



OFFICIAL REPORT  
AITHISG OIFIGEIL

DRAFT

# Meeting of the Parliament (Hybrid)

Tuesday 15 September 2020

Session 5



The Scottish Parliament  
Pàrlamaid na h-Alba

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# Scottish Parliament

*Tuesday 15 September 2020*

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

## Time for Reflection

**The Deputy Presiding Officer (Christine Grahame):** Good afternoon. Before we begin, I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask that members take care to observe those measures over the course of this afternoon's business, including when entering and exiting the chamber.

Our first item of business today is time for reflection. Our time for reflection leader is the Rev Louise Purden, minister, Bonnyrigg parish church.

**The Rev Louise Purden (Bonnyrigg Parish Church):** I am extremely grateful for the kind invitation to digitally join you today in Parliament—thank you very much for having me.

As I prepared for today, I remembered the last time I was physically in the Scottish Parliament, which was as a member of the audience for "Question Time". It was one of the last episodes hosted by David Dimbleby, and I waited eagerly to see whether my question would be answered—it was not, but I did not mind at all. From my teenage years, "Question Time" was a real event in our house; we would join in the debates booing and cheering in panto style as we listened to the various guests putting forward their opinions. It was in that rich environment that I was able to formulate my own ideas and it was through listening to others that I began to establish my own opinions.

I have a postcard in my study that was produced by the charity the Samaritans, and it says that one in three teenagers need a good listening to, but I disagree—I think that three in three humans need a good listening to. Listening is a powerful act. I wonder whether you have ever felt frustrated when you have not felt listened to, or—even worse—when someone has listened but not heard what you have said. I am sure that you can relate to that.

As I look to my example of Jesus, I see lots of instances where he asks the right questions, never making presumptions. I read recently that, between the ages of two and five, children ask 40,000 questions. That is how we learn and grow; we need to ask questions, but we also need to listen. Listening is not always easy though; it can take great effort, and I am sure that I am not alone

in being guilty of nodding and smiling at someone while inside wondering what to have for my tea, or of sitting in a Zoom chat, getting distracted and beginning to daydream about a time when we can meet together in more than two households.

Truly listening is something beautiful. In an essay, Brenda Ueland writes that those who

"really listen to us are the ones we move toward, and we want to sit in their radius as though it did us good."

Each one of us needs a right good listening to, and each day we have an opportunity to truly listen to others—what impact might that have on individuals? What impact might that have on society? I pray that Scotland says something that is truly worth listening to and, to quote Jesus,

"I pray that we have ears to hear."

## Topical Question Time

14:04

### Covid-19

#### 1. Donald Cameron (Highlands and Islands)

**(Con):** To ask the Scottish Government what its response is to recent figures showing that Scotland's daily Covid-19 cases are at a four-month high. (S5T-02386)

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** As we remove restrictions from the lockdown period, we expect to see an increase in the number of positive cases, because the virus has not gone away. As we are freer to go about a more normal life, the virus is freer to move about, too. We see that here, in the rest of the United Kingdom and across Europe.

That is why our public health messages, including FACTS, are so important, and it is why, in addition, we make sure that our test and protect system and our local public health teams are resourced to the levels that we need, and are in place to act on any cluster or outbreak. Last week, our proximity app went live, and there have been 950,000 downloads to date.

The objective remains the same—to suppress the virus to the lowest level possible. Alongside that, we continue monitoring to ensure that protective and preventative measures in care homes and the care and health sectors remain in place.

**Donald Cameron:** In the past few days, there have been a number of worrying developments with regard to Covid-19. Daily cases have hit a four-month high, there was a rise in the number of positive cases in care homes, and Scotland's reproduction number and Covid growth rate are now the highest in the UK. We cannot afford to risk Scotland's response to the virus going off track. Given those developments, will the Scottish Government now implement additional measures, such as mass community testing, airport testing and home testing kits in schools?

**Jeane Freeman:** All those measures are continuously reviewed by our chief medical officer's clinical advisory group and, for example, by the clinical and professional group that works with us on care homes.

I have obviously read his news release; I need to correct Mr Cameron. In the past seven days—from 7 to 13 September—none of the cases in care homes were care home residents. In terms of the other measures that he has asked about, such as airport testing and mass testing, I want first, along with my colleagues in the UK Government,

to make sure that the current UK testing system, of which we are part, is working as efficiently as we require, and at the speed that we require, before we consider adding pressures to it.

The efficacy of, and the clinical guidance on, widening the groups that we test is constantly being considered by the CMO advisory group, as was outlined in the updated testing strategy that we published in August.

**Donald Cameron:** The cabinet secretary is right to say that testing is essential if we are to tackle the virus. I will ask her about testing in Scotland by national health service boards, given the ultimate responsibility that her Government has for the NHS. What is the Government doing to increase the testing capacity in NHS Scotland, especially in the light of the developments that I mentioned and the possibility of a surge in cases over the winter?

**Jeane Freeman:** The capacity that is controlled by the NHS boards in Scotland, and, through them, by the Scottish Government, also includes capacity in our academic nodes. We are quickly putting in place arrangements to cover the difficulties that the UK network of Lighthouse labs is currently facing, including interim arrangements that involve use of some private labs.

We are also scaling up to create three regional hubs from October, although we are looking at whether we can introduce some of the additional capacity later this month, and therefore earlier than October.

The reason why we are doing all that is, in part, because it is what we committed to, but it is also to ensure that there is significant additional resilience in the testing programmes that contribute to protection of the people who are most vulnerable. That includes care home testing; we have already begun to transition care home worker testing away from the Lighthouse labs to our NHS labs, so that we can be more confident about the speed of turnaround and more in control of the system. We will continue and complete that migration, so that all care home worker testing is run through the NHS labs. That also includes testing of NHS workers in healthcare areas that have been initially designated as requiring testing for staff in order to protect the most vulnerable patients.

Finally, I did not answer Mr Cameron's earlier question about the R number. I hope that we are all watching the First Minister's daily briefing. Those who do so will hear her make the point—as the chief medical officer and our national clinical director have done—about understanding the importance of the R number in and of itself, particularly when we have low prevalence. We still have low prevalence across Scotland, so the R number is important but is not the only factor. There are several other factors to consider, all of

which are published weekly by the NHS and the Government.

**Neil Findlay (Lothian) (Lab):** As the number of cases and the R number are rising, thousands of families, such as mine, are very worried about what that means for visiting loved ones in care homes. At the moment, we are reduced to one visit a week—outside. That is very undignified, both for the person who is being visited and for the family, because it is cold, wet and windy. I plead with the cabinet secretary to move forward on this and to allow families to meet their loved ones in a dignified setting. What is going on just now cannot continue into the autumn and winter.

**Jeane Freeman:** I will make a couple of points in response. First, I completely share the sentiment that Mr Findlay's question expresses. I am constantly concerned about striking the balance between protecting residents in care homes from the virus and recognising that some of the measures that are taken to do that are harming them and their families, particularly in relation to family contact, residents' cognitive functions and so on.

Right now, it is possible for care homes to have indoor visiting by a designated visitor. There are certain criteria that the care home needs to meet. It must have been Covid-free for 28 days and participating in the weekly test programme, and it must have a plan that shows that it has everything in place, including the right number of staff, available personal protective equipment, provision for taking details and so on. If the care home has all those things, the local director of public health will sign off that plan and indoor visiting can take place.

That is the case largely because I completely recognise that, on a day like this, an outdoor visit is not the kind of visit with their loved one that people want, and that if a loved one in a care home has dementia, window visiting does not work very well because they might not recognise the visitor through the window.

I assure Mr Findlay that we are looking constantly at what else we can do to normalise the situation in our care homes, which are, at the end of the day, individuals' homes. The clinical and professional advisory group is looking again at what more we can do as we enter winter to strike a better balance between family and visitor contact for residents, activities for residents and healthcare services for residents, and protecting them from introduction of the virus into their homes.

**Beatrice Wishart (Shetland Islands) (LD):** Constituents have contacted me expressing their frustration that they cannot download the Protect Scotland app because their phone is not the latest

model or they do not have the latest software. Those people still want to do their bit. Is the Scottish Government working to include people who currently find themselves unable to use the app on their mobile phones? Will the cabinet secretary confirm that anyone who is unable to download the app will still be contacted by the test and protect service if they come into contact with someone who tests positive and is unknown to them?

**Jeane Freeman:** On the latter point, if someone who tests positive has come into close contact, for more than 15 minutes and closer than 2m, with someone whom they do not know, the only thing that they can do is to give information to the test and protect team and tell them where that happened—it might have been in the shop or on a bus—and the team will try to track that individual down. That is why the app is very useful, and is in addition to the test and protect programme.

The people who have developed the app, along with colleagues at Google and Apple with whom we have been working, are working to ensure that we can add functionality so that individuals with older phones can download it. When we get progress in that area, I will ensure that Beatrice Wishart and, indeed, all members are aware of it.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** The cabinet secretary touched on the interim arrangements to help the UK Government. Will she give further information on the discussions with the UK Government regarding the capacity for processing Covid-19 tests and whether progress has been made on finding a long-term solution?

**Jeane Freeman:** Members will be well aware that the Lighthouse lab in Glasgow is part of a network of UK-wide Lighthouse labs. People book tests through the UK portal and are asked to go to a mobile testing unit, a regional testing centre or one of the new walk-through centres, the second of which will open in Glasgow at the end of this week.

In relation to our agreement with the UK Government, the Glasgow Lighthouse lab should, as a minimum, give access to tests that are taken in Scotland at a level that is based on our population share. The figure fluctuates day to day, but it is anywhere between 13,000 and 14,000. On the basis of the information and data that we get, that meets the demand from those routes on most days. There have been a couple of days—when schools went back, for example—when the system was stressed above that level, but that level should be sufficient, provided that we have in place all the other facilities that I have just talked about.

However, in recent days—from about the middle of last week to now—there has been a growing backlog of tests in the Glasgow Lighthouse lab, because the network as a whole is being stressed by significant additional demand outwith Scotland. The Glasgow lab is part of that network. Care homes and others have raised the issue, which is why we are moving care home tests out of that route and into NHS labs.

I was in contact with Matt Hancock over the weekend. Our discussions were about not constraining the number of sample slots that people could access over the weekend. Yesterday, I and then the First Minister were in contact with Matt Hancock and Dido Harding about the arrangement, and we looked at measures that could be put in place to get rid of the backlog while not creating a new one. Their officials and our officials are busy working on what such measures could be, and on how we can be assured that we have, as a minimum, access to a level of capacity in the Glasgow Lighthouse lab that is based on our population share, as the memorandum of understanding says.

Parallel to that, there is the work that I touched on earlier on scaling up the testing processing capacity that we have at our own hand through regional hubs, the academic nodes and our own laboratories.

### **A83 Rest and Be Thankful (Closure)**

2. **Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Government what mitigation measures are being considered to deal with the continuing closure of the A83 at the Rest and Be Thankful. (S5T-02387)

**The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson):** I understand the frustration that closures to the A83 bring to local communities and drivers. However, safety remains our key priority. Overnight on Saturday, nearly 80mm of rain fell, bringing approximately 5,000 tonnes of material down on to the road. Recovery work commenced quickly thereafter and the old military road opened this morning. Work has begun on a further catch pit, with an additional one to follow, as well as a new geotechnical survey of the hillside.

To accelerate work to consider alternative infrastructure options for the A83, a dedicated project team has been established. Design and assessment work is now under way and engagement on the 11 route corridor options will commence in the coming weeks. A preferred route corridor will be announced in March 2021.

**Jackie Baillie:** Members will know that the A83 at the Rest and Be Thankful was first closed due to a landslip on 4 August. The diversion route

through the old military road has been closed for part of that time, too. One week after it reopened—just last week—it has been closed due to another landslip.

Therefore, I share the cabinet secretary's frustration, as do local people. I know that he will want to join me in thanking all those who are working to clear the road. However, the mitigation is frankly no match for Scottish weather. What will the cabinet secretary do to protect not only the A83 but the diversion route on the old military road?

**Michael Matheson:** I recognise the concerns that Jackie Baillie raised. She will acknowledge, though, that the landslip that took place on 4 August is on a new area of the hill where mitigation measures have not previously been installed because they were not anticipated to be required.

Jackie Baillie will also be aware that in places where mitigation measures have been put in on the Rest and Be Thankful there have now been around 48 occasions on which the road has remained open because the mitigation measures have protected it. Therefore, we know that where mitigation measures are put in place they offer protection to the road and help to keep it open.

Jackie Baillie will be aware that a further catch pit is being installed on the road at present. Work was started on 1 September. It was postponed at the request of the local authority and other interested stakeholders to avoid any delay during the summer months. The work commenced on 1 September, and a further catch pit is being designed at present for the area where the new landslip took place. That work will be undertaken once the present catch pit is completed, so that the workers can move to the new site.

We are determined to do everything we can to ensure that we have the appropriate mitigation measures in place while at the same time doing the appropriate work to identify an alternative route for the A83, to ensure that we have a long-term solution to this problem.

I add my thanks to the workers who have worked through very difficult conditions in a very challenging environment to ensure that we continue to repair the damage that has been caused on the A83 at the Rest and Be Thankful.

**Jackie Baillie:** The A83 task force met at the end of August, and I understand that the cabinet secretary is exploring 11 options for a permanent replacement, as he referenced. I am sure that he will agree that a replacement is urgent—there is cross-party agreement on that between me, Mike Russell and Donald Cameron, and also by Argyll and Bute Council. What can the cabinet secretary do to accelerate that process, and when will the



options be published along with the minutes of the task force meeting?

**Michael Matheson:** I want to pick up on a point that Jackie Baillie made in her second supplementary question. I am sorry that I did not touch on it. It was about protection for the OMR. The member will be aware that some mitigation measures have been put in on the OMR as a result of the most recent landslide. However, the OMR is largely dependent on the mitigation measures that we have on the Rest and Be Thankful, which is why it is important that we continue the work on that.

In relation to accelerating the process and looking at the 11 different options, the member will be aware that I have accelerated that process as quickly as I can. I hope that we will be able to start the public consultation on the 11 different options by December. I have also put a project team in place now, in order to start the process of dealing with the responses that we received during the consultation to try and accelerate the process as we get to the end of the consultation exercise. That is all aimed at trying to speed up the process as quickly as we can.

I assure the member that I am trying to do as much as I can to ensure that the local community and interested stakeholders have an opportunity to give us feedback on the 11 different options as quickly as they can in order to ensure that we have a long-term solution in place as early as we reasonably can.

**Maurice Corry (West Scotland) (Con):** Yesterday, I was in discussions with BEAR Scotland about the relief road situation on the A83 at the Rest and Be Thankful in respect of the adverse weather during the coming winter. Could I advise the cabinet secretary to consider a northbound relief route on the south-side forestry track at Glen Croe and a southbound relief route on the old military road, as it is now, to be open 24/7 so that we basically have two roads of one-way traffic?

**Michael Matheson:** The member might be aware that the forestry road on the other side of the glen is not up to the necessary standard for carrying traffic flow of that nature. The second particular difficulty with his suggestion on the OMR operating 24 hours a day is that it is dependent on safety assessments. A blanket 24-hour operation on the OMR is not always safe. Safety audits are carried out in the morning and evening in order to make sure that the OMR is operating safely.

I can assure the member that we will continue to do everything we can to try to address the local frustration that I know is caused when that major road is closed as a result of landslips. The work that I set out in my response to Jackie Baillie

demonstrates our determination to make sure that we do all we can to resolve the issue.

### **Covid-19 Testing (Social Care Workers)**

3. **Joan McAlpine (South Scotland) (SNP):** To ask the Scottish Government what its response is to the call by the director of Enable Scotland for routine testing of all front-line social care key workers in all settings. (S5T-02384)

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** As we have moved through the pandemic, and as our understanding of the virus grows and our testing capacity changes, we constantly review how we make best use of that capacity.

We published an updated testing strategy on 17 August. To demonstrate that changing understanding and use of testing capacity, and as we safely remobilise our national health service, we have introduced NHS staff testing in areas of particular patient vulnerability. Further introduction of NHS staff testing and of admission testing is now under consideration.

We continue to expand our testing capacity and to review its most effective use, including what more we can do to protect those who are most vulnerable to the virus and its health impact. In doing that, we will of course take account of the views expressed by the director of Enable Scotland.

**Joan McAlpine:** Epilepsy Scotland has also asked for the routine testing of carers of people with learning disabilities in supported accommodation and has asked for more data on the mortality rates for that vulnerable group. Will the cabinet secretary update Parliament on the work that was commissioned on mortality among learning-disabled people?

**Jeane Freeman:** The Scottish Learning Disabilities Observatory has approval to link to data sets controlled by National Records of Scotland and the NHS. That enables the observatory to investigate the impact of Covid-19 on the learning disabilities population in Scotland. Once the observatory receives the data sets—a process that is underway—it is linked and analysed. We expect the evidence to be available this month. Provided that we can meet statistical quality thresholds, it will then be published. If there are any glitches with that, our statisticians will engage with the individuals concerned to ensure that the data can be published as soon as possible.

**Joan McAlpine:** I welcome that. Yesterday I met parents connected with the charity PAMIS. They are now cut off from the lives of their learning-disabled adult children as some health and social care partnerships still do not allow any

visiting or trips outside, or allow only very limited visits. The families of those young adults say that their adult children's physical and mental health has been impacted. They suggest that close family members who were previously providing high levels of support should be treated as part of the care team.

Will the cabinet secretary examine those suggestions from PAMIS and will she encourage all health and social care partnerships to allow appropriate visiting?

**Jeane Freeman:** Yes, I will. The chief executive of PAMIS, Jenny Miller, has written to me to express those concerns. I understand that that situation is not only concerning for the families but that it is often heartbreaking for them and for their loved ones.

The guidance about access is interpreted differently in different local areas. I need to get to the bottom of that. I would be grateful to know, either from PAMIS or from the member, which health and social care partnerships are not allowing visiting. Guidance about outside visits by individuals has recently been produced. I need to understand where the difficulties are and why those health and social care partnerships believe that their advice is superior to the clinical advice on which our guidance is based. Then we can seek to resolve that. In the meantime, I need consistency, but I also need to hear directly from Ms Miller about the specific concerns that PAMIS has so that we can try to move to assist.

**Jeremy Balfour (Lothian) (Con):** I attended the same meeting as Joan McAlpine yesterday morning, along with Jackie Baillie. Interpretation is not good enough. We have families who have not seen their children or other family members since March. Some of the most vulnerable individuals have not been able to cuddle their mum or dad.

I urge the cabinet secretary to look at the matter urgently. It is not good enough for people to say, "It's how we interpret it." We need to allow those families to have access to their children. It is not possible for some of them to do that outside, so it needs to be inside. If that means testing, let testing happen. However, for the sake of the most vulnerable members of our society, let us not let officers hide behind interpretation.

**Jeane Freeman:** Actually, I could not agree more. There is not the room for, and health and social care partnerships do not have the locus for, reinterpreting guidance that is introduced and sent out by us from Public Health Scotland and is soundly based on that balance of risk between clinical judgment and the other non-health harms that can be brought about by people's isolation.

