The Committee will meet at 9.00 am in the Sir Alexander Fleming Room (CR3).

1. **Decision on taking business in private:** The Committee will decide whether its consideration of a draft report on PE1463 on thyroid and adrenal testing, diagnosis and treatment should be taken in private at future meetings.

2. **Consideration of a continued petition:** The Committee will consider the following continued petition—

   PE1458 by Peter Cherbi on register of interests for members of Scotland's judiciary;

   and will take evidence from—

   Professor Alan Paterson.

3. **Consideration of new petitions:** The Committee will consider the following new petitions—

   PE1626 by Pat Rafferty, on behalf of Unite Scotland, on regulation of bus services;

   and will take evidence from—

   Pat Rafferty, Scottish Secretary, Unite the Union, and Ian Taylor, Director, Transport for Quality of Life;

   PE1625 by Patricia Hewitt and Mary Black on wider awareness, acceptance and regulation of Pathological Demand Avoidance Syndrome;

   and will take evidence from—

   Patricia Hewitt, Euan Robson, Mary Black and Heather Fullbrook;
PE1627 by Annette McKenzie on consent for mental health treatment for people under 18 years of age;

and will take evidence from—

Annette McKenzie.

4. **Consideration of continued petitions**: The Committee will consider the following continued petitions—

- **PE1548** by Beth Morrison on national guidance on restraint and seclusion in schools;
- **PE1551** by Scott Pattinson on mandatory reporting of child abuse;
- **PE1596** by Paul Anderson on In Care Survivors Service Scotland;
- **PE1616** by John S Shaw on parking legislation;
- **PE1617** by Angus Files on proposed health study - vaccinated vs non vaccinated;
- **PE1618** by Carl Grundy on combating motorcycle theft.

Catherine Fergusson
Clerk to the Public Petitions Committee
Room T3.40
The Scottish Parliament
Edinburgh
Tel: 0131 348 5186
Email: petitions@parliament.scot
The papers for this meeting are as follows—

**Agenda Items 2 and 3**

PRIVATE PAPER PP/C/S5/17/1/1 (P)

**Agenda Item 2**

Note by the Clerk PP/C/S5/17/1/2

**Agenda Item 3**

Note by the Clerk PP/C/S5/17/1/3
Note by the Clerk PP/C/S5/17/1/4
Note by the Clerk PP/C/S5/17/1/5

**Agenda Item 4**

Note by the Clerk PP/C/S5/17/1/6
Note by the Clerk PP/C/S5/17/1/7
Note by the Clerk PP/C/S5/17/1/8
Note by the Clerk PP/C/S5/17/1/9
Note by the Clerk PP/C/S5/17/1/10
Note by the Clerk PP/C/S5/17/1/11
Public Petitions Committee
1st Meeting, 2017 (Session 5)
Thursday 19 January 2017

PE1458: Register of interests for members of Scotland’s judiciary

Note by the Clerk

Petitioner: Peter Cherbi

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to create a Register of Pecuniary Interests of Judges Bill (as is currently being considered in New Zealand’s Parliament) or amend present legislation to require all members of the Judiciary in Scotland to submit their interests & hospitality received to a publicly available Register of Interests.

Webpage: parliament.scot/GettingInvolved/Petitions/registerofjudicialinterests

Introduction

1. At this meeting, the Committee will take evidence from Professor Alan Paterson. For reference, written submissions from Professor Paterson, the Lord President and the petitioner have been provided at the annexe to this note.

Issues arising from previous consideration

2. During consideration of this petition in Session 4, a number of MSPs expressed support for the action called for in the petition. Both the current and former Judicial Complaints Reviewer have also indicated in written and oral evidence that they would support the establishment of such a register.

3. The issue of judicial recusals has been addressed in previous consideration of the petition. Following a private meeting with the then Convener and Deputy Convener, the then Lord President agreed to make information of instances where members of the judiciary have recused themselves available to the public from 1 April 2014. This information is available at http://www.scotland-judiciary.org.uk/68/0/Judicial-Recusals.

4. While the publication of recusal information has been welcomed, the former Judicial Complaints Reviewer discussed in a written submission whether this would have an impact in cases where perceived conflicts became apparent after a case has been heard. In reviewing complaints where perceived conflict was at the heart of the complaint, the then Judicial Complaints Reviewer considered that the establishment of a register of interests could avert complaints by enabling parties to a case to challenge perceived conflicts in advance or at the time of a case being heard.

5. However, the Scottish Government, the former Lord President and the current Lord President do not support the establishment of a register and believe that
the current safeguards (the Judicial Oath, the Statement of Principles of Judicial Ethics and the judicial complaints system) are sufficient. In a written submission, the current Lord President, Lord Carloway, stated that he agreed with his predecessor's views on the petition in relation to—

- The sufficiency of current safeguards
- The potential for unintended consequences
- The impracticality of a register
- The petition not achieving its stated aims.

Submission from Professor Paterson

6. Professor Alan Paterson was invited to make a submission on the petition. The petitioner had suggested that the Session 4 Committee may wish to extend this invitation to Professor Paterson.

7. In his response, Professor Paterson refers to a lecture he gave in which indicated that "at least at the level of final appeals courts there was an argument for enhancing the accountability of the judiciary by introducing greater measures of disclosure and transparency."

8. In relation to the extension of a pecuniary register to all levels of the judiciary, Professor Paterson states "whether a Register of Judicial Interests which is limited to pecuniary interest would be a worthwhile introduction for the Court of Session and the Sheriff Court is a difficult issue (as the evidence provided to the Petitions Committee has demonstrated) and one on which I am not sure I have a settled view."

Conclusion

9. The Committee is invited to consider what action it may wish to take on the petition. Options include—

- Inviting the Judicial Complaints Reviewer to make a further written submission
- Requesting a further response from the Lord President
- Any other action the Committee wishes to take.

Clerk to the Committee
Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- **PE1458/XX**: Professor Alan Paterson Letter of 10 May 2016
- **PE1458/YY**: Petitioner Letter of 19 September 2016
- **PE1458/ZZ**: Lord President Letter of 3 November 2016
- **PE1458/AAA**: Petitioner Letter of 20 November 2016

All written submissions received on the petition can be viewed on the petition webpage.
**PE1458: REGISTER OF INTERESTS FOR MEMBERS OF SCOTLAND’S JUDICIARY**

<table>
<thead>
<tr>
<th><strong>Petitioner</strong></th>
<th>Peter Cherbi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Lodged</strong></td>
<td>7 December 2012</td>
</tr>
</tbody>
</table>

**Petition summary**

Calling on the Scottish Parliament to urge the Scottish Government to create a Register of Pecuniary Interests of Judges Bill (as is currently being considered in New Zealand’s Parliament) or amend present legislation to require all members of the Judiciary in Scotland to submit their interests & hospitality received to a publicly available Register of Interests.

