OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Thursday 5 September 2019

Session 5

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 5 September 2019

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PUBLIC PETITIONS COMMITTEE

14th Meeting 2019, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Gail Ross (Caithness, Sutherland and Ross) (SNP)

COMMITTEE MEMBERS

*Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con)
*David Torrance (Kirkcaldy) (SNP)
*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Maurice Corry (West Scotland) (Con)
Neil Findlay (Lothian) (Lab)
Murdo Fraser (Mid Scotland and Fife) (Con)
Rhoda Grant (Highlands and Islands) (Lab)
Janine Rennie (Wellbeing Scotland)
David Scott (Wellbeing Scotland)
David Stewart (Highlands and Islands) (Lab)

CLERK TO THE COMMITTEE

Lynn Russell

LOCATION

The Robert Burns Room (CR1)

Scottish Parliament

Public Petitions Committee

Thursday 5 September 2019

[The Convener opened the meeting at 09:15]

Interests

The Convener (Johann Lamont): I welcome everyone to the 14th meeting in 2019 of the Public Petitions Committee. I trust that you all had a quiet summer.

In particular, I welcome our new committee member, Gail Ross, who is replacing Angus MacDonald on the committee. I would like to take this opportunity to thank Angus for all his hard work on the committee and wish him well in his new committee role. Angus was on this committee for seven years and served with great distinction and I was certainly very grateful for all his support when I became convener. I have always appreciated the seriousness with which he has taken his responsibilities on this committee, his persistence on behalf of petitioners and his willingness to do all he can to deliver on what the petitions have called for, as we all aspire to do on this committee. I wish him all the best in his new role and I promise to try not to send too many petitions to his committee because I do not want to see his eyes rolling again.

I invite Gail Ross to declare any relevant interests.

Gail Ross (Caithness, Sutherland and Ross) (SNP): Given the wide-ranging scope of the committee, I refer members to my entry in the register of members' interests.

The Convener: Thank you very much. We look forward to working with you.

Deputy Convener

09:16

The Convener: Under agenda item 2, we are required to choose a deputy convener to replace Angus MacDonald, who held that post. The Parliament has agreed that only members of the Scottish National Party are eligible for nomination as deputy convener of this committee. I invite members of that party to nominate one of their number for this post.

Gail Ross was chosen as deputy convener.

The Convener: I congratulate Gail Ross on her appointment. As I said, we look forward to working with her.

New Petitions

Essential Tremor (Treatment) (PE1723)

09:17

The Convener: Agenda item 3 is consideration of new petitions. The first petition for consideration today is PE1723, on essential tremor treatment in Scotland, which was lodged by Mary Ramsay. The petition calls for the Scottish Parliament to urge the Scottish Government to raise awareness of essential tremor and to support the introduction and use of a focused ultrasound scanner for treating people in Scotland who have this condition.

According to the National Institute for Health and Care Excellence,

> "Essential tremor is the most common cause of disabling tremor and is distinct from Parkinson's disease."

The cause of the tremor is not known but it

> "typically affects the arms and hands, although it may also involve the head, jaw, tongue and legs."

NICE also confirms that the first line of treatment includes medications such as beta blockers, anti-epileptics or sedatives; the second line of treatment includes different forms of brain surgery.

The petition advocates the use of a non-invasive procedure known as focused ultrasound. This procedure has been the subject of a trial at the Imperial College Healthcare NHS Trust since 2016, with the full results expected to be published later this year. NICE has approved the use of this procedure on one side of the brain since 2018.

I welcome to the meeting Rhoda Grant MSP, who I know has been involved with the petition, and invite her to make a contribution.

Rhoda Grant (Highlands and Islands) (Lab): Thank you, convener. Mary Ramsay is a constituent of mine and has been fighting really hard to raise funds for a focused ultrasound scanner in Scotland. Mary Ramsay suffers from essential tremor and although she has suffered from it all her life, it was only quite recently that she was diagnosed. I think that she was in her 40s before she was diagnosed. She has been treated with deep brain stimulation, which involves invasive surgery where electrodes are placed in the brain. They only last for so long, so you need repeat operations. Because of that surgery, Mary would not be eligible for treatment using the focused ultrasound scanner, so she would not benefit from it. However, having had one type of treatment and knowing that a different, non-invasive treatment is available, she is keen that other people should benefit from that different treatment.

Mary Ramsay contacted me and put me in touch with Dr Tom Gilbertson from Ninewells hospital, who also lectures at the University of Dundee. They have been doing a lot of fundraising to get a scanner in Scotland. There is only one in the United Kingdom and it is in London; there is a long waiting list for treatment there. I had a members' business debate on Ninewells hospital's fundraising campaign and asked the Scottish Government if it would look at providing some funding towards the scanner. The funding available from the Scottish Government would be for after the scanner is in place. It would fund some of the research that could be done with the scanner, because as well as being used to treat essential tremor, it has the potential to be used for a lot of treatments; that potential is still being developed.

Mary Ramsay is keen that funding be found. Some funding is already in place through fundraising, but the sooner the money is available to get the scanner, the sooner the scanner will be in place and the sooner it will be available for people in Scotland to get treatment. Mary has to go to Newcastle for her treatment and that is tough. Her husband has to go down with her and they need to find accommodation in Newcastle. She is having brain surgery a long way from home and that can be really difficult. Mary is keen that others with the same condition get better treatment closer to home.

The Convener: Am I right in saying that the petition information gives the cost of a focused ultrasound scanner as £10,000?

Rhoda Grant: I do not have the exact figure in front of me, but I do not think that that is right.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): The motion for Rhoda Grant's members' business debate spoke about the purchase of a £1.5 million focused ultrasound device, so it looks as though the cost would be £1.5 million.

Rhoda Grant: Thank you for reminding me. I know that the cost is into the millions.

The Convener: It is very expensive, but is it regarded as being more cost effective and a better treatment for the patient in the longer term?

Rhoda Grant: It is a better treatment for the patient because deep brain stimulation means that you have to have invasive surgery to put electrodes in your brain to stop the tremor. When that is first done, it is very effective. However, over time, the electrodes move, so then you have to go back and have more surgery. With any invasive surgery, there is a risk of infection, apart from it being quite frightening to have such surgery. It would be better to have a treatment that was not so invasive and which was permanent, so that people could be treated and then be fine.

The Convener: Are there any comments or suggestions for action?

Rachael Hamilton: It is quite poignant that the Imperial College Healthcare NHS Trust is looking to work with NHS England to make that treatment available following the results of the study. It would be interesting to find out whether the Scottish Government feels that it is a monetary issue or whether it is about a commitment to making this treatment available through all national health service boards in Scotland as well.

Brian Whittle (South Scotland) (Con): A more general point strikes me. This is another neurological condition that has been raised. Multiple sclerosis and motor neurone disease have also been raised in petitions. I wonder whether we need to look more generally at how we approach neurological conditions. It seems to me that we are coming up a bit short in relation to those particular conditions. I do not know whether there is a more general point to be made here.

The Convener: We might want to reflect on whether that more general point is something that the committee could address or whether it can be flagged up elsewhere.

David Torrance (Kirkcaldy) (SNP): We should write to the Scottish Government and ask for its views on what the petitioner has called for to find out exactly where we stand.

The Convener: We need to write to the Scottish Government. There is an interesting issue here and we want to hear from the Scottish Government what its view is. Should we be contacting anyone else?

Gail Ross: Rachael Hamilton's point is a good one. The petition briefing says that the Imperial College Healthcare NHS trust had a £1 million grant to purchase the equipment for the trial, but Rhoda Grant's motion says that the device will cost £1.5 million to purchase. Are they different devices? There seems to be a discrepancy in the cost.

Rhoda Grant: Ninewells hospital is fundraising; it has had some funding already—not from the Government but from other sources. Mary Ramsay is fundraising locally and people who will benefit from this treatment are fundraising. There is a funding gap; I am not quite sure of the size of the gap at the minute because people are fundraising all the time. The scanner cannot be purchased until that gap is closed.

It might be worth the committee contacting Dr Tom Gilbertson at NHS Tayside, who is at the forefront of this, to find out what the current funding gap is and to get more information about the other treatment benefits if the scanner was bought. It is not just essential tremor that it could be used for. To have something that groundbreaking at Ninewells hospital would be prestigious for the whole of Scotland and would prevent patients from having to travel south to get the treatment.

The Convener: I suggest that we write to the Scottish Government, that we take up Rhoda Grant's suggestion, and that perhaps the clerks can look at which relevant stakeholder groups might be able to assist. Do members agree?

Members *indicated agreement.*

The Convener: I thank the petitioner for bringing the matter to our attention.

Commercial Attorneys and Party Litigants (Equal Rights in the Legal System) (PE1724)

The Convener: The next petition for consideration is PE1724, on equal rights for commercial attorneys and party litigants in the legal system, by Bill Alexander. The petitioner argues that commercial attorneys are not given rights that are equivalent to those of solicitors or advocates in the Scottish legal system.

In advance of the consideration of this petition, the Lord President provided a written submission in response to the issues raised by the petitioner. In the submission, the Lord President confirms:

> "there is no bias or prejudice against the Association of Commercial Attorneys, or any of its members, on the part of any judicial office holder. Any demonstration of bias or prejudice would constitute grounds for a complaint. There are complaints procedures available under the Complaints about the Judiciary (Scotland) Rules 2017".

In response to the Lord President's submission, the petitioner highlights the challenges of making a complaint about the Lord President and sheriffs principal, particularly around the same time as the revised scheme for commercial attorneys was being considered.

Both written submissions are included in our meeting papers. Do members have any comments or suggestions for action?

Brian Whittle: It is a very interesting petition. In the first instance, we need to write to the key stakeholders—certainly the Law Society, and perhaps the Faculty of Advocates.

Rachael Hamilton: It is a strange one, because the Lord President's submission sets out that the petitioner has the opportunity to make complaints through the complaints process. There is a bit of a stalemate here. We need to probe this a little bit more with the Scottish Government to find out its views rather than make a judgment that is based only on the Lord President's views.

The Convener: This may be about something inside the system, to do with whether people are equally valued and so on. We may want to reflect on whether it is possible for us to either make a judgment or change perceptions. It would be useful to gather a bit of evidence in order to do that.

Do members agree to write to the Scottish Government and identify key stakeholders to contact to get a response to what the Lord President said and the further submission by the petitioner?