I will most definitely look at the matter urgently and I am happy to ensure that members are kept up to date with progress.

## Migration and Care Workers

**The Deputy Presiding Officer (Christine Grahame):** The next item of business is a debate on motion S5M-22708, in the name of Joe FitzPatrick, on migration and care workers. I call Joe FitzPatrick to speak to and move the motion.

14:31

**The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick):** I welcome the opportunity for this debate at a time when social care and other public services are facing an unprecedented global health emergency. I put on record the Scottish Government's sincerest thanks to all social care staff. They work tirelessly to provide exceptional care and support to individuals and families across the country, delivering that outstanding care and support day in, day out. That has been particularly difficult during the past six months of the pandemic, and staff have had to face the most extraordinary challenges on a daily basis. We recognise and thank each and every one of them for their personal contribution.

We need to remember, of course, that staff in the social care sector include a significant number who have migrated here. They have chosen to make Scotland their home and to work in one of the most important services. Scotland is a welcoming nation and we are grateful for the contribution that migrant workers make to enriching our society.

We are clear that attracting and retaining the right people and raising the status of social care as a profession are key to delivering quality care. We are already taking action, along with partners, to support recruitment and retention in the social care workforce. For example, earlier this year, we carried out a national recruitment campaign that was aimed at front-line workers in adult social care. The campaign encouraged people between the ages of 22 and 54 to consider a career change in order to work in adult social care. The campaign also targeted key influencers, such as careers advisers and employers. Consideration is being given to a further social care recruitment campaign to help to continue to build a resilient, sustainable workforce.

**Neil Findlay (Lothian) (Lab):** One of the ways in which to recruit and retain staff is to pay them well. Is the minister aware of the court judgment that Unison won just today, ensuring that staff involved in home care receive payment for travelling between clients? Does he agree that all social care workers across Scotland should be getting paid for waiting time and travelling time when they are doing home care?

**Joe FitzPatrick:** I am not directly aware of the outcome of today's judgment. However, as well as looking at the cash value of people's salaries, it is important to look at their terms and conditions. I think that, on balance, we have some of the best terms and conditions for the social care workforce, but that does not mean that it is not appropriate for us to continue to look at what more can be done. I am sure that we will look carefully at today's judgment and whether it has implications for elsewhere in the service.

Through our social services workforce regulator, the Scottish Social Services Council, we have invested heavily over this session of Parliament to support the regulation and development of social services staff. The SSSC also delivers a range of support for the recruitment and retention of the workforce, which includes resources on career pathways and promotional materials for schools, colleges, employment services and employers. It also promotes routes into careers such as foundation and modern apprenticeships and runs a network of ambassadors for careers in care.

Over the past four years, together with the Convention of Scottish Local Authorities, we have ensured that adult social care workers are paid at least the real living wage and, earlier this year, we gave an additional £8.8 million to the integration authorities to deliver the real living wage commitment.

During the Covid-19 pandemic, we have ensured that social care workers are not financially disadvantaged due to their employer's occupational sick pay policy. In June, we introduced the social care staff support fund, leading to staff receiving their expected income if they become ill or have to self-isolate due to Covid-19.

Again in response to the pandemic, the Scottish Government has worked with partners to deliver a national approach to recruitment, regulation and deployment, and to accelerate the expansion of workforce capacity. For example, an accelerated recruitment portal that was established by NHS Education for Scotland and the Scottish Social Services Council encouraged health and social care workers who had left their profession in the past five years to return to the workforce during the pandemic.

In recognition of the critical role of the social care sector, we have provided local authorities with an additional £100 million of funding for Covid-19-related costs. However, the Scottish Government is not complacent. We have a long-standing commitment to the principles of fair work. We are working with stakeholders to embed further fair work principles and achieve better terms and conditions and more rewarding roles for the social care workforce.

As members will be aware, we have an integrated health and social care system. Therefore, we take a broad view on workforce planning and future recruitment needs. Last December, we published the United Kingdom's first integrated health and social care workforce plan, which sets out how health and social care services will meet growing demands to ensure that we have the right members of staff with the right skills across health and social care services.

Despite the wide range of activities that are under way to support recruitment in the sector, we still face significant workforce pressures. The pressures are likely to increase if the UK Government's immigration proposals are not amended to reflect Scotland's unique needs.

Data collected and analysed by the Care Inspectorate and the SSSC show that vacancy rates for registered care services in Scotland are significant. The latest data shows that 38 per cent of the services reported having vacancies. Vacancy rates are higher than that in a number of specific services, including in care homes for older people. Some 47 per cent of all care services with vacancies reported having problems filling them. Therefore, we must look at all options for filling the vacancies.

A study commissioned by the Scottish Government in 2018 found that 5.6 per cent of people employed in adult social care and childcare in Scotland, or almost 100,000 individuals, are non-UK European Union nationals. The study demonstrates that non-UK EU workers are valued by their employers and want to stay in Scotland.

Every one of those individuals is welcome in this country. We will do everything that we can to ensure that they can continue to build their lives here. That is why the Cabinet Secretary for Health and Sport and COSLA have written to the social care workforce, most recently in January, to reassure them, to thank them for their commitment to the sector and to encourage EU citizens to apply for the EU settlement scheme.

Our stay in Scotland campaign will continue to reach out to EU citizens in the sector, offering advice and support. However, the current UK proposals for immigration policy following the end of the transition period simply do not meet the needs of our social care workforce. Indeed, they do not need meet the needs of our public services more broadly, our economy or our communities.

The UK Government proposes a migration system that measures an individual's value solely against their qualifications and their salary. It dismisses those who do not meet the salary and qualification thresholds as "low skilled". That is a deeply offensive term, particularly to those working in professions such as social care.

The proposals show no understanding or appreciation of the crucial role of social care in our communities. The UK Government's own migration advisers, the Migration Advisory Committee, highlighted concerns about the impact of the proposals on social care.

In its January 2020 report, the UK Government noted that its proposed points-based system would

"increase pressure on social care, raise the dependency ratio and have larger impacts on some sectors and areas than others."

Despite that clear acceptance that the proposals will

"increase pressure on social care",

the UK Government is proceeding with its plans.

In Scotland, social care is a qualified, regulated and skills-based profession. Crucially, though, it is also based on values. All roles in the sector require skilled and confident staff, and, increasingly, care workers are undertaking certain tasks that were previously carried out by health professionals. They often use technology to provide care, and many support individuals with complex conditions. By the end of this year, the Scottish Social Services Council will require the majority of care workers in Scotland to be qualified to a nationally agreed level. Such a requirement is not currently in place across the whole of the UK.

In July, the UK Government announced the creation of a health and care visa that was supposed to address the workforce needs of the health and social care sector. However, yet again, the needs of social care were ignored. The visa applies to some front-line health roles and qualified social workers, but it does not apply to social care staff, or to any of the support staff who play such a crucial role in keeping our national health service working.

In contrast to the freedom of movement system, the new points-based system brings significant costs and bureaucracy for the individual and their family, and for their employer. In its current form, the visa is of no help in addressing the specific social care recruitment needs that exist in Scotland. Over the next four years, demand for social care staff in Scotland is expected to increase—estimates suggest that we will need as many as 10,500 additional staff. It is therefore crucial for the sector to be able to recruit as widely as possible. We must retain the flexibility that international recruitment can provide so that we can meet service demand.

One of the key drivers of that increasing demand will be our demographic needs. Scotland faces distinct demographic challenges, and all our

future population growth is due to come from migration.

The expert advisory group on migration and population has analysed the impact of the UK Government's immigration proposals on Scotland. Its analysis is clear: the proportion of the population who are of pensionable age is projected to increase, while, over the same period, the proportion of the population in Scotland that is of working age is projected to decline by between 3 and 5 per cent as a result of reduced EU migration.

Scotland has distinct needs, including demographic needs, because of our rural communities. The UK Government's immigration proposals will not meet those needs or the needs of our care sector; indeed, they will make the existing challenges more difficult, as the UK Government's migration advisers recognise. Nor will the proposals meet the needs of our wider public sector, our economy or our communities. Scotland needs a tailored migration policy that allows us to meet our distinct needs. The UK Government may be content to introduce immigration policies that will increase pressure on the social care sector, but the Scottish Government is not.

**Jamie Halcro Johnston (Highlands and Islands) (Con):** Some of the problems with recruitment in our care home sector are not new: they predate both Covid and Brexit. Will the minister set out what was being done to address the problems that existed in the sector before those two issues arose?

**Joe FitzPatrick:** As I mentioned, one of the most important factors is that Scotland was the first country in the UK to have an integrated health and social care workforce plan. The trouble is that we now have a proposal from the UK Government that would make things more difficult. We should not let that happen; instead, we should do what we can to help—and the Scottish Government will attempt to do that.

In January, we published a policy paper showing how devolution of migration could work within a UK framework. It set out detailed proposals for how the UK immigration system could adapt and for distinct Scottish solutions that could be tailored to our needs, including the development of a Scottish visa.

Let me be clear that the concept of having visas tied to specific jobs or locations is already embedded within the existing immigration system. Individuals routinely enter this country with a visa that ties them to a specific job with a specific employer or to a specific course at a specific university.

Of course, we have had an element of differentiation in immigration policy before. Members of this Parliament—particularly those from the Scottish Labour Party and the Scottish Liberal Democrats—will recall the fresh talent initiative, which was developed as a distinct Scottish solution to our population challenge.

Other countries, such as Canada and Australia, have successfully used devolved immigration schemes to allow their states or provinces to attract people with the specific skills and abilities that they need. The Scottish Government has learned from such models in developing its tailored proposals for Scotland.

The establishment of the Scottish Parliament was designed to allow distinct solutions to be developed in response to distinct challenges. We are absolutely clear that there is a challenge here. There is a challenge to the future of our social care sector—a challenge that will be particularly acute in our rural communities—and there is a demographic challenge.

The Scottish Government has worked closely with experts; with local government and with providers to develop proposals to meet Scotland's distinct needs. Our policy paper, "Migration: Helping Scotland Prosper", sets out detailed, evidence-based proposals to meet those distinct needs—proposals that have broad support.

We want to engage positively with the UK Government to develop and deliver solutions that will work. Let us collectively send a message to the UK Government that it needs to engage with this Government and this Parliament and deliver solutions for Scotland.

We agree with Mr Stewart's amendment. We welcome its acknowledgement of the crucial value to society of the role of the social care workforce and its recognition of the fair work agenda and our clear message that social care roles must be included on the shortage occupation list.

I am sure that it will not surprise members in the chamber to hear that we do not endorse Mr Cameron's amendment. The vacancy levels in the sector simply cannot allow us to rely on the home market alone and we must retain the flexibility of international recruitment.

Migration has benefited Scotland and it can continue to benefit Scotland. It has benefited our economy, our culture, our public services and our communities. People have chosen to come here, to build their futures here and to contribute. We need to be clear in sending them a message today that we value them and want them to stay in Scotland.

I move,

That the Parliament recognises and appreciates the significant contributions to Scotland's social care sector made by care professionals from all over the world, and particularly the significant contributions made during the COVID-19 pandemic by people who have chosen to make Scotland their home; notes with concern the impact on Scotland's social care sector of the UK Government's proposals for a future immigration system from 1 January 2021, and specifically the impact of its proposed salary threshold of £25,600 and the exclusion of social care workers and health support staff from its new Health and Care Visa; considers that the UK Government's categorisation of many key workers, including care professionals, as "low skilled" does not recognise the social value, importance and skills required to do these crucial roles; notes that inward migration enriches society for the better, helps to sustain public services and makes a vital contribution to key sectors, including social care; recognises that the UK Government's proposals risk causing serious staff shortages in social care and other sectors, and calls on the UK Government to include social care workers on the Shortage Occupation List and within the Health and Care Visa, and to engage with the Scottish Government to develop tailored migration proposals that meet the needs of Scotland's economy, public services and communities.

14:46

**Donald Cameron (Highlands and Islands) (Con):** I welcome the opportunity to open for the Scottish Conservatives in this important debate. I begin by praising all of Scotland's care workers in light of the circumstances in which we find ourselves. The coronavirus pandemic has presented the sector with significant challenges, some of which I will remark on later. It is only right to begin by acknowledging the dedication of so many of our care workers, who have risen to the challenge of Covid-19. Whether they work in a care home setting, provide in-house residential care or care for a loved one, all of our care workers are valued immensely. We appreciate the often stressful and difficult nature of jobs in the care sector and the daily risks that exist, especially with Covid-19 an ever-present danger.

Debates such as these can often end up becoming fraught with political dogma but we must always remember those who are at the heart of the debate and we in this Parliament have a duty not only to support our care staff but to create the conditions in which more people want to work in the care sector.

**Neil Findlay:** Let me introduce some political dogma, then.

Seriously, I ask the member whether he agrees that the current model of a largely privatised social care system is completely broken.

**Donald Cameron:** I do not agree that it is broken, but I think that it is in need of change and we need to review it. I am glad that the member intervened, because I remember that, when he was convener of the Health and Sport Committee,

I had one of the most salutary moments that I have had as a member of the Scottish Parliament. There are members in the chamber who were also on the Health and Sport Committee at that time—Clare Haughey and Tom Arthur. It was when we spoke to carers at a private meeting about their lives, their experiences and their work. I think that we can all agree that their experiences and, frankly, their disillusionment, which they spoke to us about, were incredibly moving, and we must all seek to change the system.

As I said, we have a duty not only to support our care staff but to create the conditions in which more people want to work in the sector. Over the years, as a party, we have been at the forefront of that. In 2015, we led calls for the carers allowance to be increased to the level of the jobseekers allowance. In 2016, we succeeded in passing an amendment to the Carers (Scotland) Bill requiring local authorities to provide short breaks for carers and ensuring that a person's care plan must be agreed as soon as possible, before they leave hospital and with the involvement of the carer. That has given carers some much-needed time away, benefiting their quality of life and wellbeing. In 2018, we called on the Scottish National Party Government to deliver the increased carers allowance, despite dawdling by the Government.

In our manifesto for the general election last December, we set out plans to extend the entitlement to leave for unpaid carers, the majority of whom are women, and ensure that their pension is protected. Most recently, we led calls for care workers who look after vulnerable people in the community to gain the same access to coronavirus testing as those who work in care home settings. We attempt to engage regularly with the sector, especially at this time, both at a general level but also as individuals, be that Scottish Care, the Care Inspectorate or independent care homes, and, most important, care workers, because we want the best outcomes for those who work in our care sector.

**Clare Adamson (Motherwell and Wishaw) (SNP):** What does the member think of Donald Macaskill of Scottish Care's description of the UK Government's plans as a "slap in the face" for the care sector? Mr Macaskill said that the plans reflected a

"Shameful lack of value of #socialcare".

**Donald Cameron:** I do not accept that criticism. As I have said, our party's record speaks for itself in terms of the value that we place on care workers.

Turning to the substance—*[Interruption.]* Sorry, but I want to make some progress. Turning to the substance of the motion, I think that it significantly misrepresents the position of the UK Government.

The UK Government has never called care workers low skilled or demeaned the important work that they carry out on a daily basis. Indeed, at the very beginning of the Covid crisis, the Secretary of State for Health and Social Care wrote to every care worker in England to thank them not only for coping with the significant changes to their own lives as a result of the virus but for continuing to go to work, for taking on extra shifts if others had to self-isolate and for looking out for others in their communities.

We have always said that we want any EU citizens who have chosen to make Scotland their home to be able to remain here, and the UK Government established the EU settlement scheme so that EU citizens can continue to live and work in the UK. So far, 3.8 million settled status applications have been received and, of those, almost 200,000 were made by people in Scotland. We strongly welcome that.

We value our care workers and we have listened to the justified criticisms of the general measures first proposed by the Migration Advisory Committee. For instance, the UK Government indicated that it would redefine what constitutes a skilled job so that, in future, it will be the equivalent of higher grade level in Scotland, not graduate level, as now. It also reduced the headline salary threshold from £30,000 to £25,600, which has the potential to greatly increase the range of occupations available via the skilled worker route.

Unlike at present, employers will not have to prove that they are unable to recruit from within the UK or the European Economic Area, and there will be no cap on the number of skilled workers. In addition, the minimum qualifying wage will be as low as £20,480 for occupations deemed to be in shortage.

**The Minister for Public Finance and Migration (Ben Macpherson):** Considering what Mr Cameron has just said, does he agree with me and the Scottish Government that the inclusion of social care workers on the shortage occupation list in order to meet the lower salary threshold that Mr Cameron just mentioned would be a sensible and important thing to do?

**Donald Cameron:** On that very point, I was about to say that the Migration Advisory Committee will be reviewing the shortage occupation list, which will provide a further opportunity for Scottish employers to make the case for the inclusion of key roles that, up to now, may have been out of reach of the system. In future, there will be scope for further flexibility via the Scottish shortage occupation list for jobs that are in short supply specifically in Scotland. In my view, the UK Government is listening. It is engaging and it is acting on the range of concerns that have been expressed.

It is also worth noting the principles behind those decisions. In designing a bespoke immigration policy to suit the needs of the whole of the United Kingdom after we have left the European Union, it is right that we make it skills led and fair. That system will treat people from every part of the world equally, welcoming them based on the skills that they have to offer and how they will contribute to the UK, and not on where their passport comes from. It will value the skills that people have more than ever before, with points awarded for a job offer at the right level, for the ability to speak English and for meeting the salary threshold, which, as I have said, was lowered following consultation—*[Interruption.]* I am sorry—I have taken a number of interventions and want to make some progress.

The SNP Government has been critical of that approach, but need I remind it that in its independence white paper it called for

“a controlled points-based system to support the migration of skilled workers for the benefit of Scotland’s economy”?

What has changed?

**Ben Macpherson:** Will the member take an intervention?

**Donald Cameron:** No, I will not—sorry. The minister will be able to close for his party.

Conservative members remain willing to meet local care operators and, most important, local carers to listen to their views and concerns and to act appropriately, where there is a need to do so. Many in the sector have acknowledged that a reliance on hiring workers from outside the UK cannot be the sole solution to the long-standing issue of recruitment in social care. We have long said in similar debates on the matter that the issue of staffing vacancies across our health and care service and our social care sector did not begin when the UK voted to leave the EU in June 2016. There have been long-running issues with recruiting carers and appreciating and valuing the challenging work that they do. Vacancy levels in the sector have been an issue for a long time.

The problem has dogged the Scottish Government. Our overreliance on migrant workers to fill vacancies in sectors such as social care has meant that we have failed to inspire a generation of people in Scotland to choose social care as a career. We must change that, not because of the situation that we are in with Covid but because it is what care representatives have called for. Age Scotland has said that it recognises that

“we can’t rely on immigration alone to fill vacancies. More people from all backgrounds need to see social care as a fulfilling career, with better pay and status across the profession”.

It went on to say that, when it comes to the recruitment and retention of staff,

“these efforts must be continued and concerted and not reliant on single recruitment drives”.