**Previous action**

I asked that a register of judicial interests be created. All parties - the Judiciary of Scotland & Scottish Government refused to do so, saying there are no plans to create one.

The Scottish Court Service & Judiciary of Scotland were asked for details of a register of interests for members of the judiciary in Scotland.

Both have indicated there is no such register of interests for members of the judiciary in Scotland, none has existed and there are no plans to create one. Similarly there is no such register of hospitality for members of the judiciary.

Therefore this petition calls on the Scottish Government to bring about a register of interests for all members of the judiciary in Scotland.

**Background information**

The Parliament of New Zealand is currently debating legislation to create a register of interests for the judiciary. I believe it is time for Scotland to move in the same direction and create a similar register of interests for the judiciary of Scotland and all its members, increasing the transparency of the judiciary and ensuring public confidence in their actions & decisions.

The full details of the New Zealand Register of Pecuniary Interests of Judges Bill, which I believe should be looked at for a model of similar legislation in Scotland, can be viewed online here http://www.legislation.govt.nz/bill/member/2010/0240/latest/DLM3355002.html . Dr Graham’s bill states:

It is a time-honoured principle of Western democracy that public servants of every kind must be beyond reproach, and suspicion thereof. Public confidence in the standard of behaviour and conduct observed by leading servants of the people is a cornerstone of social harmony and political stability. A threshold of confidence to that end...
should ideally be enshrined in constitutional and legislative form. Little scope should be available for individual discretion or subjective perception.

The principle of transparency in this respect pertains in particular to issues of financial (pecuniary) interest. Nothing undermines public confidence in a nation’s institutions and procedures more than suspicion that a public servant may have, and especially proof that one has, suffered a conflict of interest arising from a pecuniary interest in a particular dealing in which he or she was professionally involved.

The correct balance in this respect appears to have been achieved over the years—the public interest in such annual statements is significant without appearing prurient, and few complaints have been voiced by those on whom the obligations are placed. There seems to be a general acceptance that such exercises are in the public interest and are neither unduly onerous nor revealing.

No such practice, however, has been observed in the case of the judiciary. Recent developments within New Zealand’s judicial conduct processes suggest that application of the same practice observed by the other two branches of government might assist in the protection of the judiciary in future.

Being obliged under law to declare pecuniary interests that might be relevant to the conduct of a future case in which one is involved would relieve a judge from a repetitive weight of responsibility to make discretionary judgements about his or her personal affairs as each case arises. Having declared one’s pecuniary interests once, in a generic manner independent of any particular trial, a judge may freely proceed in the knowledge that, if he or she is appointed to adjudicate, public confidence for participation has already been met. Yet care is to be exercised to ensure that the final decision is left to the individual judge whether to accept a case. There should be no intention of external interference into the self-regulation of the judiciary by the judiciary.

This is the reasoning behind this draft legislation—the Register of Pecuniary Interests of Judges Bill. The purpose of the Bill, as stated, is to promote the due administration of justice by requiring judges to make returns of pecuniary interests to provide greater transparency within the judicial system, and to avoid any conflict of interest in the judicial role.

I believe the same aims of the New Zealand legislation as quoted above, are compatible with the public interest in Scotland and to promote the due administration of justice by providing the public with greater transparency within the judicial system.
Public Petitions Committee
1st Meeting, 2017 (Session 5)
Thursday 19 January 2017

PE1626: Regulation of Bus Services

Note by the Clerk

Petitioners

Pat Rafferty on behalf of Unite Scotland

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to legislate to regulate bus services in Scotland and to carry out an inquiry into the benefits of bringing bus services in Scotland into common ownership.

Webpage

parliament.scot/GettingInvolved/Petitions/busregulation

Purpose

1. This is a new petition that collected 1705 online signatures in support and attracted 229 comments, with the majority of comments providing examples of the contributors’ dissatisfaction and experience of their local bus service.

2. The petitioner has accepted an invitation to speak to the petition at this meeting. Members have a summary of the petition and the Committee is invited to consider what action it wishes to take.

Background (taken from the SPICe briefing)

3. In 1984 the UK Government published a White Paper entitled “Buses”, which set out proposals designed to remove restrictions on competition from local and long distance bus services. The White Paper envisaged that competition would lead to lower fares, new services and more passengers, by removing obstacles to enterprise, initiative and efficiency that it identified as being inherent in the existing system of regulation. The White Paper recognised the need for subsidised services to continue on many routes and proposed a system of competitive tendering for these services.

4. There have been three pieces of legislation relating to the bus industry since the publication of the White Paper: the Transport Act 1985; the Transport (Scotland) Act 1989, and the Transport (Scotland) Act 2001.

Transport Act 1985

5. The 1985 Act provided for the deregulation of the bus industry along the lines set out in the White Paper. Its main provisions were:

   - Anyone seeking to provide a bus service may do so, provided they hold a Public Service Vehicle operators’ licence. The licence holder must register routes and times of a proposed service with the relevant Traffic Commissioner, giving 42 days’ notice, prior to beginning its operation. An
operator must also give the same amount of notice of any intention to vary or withdraw a service. The operator must also give notice to the relevant Scottish local authority 28 days before applying to the traffic commissioner – or Strathclyde Partnership for Transport if the service will run in Strathclyde;

- A local authority could only subsidise socially desirable services not covered by commercial services registered with the Traffic Commissioners. Where a local authority proposes subsidising a socially necessary service it must hold a competitive tendering exercise prior to establishing the service; and
- Bus operations owned by the Regional Councils and Strathclyde Passenger Transport Executive had to be formed into separate passenger transport companies operating at arm’s length from the local authorities/SPT, with a view to privatisation.

Transport (Scotland) Act 1989

6. The 1989 Act required local authorities to incorporate their municipal bus operations as ‘arms-length’ companies, although it did not specifically require them to be privatised. It also provided for the disposal of the Government owned Scottish Bus Group (which operated services under subsidiaries such as Eastern Scottish). This was broken up into its ten constituent companies and sold off; five to management employee buy-outs (MEBOs) and five to private companies.

Transport (Scotland) Act 2001

7. The 2001 Act was the final piece of legislation affecting the regulation and ownership framework of the Scottish bus industry. It provided for the establishment of statutory Quality Partnerships and Quality Contracts.

Statistics

8. Trends in bus usage, fares and distances travelled are set out in the bus and coach travel chapter of Scottish Transport Statistics. These figures show that between 2005 and 2015 Scottish bus fares increased by 13.5% above inflation (RPI). In the same period, passenger numbers fell by 10% - from 460 million to 414 million.