Members *indicated agreement.*

Suicide Awareness (Support for Young People) (PE1725)

The Convener: The final new petition for consideration today is PE1725 on suicide awareness and support for young people, by Ann Marie Cocozza, on behalf of Families and Friends Affected by Murder & Suicide. The petition calls for the Scottish Government to make suicide awareness education, information and training mandatory for all high school pupils, teachers, carers and parents and to provide specific ring-fenced funding for that training. A Scottish Parliament information centre briefing has been prepared in connection with the petition and is included in our papers.

First, I thank the petitioner. The petition obviously comes from a direct and very difficult experience, but it frames positive suggestions and solutions in a helpful way. The committee is inquiring into mental health support for young people and we might want to test some of the petition's suggestions during the inquiry.

09:30

It is important that there should be practical outcomes from this tragedy. I think that we all wonder whether, if we were in those circumstances, we would know what to say. Reflecting on when I was still teaching, I can certainly see that having a bit of confidence to know what would be the right things to say and to be able to feel that you could help in some way, is really important. Do members have suggestions, other than what I have just said, about what we could do?

Brian Whittle: As you say, the subject is hugely emotive, but it has been exercising the Parliament for a little while and continues to gather information and momentum. It feels like we are going somewhere, especially on mental health. There are so many strands to the petition that it is welcome—although that is the wrong word, obviously—in the context of the more general inquiry on mental health services for young people. The petition certainly adds to some of our current inquiries and, as you suggest, it would be very useful to include it in the mental health inquiry.

The Convener: I hope that the petitioners will be able to engage with the inquiry as it progresses.

As usual, it would be sensible to write to the Scottish Government seeking its views on the action called for in the petition, which suggests very practical things. We should also look at how we can ensure that the petition and its suggestions are part of our inquiry. We will get more detail on that at a later stage. Is that agreed?

Members *indicated agreement.*

The Convener: Again, I thank the petitioner for bringing the matter to our attention.

I suspend the meeting briefly to allow witnesses for the next agenda item to come to the table.

09:32

Meeting suspended.

09:32

On resuming—

Continued Petitions

In Care Survivors Service (PE1596)

The Convener: The next item on our agenda is consideration of continued petitions, the first of which is PE1596 by Paul Anderson, on the In Care Survivors Service Scotland. The note by the clerk summarises our previous consideration of the petition in June 2019, at which we took evidence from Future Pathways, as well as recent written submissions received from Future Pathways and the petitioner.

This morning we will take evidence from representatives from Wellbeing Scotland. I welcome Janine Rennie and David Scott to the meeting. Thank you for attending. You have an opportunity to provide a brief opening statement of up to no more than five minutes, after which we will move to questions from the committee.

Janine Rennie (Wellbeing Scotland): Thank you. I will start our statement and David Scott will follow on from me, but we should keep within five minutes.

Wellbeing Scotland has over 25 years of experience in supporting survivors of historical child abuse. We have a deep understanding of complex trauma and how it differs from conditions such as post-traumatic stress disorder and the challenges that it presents in respect of treatment and support for survivors of historical child abuse. We are recognised by the Confederation of Scottish Counselling Agencies as an organisation and we consistently have high scores from clients in terms of feedback.

We created and developed the In Care Survivors Service Scotland 11 years ago, and until the creation of Future Pathways, the ICSS was the bedrock upon which support services for survivors of historical abuse were based. We note that Future Pathways is only three years old as a service, with limited experience of working with abuse at all. There are today a large number of organisations offering a wide range of support services to survivors and we think that that is no bad thing, but no other service has been working in the field for anywhere near the time that Wellbeing Scotland has, in the interests of survivors. No service has our pedigree, experience or knowledge. The landscape of support for survivors is the same as it was when the ICSS started, and 2,500 survivors who chose the ICSS have reported that the current system is confusing and distressing.

An evaluation by Edinburgh Napier University in 2011 provided evidence that the ICSS model was preferred by survivors because we offer counselling, advocacy, informal support groups, a helpline and access to records all in one service. That was highly valued by survivors and recommended in the Tom Shaw report at that time. The main issue for the petitioner is that he is able to access those services all under one roof.

In many cases, clients do not wish to access NHS services due to the clinical approach and the lack of understanding of the needs of survivors of complex trauma. Survivors do not identify with mental health services and the approaches used by those services. The petitioner has highlighted that as a significant concern. Only 30 per cent of survivors have been diagnosed with mental illness.

With our vast experience, we perceive that there are several issues that the committee should explore.

Future Pathways is the only gatekeeper organisation and therefore there is a complete lack of flexibility within the system. Survivors have to register with Future Pathways to access the support fund. They are then being directed to a range of other providers to the exclusion of Wellbeing Scotland.

Those seeking counselling are required to attend an assessment with the Anchor centre, even those who are already attending the ICSS. All our workers have experienced that happening. There is an apparent lack of understanding of the academic research into the diagnosis and treatment of complex trauma and how that differs from complex PTSD and other conditions, and a continued refusal or unwillingness to refer to Wellbeing Scotland.

Future Pathways’ submission has many inaccuracies and I have provided evidence to the committee about that. The organisation is costing the Scottish purse over £1.4 million per annum in staff costs alone to broker other services. Survivors have proven that they are able to choose support without a support co-ordinator. The associated costs of that additional layer reduce the funds that are available directly to survivors. We feel that Wellbeing Scotland is a vital service for in-care survivors, particularly with the redress scheme approaching. However, by blocking referrals, Future Pathways will potentially shrink our service and we will lose key staff. We will have no confirmation of funding after March 2020. Wellbeing Scotland is a cost-effective service with a lower unit cost than all other providers, and with a reported service satisfaction level of highly satisfied by 97 per cent of survivors.

I will hand over to David Scott.

David Scott (Wellbeing Scotland): Placing Future Pathways, a new and hitherto untried organisation with a new model of delivery—the broker model—in the lead role of co-ordinating funding for the majority of the existing infrastructure of support for survivors of in-care abuse has been a serious strategic error. Its decision-making in connection with Wellbeing Scotland and the valued and successful ICSS has been deficient and harmful, illustrating the short-sightedness of the choice to place so much authority in an organisation struggling to find its feet and its place in this most challenging field.

The dedicated staff at Wellbeing Scotland want to do their jobs and their jobs help people who have been let down by those they should have been able to trust. Those people who have survived abuse have made such personal strides forward with the help of Wellbeing Scotland that their stories, achievements and victories constitute an inspiration and an example of what can be achieved. Neither those survivors nor our staff can understand why Future Pathways is placing barriers in the way of this service and those personal victories.

The Convener: Thank you very much. I will open the meeting to questions.

We are interested in not a funding argument between Wellbeing Scotland and other organisations, but trying to understand whether what has been put in place means that the kinds of support that a lot of survivors would want and need is no longer available. You provide that kind of service and we could explore that with you to try to understand what the different model is—you highlighted quite a lot of that in your contribution.

It is clear from your written submissions and from the evidence that we have heard from Future Pathways that the relationship between Wellbeing Scotland and Future Pathways is not a positive one. You said that you have not had referrals and so on. I understand that a meeting between the two organisations took place on 5 August, and in its submission of 16 August Future Pathways stated that, as a result, it hopes that a stable contractual arrangement can be in place by mid-September to formalise future referrals. Can you comment on that? Is there a more positive working relationship with Future Pathways now?

Janine Rennie: That is for David Scott to answer.

David Scott: The meeting was very positive in that it developed improved communication between members of our board and organisation, and Future Pathways, but it did not really resolve the significant and weighty issues that we raised.

The specific issue of the contract has been discussed for some two years. The lack of referrals to Wellbeing Scotland was described by Future Pathways as a consequence of not having a contract in place and it was made quite clear to us that there would be no referrals until we had signed a contract. We have never seen a contract. We have had no draft; we have had no heads of agreement; nothing has been provided. We pushed very hard at the meeting to have something on paper that we could assess to move the thing forward. We were told that something would be provided in two weeks, but that deadline has unfortunately come and gone and we have still not seen anything by way of a contract. We have not really turned the corner on this and until we see what is in the contract—and we are completely in the dark on this—we will not know whether we are about to move into a new era of co-operation or not. It is quite mystifying to us as to why, after so long, we still do not know what we are being asked to sign up to.

The Convener: Do you have a sense of what it is about the contract that they think you might have a problem with?

Janine Rennie: One of our main issues with the original Future Pathways contract that was given out to providers was that it asked us to breach client confidentiality. It wanted individual agreements for each client, which would have identified the client and, not only that, the significant issues that the client brought. We were tense about that, so we sent out a document to the survivors who we worked with to see whether they were okay to give us permission to share that information. In particular, under the General Data Protection Regulation, clients have to give informed consent. About 80 per cent of the clients responded and said, “No, we absolutely do not want that information shared.”

Bear it in mind that the context is one in which a lot of the survivors of abuse in care who come to us do not want even to give us their real name when they initially come along. They are so distrusting of the state and so challenged by sharing any information at all, and they were being asked whether the intimate details of their care could be shared with another organisation that they did not know. Even when they did know them, they still did not want to share the information.

We were going by the views of our clients. We reported to Future Pathways at the board meeting that we were surprised that any providers signed up to the contract, because we are not sure that clients have in any way given informed consent. Providers are making that decision for their clients. I am not comfortable that we would make a decision for our clients and pass on highly sensitive information to an organisation that, as David Scott says, is only three years in operation and finding its feet, when our clients are at first very tense about providing any information to us, even as an established service.

The Convener: Is there an issue of trust? In the past, you presumably reported to your funders—the Scottish Government or whoever—on the level of support that you were offering. You would say, "We are dealing with X number of people", and that was regarded as sufficient information. Is there a suggestion that Future Pathways lacks confidence in what you are delivering?

Janine Rennie: It was a big concern of ours, as to why they would lack confidence. For 10 years, we provided the Scottish Government with reports based on amalgamated core scores, which is a well-recognised clinical tool, and it was very happy with those reports. Our board's concern was that Future Pathways was almost saying that we were untrustworthy and that it wanted more individual information, whereas the information that we provided before was fine. We were surprised to hear that the Anchor centre confirmed that it does not have to provide individualised information. Its information is compiled in the same way that we used to compile ours for the Scottish Government. We do not understand why that has presented a barrier or why there is an issue. We have gone over and over it, unfortunately.

09:45

Gail Ross: I want to try to get to the bottom of the Future Pathways waiting list. In your written submission of 21 June, you referred to the waiting list as "dangerously long". The Future Pathways written submission of 16 August states that the organisation has now "eliminated" the waiting list. In your recent submission in the past couple of days, you mention that, of the 940 people who have received support from Future Pathways, 271 were referred by Wellbeing Scotland. You point out that the Future Pathways submission states that that figure is 95, which is incorrect. Will you go into that a bit more?