On the retention of care workers, only a few years ago, Scottish Care noted that the sector was

“losing nearly two thirds of care staff within the first six months of their employment”.

We do not see Brexit or Covid as reasons to change the approach to long-standing issues in our social care sector. It is abundantly clear that there are much wider, more ingrained issues that must be dealt with if we are to improve not just recruitment but staff retention, and to boost the number of Scots who choose care as a career path. However, that might be a debate for another time.

The sector is struggling with the pandemic. The Cabinet Secretary for Health and Sport promised that all care home workers were being tested on a weekly basis, but we know that that is not happening. Therefore, I caution the Government against preaching to the chamber about the social care sector when, at this moment in time, not just because of the pandemic but because of long-running issues, the facts tell a different story.

In closing, I want to reiterate some specific points. Conservative members support wholeheartedly those who work in our social care sector. We support those who have made it their career to help others, and we value that work in the strongest possible way. As a party, we have long backed those who work in the sector, and we will continue to do so into the future.

We also support and welcome those who have moved to the UK from Europe and further afield to work, to live and to grow a family. They are part of our national fabric. We want European citizens to stay here even though the UK has now left the EU, because their effort is as valued as that of those who are born here. In addition, we want the Scottish Government to recognise that it has much more to do to encourage Scots of all ages to take up a career in social care and to improve working conditions and job retention. Our amendment makes those points, and I encourage members to support it.

I move amendment S5M-22708.2, to leave out from “with concern” to end and insert:

“that the UK Government wants these vital workers to remain in Scotland and the rest of the UK; recognises the importance of encouraging local recruitment into the social care sector so that there is not a dependency on international migration within the social care sector in Scotland, and encourages the promotion of the UK Government’s EU Settlement Scheme for migrants from the EU so that they can continue to live and work in Scotland.”

14:58

**David Stewart (Highlands and Islands) (Lab):**

I warmly welcome the debate, as the philosophy of freedom of movement and inward migration makes modern Scotland an enlightened, welcoming and open society. It is about us; it defines who we are as a country and a community—brave in spirit and internationalist in outlook. As Donald Dewar said in his unforgettable speech on the opening of this Parliament, that day was

“the day when democracy was renewed in Scotland, when we revitalised our place in this our United Kingdom.

This is about more than our politics and our laws. This is about who we are, how we carry ourselves.”

Our passionate and dedicated front-line care workers from home and abroad have carried out sterling work during the current dreadful pandemic. That is why my party has opposed the UK Immigration and Social Security Co-ordination (EU Withdrawal) Bill. We all know what great benefit freedom of movement has brought this country.

As we heard from the minister, the new legislation introduces a salary threshold that is damaging to our care workers and the people whom they serve, while branding the people who are saving lives and keeping the country running through the crisis as low skilled. The new fast-track visa scheme will exclude care workers and the salary threshold of £25,600 will be a double whammy for the average care worker on around £19,000, meaning that they will face exclusion on two levels.

I refer members to my entry in the register of interests in quoting Unison’s assistant general secretary, Christina McAnea, who said:

“These plans spell absolute disaster for the care sector. Care doesn’t even get a mention in the home secretary’s plans ... Care work is highly skilled, but low paid, so falls foul of the Government’s arbitrary immigration threshold.”

**The Institute for Public Policy Research**

“found that four in five ... of EEA employees working full-time in social care would have been ineligible to work in the UK under the skills and salary thresholds”

that the Government wants to impose.

Do not just take my word for it. Listen to Professor Martin Green, chief executive of Care England, who said that the decision to exclude care workers from the fast-track visa scheme

“has the potential to destabilise the sector even further with potentially disastrous consequences”.

The Health and Sport Committee—I am a member and I note that other members are in the chamber today—undertook an inquiry in 2018 on the impact of the leaving the EU on health and social care. It concluded:



“Free movement of workers is a fundamental principle of the EU. It entitles EU citizens to live in another EU country, look for a job and work without a permit. One of the most significant potential impacts of Brexit on health and social care relates to workforce. The NHS and social care sector in Scotland currently employs many workers from the EEA, which is made easier by free movement rules arising from EU membership.”

In theory, EU citizens and their families already in the UK—for example, in the care sector in Scotland—can remain and work here. However, anecdotal evidence that I gained from talking to the manager of a large care provider in the Highlands is that many EU citizens from places such as Poland have voted with their feet. They have either returned to their home nation or moved out of the care sector.

As the committee evidenced, it is hard to gauge the potential impact on the NHS and social care services, as data can be scarce. However, according to Scottish Government figures, there are around 12,000 non-UK EU nationals working in health and social care, which is 3 per cent of total workforce and around 4 per cent of nurses and midwives.

There are many key problems after Brexit. One is workforce shortages. As we heard from Donald Cameron, those are already a problem and they may well get worse. My own health board, NHS Highland, said in evidence to the Health and Sport Committee:

“With the uncertainty about the future, we are starting to experience a reduction in the migrant workforce. ... We have really welcomed the migrant community; they are part of who we are and how we deliver our services in NHS Highland, and we are concerned about what might—or might not—happen.”—[*Official Report, Health and Sport Committee*, 6 March 2018; c 23.]

We already have a recruitment and retention crisis in social care, as evidenced by organisations such as Scottish Care. It must not be made worse by a future system of migration that places barriers for those who wish to come to nurse or care in Scotland. Barriers that they are likely to face include the end of freedom of movement in January; the NHS levy—I do not have time to go into that, but the minister may wish to say in his winding-up remarks that it is still hitting our care workforce; income barriers; occupation barrier caps; an increase in bureaucracy and complexity; and a point-based system for visas.

The Scottish Government report “An Integrated Health and Social Care Workforce Plan for Scotland” makes it clear that

“At national level the Scottish Government has very limited control over the supply pipeline for social care workers. The number of workers entering the social care sector is significantly influenced by the funding available for social care services, the commissioning of services and market forces affecting competition from other sectors and employment.”

Of course it is important that we keep a focus on domestic training and supply of our healthcare workforce, but international staff have long been part of our NHS and our social care services and it is clear that, if we want to deliver safe and effective care to patients, we need the resources that workers from outwith our borders can offer.

BMA Scotland believes that we cannot return to the target culture that dominated the NHS pre-Covid. It was not fit for purpose and it was clear from the Sturrock report on NHS Highland that it was one of the major factors in fostering and allowing poor behaviours towards doctors and other healthcare staff. BMA Scotland said:

“The introduction of the new Health and Care visa was a key opportunity for the government to acknowledge the value and contribution of all international health and care staff.”

Instead, the Government chose to leave care workers excluded and continue with its elitist approach to migration.

The current pandemic has shown very much that low wages are in no way synonymous with the skill or value of the work or the worker. We need to send a strong message from this Parliament to international workers in our healthcare services: we see you, we see the hard work and care that you put in, we thank you and we welcome you here.

As José Saramago said, let those who do not have a

“speck of migration ... cast the first stone”.

I move amendment S5M-22708.1, to insert at end:

“; notes that the average hourly wage for social care workers of £9.79, as reported by the Fair Work Convention in 2019, means that average full-time salaries for social care remain below the proposed Shortage Occupation List threshold; acknowledges that low pay within the social care sector is one of the main reasons for challenges with recruitment and retention in Scotland, and believes that the value of the skilled work done by social care staff must be reflected in their pay and conditions, and that improvements to pay within the sector must be delivered as part of the establishment of a National Care Service.”

15:05

**Alison Johnstone (Lothian) (Green):** During the early months of the pandemic, I, like many other members, stood on my doorstep every Thursday at 8 pm and joined neighbours to clap for carers. Just four months later, here we are, debating the classification of our care workers as low skilled. I hope that that is not lost on anyone.

The UK Government’s post-Brexit immigration plans are an insult to those who have worked so hard to care for our loved ones in the midst of the pandemic. I will not forget images of workers

camping outside care homes and going into people's houses in masks and gloves in the middle of lockdown. Their skill and dedication were awe inspiring. They are awe inspiring. That they are able to be so readily dismissed as low skilled is a disgrace.

I have said before in this chamber that the UK Government's immigration plans are short-sighted at best. They will exclude many health and care workers from entering the UK, and that will have a devastating impact. Around 10,000 EU nationals are employed in our social care services and we know that significant workforce shortages are already affecting the care sector.

Donald Cameron pointed out that this situation has not happened overnight. Yes, it is an on-going issue. As far as I am concerned, all previous and current Governments have failed to address it, but it absolutely baffles me how worsening the situation is a solution. It makes no sense. The Tories' position is absolutely incoherent.

At the end of December 2018, 38 per cent of social care services had vacancies. The care system has been heavily reliant on EU workers, and the proposals pose a significant risk to social care and, therefore, the entire health and care system. There are also significant workforce shortages for nursing support roles across health and care. The Royal College of Nursing is calling for nursing and care support roles to be listed on the shortage occupation list, and I whole-heartedly support that call.

As the motion states, the UK Government has proposed a salary threshold of £25,600. Scottish Care tells us that that will mainly affect female migrants, who will be able to access only around 37 per cent of available jobs. Research indicates that 53 per cent of roles filled by migrants in Scotland pay less than £25,000, which includes up to 90 per cent of jobs in the care sector.

The proposed salary threshold fails to recognise that the vast majority of those working in social care in Scotland earn less than that figure. David Stewart's amendment notes, quite rightly,

"that low pay within the social care sector is one of the main reasons for challenges with recruitment and retention in Scotland".

I agree entirely that those wages do not reflect the skilled work done by social care staff. Who in this chamber could disagree? Who in this chamber could stand up right now and tell me that people working in social care are being paid appropriately?

The Covid-19 outbreak has emphasised that wages do not necessarily reflect the skill or value of workers. A worker providing care to elderly and vulnerable care home residents is carrying out a skilled and fundamentally important role that the

UK Government's proposed system does not recognise the value of. People are rightly appalled by that—a BBC television news report was challenged for describing care workers and bus drivers as working in "lower-skilled jobs". That is the shocking and oh-too-prevalent narrative in too many quarters, and we have to challenge it at every turn.

As I said, the UK Government's plans will not impact on the care sector alone. The pandemic has shown how reliant the health service is on social care and vice versa—the two are inextricable. However, despite integration, they are often viewed as separate services. Scottish Care has warned that

"The whole health and social care system must be considered in its totality and not in silos."

Now, more than ever, we need to ensure that the relationship between care and health is an equal one.

If the UK Government is to discourage care workers from coming to the UK, it has to consider the devastating impact that that will have on health services. A well-staffed social care service is essential for the sustainability of the NHS.

The value of the care sector is absolutely clear, but this is about more than potential economic harm. Scotland and its residents have benefited from migration in both directions, but Brexit will expand the hostile environment dramatically and apply it to countries that previously had freedom of movement with the EU.

As vital as the care sector is, we must never view migration purely in terms of how it benefits us. The plans have to be viewed in the context of the UK Government's long-standing attitude towards migrants. The Windrush scandal saw carers being arrested and threatened with deportation. The hostile environment continues to this day, despite the public outrage as the details of the abuses that the UK Government committed came to light. It continues to impact on migrant workers, including many carers. In turn, that encourages more informal working arrangements that are open to abuse.

Social care has a low-paid and predominantly female workforce. There are issues with unpaid overtime, zero-hours contracts and excessive working hours. In 2019, the Fair Work Convention published a report on Scottish social care, which found that

"20% of the workforce are not on permanent contracts"

and that

"15% of social care workers work unpaid overtime".

The recent Glasgow City Council equal pay dispute shows the historical unfairness in how workers in the sector have been treated.

The Scottish Trades Union Congress has called for collective bargaining structures to be established in the social care sector. I welcome the fact that the Scottish Government has committed to exploring how to establish collective bargaining, but more is needed.

I realise that I am running out of time. I look forward to taking part in the debate as it proceeds.

15:11

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I am grateful to the Government for making time for this very important debate, and I assure it of our support this afternoon.

While we face so many unavoidable hurdles and challenges just now, it beggars belief that the UK Government would voluntarily inflict such a damaging agenda on such a vital workforce at such a key time. As Alison Johnstone said, we were all out clapping for carers every Thursday. The immigration policy that will come into effect in the new year will undermine that workforce and leave many in it in real doubt about their status and their situation.

At the start of this month, my colleague at Westminster Christine Jardine MP proposed a private member's bill that calls on all foreign nationals who currently work in our hospitals and our care homes to be given the offer of indefinite leave to remain. That does not strike me as a lot to ask for. The pandemic has been hard on us all, but those who work in Covid red zones—whether in our wards or our care homes—have lived and worked at the business end of the pandemic for the past six months. People have gone above and beyond and have put their lives on the line for the good of others across our health and social care services, but many of them do not even know whether they will be allowed to stay in the UK, where they have made their home.

That is not only immoral and lacking in basic human decency; it is harmful to our society and our economy. With an ageing population, the health and social care sector will need to expand to meet the increasing demand that is placed on it. We know that we need more people with those skills, not fewer.

Migration Watch UK has said that plans for a points-based immigration system are “flawed”. The Conservatives often say that the system works well in Australia, but the context there could not be more different. Australia introduced a points-based system to increase immigration, not to cut down

numbers. Its system was designed completely differently.

It is not surprising, but it is still disheartening, to see the Conservative Government play to the anti-immigration lobby rather than design policy around what our country, our economy and our public services need. Many EU citizens and others who work and pay taxes here have had to endure years of uncertainty because of Brexit. Now, with only six months' notice, employers and the Home Office have to get ready for a totally new set of rules—if it goes ahead. How we will secure that and attract skilled and talented people to come here, I do not know.

It is disappointing to see the Scottish Conservative amendment, which tries to defend the indefensible. The truth is that the UK Government's plans would bring us chaos rather than control and that every part of the United Kingdom has overwhelmingly benefited from immigration. Instead of falling in line with the dictates of their home secretary, the Scottish Conservatives should be helping to steer the debate across the UK to protect those key workers who have made their homes here with an immigration system that works for the whole of the UK.

We know that our health and social care systems are reliant on staff from every corner of the planet. About 29 per cent of doctors in NHS hospitals and 12 per cent of all healthcare workers come from overseas. The British Medical Association has warned that any changes to the UK immigration system that could deter those who may want to work in the UK from coming here will risk

“having significant implications for the staffing of health and social care services, quality of care and patient safety in the future.”

We are already dealing with vacancies and staff shortages, without the new immigration system. The Royal College of Nursing, which provided us with an excellent briefing, says that

“significant workforce shortages of nursing support roles across the health and social care sector”

will be experienced in Scotland. The RCN is also right to point out that the introduction of health and social care visas was a missed opportunity to acknowledge the valuable contribution that is made by the sector. Excluding social care staff from that visa is entirely wrong. The pandemic has highlighted how interdependent our health and social care systems are. There is no logic in applying different rules to either of them.

As so many of my colleagues have said, it is insulting to categorise key workers in social care as being low skilled. Social care is a vocation and a caring profession that should be a profession of

choice, and it is incumbent on the Parliament to encourage young children in schools to aspire to enter it. That categorisation is not only an insult to those workers and their hard work, but it is also an insult to the people they care for.

The motion is right to address and seek to correct the totally arbitrary salary threshold of £25,600. That number has been plucked from the air and it will shut out qualified staff whose skills and talents we sorely need. As the Labour amendment, which we will support, rightly notes, pay, terms and conditions in the social care sector are still a long way short of reflecting the importance of the work that staff do. One way or another, that needs to be fixed, and fast.

In closing, the Liberal Democrats will support the Government's motion. Our social care workers and, indeed, all people who live here, deserve to be treated with the dignity and respect that is so clearly lacking from the current ideological immigration agenda driven by a right-wing Conservative Government at Westminster. When the Liberal Democrats were in coalition Government, we put the brakes on and stopped the Conservative party from achieving that agenda. However, as the incumbents over the past five years, they have shown the mettle and the measure of the policies that are behind their true immigration policy. As such, we will support the Government and will vote against the Conservative party.

**The Deputy Presiding Officer (Linda Fabiani):** We now move to the open debate. Speeches should be no more than six minutes, please.

15:17

**Joan McAlpine (South Scotland) (SNP):** I am grateful to the minister for lodging the motion. Now, more than ever, we should recognise the significant contribution that care professionals from all over the world make to Scotland's social care sector. The Government motion is timely: during the height of the Covid-19 pandemic, people showed their appreciation for carers regardless of where they came from, as others have said. They stood outside their homes and applauded all health and care staff, not just those who were born in the UK. Children painted rainbows for everyone who put their lives on the line. The public support for NHS and care workers was heartfelt and indiscriminate. What a pity that the UK Government has not followed that lead.

The UK's proposed immigration system excludes thousands of people simply because of where they come from; people who, just a few months ago were on the front line of a war against an invisible enemy that robbed so many families of

their loved ones. It beggars belief that the social carers and health support staff who fed, washed and comforted the sick and dying, at significant risk to themselves, will be excluded from the UK Government's new health and social care visa. I agree that the UK Government's characterisations of those key workers as low skilled does not recognise the social value, importance and skills that they practice day and daily.

It is not too late for the UK Government to include social care workers on the shortage occupation list and in the health and care visa. I hope that the strong message that we will send from this Parliament will encourage the UK Government to see sense and show compassion.

As I said, I hope that the UK Government will listen to this Parliament but, sadly, I am not counting on it. Last week the Culture, Tourism, Europe and External Affairs Committee took evidence on this matter from the minister, Ben Macpherson. We were dismayed to hear that his attempt at constructive engagement had been repeatedly ignored by UK ministers. For a Scottish minister to write, not once, but seven times since July 2019 and get no positive responses or significant engagement is, frankly, contemptuous.

I share some of the minister's pain. As convener of the Culture, Tourism, Europe and External Affairs Committee, I wrote to the Home Secretary, Priti Patel, inviting her to give evidence to the committee on its long-running, open inquiry into migration. I wrote to her on 26 February this year. I understand that she is a busy woman, but a reply would have been courteous. I have repeated the invitation in a second letter this month and I hope that on this occasion she might find the time to respond.

The committee's migration inquiry has looked in particular at the areas of Scotland that depend on workers who come from other countries, in particular the EU, and who the UK Government now plans on treating in the same way as third-country workers. The inquiry heard of their importance to agriculture and tourism, as well as the hugely important social care sector that we are focusing on today. Some of the evidence that we gathered is reflected in briefings for this debate. I draw attention to Age Scotland's submission, which points out that the social care sector in Scotland employs 10,000 EU nationals who work round the clock supporting older, frail and disabled people. I note that Age Scotland says that the UK Government's categorisation of those workers as low skilled is "insulting", and I agree.

Like the Government's advisory group, our committee heard compelling and, indeed, frightening evidence about the demographic challenges that Scotland faces. All of Scotland's population growth over the next 25 years is

projected to come from migration. If EU migration in Scotland were to fall to half of its current levels, our working-age population would decline by 1 per cent, and the proportion of children in our population by 4.5 per cent.

We heard that workers in Scotland who were born in the European Economic Area are more likely to be working and contribute more to our tax and benefits system than they take out. Indeed, they contribute more than do people who were born in Scotland. Because they have settled here and have families, they are ensuring that we have more working-age people in the future to pay the taxes that support our health and social care system, which we all care so deeply about.