Scottish Government action

9. The Scottish Government has not taken any legislative action on the regulation of bus services since the enactment of the 2001 Act. The Scottish Government’s Programme for Scotland 2016-17 states—

“As part of our preparation for a Transport Bill later in the Parliament, during 2016-17 we will … work with stakeholders to develop legislative options for improving bus services and securing nationwide multi modal smart ticketing.”
Scottish Parliament action

10. The Session 2 Local Government and Transport Committee undertook an inquiry into *Issues Arising from the Transport (Scotland) Act 2001*, which looked at the regulation of bus services.


12. In Session 4, Iain Gray MSP lodged a proposal for a *Bus Regulation (Scotland) Bill*. While the proposal gathered sufficient support to secure the right to introduce a Member’s Bill, the Bill was not introduced and the proposal fell on dissolution.

13. There have been a number of questions lodged during this parliamentary session which relate to the issues raised within the petition.¹

Conclusion

14. The Committee is invited to consider what action it wishes to take on this petition. Options include—

   - To write to the Scottish Government to seek its views on the action called for in the petition, and information about its engagement with stakeholders in developing “legislative options for improving bus services” as part of its preparation for a Transport Bill;
   - To write to stakeholders for their views on the petition. Stakeholders might include COSLA, Regional Transport Partnerships, the Bus Stakeholder Group, the Association of Transport Coordinating Officers and the Confederation of Passenger Transport Scotland, as well as passenger groups such as Bus Users Scotland and the Scottish Association for Public Transport;
   - To take any other action the Committee considers appropriate.

Clerk to the Committee

¹ S5O-00309; S5W-00831; S5W-01267; S5W-02071; S5W-02072; S5W-02073; S5W-02821; S5W-02852; S5W-02858; S5W-04941
Petitioner: Pat Rafferty on behalf of Unite Scotland

Date Lodged: 20 December 2016

Petition Summary: Calling on the Scottish Parliament to urge the Scottish Government to legislate to regulate bus services in Scotland and to carry out an inquiry into the benefits of bringing bus services in Scotland into common ownership.

Previous Action:
- In the Fourth Scottish Parliament, Unite supported the proposed Bus Regulation (Scotland) Bill brought to Parliament by Iain Gray MSP.

- In the Third Scottish Parliament, Unite supported the proposed Regulation of Bus Services Bill brought to Parliament by Charlie Gordon MSP.

Neither of these bills resulted in legislation to bring bus services under regulation or common ownership.

Background Information:

Scotland’s bus services are in a mess. The numbers speak for themselves.

The number of bus routes registered with the Traffic Commissioner has fallen by 21% since 2006.

Since 2007, the number of journeys taken by bus in Scotland is down by 74 million – a 15% drop.

On current prices, local bus fares have jumped by 18% over the past five years.

A staggering £2.6 billion in public subsidies has been handed to bus firms in Scotland since 2006/07, fuelling healthy profits made by the likes of Stagecoach and First.

Haud the Bus is Unite Scotland’s campaign to put passengers before profit. It started as a Unite Community campaign following bus service cuts in North Lanarkshire - but now it’s going nationwide.

We want buses in Scotland to be regulated again, so that local people - through their councils - can regain control over their bus services.

We also know that the best bus companies are often those that put passengers before profits - like Lothian Buses in Edinburgh, which is owned by local councils, not private shareholders. So we also want MSPs to explore ways of bringing bus services back into common ownership.
We have commissioned research into how we can work together to create a world-class bus service for passengers, and you can read the full report here:

http://www.transportforqualityoflife.com/u/files/160120_Building_a_world-class_bus_system_for_Britain_FINAL1.pdf
Public Petitions Committee
1st Meeting, 2017 (Session 5)
Thursday 19 January 2017

PE1625: Wider awareness, acceptance and recognition of Pathological Demand Avoidance Syndrome

Note by the Clerk

Petitioners  Patricia Hewitt and Mary Black

Petition summary  Calling on the Scottish Parliament to urge the Scottish Government to promote a wider awareness and acceptance of Pathological Demand Avoidance syndrome among health, education and social care and social work practitioners, and, via the appropriate agencies and bodies, to institute and facilitate training in the diagnosis of the condition, to promote the development of therapeutic programmes for those with the syndrome and to provide support for their families and carers.

Webpage  parliament.scot/GettingInvolved/Petitions/PE01625

Purpose

1. This is a new petition that collected 516 online signatures in support, with a further 450 offline signatures. The petition attracted 67 comments, all supportive of the petition. Some contributors also referred to their own experiences.

2. The petitioners have accepted an invitation to speak to their petition at this meeting. Members have a copy of the petition along with written submissions from Phil Christie, former director of the Elizabeth Newson Centre and Vice Chair of the Autism Education Trust, and Mary Black, one of the petitioners. The Committee is invited to consider what action it wishes to take.

Background (taken from the SPICe briefing)

3. The presence of Pathological Demand Avoidance syndrome as distinctive from, but with features of, autistic spectrum disorders was first suggested by Elizabeth Newson, a developmental psychologist based in the University of Nottingham. She became known for her work on autism, and for her innovative approach in assessing children with autism spectrum disorders.

4. According to the National Autistic Society—

   “Pathological Demand Avoidance (PDA) is now considered to be part of the autism spectrum. Individuals with PDA share difficulties with others on the autism spectrum in social aspects of interaction, communication and imagination. However, the central difficulty for people with PDA is the way they are driven to avoid demands and expectations. This is because they have an anxiety based need to be in control.”
People with PDA seem to have a better social understanding and communication skills than others on the spectrum and are able to use this to their advantage.

The main features of PDA are:

- resists and avoids the ordinary demands of life
- appearing sociable, but lacking depth in understanding
- excessive mood swings and impulsivity
- comfortable in role play and pretend, sometimes to an extreme extent
- language delay, often with good degree of catch-up
- obsessive behaviour, often focussed on people.

5. In a paper in 2003, *Pathological demand avoidance syndrome: a necessary distinction within the pervasive developmental disorders*, Professor Newson outlines the main features of PDA as expressed by a cohort of 150 children diagnosed between 1975 and 2000, and how it differs from autism and Aspergers.

6. According to a short article on the British Psychological Society website, *PDA – is there another explanation?* a researcher who reviewed the current evidence in the light of increased public discussion of the condition states—

“services are under increasing pressure to consider PDA as a diagnosis. Whilst PDA currently falls under the umbrella diagnosis of autism spectrum disorders (ASD) (DSM-5), individual services/clinicians can choose to use PDA as a descriptive diagnosis alongside a clinical diagnosis of ASD.”

7. She suggests that there is a mirroring in symptoms with attachment disorders—

“However, these exact same characteristics could equally be used to describe a child with disordered attachment (NICE, 2015). Furthermore, research has shown that children with a diagnosed attachment disorder may be as impaired as autistic children in their social relatedness and language skills (Sadiq, et al., 2012), and one study found that the symptoms of ASD and attachment disorder can be comorbid (Giltaij, et al., 2015).”