Janine Rennie: We are aware that the waiting list has been eradicated because Future Pathways doubled its staff. That is one of the issues that we raise in our submission—its staff salary costs have now doubled to £1.4 million. Future Pathways has recruited another group of co-ordinators to meet the demand from people coming forward. We said all along that we were willing to take referrals directly. We could have eradicated the waiting list with our low level of funding but, instead, the decision was taken to recruit more staff. When I examined the Future Pathways submission, I realised that some of the figures in it are up to 2018 whereas others are up to 2019, so there is inconsistency. The figures that I presented in my submission are up to March 2019.

Gail Ross: To your knowledge, has Future Pathways actually eradicated its waiting list?

Janine Rennie: To be honest, I do not know. That would be for Future Pathways to know. From our point of view, survivors are certainly being seen much more quickly than they were originally. Some can now access the support fund over the phone rather than having to wait to see a support co-ordinator. There certainly have been steps forward. Previously, people were waiting for about a year and a half, but they are now being seen much more quickly.

The system has changed a bit. Previously, somebody had to see a support co-ordinator and spend a substantial amount of time building a relationship, and they would then decide what personal outcome the person wanted to achieve. Now, our clients are reporting that they basically tell the personal outcome co-ordinator what they want to achieve and they get that, or it is turned down by committee. It seems to just go straight to committee. That is a missed opportunity. Our workers know our clients really well. We could have sat down with our clients to speak to them about what they want to achieve—they would have that idea in their heads. Future Pathways now seems to have accepted that survivors can make that decision for themselves, but that could have happened a long time ago and we would not have the situation that we are in now where some survivors have become quite unwell because of the waiting process after having disclosed what happened to them.

Gail Ross: So, instead of recruiting all those extra staff, Future Pathways could have provided the level of service that it is giving to survivors by using you.

Janine Rennie: Yes. We said all along that we had the capacity to take the survivors. I have made it clear to Flora Henderson that we are keen to work constructively with Future Pathways. We do not want Future Pathways to go as a service, because it offers practical support to survivors that we as a service do not want to provide—we think that that is a role for another organisation. However, rather than let us help, barriers have been put up. David Scott and I discussed the issue the other night, and we do not know what that is about. We cannot understand it, because we have existed for so long and we have built up a trusting relationship with the Scottish Government. The Scottish Government has been quite helpful in some of this process. We do not know why there are still blocks. We did not need to spend more of what is in effect the survivors' money on salary costs when the result could have been achieved by the organisations that were already there.

Brian Whittle: One of the issues that we have to explore is the disparity in the evidence that we have received from both sides. On referrals, you previously stated to the committee:

> "Future Pathways have made less that ten referrals to Wellbeing Scotland since they started in September 2016."

However, during our evidence session with Future Pathways in June, it confirmed to us that it has made 35 referrals for records searches and has funded the support of 192 people, in addition to 134 people who were supported to ensure that their support was not disrupted. Do you recognise those figures and can you confirm them?

Janine Rennie: Yes. Those figures are actually for on-going clients. When Future Pathways came into being, the Scottish Government made a commitment that we would continue to support our existing clients and that Future Pathways would pay for that. They were not new referrals; they were referrals that we already had who then moved over to be part of the Future Pathways umbrella.

Future pathways did not choose to make the 35 referrals for access to records. The Scottish Government gave a directive that those referrals would come to us, because we are specialists in access to records. The Scottish Government's website said that we would receive the access-to-records referrals. We are now up to 50 such referrals, but we still have not received any referrals for counselling support.

On the access-to-records referrals, we are told that we are to offer support only for access to records and nothing else, which is a real concern because survivors who come along to access their records might access something that is quite disturbing to them. They might see something that is retraumatising, so it is important that people have counselling support as part of that process and that a counsellor is there to be with them.

Flora Henderson confirmed at the board meeting that we had recently that Future Pathways has not been making referrals, so she contradicted her own submission.

David Scott: The situation was clear: no contract, no referrals. There is no contract, because we have not seen one yet, and the issue there appears to be information flow and reporting back to Future Pathways. That was one of the strange aspects of the meeting. We were reaching agreement with the board of Future Pathways, but the chief executive kept bringing it back to there being a problem and to the need for more and much more specific information about our clients, and we feel that that breaches confidentiality.

The Convener: Will you confirm that that information would not have been sought in the past when people were referred to Wellbeing Scotland? There was a way of recording the number of clients who you were dealing with that was acceptable to the Scottish Government.

Janine Rennie: It was acceptable to the Scottish Government, which was always happy with the information that we provided. We recently went through an audit by the Scottish Government. After all that has happened, and because I felt that we were not trusted as an organisation, we invited the Scottish Government to audit our files. The person from the Scottish Government signed a confidentiality agreement, carried out an audit of our files and found everything to be absolutely above board and fine. We have never had an issue with the Scottish Government in relation to our reporting mechanisms. That is why we find the situation so confusing.

Brian Whittle: It occurs to me that, if you were already working with a client, that can hardly be classed as a referral. We will have to check that, if that is correct.

Future Pathways claims that the disparity in the figures is a result of a lack of sharing of information between the two organisations. Do you agree with that or accept it?

Janine Rennie: No, because, when we make a referral to Future Pathways, it then records that in its communication system. Generally, our worker will phone with the client to support them. One of the issues that we have had is that, when the first meeting has been set up with the client, unfortunately, the Future Pathways worker has tried to discourage the client from having their Wellbeing Scotland worker with them. Clients have found that to be really upsetting. Future Pathways workers have blatantly said, "Don't have your Wellbeing Scotland worker here." We certainly are being clear about the clients that we have referred. I submitted a report to Flora Henderson on our main spreadsheet, which highlighted in a column at the end the number of clients that had been referred, so she has that in writing.

Brian Whittle: How many clients have you referred?

Janine Rennie: Do you mean to Future Pathways?

Brian Whittle: Yes.

Janine Rennie: To date, it is about 350. We want our clients to have the range of supports that were available to them. The only clients that we have not referred are those who have absolutely said that they do not want to be referred to Future Pathways and have no interest in the support fund. With any clients who have said that they want access to the support fund, we say that they have an absolute human right to that fund and should be able to access it.

David Torrance: You acknowledge in your submission of April 2018 that

> "many survivors have benefitted greatly from accessing the additional support offered by Future Pathways".

However, in the petitioners' experience, the new model has been significantly disruptive and unsettling. Can you give the committee an indication of how many survivors are in that situation?

Janine Rennie: The vast majority of survivors are in that situation. When we did our evaluation of the ICSS in 2011, one of the things that came across was that people did not want to keep telling their story to people over and over again. They wanted everything under one roof. That is what Tom Shaw's report came up with: everything was to be a one-stop shop where people could come along and have their needs met. That is why we had people who could be counsellors and advocates and group workers.

Survivors are coming to us. We had one survivor who said that she had been referred to five different services by Future Pathways. She was getting really distressed and upset and losing track of when all her appointments were, who she had told what, and what she had not communicated. She said that it was incredibly distressing.

We have had a number of client meetings where about 80 survivors have attended and they are saying that one of the most confusing things is that their support co-ordinator tells them, "If you have to have advocacy, you have to go here", but they think that they are getting advocacy from us. Also, they are being told that if they want counselling, they have to go to a private counsellor, but they see that we are already offering them counselling. Even new people who refer themselves to us say that the landscape for survivors is becoming incredibly confusing.

I am not saying it is a bad thing because there are now so many places for people to go, but my argument is that those places were always there. The reason that the Scottish Government and Tom Shaw's report decided that there needed to be a specialist service that provided for survivors' needs to be met under one umbrella was because they find it incredibly traumatising every time they have to tell somebody what happened to them.

We use that in our training. We say, "Would you go and tell somebody every intimate detail of your life? Would you even tell your general practitioner? Would you be comfortable with that?" So why is it okay for somebody who has suffered significant trauma to have to tell people every aspect of their life? Clients say that having to do that is incredibly humiliating and demeaning, particularly because it is to get some sort of financial reward. They find that extremely demeaning.

I raised my strong concerns before the model even came about. I said that clients will feel that they are going out with a begging bowl, and that is what they all report to us. They are deeply confused about where they need to go. They are being sent here, there and everywhere, then coming back to us extremely distressed. Some of the survivors who were told to disengage because they were going to another counsellor came back in a suicidal state, and they had been stable for years,

That is another issue. We offer lifelong support if people need it because the clients who we work with have suffered significant and severe complex trauma, and there still is not a really good understanding in Scotland and the UK about the impact of complex trauma and how it can affect every aspect of somebody's life. Imagine how it would feel if you had to go to your GP with a very intimate issue and you felt that your GP was sending you here, there and everywhere and you had to tell that story over and over again. That is the situation that the survivors are being put into.

Rachael Hamilton: I want to explore the contract, data sharing and lack of information flow, where it looks as though Future Pathways needs more information. In its submission on 16 August, Future Pathways said:

> "Wellbeing Scotland is the only Support Provider out of the 70 to not sign up to common quality standards and reporting requirements"

and that those standards and requirements

> "were informed by typical NHS contract requirements".

Other than the data-sharing issue, can you provide a little bit more information about why providing some of the information that the contract expects you to provide is problematic? Is that what is holding up the issuing of the contract?

10:00

David Scott: We do not really know. We had a strange subject discussion in the meeting with the board because we outlined all the problems around confidentiality and consent and we outlined what we could do. There was immediate agreement. The board of Future Pathways seemed quite comfortable with what we were saying, then a few minutes later the chief executive said that there was a problem with insufficient information again and the conversation went around another loop. We did that about four times. We thought that we walked away with an agreement on what we were going to provide, which is anonymised data so that Future Pathways can understand how many services we are providing and how many people we are providing services to in various categories, and also have management-level information so that it can understand what our capability, resource and availability is. There was no problem with any of that.

We were then told repeatedly by Flora Henderson that that was not enough. She required details so that Future Pathways could assess each individual person to make sure there was not some sort of duplication of effort. That breached the level of what we feel is appropriate and respects the confidentiality of our clients and their right to voluntary informed express consent.

Rachael Hamilton: I understand that Future Pathways also says that there is a lack of transparency and it is looking to establish that you are providing value for money. How is it that the other providers can meet those contract requirements, including the sharing of information, and in particular overcoming data protection and GDPR, in order to prove that they are providing a transparent service and value for money? What is the difference between Wellbeing Scotland and the other providers?