That brings me to another aspect that came through strongly in our inquiry's evidence. If we are to keep migrants here, encouraging them to settle and bring up families to address our demographic challenges, we must make them feel welcome. I am sad to say that Brexit and the spiteful legislation that has followed it, especially on migration, is not making those people feel welcome. That is why it is fantastic to hear the minister reach out to our to EU citizens and tell them that they are welcome.

On days like today, we can show that Scotland is an inclusive country, but we are prevented from demonstrating that fully because we are shackled by a UK Government that is so inward looking that it borders on the xenophobic. The Scottish Government has tried to offer an alternative that meets Scotland's needs and treats migrants with respect, but the UK Government will not even reply to its letters to consider that very sensible and proportionate suggestion. That is why I believe that it is time for Scotland to go its own way on migration, and the only way to do that is through becoming an independent country.

15:23

**Brian Whittle (South Scotland) (Con):** In a debate that has the potential to see members across the chamber disagree with each other in fairly strong terms, I am going to break with convention and start by discussing issues on which I believe we can all agree.

Scotland's social care workers are a vital part of our wider health and care system, and it should not have taken a global pandemic for that to have been recognised. The shape of our care system was already changing, and Covid will only accelerate some of those changes, as we heard today in the Health and Sport Committee. Those changes bring with them very real challenges when it comes to recruiting and retaining staff to meet that demand.

Without question, there is a place for workers from other countries in Scotland's social care sector, healthcare sector and any other sector, and none of us wishes to see them frozen out. That is why we welcome the fact that all those who are living and working in Scotland can continue to live and work here.

Although the Scottish Government has chosen to focus its motion on the role of migration and proper staffing in the social care system, the challenge of recruitment goes much wider than that. We need to ask how we make careers in social care a more attractive prospect for anyone from Scotland, other parts of the UK or further afield. We need to look at how we make social care a potential second career for people entering the sector after doing other jobs, not just at how we recruit school leavers and graduates. The Scottish Government has asked our college sector to look at upskilling courses for those who have been negatively impacted by the current pandemic. How about being a bit more proactive by joining up the dots and putting social care on that upskilling agenda?

The Scottish Government's motion briefly touches on one of the key ways in which we can improve recruitment and retention when it mentions

"the social value, importance and skills required to do these crucial roles".

We have to tackle the perceived hierarchy of prestige of jobs in health and social care that sees social care as lower on the value scale than nursing and many other healthcare professions. We all must challenge that hierarchy if we are to have any hope of having a social care sector that can attract and maintain talented workers. Like so many other jobs, social care is hard—it is physically and emotionally demanding—but it can also be tremendously rewarding, and that is something that we have a duty to promote.

The Government's motion also refers to workers in the sector being described as "low skilled". In truth, it is not a term that I would like to use about any job, because it is a throwback to the past. If we value jobs purely on the skills required as a minimum barrier to entry, it is only a matter of time before someone points out that, on that basis, MSP is a very low-skilled job. Every job requires skills of one kind or another, and that kind of terminology just adds to the perception of some careers being of less worth.

We could, equally, have had a debate today about how we can create more opportunities for workers in the social care sector to develop healthcare and other skills throughout their careers, or a wider debate about the future shape of the social care sector after Covid-19, and the

conclusions would have been much the same. The shape of social care is changing, and we have to think now about everything that is needed to keep up with that change. The issues around recruitment and retention were there well before Covid-19 or Brexit, but the Scottish Government is hiding on that issue. The fact of the matter is that the social care workforce is undervalued and underpaid—I think that we could all agree on that point—but has the Scottish Government come up with a resolution on that issue after 14 years? No, it has not. The introduction of the living wage by the Conservative Government was a start, but in its implementation the Scottish Government created another problem, because care homes' largest outlay is on salaries. When care homes were asked to raise salaries to meet the living wage—a move that was welcomed by the care home sector—the recompense did not cover the cost and many care homes went out of business, with many more on the brink.

I see the same pattern from the Scottish Government in this debate that I have seen when we discuss nursing or midwifery shortages, which were a direct result of Nicola Sturgeon cutting places in 2012. Who would have thought that doing that would have led to fewer staff in our NHS? Who would have thought that the general practitioner and consultant shortage could have been anything to do with the fact that the Scottish Government has limited the number of places for Scottish students even when they have the qualifications that they need?

We need to make the system work for our healthcare sector; it is about creating opportunity not only in the initial deployment but by having pathways to develop. Even as we warmly welcome all those to Scotland from wherever they may originate, we must accept responsibility for creating opportunities for Scottish and British students to start or move on with their careers.

This debate reeks of the SNP's continual need to deflect and bluff its way out of accepting responsibility. If only it would put as much effort into developing solutions, with all the levers at its disposal, instead of blaming elsewhere for its own lack of vision perhaps we would be in a better place. It is lazy politics and just another example of a party that is supposed to be in Government but that acts like a protest party with only one idea in its head. If the Government cannot find a way to use its extensive powers in the Parliament for the betterment of Scotland and its people, it should get out of the way and let those of us who do care, and who have vision, get on with the job.

Scotland deserves better than division and divisiveness and a lack of ambition beyond the constitution. Once again, it is not good enough

from this tired, one-dimensional Scottish Government.

15:30

**Stuart McMillan (Greenock and Inverclyde) (SNP):** I am pleased to speak in the debate, but I am sad that it is required. Inward migration enriches our society, and migrants make a net contribution to our economy, public services and public finances.

I am pleased that the Scottish Government is committing more than £1 million to the stay in Scotland campaign, to support our EU citizens during and beyond the transition period to continue to live, work and study in Scotland. The campaign not only sends a positive message but demonstrates that Scotland is welcoming to our EU friends.

On an issue as important as immigration, it is disappointing—but not surprising—that the UK Government has repeatedly ignored the Scottish Government. I, too, am on the Culture, Tourism, Europe and External Affairs Committee, and, as my colleague Joan McAlpine said, last week we heard that the seven letters that have been sent have been ignored by the UK Government. That is either the height of complete arrogance and disregard from the London Administration or complete incompetence.

I read the two amendments to the motion with interest. It looks as though the Labour Party has moved on from its "Controls on Immigration" slogan and the red mug, which I very much welcome. David Stewart's speech was certainly in total contrast to that position from a few years ago. As for the Tories, Gordon Brown's British jobs for British workers comments have been redrafted and somewhat softened according to their amendment. I say gently to the Tories that local recruitment will be happening but, if the employers cannot find people to work in their sector—in this case, the care sector—they will have to find staff from elsewhere. Some people will point to the unemployment statistics and suggest that there is a workforce sitting at home doing nothing. Although some of that workforce may be qualified to work in the roles, due to a variety of factors—such as ill-health, lower pay, family circumstances and many others—they might not be in a position to apply for those jobs.

Donald Cameron spoke of job retention, but people will leave jobs for a variety of reasons. If somebody goes into the care sector and leaves within a matter of months because they realise that it is not for them, I would argue—as, I am sure, others would—that their leaving is probably a good thing. In some instances, the people in the care sector are the most vulnerable in our society,

and we want the people who are looking after them to want to undertake that role. As somebody said earlier, it is a vocation.

The pandemic has shown beyond doubt that jobs that the UK Government has previously described as lower skilled are, in fact, part of a range of vital roles that are filled by dedicated people with valuable skills and knowledge. We have already heard a quote from Dr Donald Macaskill. The following quote from Dr Macaskill says a huge amount about the UK Government. He said:

“There have been few individuals who have more dedicated their lives to the fight against COVID-19 than those working in frontline social care roles across Scotland. We know that a significant number of these women and men come from the European Economic Area.”

I am glad that those people are here and working in Scotland.

The new immigration system that is proposed by the UK Government will leave Scotland's vital social care sector critically short of staff and will damage a number of other important sectors in Scotland. The UK Government's proposed salary thresholds ignore Scotland's needs, with 53 per cent of roles—and up to 90 per cent in the care sector—earning less than the £25,000, as is outlined in the expert advisory group's report. The social work and residential care sectors are heavily reliant on migrants, with almost 10 per cent of roles being filled by workers from outside the UK, the majority of whom would not qualify for a visa under the so-called skilled worker route that is currently being proposed by the UK Government. It is astounding that the UK Government has introduced a health and care visa that is intended to show the UK's gratitude to front-line workers in those sectors yet the initiative continues to exclude and disregard the huge contribution of social care workers.

We have also heard about Scotland's distinct migration needs and how we need that tailored approach. All of Scotland's population growth over the next 25 years is projected to come from migration. If EU migration to Scotland were at half its current level, our working-age population would decline by 1 per cent and the proportion of children would decline by 4.5 per cent. The Federation of Small Businesses Scotland says:

“We have argued that there should be a system in Scotland which responds to the particular needs of Scottish industry and demography.”

In 2017, National Records of Scotland published its demographic and census analysis. I will use my constituency of Inverclyde as an example. The report says:

“Inverclyde is projected to have an ageing population over the next 25 years, with a projected increase of 38% for those aged 65 or over. In contrast, the working age

population (aged 16-64 years) is projected to fall by 26% between 2014 and 2039.”

According to the 2011 census, even though there were 850 EEA-born nationals living in Inverclyde, we still have population decline. The Tories need to tell me and my constituents who will look after our old people if that stark population projection becomes a reality. I do not believe for one minute that Donald Cameron is the type to lift up the drawbridge after himself—unlike some of his party colleagues in the Westminster Parliament. However, he needs to tell me and my constituents how we are going to tackle this demographic time bomb in Inverclyde and other areas of Scotland if the drawbridge is lifted and we refuse to allow EEA nationals into the country.

15:36

**Neil Findlay (Lothian) (Lab):** This is a very important debate but I hugely regret the way in which it has been framed. Having a kick at the way in which Johnson's Government has set its financial cap on inward migration is like shooting rather ugly fish in a barrel. By God, the Tory Government deserves to be hammered for that because it is divisive, prejudiced, damaging and unfair—none of which surprises me one bit, knowing the way that the Government operates. It is a compliment that people see the nations of the UK as countries where they want to live and work, socialise and bring up their families. Johnson's Tories see that not as an enriching phenomenon, but as something to be framed negatively in terms of threat, challenge and competition. We all know that the reality is that many sectors of our economy and society would collapse without our friends from overseas working in them.

However, having listened to the debate so far, I have to sound a note of caution. It is not okay for us to say that we want all the social care staff to come here and work in social care in Scotland without any thought whatsoever given to the skills drain from their countries of origin. Is it okay that we have people cared for here irrespective of what happens in Slovakia, France or Germany? That is not solidarity—that is selfishness. We need to have a thought for that, too.

The Scottish Government motion, rightly, rejects the Tories' negative approach, but today's debate cannot ignore some of the huge issues on our doorstep. The social care system is well and truly broken. The Covid crisis did not bring about that situation—it was already there, and Covid simply brought it to the top of the news agenda. Is it not appalling that it took the discharge of thousands of untested Covid-positive patients to care homes to put social care in the main news headlines? Is it not shameful that it took the deaths of hundreds of our loved ones to expose the blatant disregard for

older people? Is it not appalling that it took the disease running rife for care staff to get the PPE that they had been calling for for years? Is it not a scandal that older citizens were pressured into agreeing to do not resuscitate notices—some by text message? Is it not scandalous that some care home staff have still not been tested? Why are we not discussing those issues today? Why are we avoiding that debate?

When the First Minister and the cabinet secretary have been asked this question, they cannot answer it: when did they know that untested or Covid-positive patients were being discharged to care homes? They have been asked that question dozens of times and they have contrived to answer it in every possible way, but the reality is that we only want to know one thing: a date. That is all that we ask for. Why can they not tell care home staff the answer to that simple question?

The big question that should be addressed in this debate is why care home staff and home care workers are valued so little. I cannot speak highly enough of the workers who have looked after my mum and the other residents at the Crofthead care home over the past eight months. I know that families like mine across the country will be feeling exactly the same about what happened during that period. Yet, today, a job as a service support worker for the Red Cross is advertised at £8.72 an hour; a support worker for Scottish Autism can get £9.30 an hour; someone doing night shifts for Sense Scotland can get £9.30 an hour; a care assistant for SCRT Homecare can get £9.30; a job at HC-One—remember it?—is advertised at £9 an hour; and a cook with Ion Care and Support Services Ltd can get £8.72 an hour.

It is not acceptable to come over all morally superior about the Tories' absurd immigration cap but, in the next breath, encourage people to come here to work for poverty pay, on insecure contracts, under extremely pressurised conditions and with no housing provision. The minister said that he believes that we have some of the best terms and conditions for social care staff. If those are some of the best terms and conditions, that shows how low the status of those workers has sunk.

The Living Wage Foundation calculates that the weekly amount that a single person requires to live on is £316 a week. Today, I looked to see what the cheapest available accommodation is in Edinburgh. If they are lucky, someone can get a room for £100 a week. The average rent in Scotland is £692 a month. How on earth is a social care worker going to afford that?

We want to encourage people to come here to provide essential public services. If we want to expand "local recruitment", as the Tory

amendment suggests, we need a revolution in the care sector—and I use that word advisedly. There should be no more clapping for carers on Thursdays and turning a blind eye to poverty pay on Fridays; no more announcing pay awards and then relying on cuts to services elsewhere to fund them; no more blocking a return to national collective bargaining, which employers and unions want and which we could do tomorrow; and no more social care contracts being awarded without driving up pay, conditions and access to union representation.

Warm words and videos of people clapping and posing for selfies do not pay the bills. We need to show how much we care by increasing pay, ending job insecurity, calling time on exploitative employers, implementing a national framework for collective agreements and ensuring safe working conditions. We can then begin to create a social care system that is based on care and compassion, not low pay and profit.

By the way, I will make the same speech again the next time we discuss this subject, just as I have made it the past 10 or 12 times that we have discussed the subject during my time in Parliament, because almost nothing moves on in this field. We will hear warm words from ministers again, but we will be back discussing the very same issues in a few weeks or months.

15:43

**Tom Arthur (Renfrewshire South) (SNP):** I express my thanks to the Government for holding this debate. I put on record my sincere thanks to all migrants working across my Renfrewshire South constituency in social care and in other sectors for their invaluable contribution to the communities that I am honoured to represent in this Parliament.

The past six months of sacrifice, pain and grief have been the most traumatic experience that our country has endured since 1945. The post-war era has witnessed many events that have scarred communities, changed the political weather and shaped our present-day identities. However, none can compare in scale and impact to the bitter reality of living through a pandemic.

It is too soon to tell what the ultimate legacy of the Covid-19 pandemic will be—a pandemic that, as we speak, is deepening and accelerating across the globe. Even at this stage, though, it is clear that there are profound lessons to be learned. It is in times of crisis that we see the true measure of ourselves as individuals and as a society. That is when our personal values are most apparent, and when collectively we must decide what we value most. The crisis has forced



us to confront reality and to ask ourselves what really matters and what we cannot live without.

It is therefore no surprise that there has been a long-overdue refocusing on what we mean by “key worker”. Clinicians and healthcare workers, constables and Police Scotland staff, the Scottish Fire and Rescue Service, local authority staff, third sector and social enterprise workers, farmers and agricultural workers, unpaid carers, and those working in haulage and logistics, energy, telecommunications, water and sewerage, supermarkets, security and many more occupations are the real wealth creators in society.

Our social care workers are among those who work selflessly to keep the wheels of society turning, to whom we owe a special debt of gratitude. Along with those who work in our hospitals and other clinical settings, care workers have been on the front line and have endured the most. Their contribution has been immeasurable and irreplaceable. As we move through the autumn into the winter, we are asking our care workers to continue their lifeline role of assisting and supporting our most vulnerable against the backdrop of a global pandemic that is strengthening.

“Dedicated”, “professional” and “compassionate”—those are the words that I would use to describe our care workers are . It tells us much about the UK Government and how little it has learned that it still chooses to describe them as “low-skilled”. That is a view that is born of an attitude that judges contribution to society solely by salary and not by the difference that a person makes. It has the narrow-minded meanness of a bean counter. It betrays a poverty of compassion and an absence of any rounded understanding of the human condition. It is the product of withered minds that are manacled to a dehumanising ideology that is insensitive and impervious to the benevolent and selfless impulses that motivate people to choose caring as a career. I use the word “career”, but caring is more than that; it is a vocation—quite literally, a calling. It is not a job that just anybody can do, and it is certainly not unskilled. Most of us recognise that we have perhaps not always been as vocal about that as we should have been.

If, as the First Minister has suggested, a national care service could be the lasting legacy of this pandemic, at the heart of that must be the entrenching of parity of esteem and status between caring and other skilled professions. Before then, it is of course the case that we should use all the existing powers of this Parliament to encourage people into caring.

One crucial central power involves our budget setting process and, in particular, how much we choose to spend on social care and how we pay

for it. There is still time—just—in this session of Parliament for us to have a mature discussion about the budget. That would require serious engagement—no more presenting uncosted shopping lists and demands for tax cuts while simultaneously calling for increased spending. It would mean difficult decisions and would require compromise, and it would also mean the Parliament collectively owning whatever budget was passed.

Although it is true to say that supporting recruitment and retention in social care means that it will be necessary to use all the levers at our disposal in the Parliament, that alone will not be sufficient. Scotland faces significant demographic challenges in the coming years. Until well into the middle of this century, all our population growth is projected to come from inward migration. As things stand, migrants from outwith the UK already make a significant contribution to the social care workforce. Vacancies across the sector are high, with as many as 38 per cent of companies affected, so it is patently obvious that the future sustainability of care services in Scotland will depend on attracting people into the profession from beyond these shores as well as from within the country. Those points stand for other sectors, too.

The case of migration and care workers is but one example of this Parliament’s ability to respond effectively to a pressing social and economic need being restricted by the current division of powers on these islands. Worse than that, the challenges that we face are exacerbated by UK Government decisions. As I said, that does not mean that we cross our arms and do nothing. Age Scotland stated in its briefing for this debate that the Scottish Government’s efforts to recruit and retain staff are welcome, and we must continue to do all that we can.

I simply observe that this is yet another example of Scotland losing out by not having the powers of a normal independent country. It demonstrates that, far from being a constitutional abstraction, the question about which powers reside in this Parliament and which reside in Westminster has profound implications for all of us, and in particular for the most vulnerable members of our society and those who care for them.

15:49

**Bill Bowman (North East Scotland) (Con):** I welcome the opportunity to speak. This is an important topic and one that must be addressed in a careful and considered manner.

The Scottish Conservatives value the work that many migrants do as part of Scotland’s care sector. The UK Government wants every one of

the 10,000 European Union nationals in Scotland who provide essential round-the-clock support to older people, and to those with disabilities, to stay here.

We know that the social care sector in Scotland is already under immense pressure. In the past year, 38 per cent of care services reported having vacancies. There were neither enough, nor appropriate, applicants for positions. Those vacancies are happening in the wake of ever-increasing demand as our population lives longer and with multiple long-term health conditions. Age Scotland's "Waiting for Care" report found that four out of ten older people have waited longer than six weeks for the care that they require.

