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Tuesday 4 December 2018

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Scottish Parliament

Tuesday 4 December 2018

[The Presiding Officer opened the meeting at 14:00]

Time for Reflection

The Presiding Officer (Ken Macintosh): Good afternoon. Our first item of business is time for reflection, for which our leader is the Rev Richard Rowe, chaplain to HMS Prince of Wales.

The Rev Richard Rowe (Chaplain to HMS Prince of Wales): Presiding Officer, members of the Scottish Parliament, thank you for the privilege and opportunity of sharing with you this afternoon.

We are in the Christian season of Advent. Culturally, it would appear that we move straight from Hallowe'en to Christmas, with a brief pause for remembrance Sunday, but in doing so we miss something profound and distinctly human: having to wait, being prepared to put one's own needs and desires second to another's. Advent is saying that there is a better thing, a better one coming, and that you had better get ready. Make it easy for this wonderful event to happen—prepare the way, which means that it is going to take time.

There are resonances of this in our everyday lives. I am a royal naval chaplain, which means that I engage with royal naval service personnel of whatever rate or rank. They are precious to me and they all have equal right of access to whatever I can offer, whatever their faith system or none. I go where they go and participate where I can. That sometimes means waiting: waiting with the rest of a ship's company for the next evolution in an exercise, waiting for the return of a ship or a submarine—waiting.

Of course, in the normal circumstances of life, we wait for our significant others while they shop on a Saturday. We wait for friends to arrive for a long-anticipated meal. We wait for our favourite team to score or to be promoted—perhaps a longer wait for some than for others. We wait for the start of a business session here, or in the other place, or in any firm that you care to mention.

Waiting is something that we do not have a lot of control over. How we wait—the attitude that we hold as we wait—is something that we do have control over. There are many things in life that we can neither control nor change, and waiting is just one of them. What makes the difference is how we react to those things: how we behave when we cannot have, or do, what we want when we want it.

It is often in the waiting—in the margins, before the Presiding Officer arrives, the exercise starts, the meal is served, or the game kicks off—that we engage with the people who are around us. That is where they get to know us and we get to know them, where it is less about them uns and us uns than it is about the shared experiences and the banter that arises, where barriers are breached, where we build relationships, and where we prepare the way.

At Advent, we prepare our hearts to receive afresh God made flesh in Jesus, the one who dwelled among us, as John's gospel says, full of grace and truth. As we wait with friends and acquaintances, our team and their team, may we use words of grace, truth, respect and loving kindness—that his way may be prepared, and that we may be fully human under God.

God bless you all.

Topical Question Time

14:04

ScotRail Performance

1. Murdo Fraser (Mid Scotland and Fife)

(Con): To ask the Scottish Government what its position is on ScotRail's performance. (S5T-01371)

The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson): ScotRail's performance is clearly not where it should be, and I raise that matter regularly—and I have done so recently—with Alex Hynes, who is the managing director of the ScotRail Alliance.

The level of cancellations that are being caused by the rest day working dispute is unacceptable, and I call on the National Union of Rail, Maritime and Transport Workers and ScotRail to resolve the dispute without further delay. The impact of ScotRail's continued training of staff to deliver the coming timetable changes is equally unacceptable.

The planned changes will deliver the first phase of this Government's programme to significantly improve services across much of the Scottish rail network through our record investment in infrastructure and rolling stock. It is very disappointing that passengers are bearing the brunt of the late arrival of the new trains and the knock-on impact on training schedules, and the situation is being exacerbated by the industrial dispute. I will be making that very point when I meet Mr Hynes later today.

Murdo Fraser: I am sure that I am not the only member in the chamber to have been contacted by angry constituents following this weekend's disruption, to which the cabinet secretary referred, when there was a large number of cancellations and many passengers were left stranded. The RMT has claimed that the overtime ban has aggravated the situation. Whatever the reason, the travelling public should not be the victims. We keep being reassured in the chamber that things will get better. When will that be?

Michael Matheson: I certainly recognise the concerns of the member's constituents—my constituents have the same concerns—about the challenges, particularly over the past few days, as a result of a combination of the training programme for the new class 385 trains coming in and the on-going industrial dispute.

The member will be aware that significant investment has been made in providing new rolling stock, and new electric trains will enhance the

services across many parts of the Scottish network. The new timetable comes into force as of 9 December, with the new rolling stock that is being provided by Hitachi. That will allow the remaining rolling stock to be cascaded to other parts of the network, including Fife. Alongside that, further improvements will be made to the timetabling next May, and the full programme will be completed by next December. That will increase the number of seats and the rolling stock available and improve the timetabling of services across the country.

I recognise passengers' frustrations over the difficulties in recent days in particular. Our considerable investment in rolling stock and infrastructure will deliver improvements as we make the timetable changes, which start at the end of this week.

Murdo Fraser: The cabinet secretary will be aware that rail fares are due to rise by an average of 2.8 per cent from the new year. On top of that—to add insult to injury—ScotRail is proposing to scrap free travel for children as from January. I am sure that passengers would not mind paying higher fares if they were getting an excellent service, but they are not. When the cabinet secretary meets ScotRail and the RMT, will he put a rocket under them both and tell them to improve their performance?

Michael Matheson: The ScotRail Alliance is in no doubt about my views on its performance to date; when I meet the ScotRail Alliance's MD this afternoon, he will be in no doubt about my views on its performance in the past couple of days in particular.

I call on the RMT and ScotRail to get round the negotiating table and settle the matter sooner rather than later, to make sure that we put passengers first.

It should be recognised that the fare increase, which I know is unwelcome, is the lowest increase in the United Kingdom, because of the rail fare cap arrangements that we have in Scotland. Almost two thirds of the cost of the railway network in Scotland is met by the Scottish Government. That is more than any other part of the UK provides. The Scottish Government provides a considerable level of resource to minimise the fare increase, although I recognise that any increase is unwelcome.

All members can be assured that the ScotRail Alliance is in no doubt about my views on its performance to date; I will be making that point again to it this afternoon.

The Presiding Officer (Ken Macintosh): Nine members have requested to ask supplementaries; I ask members and the cabinet secretary to bear that in mind. There is time in hand so, if members'

questions are brief and if the cabinet secretary is equally succinct, we will get through as many questions as possible.

Bruce Crawford (Stirling) (SNP): Does the cabinet secretary understand my constituents' concerns about the service that they are receiving on the rail network? They are experiencing cancellations, overcrowded trains, inconvenient timetable alterations and a lack of information at stations on late changes. So that they can go about their daily business, they want the situation to be sorted out, and they want to know when that will happen. What more can the Scottish Government do to put pressure on the rail network operators to improve matters by the earliest possible date?

Michael Matheson: Mr Crawford has raised a number of factors. He will be aware that electrification of the line into his constituency has just been completed—the testing of the line was completed last week—for the introduction of the new 385 trains, which will improve the capacity and reliability of the service for his constituents.

The communication issues that Mr Crawford mentioned have been raised with ScotRail, and my officials and Transport Scotland will continue to raise them so that ScotRail improves its communication with the public.

I assure the member that we will continue to ensure that ScotRail and its partners are doing everything possible to improve the services that they offer to the travelling public. He can be assured that I will impress that on ScotRail when I meet it later this afternoon.

Colin Smyth (South Scotland) (Lab): The cabinet secretary will be aware that ScotRail has announced plans to scrap the popular kids go free scheme, under which up to two children can travel for free with an adult on Scotland's railways. Does he recognise that that short-sighted move will make our public transport less accessible and risk pricing families off our trains? Will he condemn the move by ScotRail's bosses and join me in signing Labour's petition to call on ScotRail to think again?

Michael Matheson: I will give signing the petition a miss, but I understand the concerns of the public, which the member described, about the removal of the kids go free promotion. That is a commercial product that it is in ScotRail's hands to choose to implement; it has chosen to change its arrangements. ScotRail has said that more tickets will be available for children to travel for £1 under the new scheme than have been available under the kids go free promotion.

As I said in response to Murdo Fraser, we do a considerable amount to cap price increases in Scotland. Because of the considerable investment that the Scottish Government puts into ScotRail,

the fare increase in Scotland is the lowest of any part of the UK.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I will add to the ScotRail list. I advise the cabinet secretary that I wrote to Alex Hynes because of increasing complaints from my constituents about overcrowding on the Borders railway in the Borders and Midlothian. That mostly happens in the rush hour, but it also occurs when the rugby is on at Murrayfield, which I would have thought could be anticipated. Even as I came into the chamber this afternoon, a constituent told me that the 11.30 from Tweedbank was cancelled because of a lack of crew.

Will the cabinet secretary draw those points to Alex Hynes's attention when they meet this afternoon? Will he ask Alex Hynes when there will be enough carriages on the Borders railway? I will follow through on the cancellation.

Michael Matheson: I am more than happy to raise that question with Alex Hynes when we meet this afternoon. I emphasise that the new Hitachi 385 rolling stock that is coming in will increase capacity on the rail lines, which will allow more seats to be available on the Borders railway, particularly at peak times.

Mark Ruskell (Mid Scotland and Fife) (Green): Last night, I hosted meetings in Dunblane and Bridge of Allan, where hundreds of my constituents were raging at the inconvenience that the timetable changes will cause them. Meanwhile, my constituents in Fife will see none of the promised improvements to evening services. Why have communities not been consulted about the new timetable? When will the promised new rolling stock be delivered on the Dunblane and Alloa lines? Why are communities in Fife being left behind again?

Michael Matheson: The timetabling matter, which Network Rail is taking forward, has been in process for the past two years and has involved a range of engagement across different parties and stakeholders.

As I said, the 385s are coming into service—some are in service, but additional ones are coming into service daily. The electrification of the line to Dunblane will allow the 385s to operate there, which will increase capacity to Dunblane. That will come into play with the timetable change on 9 December.

Richard Lyle (Uddingston and Bellshill) (SNP): I welcome the cabinet secretary's comments. What percentage of the recent delays have been Network Rail's responsibility? Will the cabinet secretary join me in calling on all parties in the chamber to campaign for Network Rail to be devolved to the Scottish Parliament?

Michael Matheson: There is absolutely no doubt that ScotRail's infrastructure has had a significant impact on its performance. Members have only to look at the figures for the most recent four-week period that has been recorded, which takes us up to 10 November, in which 59.5 per cent of delays on the ScotRail network related to Network Rail. That is unacceptably high.

I welcome the fact that, last week, the Office of Rail and Road decided to take action against Network Rail because of its poor performance and the impact that that is having on passenger services. There is no doubt in my mind that, in order to address such issues, we need to align more effectively the providers of both rolling stock and infrastructure. In Scotland, the best way of achieving that would be to devolve Network Rail so that it would be responsible and answerable to this Parliament.

Alexander Stewart (Mid Scotland and Fife) (Con): New timetable changes will put my constituents who use the Dunblane to Edinburgh and Dunblane to Glasgow routes at a real disadvantage, with the loss of peak-time trains. How can that be justified to hard-working commuters, who will eventually pay more in order to get less?

Michael Matheson: Alexander Stewart will be aware that in order to ensure that we can deliver on the enhancements that will be brought about by the new timetable across the country, changes are being made in areas such as Dunblane; a key part of that is to improve the infrastructure in that area. That is why the line has been electrified up to Dunblane. That is a significant investment, which will allow the new Hitachi 385s to operate on that line, increase capacity and provide greater resilience there.

Joan McAlpine (South Scotland) (SNP): The cabinet secretary will know that many commuters in my constituency rely on the TransPennine Express service from Lockerbie to the central belt. However, according to the latest performance data, two out of every three TransPennine trains on its Scotland route were either late or cancelled, and the trains that ran were overcrowded. Even short delays can be catastrophic, as many commuters need to make a ScotRail connection at Carstairs, which will not wait for delayed TransPennine trains.

I know that that service is regulated by the Department for Transport in London, but can the cabinet secretary do anything to persuade Chris Grayling to take action and to put a rocket under TransPennine?

Michael Matheson: I am aware of concerns around the performance of the TransPennine service. Its public performance measure is at

71.65 per cent for the latest period, which was from 14 October until 10 November. That shows a marked deterioration over the past year. The concerns that Joan McAlpine has raised are a matter for the Secretary of State for Transport and the Department for Transport in London but, of course, I will pass them on. Some of my constituents have also raised concerns about the reliability of that service and its poor punctuality.

Claire Baker (Mid Scotland and Fife) (Lab): In recent weeks, the rail service in Fife has been terrible; the reason given has been crew shortages. My constituents are losing confidence in Abellio ScotRail to deliver the service that Fife deserves and for which it is about to pay more. Does the cabinet secretary recognise that, just a few weeks ago, the chamber heard a debate in which the Government and back-bench Scottish National Party members told us that the service was fine? Does he agree that such poor performance cannot continue and that the contract with Abellio ScotRail should be broken as soon as possible?

Michael Matheson: I have recognised that the level of service that is being provided at present is not acceptable and that ScotRail and Network Rail need to take action to address the issues. The Donovan review set out a range of measures that will help to improve resilience in the Fife area. The new rolling stock that is coming in will allow a cascade of other stock to go out to the Fife lines. For example, where there are four carriages at peak times at present, that will increase to six. It will also increase capacity at off-peak times. The ScotRail Alliance has also given an undertaking to review the existing timetable to see how it can improve it further in future.

However, I have no doubt that the level of performance that passengers on the Fife line have experienced is not to the acceptable standard, which is why action needs to be taken to address such issues.

Jenny Gilruth (Mid Fife and Glenrothes) (SNP): When he meets ScotRail's representatives this afternoon, will the cabinet secretary request an update on the 4.34 pm ScotRail service from Edinburgh to Perth, which calls at Markinch, and which in September was reported as being Scotland's most overcrowded train, having just two carriages and running at 136 per cent of planned capacity?

Michael Matheson: I will ask ScotRail's representatives to provide Jenny Gilruth with that information.

Neil Findlay (Lothian) (Lab): Last week, on leaving Uphall station, a train left half the carriages and half the passengers at the station as the rest of the train sped off to Helensburgh. The situation

on the railway is rapidly becoming “Carry On ScotRail”, without any of the laughs. We have had delays, cancellations and rising fares, and now children are to be charged and trains are separating at stations. When is this shambles going to end?

Michael Matheson: I am sure that the member recognises that people who work in the ScotRail and Network Rail organisations work very hard to provide the best service possible. I fully recognise that.

The incident to which the member referred is being investigated by the ORR, because it came about as a result of technical failings in the train. There are failsafe systems that should have prevented that from occurring. We must await the outcome of the ORR’s investigation into the matter.

The Presiding Officer: I thank members and the minister for getting through so many questions.

Cairngorm Mountain Ltd

2. Rhoda Grant (Highlands and Islands (Lab): To ask the Scottish Government what action it is taking in response to Cairngorm Mountain Ltd entering administration. (S5T-01369)

The Cabinet Secretary for the Rural Economy (Fergus Ewing): The Scottish Government, under my direction as Cabinet Secretary for the Rural Economy, is doing everything possible to ensure that Cairn Gorm remains open for business. Highlands and Islands Enterprise is the lead agency, and it is working with administrators to achieve the optimal way ahead. We have lodged funds with the administrators to ensure that staff continue to be paid throughout the administration process.

Rhoda Grant: I welcome the fact that the staff, who are extremely concerned about their future employment prospects, will continue to be paid.

The community has in the past raised concerns about the running of the ski resort by Cairngorm Mountain Ltd, and it is keen to look at a community buy-out for the asset. Has the cabinet secretary spoken to the administrators about a community bid to take over the asset? Has he offered the community help to pull such a bid together?

Fergus Ewing: As I believe that the member knows, a funicular response group was set up by HIE to improve awareness and communication between the parties. The group, which is chaired by the convener of Highland Council, has community representatives on it. The members include the Aviemore and Glenmore Community Trust, the Aviemore Business Association, the Cairngorm Mountain Trust, the Cairngorms

Business Partnership, HIE and others. The objective—which, of course, we all share—is to ensure the continuance of skiing operations at Cairn Gorm, because that is central to the success of the economy in Aviemore, Badenoch and Strathspey.

We are working with the community to ensure the outcome that everybody wants. HIE and individual officers with whom I have worked closely over a long period are working extremely hard to ensure that that objective is successful.

Rhoda Grant: I urge the cabinet secretary to consider community ownership of the asset in question, which he agrees is of benefit to the whole of Badenoch and Strathspey.

Does Cairngorm Mountain owe HIE money, either as a result of financial assistance or depreciation of the asset while it was under the company’s management? If so, what steps are being taken to recoup that money?

Fergus Ewing: HIE will always seek to secure implementation of obligations owing to it and liabilities due to it. I am happy to provide Rhoda Grant with an assurance that we will continue to work with community representatives. That process has been going well. I am very pleased that HIE has made a signal investment of £1 million in snow-making technology and other apparatus, with the aim of ensuring that visitors can continue to enjoy Cairn Gorm this winter and that Scotland remains the attractive snow-sports destination that it is.

The Presiding Officer: For the cabinet secretary’s information, three members wish to ask supplementaries. We have gone a bit over, but we will see whether we can get through them all.

Edward Mountain (Highlands and Islands (Con): I thank the cabinet secretary for the prompt action that he has taken to preserve an important feature in Strathspey.

When the cabinet secretary looks at how to resolve the problems, I ask him to consider five asks. First, there should be an appropriate break clause in the new contract in the event that the new company fails to perform; there was no such clause in the contract with Cairngorm Mountain. Secondly, there should be a requirement for all relevant parties to maintain vehicle access to the mountain. Thirdly, a review of all the ski lifts is desperately needed. Fourthly, there should be a review of pedestrian access rights to the plateau for non-skiers. Finally, building on the fact that the local community is so important, the local community should form part of the board and have an active say in how the mountain will be managed.

Fergus Ewing: I am grateful for Mr Mountain's support and the cross-party approach that is being adopted on the issue, which is in line with the approach that is being taken locally with the funicular response group. I am happy to give an undertaking that all the points that are raised will be looked at.

A review of the uplift requirements has already been instructed and announced. That is in the public domain, and I will welcome the findings and a debate about the findings. There is tremendous knowledge and expertise within Badenoch and Strathspey, including a number of Olympians, some of whom are making a contribution to the debate.

The issue of access to the plateau is one that has been debated for a long time. Community involvement is something that of course we are keen on. Working together, I am hopeful that we can find a solution. The administration is time limited and will not continue for much longer. I can assure all members that both me and particularly the officials at HIE are working around the clock on the issue, because we are aware of the importance that it has to Badenoch and Strathspey and the local economy.

John Finnie (Highlands and Islands) (Green): Significant sums of money have gone into the location over the years and it is a shambles. The cabinet secretary will be aware that Audit Scotland has a role in considering whether public bodies have exercised due diligence and ensured that public moneys have been properly expended. Will the cabinet secretary call on Audit Scotland to do that in respect of HIE's role in Cairngorm Mountain?

Fergus Ewing: No, I will not do that. It is for Audit Scotland to make its decisions. Quite properly, it is entirely independent of Government. I do not think that course of action is relevant.

I am disappointed that the cross-party approach that seems to have been taken apparently does not extend to the Greens. [*Interruption.*] Calling things a shambles is unfortunate. What local residents wish and what the supporters of snow sports wish—and there is a huge number in Badenoch and Strathspey and around Scotland—is that we find the right practical solution.

I live in the area, and I have not met anyone who does not welcome the £1 million investment in the snow-making equipment. At the weekend, we saw that snow-making equipment in the Lecht allowed skiing to take place where there was no natural snow. That is a terrific thing—it is a game-changing technology.

We should all unite on this issue, and work together in what is a difficult and complex legal situation to find the best way through that allows

skiing and snow sports to continue this winter as much as they can, given the difficulties with the funicular. Is it surprising, given the climatic conditions in which the funicular operates and its age, that there are some issues? We are working hard to overcome the practicalities and I am happy to keep the main parties that support us informed about the progress that we make.

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Is the cabinet secretary aware that the success of winter sports in the Cairngorms and elsewhere in Scotland depends on people travelling significant distances? They will only do so if there is a certainty of snow.

I find that there is some irony in making a plea for additional snow on the Cairn Gorm and elsewhere. Will the cabinet secretary make sure that the prospective customers are aware that there will always be snow from this Government?

Fergus Ewing: I can do lots of things, but I leave it to the Lord Almighty to provide us with adequate supplies of snow.

Seriously, the snow-making equipment is game changing and has the potential to do what hitherto has been impossible: to provide certainty for individuals and families who wish to participate in the excellent opportunities for skiing and snow sports in Scotland.

It is game changing and has been tried and tested. It has been taken up on the Lecht, and I believe that it has been taken up or tried elsewhere, such as at Glencoe. For the past seven or eight years, I have been working with all the outdoor ski resorts—and Xscape, in Glasgow, which is a valuable feeder. As Mr Stevenson rightly has said, the snow-making equipment has the potential to move the success of our snow-sports resorts to a new dimension. We will certainly avail ourselves of that tremendous opportunity.

The Presiding Officer: I thank the cabinet secretaries and members for their forbearance. That concludes topical questions.

Thyroid and Adrenal Testing, Diagnosis and Treatment

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-14984, in the name of Johann Lamont, on the “Report on petition PE1463: Effective thyroid and adrenal testing, diagnosis and treatment”. I call Johann Lamont to speak to and move the motion on behalf of the Public Petitions Committee.

14:30

Johann Lamont (Glasgow) (Lab): The Public Petitions Committee has been considering PE1463 since 2012. I only recently became the convener of the committee, but it is my privilege to speak to the report, which contains the understanding that the committee has accumulated over a long period.