Janine Rennie: The other providers took the referral from Future Pathways, so that consent was already agreed between the Future Pathways co-ordinator, the survivor and the new support organisation. Essentially, because we have not had any referrals, we have not been in that process. If a survivor came to us tomorrow from Future Pathways and the Future Pathways co-ordinator had already gained that informed consent, of course there would be sharing of information because the survivor would have already known what information was going to be shared, who it was going to be shared with, and the limits of the information that would be shared, and they would have been able to make that decision.

Other providers are coming in in a completely different way. They are coming in with referrals from Future Pathways. The survivors who we are working with are already working with us; Future Pathways is the new organisation. As I said, a lot of them do not want to sign up to Future Pathways' reporting requirements.

Rachael Hamilton: I understand that, so can there be an exemption? Have you discussed that particular aspect about data-sharing with the clients who you have been working with and those survivors who do not want to share their information?

Janine Rennie: The Scottish Government has agreed that there should be an exemption, but as David Scott said, Flora Henderson says no. The Scottish Government has been comfortable with what we have provided and we have a block grant from the Scottish Government. It has been happy with the information. It has given us an accessible and appropriate reporting requirement. We do not understand why the Scottish Government finds that appropriate for those survivors, but Future Pathways does not.

Rachael Hamilton: Given that Future Pathways has undertaken to ensure that continued support is available and in its evidence also said that support is not time limited, does Wellbeing Scotland have a long-term commitment from Future Pathways to provide support to people who are uncomfortable engaging with Future Pathways?

Janine Rennie: It does not. There have been lots of arguments back and forth about this. Future Pathways has said that survivors have to be signed up to it for it to continue to give support in the longer term. That is becoming a real barrier for the survivors who we work with who really do not want to sign up to Future Pathways, do not want to access the support fund and do not want any more intervention. That has been really challenging for them.

The block is that Future Pathways has said that it wants every one of those survivors to be signed up to Future Pathways in the longer term. Again, that seems to be taking choice away from the survivors who we are working with. They are not getting that choice. They are more or less being told, "If you want to carry on accessing services, you have to be signed up to Future Pathways." I argued that point and said that people need to have a choice, and if they do not want to be registered with an organisation that many of them perceive to be a Government organisation, they should not be forced to do so. Years ago, when the reference group decided there was a need for a service for survivors, the agenda was to ensure that they could feel safe and confidential and that their information would not be shared in a number of different ways. A lot of the survivors we are working with are concerned that that stability is no longer there.

Rachael Hamilton: Do you consider that to be a barrier to a person-centred approach?

Janine Rennie: Absolutely. It is not a person-centred approach. That was my major concern. It is a service-led approach. It is not a person-centred approach.

Clients find the personal outcomes conversations incredibly demeaning. Again, I will put it back to you all: how would you feel if you went along to somebody and they had a debate with you about whether you needed a fridge or a carpet for your home? You are a human being. You have the capacity to decide whatever you need for your life. You do not need to have a personal outcomes conversation with somebody to decide what you need. In a lot of ways, we have gone backwards. It is a breach of human rights in terms of mental wellbeing and mental health that we think that somebody who has been a victim of complex trauma cannot make their own decisions.

Rachael Hamilton: Do you believe that the requirements for the contract do not constitute a person-centred approach?

Janine Rennie: They do not. If it was person centred, the clients would decide what would be an appropriate contract. When we put the contract out to the clients, we showed them the contract for each individual, and some of them were horrified.

I am not saying that they were all horrified Around 20 per cent of clients were quite happy for that information to be shared, but 80 per cent of clients got really upset with our service because they felt as if we were colluding with it by even asking that question.

That is another of our concerns. Survivors who have been stable and okay for a number of years are now starting to feel really chaotic. If you imagine someone coming to a level of stability, and then having all these different questions asked of them, it is confusing and retraumatising. Even the number of evaluations we are doing of everybody is retraumatising. It is as though we are seeing somebody as an object on a bit of paper rather than a human being.

Our core processes are part of the therapeutic work we do with clients because they like to see the distance travelled. They like to see how they said that, in session one, “My relationships were terrible or I felt suicidal” and then, in session 12, that they say “I am feeling a lot better now. I have reduced from most of the time to sometimes. I have made progress.” It is part of the therapeutic process. It is not just so that we can tick a box and have an evaluation. That is the data that I can amalgamate and show significant results that can be audited, if need be.

For the individual data, why does anybody need to know that somebody had a terrible relationship with their family, or that they were really struggling with the issues of their abuse in care? The personal outcomes that we put in place mean that we offer a session of counselling and then come back 12 sessions later and ask, “Does the person still have issues with their family?” How is it anybody’s human right to know what someone’s family is like unless they choose to share that or any of the other personal information that they might feel compelled to share?

I feel really quite distressed by this because they are human beings who we have worked with for 11 years, and they now feel that they are being forced into a system that some of them might not be ready for. I am not saying everybody. We have a client who had an excellent experience with Future Pathways from start to finish, so I am not saying it is everybody.

The model could work if we took away a lot of the things that are really demeaning and demoralising to clients, and if we trusted services such as Wellbeing Scotland, who understand complex trauma and client needs. Let us softly and gently take somebody through the process of being registered if they then want to access support, rather than firing them into a situation in which they have to be registered and they are asked to share information. One of our clients only gave a first name for two years, and that was not even his real first name. The state abused the individuals who we work with. That is the way they perceive it, so they find it demoralising to have to go through a situation of going cap in hand to the state. They need the support of services.

I have always said that if our service was not needed, I would be delighted, because it would mean that there had been recovery. It would be an achievement if our service was not needed any more. We would have walked away when Future Pathways came into being if we had felt that it was the right way forward for survivors, but we need to hang on in there and fight and campaign for our service to remain because people still need us. We will fight and campaign until they do not.

The Scottish Government has said that it does not know about our funding from 2020, yet it was able to confirm funding for Future Pathways to 2021, which admitted that it had significant difficulties in finding its feet. What you are doing is throwing out a service that has 11 years’ experience and bringing in a new, untested service that does not have that experience. Our chair raised with its chair that we are in a demeaning relationship with Future Pathways. It is being modelled on our service. Because they care about their clients, our workers have had to hang on in there for the past three years not knowing whether they will have a job.

The Convener: We are coming to the end of the time that we have for PE1596. For confirmation, I note that you think that there is a role for Future Pathways, that you accept that the Scottish Government has seen your model as being one that was important in the past and that you are concerned that they should not be in competition with each other.

There are important and deep questions about how we support survivors and understand their needs, and about use of the non-medical model and so on. The Scottish Government is investing a lot of money: you are worried that it is investing in a new model and getting rid of a model that has proved to be effective. We can explore that with the Government. We do not want to personalise the response around an individual, so what does the board want specifically in respect of contracts and so on, from Future Pathways?

David Scott: The board wants the barriers to disappear: it feels the frustration that Janine Rennie described and that our workers report: the job that they want to do, at which they are excellent and which is working, is being hindered. We cannot see any satisfactory reason why. We think that the problems are entirely solvable and should have been solved years ago because it is obvious that they need to be solved. We cannot see what is driving the situation. We have skills and experience and we are a centre of excellence of national importance. We would, to be frank, expect any organisation with a co-ordinating role to work us to the very limit of our capacity, but the reverse is happening.

The Convener: In taking the petition forward, one thing that the committee wants—we will think about how it is to be done—is an opportunity to hear what the petitioner now feels. We understand the challenges and the courage that the petitioner has already displayed in lodging the petition, so we will continue to have a conversation about how we will get such a response. We obviously want to hear the petitioner’s response to this session. Can committee members think about what else we could be doing?

Brian Whittle: I find it very strange that the matter has ended up with the Public Petitions Committee. We have two organisations that cannot find common ground, and that are giving us disparate evidence and presenting it as fact. Both organisations are supposed to be working with some of the most vulnerable people in society. For me, the outcome will inevitably be that the losers will be the service users. As I said, I find it very strange that the matter has had to come to the Public Petitions Committee.

We should, given that the services are funded by the Scottish Government, take evidence from the Scottish Government: both organisations are suggesting that they have the support of the Scottish Government. We should bring the Scottish Government in as soon as we can to ask its opinion and for evidence on what it thinks is supposed to be happening.

10:15

The Convener: At the heart of the matter is that there has been a change of model. The question is whether Future Pathways regards itself as a gatekeeper or a partner, and whether in changing the model the role that was already being done by Wellbeing Scotland—as the petitioner suggests—has now been reduced. I agree that we should take evidence from the Scottish Government in our consideration of the petition. Is there anything else that we could do?

Rachael Hamilton: I completely agree with Brian Whittle. It is important to establish whether the contract requirements are suitable for a person-centred approach.

The Convener: Is there not a whole other matter—that of non-medical interventions? I think that there is, in the paperwork, a suggestion that one of the issues is a desire to medicalise problems when, in fact, people are not ill but are traumatised. Some will also be ill, but very often it is simply that a lack of trust is at the heart of the matter—in the sense that you are dealing with people who have already been betrayed. I am sure I am not the only person here who deals with folk who are survivors who do not give their names, and in whom there is a lot of anger, which is understandable. There is a quite lot that we can take forward.

I thank the witnesses very much for their very helpful attendance. As we make progress, you will get an opportunity to comment on future evidence that is presented.

I suspend the meeting briefly to allow the witnesses to leave.

10:16

Meeting suspended.

10:19

On resuming—

Polypropylene Mesh Medical Devices (PE1517)

The Convener: I call the meeting to order—in particular, those who are not members of the committee. Our next continued petition is PE1517, on polypropylene mesh medical devices, which was lodged by Elaine Holmes and Olive McIlroy.

We last considered the petition in June 2018. Since then, the committee published its report in August 2018, to which the Cabinet Secretary for Health and Sport responded in June this year. In that response, the cabinet secretary outlined the actions that the Scottish Government has taken that are relevant to the issues in the petition. The petitioners have recently provided a written submission in response to the cabinet secretary’s letter: it is included in our papers.

The petitioners’ submission acknowledges that significant progress has been made by the petition, including suspension of the use of polypropylene transvaginal mesh—TVM—

procedures, mandatory reporting of all adverse incidents by health professionals and the establishment of a national complex case review unit.

The petitioners' submission also raises some concerns, however, particularly with regard to plans to reintroduce use of polypropylene TVM procedures and the establishment of a national complex case review unit within NHS Scotland rather than within NHS Lothian, as the petitioners requested. The petitioners have contacted the clerks to highlight an important point that they feel has been missed in our meeting papers, which is that they have "more" confidence in the clinicians within NHS Lothian than they have in those in other NHS boards. That is not to say that they have full confidence in any Scotland-based clinician, based on their experiences.

I welcome Neil Findlay. I know that he has a long-standing interest in the petition. It might be helpful to us if he was to make a contribution at this point, to inform the committee.