The care sector is an invaluable part of the Scottish healthcare system. That has never been more true than throughout the continuing coronavirus pandemic. However, lack of care provision has a direct impact on the NHS. There is a cost for every day of delayed discharge when someone is kept in hospital if there is no social care package in place for them. That costs NHS Scotland about £122 million each year. In 2018, 474 people died while waiting to be discharged from hospital: 423 of those people were waiting for health and social care packages to be put in place.

An aging population, which Scotland has, increases the burden on the social care system. National Records of Scotland predicts a 23.2 per cent rise in the number of pensioners by 2043. That is equivalent to more than 240,000 older people.

It is for reasons like those that we cannot rely only on migration to Scotland to fill those positions. We must start to encourage and train more local people to work in the care sector. Age Scotland recognises the need to encourage more local people into that line of work. There is work to be done to ensure that people from all backgrounds see social care as a fulfilling career, with better pay and status across the profession.

EU nationals living in the UK can access settled status, which gives them the opportunity to remain in the UK. The EU settlement scheme is a free scheme that enables European Economic Area and Swiss citizens who are resident in the UK, and their family members, to obtain settled status. Successful applicants will be able to live and work in the UK after June 2021.

Long before the pandemic, Scottish Conservatives were already a voice for carers. We led the way in calling for carers allowance to be increased to the same level as jobseekers allowance.

**Joe FitzPatrick:** Can the member tell us how much more money carers in Scotland get than carers elsewhere in the UK?

**Bill Bowman:** Perhaps, as a member of the Scottish Government, the minister should know that.

We are supportive of increased support for unpaid carers. We increased rights for carers. In 2016 we succeeded in passing an amendment to the Carers (Scotland) Bill requiring local authorities to provide short breaks and ensuring that a person's care plan must be agreed as soon as possible before they leave hospital and with the involvement of the carer. That has given carers some much-needed time away, benefiting their quality of life and their wellbeing.

Meanwhile, the SNP has failed to protect carers through the pandemic. It is failing to fulfil its pledge to test all care home workers weekly. On 13 July, health secretary Jeane Freeman said that testing of all staff is now a weekly occurrence. However, in the week of 28 August to 3 September, only 36,000 of the approximately 53,000 care home staff in Scotland were tested.

At the height of the pandemic, it was the Scottish Conservatives who highlighted the importance of PPE for our carers. Scottish Care reported that home care workers said that they had been left unfairly exposed by a lack of PPE. We pressed the First Minister on the stock levels of PPE and stressed that it was not just for hospitals but for care homes and residential care. It was also the Scottish Conservatives who suggested involving the armed forces to help get PPE to the places where it was needed.

I reiterate that we understand the pressures that the care sector faces. Care workers have been extraordinary during the past few months. We will continue to work with the UK Government, industry and sectoral groups from across Scotland to ensure that we have an immigration system that meets our needs. The UK Government is engaging regularly with the care sector, but we recognise the importance of those jobs being valued and trained for in the UK. We do not want migration to be the only alternative to that.

My colleague Oliver Mundell was quoted in *The Times* last week, responding to the SNP's call for a separate migration policy in Scotland. He said

"No-one is disputing the need for solutions and creative thinking across immigration, but to try and pretend that this is a constructive approach when it's yet another example of the Scottish Government refusing to recognise the constitutional settlement in the United Kingdom and another attempt to further the cause of independence, I think is disingenuous."

The care sector is an invaluable part of the Scottish healthcare system; that has never been more true than throughout this on-going coronavirus pandemic. I support the Conservative amendment.

15:55

**Clare Adamson (Motherwell and Wishaw)**

**(SNP):** I thank the Scottish Government for bringing the debate to the chamber this afternoon. As the granddaughter of migrants, it becomes personal for me when we are talking about migration and how welcoming we are as a country. I have spoken about that many times. When I was at university, I was taught by a Chilean refugee and I am grateful for the influence that he had on my life during my time at university.

It would be remiss of us not to highlight in the debate the fact that many asylum seekers in Scotland are qualified as nurses, doctors, care workers and in other areas but are not allowed to work. It is to our shame that we do not, for their benefit and ours, allow them to work and have dignity in our country while they seek asylum. I say to Mr Cameron that if the UK Government is indeed a listening Government, it should listen to the pleas about asylum seekers that have been made many times in this chamber and to the pleas about initiatives such as the fresh talent initiative, which was to the benefit of, and unique to, Scotland. The initiative encouraged people who came to study in Scotland to live and work here after their educational time in the country. That initiative was taken away from us but reinstated for three universities in England. It is a shame that we do not have those opportunities for people coming to Scotland.

It is also a shame that, like the convener of the Culture, Tourism, Europe and External Affairs Committee, I, as convener of the Education and Skills Committee, have been unable to get a minister from the UK Government to come and speak to us about the impact of Brexit on our higher and further education institutions. We have yet to have a UK minister come and do that. We have arranged meetings on many occasions, but quite a few ministers have changed position and we have never yet had a minister come to the committee to discuss those issues.

We are supposed to be grateful for the fact that European citizens can apply for settled status, but that is no replacement for the rights that have been stolen from them to live and work in the UK as European citizens. I regret the loss of their rights, as I regret the loss of my own rights to do the same in the European Union. I particularly regret the loss of the rights of my son, a young man of 23, who can no longer choose to live and work in the European Union, when only a few months ago those options were open to him.

I will talk now about what the Scottish Government has been doing on the care issue. The COSLA, NHS Scotland and Scottish Government healthier Scotland report, “An Integrated Health and Social Care Workforce Plan

for Scotland”, was published in December 2019. In the report’s opening comments, the Scottish Government and COSLA jointly said:

“Every day the many thousands of people who work in our health and social care services display extraordinary leadership, professionalism, skill and knowledge. In everything they do they demonstrate outstanding personal commitment. It follows that the planning carried out to recruit, deploy, nurture, and retain this vital workforce must also be exemplary.”

If those comments were true in December 2019—which they were—boy, do we all know just how much those words mean now, given those people’s contribution to society.

Post Covid, everyone has to look at how our society values people. We must all take a long, hard look at who became the vital workers during the crisis, who were the people on the front line, who kept our supermarkets stocked and who were there for our loved ones when we could not be because of a global pandemic. Therefore, I am delighted that the Scottish Government has established a review of adult social care. I commend Angela Constance—she is not speaking in the debate today, but she is in the chamber—for her work in that regard. We must look again at how our care sector works and at how integral it is, not just to our health and social care but to our society as a whole.

We know the numbers; we know what the care workforce stands at. The Government has said that, in order to maintain that, we will require a yearly 1.3 per cent increase in NHS employees and a 1.7 per cent increase in social care employees up to the period 2023-24. In people terms, more than 14,400 additional home care and housing support staff will be needed. We must all work to ensure that that is a workforce of dedicated, skilled people.

We know that work is being undertaken in that regard. North Lanarkshire Council has had a care academy since 2017. Those on the Tory benches should be aware that we are recruiting and inspiring young people to get involved.

This is all about choice. If we choose a hostile environment, barriers to migration for skilled workers, the ending of the European rights of freedom and salary thresholds above the levels of many care workers, that will diminish our country as a place where people want to come. People will choose to take their skills elsewhere. This is a global issue, and we need to ensure that our country is open, welcoming and provides good well-paid jobs to those in their care home sector.

16:02

**Sarah Boyack (Lothian) (Lab):** I am glad that members from all parties have recognised the vital

work that care workers have undertaken in our communities throughout the pandemic. However, although the conditions and stress of care work have come to the fore during the pandemic, the pressures that care staff face and the problem of low pay have been with us for years.

As David Stewart's amendment highlights, care workers are paid an average of £9.79 an hour. At that rate, working 35 hours a week, staff earn less than £18,000 a year. That is nowhere near the Tory Government's threshold of £25,600. Does anyone in the chamber think that it is fair that the staff who are doing their best to look after and provide a quality life for our closest relatives and friends are earning so little? I do not.

Making concrete changes to improve people's living conditions, to attract people to work in the care sector and to properly value their work is essential. Let us not forget that, earlier this year, the SNP Government voted against our amendments to the Coronavirus (Scotland) (No 2) Bill that would have guaranteed at least the living wage for care workers and ensured that care workers' position in the sector was strengthened by collective bargaining.

Moreover, to work as a care worker, a person must register with a professional regulator and pay a fee. That fee has been waived for other sectors. In response to my written question, Jeane Freeman stated that she had no plans to act:

"Workers who are required to register with a professional regulator, such as SSSC, are required to pay an annual registration fee and that remains the legal position."

Funding the fee is a concrete step that the Scottish Government could take now to improve conditions in the care sector, where workers are experiencing the impact of low pay daily.

I totally agree that we need an accurate record to demonstrate that care staff have the required training and are fit to practice—that protects the public. I also agree with the minister's earlier comments about the vital work of the SCCC. However, what might be a small amount for some might be impossible for others, such as someone who is on a low or intermittent salary and whose family is under increased pressure from job loss because of the pandemic. Neil Findlay's earlier point about the cost of rents in Edinburgh was extremely powerful and illustrated the pressure that many of my constituents are under.

Last year's report by the Fair Work Convention found that 20 per cent of the care workforce were not on permanent contracts and that 11 per cent were on zero-hours contracts. It is therefore no wonder that the challenge lies not only in recruiting staff but in retaining them. Last year, research showed that one in 10 care workers wanted to leave the sector in the future, mainly due to the

stress and the workload that they faced daily. That was before the additional pressures caused by the pandemic, which we have been debating over the past few weeks.

For many, the care sector has provided an entry-level opportunity to get a job and a foothold in our society. However, as other members have said, we need there to be career development for and investment in staff that will enable them to progress, to develop their skills and to be recognised and acknowledged for the job that they do day in, day out.

The motion highlights the upcoming shortfall in staff in the care sector, which will have been exacerbated by Brexit and the Tory Government's exclusion of social care staff from the ambit of the health and care visa proposals. However, as David Stewart's amendment make clear, the proposed visa is only part of the problem: it will simply exacerbate the difficulties that the sector currently faces. The real problem is low pay. Not only will that be felt after Brexit; it is reflected in the sector's current difficulties with recruitment and retention. Not only do we need care sector staff to have access to care jobs; we need to offer them careers and job progression. That is why Scottish Labour argues that they should have nationally agreed terms and conditions.

Brexit poses a real challenge that will be fundamental to the care sector in Scotland, but it is not the only such challenge. We need the Scottish Government to act now, to make real changes and to fund local government adequately to ensure that people who work in the sector can afford to do so both now and in the future. We will need to have a strong, skilled care sector in our future. As others have commented, the problem there currently affects every single community in Scotland, but our demographics will make it even more of an issue then.

I am glad that the Scottish Government will support Scottish Labour's amendment tonight. However, let us be clear that, if a national care service is to be successful, it needs funding. I remember the impact of past austerity budgets that led to councils outsourcing their care staff and to care visits being limited to 15 minutes. I also know staff who left the sector then because of that diminution of their role and their salaries.

We need more than words; we need action and investment. Crucially, we need a better, fairer immigration system that welcomes those who make a vital contribution to our economy, our care sector and every community in the country. We need to see such action, and we need it now. I hope that both Governments are listening, because this is a crucial issue.

16:08

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** As other members have, I want to recognise and thank care sector staff for the immeasurable amount of work that they have undertaken during the on-going pandemic.

When members reflect on that, I think that they will agree that it has become more apparent than ever that non-UK citizens have played a huge role in the sector at this time. The buzzword term that has been used of them is “key workers”, because they have been central to keeping Scotland running since April. It is clear that a large proportion of such workers are not UK citizens but, in fact, have come from all over the world.

We have also seen that there is no such thing as a low-skilled job, contrary to what the UK Government would have us believe. In fact, such workers are among the most valued and have proved just how vital their skills are, as has been pointed out several times in the debate. Surely, that must be one of the major positive lessons to have come from the pandemic.

Other members have mentioned how we stood and clapped for those workers every Thursday night—that became something of a ritual for most of us. They were on the front line of the fight and put themselves and their own families at risk of contracting Covid. Like other members, I am angry about that, and I imagine that many people feel the same way. The way in which those workers are now being treated is appalling. They are, in effect, war heroes, and perhaps the Tories in London need to start considering them as such. We should remember that the war against Covid is still going on.

However, I also take Neil Findlay’s point—I see that he is not in the chamber at the moment. I do not think that the Scottish Parliament should duck the issue of pay within the sector; we need to recognise it as we move forward. I agree with the minister that we have a good record in Scotland, but that does not mean that we cannot do better. I was talking to a social care worker recently, who told me about working long, long hours just to make ends meet. However, the important point is that the First Minister has announced a care review, so this Scottish Government is dedicated to ensuring that there is a long-term legacy coming out of this horrible, terrible time. I hope that the issue of pay will be considered as part of that review.

I am deeply disappointed, as I said—although I am not surprised—that the UK Government’s new immigration policy plans completely disregard key sectors that we have relied on during the pandemic. In particular, they disregard our need

for social care workers, especially in Scotland, where we have a real need for those workers.

I thank Age Scotland for its briefing, which has been quoted several times. It says:

“In the past year, 38% of care services reported having vacancies,”

which is an unchanged figure from the previous year, and that care positions are hard to fill because there are not enough applicants. However, who in the Tory UK Government cares about our most vulnerable? It does not appear as though any of them do.

Presiding Officer, 10,000 EU nationals provide essential support to older people and those with disabilities in Scotland alone. The majority of those workers would not qualify for a visa under the so-called skilled worker route that is being proposed. The UK’s shortage occupation list specifies roles that are deemed by the Government to be in short supply within the UK resident labour market. Roles on the list benefit from relaxed immigration requirements, allowing employers to hire talent from overseas at a lower salary threshold to meet their skills needs.

Adding social care roles to the SOL would allow employers to recruit international workers at the £20,480 threshold, as has been said. It is astounding that the UK Government has introduced a health and care visa that blatantly excludes social care workers. A system that has not even been put into practice yet is clearly broken. I would love it if one of the Tory members or the closing speaker for the Tories would acknowledge that and say that they will lobby their colleagues in London about it.

The Tory Government would have us believe that the NHS cannot support more migrants. However, without care workers, the overall burden on the NHS would be around £125 million annually due to delayed discharges. The fact is that predictions show that, without EU migrants, our working population would decline—a point that has been made several times already. That would have an impact on our economy and our communities, and it is becoming clear that Scotland has distinct needs in relation to migration that are not catered for in the current UK set-up or in UK policy.

Without freedom of movement, many of our rural communities will suffer. Other countries operate regional migration schemes to combat that issue, but there is no mention of that approach in the UK Government’s proposed systems. As others have mentioned, it has become clearer that Scotland needs control over its own immigration system. The UK Government refuses to entertain that idea or the idea of a Scottish visa. Despite repeated warnings from the

Scottish Government, experts, businesses and representative organisations about the damage that its plans would inflict on Scotland, the UK Government has basically ignored the evidence and plans to push ahead regardless.

Where are the Scottish Tories standing up for Scotland? It is more evident than ever that we need solutions made in Scotland for Scotland's problems. It will come as no surprise that I believe that that solution lies in independence.

16:13

**Annie Wells (Glasgow) (Con):** I am very pleased to be able to speak today and pay tribute to the incredible contribution of all who work in our care sector. The past six months have proved their importance to the wellbeing of the whole country beyond any doubt, and I join colleagues in thanking them for all that they have done and continue to do, no matter where they come from.

The Government motion seeks to address the role of non-UK nationals employed in the social care and childcare sectors; they make up around 10 per cent of all Scotland's current care home staff. I appreciate the desire to make sure that there are appropriate staffing levels in those settings; after all, if there is anyone who knows about poor workforce planning in healthcare, it is any of Scotland's last four health secretaries.

However, the Scottish Government's position begins and ends with the view that the only way to solve the issue is through immigration. I see nothing in the Government motion pledging to improve recruitment for the care sector at a domestic level, for example.

The motion criticises a points-based immigration system—exactly the same kind of points-based immigration system that the SNP advocated for use after independence in 2014. The Scottish Government complains about the £25,000 salary threshold, but forgets that the threshold is being reduced from the more than £30,000 that it is now and does not mention the even lower threshold of just over £20,000 for occupations deemed to be in shortage.

I am sure that, on all those points, it was a matter of simple oversight rather than a conscious effort to obscure facts that the SNP finds inconvenient. It is useful to give an accurate picture of the measures that will seek to bring people from around the world to advance our health and care sectors—measures that we have heard about already this afternoon, such as the shortage occupation lists for the UK and Scotland. I am sure that if ministers believe that there might be shortages in the care sector, they will have made representations to the Migration Advisory Committee for the sector's inclusion on those lists.

However, if we consider that immigration is not the only response to workforce planning, a variety of options to provide stability for care homes in future open up. One of the best ways to do that is to look at solutions right here at home. Is it the case that working in the care sector is viewed the same way as being a nurse or a paramedic, for example? I am not sure that it is. If we can make social care a more attractive option, through better conditions and a more rewarding career path, we can reach an entirely new group of people who have not considered the idea for themselves before now. That could mean delivering more dedicated course content at colleges and universities. It could mean improving access routes for people either looking for their first career or looking to retrain and do something different.

It is true that the Covid pandemic has made it clear that the sector is in need of significant reform, and taking the opportunity to bring in a new generation of staff would seem like a sensible option. Instead of focusing the debate solely around immigration, let us have an intellectually honest debate about the options available to us now, because, unfortunately, this SNP Government would rather look to UK Government policy and complain, than hold up the mirror to figure out where it can do better itself.

Workforce pressures in care home settings are a devolved responsibility, and there are plenty of ways that the Scottish Government could act to alleviate them right now. It could improve localised recruitment right now. It could work constructively with the UK Government to identify exactly which roles are most in need of migrant workers through the shortage occupation lists. It could extend its affection for care home staff by providing adequate testing during a deadly pandemic, having failed to do so in recent weeks.

Care workers provide vital care to some of the most vulnerable in our society and have put their lives on the line during the past few months. By working constructively together, not just remonstrating, we can work to put our care homes on a much more sustainable footing for the years ahead. That is what is needed, so we should resolve to do nothing less.

**The Deputy Presiding Officer (Lewis Macdonald):** I will call Shona Robison in a moment. She will be the last contributor to the open debate, after which we will move to closing speeches. I remind members that those speaking remotely can neither make nor take interventions, but I hope that members will have other opportunities to say what they want to say.

16:19

**Shona Robison (Dundee City East) (SNP):** I am pleased to be able to take part in this important and timely debate.

Before I turn to immigration, I welcome the announcement of the independent review of adult social care, including consideration of a national care service. Without doubt, the pandemic has made us all take a long hard look at the care sector and made us focus on the weaknesses of the current system.

Over the years, successive Governments have made many attempts to reform and improve social care, including the integration of health and social care, encouraging the payment of the living wage, the national care home contract, free personal and nursing care, and recruitment campaigns, to name a few, and I am the first to admit that those have not been enough to make the fundamental changes that are required. We now need to consider more radical changes.