I acknowledge a number of people who assisted in the committee’s consideration of the petition, including the petitioners, Sandra Whyte, Marian Dyer and Lorraine Cleaver; the many individuals who took time to submit evidence to the committee, many of whom are struggling with the condition; and organisations such as the British Thyroid Association, Thyroid UK and the Society for Endocrinology, which provided oral and written evidence.

Thyroid disease is known to affect millions of people, predominantly women, throughout the world. The female-to-male ratio is up to 20:1, which makes the disorder predominantly, although not exclusively, a women’s disorder.

The petition is drafted in broad terms to cover all adrenal and thyroid disorders, but the petitioners explained in evidence to the committee that it is focused on a particular subset of hypothyroid patients. As the petitioners explained to the committee:

“By definition, primary hypothyroidism is a problem within the thyroid gland, but the condition that we are talking about is not within the thyroid gland. It is about the hormone that comes from the thyroid gland that becomes inactive.”

They told the committee:

“the condition that we are talking about”

is

“a conversion failure of the inactive T4 thyroid hormone to cross over into the active T3 hormone.”—[*Official Report, Public Petitions Committee*, 5 February 2013; c 1057, 1056.]

The Public Petitions Committee’s scrutiny has therefore focused on a subset of thyroid and adrenal diseases—that is, hypothyroidism—with a focus on patients who continue to experience

symptoms while undergoing the recommended standard treatment.

I will set the scene by providing some medical detail of the issues that were considered in the context of the petition. Hypothyroidism is a condition in which the thyroid gland produces insufficient amounts of thyroxine, a hormone that is important for regulating the body’s metabolism. A healthy thyroid gland normally produces the hormones triiodothyronine—or T3, which is much easier to say—and thyroxine, or T4. Low levels of thyroxine can result in symptoms such as tiredness, weight gain and depression.

Testing for hypothyroidism occurs mainly in primary care when patients present with symptoms. Once diagnosed, hypothyroidism is usually treated in primary care with a prescription of thyroxine, or T4, tablets—usually levothyroxine, which is the standard treatment. Levothyroxine is a thyroid medicine that replaces a hormone that is normally produced by the thyroid gland to regulate the body’s energy and metabolism. It is given when the thyroid does not produce enough of the hormone on its own. Patients then undergo monitoring, to ensure that their levels of thyroid stimulating hormone—TSH—and T4 are within normal limits.

Thyroid conditions can have a significant impact on the lives of the people in whom they are diagnosed. Although the majority of patients with hypothyroidism will get a diagnosis and be treated successfully through the standard treatment and testing regimes, that is not the case for a proportion of patients.

Elaine Smith (Central Scotland) (Lab): Does the convener acknowledge that even patients who are on the standard T4 treatment can have symptoms that they do not know are associated with the thyroid condition, which can be an issue?

Johann Lamont: The evidence suggests—as do constituents who have spoken to me—that there is, across the board, a fundamental lack of understanding of the impact of the condition on the people who suffer from it, on the part of not just people around the patients but the professionals.

The petition has raised the profile of that cohort of patients who either do not respond to the standard treatment or do not respond to the extent that they feel sufficiently well. The committee said in its report:

“It is important that these patients are believed when they report ongoing symptoms to clinicians.”

That is something to which I will return.

As I said, the condition that we are talking about was explained by one of the petitioners as

“a conversion failure of the inactive T4 thyroid hormone to cross over into the active T3 hormone.”

The petitioner continued:

“That does not happen in the thyroid gland at all. The Royal College of Physicians guidance seems only to cover people who can convert normally, and we agree with it that levothyroxine is the right treatment for those people. We do not convert normally.”—[*Official Report, Public Petitions Committee*, 5 February 2013; c 1056.]

The British Thyroid Association has acknowledged that some patients continue to experience ill health on standard treatment, and the committee welcomes that as a positive step forward in bringing the issue to the attention of clinicians in mainstream endocrinology.

I have referred to the majority of patients with hypothyroidism being diagnosed and treated successfully. The petition and the committee’s work also focused on diagnosis. A key concern of the petitioners is the recommended method of diagnosing and testing hypothyroid patients who do not respond well to standard treatment. The existing guidance recommends that, if a patient is not satisfied with their response to standard treatment, they

“should be thoroughly evaluated for other potentially modifiable conditions”.

According to the National Institute for Health and Care Excellence and the Royal College of Physicians, the starting point for diagnosing a patient with suspected hypothyroidism is to arrange blood tests for thyroid stimulating hormone, or TSH, and free thyroxine, or FT4. Thyroid UK told the committee:

“Part of the problem is that in some areas only a thyroid stimulating hormone test is done, whereas in others a free T4 test is done as well. It is very rare to get a free T3 test done.”—[*Official Report, Public Petitions Committee*, 1 October 2013; c 1676.]

The committee considered the consistency of testing practices across Scotland and, in particular, the issue of whether testing for T3 is required. The petitioners were of the view that it should be done as a matter of course. However, the committee heard from medical experts and the president of the British Thyroid Association, who do not currently support that view. The president of the British Thyroid Association said:

“It is very misleading to be thinking about measuring T3. I agree with Dr Toft that the optimal measurement for patients who are taking T4 and who have hypothyroidism should be the TSH and the T4. I do not think that there is a place at the moment for T3 because we do not understand enough about it.”

However, Dr Toft clarified his own view by saying:

“There is no reason why T3 should not, from time to time, be measured in patients who are being treated for an underactive thyroid gland.”—[*Official Report, Public Petitions Committee*, 1 October 2013; c 1680-1, 1678.]

The reference ranges that are used in some testing add to the potential confusion and the

mass of information that patients have to grapple with. In the course of forming a diagnosis, clinicians and laboratory biochemists rely on “typical reference ranges” for “normal” thyroids to interpret the results from blood tests. However, those ranges are only a guide and will often vary according to the laboratories, because different tests or methodologies might be used.

Some respondents were critical of the process by which the reference ranges are developed and their use in diagnosis. Thyroid Patient Advocacy has noted that different ranges are used in other countries, and its view is that the range that is used in the United Kingdom should be reviewed. The Royal College of Physicians noted in its guidance:

“We recognise that different methods used for testing blood can give differing results, and we support the international initiative for greater harmonisation of reference ranges and of the units used in expressing results.”

The committee recommended in its report that

“consideration should be given to moving towards the development of a single, national protocol for testing, along with an accompanying process for issuing consistent advice to primary care practitioners for use when considering and interpreting diagnostic tests for suspected hypothyroidism.”

I intend to offer only a short summary of treatment options, as I am keen to hear from other members about their experiences and possible treatments.

According to the British Thyroid Association, the standard treatment for hypothyroidism is synthetic T4, or levothyroxine. The standard treatment appears to work for most people because they can naturally metabolise T4 into T3, which is the active form of the hormone. However, the lead petitioner argues that some patients are not able to naturally metabolise T4 into T3 and that they continue to experience symptoms despite receiving the standard treatment. The petitioners contend that such patients should have access to alternative treatments such as T3 or natural desiccated thyroid.

The committee recognises the concerns that the petitioner has raised about the supply of T3 and notes that the licensing of medication is reserved but that the Government’s action has included discussing previous supply issues with the UK Department of Health and Social Care to monitor the supply of T3 in the UK.

In relation to the production and costs of T3, the committee understands that the market for that treatment in the UK is relatively small. For the majority of the period in which the petition has been under consideration, there has been only one licensed supplier of T3. However, the committee understands that two further licences were granted in the summer of 2017. Following

that development, the Scottish Government told the committee:

“The prices charged by the pharmaceutical companies for generic and branded drugs are generally competitive. However, where excessive costs on drugs are identified it would be for the independent Competition and Markets Authority to take appropriate action against those companies.”

We understand that the CMA is at an advanced stage of an investigation into the production and supply of T3.

Leaving aside the medical facts and the arguments for certain treatments, there is the issue of patients not being believed, which we have touched on before. The Public Petitions Committee considers a great many petitions that are linked to health issues, and a common and worrying theme that too often seems to emerge is that patients are not believed when they report symptoms. It is essential that the Government addresses that general experience and concern. I would be interested in that conversation with clinicians, as we are being told that, when people present with symptoms of whatever their condition is, they are not being believed and are being dismissed. That has compounded problems for people who have particular conditions.

I again thank the clerks, all the committee members and those who gave evidence on what is a complex but, for many people across our communities, a serious issue.

I move,

That the Parliament notes the conclusions in the Public Petitions Committee's 1st Report, 2018 (Session 5), *Report on Petition PE1463: Effective thyroid and adrenal testing, diagnosis and treatment* (SP Paper 301).

14:41

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): I thank the Public Petitions Committee for securing the debate, and the convener, Johann Lamont, for moving the motion.

I offer my personal thanks to the petitioner, Lorraine Cleaver, and to Elaine Smith, and I commend those who have shared their personal experiences throughout the work on the petition over a number of years.

The Scottish Government is committed to ensuring that everyone in Scotland who is living with thyroid and adrenal conditions is able to access the best possible care and support. The petition urges the Scottish Government to take action to ensure that GPs and endocrinologists are able to accurately diagnose thyroid and adrenal disorders and provide the most appropriate treatment.

The petitioner also asked for the inclusion of free tests for T3 and reverse T3 thyroid hormones, as well as tailored treatment consisting of either T4 alone, T4 in combination with T3, T3 alone or natural desiccated thyroid.

I will highlight some of the progress that has been made since the members' business debate on hypothyroidism last November. My predecessor, Aileen Campbell, met the petitioner and Elaine Smith MSP in February this year, when it was agreed that stronger communication and a consistent approach from GPs are important. Following that meeting, the deputy chief medical officer, Dr Gregor Smith, met representatives from NHS Education Scotland to discuss the development of an endocrine learning module for GPs, which would set out helpful steps to diagnosis and pathways of care for GPs.

In response to the committee's final report on the petition, which was published in March, the Scottish Government confirmed that the Scottish clinical biochemistry managed diagnostic network had agreed to review evidence in relation to variation in thyroid testing. I can now confirm that the network is in the process of developing a guideline, which I hope will be helpful. I am pleased that, through the hard work of the committee, Lab Tests Online-UK now also provides people with the relevant information about testing options.

The chief medical officer's specialty adviser for endocrinology is also leading work to support a consistent approach to specialist input across the country. That includes exciting work to develop an endocrine information technology system to support the modernisation of outpatient endocrine care and to facilitate clinical audit and research.

It is imperative that accurate guidance is available to all clinicians to ensure accurate thyroid diagnosis. The leading UK body for thyroid disorders, the British Thyroid Association, set out clear recommendations in its 2015 statement on the management of primary hypothyroidism. That statement was based on a current literature review of the published positions of the European Thyroid Association and American Thyroid Association. A number of expert bodies including the British Thyroid Foundation and the Royal College of Physicians endorsed the statement.

In 2016, NICE published its clinical knowledge summary on hypothyroidism. It is also developing a guideline on thyroid disease, with an expected publication date of November 2019. I appreciate that that is a year away, but it reflects the extensive and rigorous process of guideline development, which includes wide consultation across stakeholders including—importantly—people who are living with thyroid conditions.

With regard to treatment, the British Thyroid Association's position statement takes into account the wide-ranging international evidence base and concludes that T4 provides

"a safe, rational ... approach to the correction of hypothyroidism"

and that it improves the "physical and psychological well-being" of "the vast majority of patients".

However—this is an important point that the convener made—healthcare professionals should recognise that a small proportion of patients do not tolerate T4. In that instance, with the expert opinion of an endocrinologist, patients can be prescribed a combination of T4 and T3 or, indeed, T3 alone when they feel that is safe and effective.

Elaine Smith: I will come to this issue again in my own speech. Would the minister expect health boards to get in line with that approach and not stop people getting T3 or prevent their starting to take it?

Joe FitzPatrick: What people are experiencing on the ground is really important. The guidelines make it clear that, if T4 is not working for an individual, the endocrinologist is able to prescribe T3.

That brings me to the accessibility of T3. In 2017, the Scottish Government's effective prescribing programme board looked at medication for a wide range of conditions and at best practice in the management of hypothyroidism, concluding that there is currently insufficient clinical evidence of effectiveness to support the use of T3, either alone or in combination, as the first line of treatment of hypothyroidism. That reflects the current best practice that T4 is the preferred first-line treatment for the vast majority of patients. NHS boards were therefore asked to review the position of T3 in their formularies to ensure that T3 is initiated only on the advice of an endocrinologist, who is a specialist.

That review must be carried out in a person-centred manner, which means that face-to-face consultations are essential before any change is made. An assurance should be given that the individual can return to the original treatment if mutually agreed outcomes are not achieved. I am referring specifically to someone who is currently on T3. The Scottish Government is clear that an endocrinologist can prescribe T3 for an individual patient if their symptoms are not adequately controlled with T4. Nevertheless, I recognise Elaine Smith's point.

The diagnosis and management of hypothyroidism should also not rely solely on the results of biochemical tests, and it should take

account of the individual's circumstances, experiences and goals. That is in line with the realistic medicine approach, which emphasises that the making of decisions about an individual's healthcare should be focused on the individual and discussed and agreed between them, their family or carer and the clinician.

Time has rushed by. I have a few more points to make, which I may be able to cover in my closing remarks.

I thank the Public Petitions Committee for the huge amount of work that it has done. I also thank the petitioner, Sandra Whyte, and others in the public gallery, and Elaine Smith, who has put a huge amount of effort into this.

14:48

Brian Whittle (South Scotland) (Con): As Johann Lamont said, this particular petition has exercised the Public Petitions Committee for some time. I would like to thank the petitioner, Sandra Whyte, for lodging the petition and to mention the work that Elaine Smith has done over the period of the consideration of this petition and in keeping the committee in line.

In discussions about the disparity in healthcare provision, we regularly hear the term "postcode lottery". What became clear during the committee's investigation is that when it comes to the diagnosis and, in particular, the treatment of thyroid conditions, it is often not a question of postcode but of individual medical practitioners. While I recognise that the conventional T4-only treatment is successful in the majority of cases of hypothyroidism, I am concerned that when the conventional treatment is not effective, the options that are available to patients seem to be driven more by the individual opinions of treating physicians than by any clear guidance.

Both inside and outside the committee's investigation, I have had the opportunity to speak with a number of thyroid patients about their experiences. What struck me most was the vast range of experiences that they had, from those who received faultless treatment to some who are now having to pay for their own T3. To me, that level of inconsistency in treatment is a real cause for concern.

To give you an idea, I will read out a description that one hypothyroid patient gave me of their path through diagnosis and treatment. In their own words:

"T3 changed my life. It's as simple as that. At least, it should be as simple as that. But before T3 could change my life, I had to get it, and that was more difficult than I believe it should be.

Luck played an enormous role in my experience. Hypothyroidism is less common in men, so when I went to

see my GP suffering from depression, low energy and other symptoms, hypothyroidism was never really considered. That's why it was years of different ineffective medications, some with fairly unpleasant side effects, before I received a diagnosis. Even then, it was pure luck—a consultant looking into an unrelated issue ran a blood test that diagnosed me.

When I was put on T4, and ever-higher doses were having little or no effect, it was luck that my GP at the time suggested I ask my consultant about taking T3 as well. Then it was even more luck that my consultant was willing to try using T3. It was only later that I discovered he was the only consultant in that health board who would have prescribed it.

I understand that the medical profession has mixed views on the use of T3, but when there are so many people like me, who rely on it to function, it's unfair that so much is left to chance. T3 works for me. Most people with hypothyroidism may not need it, but that's not an argument to say it shouldn't be available to those who do.

When I was diagnosed with depression, I went through various different combinations of medications. When the most commonly effective combination didn't work, my GP knew they had other options and they tried them. When it comes to T3, the options are there, but it's up to the doctor to decide whether they're worth trying or not. That's simply wrong. The effectiveness of a treatment may always have an element of luck. Whether or not someone can get a prescription for a treatment shouldn't.

T3 changed everything for me. Without it, I don't believe I'd have the job, the friends or the life that I have now. Without it, I really don't know where I'd be. I hope Parliament can do more to ensure that it can change the lives of others."

That is by no means an isolated case in the evidence that we took. Although it is not our remit in this place to make any kind of medical recommendations, the pervasive inconsistency and lack of clarity shown by the healthcare profession on this issue cannot be allowed.

Because healthcare is not an exact science, there will always be differing opinions on treatment options. Our healthcare professionals are trained to make those decisions and, in the vast majority of cases, I assume that that is in line with what we would all expect. However, when the medical profession is so split on a treatment, especially for a condition that can have such a devastating effect on a person's quality of life, I think that it is incumbent on the Scottish Government and specifically the cabinet secretary to call for strong guidance to be given to healthcare professionals on the treatment of hypothyroidism, especially on when the prescription of T3 may be appropriate.

We cannot allow a situation where patients are left to order their own medicines—medicines that they know are making a difference and are making a significant contribution to their quality of life—to continue. We need a clear direction from the Scottish Government to the medical profession that guidance needs to be given to the front line where appropriate.

14:53

Elaine Smith (Central Scotland) (Lab): I have made many speeches in this chamber over 20 years but this is one of the most important. It is quite literally a matter of life and death, including my own.

I am not sure how I can address six years of evidence in around six minutes, but I must start by thanking the lead petitioner, Lorraine Cleaver, who resolutely stuck with the process during that time and who is in the public gallery, along with other thyroid sufferers.

I would also like to thank the convener of the committee, the committee members, the clerks, the Government and the many witnesses who gave evidence, including 50 who gave personal stories.

One of those stories is my own. I have Hashimoto's thyroiditis, which is an underactive thyroid. I started on T4 in my twenties, but I became very ill 10 years ago. I would have told my whole story today, but we are short of time, so I will just say that after I was wrongly diagnosed with ME, I managed to persuade my GP to refer me to Dr Anthony Toft, who put me on T3 and I came back from the dead. Many thyroid sufferers have similar stories—in fact, the story that Brian Whittle told is similar to my own—but many more sufferers are not here to tell their stories because, sadly, some have committed suicide and others have died of associated medical complications.

The diagnosis and treatment of what is primarily a women's health issue is, quite frankly, a scandal, and many are disbelieved by the medical profession. It is accepted that 5 to 10 per cent of patients do not do well on T4, although the real figure is thought to be much higher. Those people must be helped. As the convener pointed out, the Public Petitions Committee report concludes:

"It is important that these patients are believed when they report ongoing symptoms to clinicians."

It is also important that they get the right treatment. The Government's response to the committee's report recognises

"that stronger links of communication and consistency of approach between GPs, in both the diagnosis and ... referral ... could be developed."

The minister referred to that in his opening speech and also acknowledged

"that an endocrine learning module has ... been produced".

I think that Dr Gregor Smith is arranging for that to be reviewed and I am pleased that that is happening. The Government's response also says that it

"expects all clinicians to demonstrate a person centred approach".

That would certainly help because, again, as the Government response acknowledges, symptoms must be taken into account and not just test results. That is hugely important.

In *The Scotsman* recently, Dr Catherine Calderwood, the chief medical officer, said:

"I want us to move away from the 'doctor knows best' culture to ensure a more equal partnership with people."

However, shared decision making does not seem to apply at the moment to endocrine patients, because they are not told of all the available treatments and GPs are not working with them to reach the best treatment decisions. That is the reality.

Unfortunately, six years after the petition was lodged, the situation got worse, when T3 was withdrawn. When I first started to help with the petition, I thought that I was doing it for others and not myself, because I thought that my situation was sorted. However, due to the withdrawal of T3, and to the Scottish Government having admitted that the previous listening exercise did not meet its objectives, I wonder whether the Government would now consider undertaking a proper listening exercise to hear directly from thyroid sufferers here in Scotland. I put that to the minister.

It is appalling that thyroid patients have to buy natural desiccated thyroid hormone, or T3, from abroad, rather than just lie down and die, but many of the them do that because there is no other choice. The medical establishment is not listening to them. If I had had time, I would have addressed the issue of desiccated thyroid, which was a perfectly good treatment before synthetic thyroid was invented. People started using it around the 1980s and it is still widely used abroad, but I really have to limit my remarks to T3.

The Scottish Government's response on T3 is the most important aspect for those needing it to survive:

"The Scottish Government's position is that treatment for Hypothyroidism in Scotland should be consistent with the BTA guidance in relation to Liothyronine (T3) and clinicians in Scotland can prescribe T3 where it is safe and clinically appropriate, on the advice of a consultant in endocrinology."

The minister backed that up in his speech.

The most pressing, life-saving and immediate task for the Scottish Government is to instruct health boards that they cannot stop prescribing T3 to existing patients or stop new patients from accessing it. It is neither safe nor clinically appropriate for health boards to take patients who are functioning well on T3 off it and put them on T4. That is a death sentence. They are completely different medicines. The Medicines and Healthcare products Regulatory Agency says that

the products are not considered interchangeable and states:

"Levothyroxine and Liothyronine are not substitutes for each other."

In a letter dated 31 July to my colleague Lewis Macdonald MSP, who has given me permission to quote it, NHS Grampian says:

"No new patients should be prescribed ... T3 or Armour thyroid products regardless of the source of the recommendation."

That means regardless of the clinician. It goes on to say that

"patients currently prescribed ... T3 or Armour Thyroid should be reviewed by their GP and where possible switched to Levothyroxine therapy (T4)."

It claims that

"this advice is evidence based"

and

"reflects the view of the British Thyroid Association."

No, it is not, and no, it does not. There are peer-reviewed studies showing that T3 works and there are many patients like me who can bear witness to that. The BTA says:

"The BTA position statement on hypothyroidism should not be interpreted as a recommendation to not use Liothyronine or as an endorsement for its discontinuation."