The International Classification of Diseases, tenth edition (ICD-10)

8. The *ICD-10* is the most commonly used diagnostic manual in the UK. It presents a number of possible autism profiles, such as Asperger syndrome. A revised edition (ICD-11) is expected in 2018 and is likely to closely align with the latest edition of the American Diagnostic and Statistical Manual (DSM). It does not list PDA as a specific profile. It would be classified under one of the two ‘unspecified’ categories:

- other pervasive developmental disorders
- pervasive developmental disorder, unspecified
Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5)

9. Although not the most commonly used manual in the UK, DSM is used by clinicians and researchers to diagnose and classify mental disorders. DSM-5, published by the American Psychiatric Association in 2013, is likely to have a significant influence on the next edition of the ICD. The manual has recently been updated and is also used by diagnosticians. The diagnostic criteria are clearer and simpler than in the previous version of the DSM, and sensory behaviours are now included. The manual defines autism spectrum disorder as “persistent difficulties with social communication and social interaction” and “restricted and repetitive patterns of behaviour, activities or interests” (this includes sensory behaviour), present since early childhood, to the extent that these “limit and impair everyday functioning”.

10. In DSM-5, the terms ‘autistic disorder’, ‘Asperger disorder’, childhood disintegrative disorder’ and ‘Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)’ have been replaced by the collective term ‘autism spectrum disorder’ (ASD). This means it is likely that ‘ASD’ will become the most commonly given diagnosis.

11. NHS Inform is already following the DSM-5 classification of a single collective term ‘autism spectrum disorder’ for people presenting with a range of recognised symptoms. The website describes the condition thus—

“Autism spectrum disorder (ASD) is a condition that affects social interaction, communication, interests and behaviour.

In children with ASD, the symptoms are present before three years of age, although a diagnosis can sometimes be made after the age of three.”

12. The page makes reference to NICE Guidance on the recognition, diagnosis and referral of children and young people with ASD.

13. The condition that the petition focuses on – PDA – received attention following a series of Channel Four programmes broadcast in 2015, ‘Born Naughty?’.

14. The reclassification of ‘autism spectrum disorders’ as opposed to discrete conditions potentially makes recognition of PDA as a distinct condition moot.

15. The British Journal of Psychiatry published ‘Autism – an evolving concept’ in 2000 and stated the following about PDA—

“There is a risk of the diagnosis of autism being extended to include anyone whose odd and troublesome personality does not readily fit some other category; such over-inclusion is likely to devalue the diagnosis to a meaningless label. For the same reason, it is important to remain alert to the possible existence of other diagnostic groups. Newson has identified such a group with the label of pathological demand avoidance syndrome after its predominant characteristic.

---

1 Previously, in DSM-IV, patients could be diagnosed with these disorders separately.
Children in this group have, at most, a mild learning disability and a high degree of social awareness, although many have enough in common with autism to attract the diagnosis (Newson & Maréchal, 1998). Pathological demand avoidance syndrome forms a long-standing and expensive disorder, persisting into adulthood and posing considerable problems in its management. The description is based on a series of 200 children but replication has been hindered by the lack of more formal publication.

16. Since 2000, further research has been done and papers published such as *Identifying features of ‘pathological demand avoidance’ using the Diagnostic Interview for Social and Communication Disorders (DISCO)* in the journal ‘European Child and Adolescent Psychiatry’, which provides further references to more recent research.

Scottish Government Action

17. The SPICe briefing refers to the Scottish Strategy for Autism published by the Scottish Government in 2011. The strategy has its own dedicated website which links to other publications, news, events and resources in Scotland. The strategy is linked to a range of legislation, policies and frameworks including—

- Getting it Right for Every Child
- Children and Young People (Scotland) Act 2014
- National Strategy for Carers and Young Carers, and the Carers (Scotland) Act 2016
- Health for all Children 4: Guidance on implementation in Scotland, published by the Scottish Executive in 2005 following a report published in 2003 by the Royal College of Paediatrics and Child Health after its review of childhood screening and surveillance practice across the UK.

Additional Support for Learning

18. The legal framework for the provision of additional support for learning is provided by the Education (Additional Support for Learning) (Scotland) Act 2004, as amended by the Education (Additional Support for Learning) (Scotland) Act 2009.

19. The Act is structured around the concept of support being needed for any reason, and for short or long term periods determined by the individual learning needs of the child or young person.

20. The key duties on education authorities are to identify, make and review provision for the additional support needs of children and young people for whose education they are responsible. The Act also places duties on education authorities (and, in certain circumstances, health, social work and Skills Development Scotland) to work to plan and make joint provision for children and young people with complex or multiple additional support needs. Where

---

2 Education (Additional Support for Learning) (Scotland) Act 2004, summary handout
their needs are significant, require support from education and another partner agency, and will last more than one year, children and young people may have a statutory co-ordinated support plan to bring together all of the support to be provided to meet their learning needs.

21. The principles of the legislation, policies, frameworks and strategies are that all children should have their health and educational needs met according to their own needs. The assumption is that these are assessed through partnership between local authorities, health boards, integration authorities, parents and the young people themselves.

Independent advice and guidance for additional support for learning

22. Enquire is an organisation signposted by the Scottish Government that provides independent and impartial advice for teachers, parents, local authorities and others caring for or working with children and young people with additional support needs.

23. Autism is a condition that is highlighted specifically on the Scottish Government’s Education web pages. Those pages provide a link to The Autism Toolbox: An Autism Resource for Scottish Schools.

Conclusion

24. The Committee is invited to consider what action it wishes to take on this petition. Options include—

- To seek the Scottish Government’s views on the action called for in the petition;
- To seek the views of relevant organisations, which might include: the National Autistic Society; Scottish Autism; Enquire; Child Autism UK; the Royal College of Paediatrics and Child Health; COSLA, and the EIS;
- To take any other action the Committee considers appropriate.