As I said, I am pleased that the Scottish Government has set up an independent review of adult social care. An important part of that will involve looking at the national care service model. Alongside that, new funding models and terms and conditions will need to be considered, and a hard look will have to be taken at the future role of the private sector. Those and many other fundamental questions will need to be discussed, not only inside but outside the Parliament, with key stakeholders, service users and carers.

I, too, want to acknowledge Angela Constance's work in this area, as well as the work of the Social Justice and Fairness Commission, which I chair. I hope that its recently published discussion paper on the reform of social care will make a contribution to the debate.

Before I turn to immigration, I want to touch on what I regard as an opportunity to think about the investment in care in a slightly different way. The care economy is a significant economic sector in Scotland, which is valued at around £3.4 billion, and I think that we need to think about it as such. Too often, care is seen by many as something to which a sacrifice must be made through general taxation for those who need it. We need to change that thinking. Just as we see investment in education and childcare as an investment in the future of our young, we need to see social care in all its forms as being part of a system of cradle-to-grave support. Rather than being a drag on our resources, investment in care generates significant economic return—much greater economic return, it must be said, than many other forms of investment. Therefore, it should focus prominently in our post-Covid economic and social recovery.

**Neil Findlay:** Will Shona Robison take an intervention?

**Shona Robison:** I will in a second. Investment in care encourages job creation and provides economic stimulus, and I would hope that investment in building care facilities, for example, would be eligible for funding from—and an attractive proposition for—the Scottish National Investment Bank and other funding streams. We need to think differently about that.

**Neil Findlay:** I understand the point that Shona Robison makes about the economic impact of the sector, but we cannot put that at the forefront of what social care is about. It must be about care and compassion and human rights first of all; consideration of any economic impact should be far secondary to those first two aspects.

**Shona Robison:** I actually agree with Neil Findlay, but I think that by recognising the economic impact of the sector and changing the way in which we view care, we can drive up the status of the sector and its terms and conditions. That will help the public to see it as an investment rather than as a drag on taxation, as investment in care can, unfortunately, sometimes be seen. A rise in quality is fundamental to that.

The sector must be seen as offering a career. Sarah Boyack was absolutely right about that. If we are to get young people and, indeed, people of any age to come into the care sector, they must see it as offering an opportunity for progression—potentially, for example, to the regulated professions. That requires us to have a national system that allows people to move in and out of the sector.

I commend to members “A Care-Led Recovery from Coronavirus”, which was produced recently by De Henau and Himmelweit. They say:

“Any investment in care in the UK would produce 2.7 times as many jobs as an equivalent investment in construction: 6.3 times as many jobs for women and 10% more for men.”

They also say that increasing the number of people who work in care to 10 per cent of the employed population, as is the case in Sweden and Denmark, and giving all care workers a pay rise to the real living wage would create

“2 million jobs in the economy as a whole, raise the overall employment rate by 5 percentage points and reduce the gender employment gap by 4 percentage points.”

Those are UK figures, but they are nevertheless significant. There is also the recoup by the Treasury and direct tax revenue from investment in care. We need to see care as part of our economic, as well as our social, recovery and I do not believe that the UK Government's immigration policy assists in that—it is a hindrance. Anything that stops people from wanting to be part of that

workforce and from coming here to work in that important sector is not wise or joined-up thinking by the UK Government.

There are many other things to be done in social care. Immigration is just one issue, but it is important and it sends out an important signal. We want people to come and work here and to be part of our social and economic recovery. We want Scotland to be a nation that welcomes people to come and make this their home. I urge people to vote for the motion.

**The Deputy Presiding Officer:** We move to closing speeches and we have a little time in hand. I call Claire Baker for a generous seven minutes.

16:25

**Claire Baker (Mid Scotland and Fife) (Lab):** Thank you, Presiding Officer.

This has been an important debate on care staff and migration. It was important to recognise the key role that care workers have played during the pandemic, which many members raised, and we should take the opportunity to thank them for all that they have done.

I now turn to the substance of the debate. Scotland is not unique in facing population challenges. There is evidence to show that our challenge is more acute than that of other areas of the UK, but a growing population gap is common across many European countries. We need to find sensible, innovative and proportionate responses to the challenge.

The immediate concern is that, as freedom of movement comes to an end, a different approach to immigration is needed. Sarah Boyack highlighted that the proposed salary thresholds are unfair. The proposed threshold of £25,600 is too high for many occupations and it does not accept the need for a range of skills and occupations to support our economy.

The defence of a higher rate that was given by the Migration Advisory Committee, which gave evidence to the Culture, Tourism, Europe and External Affairs Committee, is that employers must respond; they will increase wages because they will need to compete for staff. I support moves to drive up wages, but I am not convinced that that approach alone will achieve that. The timescales are rather dramatic to enable any business to change its economic model, particularly as the Johnson Government dropped the proposal for a temporary route as a transitional measure to offset the ending of EU free movement.

Although the new fast-track health and care visa maintains the salary threshold, it makes the process easier and has cheaper fees. However, it

excludes social care workers and health support staff. The Home Secretary talked about “talented global health professionals”, who are needed, but there is also a clear need to recognise the importance of health and care workers.

In its briefing for the debate, RCN Scotland says:

“The UK government’s proposals for the immigration system will exclude many health and care workers from entering the UK, primarily social care staff, which will have a devastating impact.”

A migratory route for care workers is needed, or the system will put too much weight on higher-skilled health and care workers, who will have to work with a lack of the necessary support and infrastructure. The RCN points out that

“The pandemic has revealed how reliant the NHS is on good social care and vice versa—they cannot be viewed as separate services.”

The RCN briefing also raises the issue of mutual recognition of professional qualifications and calls for clarity that that will be retained once freedom of movement ends. It is seeking assurances that there will be an alternative method of alignment of professional standards if the directive no longer applies. That issue is not addressed in the motion or amendments, but it is important for us to raise it and press the UK Government for answers.

The shortage occupation list also has a role to play. Social care workers should be included on that list, which would benefit the whole of the UK. That would mean that there was a lower salary threshold and it would remove the barrier of the qualification specification.

Without those changes, we face a crisis in our social care workforce. Even if we are successful in encouraging EU citizens to register for settled status, that does not allow for population growth but allows only for stabilisation, and it does not address the medium and longer-term difficulties that we face.

Although the motion is focused on the need for inward migration and the importance of the shortage occupation list and the health and care visa, there is a need to invest in the levers that we already have to secure staff in the sector. The Scottish Government’s population strategy, which is expected in early 2021, needs to maximise the policy decisions that can be taken by the Scottish Government and local partners. Although it is intended that the strategy will make the case for further powers, it needs to focus on attracting, welcoming and retaining migrants.

This afternoon, the Conservatives have made much of the need to increase the size of the workforce in the social care sector in Scotland, but doing that would not answer the challenge of there just not being enough people in the workforce. If



more people from too small a pool go into social care, it will create gaps in other sectors. The debate about migration and population growth cannot just be about the social care sector. Other sectors are impacted.

Dr Paulina Trevena has stressed the importance of “soft levers” such as migration integration policies and international outreach activities. Neil Findlay expressed his concerns about some of that approach, but the reality is that we will be competing internationally and within the UK for workers, and our population strategy needs to reflect that.

We will not be supporting the Conservative amendment. Going by its action and its tone, it is difficult for us to accept that the UK Government wants to retain vital workers. It is fair to make the point that local recruitment into the social care sector is important.

The unemployment figures that were published today show the impact of coronavirus on the employment market, and that is expected to increase. Employers and the Government need to be quick to react and create other opportunities. Although we have had a focus on young people in the college sector, lifelong learning opportunities have reduced for other generations. We need to see reform in employment in the care sector, and Neil Findlay was right to highlight that there is too much poverty pay and insecure work. I welcome Fulton MacGregor’s acknowledgement of some of that. We need to place greater importance on these roles, and we need an expansion in the professionalised workforce in the care sector. Shona Robison made good points about opportunities for career progression.

We need to move away from seeing social care as providing low skilled employment, recognise the real skills of those working in the sector and make sure that their pay and conditions reflect those skills. Raising the status of working in the care sector, providing opportunities for learning and introducing a salary that reflects care workers’ value would also support those already in the sector and help to increase recruitment and improve retention. In developing a national care service, improving the poor pay and conditions for workers in the care sector must be a priority.

I will talk briefly about migration policy. I take a cautious approach to the policy proposals from both the UK and the Scottish Governments. The constitutional debate impacts on many areas of policy, and a position that is firmly fixed to either side of the debate can skew one’s view of a proposal that could be worth pursuing—one that would be in the longer-term interests of each Government, and a positive development for overcoming some of the challenges that Scotland faces. I believe that immigration policy comes into

that category, and the development of a UK system that contains regional variations and recognises the particular needs of Scotland, and possibly other areas, should be explored.

I was disappointed with the UK Government’s immediate rejection of the Scottish Government’s “Migration: Helping Scotland Prosper” document. There are proposals in it that I do not agree with. I do not accept that immigration should be fully devolved, as that would present significant issues with border control, and it would be bureaucratic and unworkable for business. However, I think that we could introduce a system that includes a degree of divergence, and both Governments should enter into a discussion on the mechanisms for achieving that, and the benefits and challenges. Other countries—Canada is the most cited example—provide models and experience of how such a system operates. I hope that that agenda can be taken forward, and I urge the UK Government to engage.

There are positive opportunities. The UK Government is very centralising, but there is a need in this area for a degree of devolution that would not only benefit Scotland but strengthen the ties that we have with the rest of the UK. I urge both Governments to engage on this matter.

**The Deputy Presiding Officer:** I call Jamie Halcro Johnston, who has an equally generous nine minutes.

16:34

**Jamie Halcro Johnston (Highlands and Islands) (Con):** That is very generous of you indeed, Presiding Officer. Thank you.

I join others in thanking our social care workers for their huge contribution and massive effort, particularly over the past few months. They have been absolutely fantastic.

The social care sector in Scotland is diverse. As other members have outlined well, a significant number of social care workers here and across the rest of the United Kingdom have come from abroad. The numbers originating from the EU nations are part of that. However, as in the NHS, there are people in the sector who have come from countries around the globe. Those workers make a welcome contribution to our care sector and our society.

In leaving the European Union, it was important that EU nationals who have made their homes in Britain and in Scotland were guaranteed the ability to stay. However, it remains an unfortunate reality that those same care workers in Scotland are often among the lowest paid in the labour market.

As my colleagues Brian Whittle and Donald Cameron, and the minister himself, highlighted,

the job is not easy. It is difficult work, and it is often physically, mentally and emotionally draining—and that is just in normal times.

As we have increasingly seen, social care has remained the poor relation of the health service. When the integration of health and social care was brought forward, there were high hopes of a real cultural shift in our approach but, unfortunately, that shift has not materialised to the extent that many of us would have liked. The coronavirus pandemic has thrown into harsh light just how great the gulf between the two remains.

We have heard about how infected patients have been moved from hospitals to care homes, with the burden shifted to a less well-resourced sector, often without the most basic preparations and precautions. I know from my own region and my exchanges with the Cabinet Secretary for Health and Sport that the Scottish Government's assurances on testing being made available to staff and residents of care homes simply fell short.

We have seen care workers begging the Government for the most basic forms of PPE, and it has often seemed that they have been left exposed on the front line. I ask the Scottish Government to reflect on where social care is now and to ask itself whether, after 13 years in office, social care is where it wants it to be. There is little doubt that the future of social care will be one of the great questions of the coming years, but the Scottish Government has simply not grasped the reins on the issue.

The debate has focused on the specific question of migration. The SNP's argument seems to ignore the critical problems that already existed in the sector, despite free movement among more than half a billion people in the European Economic Area. Its analysis falls short because it ignores the fact that continued overreliance on overseas workers in care roles has wider consequences and the fact that maintaining the model that we have now is simply unsustainable.

In January, the UK's independent Migration Advisory Committee, which was set up under the previous Labour Government, said:

"In the past we have expressed some concern"

about

"arguments seeking to give special dispensation to certain occupations, namely public sector ones, because they are lower-paid but higher-value. Often these arguments fail to address the reasons why they might be lower-paid. We have expressed this concern most forcefully in the case of social care, highlighting it as a concern both in our EEA and more recent Shortage Occupation List reports. In general, our view is that issues of low pay should be treated as such and not as an issue for the immigration system to adjust for and in some sense embed."

The embedding of low pay and the relationship with healthcare have been two significant national questions, but the problems can be quite specific in some cases. For example, in the Western Isles, there are particular linguistic barriers with the high level of Gaelic speaking among the older generation there. As I am sure members are aware, it is common for people with dementia or related conditions to become less able to communicate in a language that they learned later or did not use at home. If someone is a Gaelic speaker, very few social care staff will be able to engage with them, which will increase their feelings of isolation and, no doubt, affect the standard of care that can be delivered to them. I know that the islands authority is very much aware of that situation and that it has taken steps to tackle it, but that highlights that we cannot simply expect overseas workers to continually fill the gaps.

There are positive ideas on challenging the sector's deeper problems and making it more attractive to work in. The model that the Scottish Government mentioned in its motion is one of its own creation and one that it has the power to change.

**David Stewart:** The UK Government brought in the barrier of the NHS levy. Jamie Halcro Johnston will know that his Prime Minister has said that the levy will be wiped out for care workers, but there are comments from the care sector about that not happening and the levy still applying. Can Jamie Halcro Johnston assure members that the NHS levy no longer applies to Scottish carers?

**Jamie Halcro Johnston:** I can assure members that I will certainly look into the issue and that, if there are areas in which Scotland is particularly impacted by the levy, and we as a party can take the matter forward on behalf of care workers and residents, we will do that.

There is an urgent need to re-examine skills recognition and progression in relation to the sector's workforce. A good example would be a review of career routes within social care. There is real potential to open up clear pathways from social care to nursing and the allied health professions, and expanding those options should be a priority. As Donald Cameron highlighted, our aim should not be to backfill the problems that are found in social care; instead, our aim should be to create a functioning social care system that is fit for the increasing role that it will play in the future. However, all those measures require social care to be prioritised in a way that has been sadly lacking from the political agenda for too long.

I turn to some of the contributions from members. My colleagues Donald Cameron and Annie Wells noted that the SNP's position on a

points-based immigration system has changed somewhat since it strongly advocated for such a system in the 2014 white paper on independence.

Brian Whittle touched on the importance of upskilling in social care and the role that colleges can play.

Bill Bowman reflected on the number of existing vacancies in the sector, the current waiting times for access to care services—my constituents have experience of that—and the resultant costs that fall on the NHS and wider society. He spoke not only about strategies to improve conditions for care workers, but about unpaid care workers and the need for social care to be seen as a sector that provides fulfilling careers, with better pay and status across the profession.

Annie Wells touched on some important issues around workforce planning and recruitment, including avenues for retraining into the care sector. She also noted a number of positive changes that have been made to the migration system that will reduce the challenges faced by skilled migrants when coming to the UK, including reductions to the salary and qualifications thresholds. That serves as a reminder that an immigration system can be more responsive than the system that we have seen in the past, and that it can adapt to need.

In other contributions, David Stewart raised concerns about EU nationals returning home, although he did not recognise that there are other reasons for that, such as the strength of some economies influencing some people to return home.

Alison Johnstone and a number of SNP MSPs highlighted the recruitment difficulties and vacancy levels in Scottish care, but again they failed to highlight that those issues existed when we were still in the EU and there was still freedom of movement.

**Alison Johnstone:** I politely suggest that I did not say that. I said that it has been a long-standing issue and that all previous Governments and the current Government have failed to address it. I would like to understand how the minister thinks that putting a further barrier in place is going to provide any sort of solution.

**Jamie Halcro Johnston:** The member is nine months ahead of herself. I am not a minister yet—he said cheekily.

I would simply ask the member how a barrier of independence would help. If coming out of one social union is a barrier, how can we say that the solution is to come out of another? *[Interruption.]* I notice that that has received great support from SNP members on the back benches.

Joan McAlpine and Fulton MacGregor shocked the chamber by suggesting that the solution to all of these problems is independence. As I have highlighted, identifying the problem of coming out of one political union and addressing it by coming out of another one seems strange logic.

Neil Findlay highlighted the impact on some of the countries where EU nationals come from. I thought that his contribution was very good, and he may be surprised to know that I agreed with quite a lot of what he said. That will do him no credit under the current Labour leadership—I stress the word “current”.

Neil Findlay passionately highlighted that there is a real problem with how social care is delivered, and that there are many other issues than recruitment alone. I thought that his contribution was extremely important. He also highlighted that we should be discussing a number of other issues around social care and care homes but have not had the opportunity to do so. It would be good if the Government gave some of its time to discussing care homes and what we can do to make sure that the 2,000 deaths that have happened over the past few months are fully addressed.

Today’s debate goes much deeper than the SNP cares to recognise or engage with. We have a social care system that has needed significant attention for a long time. Even ministers must acknowledge among themselves that the model is unsustainable when faced with an ageing population and the expectations of older people and their families to be treated with proper consideration and dignity.

We hear a great deal about respect and esteem for key workers in the care sector—that is only right—but often ministers’ words are not reflected in the reality of their decisions and their priorities. *[Interruption.]* I am just finishing.

What we have and what we see today in Scotland is a care system that is under immense pressure. That is not an acute problem; it pre-dates Covid and Brexit. Yet, over the years, serious steps to address the underlying and systemic flaws have been lacking.

Above all, we should consider the impact on people who need these services in our communities, whether they are older people or people with disabilities and health conditions that make care services essential. In my region, I have seen constituents who are completely unable to access the care that they are entitled to. They have been left waiting for a crisis to occur before authorities even consider resourcing the sort of help that could have made a difference.

In the motion, the Scottish Government throws around concepts such as “social value” and the

“significant contributions” of this “vital” sector. I agree with the Government’s sentiments, but ministers must remember that the state of social care is a problem that was created not by decisions elsewhere, but by their own inaction.

At some point, the difficult decisions about where priorities lie will have to be taken. We have the choice to invest now in the creation of a sector with opportunities—a sector that is not continually struggling to keep its head above water. To draw from the words of the Migration Advisory Committee, we cannot simply continue

“to adjust for and ... embed”

these problems for future generations.

**The Deputy Presiding Officer:** I call Ben Macpherson to wind up the debate.

16:46

**The Minister for Public Finance and Migration (Ben Macpherson):** I very much welcome the debate on this really significant issue, which impacts directly on the future of not just social care provision in Scotland but of our society as a whole. I thank colleagues from across the chamber for their generally considered and thoughtful contributions.

As several speakers have highlighted, Scotland is a nation with a rich history of migration, going back as far as the 17th century. In 1773, the vessel the Hector, having set sail from Lochbroom near Ullapool, successfully arrived in the new world at the end of its maiden voyage to Nova Scotia, heralding the start of a wave of Scottish migration to Canada and beyond.