Of course, when T3 cost very little, no NHS boards were stopping it.

What is the cost to human life, not to mention our economy, of taking women off their life-saving treatment? To put it in context, it is like taking insulin away from diabetics and no one would dream of doing that. It would be helpful if the Health and Sport Committee would consider undertaking a short inquiry into the issue, with direct evidence from the women who are taking T3 and the endocrinologists who are prescribing it. That would add to the work that the Public Petitions Committee has done.

The Parliamentary Under Secretary of State for Health, Lord O'Shaughnessy, recently commissioned evidence from thyroid organisations, including the British Thyroid Foundation and Thyroid UK. In that report, Professor Chatterjee, the BTA president, says:

"The current uncertainty, with liothyronine-treated individuals either being denied ongoing prescriptions or needing to source the treatment themselves at their own cost, seems very much against patients' interests."

The report also shows that prescriptions for T3 have fallen most dramatically in areas where the levels of deprivation are greatest, therefore the poorest patients are being hit the hardest.

Every MSP in the chamber will have constituents or relatives who have a thyroid

disorder and who are being badly let down by our health service. I hope that the Government can stop the harm that is being done to those people.

In conclusion, I remind those in the chamber that hypothyroidism affects 2 per cent of the population and that 95 per cent of sufferers are women. Therefore, it is a huge issue of gender discrimination. Most clinicians are men, which led thyroid patient, Clare Pullar, to say that it is

“a male-dominated profession actively silencing a female-dominated patient group.”

That group of women will no longer be silenced and, as their representatives, we must listen and act on their behalf. On behalf of Scottish Labour, I say that we are on the side of patients—mainly women—who are suffering and dying due to the scandal of thyroid diagnosis and treatment in this country. This debate, the Public Petitions Committee’s report and the Government’s response to that report should be a start in getting thyroid justice for them.

The Presiding Officer: Thank you. We turn now to the open debate.

15:00

David Torrance (Kirkcaldy) (SNP): I am extremely pleased to have the opportunity to speak today, because I was on the Public Petitions Committee when the petition was lodged in 2012. Since then, an extraordinary amount of time and work have been contributed to consideration of the petition, which allowed the committee to reach its conclusions and to make recommendations.

Thanks must be given to the petitioners—Sandra Whyte, Marian Dyer and Lorraine Cleaver—to my colleague Elaine Smith MSP, to the committee clerks and to the witnesses who took time to give evidence to the committee. Only by listening to the voices of people whose lives have been affected can we begin to learn and understand the challenges that must be tackled.

Hypothyroidism is a lifelong and debilitating chronic health condition that can, if it is undiagnosed or misdiagnosed, cause much greater health problems including high cholesterol, carpal tunnel syndrome, hearing loss and cardiac issues. Therefore, timely diagnosis and provision of appropriate treatment are vital.

The evidence that was presented to the committee showed that many people—mostly women—have endured many years of suffering due to prescribing of the wrong medication or misdiagnosis. Around 4.5 million people in the UK have thyroid problems, and it is a condition that disproportionately affects women—20 in every 1,000 women, compared with one in every 1,000

men. The condition is most common in women who are aged between 40 and 50, which can contribute to tell-tale symptoms being missed or simply ignored because they are wrongly attributed to the menopause.

It is important to note that most cases are diagnosed and treated successfully. However, for those that are not, the consequences can be life changing; they can cause untold misery and detrimentally affect family life and personal relationships. It is now widely understood that it can be problematic for general practitioners and endocrinologists to diagnose accurately and treat hypothyroidism, due to the often vague and non-specific nature of the symptoms that are described by patients. GPs and endocrinologists are faced with making decisions on management of patients who display few or no clinical signs of thyroid dysfunction, but return abnormal tests.

An estimated 2 million people are believed to have undiagnosed thyroid problems. Therefore, the case for consistent and effective testing, diagnosis and treatment of thyroid disease and adrenal disorders is clear. The process must be reliable and must ensure that GPs and endocrinologists are given the best possible support to allow them to provide dependable treatment.

Some harrowing accounts have been brought to light as a direct result of the petition, and those personal stories have provided greater awareness and understanding of the issue. It has been shocking to learn that some patients have suffered symptoms for many years and that their condition has gone untreated, either due to the absence of a diagnosis, or because the patient belongs to the subset of hypothyroidism patients who do not respond to the standard treatment. It is crucial to have a better understanding of the issue and clear diagnostic guidelines in order to prevent the needless suffering of any more people.

The very personal stories illustrate the adverse effects that misdiagnosis or ineffective treatment can have. The condition being untreated has frequently plunged people into extreme despair, which has resulted in inability to participate in everyday life and has often acted as a barrier to employment. Such things serve only to intensify an already miserable situation and to compound it with financial uncertainty and additional stress. The importance of the increase in general awareness of the guidelines, and developments in professional guidance and public information since the petition was lodged in 2012 cannot be overstated.

I highlight the National Institute for Health and Clinical Excellence’s clinical knowledge summary on hypothyroidism, which is in line with both the British Thyroid Association position statement and

guidelines of the Royal College of Physicians. I welcome its work to develop new guidelines on assessment and management of thyroid disease, which is due for completion by 2019. I also welcome the Scottish Government's commitment to improve diagnosis and access to appropriate treatments for thyroid disorders.

Debates such as this are extremely important in helping to raise awareness and improve people's understanding of such complex issues. I once again offer my heartfelt thanks to everyone who has contributed to the process since 2012, and allowed us to reach where we are today.

I welcome the continuation of discussions on development of future clinical guidance and public policy, and I look forward to further consideration being given to development of a single national protocol for testing. [*Applause.*]

The Deputy Presiding Officer (Christine Grahame): I remind people in the gallery that we do not permit applause in the public area. Thank you very much.

15:06

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): I thank Sandra Whyte for highlighting the importance of thyroid-related conditions and for working so hard to get us to this point. I also thank Elaine Smith MSP for her hard work and for bringing her story to Parliament. Consideration of the petition has spanned nearly six years. In that time, a significant range and volume of evidence has been gathered, by way of submissions and oral evidence to the committee. I thank those who have made such valuable contributions.

According to the NHS website, thyroid underactivity in the UK affects 15 in every 1,000 women and one in 1,000 men. Although most sufferers are diagnosed effectively, many people live with the mental and physical problems that arise from being undiagnosed. Back in December 2012, petition PE1463 called on Parliament to urge the Scottish Government to take action to ensure that GPs and endocrinologists are able to diagnose thyroid and adrenal disorders accurately, and to provide the most appropriate treatment. Many years later, we are still learning of people who live with thyroid conditions and are still negatively impacted daily.

This morning, I spoke to a friend from my constituency who is a GP who told me how hard it is to diagnose thyroid conditions because they can mimic other conditions. The petition highlighted four main concerns about the need for tests for free T3 and reverse T3 thyroid hormones; for medical professionals to acknowledge the existence of adrenal insufficiency; and for the

adrenal stress index test to be incorporated in NHS thyroid-testing procedures. There are lots of big words to use today. I am eating my own tongue trying to say them so I apologise for that.

Moreover, the petition called on medical professionals to acknowledge and take account of variations in individual biochemistry and to tailor treatment accordingly. We have heard a lot of members speak about that. Treatment might consist primarily of T4 only, T4/T3, T3 only or natural desiccated thyroid. The petition raised concerns that NHS procedures do not include testing of autoimmune status, minerals, enzymes or vitamins.

I will speak about the experiences of people with thyroid conditions. People live day in and day out with thyroid conditions. Their experiences of living with them range from weight gain to lethargy and depression. I am grateful to all the brave people who contributed to the committee's evidence sessions by telling their stories.

In *The Daily Telegraph* yesterday, I read about a remarkable woman, Fiona McGowan, who lives with hypothyroidism. She realised that she was putting on weight and blamed her mother's death, despite living a very healthy and active lifestyle. Eventually, a nutritionist realised that she had an endocrine issue. Although she then obtained the correct medicine to help to treat her condition, the price of her medication became an issue. People self-medicate and purchase medicines on the internet from other countries, due to high costs and lack of availability in this country.

We know from today's speeches and from accounts of people with thyroid conditions that the problems have significant impacts on peoples' lives. Elaine Smith's suggestion that the Health and Sport Committee conduct an inquiry and take evidence from such people is a great idea.

Although the majority of patients with thyroid conditions are diagnosed and treated successfully, that is not the case for a proportion of patients. Members must support them, and the Scottish Government must take note of the issues. A review is needed into how professionals deal with thyroid conditions, whether through guidelines that are developed by independent experts, including health authorities and clinical bodies, or through peer-reviewed research on patient treatment.

Although I acknowledge that the licensing of medication is reserved, better dialogue would be beneficial in ensuring that T3 supply issues are dealt with in order to avoid increases in the cost of medicines, which ultimately lead to people making internet purchases. I look forward to the Scottish Government supporting sufferers, and I again thank everybody who contributed.

15:10

Jackie Baillie (Dumbarton) (Lab): It has been more than a year since we last debated access to T3 for people who suffer from thyroid conditions. That begs the question: what has changed? I fear that all the changes that have been described are not matched by reality. I welcome the opportunity that has been given to members by the Public Petitions Committee bringing the subject to Parliament for debate once again, because the problem has not yet been fixed.

As Elaine Smith said, the problem is an issue of women's health equality. Some 3 million people in the UK suffer from a thyroid problem: 95 per cent of them are women. Hypothyroidism is a crippling illness. Many people are being failed by poor diagnosis and poor treatment, and some are left with no diagnosis and no treatment at all.

On average, patients in the UK wait three times longer for treatment than patients in the United States, and because the condition progresses slowly, it can be many months, if not years, before treatment begins. T4 is the standard treatment for patients, although some patients get no benefit from T4 at all, but thrive on T3. There is no clinical reason for not prescribing T3: it is simply a matter of cost.

I have no doubt that the drug company that is responsible for the manufacture of T3—Concordia International—is engaged in excessive profiteering. The Competition and Markets Authority found that Concordia had abused its dominant position by increasing the charge to the NHS by 6,000 per cent in the last decade. Concordia should be ashamed.

When we last debated the subject, the cost of 100 T3 tablets in the UK could be as much as £900. In Turkey, they cost the equivalent of £1.25 and in Greece, they cost the equivalent of £3.24. That is a shocking difference. I know that the pricing of medicines is reserved, but it has been more than two years since the Competition and Markets Authority expressed that view. We still do not have a final decision and little has changed on the ground.

As we have heard from numerous members, there are very real and serious physical and mental health challenges for women who cannot access T3. However, despite that knowledge, as well as guidance from the Scottish Government, health boards are withdrawing T3 because of the cost. There is little regard for the consequences for individuals: that is simply not good enough. I want to know, in practical terms, what the Scottish Government will do now.

When we last debated the issue, I spoke about a constituent who was on a combination of T4 and T3. She is watching the debate from the gallery.

She has a genetic condition that makes T4 largely ineffective. Her consultant knew that, but tried to increase the dose of T4, although there was no clinical reason for doing so. Her condition worsened and she had to give up her job as a university lecturer. After a long fight, she is now on T3, but her consultant is trying to reduce the dosage. Again, the decision is based on cost, rather than on clinical need.

The cabinet secretary is aware of all that, because I wrote to her about it, just as I wrote to her predecessor. In a rather formulaic response, she said that it is a matter for health boards. That is an abdication of responsibility. How can it be right that people in the NHS Grampian area cannot get T3, but people in the NHS Greater Glasgow and Clyde area can? Where is the fairness and equity in that? I am sure that the minister is not suggesting that women should move to another health board area, or perhaps book a flight to Turkey or Greece. Although it would be ludicrous, it would undoubtedly be cheaper to prescribe T3 with a dose of sunshine.

The minister set out some actions that are being taken, but what he set out is not matched by experience on the ground. The Scottish Government cannot stand by and watch health boards do their own thing. Will the minister write to health boards this week to tell them to allow T3 to be prescribed? Will he monitor what happens afterwards? It is not enough to issue guidance and hope that the health boards follow it. The minister needs to be robust.

The NHS was founded on the principles of meeting everyone's needs, being free at the point of delivery, and being based on clinical need and not the ability to pay. It is time for the Scottish Government to deliver on those principles and to stop presiding over the postcode lottery in care, which has such dreadful consequences for the women who are affected.

15:15

David Stewart (Highlands and Islands) (Lab): This has been an excellent and well-informed debate. I thank the Public Petitions Committee for its hard work. I particularly acknowledge the contribution of Elaine Smith; she has been a fantastic campaigner and has made a huge difference in the campaign. I warmly thank the campaigners in the gallery for their courage, patience and dedication. They should be applauded for the hard work that they have done over many years. [*Applause.*]

I was pleased to be the convener of the Public Petitions Committee when the petition was first received. I notice that there are a couple of survivors from those days here, in the shape of

Angus MacDonald and David Torrance, who were involved in the evidence sessions. Some people might feel that the subject is very technical—undoubtedly, it is—but the key issue is crucial, particularly for women’s health. As Jackie Baillie said, 95 per cent of the people who are affected are women. As Elaine Smith said, given that at least 2 per cent of the population suffer from thyroid disease, it is clear that many parliamentary colleagues and their neighbours, friends and constituents will be in that patient cohort.

It is obvious from the evidence and the report that thyroid diagnosis and treatment have lagged behind other areas of endocrinology, for example diabetes. Specialists cover conditions including metabolic disorders, some cancers and excessive or insufficient production of hormones. As other members have found, it is interesting to quote the British Thyroid Association, which has expressed concern about patients being taken off T3 due to cost rather than clinical need. I will quote the association’s words in its guidelines of December 2016:

“The BTA Executive Committee have been made aware of recent difficulties encountered by patients in obtaining Liothyronine (L-T3). In some instances, patients who have long been established on L-T3 have had their treatment abruptly withdrawn and some clinicians have received requests from local health authorities to switch patients from L-T3 to levothyroxine (L-T4). We are concerned that these actions are driven by cost considerations rather than clinical need and that the BTA position statement on the management of hypothyroidism is being inappropriately cited to support these requests.”

In its response to the committee, the Scottish Government has made it clear that T3 prescribing must continue. It said:

“The Scottish Government’s position is that the treatment should be consistent with the BTA guidance in relation to Liothyronine (T3)”.

However, as Jackie Baillie suggested, when the minister winds up, could he make it very clear that, where appropriate, there should be no postcode lottery and that patients wherever should be able to get necessary medications. That is vital.

When I was convener of the Public Petitions Committee during consideration of the petition, a dossier of more than 50 patients with different stories was issued to us. I do not have time to do them all justice, but I will quote one—Lee-Anne—who said:

“Prior to my diagnosis, I was slipping into such a black hole, reacting very badly to antidepressants, which caused panic attacks, full-body spasms, insomnia, clenching jaw, suicidal thoughts and the list goes on. When I reported this reaction to my GP, her answer was to double the dose.”

In summary, I acknowledge the fantastic work of the Public Petitions Committee, which shows the innovative role that it can play in Parliament. I thank the committee and the campaigners for their

sterling work. As a member of the Health and Sport Committee—I cannot speak for the rest of the members—I support a full inquiry by the Health and Sport Committee. My colleagues on the committee and in the chamber might wish to support me in that.

15:19

Miles Briggs (Lothian) (Con): I, too, think that it is important that we pay tribute to the petitioners and thank the Public Petitions Committee for giving Parliament the opportunity to again debate this important issue. It is particularly important to pay tribute to Lorraine Cleaver for her relentless campaigning on the issue, as well as to past and present members of the committee for their work since 2012 to highlight the serious concerns about the quality of patient care for and treatment of hypothyroidism.

It is also important to note Elaine Smith’s personal interest and consistent work in the Parliament on this issue. It is important that we take up the concerns of individual constituents, but the passion that Elaine Smith has brought to the issue, and to all members across the political spectrum, is important to highlight, too.

As other members have done, I welcome and commend the work of the British Thyroid Foundation, which provides advice and support to people with thyroid conditions throughout the UK. A number of my constituents asked me to make that point.

Hypothyroidism affects hundreds of people in every constituency in Scotland, and they have been waiting too long for action. As David Torrance and Rachael Hamilton mentioned, the risk of initial misdiagnosis can be significant, because some of the common symptoms mirror those of numerous other conditions.

The petition urged the Scottish Government

“to take action to ensure GPs ... are able to accurately diagnose thyroid and adrenal disorders and provide the most appropriate”

care. We all share that aim, but as Jackie Baillie has stated, I do not think that we have seen enough action and the progress that is needed.

Early access to accurate blood tests is vital, and I welcome the minister’s points about the report. It is important that that is taken forward. The lack of specific and formal Scottish guidelines on the diagnosis and management of hypothyroidism is a key issue that was raised by many patients ahead of the members’ business debate and this debate. Indeed, I received emails from constituents on the issue ahead of this debate.

I welcome what the minister said about the development of care pathways, but we need to

see the timescales for that and hold the minister to his word on what the Scottish Government has said that it will do.

I will touch on the cost of drugs, which was mentioned by the committee convener and Jackie Baillie. The Competition and Markets Authority's work on the cost to the NHS is important. Where companies have been found to breach competition law, the NHS should seek damages and invest that money in patient care and front-line services. Most recently, the manufacturer Concordia has been provisionally found to have abused its position in order to overcharge our NHS. Where companies have been conclusively found to have breached competition law, the Government should seek damages and invest that money in our NHS.

Elaine Smith: Will the member take an intervention?

The Deputy Presiding Officer: The member is in his last minute. If he does not mind losing a little time, he can give way.

Miles Briggs: Okay.

Elaine Smith: Unfortunately, although two other companies produce the drug, the price is not coming down.

Miles Briggs: I note that point. Given that I have 30 seconds left, we will perhaps discuss that outside the chamber.

I support Elaine Smith's important ask that the Health and Sport Committee undertake a short inquiry. It would be important to use that to follow up the conclusions and recommendations in the Public Petitions Committee's report.

Today's debate is an important step forward, and the Public Petitions Committee has been helpful in moving the debate forward. For the sake of all the people whom we represent, we must see real progress on the implementation of the recommendations.

15:23

Joe FitzPatrick: I am very grateful to members who have shared their experiences this afternoon, and I appreciate the work that members have put into advancing the issue on behalf of their constituents.

The Scottish Government has striven, and will continue to strive, to ensure that everyone in Scotland who is living with thyroid and adrenal conditions can access the best possible care and support.

I acknowledge the passion that we have heard from across the chamber as members have made their points. Everyone here recognises that T4 is not an appropriate treatment for a small minority of

people. For those people, I understand, particularly from hearing the personal accounts that members have given and from reading the accounts that have been submitted as part of the petition, that the journey to diagnosis and then to treatment is sometimes longer than we would expect.

We must ensure that people receive the timeliest diagnosis and correct treatment. In line with our realistic medicine approach, all discussions should be about an individual's health and care. The focus should be on the individual and matters should be discussed and agreed with them by their clinician.

It is unfortunate that, in some cases, there has been miscommunication about prescribing T3. As we heard from Rachael Hamilton and Brian Whittle, that has led to some patients buying medication, such as NDT, online. We want patients to access safe treatment options, so we urge them to discuss options with their healthcare professional. Patient safety is paramount.

Miles Briggs: In the debate, the useful point has been made that there is a postcode lottery across Scotland. As Jackie Baillie suggested, will the minister commit to writing to all health boards to ensure that the guidance is being followed?

Joe FitzPatrick: I will come to that point.

I re-emphasise that the Scottish Government's position is that T3 can be prescribed by an endocrinologist if it is considered to be the safest and most effective course of treatment for an individual. Elaine Smith and Jackie Baillie raised that point—Elaine Smith asked whether I would instruct health boards, and Jackie Baillie got to the form of words that ministers need to use. I absolutely will write to health boards to confirm that patients who need access to T3 under an endocrinologist can obtain it. That is important.

Jackie Baillie: I very much welcome the minister's confirmation, but will he monitor whether boards pay attention to him?

Joe FitzPatrick: I suspect that, if boards are not paying attention to me, many members will ensure that I am aware of that. If people cannot access the treatment that we all think and their endocrinologist says that they should get, I ask members to please write to me. We will chase that up, because some of the stories and experiences that we have heard about are unacceptable.

As Rachael Hamilton and Johann Lamont said, the pricing of medicines is reserved to the UK Government. Scottish Government officials have worked with the Department of Health and Social Care in preparation for introduction of the UK-wide Health Service Medical Supplies (Costs) Act, which received royal assent in April 2017. The act

sets out a range of measures to control the cost of drugs, including a power to limit the price of unbranded medicines—generics—when competition in the market fails and companies charge the NHS unreasonably high prices. Jackie Baillie made a good point about one example of that.

We will continue to liaise with our counterparts at the Department of Health and Social Care on those issues when Scotland's interests are affected. I urge anyone who is unhappy with their prescribed treatment to talk to the healthcare practitioner who is responsible for their care.

In my opening speech, I did not manage to cover research, which has been raised. The Scottish Government's chief scientist office is responsible for funding high-quality research projects to build capacity in the NHS and ensure that research in the NHS is carried out to a high standard. The chief scientist would welcome applications for research projects that are aimed at the management of hypothyroidism, which would be subject to the same independent rigorous review as other applications are. We would look to academic institutions to lead on well-designed research to address the evidence gaps, particularly on whether co-prescribing of T3 and T4 might be helpful. I understand that the endocrinology community in Scotland would be happy to consider and assist with such proposals.

