6 Constitutional Change, Social Investment and Prevention Policy in Scotland

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Introduction

Constitutional change provides an opportunity to debate radical policy change. In Scotland, the prospect of independence or the devolution of significantly new powers allowed its advocates and political commentators the chance to reconsider the Scottish Government’s policy choices and the way in which it makes and delivers policy. Issues of social policy, social justice and how to organise public spending during a long period of ‘austerity’ became central to political debate in the years leading up to the referendum (Mooney and Scott 2015).

While the idea of social investment had been popular for some time, it grew in importance during the constitutional debate. It fits well with the vague idea – promoted by many organisations, including the SNP – that Scottish independence is a social democratic project, offering an alternative to austerity politics and neo-liberalism. It also complements an existing Scottish Government agenda to reduce inequalities and address its decreasing budget by reducing acute public service demand through early intervention and prevention policies.

Social investment and prevention are closely related concepts with major implications for policy and policy making in Scotland. Both highlight the value of investment in human capital (Chapter 1), and are linked closely to the Scottish Government’s preferred method of governance – the Scottish Approach to Policymaking – associated with terms such as social partnership, co-production and assets based approaches (Cairney, Russell and St Denny 2016).
However, we draw on two public policy concepts to show that, although the referendum provided this opportunity for public debate, we should not exaggerate its impact on government policy. The first concept is ambiguity: broad policy aims lack meaning unless they are operationalised in detail. This process was often absent during the referendum debate. Instead, groups with little chance of policy influence made broad and often heroic claims of radical policy change to come, while the Scottish Government was more modest or vague in its intentions. It is easier to identify buzz words or slogans for policy reform and broad long-term aspirations than specific aims and objectives, and therefore it is difficult to tell if those objectives would compete with the day-to-day business of government. Social investment is rarely properly defined, and prevention often describes a philosophy of government or broad aspiration rather than a specific policy agenda delivered in practice.

Second, we draw on Kingdon’s (1984) multiple streams analysis (MSA) to identify the difference between a window of opportunity to recommend and deliver reforms. MSA suggests that major policy change occurs during a brief window of opportunity when: attention to a problem is high; a well-thought-out solution exists; and policy makers have the motive and opportunity to adopt it. These three streams are not sequential. Rather, they represent three necessary but insufficient conditions for major policy change. We argue that, although reformers were optimistic about these streams coming together to produce major policy change during the window provided by constitutional change, they were likely to be disappointed. With social investment and prevention, policy makers are pursuing a vague solution to an unclear problem and have yet to work out how to deliver their aims. Further, although Scottish independence could have made a difference, we caution against assuming that major constitutional change produces policy change, by showing that (a) many obstacles to reforms are related generally to policy making rather than specifically to Scotland, and (b) the pressures to reform are often prompted more by other factors such as budgetary constraint.

However, there are some signs that Scottish politics and government can produce important changes in these areas. So, in the final sections, we discuss how key actors can take forward the agenda on social investment, and how the Scottish Government is currently making sense of prevention as part of its attempts to produce evidence-based policy. With social investment, we
discuss the extent to which the Scottish Government can learn from international experience, such as when exploring a ‘Nordic’ approach. With prevention, we show that it is drawing lessons from several potentially successful approaches to policy change.

Policy ambiguity: how do actors make sense of social investment and prevention policy in Scotland?

Broadly speaking, social investment and prevention are similar and complementary terms used to reframe public service delivery as an investment in human capital. They can also involve similar objectives, such as to reduce socioeconomic inequalities and the demand for public services. Social investment, according to Keating (Chapter 1), is used to reframe certain forms of public service expenditure in infrastructure, and services such as education as a potential contribution to, rather than inevitable drain on, the economy. Prevention involves a similar sense of capital investment for the long term, but it can refer to range of policies, from those intended to deliver the savings and benefits that result from intervening as early as possible in people’s lives to improve their life chances, to the prevention of falls in older people (Cairney, Russell and St Denny 2016). So, the loose usage of such terms in public debate might produce the sense that they are synonymous but, in fact, they merely overlap significantly in key areas. Social investment is the term used more frequently during the referendum, while prevention has a recent history in Scottish Government strategy, primarily from 2011.