Clerk to the Committee
# PE1625: WIDER AWARENESS, ACCEPTANCE AND RECOGNITION OF PATHOLOGICAL DEMAND AVOIDANCE SYNDROME

<table>
<thead>
<tr>
<th><strong>Petitioner</strong></th>
<th>Patricia Hewitt and Mary Black</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Lodged</strong></td>
<td>20 December 2016</td>
</tr>
<tr>
<td><strong>Petition Summary</strong></td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to promote a wider awareness and acceptance of Pathological Demand Avoidance syndrome among health, education and social care and social work practitioners, and, via the appropriate agencies and bodies, to institute and facilitate training in the diagnosis of the condition, to promote the development of therapeutic programmes for those with the syndrome and to provide support for their families and carers.</td>
</tr>
<tr>
<td><strong>Previous Action</strong></td>
<td>We have raised the issue of the recognition of Pathological Demand Avoidance syndrome with Scottish Borders Council. This has been in the context of individual cases involving our children and young people in the education system. We have also presented details to further education institutions and to parts of the NHS. We have discussed better awareness and recognition of the syndrome with the PDA Society and among parents in the Borders and further afield in both Scotland and the UK where children and young adults have already been diagnosed with the condition. We have raised the question of proper recognition of the syndrome with MSPs and via them the Scottish Government calling unsuccessfully for a coherent response in terms of both public policy and its implementation.</td>
</tr>
</tbody>
</table>
| **Background Information** | It is clear to us that there is a lack of familiarity with the syndrome. Furthermore we have encountered a hesitation in some official quarters to admit to its existence and even to research the literature and thereby to understand cumulative professional experience and to assess its validity. Whilst we appreciate that the syndrome may be new to some professionals, we believe that the growing research evidence that PDA syndrome is an identifiable part of the autistic spectrum and thus requires a constructive response from the Scottish Government. Pathological Demand Avoidance syndrome was first described by Professor Elisabeth Newson at the Child Development Research Unit of Nottingham University in the 1980s. It was not however until 2003 that the first ever peer reviewed
A research paper was published by Newson, Le Marechal and David. An extensive group of papers, commentaries and case studies has developed since then, the latest of which in 2015 were O’Nions, Gould, Christie, Gillberg, Viding, Happe ‘Identifying features of Pathological Demand Avoidance using the Diagnostic Interview for Social and Communication Disorders’ in European Child and Adolescent Psychiatry 2015 and Gore-Langton and Frederickson ‘Mapping the educational experiences of children with pathological demand avoidance’ in the Journal of Research in Special Educational Needs.

PDA is now recognised as a profile within the autism spectrum and is assessed and diagnosed by many of the leading experts within the field of autism. However, the therapies and treatments for PDA are of a distinct nature in themselves and it is a recognition of this and the spread of awareness that is the pressing issue for children and young people affected and their parents.

PDA is best described in the PDA Society’s booklet ‘Pathological Demand Avoidance Syndrome – A reference Booklet for Health, Education and Social Care Practitioners’ revised edition April 2016 page 5

“Like autism or Asperger Syndrome, PDA is a lifelong disability and individuals may require differing levels of support throughout their lives, depending upon how the condition affects them.

The central difficulty for people with PDA is their avoidance of, and resistance to, the demands they are subject to and encounter. These can range from direct and explicit instructions to the more subtle everyday demands of life.

Individuals with PDA experience high levels of anxiety and there is a strong need for them to feel in control in most situations. Demands and expectations unsettle this sense of control. This in turn heightens anxiety still further and leads to compulsive and obsessive avoidance. It is this ‘can’t help it’ drive to avoid even trivial demands that earns the behaviour its pathological status.

Avoidance can be at all costs and the socially inappropriate behaviour of a panic attack driven tantrum or meltdown is common, especially in children. Some people with PDA have been described as being skilled at using interactive and social communication skills to avoid demands. They are often able to use these skills creatively and may seek to avoid demands through negotiation, manipulation or distraction.

Those with PDA share areas of difficulty with other autism spectrum disorders, but strategies and approaches found to be effective are quite different. Differential diagnosis is therefore important to
signpost towards appropriate educational and handling interventions."

Another important reference can be found on the National Autistic Society’s website at:

http://www.autism.org.uk/about/what-is/pda.aspx

A helpful and accessible reference book is:


Reference is also made to research published by the University of Newcastle upon Tyne in which it has been found that autism is not being detected early enough in children across the UK. The average age of diagnosis at fifty five months has not decreased in more than a decade. Similarly those diagnosed “early” are still on average diagnosed at thirty months which also shows no improvement over a decade.

http://www.ncl.ac.uk/press/news/2016/04/drrautismresearch/

Earlier and more accurate diagnosis leads to early therapies and treatment by specialist services to the benefit of the recipients and their families.

Early and more accurate diagnosis must surely be a priority and along with appropriate interventions will identify those living with PDA and increase their emotional well being and help them to achieve their full potential in life.

http://www.ncl.ac.uk/press/news/2016/10/pactautismstudy/
PE1627: Consent for mental health treatment for people under 18 years of age

Note by the Clerk

Petitioner Annette McKenzie

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to provide for consultation with and consent from a parent or guardian before prescribing medication to treat mental ill health if the patient is under 18 years of age.

Webpage parliament.scot/GettingInvolved/Petitions/PE01627

Introduction

1. This is a new petition that attracted 306 comments and collected 2,210 online signatures. The petitioner has indicated that she also collected 486 offline signatures. A majority of the comments were supportive of the petition. One individual expressed concern that the proposed measures could discourage young people from seeking help.

2. The petitioner has been invited to give evidence on the petition at this meeting. The Committee has a copy of the petition and is invited to consider what action it wishes to take.

Background information (the following is taken from the SPICE briefing)

3. It is estimated that 8.3% of Scottish children aged 5-15 have a clinically recognised emotional or behavioural mental health problem. The estimated number of patients aged 0-19 years who received a prescription in 2014/15 for drugs commonly used in the treatment of mental illness was:

- Anti-depressants – 15,212 people
- Hypnotics and anxiolytics – 12,313 people
- Psychoses and related disorders – 1,837 people
- Attention deficit and hyperactivity disorder (ADHD) – 7,452 people.

---

1 Scottish Public Health Observatory – Mental Health Key Points
2 ISD Scotland (2015) Medicines used in mental health, Years 2004/05 – 2014/15
3 It should be noted that many of these drugs have other uses beyond mental health problems.
4. In 2015, there were 19 deaths in the 10-19 year age group which were attributed to intentional self-harm or events of undetermined intent.

Confidentiality and Consent

5. The petition is calling for two things in relation to the treatment of mental illness in people under the age of 18. Firstly, it calls for parents or guardians to be consulted if a doctor is prescribing medication for mental ill health to a person under the age of 18. Secondly, it seeks to require the consent of parents or guardians before such medication is prescribed. The law relating to each of these things is outlined below.

6. The Age of Legal Capacity (Scotland) Act 1991 establishes 16 as the age at which a person has the legal capacity to make their own decisions. However, the Act lists a number of exceptions to the general rule, including the following with regard to consenting to medical treatment—

   “2(4) A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.”

7. The 1991 Act makes no distinction between mental and physical illnesses. Therefore, a person under the age of 16 may be deemed capable of making treatment decisions for a mental illness.