Neil Findlay (Lothian) (Lab): I will do so briefly. I do not want to take up too much of the committee's time. I noticed in the committee papers a reference to the Scottish Government's having approached Dr Veronikis, the surgeon from the United States, to come to Scotland. It would be worth the committee's while to take evidence from the Scottish Government and Dr Veronikis on progress on that. I have made inquiries, but it has been difficult to find out what progress has been made. I urge the committee to do that so that we can get a full update on what progress, if any, has been made.

The Convener: Perhaps we can, in the first instance, simply write to the Scottish Government and ask for an update. We could certainly share that information with the petitioners. The matter is ongoing: there has been a suggestion that Dr Veronikis has been involved, but I think that some people are sceptical.

Neil Findlay: It might be worth the committee's while to write to both parties.

The Convener: Does anyone else want to comment?

It feels to me that the petitioners' lack of confidence in what the Scottish Government is doing is still quite marked. It is certainly not helped by the suggestion in the paperwork that the chief medical officer might be continuing to explore when the procedure could be reintroduced.

Neil Findlay: My understanding is that the Government is waiting to see what happens in England and Wales. There was a move by the National Institute for Health and Care Excellence on possible reintroduction of mesh in England and Wales, but there is a Government review under Baroness Cumberlege, who stepped in and said that nothing should be done until she has completed her review.

There is real concern. The offer was made last November for Dr Veronikis to come here; we are heading for November again and we do not see anything happening. In the interim, women are having to crowd fund and rely on benefactors to get to America for mesh removal. That is worth investigation by the committee.

Brian Whittle: We all know how harrowing this has been: I have been involved in it for only the past three years. I am with the convener on this. I find it strange that even though a huge amount of progress has been made, there is still no confidence in what the Scottish Government has done to date. I agree with my colleague, Mr Findlay: it is an area that we really should be exploring. The petition is certainly not one that we can tie off, at the moment. We have to keep pushing.

The Convener: No other member has comments. I think that we agree to write directly to the Scottish Government on the role of Dr Veronikis, on the concerns that have been raised by the petitioners about long-term suspension of TVM, and on the work that is being done to support women who need reversal and what the pathway is for mesh-injured women in Scotland. That question is something that comes out in the evidence.

Neil Findlay: You said that you will write to the Scottish Government; will the committee also write to the other parties? On the pathways that are available and what is being done in Scotland, it is absolutely imperative that we hear from patients, because their view of what is actually being offered on that pathway and what is presented as being offered are very different. For example, the view from the clinicians is that full mesh removal is available in Scotland, but the view from patients is that it is not.

The Convener: Anyone can make a submission to the Public Petitions Committee when they have heard the evidence. The only issue that I will raise is the question of timing. Do we want the Scottish Government's response, then get petitioners to respond to that? Of course, that would not prohibit them at any point from giving evidence of the direct experience that they have heard from fellow sufferers. We will not block information, but we need to think about how to ensure that we have full information. We hope that people will do that.

I think that the committee agrees that there continue to be more questions than answers. There is a high level of concern from petitioners, in the sense that they do not have much confidence in anybody. Even within the system, they have more confidence in NHS Lothian than they have in other boards. These things will not just go away, and I am sure that the Scottish Government will want to address them. It is clear that the committee wants to take the matter forward. The petitioners and others who want to do so will have the opportunity to respond.

The Convener: With that, I thank Neil Findlay for his attendance.

Adult Cerebral Palsy Services (PE1577)

The Convener: Our next continued petition is PE1577, on adult cerebral palsy services, which was lodged by Rachael Wallace. I welcome Murdo Fraser MSP—I know that he has been involved with the petition from the beginning.

The petition calls on the Scottish Parliament to urge the Scottish Government to develop and provide funding for a clinical pathway and services for adults with cerebral palsy. It was last considered on 24 May 2018, when it was agreed to defer consideration of it until publication of the national action plan on neurological conditions. The Scottish Government has published a consultation on a draft of the plan, which sets out the vision of improving the diagnosis, treatment and care of people with neurological conditions in Scotland and describes how the Scottish Government intends to achieve that vision.

The consultation closed on 8 February 2019, and the Scottish Government aimed to publish the final plan in the first quarter of 2019. Minutes from the national advisory committee for neurological conditions confirm that the final plan is now due to be published in the autumn of 2019.

After the papers were published, we received a written submission from the petitioner, which is included in the papers that we have. In her submission, she refers to her involvement in Healthcare Improvement Scotland's neurological standards development committee. Those standards are intended to apply to all neurological conditions. The petitioner is of the view that, although they are a good starting point, they are not enforceable and do not solve the problems that are raised in the petition.

On a similar note, the petitioner states that the Scottish Government has not resolved any of the issues that are raised in the petition.

We want to think about how to take the matter forward. I ask Murdo Fraser to make a contribution in order to help us in our consideration of the petition.

Murdo Fraser (Mid Scotland and Fife) (Con): Thank you for the opportunity to speak briefly to the petition again, convener.

I have been in contact again with the petitioner, Rachael Wallace, who has, as the convener mentioned, sent in a written submission. I think that, although she has been involved in some work, she still feels that that does not meet the needs of people with cerebral palsy and does not go far enough.

The petitioner mentioned in her letter a very unfortunate incident that happened earlier this year, when I was involved in trying to assist her. When she was an in-patient for treatment at Ninewells hospital in Dundee, something happened that would almost be comical were it not so serious. When she was in the bathroom in a hospital ward, a bathroom fitting fell off the wall; as a result, she fell and fractured her ankle in two places. That was the result of poor maintenance in the hospital, and the consequence was that she ended up back in a hospital bed. The orthopaedic consultant at the hospital had no understanding of issues relating to cerebral palsy and was ready to discharge her back home, where she would have needed 24-hour care. We managed to get her transferred to Perth royal infirmary instead only because of the intervention of her parents and her GP, with a little help from me on the outside. Fortunately, Perth royal infirmary had a better understanding of the needs of people with cerebral palsy, and she was able to get a rehabilitation bed, which she stayed in for some time before she was able to return home and get some of the physiotherapy that she needed.

The petitioner's view is that that is a very good example of the lack of understanding that too many people in the national health service have of the condition of cerebral palsy. It reinforces the message that there is a need for a clinical pathway that is well understood by clinicians so that people in the petitioner's condition do not face the treatment that she experienced just a few months ago.

10:30

The Convener: Thank you. Do members have any comments on how to take the matter forward?

Brian Whittle: Another neurological condition that we seem to have a lack of understanding of and pathway for has been brought to the Public Petitions Committee. I am interested in the issue because, maybe 10 years ago, I used to coach somebody with cerebral palsy, and I know the conditions and requirements that such people have. It seems to me that we have not made any progress since those days in fighting for services. Again, our pathways for neurological conditions seem to be coming up short.

Obviously, the petition is on a very specific issue, but there is a much wider issue. We have to wait for, or at least ask for an update on, the national action plan. I appreciate that that work is still in train, but there is a bigger issue.

The Convener: We have been given a written submission from the petitioner, but she has not commented on the draft national action plan on neurological conditions. Would it be worth asking her to comment specifically on that, her engagement with it and how effective that has been? I note that she suggests that a person might have a general issue that is not specific enough to the particular condition and there is not the understanding in the system of how to respond specifically.

Rachael Hamilton: I agree. I would like to know whether the draft plan contains a commitment to add in cerebral palsy because, according to the petitioner, it currently does not fit alongside the likes of multiple sclerosis, Parkinson's disease and epilepsy. Will a substantial amount of work be included in that plan for people who live with cerebral palsy?

The Convener: We will write to the petitioner to ask her about the extent to which she has been engaged in comments on the national action plan and, for completeness, we will write to the Scottish Government to ask it about the extent to which its plan will address the action that is called for in the petition, which is on the specific issue of cerebral palsy. Is that agreed?

Members *indicated agreement.*

The Convener: In that case, we will continue the petition in order to get that information. It would be useful if the petitioner was able to give us that information. We will go back to the Scottish Government so that we can understand the difference between the general and the specific and the extent to which it wants to address the specifics.

I thank Murdo Fraser for his attendance.

Armed Forces (School Visits) (PE1603)

The Convener: The next petition for consideration is PE1603, on ensuring greater scrutiny, guidance and consultation on armed forces visits to schools in Scotland. The petition was lodged by Mairi Campbell-Jack and Douglas Beattie on behalf of Quakers in Scotland and ForcesWatch. Members will recall that we last considered the petition in November 2018, when we agreed to write to the Scottish Government about the use of child rights and wellbeing impact assessments in relation to armed forces visits to schools.

I welcome Maurice Corry MSP, who is attending for the discussion on the petition.

In his July 2019 written submission to the committee, the Deputy First Minister and Cabinet Secretary for Education and Skills stated:

> "The Scottish Government does not hold the policy for the content of what is delivered in schools ... A CRWIA by the Scottish Government is therefore not directly applicable to this situation."

In response, the petitioners question whether there are other assessment processes and forms of oversight and guidance that would be appropriate, if a child rights and wellbeing impact assessment is not.

Does Maurice Corry want to say something about the petition?

Maurice Corry (West Scotland) (Con): Yes.

The overriding point is that we cannot deny any pupil the right or the opportunity to explore all career opportunities while they are going through the formative years in secondary school in order to allow them to decide what the most appropriate career is that they wish to follow. That is the clear message.

From the research that I have done, I know that the schools are doing everything that they can to talk with the military and, likewise, the military is talking with all the schools. There is an opportunity to talk to the headteachers body in Scotland and ask about its view. As members know, the decision on access lies with the headteacher.

I know that the armed forces are doing everything that they can. They have laid out everything very clearly, and the records of what they do are all there. They do not actively go out and recruit—they cannot do that. They simply inform—they give information. There is the keeping the army in the public eye—KAPE—project; the navy and the Royal Air Force have the same approach. Somebody can come from the veterinary side of the business or any other industry, such as engineering. It is the same basis.

I know from my own work that teachers are well aware of that. I have known teachers not to allow people to come back because they have taken a certain angle. That happened in Oban, where it was clear that there was concern. There was a review, and the issue was sorted out. A very good control is therefore currently in place, and I do not think that our children and our pupils should in any way be restricted from seeing what career opportunities exist. For some, it has been a turning point in their lives. I know from the cadet movement that parents have rung up and said, "Great. Thanks very much. It is fantastic what you are doing for our child."