The referendum as a platform for social investment

The referendum gave advocacy groups an unusually large platform on which to articulate radical socioeconomic policy reforms. Most notably, the Common Weal (2016) project provided the strongest commitment to the social investment model. It drew in particular on Nordic experiences to produce guiding principles to ‘achieve a Scotland of social and economic equality’. Proposals with Nordic influences include: a more progressive taxation system; a welfare system based on active labour market policies; nationalisation of public transport systems; and a commitment to universalism as a means to foster social
solidarity. More importantly, the referendum provided the SNP (as the party leading the Scottish Government) with the opportunity to outline its vision of an independent Scotland. Its White Paper *Scotland’s Future* (Scottish Government 2013) advocated the social investment strategy of Nordic states. First, it framed government spending on public services, including education, research, healthcare and childcare, as investment in measures to improve economic and social conditions. For example, investment in childcare and early years education could increase the number of working mothers and improve attainment levels:

ensuring that there is high-quality readily available childcare supports parents to find sustained employment, but it is also an investment in children to give them the best start in life. And, as a result of this early investment, when those children go on to achieve their full potential, they will repay that investment through their productivity and creativity as active members of a more cohesive society. (Scottish Government 2013: 161)

Second, redefining public spending as investment and social spending established a clearer link between unemployment benefits, training and preparation for employment, emphasising that welfare payments should be seen not as a government handout but as an investment in that citizen’s future employability. The aim was to balance economic competitiveness (and employability) with improvements to social conditions:

a social investment approach starts from the premise that the delivery of welfare services should not be seen as simply a safety net for individuals who cannot support themselves. Instead they should be seen as an opportunity for positive investment in people throughout their lives. (Scottish Government 2013: 160)

The explicit argument of *Scotland’s Future* was that small states are better equipped to deliver the infrastructure and harness the societal attitudes required for a social investment approach (Scottish Government 2013: 160). In turn, social investment would reinforce:

a culture in society that is more inclusive, more respectful and more equal. It also places the cash transfers that people traditionally think of as welfare – such as out of work benefits and tax credits – in
It refers to shared responsibility and a social partnership between the government and citizens, using Nordic experiences to demonstrate how social investment could reduce unemployment, increase earnings and grow economies (Scottish Government 2013: 161).

The Scottish Government articulated these plans in the context of a debate on the adequacy of devolution or further devolution. It tended to describe a sense of stymied progress under devolution; that it was doing its best to make major reforms, but that its plans could only go so far. A key example is childcare, because it could (a) argue that it had the powers to invest but not to recoup the economic benefits of the investment, and (b) provide a way to partially operationalise social investment, combining specific short-term plans with broader and longer-term aims and predictions (see Chapter 5).

So, on the one hand, it could describe plans that would largely be rolled out regardless of the referendum result – increasing childcare initially by allocating 600 hours per year for three- and four-year-olds (and vulnerable two-year-olds) during the 2016–20 parliamentary session, and promising to expand further under independence to 1,140 hours (Scottish Government 2013: 194–5). It could also describe the long-term benefits to parents and children, capital investment in facilities, new jobs in childcare services, and the chance for 100,000 parents (predominantly mothers) to return to the workforce. Its argument was that enabling more women to return to the workforce allowed the policy to pay for itself, and that the provision of childcare services is part of a broader package of policies around employment, welfare and economic growth (Scottish Government 2013: 194–5).

The Scottish Government took a similar approach with prevention, although its policy strategy in this field was better established and *Scotland’s Future* simply proposed to extend the so-called Scottish Approach to Policymaking (Cairney, Russell and St Denny 2016) by ‘joining together those services that are currently under UK control with those currently delivered by Scottish organizations’ (Scottish Government 2013: 359). The Scottish Parliament Finance Committee (2011) and Scottish Government both saw prevention as a way to
reduce socioeconomic inequalities and the costs of public services driven by unnecessary demand. The latter commissioned the Christie Commission to examine these issues in November 2010 (Commission of the Future Delivery of Public Services 2011). The Commission prompted the Scottish Government to address its unintended contribution to a cycle of deprivation and low aspiration by redirecting spending, encouraging public bodies to have shared budgets and aims, and engaging ‘communities’ in the design of public services – as part of an assets-based approach (Commission of the Future Delivery of Public Services 2011: 27).

The Scottish Government’s (2011b: 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, announcing three new funds (£500 million) and outlining specific priorities, such as the expansion of childcare, up to 2016.