8. Doctors also have a common law duty to respect the confidences of their patients. This includes patients under the age of 18 who are deemed to have the capacity to consent. The General Medical Council guidance on protecting children and young people highlights confidentiality as central to the trust between doctors and patients and that, without assurances about confidentiality, children and young people may be reluctant to get medical attention or to give doctors the information they need to provide good care. However, the guidance goes on to highlight that the duty of confidentiality is not absolute and confidential information may be shared in certain circumstances, including—

   - if required by law or by a court order,
   - if the patient has given consent for the information to be shared, or
   - if it is justified in the public interest – for example, if the benefits to a child or young person that will arise from sharing the information outweigh both the public and the individual’s interest in keeping the information confidential.

---

4 National Records Scotland - Probable Suicides: Deaths which are the result of intentional self-harm or events of undetermined intent
5 Protecting children and young people: the responsibilities of all doctors.
9. The topic of sharing information with friends and families was recently covered in the House of Commons Health Select Committee interim report on suicide prevention. The Committee recommended the following—

“Although a patient’s right to confidentiality is paramount, there are instances where professionals sharing information—with consent—with a person’s trusted family or friends could save their life. Stronger action needs to be taken to raise awareness of the Consensus Statement, to train staff in this area (including training on how to seek consent), and to engender a culture shift away from the current presumption that suicidal patients will not want their family or friends to be involved in their recovery.”

10. The Consensus statement mentioned above refers to a statement on ‘Information sharing and suicide prevention’ which applies in England. There is similar guidance in Scotland (see below).

Scottish Government Action

11. In 2012, the Scottish Government produced ‘Working with children and adults who may be at risk of self-harm: Practice guidance on information sharing, protection and confidentiality’. This guidance was aimed at a range of staff, including those working in health. The guidance states—

“Staff may be under a duty to breach confidentiality to protect someone who might be at risk due to their self-harming behaviour. The law recognises that in certain circumstances the duty of staff to the individual or third person is greater than the duty to respect confidentiality. Staff have a duty to act to protect people so that if a child or adult is at serious risk due to their self-harming behaviour then staff should notify the relevant authorities.”

12. It also goes on to say—

“A young person may wish to seek help without involving parents. Staff involved may consider the young person to be at risk and may feel the need to tell the parents. The right to confidentiality for children and young people, and for families, should be respected, while recognising that the duty to safeguard children comes first.”

13. The guidance emphasises that there are no clear cut ethical or legal answers and so the judgement of staff comes in to play.

14. The Scottish Government has not undertaken any work around the age of consent for medical treatment.
Scottish Parliament Action

15. There have been two inquiries\textsuperscript{6} into child and adolescent mental health services (CAMHS) by Scottish Parliament committees, but neither of these touched specifically upon suicide or the issues raised in the petition.

Conclusion

16. The Committee is invited to consider what action it wishes to take. Options include—

- To write to the Scottish Government, Scottish Association for Mental Health, Scottish Youth Parliament, Children and Young People’s Commissioner Scotland, Mental Health Foundation and the General Medical Council seeking their view on the petition;

- To take any other action the Committee considers appropriate.

Clerk to the Committee

\textsuperscript{6} Scottish Parliament Health and Sport Committee (2016) \textit{Letter to the Minister for Mental Health}

\textsuperscript{7} Scottish Parliament Health Committee (2009) 7\textsuperscript{th} Report (Session 3) \textit{Inquiry into child and adolescent mental health and wellbeing}
<table>
<thead>
<tr>
<th><strong>Petitioner</strong></th>
<th>Annette McKenzie</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Lodged</strong></td>
<td>21 December 2016</td>
</tr>
<tr>
<td><strong>Petition Summary</strong></td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to provide for consultation with and consent from a parent or guardian before prescribing medication to treat mental ill health if the patient is under 18 years of age.</td>
</tr>
<tr>
<td><strong>Previous Action</strong></td>
<td>Contacted local Member of UK Parliament regarding dispensing regulations and legislation.</td>
</tr>
<tr>
<td></td>
<td>Contacted media outlets including Daily Record, Sunday Post, and Scottish Daily Mail to draw attention and highlight issues relating to prescribing to under-18s, resulting in a number of similar cases coming to attention in the media.</td>
</tr>
<tr>
<td><strong>Background Information</strong></td>
<td>My 16-year-old daughter Britney made an appointment with her local GP without my knowledge or consent. She explained to the GP that she was a self-harmer and was having night terrors and suffering from depression and anxiety, and having suicidal impulses. Britney was 16 years old at the time of the appointment.</td>
</tr>
<tr>
<td></td>
<td>The GP subsequently prescribed 40mg of Propanol to be taken three times a day and this prescription was duly filled by the local pharmacist with 84 tablets issued – a month’s supply at once.</td>
</tr>
<tr>
<td></td>
<td>At no stage was I aware of the consultation with the GP or that Britney had been prescribed this medication or the quantity of medication prescribed, because the law currently allows GPs to prescribe young persons under-18 medication without the knowledge or consent of the parents or guardians.</td>
</tr>
<tr>
<td></td>
<td>Sixteen days later, Britney overdosed on Propanol. The police confirmed there were no suspicious circumstances. This was the first I know of my daughter’s prescription and consultation with her GP, despite the fact she express to her GP that she had mental health concerns. I was not made aware of this until after my daughter’s death.</td>
</tr>
<tr>
<td></td>
<td>I believe that the type of medication and care required specifically related to mental health issues requires a particular approach when diagnosing and treating these kinds of conditions in younger people.</td>
</tr>
<tr>
<td></td>
<td>The strength and effect of some mental health medications make it important that parents and guardians are fully involved and aware of the circumstances, allowing them to support treatment and ensure</td>
</tr>
</tbody>
</table>
that pathways of care are most appropriate for their children.

The quantity and strength of medications prescribed to Britney represented a danger to herself, and I believe that my daughter may still be with us if I had been privy to the information that was vital to her care and health issues.

There are undoubtedly cases where young people with mental health issues require prescription medication, in addition to other forms of care. However this should only be done in the case of under-18s with the involvement, knowledge and consent of the parents or guardians.

I ask the Petitions Committee to investigate this issue fully to try and ensure no more parents have to go through what I have gone through in recent months.
Public Petitions Committee

1st Meeting, 2017 (Session 5)

Thursday 19 January 2017

PE1548 on National Guidance on Restraint and Seclusion

Note by the Clerk

Petitioner
Beth Morrison

Petition summary
Calling on the Scottish Parliament to urge the Scottish Government to

1. Introduce National Guidance on the use of restraint and seclusion in all schools; this guidance should support the principles of:

   - Last resort - where it is deemed necessary, restraint should be the minimum required to deal with the agreed risk, for the minimum amount of time
   - Appropriate supervision of the child at all times, including during “time out” or seclusion.
   - Reducing the use of solitary exclusion and limiting the time it is used for (e.g. maximum time limits)
   - No use of restraints that are cruel, humiliating, painful and unnecessary or not in line with trained techniques.
   - Accountability of teaching and support staff for their actions; this should include recording every incident leading to the use of seclusion or restraint and monitoring of this by the local authority.
   - Regular training for staff in how to avoid the use of restraint
   - Where restraint is unavoidable training in appropriate restraint techniques by British Institute of Learning Disability accredited providers and no use of restraint by untrained staff.