I cite that example because much of our history of migration has traditionally been about outward migration. So many of our young people in the years and centuries past saw their future being beyond Scotland, and they spread out far and wide around the globe. I am pleased that, as has been made clear during parts of this debate, we now collectively find ourselves in a very different and more positive situation. Scotland is now a country of in-migration from the rest of the UK, the EEA and internationally.

However, as we have discussed today, as a result of Brexit and policy choices that have been made at Westminster, that is unfortunately under threat, and that threat comes at a time when we face three distinct demographic challenges.

The first challenge, as mentioned by Stuart McMillan, relates to internal migration within Scotland from west to east, and the movement of the younger generation out of remote and rural areas. That poses an increasing threat to the sustainability of our vibrant rural communities, in

particular those in and around the Highlands and Islands. Claire Baker was right to emphasise the importance of the population strategy in the years ahead for dealing with some of those issues. The percentage of the social care workforce in Scotland that is non-UK has been cited at around 8 per cent, but in some rural and remote communities, that percentage is much higher, and we must bear that in mind.

The second challenge is our low birth rate. Our population projections forecast that, based on current trends, all of Scotland’s population growth for the next quarter century will come from inward migration.

**Neil Findlay:** I have asked many ministers this question in the past: what positive policies is the Government implementing to increase the birth rate?

**Ben Macpherson:** That is always a challenging question. It is an important question in that our population strategy, which I mentioned and which Claire Baker also highlighted, will consider the options and devolved policy making in the round in relation to increasing the birth rate, and that of course means supporting families. Our childcare policy, which I know has widespread support across the chamber, is crucial for how we support families—[*Interruption.*] I will continue, Presiding Officer.

Our third challenge is also demographic. As people live longer lives, the proportion of our pension-age population will increase by almost 4 per cent by mid-2043. Of course, the fact that people are living for longer is a good thing and something for us all to welcome, but that demographic shift, coupled with a 1.7 per cent decrease in the proportion of our working population over the same timescale, will raise significant issues and increase the challenges faced by our social care sector and other sectors.

Scotland needs inward migration in order to address those challenges. I appreciate the point that Neil Findlay raised about international solidarity, which he has raised before in the chamber and which Claire Baker highlighted, but the reality is that we need to attract people in an environment in which other countries are facing similar acute and increasing demographic challenges, so we need to be welcoming, open, attractive and able to facilitate bringing the people we need here. If we are to surmount the population and social care challenges ahead, we will need people to come to Scotland to work, settle and raise families. We will need to attract people and we will need to compete. That is in stark contrast to what the UK Government has put forward as the basis of its points-based immigration policy.

I want to clear up a couple of misconceptions that have been raised in the debate. First, the Scottish Government does not have an issue with a points-based immigration system in principle but with how it would be designed. That is why, as Claire Baker highlighted, we point to Australia and Canada as examples of a different approach that could be taken to move away from a homogeneous system to a more flexible, responsive and effective one. It is the nature of the points-based immigration policies that are being brought forward, not the principle of a points-based immigration system, that we have an issue with. I highlight that in the white paper on independence for the referendum in 2014, the Scottish Government's position was to support and implement a points-based immigration system, but it was also to have Scotland as an independent nation within the European Union. It is important to consider those policies collectively, because that was the clear position.

The UK Government's immigration policies would see immigration slow dramatically for those who the UK Government has termed "low-skilled workers". That is a phrase—as others have emphasised—that the Scottish Government totally rejects. For the UK Government to inaccurately and unfairly label the contributions of care workers and others as low skilled is unbecoming of a nation that owes a debt of gratitude to those individuals and their families, and it is detrimental to the creation of a more equal society, which we should all be seeking.

**Jamie Halcro Johnston:** My intervention will not be as awkward to answer as Neil Findlay's was. Given the importance, which we have talked about, of the gaps and the recruitment problems, there will be a need to increase skills and training in Scotland for the native population as well as for people moving to Scotland, as part of the attraction of it. Can the minister therefore tell me how many new training places and apprenticeships in the social care sector the Scottish Government has planned over the next few years?

**Ben Macpherson:** My colleague Joe FitzPatrick outlined the vast amount of work that the Scottish Government has done and is taking forward in relation to facilitating training opportunities and other wider opportunities in the social care workforce in Scotland.

We are not arguing for one position and not the other—it is the UK Government that is taking that approach. We are saying, "Yes, we need to develop skills and opportunities here in Scotland, but we also want to continue to bring people here, give them opportunities and fill the roles that we need to fill."

It is worth remembering that "low skilled" is a somewhat nebulous definition. Food processors, agricultural workers, delivery drivers and social care workers are all included in the erroneous UK Government description of low-skilled workers. In recent months, those people have been carrying out roles that have been rightly heralded as key, and 69,000 of them are migrants who are working in Scotland today. Those individuals were rightly praised for keeping our country going during lockdown, and their value to our society should be recognised and celebrated. That is why we will accept the Labour amendment—I thought that David Stewart spoke brilliantly in moving it.

I emphasise Alison Johnstone's point that the phrase "low-skilled" is still too prevalent in too many quarters, and we need to work collectively to remove its usage and the perception of what it means.

Donald Cameron proposed that the Tories value social care workers and their skills. I take that in good faith; however, the reality is, through categorisation using the "low skilled" descriptor, the UK Government's immigration system that is being proposed from January 2021 simply does not value those workers. The UK Government is framing its proposals on a narrowly defined value that is based on salary and qualifications.

Due to the salary threshold of £25,600, and as social care workers are not listed on the shortage occupation list, there is currently no planned route for entry for the majority of individuals who work in the sector. To answer the point that was raised by Mr Halcro Johnston, they are not able to access the social care visa at the moment. I felt that there was indirect support from the Scottish Conservatives today for the inclusion of social care workers in the shortage occupation list, and we would certainly welcome that if it is their position. During the debate, we have heard how the social care sector is reliant on the migrant population, but we do not see that as the only solution to recruitment. The widest possible range of options is being utilised to address the recruitment challenge.

It is important to remember that immigration has wide-ranging benefits. Each EU citizen working in Scotland adds more than £10,000 to Government revenue, and more than £34,000 to gross domestic product a year. The majority of those who come here contribute more financially to the NHS than they ever take out in using its services. Importantly, people who come to study, work and raise families also bring their own cultural practices and perspectives, which adds to the richness of our cultural diversity and the wider enrichment of Scottish society as a whole. That goes a long way to building the inclusive growth that remains a priority for the Scottish

Government, and strengthens our international bonds as we look to build beneficial relationships and opportunities with other countries.

We must now make it clear to the UK Government that Scotland has a range of demographic and geographic challenges distinct from the majority of the rest of the UK.

**Brian Whittle:** I recognise—as, I think, does every other speaker—the need to have a rich culture from immigration. However, is the minister aware that, in midwifery, there are 10 applications for one spot; in nursing, that ratio is four to one; in physiotherapy, it is four to one; and in our medical schools, there is a cap that prevents our own people from getting into university? What would the minister say to the people who are restricted in getting into the healthcare sector in Scotland?

**Ben Macpherson:** I refer Brian Whittle to the points that I made previously about the net contribution that migration makes to Scotland. The view of the Scottish Government is that we do not have our people and those people—we are one Scotland, and that is the future that we believe in.

Mr Whittle made a point earlier—wrongly—about the proposals that we have constructively and thoughtfully, with many stakeholders in Scotland, brought to the fore. Our paper, “Migration: Helping Scotland Prosper” was a set of really practical proposals to start a conversation with the UK Government about how a tailored immigration policy would work and how to develop the UK immigration system to work better for Scotland, while it is part of the UK. For the UK Government to reject that was just remarkable and underlines to us and many others that the only real way for us to get an immigration policy that meets the needs of Scotland is through independence, because the UK Government simply does not listen.

I conclude by returning to Scotland’s history of migration. Just as, since the 17th century, aspirations and the hope for better prospects have compelled our ancestors to travel around the world, today’s modern Scotland should stand ready to welcome others with the same motivation and aspirations. We are not perfect, but in the majority, our stance on inclusion, fair work and opportunity for all is part of what makes our country a place to settle that provides a positive experience for many—although I appreciate the points that were made about the fact that we still have work to do.

We must make it clear to everyone who has come here or wishes to come here that they are needed and welcome, and that their contribution to our collective society will be highly valued. The positive contribution to Scotland of inward migration is unquestionable, including in the social

care sector. The concerns about the UK Government’s immigration policies are deep, widespread and growing. The UK Government should listen to those concerns. The need for tailored immigration solutions for Scotland is increasingly compelling—more and more people are embracing that fact. The requirement to keep attracting people here matters to us all. We should back the motion, as amended.

## Decision Time

17:02

**The Deputy Presiding Officer (Linda Fabiani):** There are three questions to be put as a result of today's business. The first question is, that amendment S5M-22708.2, in the name of Donald Cameron, which seeks to amend motion S5M-22708, in the name of Joe FitzPatrick, on migration and care workers, be agreed to. Are we agreed?

**Members:** No.

**The Deputy Presiding Officer:** There will be a division. I will suspend proceedings to allow members in the chamber and those who have joined the meeting virtually through BlueJeans to access the digital voting system.

17:03

*Meeting suspended.*

17:15

*On resuming—*

**The Deputy Presiding Officer:** I remind members that the question is, that amendment S5M-22708.2 in the name of Donald Cameron, be agreed to. Members should cast their votes now.

**Jackie Baillie (Dumbarton) (Lab):** On a point of order, Presiding Officer. My iPad is not working; I would have voted no.

**The Deputy Presiding Officer:** Thank you Ms Baillie; that will be recorded.

### For

Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Con)  
 Bowman, Bill (North East Scotland) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Corry, Maurice (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)

Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

### Against

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)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beamish, Claudia (South Scotland) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 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)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 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)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)

McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Wishart, Beatrice (Shetland Islands) (LD)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**The Deputy Presiding Officer:** The result of the division is: For 29, Against 86, Abstentions 0.

*Amendment disagreed to.*

**The Deputy Presiding Officer:** The next question is, that amendment S5M-22708.1, in the name of David Stewart, which seeks to amend motion S5M-22708, in the name of Joe FitzPatrick, on migration and care workers, be agreed to. Are we agreed?

**Members:** No

**The Deputy 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)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beamish, Claudia (South Scotland) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 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)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)

FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 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)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Wishart, Beatrice (Shetland Islands) (LD)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**Against**

Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Con)  
 Bowman, Bill (North East Scotland) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)



Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Corry, Maurice (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

**The Deputy Presiding Officer:** The result of the division is: For 85, Against 29, Abstentions 0.

*Amendment agreed to.*

**The Deputy Presiding Officer:** The final question is, that motion S5M-22708, in the name of Joe FitzPatrick, on migration and care workers, as amended, be agreed to. Are we agreed?

**Members:** No.

**The Deputy 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)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beamish, Claudia (South Scotland) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinrossshire) (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)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 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)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Wishart, Beatrice (Shetland Islands) (LD)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Against

Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Con)  
 Bowman, Bill (North East Scotland) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Corry, Maurice (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)

Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

**The Deputy Presiding Officer:** The result of the division is: For 86, Against 29, Abstentions 0.

*Motion, as amended, agreed to,*

That the Parliament recognises and appreciates the significant contributions to Scotland's social care sector made by care professionals from all over the world, and particularly the significant contributions made during the COVID-19 pandemic by people who have chosen to make Scotland their home; notes with concern the impact on Scotland's social care sector of the UK Government's proposals for a future immigration system from 1 January 2021, and specifically the impact of its proposed salary threshold of £25,600 and the exclusion of social care workers and health support staff from its new Health and Care Visa; considers that the UK Government's categorisation of many key workers, including care professionals, as "low skilled" does not recognise the social value, importance and skills required to do these crucial roles; notes that inward migration enriches society for the better, helps to sustain public services and makes a vital contribution to key sectors, including social care; recognises that the UK Government's proposals risk causing serious staff shortages in social care and other sectors; calls on the UK Government to include social care workers on the Shortage Occupation List and within the Health and Care Visa, and to engage with the Scottish Government to develop tailored migration proposals that meet the needs of Scotland's economy, public services and communities; notes that the average hourly wage for social care workers of £9.79, as reported by the Fair Work Convention in 2019, means that average full-time salaries for social care remain below the proposed Shortage Occupation List threshold; acknowledges that low pay within the social care sector is one of the main reasons for challenges with recruitment and retention in Scotland, and believes that the value of the skilled work done by social care staff must be reflected in their pay and conditions, and that improvements to pay within the sector must be delivered as part of the establishment of a National Care Service.

**The Deputy Presiding Officer:** That concludes decision time. We will shortly move on to a members' business debate. Would members who are leaving the chamber please do so quietly and take care to observe social distancing at all times.

## World Suicide Prevention Day 2020

**The Deputy Presiding Officer (Linda Fabiani):** The final item of business is a members' business debate on motion S5M-22632, in the name of Ruth Maguire, on world suicide prevention day 2020. The debate will be concluded without any question being put.

*Motion debated,*

That the Parliament acknowledges that 10 September 2020 is World Suicide Prevention Day; understands that this provides the opportunity for people, across the globe, to raise awareness of suicide and suicide prevention; notes that, every year, it is among the top 20 leading causes of death globally for people of all ages and it is responsible for over 800,000 deaths, which equates to one suicide every 40 seconds; acknowledges that prevention requires integrative strategies that encompass work at the individual, systems and community level, and notes the calls for everyone to play their part to prevent suicide.

17:26

**Ruth Maguire (Cunninghame South) (SNP):** World suicide prevention day is on 10 September. Every year, suicide is among the top 20 leading causes of death globally for people of all ages, accounting for more than 800,000 deaths, which equates to one suicide every 40 seconds.

I know that many colleagues will have been personally affected by suicide, whether of a loved one, someone we know or members of the community that we represent.

Suicide is of concern to us all and we can all play our part in preventing it. It is a leading cause of death among young people, and men are three times more likely to take their own lives compared with women.

It is not an easy thing to think about and it is not an easy thing to talk about, but we must talk. I am grateful to colleagues from all parties who signed the motion, enabling the debate to go ahead so that we can do just that: talk. I look forward to what I know will be their thoughtful contributions and insights as we come together to raise awareness this evening.

It feels a little strange opening the debate remotely, but the past six months have been just that: strange. Perhaps that is not a strong enough word—perhaps what I mean is that this period has been worrying, uncomfortable, stressful and, at times, totally overwhelming. So, perhaps now more than ever, we need to talk and, of course, listen.

In this place, we know how powerful words are: they can anger, divide and exclude, but they can also provide comfort, understanding and assistance. It is important that we know that

saying the word suicide is not a trigger and that it can help to save a life.

We need to be confident to say suicide when we are talking about it. We need to feel confident to connect someone to the right support. If talking can save lives, an important part of any strategy to prevent suicide is for all of us to feel comfortable to talk about it.

Samaritans has helpful advice on its website. It knows that

“Many people worry that reaching out will be intrusive or make things worse”,

but it says that

“You’ll soon be able to tell if the person you’re speaking to isn’t comfortable or doesn’t want to have that kind of conversation. If they don’t want to open up, you’ll still have let them know you’re there for them ... Once someone starts to share how they’re feeling, it’s important to listen. This could mean not offering advice, not trying to identify what they’re going through with your own experiences and not trying to solve their problems.”

Samaritans gives some listening tips to help people to give the best support that they can. It calls them SHUSH: show you care; have patience; use open questions; say it back; and have courage. There are more details about that on the Samaritans website.

Importantly, Samaritans reiterates that, if a person is worried that someone is suicidal, it is okay to ask them that directly. Research shows that that helps, because it gives them permission to tell you how they feel and shows that they are not a burden.

As with most things, there are inequalities in suicide risk. People in lower socioeconomic positions are at the highest risk of suicide, whether the indicator that is used is job, class, education, income or housing. The less privilege that someone has in those areas, the greater is their risk of suicide, even after taking into account underlying mental health problems. The suicide rate in our most deprived areas is nearly three times higher than that in the least deprived. Feelings of powerlessness and social exclusion, poor mental health, unhealthy lifestyles, stigma and disrespect, and greater levels of adverse experiences might all be factors. I would appreciate it if, in her closing remarks, the minister could share her reflections on that particular manifestation of inequality and say what the Scottish Government is doing to address it. To recognise that we need a national approach, with targeted local action for the communities that face the greatest risks, would seem to be crucial.

Members will be well aware of the good work of the many relevant organisations and groups that operate nationally and in their constituencies. I refer not just to bodies that support mental health

directly, but others, such as our sports clubs, men’s sheds and community associations that play a hugely important role in the wellbeing of our communities.

I commend all those who work towards our shared vision of a Scotland in which suicide is preventable, and help and support are available to anyone contemplating suicide and to those who have lost a loved one to it. Suicide prevention is everybody’s business. Let us keep talking and acting to make that vision a reality.

**The Deputy Presiding Officer:** We move to the open debate. Speeches should be of around four minutes, please.

17:32

**Emma Harper (South Scotland) (SNP):** I, too, am joining the debate remotely, from my home town in Dumfries. I welcome the opportunity to speak in this important debate and congratulate my friend and colleague Ruth Maguire on bringing it to the chamber. I thank the Scottish Association for Mental Health, Support in Mind Scotland and See Me Scotland for their briefings for members, which have been very useful, as they always are.

World suicide prevention day took place on Thursday 10 September. It is vital that we continue to raise awareness of the issue. It is often difficult for people to speak about it, but it is crucial that we reach out to those at risk of taking their own lives to assure them that help and support are available. As we have said in previous debates, every life matters and suicide is preventable.

As convener of the cross-party group on mental health and deputy convener of the Health and Sport Committee, I am keenly aware of the issue of suicide prevention. I have reflected on that in preparing for the debate, and my thoughts are with families who I know have been affected by someone taking their own life.

The year 2020 has been like no other. As has been the case everywhere around the world, we in Scotland have faced the Covid-19 pandemic, which has had an impact on the mental health of all—from our older people and those with disabilities who have been shielding, to our young people who have missed out on school and contact with their peers, and those who are having to work from home or who have lost their income. It is therefore essential that all possible actions are taken to support people who may be at increased risk of suicide because of Covid-19, including those in remote and rural areas such as Dumfries and Galloway. In 2017, 21 people across that region took their own lives, and two thirds of those were men. That is the most up-to-date data that we have.

It is important that we recognise that behind each number is a person—an individual—and their family and friends, all of whom are affected by such tragedy. Therefore, it is extremely important for local authorities, Government and healthcare professionals to learn from each experience, to listen to families and to implement effective policies. I am pleased that that has been the Scottish Government's approach, based on 10 actions proposed by its national suicide prevention leadership group. I welcome the commitment to mental health first aid training, the commencement of the distress brief intervention approach by healthcare professionals and the introduction of the role of counsellors in schools.

Dumfries and Galloway Council has an interesting approach—it calls its counsellors youth information officers, which is the name that was used in the pilot scheme. Using that language could be described as less stigmatising and may encourage more to access support, which is available all year round, not just at school term time.