The Convener: The Public Petitions Committee has explored how that works and where the transparency is to address the concerns. Way back in the day, I said that some people took the view that poverty was a recruiting sergeant for the Army and there would be concerns that poor communities were targeted. It is important that we have confidence that there is transparency but, to me, there is another divide. There are those who, from a perfectly legitimate perspective, simply believe that young people should not be encouraged to go into the armed services. We have talked about the risk. Some of it is about a world view of the role of the armed forces.

The question that I put to the committee is whether we can usefully do any more on the matter. Are we satisfied that sufficient transparency and safeguards are in the system? The Deputy First Minister said that it is not for the Scottish Government to do the assessments, but there must be a reassurance that assessments are done and that there is security, whoever comes in—not just somebody from the armed forces. Maybe that could be somebody from a private company. I know from the Education and Skills Committee that the Government's policy is to actively encourage links with local employers and so on. In that context, we would be looking for safeguards for anybody who was coming in.

Is there anything further that we can do with the petition, or should we consider closing it on the basis that an important piece of work has been done on shining a light on the processes and the importance of transparency for anybody who is brought into a school?

Brian Whittle: We have gone as far as we need to go. I have met several people in this arena, and one thing that struck me over the recess is that we have to recognise that the army can be a very positive destination for people. We should not question that. My problem is that if we take this any further, we will be starting to question the judgment of headteachers, as Maurice Corry said, and it is a matter for their judgment. I am content from the evidence that we have received that we have taken this as far as we possibly can.

The Convener: To be fair, the judgment of headteachers would be constrained and limited by procedures and expectation of what is reasonable. It might just be me who thinks this, but I would not devolve to headteachers all responsibility for who comes into schools, although they would be accountable for who comes into their schools. They are not entirely free agents.

Rachael Hamilton: I agree that we cannot go any further with the petition, because we would be undermining headteachers' authority over who is invited into schools, whether they are private organisations or public bodies. My colleague Maurice Corry made the point that the army is not allowed to recruit, and it is at the behest of the headteacher whether to invite the army in the first place. If we are confident that the process is that robust, I do not think that this committee can take the petition any further.

The Convener: If we agree to close the petition, we could recognise the important job that the petitioners have done in highlighting the issue and allowing us to test the evidence and concerns that vulnerable communities of young people might have been targeted. We could write to the Scottish Government to draw to its attention the outstanding points that the petitioners have made. I would also make the point to the petitioners that they have the opportunity to bring a petition back after a year if they have further evidence that their concerns have not been addressed. Does the committee agree to that?

Members *indicated agreement.*

The Convener: We agree to close the petition, but we will write to the Scottish Government to draw to its attention the petitioners' outstanding points, and we will highlight to the petitioners that they are free to bring a petition back at a later stage. We thank the petitioners for the opportunity that this petition has afforded us to focus on and give some reassurance about how the process works.

Diabetes (Continuous Glucose Monitoring Sensors) (PE1619)

The Convener: Our next petition is PE1619, on access to continuous glucose monitoring, which was lodged by Stuart Knox. It calls on the Scottish Parliament to urge the Scottish Government to make continuous glucose monitoring sensors available under prescription to all patients with type 1 diabetes.

The petition was last considered on 24 January 2019, when we heard evidence from the Cabinet Secretary for Health and Sport. We have subsequently received two written submissions from the cabinet secretary as follow-ups to the oral evidence session. The petitioner has been invited to provide a response to those submissions, but we have received no response to date.

It has been noted that the Scottish Government has invested £10 million over the course of the current parliamentary session to increase NHS Scotland's provision of insulin pumps and continuous glucose monitoring technology. The cabinet secretary's submission of 30 January 2019 makes it clear that NHS boards have been made aware that this funding is

"in addition to ... local diabetes technology budgets."

Do members have any comments or suggestions for action? My only concern was that I still do not think that we have had an answer to the question whether the funding that is being made available to provide the equipment covers the cost of VAT. There is a gap between what is being claimed to be provided and the reality of that provision, and I do not think that that has been addressed. I am not sure whether that is a sufficient issue for us to continue the petition—I simply make that observation.

Brian Whittle: The petition has made significant progress since it came to the Parliament. My overwhelming worry is that the availability of the technology is not uniform across the country. Some NHS trusts have taken this on board, but I know that others have not. My concern is whether that is something that the committee should be looking at. I know, for example, that in one region only four sensors have been purchased. Is that something that the committee should be taking forward?

The Convener: I do not think that that is what the petitioner was seeking, but we could highlight to the Health and Sport Committee that we have observed that during our consideration of the petition.

Rachael Hamilton: The fact that the Scottish Government has ensured that all NHS boards have FreeStyle Libre in their formulary is an important point that addresses what the petitioner was looking for. I think that Brian Whittle is talking about the fact that although NHS boards have it in their gift to prescribe FreeStyle Libre, some have chosen not to. Your point about the cost aspect could become a barrier as well, but that is a different matter from what the petitioner was asking for.

The Convener: My sense is that we are agreeing that the petition has run its course in the Public Petitions Committee and we would want to close it on the basis that the Scottish Government has provided evidence that additional funding for continuous glucose monitoring has been made available over the course of the current parliamentary session. However, in closing the petition, we would highlight to the Health and Sport Committee the question whether there is patchiness in health boards' delivery of the technology.

We would also wish to thank Stuart Knox, the petitioner. There has been important progress as a consequence of the petition and we hope that he feels that he has had productive engagement with the Public Petitions Committee. Of course, it would be open to him to bring a petition back at a later stage if he felt that that would be worthwhile. Do we agree to close the petition?

Members *indicated agreement.*

10:45

Child Protection Services (PE1673)

The Convener: The next petition for consideration is PE1673, on the operation and running of child protection services in Scotland, which was lodged by James Mackie. The petition calls on the Scottish Parliament to urge the Scottish Government to create an independent, Queen's counsel-led inquiry into the operation and running of child protection services in Scotland.

The petition was last considered on 25 October 2018, when the committee agreed to write to the Minister for Childcare and Early Years and to draw the petition to the attention of the care review chaired by Fiona Duncan. We have received responses from the minister and the petitioner.

The minister's submission confirmed that in April 2018, the child protection systems review group reconvened and that its recommendations continue to be taken forward as part of the child protection improvement programme. The submission also responds to a number of points raised by the petitioner, highlighting a range of legislative changes that have taken place regarding child protection as well as changes made to the Children's Hearings (Scotland) Act 2011.

In response to the minister's submission, the petitioner's 10 June 2019 submission stated that it is the

> "'same old, same old' material. It repeats previously supplied information and does not accept that there are fundamental and major problems within current child protection".

Do members have any comments or suggestions for action?

Brian Whittle: What came to me is that we are working on another petition, on historical child sex abuse and the lack of support in schools, and I wonder whether there is a crossover with that. The two petitions have very similar themes, so should we bring the evidence that we have taken on this petition into our consideration of the other one?

The Convener: There is a very specific, substantial ask in this petition. The petitioner suggests that there should be an inquiry into the child protection system because there is so little confidence in it and because it operates in such a way that it is unjust. The care review is looking at the experience of care-experienced children and the broader parameters of that, including how we support and protect vulnerable children. That is quite different from saying that we do not have confidence in the system that is underpinning that support. The petitioner's journey has taken him to a place where he believes that there is something seriously wrong and that people inside the system have a vested interest in not addressing some of these very significant questions.

I am not convinced at this stage that a QC-led inquiry is the solution. I would like to have confidence that the Scottish Government is constantly alert to the vulnerabilities that young people have and the whole issue around child protection and identification. We know that the named person, for example, is one attempt to address that issue—which has now stalled. However, from what I read in the petitioner's evidence, he is convinced not just that the system is not working effectively but that is actively working against the interests of children.

Brian Whittle: My only comeback to that is that when we next consider the other petition that I was talking about, some of the same issues will be raised. We are thinking of closing this petition, but the same issues will be raised in the other petition.

The Convener: We have not dealt with that one yet, have we?

Brian Whittle: No, we have not.

The Convener: For any future petition, we will have the information from this petition to hand. I suppose that the question we must ask is whether the solution in that other petition will be an independent QC-led inquiry, or whether it will say that there are gaps in the way in which child protection works and we want to improve that.

Brian Whittle: For clarity, I should say that the other petitioner is, as you know, my constituent. She has been working on the outcomes that she is looking for from her petition, so I am aware of what is coming down the track.

The Convener: Are there any other views?

Rachael Hamilton: I hope that the child protection systems review group will be looking at the current child protection methods and procedures in Scotland. However, that does not really address the petitioner's requirements.

The Convener: The petitioner does not have confidence in the system and believes that the system operates against families. The decision that we need to make is whether by continuing the petition we will be saying that we think that we have evidence that that is the case. We cannot deny somebody with experience their view. Is it within the role of the committee to be effective on this? We have to decide whether we want to close the petition, but if we do close it we could refer the evidence to the Education and Skills Committee for any work that it may wish to conduct in relation to child protection, which is one of its responsibilities. That evidence and that view would be sitting there and the committee would be aware of these concerns. The decision that we need to make is whether we think that the case has been made for us to continue to press on behalf of the petitioner for an independent QC-led inquiry.

David Torrance: I am quite happy to close the petition. The Government has already indicated that it is not going to do what the petitioner has called for.

Gail Ross: I was quite concerned, reading through all the evidence, that the petitioner seems to have had a really bad experience and since submitting the petition has been contacted by what he said is

"a large number of people"

in support. It is obvious to me that there are people who do not have faith in the system due to individual experience, and that is concerning.

I do not think that the petitioner's specific ask is the right way to go about things, but we should not completely leave it. I agree with the convener's suggestion about passing the petition to a lead committee with a view to some sort of action being taken somewhere further down the line. I do not think that we will get anywhere with this specific ask.

The Convener: In the interests of clarity, I suggest that we close the petition but highlight to the Education and Skills Committee the view that has been expressed in it. We should not mislead the petitioner into thinking that the Education and Skills Committee will automatically take up his suggestion. You are right that people's direct experience brings them to certain conclusions. Where we would probably agree with the petitioner, as with many other people, is that we want people to have confidence in the child protection system. The system ought not to be intrusive, but it ought to protect young people and there needs to be safeguards in both respects.

We are agreeing that we want to close the petition. David Torrance is right to highlight that part of the reason for that is that the Scottish Government has no plans to undertake the action that the petition calls for. We will draw the issues raised in the petition to the attention of the Education and Skills Committee. We thank the petitioner for bringing the petition to the committee. As I have said already, there is an opportunity for him to bring back a petition around these issues in the future if he feels that the questions have not been addressed satisfactorily.