It is clear that we can still work to improve some areas, but I hope that this short debate and the Government's response to the petition have shown people that the Government sees the subject as important. We very much appreciate the work that the committee, the petitioner—Lorraine Cleaver—and those who are in the public gallery have done to get us to this point. We will continue to work together across the Government and health and social care services to make the difference that we all want for people who are impacted by thyroid conditions.

The Deputy Presiding Officer: I call Angus MacDonald to close the debate on behalf of the committee. You have a tight seven minutes, Mr MacDonald.

15:29

Angus MacDonald (Falkirk East) (SNP): When the Parliament last debated this issue, and the petition, in Elaine Smith's members' business debate, I gave her an assurance that the Public Petitions Committee would bring the subject back to the chamber to allow it to be debated more widely. I am pleased that we have been able to honour that commitment, albeit with a shorter time slot than some would have preferred.

I am also pleased that, thanks to your generosity, Presiding Officer, we have heard more about the issue from Elaine Smith than would normally be the case in a debate of this length. It was right that we did so, given the strong interest in and backing for the petition that Ms Smith has shown from day 1. In fact, as I said in the previous debate, I, too, have followed the petition from day 1, having been a member of the committee since 2012. As we have heard, although the petition was drafted in broad terms, it focused on hypothyroidism and patients who continue to experience symptoms when undergoing the recommended standard treatment.

The issue is clearly complex, and the committee has rightly taken its time to explore it and to examine all sides of the arguments that have been put before us. It is clear that while there is no one-size-fits-all solution, there is the chance to listen to patients' experiences as well as to introduce a clear single protocol for the whole of Scotland. I am pleased to hear from the minister that the Scottish Government is committed to improving diagnosis and access to appropriate treatments for thyroid disorders. It is good to know that the chief medical officer's speciality adviser for endocrinology is leading work to support a consistent approach to specialist input across Scotland.

Before I go any further, I thank all members who have taken part in the debate. We have had informed and passionate contributions from everyone who contributed—not least from Elaine Smith, who, as I mentioned earlier, knows and understands the complexities of the issue inside out. There were salient contributions from others, too. Brian Whittle highlighted a situation that he likened to a postcode lottery. He spoke of the differences in patients' experiences of diagnosis depending on who had undertaken them, and highlighted the case of a patient in his constituency who had been lucky enough to be prescribed T3. David Torrance highlighted the need for effective testing and clear diagnostic guidelines.

Elaine Smith told us of her own heartfelt experience and highlighted the intervention of Dr Toft, from whom the committee was pleased to take evidence in its consideration of the petition. Ms Smith also rightly highlighted the ludicrous situation in which patients have to source desiccated thyroid from abroad. Rachael Hamilton highlighted concerns regarding the various types of treatment and the lack of proper diagnosis, leading to self-medication. Most speakers, including David Stewart, raised the issue of there being a fundamental lack of understanding by many GPs.

Jackie Baillie brought to our attention the fact that, a year down the line since our last debate, the problem has still not been fixed. I share her frustration, as I am sure do all members of the committee, along with the petitioners. Ms Baillie also highlighted the scandal of Concordia's charges and the postcode lottery regarding diagnosis. David Stewart, too, sought an end to the postcode lottery and supported calls for a full inquiry by the Health and Sport Committee. Miles Briggs joined the calls for early diagnosis and highlighted the cost of drugs, especially through Concordia. However, there was welcome clarification from Elaine Smith that costs are coming down.

Of course, the minister's commitment to contact health boards regarding the supply of T3 is extremely welcome. The Public Petitions Committee is aware that the then Minister for Public Health and Sport met Elaine Smith and the petitioner Lorraine Cleaver in March of this year, which was shortly before the committee published its report on the issues raised in the petition, and it has been extremely helpful to hear the views of the current minister today.

Throughout consideration of the petition, it has been very clear to the committee that clinicians have an important independent role in diagnosing and treating patients. In performing that duty, they are guided by evidence-based guidelines, which have been developed by independent experts and are informed by the available peer-reviewed research on patient treatment. The committee welcomes the fact that the profile raising that has been brought about by the petition appears to have been influential in key sources of clinical guidance being produced or updated by professional bodies and national health authorities. The Scottish Government has acknowledged that work in raising awareness of hypothyroidism and the challenges that are experienced by patients, and the influence that those have brought to the additional sources of guidance that have been produced during the life of the petition.

The committee welcomes the minister's confirmation that NICE intends to develop a guideline on thyroid disease, with publication expected in November 2019. It hopes very much that the petitioners and others with an interest in the petition will engage in the development of such a guideline.

We also welcome the work that is being done to develop stronger links between GPs on communication and consistency of approach in the diagnosis and primary care referral of people with thyroid conditions, and we note that the deputy chief medical officer met representatives from NHS Education for Scotland to develop an

endocrine learning module for GPs. That development is very welcome indeed. The committee understands that the chief medical officer's speciality adviser on endocrinology, whom I mentioned earlier, has been asked to review that in light of the issues raised through the petition.

Although there seems to be an acknowledgement that the standard treatment is not a one-size-fits-all and does not work for everyone, the convener touched on the fact that, too often when the committee considers a health-related petition, a theme that seems to emerge is that patients are often not listened to. That must change, which is why, in the committee's view, better means of capturing patient experience need to be developed so that clinicians can deliver the Scottish Government's aim of promoting realistic medicine that ensures that the most appropriate treatment is given to patients. That is why the committee has recommended that the Scottish Government should develop guidance for listening exercises to ensure that they are designed in an impactful way.

Listening exercises should also be designed to capture anecdotal evidence in a way that can meaningfully inform the development of future clinical studies, clinical guidance and public policy. In that regard, the committee was pleased about the fact that, in its written response to the committee's report, the Scottish Government said that it was encouraging anyone with an interest in thyroid conditions to engage in the development of the NICE guideline.

The committee recognises that there are differing views on the evidential basis for the current system of diagnosis, testing and treatment and the changes that are called for in the petition, and we recognise that discussions about those differing views will, and should, continue.

On behalf of the committee, I thank the petitioners for raising this important topic, and I thank all the public bodies, clinical representatives and thyroid patient representatives who have engaged with the committee in its consideration of the petition.

Elaine Smith: On a point of order, Presiding Officer. I think that the deputy convener might have misheard me, because I said earlier that the price does not seem to have come down at all. It is important to set the record straight on that point.

The Deputy Presiding Officer: As a former Deputy Presiding Officer, Elaine Smith knows that that is not a point of order, but I will let it pass—I am in a good mood.

Veterans

The Deputy Presiding Officer (Christine Grahame): The next item of business is a debate on motion S5M-15016, in the name of Graeme Dey, on a strategy for our veterans: taking it forward in Scotland.

15:38

The Minister for Parliamentary Business and Veterans (Graeme Dey): I am pleased to open this afternoon's debate, in which we will consider how we support our armed forces and veterans community in Scotland. I advise the chamber that it is my intention to accept all three amendments.

Just over a month ago, my colleague the Minister for Mental Health and I jointly facilitated a debate to update the chamber on the Government's response to the latest report from the Scottish veterans commissioner and to explore a number of other issues. Many members who are here today took part in that debate, in which they shared their connections with the armed forces, personal reflections from their constituencies and views on the support available. It was evident that there continues to be a widespread commitment from across the chamber to improving support. A number of helpful ideas were aired, and I hope that today's debate will be similarly constructive.

Since that debate, we have marked the centenary of the first world war armistice. I had the honour of representing the Scottish Government at several events, including the opening of the Edinburgh garden of remembrance, Glasgow's service of remembrance and the festival of remembrance in Dundee. It was humbling to see so many people attend the laying of wreaths to pay their respects; the ceremonies will live long in my memory. Colleagues across the chamber will have seen similarly touching events in their own areas.

Having had that period of remembrance, we now turn to the future. We should rightly be proud of our long history of support here in Scotland in the face of changing demand and better understanding of the needs of our veterans and their families. It is time to take stock, consider how we best respond to the changed landscape and then act.

Last month, therefore, I was pleased to launch the UK-wide "Strategy for our Veterans" alongside ministers from the United Kingdom and Welsh Governments and representatives from Northern Ireland. The strategy was developed jointly across all four home nations, and represents a fully collaborative approach to achieving what is best for our veterans across the whole of the UK.

While the strategy is overarching and in some regards requires collaborative working between Governments, there is scope to tailor services to meet specific requirements in each of the nations. It sets out that we expect to see a change in demographics. Over the next 10 years, we are likely to see a generational shift in the veterans community, which will be as relevant in Scotland as it is elsewhere in the UK. That will change how we need to focus our efforts, and to that end the planned inclusion of a question on veterans in the 2021 census will be key. Today, nearly half the veterans in the UK are more than 75 years old. However, we also have cohorts of veterans who have served more recently and have different needs and expectations.

The strategy therefore sets out the vision and principles that will focus our support for all veterans over the 10 years to 2028 and beyond. It aims to make sure that

"Those who have served in the UK Armed Forces, and their families, transition smoothly back into civilian life and contribute fully to a society that understands and values what they have done and what they have to offer."

Further, the strategy looks to fully recognise veterans as assets to our communities, enabling them to maximise their potential as civilians and making sure the right support is available to meet their needs. It assesses the barriers to and opportunities for providing support to each veteran, including improved collaboration between organisations and better co-ordination of services. Those are aims and aspirations on which I think that we can all agree.

The key thing now is how we take the strategy forward in Scotland. As many of the services accessed by veterans here are devolved, the Scottish Government is running its own consultation on the veterans strategy. We will consult key stakeholders and representative groups of veterans across the six themes of the strategy: community and relationships, which includes looking at social isolation and loneliness; employment, education and skills; finance and debt; health and wellbeing; making a home in civilian society; and veterans and the law. The consultation will run until February 2019, alongside the UK Government's public consultation, which is open to all veterans, including those in Scotland.

In my relatively short time as minister for veterans, I have already learned that veterans and the organisations that represent them are not slow to let us know what they think. That is extremely valuable and I welcome it, particularly where the feedback is about making improvements. If we are to develop services for veterans, we need to know from those at the sharp end where our policies and processes, and those of our partners, are not

translating into effective support where it is required.

We are at an advantage in Scotland in that we have our independent veterans commissioner, who has already examined in depth some of the themes covered by the strategy, consulting widely and recommending changes in relation to transition, health, housing and employability. That enables us to concentrate on a more focused consultation, canvassing the views of key stakeholders, large and small, across the public, private and third sectors and representative groups of veterans

I have already had the opportunity to meet many organisations that help to support our veterans and armed forces community, including Combat Stress, HorsebackUK, Scottish Veterans Residences, Venture Trust, the career transition partnership and Lothian Veterans Centre. All those visits have given me insights into how we could better shape our work in Government—I hope to expand on that point in my closing speech.

Among other things, those engagements also emphasised the vital role that families play in transitions and beyond, and that we must debunk the myth that the majority of our veterans are damaged. They are not—most are net contributors and assets to communities and employers.

It is important, however, to recognise that some veterans need help, and I do not shy away from that. As my colleague the Minister for Mental Health set out in our previous debate, veterans' mental health remains a priority. The *Daily Record* newspaper has rightly featured the tragic cases of veterans who have taken their own lives, and it is vital that we better understand what is behind those tragedies. I will not repeat the Scottish Government actions that Ms Haughey explained previously, but I welcome the Ministry of Defence's announcement of a study into the deaths of veterans who served in Iraq and Afghanistan. It is important that we learn as much as we can from those deaths, to help us consider what might be done. The Scottish Government is committed to assisting in that regard.

It is also important to recognise that the problems that veterans experience are not always directly triggered by their operational experience. Issues such as post-traumatic stress disorder can stem from non-combat experiences. That has been raised with me when I have talked to veterans.

As part of the consultation, I will undertake further engagements across all the themes of the strategy. For example, tomorrow I will visit HM Prison Glenochil to meet the governor, who is himself a veteran, and a group of veterans. I am working with veterans charities, large and small, to

hear a wide range of views, and last week I wrote to all armed forces and veterans champions in Scotland, to encourage them to have their say.

This debate presents an opportunity for us to hear the views of members of the Scottish Parliament. I am grateful to Maurice Corry and Mike Rumbles, whom I have met, and I ask all members to encourage groups in their constituencies to feed in through the consultation process. We want to hear veterans' voices.

The strategy builds on a significant body of positive work that is under way across Government and more widely to champion our armed forces community and ensure that veterans face no disadvantage when they access services and support. However, we can do better. I look forward to considering the views that are generated by the consultation and, of course, those of members.

I move,

That the Parliament welcomes the work undertaken by the partners across all four UK nations in developing the Veterans Strategy; recognises that the Scottish Government is now coordinating a consultation process to look at how the strategy will be taken forward in Scotland, which will include discussions with key stakeholders and veterans themselves to identify future priorities and areas for improvement; notes that this consultation will build on and complement the work of the Scottish Veterans Commissioner, and agrees that the Scottish Government should continue to work in partnership to ensure that veterans and their families in Scotland are recognised as assets to communities and receive the best possible access to support and opportunities.

15:46

Maurice Corry (West Scotland) (Con): I declare an interest: I am a veteran.

I welcome the opportunity to speak in this debate. Given my past experience in the armed forces and my role in veterans affairs now, I could not be more supportive of the aim of securing a strong and clear veterans strategy.

The Scottish Conservatives will support the Scottish Government motion and the Labour and Liberal Democrat amendments, as well as the amendment in my name.

It is crucial that we have a strong sense of awareness of the veterans who are around us in our communities and workplaces. We must also be aware of the valuable skill set that veterans can bring. Their experience in the armed forces not just prepares them for military life but moulds them into capable, versatile and highly motivated individuals. As a Parliament and as a nation, we need to recognise that. If we adjust our mindsets and attune ourselves to how we can best help veterans together, that will help us to get this right.

The collaborative effort on the veterans strategy turns such awareness into a practical and active long-term plan, which I believe will harness support and agency for our veterans. That is why it is important to ensure that the armed forces units never lose sight of their veterans—or, wherever possible, their families.

Veterans in our country deserve every chance in society. Far from leaving them at a disadvantage, it is right to utilise the strength and skill that they can offer. The outgoing veterans commissioner, Eric Fraser, rightly said that it would be far more encouraging for veterans if we recognised the important contribution that they can make in their communities and to Scotland's economy as a whole. We must move on from the perception that veterans, on their return, are somehow lesser or not as able, purely because of their experiences and the impact that operations or service overseas might have had on their lives.

I am greatly encouraged, as I am sure are our armed forces personnel, by the publication of "The Strategy for our Veterans". I commend the efforts in the strategy accurately to identify themes and cross-cutting factors, which I hope will direct how our Governments and the three sectors can help our veterans to be active agents in our communities.

The charitable sector must be at the heart of delivery of the strategy in Scotland. Charitable groups are integral to the support of veterans. As I have highlighted in the Parliament, there are 320 armed forces charities in Scotland alone. They come alongside to offer training, counselling, therapy and life skills, among many other sorts of support. They can provide rehabilitation and respite services, as well as advocacy and careers support. The Lady Haig Poppy Factory and the Glasgow's helping heroes partnership are just two examples of the help that is available.

Scotland's treatment of its veterans has come a long way. For the most part, veterans' needs are recognised and respected. However, more can always be done. There are still areas in which further support can and should be provided.

For example, the process of finding the right housing is a challenge for many veterans. They can face a lack of clear information, which can often lead to an understandable sense of frustration and fuel a feeling of social isolation. I believe that, once the strategy is implemented, it will give greater clarity on how veterans can secure accommodation. I hope that that problem can be solved by agencies working together and liaising with experts and veterans themselves.

The strategy aims to co-ordinate efforts for veterans' provision. My colleagues and I believe that that will help to make support services more

streamlined and efficient in practice. Surely that collaborative approach will be far better for the mental health and wellbeing of our veterans in the long term. Therefore, making a co-ordinated effort will be hugely beneficial.

We have seen the enormous benefits of what happens when groups collaborate to further progress and provide vital solutions. For example, NHS Lothian, Veterans Scotland and the local armed forces community will work in close partnership with the Lothian councils to offer support and advice services for service personnel in the Lothian region. That is a great encouragement to us all, including, I am sure, other members in the chamber. We have also seen that happen in the Argyll and Bute Council and Moray Council areas.

Ensuring strong and informed delivery of the strategy in Scotland can be done only by working closely with armed forces personnel and their families along with the organisations that support them. With the composition and needs of the veterans community constantly evolving, we need to ensure that the working out of the strategy reflects the on-going shift. By truly listening and finding the gaps in the support system, the Scottish Government can adequately re-evaluate what changes can be made. For veterans, that will make a return to civilian life easier.

The implementation of health and wellbeing services is of particular importance to me, and I welcome the inclusion of that as part of the strategy. Ensuring that those services are available to veterans who are in need will make their future brighter. It will open up possibilities for those individuals to contribute their skills and experiences in their local communities, and that will help to address loneliness and isolation, which are issues that armed forces personnel often have to deal with. We know that a vast range of organisations, including Combat Stress, Poppyscotland, Legion Scotland and the Defence Medical Welfare Service, already exists to help veterans tackle those demons. Signposting to those health and specialist services is especially important and can be done more efficiently with more prompt data gathering on the veteran community. Better understanding makes for better solutions and more entrenched support overall.

In January, a seminar for service families and veterans will be held at Glasgow Caledonian University. That demonstrates the role of academia and education in relation to veterans and their families.

To conclude, the UK Government and the devolved Governments have partnered to form the strategy, and it is vital that that collaboration goes the distance. I welcome the on-going consultation to put the strategy in place. With that, progress

can truly be made for our veterans and their families.

I move amendment S5M-15016.2, to insert at end:

“; and recognises the value of co-operation, not only between the different governments of the UK, but also between different sectors and government portfolios.”

15:52

Mark Griffin (Central Scotland) (Lab): Like Mr Corry, I declare an interest as an armed forces veteran.

We welcome the debate, the work that partners across all four UK nations have undertaken in developing the veterans strategy and the consultation that the minister has started with MSPs, stakeholders and veterans themselves. I look forward to feeding into that consultation.

We will support all the amendments and the Government motion. I hope that the whole Parliament will unite, as we are normally able to, in showing our support for the armed forces and veteran communities in Scotland.

As the minister and Mr Corry have already said, veterans are an asset to Scotland's workplaces and communities. Therefore, we must ensure that we harness their potential and fully support them to transition smoothly into civilian life.

Although priority has been given to the healthcare of veterans, the recent Scottish veterans commissioner report makes it clear that we cannot become complacent about the quality of those services. Positive progress has been made in addressing veterans' social and housing needs, but recent figures show that the position may be reversing, with an increase in homelessness in the veteran community. A more ambitious approach to supporting our veterans and ending homelessness is needed to ensure that that does not become a trend.

For a number of years, North Lanarkshire Council has given additional points to housing applications from members of the armed forces who are due to leave the service. I encourage other councils and housing associations to look at that model.

Mental health is a serious concern for the whole of society, but that should not mean that the needs of veterans are overlooked. In particular, the Scottish veterans commissioner has noted that funding for specialist mental and physical health services for veterans is disjointed and in some cases ad hoc. The need for specialist physical and mental health services is clear, especially given the range of physical injuries and mental health conditions that some veterans have. That is why

we have included the issue for consideration in our amendment.

The most recent report from the SVC looked at whether Scotland is getting it right when it comes to the health and wellbeing of veterans in Scotland. The report concluded that, although the energy and ambition in establishing specialist health services for veterans in the past decade have been impressive, they have waned recently, and there is perhaps a need to rekindle awareness and concern for veterans' healthcare. The report stated that the concept of priority treatment for veterans was no longer fit for purpose and the vision should instead be

“the principles of excellent, accessible and sustainable treatment and care for all veterans.”

The report also emphasised the need for specialist services to be available to the small group of veterans who have the most severe and enduring injuries, caused or exacerbated by military service. It called for assurances for that group that those services would be protected and that their medical and social care needs would be met now and in the long term. We echo that call and ask the Government to ensure that those services are sufficiently resourced and protected for current and future generations.

Although I think that it is right that we spend time discussing the needs of the veterans community, it is equally important that we talk about strengths, and I will finish as I started, on that point.

Veterans learn and develop a range of skills in the armed forces that people in civilian life just do not get the opportunity to learn. Those are skills and experiences that companies are, or should be, desperate for. I hope that the message goes out loud and clear from Parliament, from Government and as part of the new veterans strategy that businesses would be lucky to have access to those skills and veterans in their workplaces.

I move amendment S5M-15016.3, to insert at end

“; recognises the importance of specialist physical and mental health services to veterans with enduring injuries and conditions, and calls on the Scottish Government to protect and resource these services for current and future generations.”

15:57

Mike Rumbles (North East Scotland) (LD): I am pleased to speak in today's debate. A great many adults in Scotland have served in our armed forces. Although the majority of veterans go on to lead normal lives and make extremely productive contributions to civilian life, a number do not. I speak as a veteran myself, having served for 15 years in the Army. My first tour of duty was here,

in Scotland, with the Scottish infantry division at Glencorse. I then undertook a tour of duty in Gibraltar, six years and three tours of duty in Germany with the British Army of the Rhine and two years' service in Northern Ireland.

In a number of veterans debates, I have taken the opportunity to focus on the provision of veterans health and wellbeing services in my region of the north-east, particularly in the NHS Grampian area. I will take a different tack in today's debate, because I have been struck by the minister's willingness to discuss and address the issues that I have been raising for some time. I am very pleased indeed that the Scottish Government will support my amendment, which focuses on the need for equitable treatment of our veterans across Scotland. The Liberal Democrats will support the Government's motion and all the amendments in the vote later.