Yet, this was a decisive shift towards a vague policy solution. The meaning of prevention, and related terms such as early intervention, is not clear. We can describe with some certainty the ends described by governments, such as to reduce inequalities and public service costs by addressing the root causes of inequality and service demand. We can also identify the types of long-standing problems that they seek to address, including crime and anti-social behaviour, ill health and unhealthy behaviour, low educational attainment, unemployment and low employability, as well as newer problems relating to climate change and anti-environmental behaviour. However, we can be less sure about the means, beyond the desire to shift from a focus on poverty and redistribution towards reintegrating individuals ‘into society and allowing them to make their contribution to economic and social life’ (Keating 2010: 243).

Prevention can be linked closely to the idea of early intervention, and the terms may often be used interchangeably, but they are not synonymous. Early intervention is often used to focus on young children, to describe pre-school or parenting programmes. Prevention often refers to a broader age range; it includes strategies for older people. Both may be related to a notional spectrum, from successful prevention/early intervention to stop problems arising, to an attempt to stop more harm occurring:
1. **Primary prevention** – stop a problem occurring by investing early and/or modifying the social or physical environment. Focus on the whole population.
2. **Secondary prevention** – identify a problem at a very early stage to minimize harm. Identify and focus on at-risk groups.
3. **Tertiary prevention** – stop a problem getting worse. Identify and focus on affected groups. (Gough 2013: 3)

Consequently, ‘prevention’ is vague enough to describe almost all government activity. Therefore, unless governments make a specific commitment to primary or secondary prevention, the ambiguity may allow them to make a commitment to prevention policies which are often similar to reactive policies dealing with current problems. Or, a vague reference to prevention allows service providers to rebrand their activities as preventive without shifting their approach.

Overall, social investment, prevention and early intervention are terms which describe broad philosophies of government without specific objectives. The Scottish Government has begun to operationalise key aspects, such as in its childcare strategy, but without providing a way to demonstrate progress towards its aims.

### Has there been a window of opportunity for policy change?

Kingdon (1984) famously challenged the value of the phrase ‘an idea whose time has come’ to describe the introduction of significant new policies. An idea’s time may come only when certain conditions are met. The phrase ‘window of opportunity’ suggests that heightened levels of attention are fleeting; that people only have a short time in which to produce a policy solution, and persuade policy makers to select it, before their attention lurches elsewhere. Successfully exploiting a window of opportunity is not inevitable, and the opportunity to produce major change is rare.

Subsequent ‘multiple streams’ studies produced the insight that problems do not receive attention simply because we think they are important, and policy makers do not select solutions simply because they are the most effective (Cairney and Jones 2016; Jones et al. 2016).
This is not a comprehensively rational process in which, in this order: elected policy makers articulate their values, rank their aims and prioritise which problems to solve; government bureaucracies gather all the information necessary to produce solutions; and policy makers select the best solutions. Rather, Kingdon draws on Cohen, March and Olsen’s (1972) ‘garbage can’ model of policy making in organisations, which suggests that policy-maker aims and policy problems are ambiguous and bureaucrats struggle to research issues and produce viable solutions quickly. Sometimes people wait for the right time to present their ready-made solutions. Sometimes aimless policy makers just want to look busy and decisive. So, problem identification, solution production and choice are separate processes, each of which is a necessary but insufficient condition for major policy change. They are described in MSA as three separate ‘streams’ which must come together at the same time.

1. **Problem stream** – *attention lurches to a policy problem.* Problems are policy issues which are deemed to require attention. There are no objective indicators to determine which problems deserve attention, and perceptions of problems can change quickly. Problems get attention based on how they are framed or defined by participants who compete for attention – using evidence to address uncertainty and persuasion to address ambiguity. In some cases, issues receive attention because of a crisis or change in the scale of the problem. Only a tiny fraction of problems receive policy-maker attention. Getting attention is a major achievement which must be acted upon quickly, before attention shifts elsewhere. This might be achieved by demonstrating that a well thought out solution already exists.