Members *indicated agreement.*

Multiple Births (Support for Families) (PE1683)

The Convener: The next petition for consideration is PE1683, by Jennifer Edmonstone, on support for families with multiple births. It was last considered in December 2018, when we agreed to write to the Scottish Government and Her Majesty's Revenue and Customs to seek further information about better support, changes in benefits and the implications for HMRC in relation to families with multiple births. Responses are included in our meeting papers.

In her most recent written submission to the committee, the petitioner continues to raise a number of concerns regarding support for families who are not classified as low income but who are stretched due to the particular challenges of having multiples. The petitioner has again highlighted the challenge facing families of multiples in relation to childcare between the end of maternity leave and the commencement of funded childcare at three years old.

Do members have any comments or suggestions for action? I would be interested to ask the Minister for Children and Young People about the targeting of resources—I agree that we should target families that are vulnerable or disadvantaged. That is the argument that the Government puts—that it offers support to vulnerable families—but there are other things that we regard as universal, such as the baby box. Clearly, the Government makes a judgment about such things, but I would be interested to know whether it has looked at the impact of having more than one baby—twins or triplets—even when the family has a reasonably secure income. Is that one of the issues in the range between targeted and universal support that it might want to reflect on? I think that the petitioner herself has made that point.

Rachael Hamilton: I think that your point is absolutely correct, convener. Those who have had a multiple birth can be priced out of the job market. They are at a significant disadvantage. This is not about monetary support—even if they get that support. It is about all the other issues that have an impact on their lives and do not allow them either to get a job or do all the other things that people with one child or two children are able to do.

Brian Whittle: I am struck by the gap between going back to work and accessing childcare. The cost is significant, no matter someone's income, and multiple births obviously multiply that significantly. As you suggest, convener, we could write to the Minister for Children and Young People and get a view on the point that the petitioner has raised.

The Convener: We need to understand not only what assessment the Government has made of the impact of multiple births and how support can be put in place, regardless of family income, but where it would place support for families who have had a multiple birth on the spectrum between the targeted resource for the most vulnerable and universal provision. The petitioner will be able to respond to any evidence that we get back from the Minister for Children and Young People. Is that agreed?

Members *indicated agreement.*

Permitted Development Rights (Conservation Areas) (PE1688)

The Convener: The next petition for consideration is PE1688, by Alastair Ewen, on behalf of Westerton garden suburb residents association, on permitted development rights in conservation areas. The petition calls on the Scottish Parliament to urge the Scottish Government to review the permitted development rights legislation, which the petitioners consider impacts unfairly on residents of conservation areas and listed buildings in Scotland.

The petition was last considered on 24 May 2018. A submission has been received since then from the Scottish Government, in which it confirms that the Planning (Scotland) Act 2019 includes provisions that could allow authorities to waive or reduce fees in certain circumstances. The submission also highlights future work in the area, including work to take forward the provisions of the 2019 act.

Do members have any comments or suggestions for action?

Brian Whittle: In the first instance, it would be interesting to hear the views of petitioner on the submission that we have received.

The Convener: It would be useful to know whether the petitioner thinks that the submission addresses their concerns and gives them sufficient confidence. Perhaps we should write to the Scottish Government to get further information on the timescale for the publication of the sustainability appraisal report, as well as information about the timescales for and progress of the review of the wider planning fee regime. I know that we dealt with planning legislation recently, but there will be a pause. It would be useful to know the timescales for the changes. Do members agree to take that action?

Members *indicated agreement.*

Access to Justice (PE1695)

The Convener: The next petition for consideration is PE1695, by Ben and Evelyn Mundell, on access to justice in Scotland. The petition calls on the Scottish Parliament to urge the Scottish Government to take action to ensure that access to justice, including access to legal advice from appropriately trained lawyers and financial support through legal aid, is available to enable people in Scotland to pursue cases where they consider a human rights breach has occurred. I welcome to the committee David Stewart MSP; I understand that Edward Mountain MSP also has an interest in the petition.

The petition was last considered on 8 November 2018, when the committee agreed to write to the Scottish Government. A response has been received, as well as a written submission from the petitioners. The Scottish Government's submission, which is dated 5 February 2019, confirms that, in its response to the 2018 independent strategic review of legal aid in Scotland, "Rethinking Legal Aid", it said:

> "a new legal aid system in Scotland will be developed that is user focused and has the flexibility to adapt according to emerging situations and developments."

As part of that work, on 27 June 2019, the Scottish Government launched its legal aid reform consultation, which looks at areas concerning the user's voice, the flexibility of the system and whether legal aid should be regarded as a public service.

In their submission, the petitioners are critical of the Scottish Government's response, and they are of the view that the Government has ignored the human rights aspect of their petition.

I ask David Stewart to come in at this point.

11:00

David Stewart (Highlands and Islands) (Lab): I thank the committee for allowing me to come along to give some background information about the petition. Members will know that I have given evidence twice before on the Mundell petition. I thank the other MSPs, such as Edward Mountain, who have been very helpful in supporting the petition.

As I said when I spoke previously about the petition, on the surface, this is a highly complicated case, but I think that it is well summarised in the papers that the committee has received. On the surface, it is about the ring fencing of dairy farmers' milk quotas within the southern isles ring-fenced area. However, to me, the fundamental question is how ordinary Scottish families on a modest income can seek redress and remedy for potential breaches of the European convention on human rights and for injustice in general.

I want to answer that one question, convener. The simple answer is that they should seek legal representation through the civil legal aid scheme. You will know from my presentation in November that the family have been in touch with more than 50 law firms in person or by phone, but the vast majority will not deal with human rights cases, and many of the firms that deal with such cases have said that they will deal only with cases involving prisoners or immigration issues. One lawyer who agreed to take up the case wanted an upfront payment of £25,000 before proceeding. At the time, that represented double the family's yearly disposable income.

The Mundells have told me that many farmers in the ring-fenced area were placed in an impossible situation with a milk price that was below the cost of production, leading, effectively, to the forfeit of property—at the time, the quota was worth probably around £450,000. As identified in the committee's papers for the meeting in November, that could be a potential breach of article 1 of protocol 1 of the ECHR.

I am conscious that time is very tight, convener, so I conclude by quoting from the report of the First Minister's advisory group on human rights leadership, which said:

> "Progress then has evidently been made on Scotland's journey. However, it is critical to acknowledge that there are gaps and shortcomings too ... too many people are not enjoying their rights in everyday life ... All of this leads to a denial of access to justice ... It is a matter of political choice and priorities. What is needed is the political will to implement the solutions."

There is unfinished business here for Scottish human rights. That is illustrated by the Mundell petition, but it is a wider issue. I know that the petition has been before the committee for some time, so I urge the committee to refer it to the Equalities and Human Rights Committee.

The Convener: Are there any other views?

Brian Whittle: I had a chat with Edward Mountain yesterday and I said that I would raise this issue. The Mundells have certainly raised issues around the gaps and imbalances in the current system. I know that they feel that they have been sidelined and marginalised and that there is legislation that is being hidden behind, which is benefiting a private company at their expense.

If the Government believes that its actions are in the national interest, surely it is in the national interest that the Mundells should be able to access the system and helped. Edward Mountain says—and I agree—that there needs to be a commitment from the Scottish Government that it will investigate the issue that the Mundells have raised on its own merits, not as something that affects a farmers' collective. That would allow Mr and Mrs Mundell to move a bit closer towards a resolution.

I like David Stewart's suggestion; that the Mundells do not seem able to access the services that would help them to reach a resolution certainly seems to me to be a human rights issue. I think that the Scottish Government is being a little bit stubborn when it comes to looking at the case on its own merits.

The Convener: I do not think that it is our job to get the Scottish Government to address an individual case. The question is whether that case has consequences that need to be addressed through the legal aid system. David Stewart's point is that the Mundells have a right to appeal, but no lawyer will take up their case, but that is quite different from saying that there is no funding. I heard David Stewart's comment that human rights lawyers only take up cases around immigration and prisoners. I am not sure that that is true, but it might be the Mundells' experience that they could not get a lawyer. I suppose that that is an interesting question.

The Scottish Government is running a consultation on legal aid reform; if the outcome from that is unsatisfactory, the petitioners could come back. However, there is a sense that we do not want the petition to be completely lost and that we want to refer it somewhere. I think the question is which is the best committee for it go to, and the suggestion is that it should go to the Equalities and Human Rights Committee.

Rachael Hamilton: We must not overlook the Justice Committee. The Scottish Government is reforming the legal aid system, and I think that we should be careful about which committee we refer the petition to, because there are two angles here.

The Convener: Without speaking for the petitioners, my sense is that they have found themselves in a set of circumstances and they want that resolved. There is a number of ways in which they are trying to resolve it, and the final iteration is that their human rights have been denied because they cannot get access to legal aid to address the injustice that they perceive they have experienced. If the petition goes to the Justice Committee, the question will be whether that committee will look at the information in connection with the reform of legal aid; if it goes to the Equalities and Human Rights Committee, the question will be whether that committee will look at the denial of rights because a lawyer will not take up the case.

Brian Whittle: For clarity, convener, my point is that I think that the Mundells are highlighting a gap in the system and their inability to access their right to legal aid, which we would perceive as an indelible right. For me, that gap is the big issue here.

Gail Ross: I have been looking through the papers. I have a question for David Stewart. Have the petitioners contacted the Equalities and Human Rights Commission about the situation, and, if so, what was the outcome?

David Stewart: I raised that point in my more detailed November submission, which was before Gail Ross was on the committee. I quoted the Scottish Human Rights Commission, which said that it was denied the ability to raise specific cases such as the Mundells' case, unlike what happens in Northern Ireland. That was certainly the case in November. I am happy to pursue the Scottish Human Rights Commission separately about that, but we explored that option last time.

Gail Ross: I am not talking about the Scottish Human Rights Commission; I am talking about the Equality and Human Rights Commission. There are two different organisations.

David Stewart: Yes, I know.

Gail Ross: One has the ability to take up cases and the other does not. I wondered whether that was—

The Convener: If you go to the Equality and Human Rights Commission, it will refer you to the Scottish Human Rights Commission, so there is a gap in the system. I wonder whether the most useful thing to do, given that the most recent submission from the petitioners is firmly focused on human rights, is to refer the petition to the Parliament's Equalities and Human Rights Committee so that it can address these questions. Do members agree to do that?

Members *indicated agreement.*

The Convener: We are not closing the petition; we are referring it to the Equalities and Human Rights Committee. We hope that that committee will look at these questions, particularly around the ability to enforce rights if a lawyer will not take up a case. That seems to be at the heart of the petition.

David Stewart: I appreciate the option that has come out. Thank you.

The Convener: I thank David Stewart for his attendance and the petitioners for raising the issues with us.