Many rural mental health organisations, such as the Royal Scottish Agricultural Benevolent Institution and Support in Mind Scotland, have noted that rural and social isolation is one of the contributing factors to suicidal thoughts. We have great examples from across Dumfries and Galloway of organisations—Ruth Maguire mentioned men's sheds—that are working to address isolation. We have the retired farming social group, which brings together retired farmers to socialise, engage and speak about their farming and life experiences. I have participated in group meetings chaired by Willie Dunlop and organised by Jill Rennie, and found it well worth while.

Another group that supports engagement is the Dumfries and Galloway Farmers Choir. I was pleased to host and hear the fabulous farmers choir sing on the Parliament's garden lobby steps last November—it sounded fantastic. The group has been active during lockdown, checking on its members and promoting positive wellbeing and inclusion using social media. Its fundamental aim is to reduce social isolation and show others in the community that they are not alone and that there are people who will support them if they need it.

The Scottish Association for Mental Health, which provides the secretariat for the cross-party group on mental health, has a couple of asks of the minister, which I will convey. In Scotland, 784 people died by suicide in 2018, which is, on average, two people each day. However, due to the disruption caused by the pandemic, we do not yet have the 2019 statistics. SAMH and other mental health partners consider it crucial that up-to-date data on suicide is published as soon as possible, so that they can check that the measures

to reduce those numbers are effective. Can the minister indicate when the statistics will be released?

Again, I welcome the debate, and note that every life matters and that we can prevent suicide.

17:37

**Brian Whittle (South Scotland) (Con):** I, too, thank Ruth Maguire for securing time in the chamber to debate a really important subject.

As Ruth Maguire said, suicide and suicide prevention is such an emotive subject. What surprised me was finding out how many people have been touched by suicide or attempted suicide. I want to mention the families and friends of those who are caught in a suicide bubble and driven towards taking their own life, and how difficult that is for the family. Every waking moment, family and friends are wondering where that person is. They worry whenever they pick up the phone, or when there is no answer to their calls. Families and friends take someone along to appropriate health interventions and they are there to try to support them. I do not think that we are set up to know how to do that.

I remember being with someone at such a meeting with a general practitioner—I had secured time in the GP's surgery to discuss poor mental health. The first question that the GP asked was, "Have you ever thought of taking your own life?" I thought to myself, "What happens if they had never thought about that, but they are now thinking about it?" I did not like that question. The second question was, "How much physical activity do you do?" The third question was, "What's your sex life like?" I thought that the person's response to that was great. They said, "Well, I'm married—don't be silly." The idea, of course, was to try to cover up the hurt and the pain with a little bit of humour.

I say without any politics at all that we must look at the whole system and at how we can provide support. Suicide affects many more people than I ever would have thought.

We must also consider the impact of the current pandemic on mental health, which the first two speakers mentioned. It is causing anxiety, isolation and loneliness, especially for those who live alone, the elderly and those who have had to isolate. I was struck by the discussion at the last meeting of the cross-party group on chronic pain. I would not have expected the topic to come up, but some in the group said that, because lockdown had prevented them from accessing treatment, they had considered taking their own lives.

It is the same for those waiting for elective surgery, or experiencing addiction. In Kilmarnock

and Irvine Valley we have had the highest increase in addiction deaths in Scotland. I hear from services there that they do not know what the situation is, because they have lost touch with those who were involved in addiction. The police have had to pick up the slack and have had a one third increase in the number of call-outs to people who have mental health issues.

It will be no surprise to members that I look to work on activity and food. SAMH promotes activity as a solution for poor mental health and the Mental Health Foundation has a great booklet called "Food for Thought", which talks about nutrition as an approach to mental health. Prior to Covid, we took for granted that ability to participate, socialise and integrate.

I was glad to hear Ruth Maguire highlight the impact on the male population, specifically in connection with deprivation. We know that men are far more likely to take their own lives, and that that is more likely to happen in deprived areas. We know where the issues are. Why do we not target our resources there? That is my ask. How can we target our resources specifically at the greatest need?

I thank Ruth Maguire for bringing the debate to the chamber.

17:42

**James Dornan (Glasgow Cathcart) (SNP):** I, too, thank my colleague Ruth Maguire for bringing the debate to the chamber.

The word "collaborators" is used in suicide prevention. Collaborators can be those who live through that experience. As somebody who gave it a go but, thankfully, was unsuccessful, I thought that it would be appropriate for me to try to explain some of the reasons behind that.

You get to a point where you think that nobody cares or understands and that it is all on you and that you are useless. I have explained that before in articles and in the chamber. Then you do not know where else to go. It is not that there is no one there, but you cannot get through the wall between you and them. Very often they do not recognise the problem. Brain Whittle used the example of the guy in the doctor's surgery. You cover everything up with humour—that is the Glasgow, or west of Scotland, or Scottish, way. Sometimes it is too late by the time people realise that something is wrong.

Once I had failed miserably, I decided that I had to get treatment. That was probably putting the cart before the horse. It worked out well and I am where I am now, but the issues do not go away. Your coping mechanisms come in. It is about being able to say, "Okay, I'm depressed, I'm

stressed." I take pills every day to deal with anxiety, stress and depression, but that allows me to lead the life that I lead. When you see me cracking jokes and telling stories and doing all the things that I do, that might not always be how I feel.

The important thing is that other people—not me—recognise that. Sometimes, if there is something off with a friend, we need to have a wee word with them and a look to see whether, behind the humour and that smile, there is a wee bit of sadness in their eyes. Start to talk to them—most of the time, we think that someone will not talk to us, but they can be desperate to talk, given the opportunity. When we do that, things become easier for everybody.

The truth is that, if someone looks beyond that smile and confident face and checks for that glimpse of sadness, anger and frustration, they could find that, in the long run, they are doing two things: they could be saving that life and also creating a new one. I am a completely different person now and in a different place from where I was at that time. I still suffer from the same illnesses—or whatever—but I know how to cope with them better. I am also very fortunate that I have people around me and I recognise that in a way that I did not before. Talking to someone could mean not just saving a life but creating a new one. That is an incredibly strong power to have—it is an incredible thing to do and we have all got it in us. Pay attention to friends and family and be sure to look for the signs.

There will be times when people do not want to talk, as Ruth Maguire was saying earlier. If so, we just have to be there for them and let them know that the minute they want to talk, we are there to listen. Anyone who does that will find that, true enough, not all heroes wear capes, because they can save a life just by being a decent person.

This is always an important debate, but it is particularly important just now, because of what we have been going through over the past six months. Like everyone else, I have had my down periods. If we do not get to speak to people or are in a very small group, no matter how happy that group is, it becomes a bit frustrating. Now that we have the opportunity to go out, we can communicate with others. It is very important that we have this conversation and that people understand the necessity of looking out for their neighbours, friends and families, speaking to them and, most importantly, giving them the opportunity to speak to us when they think that we need it.

I thank Ruth Maguire for bringing the debate to the chamber and for listening to my ramblings on this very important issue.

17:47

**Mary Fee (West Scotland) (Lab):** I want to begin by thanking James Dornan for his very personal and powerful speech. I am sure that his words will echo in homes not just in Scotland but across the UK, given the powerful sentiments that he expressed.

Every life lost to suicide is one too many. I know that this Parliament is united to prevent suicides and improve the mental health of Scotland's people. As one of several MSPs who lodged a motion to mark world suicide prevention day, I thank Ruth Maguire for lodging her motion and securing this important members' business debate.

Preventing suicide is a public health priority. Sadly, the reality for Scotland is that our suicide rate has been increasing and we have a higher suicide rate than the rest of the United Kingdom. However, those figures are from the 2019 release on 2018 statistics. The Scottish Government must release the 2019 figures and should have done so before now—although I appreciate that the coronavirus has taken precedence over many health issues this year. I raised that issue in the motion that I lodged. I know that SAMH has called for the information to be released, as did Emma Harper.

We are two years away from the target to reduce suicides by 20 per cent. I welcome that target and sincerely hope that we can reduce suicides by more than 20 per cent. A clear data set should be made available to ensure that we are on the right track in preventing and reducing suicides.

World suicide prevention day last Thursday saw the launch of a new campaign, united to prevent suicide. I have signed up to the campaign and shared the information on my social media pages, and I call on my MSP colleagues to do the same if they have not already done so. As the minister and members will be aware, the campaign was set up as part of "Every Life Matters", the suicide prevention plan. The campaign has been shared by the voices of people with lived experience of suicide. It will take a unified effort to prevent suicides, and understanding and utilising the lived experiences of those who are impacted by suicide is a key tool. Anyone can be affected by poor mental health and suicide, and all of us have our part to play, especially in times such as these.

The coronavirus pandemic is far from over, and we do not have a full picture of what the impact of the pandemic will be on mental health. However, we know that, pre-Covid, certain groups were more likely to be affected by suicide, such as lesbian, gay, bisexual and transgender people, males of a certain age and those in poverty. Males

are three times more likely than women to die from suicide, especially men aged between 25 and 54. More can and must be done to understand why those groups are at greater risk.

I repeat what I said at the beginning of my contribution: every life lost to suicide is one too many. We know that there are challenges in preventing suicides, but we also know that there is compassion, good will and determination in Scotland to tackle this public health problem. I hope that we are on the right track to reducing the number of suicides. I want the target to be met, if not exceeded. However, we must have the data available to monitor our progress.

17:52

**Stewart Stevenson (Banffshire and Buchan Coast) (SNP):** I thank Ruth Maguire for bringing this important subject to Parliament. Some years ago, I hosted an event in the Parliament for Samaritans, which was congratulating one of its number on his very long service to the cause of suicide prevention. I very much admire the work that is done by Samaritans.

Unfortunately, that was very far from being my first contact with the issue of suicide. In preparation for the debate, I was able to identify six people with whom I had varying degrees of contact who subsequently committed suicide. One was a teenage boy with a colostomy bag. That has a major effect on someone's psychology, and their hormone balance becomes quite different from normal. He committed suicide from the depression that flowed from that.

Another was one of my female colleagues at the Bank of Scotland, who had a long history of depressive illness. She was, in fact, in hospital when she escaped the close supervision that there was for her and was able to commit suicide. Another was a former colleague who had run a very successful part of our company. He went off to start something similar for his own account elsewhere. That business failed, and he committed suicide. Another was a friend and neighbour who just found life too much; the details are difficult to come by.

Indeed, when my father bought his medical practice in 1947, he did so because the previous general practitioner had committed suicide and the practice had become available. I did not know that for many years.

I want to speak about a close family member who committed suicide. This individual showed no signs whatsoever of mental ill health that the rest of us could detect. He expressed no suicidal thoughts in any of his comments to us, but it was clear that he was determined to take the course

that he ultimately took. His practical preparations extended over a considerable period.

What was the effect on the family? For my part, I attended the mortuary to identify the deceased—not something that I wish to do again. Police interviews to confirm that the circumstances were not suspicious were a natural part of what happened and, much more to the point, the family of the individual had to be looked after in their extremity. I am delighted to say that they have all come through it successfully, but that could have gone a different way.

As somebody who worked in a psychiatric hospital at the age of 17, death was not unfamiliar to me, or being with the dying and dead. However, when it is that close and baffling—to this day I do not know why that suicide occurred—it tells you an awful lot about the variety of human thinking and human life. We all may have a little mental ill health from time to time, which may be as trivial as a mental health sniffle, or it may be a major problem that requires medical intervention. However, we will not always see that coming, as we in our family did not see it coming for the individual I have talked about.

As a number of speakers have said, one thing that we can do is to listen. Sometimes the briefest of interventions is the most appropriate. When you see somebody you have not seen for a while and you are perhaps not very close to, just say hi. Do not say more or ask how they are, but see what response you get. That is a good start and, if they hesitate, that is a warning sign to you to listen. That is the main thing that we can do—just listen. Do what they ask, if they ask, but do not try to guide people. That will often put pressure on them that is not helpful.

I thank Ruth Maguire for the opportunity to talk again about this very important subject. I hope that it makes a useful contribution to supporting people who are affected by suicide and, more importantly, to reducing the number of people who use it as the way out.

17:57

**The Minister for Mental Health (Clare Haughey):** I am pleased to respond on behalf of the Scottish Government, and I add my thanks to Ruth Maguire for lodging the motion in recognition of world suicide prevention day. I welcome the debate as an opportunity to raise awareness of suicide and the devastating impact that it can have on people, families and communities.

Suicide is a complex subject, and people often find it difficult to talk about it. For many years, we have been making progress in reducing the number of people who die by suicide. That has been achieved through the collective efforts of

many individuals and organisations across Scotland. However, in 2018, 784 people sadly died as a result of suicide, and every one of those lives lost was a tragedy.

I have always made it clear that no death by suicide should be regarded as inevitable. We must continue our shared efforts to support people who are at risk of suicide and endeavour to prevent people getting to a place where they consider suicide as the only option. That is particularly important at this time, when we know that the economic and social consequences of the pandemic are putting significant additional strain on many people.

As was set out in this year's programme for government, we will shortly publish a mental health transition and recovery plan containing the wide range of actions that we will take to address those pressures, especially for more vulnerable groups. Today, however, I am keen to join others in highlighting current work on suicide prevention.

Last week, I took part in activities to launch the new united to prevent suicide campaign, which was referenced by Mary Fee. The new branding and public awareness activity aims to start a social movement that helps people to build the confidence to talk about suicide, and it invites people to pledge their support for the national movement for change. I am delighted that more than 1,000 people have already pledged their support since the campaign launched, last week. The new campaign states that each and every one of us has a role to play in preventing suicide, and I whole-heartedly endorse that. Like Mary Fee, I encourage members to sign up to the campaign and to share the information on their social media platforms.

That public awareness work is an important element of our suicide prevention action plan and our suicide prevention response to the pandemic. The new campaign has been funded by the Scottish Government, and it is being led by our national suicide prevention leadership group. That group, which is chaired by Rose Fitzpatrick, was set up to support delivery of the 10 actions in the Scottish Government's suicide prevention action plan "Every Life Matters", which I launched in the summer of 2018. The leadership group reports to both the Scottish Government and the Convention of Scottish Local Authorities, reflecting the shared interest and the collaboration that is needed in this important area.

The fact that the leadership group's work is supported by a lived experience panel of people who have personal links to suicide is key. They have helped to shape and influence the delivery of all the actions that we are taking. I will highlight a few recent areas of focus, some of which go wider than the plan.

We know from those with lived experience about the importance of ready support for those who are in distress. That is why our additional investment over the pandemic period—for example, in making the NHS 24 mental health hub accessible 24/7 and rolling out distress brief interventions—was vital.

We also know about the importance of reaching those who work with potentially vulnerable groups. Therefore, in conjunction with NHS Education for Scotland and Public Health Scotland, we have just launched animations that are aimed at promoting mental health and supporting learning on suicide prevention and self-harm among those who work with children and young people. The animations build on the ones that were launched last year for those who work with adults in mental health services.

Those with lived experience have taught us that the grief that is caused by suicide bereavement is often complicated and that it typically lasts longer than other types of bereavement. We are therefore taking forward plans to pilot a rapid response service for people who have been bereaved by suicide, to ensure that they can quickly get the support that they need at an extremely difficult time for them.

The need for effective information and evidence has already been highlighted. That is why we are working with partners to develop pilot processes to review all deaths by suicide and enable national sharing of any lessons learned. In response to the leadership group's recent recommendations for a suicide prevention response to the pandemic, we are working with Public Health Scotland to improve data on suicides.

**Maureen Watt (Aberdeen South and North Kincardine) (SNP):** Some people choose to take their lives on the railway. Will the minister join me in congratulating the railway companies and Network Rail on all the work that they have done in a very difficult area for them? The railway companies and Network Rail have done that work for years, and they are very good at it. In Waverley station this week, I saw lots of posters because of suicide prevention week.

**Clare Haughey:** I absolutely echo what Maureen Watt says. I was fortunate enough to go out on the railway with the railway chaplain during suicide prevention week two years ago, I think, and I saw the work that they do and how important it is. I heard about the support that they give to railway staff who have experienced at-work suicide or someone attempting suicide.

We are also considering how we can restrict access to some of the most commonly used methods of suicide, and we are taking an evidence-based approach to ensuring that we

have adequate support for those who are in suicidal crisis.

Those are just some of the elements of work that are currently under way in relation to the suicide prevention action plan as well as our response to the pandemic. However, I know that there is more to be done. We will work with COSLA, the leadership group and other stakeholders to develop a longer-term suicide prevention strategy.

**Maurice Corry (West Scotland) (Con):** I, too, agree with Maureen Watt on the work that the railway companies do. That happens many times, and what the railway companies do, how they get over it and the training of their staff are brilliant.

Armed forces veterans are a passion of mine. What is the minister doing to link her plans to veterans and to glean information, help, support and advice from the veterans side? I know that we are doing a lot of work on the issue, and we are obviously watching keenly to see what will happen at the end of the Covid period.

**Clare Haughey:** I thank Mr Corry for his advocacy for veterans, of which he has spoken on many occasions, and for his passion in championing veterans' mental health.

As I have said, a transition plan will be published shortly, and we will be targeting certain work towards groups that we know are more vulnerable. There is a whole-population approach to mental health and mental health awareness, which is obviously very important, but we are mindful of the fact that some sections of our society, because of their past experiences, are more vulnerable to mental illness and to experiencing suicidal thoughts. We and the suicide prevention leadership group are very mindful of that.

A new strategy will look beyond mental health to the specific drivers for suicide, including feelings of isolation, entrapment and loneliness. As the leadership group's recent statement acknowledges, the Scottish Government is already taking action across a range of areas that will contribute to suicide prevention, but a new, longer-term strategy will be an opportunity to provide unity in those approaches.

I would like to acknowledge the contribution of all those individuals and organisations who work to prevent suicide. I know that there are many of them and that their work across Scotland does save lives. I want them to know that they have my support and sincere thanks for all they do.

If I may, Presiding Officer, I will respond to some of the points that have been raised by members in the debate before I sum up. Emma Harper and Mary Fee asked about statistics. National Records



of Scotland is aiming to publish suicide statistics, which had been delayed, in November 2020. I acknowledge that we need to have data to drive forward action for the changes that we want to put in place.

I congratulated Ruth Maguire on bringing this very important debate to the chamber, and there have been some very thoughtful and measured contributions, including very personal experiences from Stewart Stevenson and Brian Whittle. I pay particular tribute to James Dornan for his openness and honesty in his personal contribution to the debate. I am sure that there are people who will see the debate and take comfort from the words that he spoke, and I admire his bravery in doing so.

Our work on suicide prevention recognises that this is not just an issue for the Scottish Government, nor for the NHS. It requires collaboration across all sectors of life in Scotland. I again urge members to show their support by signing up to the united to prevent suicide movement and to raise awareness of suicide and how we talk about it. By having those conversations and being open, we can help to save lives.

The title of our suicide prevention action plan is “Every Life Matters”, and I want to reinforce the point that every life does matter. We are committed to further reducing the suicide rate in Scotland, and I know that that resolve is shared by all of us here today.

*Meeting closed at 18:07.*



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The deadline for corrections to this edition is:

**Tuesday 13 October 2020**

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Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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