2. **Policy stream** – *a solution to that problem is available.* While attention lurches quickly from issue to issue, viable solutions involving major policy change take time to develop. Kingdon describes ideas in a ‘policy primeval soup’, evolving as they are proposed by one actor then reconsidered and modified by a large number of participants, who may have to be softened up to new ideas. To deal with the disconnect between lurching attention and slow policy development, they develop widely-accepted solutions in anticipation of future problems, then find the right time to exploit or encourage attention to a relevant problem.
3. **Politics stream** – policy makers have the motive and opportunity to turn this solution into policy. They have to pay attention to the problem and be receptive to the proposed solution. They may supplement their own beliefs with their perception of the national mood and the feedback they receive from interest groups and political parties. In some cases, only a change of government may be enough to provide that motive.

Overall, the metaphors of separate streams and a window of opportunity suggest that policy change requires a degree of, if not serendipity, at least a confluence of events and actions in a short space of time. Successful advocates of change know that a policy solution generally has to go through a ‘process of consideration, floating up, discussion, revision and trying out again’ before it will be selected and, therefore, ‘advocates lie in wait in and around government with their solutions at hand, waiting for problems to float by to which they can attach their solutions, waiting for a development in the political stream they can use to their advantage’ (Kingdon 1984: 149, 165–6). The emphasis is on a need to explain, often in some depth, why that opportunity may arise only at a particular time and place, and/or why there are so many missed opportunities when attention to a problem fades before a feasible solution can be produced.

**The window of opportunity for social investment and prevention**

We can use MSA to provide a contrast between the hopes for social investment and prevention, described by advocacy groups and the Scottish Government, and the actual results so far. We argue that many advocates treat social investment and prevention as ideas whose times have come. In other words, they think that the Scottish Government has produced policy during a window of opportunity, paying high attention to the problems of high inequalities and public service costs; producing detailed and feasible solutions to each problem; and displaying the motive and opportunity to select human capital-style solutions. Yet, the actual development of policy suggests that they paid attention to an ill-defined problem and produced a solution which often proves to be too vague to operationalise in
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a simple way. Prevention and social investment could represent ideas whose time comes and goes without producing the concrete policy changes that their supporters expected.

The experience of social investment and prevention, so far, suggests that the detailed aims of advocates and governments are difficult to pin down. The problem stream seems unclear since a series of problems may come together at the same time to produce a demand for these policies. Indeed, prevention has, for some time, generated widespread but superficial consensus, bringing together groups on the left, seeking to reduce poverty and inequality, as well as groups on the right, seeking to reduce economic inactivity and the costs of public services (Billis 1981: 367). On each occasion on which attention rises to prevention, there is great temptation to treat it as a cure to several related problems: an era of austerity in which governments face the need to reduce budgets and deliver a comparable public service at lower cost; the need to reduce demand for acute public services by addressing socioeconomic problems at an early stage; and a desire to reduce the kinds of inequalities (related, for example, to income) associated with social problems. As such, its attractiveness is clear and, in the UK, it has been a theme pursued in official reports, during Labour and Conservative governments, since the 1950s (Billis 1981: 368). However, this abstract appeal masks the need to make specific and hard choices, such as between universal services, which may foster solidarity but also benefit the middle classes disproportionately, and targeted interventions, which may foster greater stigma but benefit target populations. When the mask slips, cross-party cooperation and government enthusiasm dips.

Furthermore, prevention’s policy stream has unusual features that illustrate some of the universal challenges to policy making (Cairney, Russell and St Denny 2016). Its source of attractiveness to policy makers may also be its main flaw: it is possible to adopt prevention as a broad idea without knowing how to turn it into a series of concrete objectives. Indeed, a focus on prevention reminds us that the word ‘idea’ means at least two things: a specific policy solution to a clearly defined problem, or a potentially useful but vague way of thinking about a complex and perhaps intractable (wicked) problem. In the case of the latter, the window of opportunity may not produce the sort of policy change that policy makers expect. Instead, we may see a groundswell of attention to, and support for, a policy
solution that is very difficult to operationalise. We may find that everyone agrees on the broad solution, but no one agrees on the detail, causing governments to spend years making very little progress.

A focus on superficial learning from other countries complicates this process further. While actors such as the Scottish Government expressed the desire to pursue ‘Nordic’ social investment, it did so in the absence of a single and well-defined Nordic model (Keating and Harvey 2014; Harvey 2015). Rather, the Common Weal and Scotland’s Future used romanticised notions of Nordic policy making, drawing upon (often contradictory) elements and philosophies apparent in different Nordic states. Further, their proposals rarely included reference to the key institutional elements – absent or underdeveloped in Scotland – that allowed those states to develop social investment systems. In particular, Scotland lacks the tripartite bargaining between governments, employers and unions that has long been associated with Nordic systems (even though, for example, such arrangements no longer exist in Sweden – Cairney and Widfeldt 2015).