Autistic People (Targets and Outcomes) (PE1704)

The Convener: The next petition is PE1704, on improving targets and outcomes for autistic people in Scotland, which was lodged by Duncan MacGillivray. The petition was previously considered on 20 December 2018 and submissions have been received from the Scottish Government, a number of local authorities and the petitioner.

The Scottish Government's submission confirmed that, as part of the Scottish autism strategy, funding is in place until 2021 for the creation of the national autism implementation team, comprising of experts who will provide national strategic guidance to NHS boards, among other activities. The submission also confirms that the Scottish Government has mandated all NHS boards to work with the Information Services Division to improve data collection relating to autism diagnosis waiting times.

The additional local authority submissions that have been received are broadly in line with those received previously, in that they express sympathy with the petitioner's aims but have little support for the actions that the petition calls for.

Do members have any comments or suggestions for action? I thought that there was a gap between what the local authorities say—they are understandably looking at whether what is being asked for is doable for them—and what some of the organisations that represent people with autism, such as the National Autistic Society and the other groups that have been highlighted in our papers, say. I felt that there is so much in here and so many concerns. My direct experience with families of people with autism—and I am sure that it is not just my experience—is that they are under so much pressure and that they feel to a great extent that the system is not dealing with them. Indeed, the petitioner himself has been clear that he is not able to engage any more with the Public Petitions Committee because he has so much else in his life to be going on with. I think that we owe the petitioner and the issue a bit more attention, but I would be interested in what members think we might be able to do.

Rachael Hamilton: I was slightly disappointed by the lack of submissions from the local authorities. Nonetheless, those that we did receive were very interesting. The Western Isles Council said that it wants to achieve diagnosis within a year, but the number of referrals that are coming through is making that very difficult. I think that the petitioner is very reasonable in asking for some sort of time or something that they can aim for, but that does not seem achievable, even though the Scottish Government is putting resources towards it. We have a lack of specialists in this area, so there needs to be more of a recruitment drive. There are words from the Scottish Government, but I am not sure whether they reflect what is happening on the ground.

The Convener: I am going to contradict myself a bit here. I think that there are huge issues in here. I know that the National Autistic Society has argued for an autism act, but you will know from the paperwork that it is still looking at whether that would be the best approach. The petitioner has said that he will not be able to engage further. Do we need just to respect what has been said in the petition and the information that we have received? Rather than referring the petition, do we need to accept that what the petitioner is calling for has limited support and recognise that it flags up huge issues, even though the petitioner himself is not going to be engaged with the petition, and, in closing the petition, could we pass it on to the Education and Skills Committee?

It feels to me as if there is something very important here, but it will not necessarily be resolved through the Public Petitions Committee. In highlighting this issue, the petitioner has enabled a range of organisations to flag up the evidence that they have. Could we refer that to, for example, the Education and Skills Committee for when it looks at additional support needs and all the other things around transition? Do people have views on that?

Rachael Hamilton: We owe it to the petitioner, even though he does not feel able to continue with this, which is understandable. It reflects what is said by constituents who contact me regarding all the issues that the petitioner has raised. Just because the petitioner is unable to continue, perhaps due to his condition, we should not ignore it.

The Convener: I suggest that we close the petition but acknowledge that a very significant issue has been highlighted here, pass on to the Education and Skills Committee the evidence that we have been provided with and raise with the Scottish Government our belief that the petition is a reflection of a deeper concern and our hope that it will address that in its strategy, given that there is some suggestion that there is a gap between the strategy and delivery on the ground. Perhaps we could also flag it up to the Health and Sport Committee. Is that agreed?

Members *indicated agreement.*

11:15

The Convener: On that basis, we will close the petition but, as I have said, we emphasise our gratitude to the petitioner for raising these issues. There are so many people in these circumstances who are trying not only to raise these issues but to provide support to their loved ones at the same time; we recognise that that is a massive challenge. We will provide information to both the Education and Skills Committee and the Health and Sport Committee about the evidence that has been provided to us.

Vegan Food (Public Sector Menus) (PE1708)

The Convener: PE1708, on catering for vegans on all public sector menus, was lodged by Mark Banahan on behalf of the Vegan Society and Go Vegan Scotland. It calls on the Scottish Government to bring forward legislation to guarantee plant-based options on every public sector menu every day, to protect the rights of vegans and for our health, the environment and animals. The petition was last considered in December 2018.

The clerk’s note summarises the submissions that have been received from a number of NHS boards, the Scottish Parliamentary Corporate Body, the Scottish Government and the petitioner. In its submission, the Scottish Government stated:

> “Veganism is not a protected characteristic for the purposes of the Equality Act 2010 and nor are there specific responsibilities in this area for public bodies under ECHR or the Human Rights Act 1998.”

The Scottish Government also highlights its good food nation proposals for legislation, which

> “do not include legislative provisions with regard to veganism or other specific diets”.

Since the meeting papers were published, the committee has received a submission from the petitioner. Members have been provided with a copy of that submission. In the submission, the petitioner provides a detailed challenge to the

> “Scottish Government’s assertion that there are no legal duties to vegans under existing legislation.”

Do members have any comments or suggestions for action?

Brian Whittle: My thought is to close the petition because the Scottish Government says that it has no plans to amend the law. I note that it will bring forward the good food nation bill. I suggest that, in closing the petition, we write to the appropriate minister to highlight the issues that have been raised by the petitioner and to see whether he is prepared to include some sort of amendment in the bill to address these issues.

The Convener: Is it reasonable to say that we highlight to the Scottish Government that this issue has been brought forward and that it might want to look at it—I am sure that it will do so—in the good food nation bill? I have no doubt but that the petitioner will engage with individual MSPs and with the committee that will be dealing with the bill. The petitioner could take the opportunity to provide evidence to that committee.

There is a difference between the idea that this is a rights issue and the fact that there is an increasing number of vegans. My son is a vegan and I think that the system has become more flexible. Restaurants provide vegan options now, whereas they did not five years ago. For somebody of my age, a vegetarian option was regarded as very exotic and was usually just an egg or something, but the world has moved on. We hope that public bodies are alive to that when providing menus for people. I have some sympathy for somebody who is a vegan going into hospital when there is no need for their dietary requirements to be considered in the normal way.

The question is whether we see this as a rights issue or simply a public service issue. If we agree to close the petition, we recognise that there are other opportunities for campaigners and the petitioner to take this forward through the good food nation bill, but I also take the view that some of this comes from demand, and the public sector has to keep up with the way in which the world has changed. Does anybody else have any comments?

David Torrance: I think that we should close the petition.

The Convener: Can we agree that we will close the petition under standing order rule 15.7 and that, although we recognise that the Scottish Government has confirmed that it has no plans to amend the law with regard to veganism, we note the opportunities in the good food nation bill? I thank the petitioners for the effort that they have made in giving us evidence and for their continued engagement with the committee. They have the opportunity to lodge a petition at a later stage if they feel that there are issues that still need to be addressed.

Members *indicated agreement.*

Mosquito Devices (PE1713)

The Convener: The next petition is PE1713, on banning the use of Mosquito devices in Scotland, which was lodged by Amy Lee Fraioli MSYP and Kit McCarthy MSYP on behalf of the Scottish Youth Parliament. The petition was last considered in December 2018.

The clerk’s note summarises responses that we have received from the Scottish Government, Police Scotland, the Children and Young People’s Commissioner Scotland and the petitioners. The Scottish Government has made clear that it does not support the use of Mosquito devices. However, it states that it is unable to ban the use of the devices as doing so is outside the competence of the Scottish Parliament. The petitioners continue to believe that the Scottish Government has the power to ban mosquito devices but is choosing not to. Do members have any comments or suggestions for action?

Brian Whittle: I have huge sympathy for the petition. There is obviously a debate about whether banning these devices is within the competence of the Scottish Parliament. I imagine that that is not particularly difficult to establish. I definitely think that we should be drawing the petition to the attention of the UK Government. The question is whether we can do any more in this committee. Without question, the petitioners have raised a very significant issue that a lot of people will have sympathy with; certainly I do.

David Torrance: I support Brian Whittle's stance. We should pass this on to the UK Government. Westminster has a petitions committee—maybe we could pass it on to that committee.

The Convener: We could suggest to the petitioners that they do that if they want to. My only question relates to the Scottish Government's position that it is not responsible for either licensing the devices or determining whether they can be used. That was also the case in relation to banning smoking at one point. There was an argument that it was not within the gift of the Scottish Parliament to do that, but the Scottish Parliament rightly found a health defence for the ban, so we found a way of doing that within the powers of the Parliament. I wonder whether that is something that the Scottish Government has explored.

For example, the point is made in the evidence that people with autism are disproportionately affected. Is there a question around the rights of young people with autism? Could the public buildings for which public authorities have responsibility refuse to use the devices? We may not be able to stop somebody putting one up outside their door. I know that an issue that has exercised one of the petitioners in particular is that there is evidence that the devices have been used in railway stations. At one level, I can understand that we do not want groups of young people gathering at night and frightening passengers or causing disturbance, which was presumably the motive for using the devices, but there are opportunities within the devolved settlement to look at how we might at least limit the use of the devices.

I do not know whether we should keep the petition open and ask that question or close it on the basis that action is outwith the competence of the Scottish Parliament. Perhaps we could flag up to the Scottish Government that there is an issue and ask whether it is something that it would look at.

Gail Ross: I was semi-involved in this issue. There was a device in Waverley station—I believe that it was one of the shops there rather than the station that had put it up. I had a few submissions from members of the Scottish Youth Parliament. I think that you make a valid point. I do not think that we should close the petition while that is still outstanding. We need to explore different ways and, if there is a health risk or some sort of health angle that can be taken, I definitely think that that should be explored—if the petition can be closed and we can still ask the Government to explore that point, I am happy with that.

Brian Whittle: I was going to say exactly that. The Scottish Government should be looking at this from a health perspective, because it definitely has competence in that area. Perhaps we can manoeuvre some sort of legislation in that respect.

The Convener: There is a limit to what else we can do as a committee but, before we close the petition, we will write to the Scottish Government and ask it to respond to the suggestion that it may be able to look at this under its health-related powers. If we got a commitment from it to explore that, we could perhaps close the petition at that stage and allow the petitioners to pursue that option further. I think that research is also important in that regard.

We are clear that there is a limit to what we can do as the Public Petitions Committee on this, but we will ask whether the Scottish Government, rather than simply saying that it is outwith its competence, will look at it in relation to the area of health responsibility. We would welcome its response on that.

Members *indicated agreement.*

The Convener: I thank you all for your attendance.

Meeting closed at 11:25.

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