People who have risked their lives for this country and have given years of service in the armed forces must be safe in the knowledge that they will return home to well-resourced health and wellbeing support services—for both mental and physical health—and that those services will be available to them regardless of which health board area they happen to live in. I am convinced that the minister is personally committed to seeing that the military covenant is more than just words and is manifestly operating throughout our public services.

In my experience, identifying veterans who present at their GP practice with mental and/or physical problems is a real issue. We should ensure that every health board has a service that is an effective first point of contact, with every veteran being referred to that point of contact by their GP or other health professionals.

I stress that any type of first point of contact for ex-service personnel is immensely helpful to the individual in need. My view is formed from my experience of engaging with veterans over the years. Although it was some time ago, in my last two years of army service I had a resettlement officer role—amongst others—so I am aware of the difficulties that are faced by ex-service personnel and those who are about to leave the service. The minister has a real role to play here. I hope that he will follow the matter up and report back, in a future debate, that every health board is, indeed, operating such an effective first-point-of-contact service that gives real meaning to the military covenant.

I know that time is short, Presiding Officer. I very much welcome the constructive efforts on behalf of veterans that Graeme Dey, as the responsible minister, is bringing to his role, and I expect that those efforts will produce positive results for our veterans, whatever part of Scotland they live in. I

look forward to debating his success on these issues with him in the next debate.

I move amendment S5M-15016.1, to insert at end:

“, including a first point of contact for all veterans within all NHS board areas of Scotland.”

16:01

Stuart McMillan (Greenock and Inverclyde)

(SNP): I am delighted to speak in the debate. As members will know, members of the armed forces and the ex-service community account for almost 10 per cent of the population of Scotland, so it is vital that we take steps to address the issues that this portion of our population face. Veterans are an asset, but for far too long they have faced barriers that prevent them from making their full contribution to society.

I pose a wee question to the minister and ask him to respond in his summing up. I am aware that there will be a veterans question in the census, and I would be grateful if the minister could provide an update on that.

I welcome the launch of the strategy for our veterans, which is UK-wide, supported by the three Governments and delivered locally. The strategy is guided by three main principles. The first is:

“Veterans are first and foremost civilians and continue to be a benefit to wider society”.

The second is:

“Veterans are encouraged and enabled to maximise their potential as civilians”.

The third is:

“Veterans are able to access support that meets their needs when necessary, through public and voluntary sectors”.

By 2028, we need to ensure that every veteran feels even more valued, supported and empowered.

Individuals who leave the armed forces are undeniably a crucial asset to Scotland, as they bring many transferable skills to civilian employers. Therefore, Scotland should take steps to become the permanent settlement destination of choice for those who leave the armed forces. As a nation, we must also ensure that no member of the armed forces veterans community faces any disadvantage in trying to access services and support.

I acknowledge that the Scottish Government is the first Administration under devolution to have a veterans minister, which has proven to be an important position. The Scottish Government also made an excellent decision in appointing the first-ever Scottish veterans commissioner. The

operationally independent nature of the veterans commissioner has made sure that the commissioner can effectively scrutinise policy and service delivery, and the commissioner has become a voice for veterans in Scotland.

In addition to the veterans minister and the Scottish veterans commissioner, continued funding for Veterans Scotland is essential as it seeks to develop its capacity and increase the level of support that it provides. Since the creation of the Scottish veterans fund, in 2008, over £1.3 million has been used to support projects across Scotland. The fund has been incredibly important in supporting projects that promote employment and skills development.

I will touch on the Scottish War Blinded charity and its excellent work. I chair the cross-party group on visual impairment, and, earlier this year, I was invited to the opening of the Jenny's well care home in Paisley. It is run by the sister organisation, Royal Blind. During the summer, I went back for a tour of Jenny's well and visited the Scottish War Blinded Hawkhead centre, which is next door. I was hugely impressed with both facilities and the charities' desire to help even more people to get the assistance that they require.

As a result, I contacted Jim Boyland of the local Argyll and Sutherland Highlanders Association and we met Richard Baker and Rebecca Barr to see how we can get more local armed forces veterans involved. That work is under way.

The Scottish War Blinded briefing for the debate was extremely helpful, and it highlighted the wide range of support that the organisation offers. To have an organisation with the expertise, the understanding and the finances to assist people is hugely important, and I know that it has been of great assistance to many people. The people to whom I spoke on that day in the summer could not have praised it more highly.

Working with others is key to making all of this happen, and I am convinced that, by 2028, armed forces veterans in Scotland will have improved outcomes compared with the situation that they faced in the past.

16:05

Tom Mason (North East Scotland) (Con): I support the motion and my colleague Maurice Corry's amendment. We are fortunate to live in an open and free democracy where we are able to debate the ideas and principles that inform our decision making. Indeed, we have the luxury of agreeing to disagree on occasion. We should be in little doubt that we are able to do so because our democracy has been defended when it has been under threat.

Throughout the decades, generations of service personnel have answered the call and served their country with honour and distinction. Many return home with storied tales of their service; others, sadly, do not. It is with that sacrifice in mind that I pay tribute to all who have served, be that at home or abroad, by land, sea or air. They represent the very best in our nation. Therefore, we owe them not just an immeasurable debt of gratitude but whatever care and support they need on returning home.

On that note, I whole-heartedly welcome the new report "The strategy for our veterans", which was published last month. I particularly praise the tone and the way in which all parties involved have handled the issue. As members have noted, the strategy identifies the six key themes that should be at the forefront of our consideration when dealing with veterans' issues. Each of those themes is worthy of our attention. When a lower percentage of veterans are in work compared with the rest of the population, we need to talk about employment. When almost a third have only one close friend or no close friends, we need to talk about integration into communities. When 27 per cent admit to having suicidal thoughts, we need to talk about physical and mental health.

I will specifically mention one theme that I did not include in that list: the need to ensure that our veterans have a place to live that suits their needs. To my mind, that should be not a key theme but a bare minimum, and we should be doing much better on that issue. I do not seek to suggest that it is a seasonal issue. Nevertheless, as we approach the winter period, the problem of homelessness becomes even more acute, which is something on which we should reflect. Importantly, the strategy identifies new cross-cutting factors that we can use to improve outcomes across these metrics.

I particularly want to mention the vital steps that are being taken to improve the collection and analysis of data on the needs of veterans, which will give us a greater base to inform decision making.

As the report notes:

"The UK population value Veterans".

I believe that the veteran community recognises that. With a strategy that will see us through the next decade, we must keep working at it in order to make the improvements in service delivery that our veterans richly deserve.

I believe that a combined approach between Governments, portfolios and sectors is the right way to go, which is ably demonstrated by the co-operative work that went into the report.

The armed forces covenant and all the work that it commits us to is a profoundly good thing. It

should focus our minds on the scale of the task ahead, and I am sure that it will. We do a good job of taking care of our veterans, but we can always do better, so let us work together to do just that.

16:09

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I was pleased in this session of Parliament to respond positively to an invitation to become a member of the Highland Reserve Forces and Cadets Association, which means that I have that limited connection with many former servicemen.

Of course, for most servicemen, the transition to civilian life from active duty largely goes without event. My best man served for several decades in the Army.

In 1991, I happened to be on a flight from Sydney to Auckland and found myself sitting beside Les Munro, who was one of the dambuster pilots and who had clearly prospered in civilian life. My great-great-grandfather Andrew Barlow, who served with the corps of royal artillery drivers between 1813 and 1818—although he does not appear to have been at Waterloo—seems to have come out of it okay. My great-great-great-grandfather David Berry, who was in the Royal Navy from 1780 to 1782, similarly seems to have prospered.

I presume that, like many of our servicemen today, those men found wonderful, welcoming families and communities that they could draw on for support as they returned to civilian life. Not all are so fortunate. Indeed, even during the walk from Waverley station to Parliament, which I do six times a week, I pass some less fortunate ex-servicemen. There is one, in particular, whom I regularly have a chat with. He is doing well, but he is sitting on the pavement with a little bowl in front of him, and when I have change he gets my change. It is little enough, but it is something that I would wish to do. Judging by the conversations that I have had with him, he has been failed by the system, and I am uncertain what would help him.

He is perhaps the exception. As far as I am aware, he is not suffering from PTSD. That is, at least, an identifiable condition, and we can support those who suffer from it. People with the condition often experience frustration and aggression and are subject to bouts of violence, which leads to difficulties in employment, relationships and so on. Mental health support is often one of the most important things required by the minority of ex-service personnel who have that kind of issue.

The support that is available across Scotland is variable. Mike Rumbles's reference in his amendment to the need to ensure that there is

access to the right kind of services is proper and timely.

We have a lot going on in Scotland to be proud of—we have 50-plus veterans organisations. The last time we debated the subject, there was a little debate about the number and Maurice Corry suggested that it was rather higher than 50. I am sure that he is correct. We all know about Poppyscotland—we have just been wearing poppies on our lapels. It is a great tribute to Poppyscotland that, 100 years after the poppy became a symbol of remembrance, we continue to use it to this day.

Everywhere we go, there are memorials to those who have lost their lives. In the old Calton cemetery, there is the memorial to the Scots who lost their lives in the American civil war; there is the Boer war memorial on North Bridge; and in every town, village and hamlet there are memorials to those who fell in the two great wars of the 20th century. In West Lothian, I am aware of a memorial to the Korean war. However, we now have a duty towards those who live on and need our continuing support. I am sure that we will all wish to give it.

16:13

Jackie Baillie (Dumbarton) (Lab): As deputy convener of the cross-party group on the armed forces and veterans community, I am delighted that we have the opportunity today to have a debate—albeit that it is a short one—on the strategy for our veterans. It is a strategy that, as we know, was endorsed by the UK, Scottish and Welsh Governments just last month. It has, at its heart, recognition that service personnel and their families should not be disadvantaged by the very fact of their service, and that, where it is needed, special provision must be made to help those who have sacrificed most—those who have unfortunately been injured or bereaved.

I look forward to the Scottish Government working with key partners and, most important, with veterans themselves, because it is important that we learn from lived experience. That will progress consultation on implementation of the strategy in Scotland. As we have heard, the strategy touches on a host of devolved areas—housing, health, education, skills and employability, to name but a few.

I am very pleased that the strategy will build on the valuable work of the first veterans commissioner, Eric Fraser, and his successor, Charlie Wallace. They have already published a number of reports about the experience of veterans in Scotland, and have made a number of recommendations that I commend to the minister.

I hope that he will look at them with a view to implementing them.

In the short time that I have available, I will focus on Labour's amendment, which refers to

"specialist physical and mental health services".

The Scottish Veterans Commissioner rightly noted that although priority has been given to healthcare for veterans, it is clear that we must not be complacent about the quality of services and the need to keep them under constant review.

I know that politicians like to talk about the postcode lottery that exists among health boards, but I have to say that there are also inconsistencies within health boards. We can and should do much better. I think that everybody would agree that it is right that the people who have sacrificed most for their country deserve the best possible services and care. There are challenges in respect of our mental health services, including long waiting times, pressure on staffing and lack of sustainability. The challenges affect everyone—not just veterans. However, there is undoubtedly a requirement for specialist services, as my colleagues have said, for people who have severe and enduring problems as a result of their military service. Those services need to be developed and sustained, and they need to be provided not just in healthcare, but in social care.

I welcome the Government's mental health action plan, which mentions veterans. I know that veterans experience challenging mental health problems as a result of their service. Some in my constituency have suffered, and continue to suffer, from PTSD, and I know that more could be done locally to support them. The Scottish Veterans Commissioner asked for a specific plan to tackle mental ill health among veterans. I ask the minister to consider that and to consider how we might remove barriers to accessing mental health services for veterans, how we deal with the persistent problem of the postcode lottery in services and how, in particular, we protect specialist PTSD services. I think that we would all acknowledge that funding for specialist mental health services is patchy, short term and insecure. I hope that the minister has had a conversation with the Cabinet Secretary for Finance, Economy and Fair Work, and that he will address that issue in the budget next week.

Finally, members are right to acknowledge that veterans are an asset to their workplaces and their communities. I know from the veterans in Dumbarton, the Vale of Leven and Helensburgh what a fantastic contribution they make to our area. I thank them and all veterans for their service to our country. It is incumbent on us to

repay that service by ensuring that their transition to civilian life is smooth and seamless.

16:17

Maureen Watt (Aberdeen South and North Kincardine) (SNP): I am pleased to speak in the debate, not least in order to welcome the work that has been undertaken by partners across all four nations to develop a veterans strategy. I hope that it is ambitious, all-encompassing and does not end up reflecting the lowest common denominator, because our veterans deserve the best.

Clearly, the Ministry of Defence has a pivotal role as the employer. Although most service personnel leave the armed forces and go on to lead fulfilling and healthy lives in civilian society, some, from day 1, do not. For some personnel, aspects of their service will come back later on to affect them physically, mentally or both. I commend all the businesses and organisations that use ex-service personnel as one of their main sources of recruitment. In the north-east, the oil and gas sector has employed a great many of them, and to good effect. I thank BT for its briefing on the work that it does with veterans.

Due to the nature of their work and living situations, there exists among ex-service personnel a camaraderie that does not exist among other cohorts of workers, which is why organisations such as the Royal British Legion Scotland are so important. Ex-service personnel and their families must be made aware that a wide variety of services are available to them; I wish to focus on that point.

First, veterans are able to access all the services that are available to other members of our communities, but many of our veterans services recognise the specialist requirements of our veterans and their families. In Aberdeen, and in my constituency, we are fortunate to have the Gordon Highlanders museum, which recently hosted the first session by Action on Hearing Loss, to facilitate veterans having their hearing and hearing aids checked to ensure that they are making the best use possible of the devices. The session was very successful and quite emotional for those of us who were there, because two veterans in their late 80s met for the first time since they had left school in Turriff many decades previously. I thank Richard Baker for his briefing on behalf of Scottish War Blinded about its work across Scotland, which was highlighted by Stuart McMillan.

I had heard about veterans breakfasts in other parts of Scotland, so I was pleased to attend the first veterans breakfast at the British Legion club in Stonehaven on Saturday 17 November. I thank Brenda Cowe and her team for organising the

breakfast for veterans who live in and around Stonehaven. In fact, they came from quite a wide area. In conversation, I was struck by the fact that veterans and their families are not aware of the services that are available for them, which is why I was delighted recently to meet with Robert Reid of Defence Medical Welfare Service, which is celebrating its 75th anniversary this year. In Scotland, it works closely with the health boards in Grampian, Fife and Lanarkshire. Next Wednesday in Parliament members will have a chance to learn more about its work; I hope that members will come—especially those who are based in the health board areas that I have mentioned.

I commend the recent work of the *The Press and Journal* in highlighting the range of organisations that are available to veterans in the north-east. If I have one plea to make to the minister, it is that there be one place that veterans and their families know about to learn where to access all the services that are available to them.

16:21

Jamie Halcro Johnston (Highlands and Islands) (Con): Today's debate is a welcome opportunity to discuss some of the positive work across the United Kingdom to support and expand opportunities for veterans.

There have been positive speeches from around the chamber. I join members who have emphasised the importance of the new strategy. We owe to our veterans a responsibility to ensure that the duties that they have undertaken as part of their service are not ignored. Policy on veterans has consistently had, at its heart, a straightforward principle: to ensure that our ex-service personnel are not disadvantaged by having served. We are not advocating more favourable or preferential treatment; we want simply that they are able to overcome the barriers that veterans can face when they re-enter civilian life.

Since the armed forces covenant was enshrined in law in 2011, there has been a notable increase in the focus on such efforts across the country. I emphasise that, because a great deal of that work is undertaken locally, in partnership with local authorities, the third sector and community organisations. The UK strategy, for example, recognises that a number of the charities that support veterans are innovative. They exist in the sphere for good reason, and small and dynamic organisations can be more responsive to particular needs. We should also recognise the long experience and efforts of Poppyscotland, the Royal British Legion and others.

A number of members have centred their remarks on particular subjects: I will mention employment. On Saturday, during a street surgery

in Moray, I met a relatively young veteran who has a disability. He spoke of a problem that faces many people with disabilities who are looking to enter the workplace. He wants people to see his abilities—the experience, the drive and the commitment to work that he had demonstrated through his service. Instead, too often, potential employers cannot see beyond the stick that he now uses.

Of course, many younger veterans leave the armed forces still relatively early in their career development. They move on from service with a range of valuable transferable skills, but some have trouble adjusting to civilian employment. Many have faced well-documented hurdles, even to first finding a job and bringing out and acknowledging the skills that they have built up. Employment, education and skills is one of the six focus areas of the strategy, and will build on work that has been done previously. In 2016's "Renewing Our Commitments" paper, the Scottish Government mentioned employability schemes that are targeted at service leavers: work with community jobs Scotland, access to the employability fund and the employer recruitment incentive. It would be useful if the minister could update us on how successful those programmes have been and on uptake among veterans.

Employment and skills are at the centre of supporting ex-service families to find stability and to thrive, but one area that has been given insufficient attention is the impact on servicemen's and servicewomen's family members. Many spouses of service personnel have had breaks in their careers or had their employment options narrowed by the support that they have given to their loved ones. A few small schemes are in operation, but they have received little strategic attention from the Government.

There have also been a few small positives over recent years. I was pleased that, earlier this year, Skills Development Scotland created a dedicated online presence for veterans, which serves personnel and families as part of the my world of work programme. As my colleague Maurice Corry mentioned, SDS and the MOD's careers transition partnership is undertaking a pilot in parts of my region—in Moray and the Highlands—to make early career advice available to people who are in transition from the armed forces.

The strategy gives us a basis to drive forward real change in the next 10 years. A solid first step towards that goal will be to recognise success and ensure that resources are available to upscale projects and initiatives that work well.

The ideals unite the political parties and the Governments of the UK, and the collaboration that we have seen up to this point will continue to be invaluable in the future. Veterans have an

incredible amount to offer our society. Through harnessing that potential we not only maintain our covenant with the armed forces, but continue to benefit from veterans' knowledge and experience as they enter civilian life.

16:26

Richard Lyle (Uddingston and Bellshill) (SNP): It is an honour and privilege to speak in today's debate. Veterans are true heroes who often receive less support than they deserve.

We all understand the importance of veterans to our society, but it cannot be overstated. Perhaps no other choice is as difficult or noble as that of giving up the comfort of home, leaving loved ones and family behind and putting one's life at risk for one's country. We owe an unpayable debt to all veterans.

This year marked the centenary of the end of world war one. With that came the persistent reminder that without the sacrifice of so many of Scotland and the UK's people, the world that we are living in today might look scarily different.

We all have connections to veterans. My grandfather was in a Highland regiment and fought in the great war. Even now, I remember hearing as a child the stories from the war that he told me. He passed on to me the 12 volumes of "The Great War", published by the Amalgamated Press, which I will treasure always. In addition, my father was an engineer artificer for the Royal Air Force in world war two and he would always talk to me about the various planes that he worked on.

Colleagues, my point is not to state that my family was affected by war, but to say that every family has been affected by war. Every family can trace a relative who joined the Army, the Royal Air Force, the Royal Navy or another armed service. We all know the effects that the sacrifice of leaving a family behind has on many veterans, but perhaps we never imagined that the sacrifice would continue when they returned home. We have repaid the commendable act of fighting for one's country with a cold welcome home that emphasises a host of difficulties that revolve around inaccessible housing, limited employment options, and sometimes sub-par health and social care.

Veterans continue to be an underappreciated group in our society, who are often in need of serious social, mental and physical help. Sometimes, our services are not robust enough and veterans fall through the cracks. To me, that is simply inexcusable.

When I was a councillor, I encouraged my council to take note of the time that service personnel had spent in the armed forces. That

time would count as time served on the council housing waiting list. Therefore, service personnel would automatically be rehoused if they had previously lived in the local authority. As other members have stated, that approach has been replaced by a points system. I hope that the points system works as the previous system did for years. I encourage all councils to introduce that policy. If people have gone and fought for their country, we should at least ensure that they have a place to live when they return, and that the house that they live in is suitable for their needs.

The strategy for our veterans gives us a chance within the UK to provide care that would become world renowned. Our goals are lofty, but they are reachable. The progress of the strategy will be monitored to make sure that we are making good on our promises. If we can successfully reach each objective, veterans' lives will be significantly improved and, as a nation, we can in a small way express our gratitude to those who have done more for us than we have ever done for them.

I pay tribute to the projects that are being undertaken by Age Scotland. I suggest that the Scottish Government consider ways to support the many charities that are able to reach out and assist veterans.

The Deputy Presiding Officer: We move to the closing speeches. I call Mike Rumbles to speak for four minutes.

16:30

Mike Rumbles: I do not want to take up too much time. I am impressed by the contributions from across the chamber. Every member has spoken with the feeling that everything is not quite right in the way that we treat our veterans at the moment and that we can do better.

I am looking forward to Graeme Dey's summing up; as the Minister for Parliamentary Business and Veterans, he has a task ahead of him, because not everything in the garden is rosy. Everyone in the Parliament is well intentioned and wants to see the best future results for our veterans, so I will put a bit of pressure on the minister. I would love him to come to our next veterans debate and address the points that members have raised, so that we can see how we have progressed those points.

From the Liberal Democrats' point of view, we have had a positive debate today. It has been the best veterans debate that I have been involved in, because everybody has focused on the right outcome.

The Deputy Presiding Officer: That was quick. That caught me unexpectedly, Mr Rumbles. I call Alex Rowley. Mr Rowley, I can allow you a little extra time, if you wish.

16:31

Alex Rowley (Mid Scotland and Fife) (Lab): In closing for Labour, I again offer support for the debate, and I welcome the backing that has been shown across the chamber for veterans in Scotland.