The politics stream is also complicated by the close link between policy as a set of policy instruments and governance principles, or a set of ideas about the way in which they should be administered and delivered. In both cases (but prevention in particular), policy is linked almost inextricably to the Scottish Approach to Policymaking (Cairney 2015; Cairney, Russell and St Denny 2016) which involves a commitment to:

- pursue joined-up or holistic government, to foster cooperation between, and secure a common aim for, departments, public bodies and stakeholders at several levels of government – or at least to coordinate a range of government objectives to address problems that cut across traditional departments;
- redefine the role of central government by encouraging (a) localism, or fostering the capacity of local communities to tailor national policies to their areas, and/or (b) the sharing of policy-making responsibility across the public sector and in partnership with non-governmental bodies;
- tailor public services to their users, encouraging a focus on the assets of individuals, and inviting users to participate and co-produce their services;
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• move away from unhelpful short-term targets (as proxies for policy aims) and performance management, which produce major unintended consequences, towards more meaningful and long-term outcomes-based measures of policy success and population well-being;

• rely extensively on evidence-based policy making to identify which projects produce the most benefit and deserve investment.

These principles are also apparent in the UK Government’s prevention agenda, but the Scottish Government has sought to articulate a Scottish model (Elvidge 2011) or Scottish ‘approach’ (Housden 2014), which is allegedly more consultative and participatory, and less centralist, than its UK comparator. Consequently, Scottish ministers may select prevention as a solution but devolve responsibility for policy delivery and outcomes to a large number, and wide range, of organisations in the public and private sector. Policy progress is particularly difficult to predict because prevention is a vague policy, many bodies have high discretion and many competing priorities, and the Scottish Government is relatively content to ‘let go’ rather than micro-manage.

What would it take to turn these broad aims into specific policies and outcomes?

Adapting meaningful lessons from international experience of social investment would be one solution to the problems we describe. For example, a shift to a full-scale Nordic-style social investment model would require several components – some of which were identified in Scotland’s Future, while others were not. The ideal-typical Nordic model, most closely followed by Norway, combines a comprehensive social security system with institutionalised social rights, social solidarity, and a tripartite bargaining system that requires cooperation between employers’ associations, employees (organised through widespread unionisation) and the government (Brandal, Bratberg and Thorsen 2013). It requires high levels of taxation to provide for generous active labour market policies such as universal unemployment and sickness insurance, and correspondingly high levels of employment to ensure that revenue from
taxation exceeds spending on welfare payments. It requires high levels of social solidarity, which might be achieved through universal programmes (for example, by ensuring that the middle classes receive the benefits they pay for through taxation).

Scotland currently lacks many of these components of the Norwegian social investment model. First, neither Scotland nor the wider UK have the tripartite bargaining system which proved so central to industrial relations and wage bargaining in Norway and which allows for a reconciliation of individual wages and the social wage (see Chapter 2). The UK toyed with corporatism in the 1960s and 1970s, and though it played a successful role in limiting wage and price increases during periods of inflation, the system broke down in the early 1980s, amid hostility from the Thatcher Government and soured relations with trade unions. Weakness on all three sides (militant grass-roots trade unions, weak organisation on the part of business, and a government disinclined to compromise in the wake of strikes) led to the failure of corporatism in the UK (Keating and Harvey 2014). In the thirty years since, there has been limited formal space where relations between business, trade unions and government could be resurrected, and agreements have been limited.

Second, Scotland within the UK lacks the same sense of social solidarity driven by universalism. While the social investment model in Norway provides social services – unemployment insurance, healthcare, childcare and education – on a universal basis, welfare provision in the UK is more selective.

Third, the Scottish Parliament/Government does not have the full power over taxation and social security to make explicit links between taxing and spending to support social investment, or to combine (for example) high levels of income and land taxes with those (such as on consumption) which are more regressive but less susceptible to avoidance schemes (Bell and Eiser 2014a).

Fourth, there is great potential for inconsistent UK/Scottish strategies: 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 many people will perceive to be insufficiently redistributive. The Scottish Government
has also signalled a commitment to reduce or maintain the levels of the taxes it controls.