2. Appoint a specific agency (either Education Scotland or possibly the Care Inspectorate) to monitor the support and care given in non-educational areas including the evaluation of the use of restraint and seclusion of children with special needs in local authority, voluntary sector or private special schools.

Webpage parliament.scot/GettingInvolved/Petitions/PE01548

Introduction

1. This is a continued petition, which was last considered by the Committee at its meeting on 27 October 2016. At that meeting the Committee agreed to write to the Scottish Government, asking for an update in light of the petitioner’s meeting with the Deputy First Minister on 22 September 2016, and seeking its response
to the Concluding Observations and recommendations from the UN Committee on the Rights of the Child. A response has been received and the Committee is invited to consider what action it wishes to take.

Committee consideration

2. Since its previous consideration, the Committee has received written submissions from the Scottish Government, Dr Brodie Paterson and the petitioner. The written submissions are provided at the annex to this note.

3. The Scottish Government’s letter of 29 November 2016 provided an update from the Deputy First Minister’s meeting with the petitioner and a response to the Concluding Observations and recommendations from the UN Committee on the Rights of the Child.

Deputy First Minister’s meeting with the petitioner

4. The Scottish Government noted that the Deputy First Minister’s meeting with the petitioner and representatives from the Challenging Behaviour Foundation (CBF) and the British Institute of Learning Disabilities (BILD) provided the first opportunity for him to discuss the reasons, and individual experiences, behind the petition.

5. Issues discussed at the meeting included—
   - the work of CBF and BILD
   - examples of a preventative approach, such as Positive Behaviour Support (PBS), which can be used in schools
   - the Scottish Government’s draft guidance, * Included, Engaged and Involved Part 2: A Positive Approach to preventing and Managing School Exclusions*

6. While the incorporation of a section on restraint within the draft guidance received positive feedback the Government’s response notes that “there was a discussion about the nuances of the language used to describe seclusion, such as supported isolation”.

7. The response advises that, subsequently, the Deputy First Minister chaired a meeting of the Scottish Advisory Group on Relationships and Behaviour in Schools (SAGRABIS), at which it was agreed that, to avoid the “negative nuances” of terms such as seclusion or isolation, the guidance will instead refer to “separation that is supported”.

8. The Scottish Government intends to publish the guidance as soon as possible and commits to updating the Committee on this issue.
**UNCRC Concluding Observations and Recommendations**

9. On this issue, the Scottish Government indicated that it remains committed to “incorporating further guidance on physical restraint within the refreshed guidance”. It sets out some overarching aims of the guidance—

- the use of physical intervention and restraint should be used only as a last resort and should be seen within the context of early intervention, positive relationships and behaviour
- any incident where a decision is made to physically restrain a child or young person must be recorded and monitored (as set out in a local authority’s policy on de-escalation, physical intervention and restraint)
- ‘isolation rooms’ should not be used for disciplining children and young people; “separation that is supported” should be included in an agreed plan, used as a last resort under supervision, and taking into account the additional support needs of the child or young person
- it will be for local authorities to ensure that appropriate support and training is provided and to provide guidance on support following an incident.

10. To complement the draft guidance, the Scottish Government refers to previous communications with the Committee on the range of work in place on this issue, including—

- the ‘communication passport’ tool to be shared with schools and teachers across Scotland through the Glow network
- ‘Holding Safely’ guidance, updated in 2013
- guidance published in 2014 which stated that, depending on the circumstances, any inappropriate action such as the use of restraint or sanctions may be criminal offences

**Petitioner submission**

11. In her submission, the petitioner acknowledges that progress has been made but remains “frustrated by an apparent failure to grasp fully some of the key elements necessary to elicit meaningful improvements in the daily lives of disabled children in Scotland’s Schools”. She sets out her concerns about the development of the draft guidance, and the Scottish Government’s response to the UNCRC Concluding Observations.

**Included, Engaged and Involved Part 2: A Positive Approach to Preventing and Managing School Exclusions**

12. The petitioner argues that the Scottish Government’s “unwillingness to allow people with bespoke skills in the field to help draft the guidelines [means that] the problem has been treated as an education issue, rather than a learning disability issue within an education environment”.

3
13. While the petitioner acknowledges fully the right for advice or guidance to be sought from COSLA, ADES or EIS in the development of the guidance she stresses her concern that they may not have the necessary expertise, while also noting that “a number of … experts have offered their services … to help write the guidelines, but so far, this offer has not been taken up”. She argues that—

“… those who have produced the current draft have failed to grasp the fundamental between the demographics and their need for different treatments and therefore different guidelines.”

**UNCRC Concluding Observations**

14. The petitioner identifies her “fundamental objection” to replacing terms like ‘seclusion’ with ‘separation that is supported’. She says—

“This appears to be an attempt to appear to comply with the UNCRC recommendations to “ABOLISH the use of isolation rooms”. However, the Scottish Government cannot surely simply change the language in an effort to disguise what is actually going on behind the school doors? The word ABOLISH is very clear … [W]e need the Scottish Government to make it clear that they are going to comply with the UNCRC recommendations and ABOLISH isolation rooms completely, NOT that they are going to allow schools to keep such rooms and call them something different.”

15. Also highlighted are the petitioner’s concerns about local councils being left to write their own policies. She considers that “there is essentially nothing to stop them doing what they want and no official body monitoring what they do”. She contends—

“We must have robust guidance nationally and again, as per UNCRC, we must have a national recording system which should be monitored. Right now, there is no data available because the data is simply not collected.”

**Dr Brodie Paterson submission**

16. Dr Paterson identified similar issues to the petitioner. While he welcomed the suggestion that the forthcoming guidance will be clear that any incident where a decision is made to physically restrain a child must be recorded and monitored he was concerned that this would be determined by the local authority’s policy, as “a significant number of authorities continue to have no such policies”.

17. He also expressed concerns about the perceived “obfuscation” in replacing terms like ‘seclusion’ with ‘separation that is supported’. He suggested—

“If one was cynical one might wonder whether changing the terminology was more about enabling the Scottish Government to respond to the UNCRC by saying seclusion was no longer being used in Scottish schools.”

18. He also sets out in some detail his concerns about the continued use of ‘Holding Safely’, as a member of the original working group that developed it.
19. Dr Paterson summarises by stating that “the overall response suggested remains inadequate, ill thought through, ill planned and manifestly ill advised”, and suggests that “the work of SAGRABIS would be significantly enhanced by seeking parental representation on that body especially those parents of children with severe learning disabilities with challenging behaviour whose needs the group presently continue to fail to appreciate”.