With regard to the veterans strategy, I am pleased to see that there is, as Mark Griffin said, collaborative working across the UK to develop and endorse a much-needed and vital strategy. At the same time, as Graeme Dey outlined, there is scope to tailor services across the nations. Therefore, it is right that the Parliament looks at what those services should be.

When we last discussed veterans' issues in the Parliament, I highlighted that, although we welcome the on-going progress that is being made on support for former armed forces personnel, there are still gaps in support, particularly for veterans who have been involved in recent conflicts in Afghanistan and Iraq. Jackie Baillie has outlined some of those gaps in mental health and welfare support. I reiterate those points and I hope that, today, we are able to consider the key issues around welfare and mental health as the Government undertakes its consultation on how to take forward the veterans strategy in Scotland.

I heard what Graeme Dey said about the majority of veterans making a positive contribution to society—a point that was also made by Maurice Corry and Jackie Baillie. However, the tragic truth is that the number of referrals of former armed forces personnel for post-traumatic stress disorder and other mental health conditions has gone up by 143 per cent over the past 10 years. One of the key aims of the veterans strategy is enhanced collection, use and analysis of data across the public, private and charitable sectors to build an evidence base that will effectively identify and address the needs of veterans.

I wrote to the veterans minister on that issue and the issue of veteran suicide to highlight that the number of veterans who are committing suicide is increasing although a lot of that data is not being collected. It is important that there is a commitment to collecting that data, which is needed to allow for a better understanding of what is going on as well as to provide a vital resource to prevent further tragedies. I urge that any decisions on taking the veterans strategy forward in Scotland consider the problem of veterans' mental welfare and the support that is offered to veterans.

In implementing the strategy, it should be obvious that veterans and their families should be given the required support as and when it is needed. As Stuart McMillan said, we all have a duty to those who have served in our armed forces. That is particularly true of those who have

served in recent conflicts and are in need of our support now. I hope that members across the chamber agree.

The importance of specialist physical and mental health services for veterans with enduring injuries and conditions cannot to be overstated. We need to protect and resource those services for current and future generations.

Richard Lyle and other members have highlighted the importance of housing services. Again, we should ensure that veterans who have served their country and their families are able to get a roof over their head.

Without properly funded services, warm words and strategies are meaningless. When it comes to something as important as the welfare of our veterans in their time of need, I hope that we can all agree that we need real commitment in the form of properly funded services.

16:36

Edward Mountain (Highlands and Islands) (Con): Like Mark Griffin, Maurice Corry and Mike Rumbles, I was a soldier. I served the country for 12 years. I am a veteran of a regiment in which my son now serves and I have a vested interest in the issue, because he has served overseas, in Afghanistan.

I think that we can all agree that there is a lot to recommend in the strategy that has been laid out for our veterans. The vision that has been set out by the UK Government and all three devolved Governments shows that we are getting the best by working together in the best interests of all veterans.

I particularly welcome the UK Government's commitment to consider strengthening the pastoral and legal support that is available to veterans who are affected by legacy investigations. I do not propose to dwell too much on the issue, but the matter is close to my heart and I bring it to the chamber every time I speak about veterans. It is a small step in the right direction, but it does not go far enough. I ask the Scottish Government to consider doing more in relation to legacy investigations. I know that, technically, that is not the responsibility of a devolved Administration—its responsibilities are in health and housing; however, the Scottish Government is often prepared to speak out on matters that it considers important. When it comes to protecting our veterans from legacy investigations relating to operation banner tours of Northern Ireland, this Government could say more and encourage the UK Government to protect those veterans in the same way that previous Governments protected those who were involved in the actions that they undertook in some other cause.

I do not believe that we want to see hounded veterans who have had to make split-second decisions based on whether they remove a potential threat or, by not doing so, perhaps sacrifice their and their colleagues' lives. They must be protected from one-sided prosecutions once and for all, and I urge the Scottish Government to raise the matter with the UK Government.

Mike Rumbles: Will the member clarify that he is not pleading for special treatment? I think that he is saying that we should treat everyone on both sides of that conflict in the same way. Those conflicts are in the past; perhaps we should all move on.

Edward Mountain: I am, indeed, saying that. I have used the example before of a colleague in my regiment who is now being persecuted for something that happened in the 1970s, although the person who was involved in the bombing of my regiment in 1982 has been given a clear pass and is allowed to travel across this country without fear of prosecution.

I will leave the legacy investigation issue there and pick up some of the particularly important points in the debate.

I am delighted that the census will ask whether a person is a veteran.

I was also glad to hear that the minister views veterans as assets to Scotland, to the communities that they live in and to everyone they know.

We often underestimate the importance of families. I do not want to put words in the minister's mouth, but I was pleased to hear him refer to families holding the fort, which is a true definition of what families do when they have to stay at home while family members are serving overseas, probably in difficult positions. Families give soldiers and other servicemen the confidence that they will return home to a static place that has not changed, which gives them stability after they have faced difficult times.

Maurice Corry stressed the importance of the valuable skills that veterans bring. Not only do they learn skills such as how to drive a lorry, but they have leadership skills and the ability to respond under pressure. As he said, veterans make a valuable contribution.

Maurice Corry referred to the importance of the charitable sector, which we should never underestimate. Many regiments have their own charitable organisations, which can be fleet of foot in responding to situations—they are not restricted by Government guidelines or to helping only servicemen, so they can help servicemen's children, too. My old regimental association has

helped soldiers' families and has helped their children to get through university and other education. We should encourage such bodies to continue to do that.

I liked Mark Griffin's comments about supporting veterans by harnessing their skills. Mike Rumbles said clearly that, after the help that soldiers gave us during their service, it is up to everyone to respond to their call for help when that is required.

Stuart McMillan talked about removing barriers for veterans, which is important. I agree that we should encourage soldiers and other service personnel to live here when they step down.

Tom Mason spoke eloquently about how servicemen who answered our call to defend the country have every right to expect their country to answer their call when they ask for help.

Stewart Stevenson made an important point about sweeping up individuals and helping them. Small acts of kindness by people on the street can give servicemen the feeling that they are wanted and cared for.

Jackie Baillie spoke eloquently about service issues, as she always does. She stressed that families are vital to supporting servicemen and women, which is entirely true. As she said, we need to prevent inconsistencies between health boards.

Maureen Watt spoke about the importance of helping former service personnel, as did Jamie Halcro Johnston, and about the importance of small organisations.

I do not always agree with everything that Richard Lyle says, but he spoke eloquently about the fact that all families know somebody who has served their country, so everyone owes a debt.

I reiterate my plea to the Scottish Government and the veterans commissioner to explore what actions can be taken to support veterans who are affected by legacy investigations. However, I am delighted by the consensus across the chamber on the need to help and respect veterans, who helped us when they served.

16:43

Graeme Dey: I warmly thank colleagues from across the chamber for their contributions. The debate has been relatively brief, but it has very much re-emphasised the cross-party nature of the Parliament's commitment to do the best by our veterans and the wider armed forces community.

I will pick up on aspects of the contributions that we heard. I will start with Mike Rumbles and may give a nod to Jackie Baillie.

During the debate in September, the Minister for Mental Health and I made it clear that the Scottish Government is committed to ensuring that all serving armed forces personnel and veterans who live in Scotland can access the best possible care and support, including safe and effective healthcare that meets their needs. I reiterate that today.

Veterans already have a first point of contact in the form of veterans champions, who are in place in every health board. We are working to strengthen the network of champions and use it better.

We have also shared information with health boards to ensure that all NHS staff are aware of veterans' health rights, and we continue to work with health boards, champions and stakeholders to raise awareness and to address any barriers. However, I say to Mike Rumbles and to any other members who have specific evidence or examples of cases anywhere—not just in NHS Grampian—of veterans encountering difficulty in accessing support services, they should let us know. While responsibility for delivery may lie with individual boards or health and social care partnerships, as we set out in the “Renewing our Commitments” document that was published in 2016, we expect that there should be no disadvantages when it comes to accessing services.

I turn to other members' contributions. Maurice Corry rightly noted the role of the charitable sector in delivering the aims of the strategy. I agree with him about the need for effective co-ordination and collaboration around the delivery of services.

I offer Mark Griffin a couple of assurances around the asks that he had. On housing and homelessness, my colleague Kevin Stewart, who has oversight of such matters, is very much aware of the veterans element to them. On access to health services and the commissioner's report to which Mr Griffin referred, I can advise him that, as recently as this morning, the Cabinet Secretary for Health and Sport sent me an update on our response to that report and on the progress that is being made. Of course, that reflects the fact that the Scottish Government accepted all the report's recommendations. I will be happy to write to Mark Griffin further on that.

Stuart McMillan asked for information on the census question. The final decision on the inclusion of such a question will lie with the Parliament, of course, but the Scottish Government's intention is to lay a draft order in late 2019. Judging by the tone and nature of this debate, I do not think that we will struggle for support when that happens.

A number of members, including Jackie Baillie and Alex Rowley, raised the issue of mental

health. I say to members that that is an absolute priority for the Scottish Government. A record amount of funding has been put in place for veterans to be captured in the implementation of the mental health and suicide prevention strategies. However, beyond that, we have listened to the Scottish veterans commissioner's asks for a veterans' health network and for the production of a mental health action plan from that, both of which are very much on our agenda.

I turn briefly to Edward Mountain's central point. I very much recognise the passion that he has for the subject, and I understand the background to that. Of course, his point concerns a reserved matter, as Mr Mountain knows. However, I will be happy to pass on to my UK Government colleagues his views on that issue, which were echoed by those of Mike Rumbles.

The past five months have been a steep learning curve for me, as the new Minister for Parliamentary Business and Veterans. In October, I set out our achievements to date and our priorities for the year ahead. However, I have also been engaging with organisations and groups of veterans, and have been listening intently while doing so. I offer some observations on areas in which I feel that there is clear room for improvement and in which we have the opportunity, as part of the strategy, both to look across Governments and, with my ministerial colleagues in the Scottish Government, to consider matters further.

The first such area is transition. I focus on that not in order to have a dig at the MOD in any way. Indeed, I noted that, in the recent Commons debate on the strategy, Tobias Ellwood, the UK Government's Minister for Defence People and Veterans, himself acknowledged that more could be done in that area. I turn to it because there is a recurring theme among many transitioning service personnel to whom I have spoken. Done well, the transition process really can prepare service people for civilian life. However, I have had very mixed feedback about that process, and it is right that we prioritise doing what we can in Scotland to make it work as effectively as possible. I am committed to working with the Ministry of Defence to progress that, and I commend the work that has already taken place—for example, through the veterans employability strategic group, chaired by Mark Bibbey—to make sure that no one falls through the gaps as far as jobs are concerned. However, I accept that more needs to be done, and I undertake to write to Jamie Halcro Johnston on the points that he raised.

Of course, transition is about more than simply finding a job. Let us remember the importance of the wider family in all this, to which Edward Mountain referred. It is not just the serving sailor,

soldier or airman who faces a massive change in their life; it is also their spouse or partner and their children. If nothing else, the past five months have really brought home to me the importance of the family unit.

We will have to work across Governments to look at how families are supported. Many former service personnel and families who settle in Scotland were not based here when they left the services. This year, we published “Welcome to Scotland: A guide for Service personnel and their families moving to Scotland” to set out the support that is available to military families who move here, and we are working to ensure that it filters down to those who need it, because there is more that we can do in that regard. I am pleased that the veterans commissioner is looking across a broader remit to consider the wider armed forces community.

Access to employment is another of the key issues for spouses and families. Recently, I was delighted to meet senior members of the navy to explore options for supporting the many spouses who will settle around Faslane as the number of personnel grows in the coming years. I also met Women’s Enterprise Scotland, which ran a successful course at Glencorse barracks to help spouses to set up their own businesses. Shortly, I will visit the spousal employment hub that has been set up in Leuchars to learn more about the challenges and successes in that area. Wives, spouses, partners and families face their own issues and need a range of different support. That was brought home to me recently when I met the War Widows Association to learn about the specific issues that its members face.

All of us here have some degree of understanding that, although most former service personnel transition successfully and are an asset to communities, in some cases adjusting to civilian life can be difficult—

Maurice Corry: I discussed with the minister the issue of expanding the science parks in four areas of Scotland. Has he made any progress on that? Progress in that area would tie in nicely with recruitment opportunities for forces veterans and spouses.

Graeme Dey: As Mr Corry might acknowledge, it was only a few days ago that we discussed the issue, so the answer is that I have not yet made progress on it.

The Cabinet Secretary for Justice (Humza Yousaf): You are terribly slow. [*Laughter.*]

Graeme Dey: I was making the point that the transition process can be very hard for the family, and it can be doubly hard if the sailor, soldier or airman has been left with physical or mental scars from their service. It strikes me that, although we

have services available for physical rehab and to assist individuals who are suffering from PTSD, I think that we can do better in recognising the strain that is placed on and carried by families. The launch of the strategy for our veterans and the current consultation process give us a chance to think about such issues.

I want to pick up on Mike Rumbles’s brief summarisation of the debate. He was right to note the quality and nature of what we have heard this afternoon, and he was right to challenge me. However, at the risk of sounding as though I am passing the buck, I point out that it is not just what I, as the veterans minister, do that matters. I reassure the chamber that the challenge that Mike Rumbles and other members have set us has been taken up not only by me, but by ministerial colleagues in the areas of health, housing, social isolation and employability, among others.

The strategy aims to ensure that, by 2028, every veteran feels even more valued, supported and empowered. Directed by our consultation in Scotland, and with the continued constructive collaboration that enabled us to achieve joint ownership of the strategy’s objectives, I, along with the ministerial colleagues I referred to, will do all that I can to ensure that we achieve those outcomes long before then.

Counter-Terrorism and Border Security Bill

The Deputy Presiding Officer (Linda Fabiani): The next item of business is consideration of a legislative consent motion. I ask Humza Yousaf to move motion S5M-15017, on the Counter-Terrorism and Border Security Bill.

Motion moved,

That the Parliament agrees that the relevant provisions of the Counter-Terrorism and Border Security Bill, introduced in the House of Commons on 6 June 2018, relating to anti-terrorism traffic regulation orders, the retention of biometric material and legal aid, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of Scottish Ministers, should be considered by the UK Parliament.—*[Humza Yousaf]*

The Deputy Presiding Officer: I call Adam Tomkins.

16:53

Adam Tomkins (Glasgow) (Con): In October last year, Andrew Parker, the director general of MI5, described the on-going terrorist threat that faces the United Kingdom as

“multi-dimensional, evolving rapidly, and operating at a scale and pace we’ve not seen before.”

Attacks such as that at London bridge in June last year or the novichok poisoning in Salisbury earlier this year are just two illustrations of what Mr Parker was talking about.

Against the background of that heightened terrorist threat, the UK Government considers it necessary to update and strengthen key aspects of the legal powers and capabilities that are available to law enforcement and intelligence agencies to disrupt terrorism and to ensure that sentences for terrorism offences properly reflect the seriousness of the crime. Conservative members strongly support that judgment and the Counter-Terrorism and Border Security Bill, which arises from it and which is the subject of today’s legislative consent motion.

Most of the bill concerns matters that are properly reserved to Westminster, but a minority of its provisions touch on devolved matters, particularly road traffic regulations, legal aid for those stopped at the border and the retention of biometric material.

I welcome the fact that the Scottish Government recommends that Parliament’s consent be given to those provisions. I agree. As the legislative consent memorandum says,

“Ensuring that these measures are consistently applied and available across the UK is important to maintaining the operation of counter-terrorism measures.”

Of course it is.

The measures to be taken in the bill, and in particular the measures that attract the request for our consent today, are necessary to safeguard our national security and are proportionate. In particular, it will still be the case after the bill is passed that biometric data will be destroyed unless there is a sound basis for retaining it. Operational experience has shown that the two-year retention period is too short, which is why the bill extends it to five years.

Likewise, the power to detain and question individuals at the UK border is plainly required. The power in the bill is carefully constrained so that it will apply only on grounds of involvement in hostile activity for or on behalf of another state. The decision to stop and question an individual will not be arbitrary; it will be based on informed consideration of risk, threat, hostility and intelligence.

In short, the powers are necessary and proportionate. The Government is right to support them, and we should all do so, too. I support the motion.

16:56

John Finnie (Highlands and Islands) (Green): The matter was discussed at the Justice Committee on 13 November. Of course it is important to have consistent application of legislation, but legislation must be fair and equitable, and it should certainly not be trialled by *The Daily Telegraph*, as is the inference from the powers that the UK Government seeks to put in place.

Three powers apply to Scotland, in relation to traffic regulation orders, legal aid and the retention of biometric material. On traffic regulation orders, it is good that the local authorities will be reimbursed. On legal aid, it is great that people who are accused are to be given non-means-tested advice and assistance. Please can we extend that provision?

The issue is the retention of biometric material. The legislative consent motion states that the bill will strike “a better balance”. That better balance was not evidenced at the Justice Committee by the cabinet secretary. We heard from an official that chief officers in England and Wales have gone to the biometrics commissioner on a number of occasions to seek further retention periods—I bet that they have.

The reasons for retention are changing. The LCM tells us that biometric material is available for use for “general policing purposes”. The cabinet secretary used the term “devolved purposes”. Those are serious extensions and serious

intrusions. The argument for change that we seem to be hearing is that the provisions are administratively more convenient. I am certainly not persuaded by that, not least because I believe that information will be shared and put in a UK national database—a UK national database with errors. I understand that there may have been human rights violations in relation to photographic evidence that has not been corrected.

Our obligation is to scrutinise and understand the purpose of legislation. Everyone wants to see an end to violence and the use of maximum proportionate means to address such issues. However, that approach would be underpinned by a human rights assessment, and my questions to the cabinet secretary are: has one been compiled and published and, if so, who consulted on it? Either way, the case has not been made. The Scottish Green Party will not support the motion.

16:58

The Cabinet Secretary for Justice (Humza Yousaf): I thank both Adam Tomkins and John Finnie for speaking on this legislative consent motion, and the Presiding Officer for the opportunity to respond.

The Counter-Terrorism and Border Security Bill is just one part of the UK Government's review following the terrible incidents in London and Manchester last year. As one would expect, and as has been mentioned, the majority of the bill relates to the reserved area of national security and is rightly being scrutinised by the UK Parliament.

However, the three areas mentioned by Adam Tomkins and John Finnie have implications for devolved competence. The Justice Committee, and John Finnie today, raised concerns about provisions that relate specifically to the retention of certain biometric material. I will not speak to the other two points, because there is broad agreement about them.

For clarity, the type of biometric material that can be the subject of a national security determination is defined in the Criminal Procedure (Scotland) Act 1995—namely, fingerprints or DNA. The definition does not include secondary biometrics, such as images.

Let me be clear: the Scottish Government does not take lightly its responsibility with regard to ensuring that biometric data is only ever retained in circumstances in which such an intrusion on an individual's rights is proportionate and appropriate.

John Finnie: Will the cabinet secretary take an intervention?

Humza Yousaf: If the member does not mind, I want to make progress—if only because he said

that he would vote against the LCM regardless of what I say.

In response to the recommendations of the independent advisory group on the use of biometric data in Scotland, which we convened, we will introduce a bill to enhance oversight of biometric data. That bill will, rightly, be scrutinised by this Parliament.

It is important to acknowledge that today we are considering the impact on devolved competence of the narrow circumstances under which specific biometric data can be retained. The provisions in the Counter-Terrorism and Border Security Bill change the existing maximum retention period from two to five years; it is important to note that there are no proposed changes to oversight or safeguards in relation to the retention of data, which will still be subject to review by the Commissioner for the Retention and Use of Biometric Material. Indeed, the proposed change was recommended by the commissioner in the annual report that he published in April.

On John Finnie's concern about databases, I reiterate that the data in question is that which is defined in the Criminal Procedure (Scotland) Act 1995 and does not include images. Biometric data that is subject to national security determination is stored in a number of national databases, none of which is the police national database.

I share Mr Finnie's concerns about the issues that have been raised, not least in the recent court judgment that was critical of the governance arrangements for images.

Daniel Johnson (Edinburgh Southern) (Lab): I heard Mr Finnie rightly ask about a human rights assessment. Labour members are minded to support the Government on the LCM, but the point about a human rights assessment is important. Will the cabinet secretary answer the question and say whether such an assessment has been made?

Humza Yousaf: I was coming to that point. I wanted first to address Mr Finnie's question on databases. We take that issue extremely seriously. We will watch how the bill progresses through the UK Parliament—and it almost goes without saying that Scottish National Party members of that Parliament will be involved in the scrutiny of the bill, as they have been up to this point.

I was asked to reflect on the need to undertake an impact assessment on the specific issues on which we seek legislative consent. I acknowledge the concerns that organisations and individuals have raised about the bill in its entirety and I welcome the scrutiny that the bill rightly faces in the UK Parliament, but I do not consider it appropriate for the Scottish Government to

undertake an impact assessment on a UK Government bill, the majority of which is within reserved competence.

I recognise the concerns of the committee and John Finnie, and I agree that the bill needs to be properly scrutinised, to ensure that any impact is necessary and proportionate. That scrutiny will happen in the UK Parliament, where the bill in its entirety is being considered. The provisions that are under consideration in relation to the legislative consent motion give consistency to law enforcement in the UK and will ensure that Scotland is not at a disadvantage in tackling the terrorist threats that we face.

On Daniel Johnson's point, I wrote to the committee and my official spoke to a number of human rights organisations. Although those organisations have concerns about the bill more widely, they do not necessarily have concerns about the narrow issues that we are considering in the context of this legislative consent motion.

The Presiding Officer (Ken Macintosh): The question on the LCM will be put at decision time.

