers allowance, Employment and Support Allowance, Incapacity or Severe Disablement Allowance, State Pension Credit), rising in August 2015 to 20% to include further indicators of need (relating to Child Tax Credit, Working Tax Credit, asylum support, and Universal Credit – Scottish Government, 2015). Such targeted initiatives are supplemented by a combination of national and local attempts to identify the most relevant recipients of parenting programmes, with the Scottish Government initially funding and controlling the roll-out of the Family Nurse Partnership and Triple P before encouraging health boards and their partners to further their commitment.

In terms of prevention and employability, the priority is the transition point of high school pupils, when identifying either a vocational or further/ higher education pathway. A key

reference point is the Wood Commission report (Commission for Developing Scotland's Young Workforce, 2014), which has a strong narrative against letting young people down when they leave school without sufficient educational qualifications (and should have been identified earlier and/ or encouraged to engage in degree equivalent vocational learning). The main way to target populations involves the RAG (red-amber-green) analysis, used by Skills Development Scotland and local authorities, to identify school pupils with further support needs (based on indicators relating to factors such as attendance at school, attainment, parental issues, and drug and alcohol use) well in advance of the need to choose a vocational or academic pathway.

Is there an overall narrative of prevention?

In almost all cases, civil servants describe their work with reference to the 'Scottish approach' which, to a large extent, represents an overarching set of rules or understandings about how the Scottish Government should pursue prevention policy. It also features far more prominently as a narrative than references to either to reducing inequalities or public service costs, or to specific target populations. In other words, prevention is often treated as something akin to a philosophy or an extension to a set of ideas about cultural change in government and the delivery of public services (including, for example, the reform of workforce development and performance management).

Conclusion

The 'Scottish policy style' and 'Scottish approach to policymaking' are key reference points for the study of politics, policy, and policymaking in Scotland. They serve a dual purpose: to highlight potentially major differences in policymaking by the Scottish and UK governments; and, to prompt critical analysis of these differences. We identify several notes of caution. We should not *assume* that Scottish and British policymaking differs markedly. Rather, the academic literature challenges the 'majoritarian' image of British policymaking on which that basic comparison rests, and the UK government has pursued many of the approaches described by the Scottish Government as central to its new approach. Many of these differences may relate more to the size of the Scottish Government, its responsibilities, and the scale of its task, than a major difference in outlook. Further, it is often difficult to identify a distinctly Scottish approach when policy is made at least three levels of government, particularly in areas such as prevention which rely so much on a combination of UK and Scottish Government responsibilities.

Perhaps most importantly, we should not gauge the importance of Scottish policymaking solely with reference to its differences from the UK. Instead, the Scottish Government policymaking and prevention agenda has produced many developments, and faced many dillemmas, which should be of interest internationally as well as in the UK.

All governments find it difficult to: operationalise concepts such as prevention, co-production, and assets-based approaches; produce unequivocally effective policies to target the right populations, shift resources, and reduce costs and inequalities; and, control the direction of policies when they are delivered at local levels. They face major trade-offs

between central control and local flexibility, and the unintended consequences of combining national-level policy communities with the delegation of policymaking to local partnerships. They face uncertainty about how best to gather evidence of success and 'scale up' the experience nationally while also encouraging local innovation and autonomy. Further, many governments are unclear about how to target specific populations when they oversee a public service built on univeralism.

In that context, the Scottish Government experience provides further data on how governments engage with such universal or common issues, as well as specific lessons for territorial governments operating within wider multi-level systems. Consequently, in each case study chapter we combine a focus on specific policy areas with a comparison between UK and Scottish Government approaches to them. In some cases, they use similar approaches and face almost identical issues. In others, the Scottish approach raises new issues more relevant to territorial governments.

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[i] Two Scottish Government civil servants recruited the 25 interviewees based on my description of the project. I secured ethical consent by the University of Stirling, and access to the Scottish Government, after submitting a detailed description of the project's aims and approach, which included a commitment to unusually high interviewee anonymity (using written, non-audio recorded, non-attributable interview notes) to reflect the sensitive nature of the research, based on its timing (before and after a referendum on Scottish independence) and potential to relate to the advice that civil servants give to ministers. It took approximately one year to secure the ethical clearance and gain consent for the interviews.

[ii] PQ

[iii] McAteer (2014) argues that 'Scotland continues to operate a largely centralised, top-down and de-localised local government system'. Compare statements by COSLA Presidents: in 2007, Watters talked about local government now having greater responsibility and 'the freedom and flexibility to respond effectively to local priorities' (Cairney, 2011a: 130); in 2014, O'Neill (2014) argued that, 'Over the decades, we've seen a culture in which more and more services and decisions been taken away from local communities and put into the hands of distant bureaucracies'. The Scottish Government provides above 80% of local government funding(Cairney and McGarvey, 2013: 138).

[iv] We interviewed approximately 20 MSPs and clerks on four committees (Finance, Local Government, Education, Justice) from 2014-5. The Finance committee clerk was our main point of recruitment role, and we used the same method of recording (written, non-audio recorded, non-attributable interview notes) to ensure consistency and encourage frank discussion. We conducted interviews with the Finance and Local Government committee MSPs as a group. We then worked with the Finance committee to organise an ESRC-funded workshop in June 2015 to bring together 20 academics, MSPs, civil servants and practitioners to discuss prevention policy.

[v] At the time of writing, the practical effects of these measures are unclear and disputed strongly by political parties. To track these developments, see the special Scotland issue of *Political Quarterly* (86, 2) and regular commentary by the Centre on Constitutional Change http://www.centreonconstitutionalchange.ac.uk/

[vi] SPERI blog