Finally, future tax and spending commitments remain under-debated. Scotland’s Future indicated that while the Scottish Government planned on substantive capital outlays on childcare and other social investments, it also planned to maintain levels of income and local taxation and reduce corporation taxes to encourage inward investment.

In that context, a major shift to social investment would have been possible in an independent Scotland, but built on two difficult steps. The first is extending its own brand of consultation and negotiation (the Scottish ‘approach’) to economic policies to develop a more corporatist style. This would build on its record of modest success in developing a tripartite relationship between the Scottish Government, local authorities and teaching unions in education (Cairney 2013), as well as its ability to negotiate with unions in a more conciliatory way in health.

The second is linking taxing and spending closely, to justify taxation increases by reframing them as part of investments in public services and social security, and to make sure that most people believe that universalism is in their collective interest (Rothstein 2001). A sense of a honeymoon period of constitutional change and political reform may have provided a window of opportunity for such changes. In the absence of independence, this shift to social investment seems more difficult but not impossible. The Scottish Government has formed ‘territorial policy communities’ (Keating, Cairney and Hepburn 2009) and generally enjoys good relationships with interest, voluntary, professional, and business groups, but based largely on the delivery of public services. It now has greater taxation and spending powers, but they do not allow the Scottish Government to make fundamental shifts in policy. There appears to be little demand in Scotland for an increase in taxation, or indeed any variation in taxation between what is paid in Scotland and what is paid in the rest of the UK (Harvey 2015), and there is no major event to prompt a temporary shift in attitudes. We may therefore see the continuation of a more pragmatic approach to social solidarity, to keep the middle classes happy with free and universal services while trying to find ways to target interventions to reduce inequalities (Cairney 2016a).
Another potential solution is to address the problems that all governments face when they try to reduce ambiguity by specifying their aims in sufficient detail. The likely problems include: their commitment can diminish when they 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 of measures to limit individual liberties; and they can only draw on very limited evidence of policy success (Cairney and St Denny 2015). Governments also face complexity: outcomes and actions emerge from complex policy-making systems, often despite central government attempts at control.

Scottish prevention policy seems to be based primarily on a pragmatic response to such problems of complexity: governments accept their limitations and delegate more decisions on policy implementation and service delivery to local actors. Yet 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, Russell and St Denny 2016: 2).

The latter problem highlights some unintended consequences: the Scottish Government initially makes policy nationally in concert with many groups, but then it provides minimal local direction or compulsion, producing the sense within such groups that their influence is limited unless they can repeat their success at local levels (Cairney 2009, 2011: 135, 2014: 10). This new requirement for multiple lobbying strategies produces new imbalances of influence and a counter-intuitive
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sense that participants may, to all intents and purposes, become disillusioned with this national style of 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 Scottish Government 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 (Cairney 2009: 366).

This new form of Scottish policy making combines with a new financial reality which changes further the nature of consultation. The first eight years of devolution were marked by nationally-driven policy making 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 socioeconomic, health or educational inequalities. Now, central governments have become increasingly likely to delegate power and encourage local governments and their stakeholders 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 national and local policy makers and interest groups.

A Scottish model of prevention and early intervention: pragmatism and experimentation with three approaches

The Scottish Government’s response to these problems has been to experiment on a small scale with three main approaches to prevention (Cairney 2015). Each approach allows actors to make sense of prevention in particular areas, and to provide a different balance between centralisation and localism, driven largely by different approaches to ‘evidence-based policymaking’ (Housden 2014: 71; Cairney 2016b).

The first is the importation or spread of innovative projects using criteria associated with evidence-based medicine. With this approach, policies become highly regarded because there is empirical evidence that they have been successful elsewhere
(usually in other countries). In health departments, this evidence tends to be gathered with reference to ‘evidence-based medicine’ (EBM), or the argument that there is a hierarchy of good evidence in which randomised control trials (RCTs) and their systematic review are at the top, while user feedback and professional experience are closer to the bottom. So, evidence of success comes from, for example, an RCT conducted multiple times under similar conditions in multiple places.