Point of Order

17:03

Patrick Harvie (Glasgow) (Green): On a point of order, Presiding Officer.

I make a point of order in relation to an exchange during topical question time today. I do so under standing orders rule 7.3, which says:

"Members shall at all times conduct themselves in a courteous and respectful manner".

Topical question 2, from Rhoda Grant, was about the action that the Scottish Government is taking in response to Cairngorm Mountain Ltd entering administration, and my colleague John Finnie was called to ask a supplementary question. He made some very reasonably worded criticisms of the situation and talked about the need for due diligence in the use of public funds. Mr Ewing, responding on behalf of the Government, rejected those criticisms rather angrily.

That is all fair enough, within the realms of debate. It is not unusual, and it is certainly not out of order, for the Greens to criticise Mr Ewing and for Mr Ewing to reject those criticisms—he is perfectly entitled to do so. However, Mr Ewing went on to say that he would

"keep the main parties that support us informed"

of progress.

That response and the very clear indication that my colleague John Finnie will not receive relevant updates on Government actions on the matter fly in the face of the expected relationship between Government and Parliament. Ministers are accountable to the whole Parliament—not only to those who support their policies and actions.

I would argue that rule 7.3, in addition to requiring respect to be shown to members as individuals, requires that members should respect the relationship of accountability and the equal status of all MSPs. Parliament should not accept the idea that it is the ministers' place to decide whom they should be accountable to, on the basis that they support the Government.

The Scottish Parliament's publications and the ministerial code refer to the key principles of the consultative steering group on the Scottish Parliament. Those principles set out that power should be shared between the Scottish Government, the Scottish Parliament and the people of Scotland, and that the Scottish Parliament should hold the Scottish Government to account. I ask you, Presiding Officer, to ensure that ministers keep the whole Parliament informed on such matters and do not feel able to pick and

choose by whom they are held accountable in the Parliament.

The Presiding Officer (Ken Macintosh): I thank Mr Harvie for his point of order and for the advance notice of it.

I was in the chair for the exchange, and I noticed the remarks. I thought that the minister was perhaps a little off hand in his treatment of Mr Finnie, but he was not personally discourteous. As Mr Harvie recognised, it was very much part of the robust political exchange that takes place in the Parliament.

The minister will have noted Mr Harvie's comments on the substantive point that he raised. I assume that the minister will keep the Parliament informed of developments, just as he did today. It is, of course, up to the member and any other member to ask questions of the Government if they wish to hold it to account.

Decision Time

17:06

The Presiding Officer (Ken Macintosh): The first question is, that motion S5M-14984, in the name of Johann Lamont, on the report on petition PE1463, on effective thyroid and adrenal testing, diagnosis and treatment, be agreed to.

Motion agreed to.

That the Parliament notes the conclusions in the Public Petitions Committee's 1st Report, 2018 (Session 5), *Report on Petition PE1463: Effective thyroid and adrenal testing, diagnosis and treatment* (SP Paper 301).

The Presiding Officer: The next question is, that amendment S5M-15016.2, in the name of Maurice Corry, which seeks to amend motion S5M-15016, in the name of Graeme Dey, on a strategy for our veterans: taking it forward in Scotland, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-15016.3, in the name of Mark Griffin, which seeks to amend motion S5M-15016, in the name of Graeme Dey, on a strategy for our veterans: taking it forward in Scotland, as amended, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-15016.1, in the name of Mike Rumbles, which seeks to amend motion S5M-15016, in the name of Graeme Dey, on a strategy for our veterans: taking it forward in Scotland, as amended, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S5M-15016, in the name of Graeme Dey, on a strategy for our veterans: taking it forward in Scotland, as amended, be agreed to.

Motion, as amended, agreed to.

That the Parliament welcomes the work undertaken by the partners across all four UK nations in developing the Veterans Strategy; recognises that the Scottish Government is now coordinating a consultation process to look at how the strategy will be taken forward in Scotland, which will include discussions with key stakeholders and veterans themselves to identify future priorities and areas for improvement; notes that this consultation will build on and complement the work of the Scottish Veterans Commissioner; agrees that the Scottish Government should continue to work in partnership to ensure that veterans and their families in Scotland are recognised as assets to communities and receive the best possible access to support and opportunities, including a first point of contact for all veterans within all NHS board areas of Scotland; recognises the value of co-operation, not only between the different governments of the UK, but also between different sectors and government portfolios;

recognises the importance of specialist physical and mental health services to veterans with enduring injuries and conditions, and calls on the Scottish Government to protect and resource these services for current and future generations.

The Presiding Officer: The final question is, that motion S5M-15017, in the name of Humza Yousaf, on the Counter-Terrorism and Border Security Bill, which is United Kingdom legislation, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Campbell, Aileen (Clydesdale) (SNP)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Corry, Maurice (West Scotland) (Con)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harris, Alison (Central Scotland) (Con)
 Haughey, Clare (Rutherglen) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)

Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Mason, Tom (North East Scotland) (Con)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Russell, Michael (Argyll and Bute) (SNP)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Tomkins, Adam (Glasgow) (Con)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wells, Annie (Glasgow) (Con)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Finnie, John (Highlands and Islands) (Green)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alison (Lothian) (Green)
 McDonald, Mark (Aberdeen Donside) (Ind)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 100, Against 7, Abstentions 0.

Motion agreed to,

That the Parliament agrees that the relevant provisions of the Counter-Terrorism and Border Security Bill, introduced in the House of Commons on 6 June 2018, relating to anti-terrorism traffic regulation orders, the retention of biometric material and legal aid, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of Scottish Ministers, should be considered by the UK Parliament.

Autistic Children's Experiences of School

The Deputy Presiding Officer (Christine Grahame): The final item of business is a members' business debate on motion S5M-14097, in the name of Daniel Johnson, on a report on autistic children's experiences of school. The debate will be concluded without any question being put.

Motion debated,

That the Parliament acknowledges what it sees as the important insights in the report, *Not included, not engaged, not involved*; understands that the paper, which has been co-authored by Children in Scotland, the National Autistic Society Scotland and Scottish Autism, focuses on experiences of the education system that have been faced by autistic children and their families; expresses concern that 13% of parents of autistic children who responded to the survey said their child had been formally excluded in the last two years, 28% said that their child had been placed on a part-time timetable, and 34% of parents said that their child had been sent home without formal exclusion, which the report terms "unlawful exclusion"; acknowledges the view that education should be inclusive and that children in the Edinburgh Southern constituency and across Scotland who have additional support needs should be adequately resourced and supported, so that they can be fully included, and notes the calls for the Scottish Government to review the report and to implement the nine action points that it sets out.

17:10

Daniel Johnson (Edinburgh Southern) (Lab): I could begin the debate by reeling off percentages and numbers, but I will not. I will start with a feeling.

Every member in the chamber will know the feeling of sitting in an over-hot car. We would rather be practically anywhere else. Even when we put the fan on, it just blasts hot air in our face.

Now let us imagine what it would be like if there was a wasp in the car beside us. Most of us would flinch, and we might flail a little bit. If we realised that the doors were locked and we could not wind down the windows, we might start banging on the windows. Some of us might start shouting. If there was someone sitting next to us who did not help us, and just told us off, or told us that we could not use the car because of our reaction, we would find that very unfair.

The reason for my using that analogy is that someone used the wasp in the car to express what it feels like to have a meltdown for a person who has autism. In our education system, we are too often telling those people off and excluding them from the car.

This is what the debate is about: it is about building understanding. Yes—there are important

details in the report, but first and foremost, if there is one thing that we can do in the debate, it should be to build understanding of autism and what it feels like. That is the start that so many people with autism need.

I thank the National Autistic Society Scotland, Scottish Autism and Children in Scotland for the brilliant report that they have compiled, because it does the important job of shining the light of experience to show how autistic children in our school system feel.

Above all, I thank the parents and young people who participated in the survey. Without their participation, the survey would not have been possible. I am also pleased that so many fellow members of the Scottish Parliament who were at the report's launch are in the chamber this evening. I know that they share my feelings from the event. There was shock and anger at hearing about parents having to lawyer up to fight for the legal rights of their children to be educated; at hearing about families who were forced to home school their children, not through choice, but because there was no other option for them to have their children educated; and at hearing not just about children being told off, but about seven-year-olds who are barely able to write their own name being asked to sign pledges that they would modify their behaviour at school.

Most shocking to me was hearing about the experiences of young people being forcibly taken from their classrooms and put into a 12ft by 12ft windowless soft room because of their behaviour. That is what is happening to some children today, in Scotland, in our schools. We need to make this debate the first step towards ending those experiences.

The report is important. It shines a spotlight on the experiences of many children in our education system. The most distressing finding was on the number of formal and informal exclusions from our schools: 13 per cent of parents said that their children had been formally excluded, and three-quarters of those had been excluded on more than one occasion.

On top of the formal exclusions, the truly worrying picture, however, is the degree to which unlawful and informal exclusions are being used. More than a third—37 per cent—of parents reported that their children had been excluded informally, and a quarter of those said that it was happening more than once a week. Those informal exclusions are described as "cooling-off periods" or "time outs", but they are exclusions of children without records being made or notification being given. Let us be clear here this evening: that is against the law and should not be happening.

Use of part-time timetabling can also be part of the educational solution for children with autism. Unfortunately, in the majority of situations it is being instigated by schools and not by parents. For some children that part-time timetable means as little as an hour of education a day.

We have to be careful with the numbers, which are not necessarily representative. They are from a survey that was informal. However, the total number of respondents equates to about 10 per cent of the autistic pupil population, so we have to take the numbers seriously.

Beyond the findings on exclusion is the finding on the impact on children, including children whose education progression has been diminished, and children who are a number of years behind their peers. Most important is that many of them feel isolated and that their overall wellbeing and mental health are impacted by their experience at school.

Beyond that, the impacts on families were also reported, as were occasions when parents had to choose between their work and their child receiving education, and the impact that that has on their mental health and wellbeing, and on their relationships.

Perhaps most troubling are the views on what would make a difference. They are simple things—improved understanding on the part of the teachers who are entrusted to deliver the children's education, improved support and improved communication. Those are not complicated things: they are basic, and we must make sure that they happen.

There are a number of calls to action in the report including dealing with the exclusions, improving the level of specialist teachers and skills within schools and the wider school community, the need to have the neurodevelopmental disorders in autism included within initial teacher education, and there being minimum standards on hours of education. Those should be adopted in full; I would like to hear what the minister has to say on them.

However, those calls do not go far enough. We must invest in teachers and their capacity to deal with additional support needs. They do an amazing job, and no word of my speech here this evening, or of the report, is a criticism of the fantastic job that teachers do, but they are not getting the support that they deserve. Specialist teacher numbers have been cut by 20 per cent since 2010. We know that, despite recent funding announcements, the number of educational psychologists has declined over a similar period. We also know that there is a lack of provision for ongoing training and development, which is a

recent finding of the Education and Skills Committee.

We must ensure that appropriate placements are available for autistic children. Although we should aim for mainstreaming, some children need specialist education, but those specialist places are becoming rarer and rarer for those who need them.

Above all, I would like to look at call 9 in the report, which asks that people be made more aware of rights to education. I do not know whether that call is right—I do not think that people should have to be told of their or their child's rights to education. They should expect it. The Government must step in, because there is a legal duty on local authorities to provide education, and there is a duty in the Education (Additional Support for Learning) (Scotland) Act 2004 to provide support regardless of formal diagnosis or assessment. That law must be enforced. People deserve their legal rights: the Government must ensure that local authorities extend them.

Above all else, we have a very honourable commitment to mainstream schooling because, at the end of the day, we live in a mainstream world, and if we do not prepare our young people to live in it, we fail them. However, equally, that commitment to mainstreaming is for nothing if, in reality, mainstreaming means exclusion from school and a very limited timetable. [*Applause.*]

The Deputy Presiding Officer: I remind the people in the gallery that we do not permit applause. I understand why it is done, but it is not permitted

17:19

Richard Lyle (Uddingston and Bellshill) (SNP): I thank Daniel Johnson for securing this members' business debate on such an important issue.

Tonight, I want to tell my constituent Kieran's personal story. I have only four minutes to do so. Kieran attended mainstream primary in North Lanarkshire from primary 1 to P3. It was evident even then that he had social and emotional difficulties, and at times he struggled with slightly challenging behaviour in school, although none of it was noteworthy or enough to prompt real investigation. His parents thought that if investigations were required, teachers would highlight that, because they are the professionals.

In primary 3, Kieran's mother made the decision to move him to a smaller primary school which she had researched and found had a supportive ethos. The family moved only a couple of miles, but that move put them in South Lanarkshire. My

constituency is made up of areas of North Lanarkshire and South Lanarkshire.

His parents were very unhappy that Kieran's behaviour was being put down to trouble making, bad temper and so on, when he was actually struggling to cope with sensory, social and emotional issues, and was generally a kind and sensitive boy.

On moving schools, they were linked up with educational psychology in South Lanarkshire and, from there, to many agencies within the national health service, to pursue a diagnosis of autism. Kieran did not have formal support in school. However, due to the skills and experience of the individual teachers and a lot of luck, he was fairly settled until primary 6. By that time he had been through the assessment process for autism, but it was felt that he did not meet all the criteria. That is another failing, and Kieran is just one such case.

As the move to further independence in education advanced, along with peer issues and a change of teacher in P7, Kieran began really to struggle. He had many absences, his mental health became very poor and anxiety about school became a daily struggle. That resulted in Kieran becoming suicidal, so a referral to child and adolescent mental health services was made. The family worked with CAMHS, which felt that Kieran met the criteria for an autism diagnosis. Kieran was eventually diagnosed in December 2017.

The family moved back to North Lanarkshire and Kieran was enrolled in his local secondary school. His parents had reservations about Kieran's ability to cope in mainstream high school, given the impact that his last year of primary school had had on him. However, no alternatives were offered.

It became apparent that Kieran was not coping with high school. Alongside his autism diagnosis, he has hypermobility, which restricts his mobility and causes a lot of pain and fatigue. His parents approached the school to highlight their concerns. Guidance teachers observed how upset Kieran was, and his parents were assured that action would be taken.

By October, Kieran was so impacted by his daily adverse experiences at school that he again became mentally unwell. His mother had to take him to see their general practitioner. Kieran attended school sporadically until January, when the decision was made by the school and staff in North Lanarkshire to put in place a part-time timetable. However, lack of support for Kieran meant that he got only nine sessions before he became so unwell that he completely refused to attend.

Kieran is still out of school. He has mentally recovered and is keen to be educated. His mother

has researched, contacted and visited many independent schools. He was offered a place at an independent school that specialises in boys with autism spectrum disorder. His mother applied via a placing request to North Lanarkshire Council. It refused the request. His mother has now contacted Govan Law Centre.

Quite honestly, local councils are failing Kieran and others like him. Having been a councillor, I know that a council can serve such people better. I press them to do so.

I would cover the report that Daniel Johnson spoke about, but I am running out of time.

We are all parents, grandparents, uncles or aunts—therefore, we as politicians must look into the subject and aid councils to do better. We cannot fail Kieran and others like him.

17:23

Annie Wells (Glasgow) (Con): I thank Daniel Johnson for bringing this important debate to the chamber. As the convener of the cross-party group on autism, I am really pleased to see autism getting the attention it deserves. When I set up the CPG, a year ago, I never anticipated the level of interest it has received.

From meeting to meeting, we have seen more and more people attend, which is evidence of just how strongly people feel about the need for change. At our most recent meeting, in October, we focused solely on education, and I am grateful to the Deputy First Minister for joining us at that meeting. We used the joint report by the National Autistic Society Scotland, Scottish Autism and Children in Scotland as our point of reference.

These experiences will, of course, not be representative of everyone—there will be examples of great practice across Scotland—but it is clear from the key findings of the report “Not included, not engaged, not involved” that there is a systemic problem. Thirty-four per cent of parents and carers said that their child

“had been unlawfully excluded from school”

in the previous two years; 28 per cent said their child

“had been placed on a part-time timetable in the last two years”;

and 85 per cent said that their child

“did not receive support to catch up on work they had missed.”

Many children with autism regularly miss school due to stress and anxiety, and, as a result, they suffer from low self-esteem.

At the meeting, we heard from two young people, Rachel Birch and Jasmine Ghibli, who are

representatives of the Scottish Women's Autism Network. I thank them both for allowing me to share the following stories with the chamber.

As someone who was diagnosed with autism only at the age of 14, Rachel had no transitional support when starting secondary school. By her third year, her anxiety was so bad that she began to refuse to go to school and experienced panic attacks. Upon her diagnosis, the school was unsure of how to support her, and she believed that the support that she did receive was in line with punishments for non-autistic individuals. Rachel ultimately felt suicidal, and she now feels strongly that teachers should receive better training and that a more positive narrative should be built around autism.

Jasmine, who was diagnosed with autism at four, spoke of how she felt ostracised at school due to a lack of understanding about the condition. As a victim of bullying, she felt that things were made worse when she was put in separate classes with children with additional support needs, which eventually led her to attempt to take her own life. Although Jasmine's situation improved after she left school and received cognitive behavioural therapy, her experience is evidence of how the system can fail to support those youngsters who need it most, with potentially drastic consequences.

Thankfully, there are ways in which the situation can be improved. As we heard from Daniel Johnson, the report outlines nine calls to action, which focus on improving understanding of autism in schools. They include a call to increase the number of specialist teachers and enhance programmes in initial teacher training and continuing professional development. They also focus on monitoring the use of part-time timetables, on reducing the number of formal and informal exclusions and on ensuring that children are aware of their right to additional support for learning and that, should they need it, the resource is there.

The Scottish Conservatives support those proposals in the belief that it is imperative that children and young people with autism are given the best start in life. This is a systemic issue in Scottish schools and one that affects not just those with autism. The number of specialist additional support needs teachers has declined by 16 per cent in the past five years, with the number of pupils identified with ASN increasing by 55 per cent over the same period.

It is clear that the pressures on teachers are huge. If we are to give those with autism the best start in life, the Scottish Government needs to take action to support schools and pupils. The CPG will continue to play an active role in monitoring whether the calls to action are being delivered on.

I thank Daniel Johnson again for bringing this important topic to the chamber. The years that we spend progressing through school play a huge role in shaping us and our values as well as how we make our way in the world. They help to create opportunities and the confidence to take on our chosen career. However, for those faced with autism, those years can be even more make or break. We should all strive to change that, and I remain fully committed to doing so.

17:28

Iain Gray (East Lothian) (Lab): I start by saying well done to Daniel Johnson for securing the debate. More to the point, I say well done to the three organisations that were involved in producing and publishing the report.

This is one of those issues that we all suspected was happening but it was almost impossible to prove. I suspect that most of us have had constituents who are parents of autistic children come to us about a failure to provide their child with the education to which they are entitled. However, the fact that occurrences are hidden among 32 local authorities and among thousands of schools makes the scale of the problem difficult to see. Moreover, as it turns out, the most egregious failure—the use of unlawful exclusions—is even more hidden, as it remains unrecorded.

We really should acknowledge the effort that went into establishing the evidence in the report—and what shocking evidence it is. A quarter of parents had seen their child formally excluded in the past two years, but more than a third had seen their child suffer informal—in other words, unlawful—exclusion.

We all know what the issue is. Mainstreaming children who have additional support needs is absolutely the right principle, but the right principle is worthless without the right practice. Manifestly, that means having enough support staff and enough resources to make mainstreaming work for all concerned—above all, for the children themselves. Otherwise, we are simply mainstreaming failure and frustration, and, frankly, it is hypocrisy on our part when we pretend to be all about fairness.

The issues do not apply only to children with a diagnosis of autism, who account only for 8 per cent of children with additional needs, but the fact that the Enquire special needs helpline receives 46 per cent of its calls from parents of autistic children tells us that they are particularly ill served. They are, so to speak, the canaries in the coal mine who alert us to a wider problem to which we must respond.

Now that we have the evidence, the onus is on the Cabinet Secretary for Education and Skills to tell us what he is going to do. Warm words will not be enough to solve the problem; only more support, including more additional needs teachers and additional support workers, will do that. Yet, at the Education and Skills Committee last week, the head of the learning directorate's support and wellbeing unit admitted that she has no idea how many additional needs support workers we have in our schools, never mind how many we need. She suggested that, because it is up to councils to employ additional needs support workers and because the role is given different names, it is too difficult to find out how many such support workers there are—or, indeed, whether there are any at all. She told committee members that additional support is provided not just through additional needs teachers and support workers. That is true, as can be seen from eight of the nine recommendations in the report. However, she gave the impression that it was a bit quaint of the committee to think that such a thing as specialist staff mattered much at all.

The report tells us that autistic children are routinely being illegally denied their place at school. More specialist staff to support them may not be everything they need but, my goodness, it would be a start in turning the issue around. I hope that the cabinet secretary will tell us how and when that will happen.

17:32

Ross Greer (West Scotland) (Green): Like colleagues, I thank Daniel Johnson for the opportunity to discuss this issue in the chamber.

The title of the report “Not included, not engaged, not involved” should not surprise anyone in the Parliament. As Iain Gray said, many of us are used to receiving such case work on a regular basis. It will certainly not surprise young people with autism or their parents, carers, teachers or support staff.

We should be grateful for the valuable work that has been carried out by Children in Scotland, Scottish Autism and the National Autistic Society Scotland in producing the report, which provides an invaluable insight into the lives of young people with autism in Scotland today. It sets out how our education system is failing far too many young people. More than a third of parents and guardians who responded to the survey reported that their child had been unlawfully excluded from school in the past two years, most of them on multiple occasions. Just under 30 per cent said that their child had been

“placed on a part-time timetable”.