If accepted as the basis for public service delivery, this approach has major implications for local autonomy. The RCT demonstrates the success of a very specific intervention with a set dosage. Further, the interventions require fidelity, to ensure that the active ingredient is given in the correct dosage, and to measure the model’s effectiveness. In such cases, the projects are relatively likely to be funded and controlled by central governments, and linked to an ‘implementation science’ agenda in which we consider how best to roll out – often uniformly – the most successful evidence-based interventions in as many areas as possible (Nilsen et al. 2013). The Family Nurse Partnership (FNP) is a key example (Cairney 2015).

The second is a storytelling approach based on the rejection of an evidential hierarchy and the need to ‘scale up’ projects uniformly. Practitioners make reference to principles of good practice, and the value of practitioner and service user testimony. With this approach, the evidence on applicability to local areas comes from service users and practitioners: they use stories, conversations and practice-based or user feedback measures of success to help us decide if a project is successful and worth adopting. Policy makers 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 and to initiate further experience-based evidence gathering. Advocates often refer to the importance of complex systems (Cairney 2012; Geyer and Cairney 2015), an inability to control delivery and policy outcomes, and the need to create new and bespoke evidence through practice or experiential learning. My Home Life (Scotland) is a key example (Dewar, Cook and Barrie 2014: 5).

The third approach relates to the improvement method and development of ‘collaboratives’. The Scottish Government and ESRC (2013) refer explicitly to ‘improvement methodologies’
and ‘collaboratives’ as the way forward in the use of evidence to deliver policy. Advocates make reference to a process in which they identify promising interventions and encourage trained practitioners to adapt and experiment with the interventions in their area and gather data on their experience (Cairney 2015: 5). A 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. The Early Years Collaborative (EYC) is a key example (Institute for Healthcare Improvement 2003: 1; Housden 2014: 68; Scottish Government 2014: 38–40, 53; Cairney 2015: 10).

All three models show some promise as vehicles to turn a broad aim, prevention and early intervention into concrete policy interventions with measurable objectives and outcomes. Yet, they also involve very different choices about the correct balance between central direction and local autonomy, and regarding the extent to which we should select a hierarchy of good evidence-gathering methods. To all intents and purposes, the Scottish Government is allowing a ‘thousand flowers to bloom’, or encouraging methodological pluralism, rather than setting out a single solution to prevention.

**Conclusion**

Overall, we identify broad hopes that the Scottish Government could select social investment and prevention policies during a window of opportunity. Policy makers would pay high attention to the problems of employment and economic growth, as well as high inequalities, public services costs and low trust in politics; produce feasible solutions to each problem; and have the motive and opportunity to select social investment and prevention as the best solutions.

Yet, the actual development of policy suggests that policy makers paid attention to an ill-defined problem and produced solutions which proved to be too vague to operationalise in a simple way. In other words, we identify a window of opportunity to adopt vague solutions, social investment and prevention, to address a very broad and often ill-defined policy problem: invest in infrastructure and human capital to boost economic
growth, reduce inequalities and service demand, and find new ways to make policy and deliver public services.

Both concepts were promoted strongly by the Scottish Government (2011b, 2013) as strategies to invest for the long term, reduce the provision of relatively expensive reactive or acute public services in favour of investment in human capital, and reduce socioeconomic inequalities. Consequently, they represent the ever-present potential for major advances in socioeconomic progress. The right kinds of investments, coupled with reduced inequalities, would be consistent with the SNP’s economic and social policy to reduce costs and improve economic growth. Further, the prevention agenda is linked strongly to democratic and governance reform, accompanying the Scottish Government’s move towards setting broad strategies and working in partnership with the public sector, its stakeholders and service users to devolve the details of policy delivery to local communities as part of its self-styled Scottish Approach to Policymaking.

As such, social investment and prevention perhaps represent the most significant public policy and policy-making agendas since devolution, but they have helped produce modest Scottish models. Social investment under devolution involves the development of some social partnerships, combined with a commitment to a form of targeted universalism to promote social solidarity and identify some populations in need of greater attention. Prevention under devolution involves some small-scale but significant experimentation in different ways to deliver the same ends. In health and social care, we see early intervention programmes driven by approaches associated with evidence-based medicine. In care for older people, there is greater evidence of a storytelling approach built more on governance principles. In early years policy, the Scottish Government has placed great emphasis on collaboratives to combine some commitment to evidence with high levels of local autonomy. Overall, the Scottish model of social investment and prevention, under devolution, is one of pragmatism and experimentation.
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