Eighty-five per cent said that their child

“did not receive support to catch up on work they had missed”

while they had been excluded.

The report only adds to the substantial body of evidence that is building in relation to the failure to properly support children and young people with additional needs in Scotland. The number of specialist additional needs teachers has dropped by over 400 in eight years. The loss of that expertise means that classroom teachers are left without the additional support and the specialist knowledge that is needed to support every pupil. The classroom teachers themselves are struggling to support every young person in their class, and they are doing so with increased workloads and having lost 3,500 of their colleagues over the past decade. The result is that fewer people with less expertise are being expected to do more with less. It is not working.

Support staff, who used to directly assist pupils with additional needs, are being stretched to support the whole class instead. Often, the staff with specialist skills and training have been cut completely and the general classroom assistant staff are expected to take on the role of supporting young people with autism and other needs that the staff simply do not know enough about.

As Iain Gray mentioned, the Scottish Government has even redefined the information that is published on specialist support assistants, now grouping them into a more general—to the point of being almost meaningless—category of pupil support assistant. It feels as though, instead of asking why the specialist assistants are no longer doing that job, the Government has given up and accepted the loss of that defined and important role.

“Not included, not engaged, not involved” is far from the only evidence that we have. Last year, the Education and Skills Committee undertook an inquiry into additional support needs in Scottish schools. We received hundreds of submissions, particularly from teachers and parents of pupils with additional needs. I think that the chamber will recall some of that evidence, such as the staff member who was told to watch “The Big Bang Theory” to better support a pupil with Asperger's syndrome. We were told how patchy training on additional needs for teachers is in Scotland and that much of additional needs training is based on a cascade model in which one teacher gets the training and passes on what they know to others. That is why specialist additional needs teachers are important, but the loss of so many of them means that passing on that knowledge is often not possible.

The range of recognised additional needs is vast. The range of potential forms of support that

young people with autism need is vast. Every young person is unique, and their needs are unique as well. Many teachers and parents highlighted the importance of identification of additional needs in the first place. Again, that is an area in which specialist teachers and support staff who are able to identify additional needs are key, but it is an area in which there is colossal inconsistency across the country.

Educational psychologists play a vital role, but the number of educational psychologists in our schools has dwindled, particularly after the Scottish Government cut the bursary for that qualification in 2012. The Greens were critical of the loss of the bursary, and we welcome its reintroduction, which was announced earlier this year. That was absolutely the right move for the Government to make. We will wait with interest to see whether it helps us to recover the number of people who go into those courses and then into those roles.

Accessing the support that they are entitled to is clearly an issue for young people with autism and their families. Since 2010, there has been a drop of a third in the number of pupils with a co-ordinated support plan, which is the only statutory support plan. CSPs allow parents and young people a right of appeal if their needs are not being met, so their decline is deeply alarming. We have a principle of mainstreaming in our schools, but mainstreaming without adequate support is not inclusion—it is exclusion.

This is all entirely avoidable. Our young people absolutely deserve Government action based on the suggestions in the report. They deserve the Government genuinely getting it right for every child.

The Deputy Presiding Officer: Due to the number of members who still wish to speak in the debate, I am minded to accept a motion without notice to extend the debate by up to 30 minutes.

Motion moved,

That, under Rule 8.14.3, the debate be extended by up to 30 minutes.—[Daniel Johnson]

Motion agreed to.

17:37

Mark McDonald (Aberdeen Donside) (Ind): I thank Daniel Johnson for securing this important debate. As he did, I commend the work of the National Autistic Society Scotland, Scottish Autism and Children in Scotland in pulling together the report and the parents and young people who contributed their experiences in order that we might better understand what is, or is not, happening in our education system.

With that in mind, I will focus the majority of my speech on the experience of one of my constituents. She has requested that I anonymise her and her children, so I will refer to her as C. Her experience centres on her children, A and M. Much of what she sent to me has had to be abridged, but I will write to the Cabinet Secretary for Education and Skills with full details after the debate, if he would find that helpful.

When C discussed her various concerns about A with his health visitor and nursery staff, they were dismissed as typical boy behaviour or something that he would grow out of. By the time that he was at primary school, concerns were raised again but were dismissed on similar grounds. By P2, A was really struggling and displaying challenging behaviour at home, prior to and after school, and he began to refuse to attend school. Finally, following a meeting with the headteacher, a referral to CAMHS occurred and a diagnosis of autistic spectrum disorder and comorbid attention deficit hyperactivity disorder was received.

In primary 3, despite various measures being put in place, A was being taught one to one in either the corridor or the headteacher's office if a pupil support assistant was unavailable. The family made repeated requests for alternative provision to be considered, such as at Camphill or Mile End school, but they were advised that A was too able academically and that the school was meeting his needs.

Eventually, while he was in primary 3, A was removed from school by his family due to a deterioration in his physical and emotional health. Following an emergency GIRFEC meeting, it was finally agreed that Aberdeen City Council would consider an alternative placement and he was eventually granted a full-time place at Camphill. He now thrives in the environment that Camphill provides, as opposed to mainstream education.

C advises me that with her son, M, she had to relive the entire experience again. Despite M already being under assessment for ASD, the nursery system did not adapt to or support his needs. Multiple measures were put in place at school, as they had been with A, but they were always reduced or removed when M showed any sign of coping, thus escalating matters and forcing the cycle to repeat.

Both A and M experienced illegal exclusions and being placed on part-time timetables, before C eventually took the decision to remove M from mainstream education and to home school him instead. After a year of home education, C looked into returning M to mainstream education, but his catchment school refused to provide the one-to-one support that had been in place prior to home schooling and insisted on replacing his current

reading method, which had proven successful, with phonics, which had been unsuccessful for three years at primary school.

C feels that she has been completely failed by the education system. As a result of the traumatic experiences of A and M, her third son has refused school and is also being home educated.

C advises me that although home education is working, and her sons are thriving, it is not the choice that she wanted to make. It has led to the household being dependent on a single income and the family struggles financially as a consequence. In turn, that places a great deal of worry and stress on the family unit.

C is not the only constituent in such circumstances. I have seen many examples of part-time timetabling, where parents are forced into a situation of either sourcing childcare or reducing or quitting their employment. At the same time, I have spoken to parents who have found that mainstream education can work for their children, although in many of those cases it has been through the work of a specific school or teacher, rather than as a result of a wider ethos. One parent told me that her son does well at his current school, but at his former school she was advised that his behaviours were probably a consequence of how she parented him.

I have spoken in the Parliament many times regarding autism, often viewed through the experience of my son. I am fortunate that he has been placed appropriately in education, but that does not matter to the people who responded to the survey: parents do not want a system that works for other people's children—they want a system that works for their children, too. The review of mainstream presumption was instigated by a question that I asked in the previous parliamentary session and I hope that we might now see some progress on the issue.

I have devoted a great deal of my time in the Scottish Parliament, and will use whatever remains of it, to ensure that we live up to the principles that we have collectively signed up to in relation to GIRFEC. GIRFEC means getting it right for every child, not getting it right for most children or for the majority of children. The survey shows that we still have a journey to travel to achieve that ideal. That must give us pause for thought and the resolve to do better.

17:42

Angela Constance (Almond Valley) (SNP): Like Daniel Johnson, I will start with a feeling: I felt compelled to add my name in support of the motion that we are debating tonight. I did so after reading the report, "Not included, not engaged, not involved". As other members have done, I

commend the report's authors: Children in Scotland, the National Autistic Society Scotland and Scottish Autism.

It is not right, on any level, for any child not to receive their educational entitlements, as highlighted by the survey of nearly 1,500 parents. I know that that view will be shared by MSPs and ministers alike. I do not say this lightly, but the level of exclusions, unlawful exclusions, part-time timetabling and missed schooling found by the survey is utterly unacceptable and shocking. If that was not bad enough, 85 per cent of the children in the scope of the survey did not receive any support to catch up on the work that they had missed.

Like other members, my main motivation for speaking in the debate is to speak up for the countless parents that I have had the privilege of representing over many years. Being a parent is the most important and hardest job that anyone will ever have and it is harder still if your child has an additional support need, such as autism.

Parents of children with additional needs are always having to fight tenaciously for their children's rights and battle for what should be the norm. It must be utterly exhausting to constantly do battle with services—whether it is the Department for Work and Pensions, education, health or social work—only often to be labelled as difficult, controlling or overprotective. Services and politicians need to work harder at listening, and responding, to what parents tell us about their children.

A few weeks ago, I hosted a reception in the Parliament to showcase the work of the Multi-Cultural Family Base, which supports children and families from a refugee or migrant background with those crucial early years transitions. It is a voluntary organisation that supports the whole family on a wide range of issues, in a flexible way that works for the family.

In addition to statutory services, we must tap into the talents of the third sector, particularly when it comes to developing the whole-school approach that is recommended in the report. We must get better at providing the right support at the right time, and we must get it right for every child the first time, because the impact of failed educational placements is hugely disruptive and damaging to children's wellbeing and it adds to that sense of rejection and exclusion.

The report quotes a parent who said:

"I had to come and pick him up every day at 12"

and

"it was like that for seven years."

That testimony screamed to me that the boy had no package of support or the wrong level of support, or that he was in the wrong school. Unlike cases in which I was involved a decade ago, the issues do not appear to be with diagnosis or unidentified needs. It is about not responding to known needs. That is potentially negligent and—as Daniel Johnson said—in breach of the law of the land. It raises important questions for all of us.

A constituent showed me the statutory plan that was devised for her wee boy last year when he was in primary 1. Nothing happened, and he is now in primary 2. It is now groundhog day for them, chasing up reviews and planning meetings. He is only five once in his life, so where was the support and early intervention for that wee boy? Clearly, there is a need for that fuller spectrum of services, whether mainstream or specialist, so that plans are acted on and words are put into action.

I do not demur from the importance of resources—they are central. Of course, there are questions for local and national Government, some of which are tough. There is something about culture, attitudes, how services are delivered—and by whom—and, crucially, about putting our laws into practice where it matters the most: on the front line and in the classrooms. Therefore, I support the recommendations in the report.

17:48

Alexander Burnett (Aberdeenshire West) (Con): I thank Daniel Johnson for bringing this important topic to the chamber and I thank members from all parties for their support.

When I was first elected as an MSP in 2016, I knew that casework would be a priority; the topic of autism and Asperger's quickly became a growing concern. At first, it was just a few cases of families reaching out for help with their children, who had been diagnosed with autism. However, the scale of the issue then became more apparent, with adults, teachers, social services, the council and others bringing forward the lack of support for those with autism and Asperger's.

I met the chief executive officer of Aberdeenshire Council yesterday and I will meet NHS Grampian officials next week to discuss progress on the subject. I am grateful for their attention.

Having spoken to those who work with the autism community, I note that the report “Not included, not engaged, not involved” applies as much to Aberdeenshire as it does to anywhere else in Scotland. For all the good intentions of the Scottish Government's strategies, if those people who are required to create and deliver the strategies are not supported, the result is failure.

That applies not only to education, but to employment, housing and mental health services. Many families face great difficulty in finding a pathway for an autism diagnosis. However, even with a diagnosis, the support is often lacking. I commend our teachers, but unfortunately not enough of them have autism qualifications. Ultimately, that results in a failure to implement the correct support, which means that children and families fall through the net.

I met someone last week whose story echoes the issues that arise from today's debate. I do not have the time to tell the full story of what the family has gone through, but even an abbreviated account shows how badly it has been let down. The primary school refused to submit the child for diagnosis for dyslexia; after the family paid for it privately, a diagnosis was given. The same happened at secondary school, where the parents had to pay privately for a diagnosis of Asperger's.

A general practitioner referred the family to an organisation, which blamed the parents for the child's behaviour and accepted that the child had Asperger's only after the privately paid-for diagnosis was passed on.

The school, on the basis of the guidance, referred the family to social work as a family in crisis, which put even more stress on it. The organisation forced the child to appointments, which was a struggle because they had to be escorted to school due to their Asperger's. At one appointment, the child was told that it was good that they had not mentioned suicide. The parents were horrified that that idea could be put into their child's head.

The school has done its best to provide what support it can, but with lack of access to practical support and help from resource centres, the family is unsure about their child's future.

Mental health is a topic that has come to the forefront of national conversation in recent years, which I am grateful to see. After working with families and organisations in the autism community for more than two years, I am keen for our education system to take the lead on treating those with mental health conditions with the correct support. I call on the Scottish Government to ensure that all children are provided with the correct support so that they all reach their full potential in life.

17:51

The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney): I congratulate Daniel Johnson on bringing the debate to Parliament and thank him for raising an important topic. I have enormous sympathy with the issues that he has raised.

I also thank Children in Scotland, the National Autistic Society Scotland and Scottish Autism for their report, “Not included, not engaged, not involved”. I gave Parliament a commitment that I would engage with the organisations to consider the report’s findings. I have met all three organisations and I am looking at the issues that are raised in the report.

As a number of colleagues have done in this debate, I will set out what I have done as a member of Parliament. In my 21 years of service, I have met many constituents who have wrestled with such challenges. These are very difficult situations in which parents find themselves. They want to make sure that their children are given every opportunity to prosper and thrive in the way that Mr Burnett has talked about, and they want to ensure that services are available to support them in achieving their potential. That is an utterly natural aspiration for any parent. Over time, I have wrestled with some cases, and I will talk about the challenges that I faced in addressing the issues that members have raised. Yes, those challenges are to do with resources, but they are also about attitudes and ethos. We kid ourselves if we think that all this is simply about resources. Resources are a significant issue, but there are significant issues about attitudes and ethos that are relevant in the consideration of these questions.

Attitudes and ethos underpinned the policy thinking that went into the approach set out in the Standards in Scotland’s Schools etc Act 2000, which was supported extensively in this Parliament. The legislation brought in the presumption of mainstreaming for the education of young people, and the set of policy interventions that have been designed to give guidance to our education system about how the policy and the principle of mainstreaming in education should be deployed flows from it.

Much of the practice that I read about in the “Not included, not engaged, not involved” report regarding the experiences of particular families and exclusions from school education—as I confirmed to Mr Mundell in response to a question that he asked a few weeks ago in Parliament—is completely at odds with the guidance that is in place.

We must address an important question about the degree to which our policy framework as it stands provides sufficient guidance and rigour to ensure that Parliament’s aspiration, which is broadly shared across the political spectrum, is delivered by authorities.

That brings me on to Mr Johnson’s call for the Government to step in with local authorities to enforce the law on the right to education. I agree entirely with the sentiments about every young person’s right to education—I stand here as a firm

advocate of the principle of our obligation throughout the system, in every respect, to get it right for every child. However, to be frank, Parliament would have to consider whether it wished to empower the Government to step in to instruct, require or oblige local authorities to take certain courses of action. At present, Parliament seems reluctant to empower the Government to require or oblige local authorities to do certain things, and many of the operational decisions are taken by local authorities.

Daniel Johnson: I accept that approach for general points of policy, but what is the point of setting out obligations in the law if it is not enforced or honoured?

John Swinney: I do not dispute that point at all, but I say to Mr Johnson and Parliament that, if Parliament wants the Government to intervene in local authority practice to the extent that he suggested, Parliament needs to consider actively the support that it gives the Government for intervening in local authorities.

Oliver Mundell (Dumfriesshire) (Con): Will the cabinet secretary take an intervention?

John Swinney: If Mr Mundell will forgive me, I do not have a lot of time, and I need to cover another substantive issue.

The Deputy Presiding Officer: I am happy to give you the time, cabinet secretary.

John Swinney: Then I will of course give way.

Oliver Mundell: I thank the Presiding Officer and the cabinet secretary. If the Government cannot intervene, will the cabinet secretary support the calls that I have made for the Children and Young People’s Commissioner Scotland to step in and look at the breaches of children’s rights to education? Is that a potential avenue for tackling the bad practice that we see?

John Swinney: I do not think that anything would stop the commissioner deciding to inquire into anything—he is a parliamentary appointee who is free to inquire into any topic that he chooses. However, my point to Mr Johnson was not about that; it was about the relationship between the Government and local authorities, as he raised significant issues about what practice should be taken forward.

Johann Lamont (Glasgow) (Lab): Does the cabinet secretary agree with my concern about the suggestion that we are talking only about resources or only about attitude and ethos? Attitude and ethos are important, but the Government has the powerful tool of willing the means to deliver on the policy commitment that we all have to providing inclusive education. Local authorities, teachers, support staff and families

say that the resources are simply not there to support their young people.

John Swinney: That brings me on to the point about resources that I was just about to make. The most recent data that is available to us shows that, in 2016-17, local authorities delivered a real-terms increase in expenditure on education services and, within that, there was a 2.3 per cent real-terms increase and a 4.5 per cent cash-terms increase in the funding that was made available for additional support for learning in the education system. Those are the local government statistics, which I quote to Johann Lamont.

My next substantive point is to the Conservatives. I listened with care to Annie Wells and Alexander Burnett, as I listen carefully to the points that all members make. Johann Lamont has a fair point about willing the means, in that when it comes to budget decisions the Conservatives do not generally argue for more public spending on the day when that matters—budget day.

On that day, we have to make hard choices about the money that is available. Last year, we as a Government took decisions—for which the Conservatives roundly criticised us—that involved increasing available public expenditure. Yet, they come here—for quite understandable reasons—and make a plea for more resources. In the space that is available in this members' debate, I simply encourage the Conservatives to reflect on the real choices that face us in relation to public expenditure.

Annie Wells: Does the cabinet secretary agree with the Scottish Conservatives that it is already stated in legislation that children should have the right to a proper education? The cuts that have been made so far are 16 per cent, but we have seen the number of people being diagnosed with autism increase by 55 per cent.

Richard Lyle: Cuts by whom?

The Deputy Presiding Officer: Mr Lyle, please.

Richard Lyle: Sorry.

The Deputy Presiding Officer: Cabinet secretary, please continue.

John Swinney: Annie Wells has made my point for me. Because of the financial approach that has been taken by the Conservative Government in London, we are—and, since 2010, have been—dealing with a set of financial circumstances that have been acutely challenging. We have taken decisions to try to counter that, for which the Conservatives in Scotland have criticised us. Yet they come here, asking us to spend more resources on additional support for learning—for which, in my view, there is an absolutely justifiable case—but without seeing the deepest sense of

irony in what they are arguing for, given the profile and the position of the Conservative Government.

Oliver Mundell: I know that this is a members' business debate, but the cabinet secretary cannot, on the one hand, make the argument to Labour members that the issue is not about resources and then, on the other, point the finger at the Conservative Party for not helping his Government to provide those resources. There is clearly a problem here, and it is above party politics. Education is so important. Does the cabinet secretary not recognise that?

John Swinney: I have been at pains to suggest that the issue is not just about attitude and ethos, or just about resources; it is about the combination of those factors. That is why I make my point to the Conservatives that if they are interested in truly investing in public services and in improving outcomes for young people as a consequence of the resources that we allocate, they must be prepared—[*Interruption.*]

It is all very well for the Conservatives to shout things at me when I am making the pretty simple point that if they want to be part of the solution by increasing the resources that are available for additional support for learning, they have to be prepared to support budgets that will enable that to be the case. Their other spokespeople come to Parliament and argue for reductions in public expenditure and against tax measures that the Government has brought in to boost public expenditure. Those are the hard, arithmetical arguments that the Conservatives cannot avoid.

Johann Lamont: Does the cabinet secretary agree with Chris Cunningham, who is the education spokesperson for the Scottish National Party on Glasgow City Council, who has said that one of the problems in education has been that local government funding has been cut disproportionately? Such choices were made by the Scottish Government. I contend that, as a consequence, young people with additional support needs are being disproportionately disadvantaged in our education system—

Richard Lyle: Will the cabinet secretary take an intervention?

Johann Lamont: If the cabinet secretary could agree with Chris Cunningham on that, I am sure that we could achieve some agreement—not on a false argument about resources, but by recognising that choices that his Government has made have had consequences in our local communities.

The Deputy Presiding Officer: Cabinet secretary, we are all obliged to you for taking so many interventions in this very important debate. However, before you answer that, I say that I want to bring matters to a conclusion, so I ask you

respond to Ms Lamont's intervention and then to bring your remarks to a conclusion.

John Swinney: I come back to the points on resources that I made to Johann Lamont. The most recent data that I have available is that local government spent 4.5 per cent more, in cash terms, on additional support for learning in—

Richard Lyle: Will the cabinet secretary take an intervention on that point?

John Swinney: I am in danger of overstaying my welcome at the Government's dispatch box.

In the most recent figures that are available, education spending has increased by 2.5 per cent, in cash terms. Therefore, there is here a combination of issues to be wrestled with. They are, on the one hand, attitudes and ethos—the good guidance that is available from Parliament, supported by parliamentary discussions, which creates the climate to support young people in fulfilling their potential—and, on the other, the question of resources. I contend that we have a rise in resources that are being applied in education and a rising number of teachers who are being recruited into the system.

In closing, I will make two points, the first of which relates to my colleague Angela Constance's point that there are examples of great success in supporting the needs of young people with additional needs in mainstream education, and of the achievement of good outcomes for them by ensuring that the right approach is taken in individual schools. Crucially, we must ensure that we have in place approaches that involve the provision of support and training to our teachers and our professional staff so that they can support those young people.

The "Not included, not engaged, not involved" report has given me pause for thought and has resulted in my holding back the publication of the updated mainstreaming guidance to make sure that we properly address the issues that are raised in the report, and that we do everything in our power to address the issues that affect the life chances of some of those precious young people in our society. It is our obligation to make sure that we get it right for every one of those children.

Meeting closed at 18:06.

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