Action

20. The Committee is invited to consider what action it wishes to take on the petition. Options include—

- To seek an update on publication and use of the ‘communication passport’, and the ‘toolkit’ for practitioners;

- To invite the Deputy First Minister to provide oral evidence at a future meeting, with a view to establishing what aspects of the draft guidance will fall to the Scottish Government, and what will be devolved to local authorities to develop their own policies;

- To take any other action the Committee considers appropriate.

Clerk to the Committee
Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- PE1548/Z: Scottish Government letter of 29 November 2016 (74KB pdf)
- PE1548/AA: Dr Brodie Paterson letter of 6 December 2016 (122KB pdf)
- PE1548/BB: Petitioner letter of 9 January 2017 (90KB pdf)

All written submissions received on the petition can be viewed on the petition webpage.
### PE1548: NATIONAL GUIDANCE ON RESTRAINT AND SECLUSION IN SCHOOLS

<table>
<thead>
<tr>
<th><strong>Petitioner</strong></th>
<th>Mrs Beth Morrison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Lodged</strong></td>
<td>17 February 2015</td>
</tr>
<tr>
<td><strong>Petition Summary</strong></td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to</td>
</tr>
<tr>
<td></td>
<td>1. Introduce National Guidance on the use of restraint and seclusion in all schools; this guidance should support the principles of:</td>
</tr>
<tr>
<td></td>
<td>- Last resort - where it is deemed necessary, restraint should be the minimum required to deal with the agreed risk, for the minimum amount of time</td>
</tr>
<tr>
<td></td>
<td>- Appropriate supervision of the child at all times, including during &quot;time out&quot; or seclusion.</td>
</tr>
<tr>
<td></td>
<td>- Reducing the use of solitary exclusion and limiting the time it is used for (e.g. maximum time limits)</td>
</tr>
<tr>
<td></td>
<td>- No use of restraints that are cruel, humiliating, painful and unnecessary or not in line with trained techniques.</td>
</tr>
<tr>
<td></td>
<td>- Accountability of teaching and support staff for their actions; this should include recording every incident leading to the use of seclusion or restraint and monitoring of this by the local authority.</td>
</tr>
<tr>
<td></td>
<td>- Regular training for staff in how to avoid the use of restraint</td>
</tr>
<tr>
<td></td>
<td>- Where restraint is unavoidable training in appropriate restraint techniques by British Institute of Learning Disability accredited providers and no use of restraint by untrained staff.</td>
</tr>
<tr>
<td></td>
<td>2. Appoint a specific agency (either Education Scotland or possibly the Care Inspectorate) to monitor the support and care given in non-educational areas including the evaluation of the use of restraint and seclusion of children with special needs in local authority, voluntary sector or private special schools.</td>
</tr>
</tbody>
</table>

| **Previous Action** | We have met with special advisers on children’s policy to the Scottish Government and explained our concerns to them. |
| | We have spoken with Education Scotland, who are responsible for the inspection of Scottish Schools. |
| | We met and wrote to the Minister for Children and Young People on some of these problems in 2013. The Minister responded that “that the wellbeing and safety of children and young people in Scotland is a key priority for the Scottish Government.” The Minister also added “I hope that you are assured that your concerns have been taken very seriously.” |
### Background Information

No national guidance on the use of seclusion and restraint for children in local authority day schools exists in Scotland. Such policies exist for some other groups of young people. For example, a policy exists for looked after children in the care of local authorities; however, there currently is no government policy that provides protection for children with special needs who attend local authority education or care facilities on a daily basis.

This is a particularly acute problem for children with complex additional support needs who may attend either special or mainstream schools. A number of them have communicative behaviours that are unfamiliar to staff and without clear guidance then an inappropriate response may occur.

Over the last 4 years, some parents in Scotland have become increasingly concerned at what appears to be the inappropriate use of physical and other forms of restraint techniques at special schools attended by their children. Incidents have been reported in a number of areas.

Such incidents include prone restraint, inappropriate wheelchair restraint, and children being kept in seclusion with no monitoring of the length of time they spend alone / no risk assessment done of the effect this might have on them. On some occasions this is alleged to have resulted in injury and considerable distress for the children and young people involved in the incidents.

Some of these incidents have been the subject of the investigation by the police. There have been both internal reports by Dundee City Council and a further commissioned independent report by Alistair F Marquis, MBE, BA, MEd, DipCollEd, FCollP (i)

These confirmed that a number of “the injuries sustained had been caused as a result of the restraint techniques used.”

Parents report that serious problems can occur in local authority schools that operate without such national guidance.

Lack of a clear and appropriate guidance prevents a consistent approach to recording and dealing with such incidents appropriately. It would appear that currently local authorities are under no obligation to have such a policy and currently there is no national guidance on how local councils should design such policies.

The emphasis in responding to behaviours that challenge must always be on prevention where appropriate based on a functional assessment that informs an active support plan delivered by adequately trained staff reflecting an underlying whole school approach. Physical restraint should always be the last resort to clearly define and identify best practice in the use of restraint, time
out and seclusion with specific reference to schools. If this is not the case then it may be that local authorities who do not have adequate policies in place are breaching the government's statutory duties under human rights legislation to promote and protect children and children with disabilities human rights.

The United Nations United Nations’ Convention on the Rights of Persons with Disabilities (2006) requires that states (Article 16) ensure “guaranteed freedom from torture and from cruel, inhumane or degrading treatment or punishment” (Article 15). If adequate policies and guidance are not in place in many Scottish Schools regarding whether staff can touch children, when such touch may constitute restraint and when such restraint may be required in order to exercise their duty of care or conversely constitute abuse then this would appear to represent a failure to guarantee such rights.

This example highlights the urgent need for national guidance on the appropriate use of seclusion and restraint in schools as well as robust recording procedures and regular staff training.

ENABLE Scotland’s position statement on the appropriate use of restraint and seclusion in schools could be a starting point for the development of new national guidance, along with the existing guidance (ii) for the appropriate use of restraint with looked after children in the care of local authorities and Mental Welfare Commission guidance (iii) on the appropriate use of restraint with adults with mental illness, learning disability and related conditions.

The British Institute of Learning Disability also has guidance available “BILD Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training.” However like all the other guidance and statements above, it is not mandatory.

We are calling on the Scottish Government to address this policy gap as a matter of urgency to ensure the safety and wellbeing of all school children.

However to be effective guidance must be monitored and there is currently a gap in protection for some of the most vulnerable children and young people in Scotland. Whilst Education Scotland has a role in inspecting special schools, they do not have a specific role in looking at matters of care and dignity (beyond in an educational sense). So, for example, if there was a concern about children's toileting needs not being met, then this wouldn't fall under their remit.

There may be an assumption that the Care Inspectorate would pick this up, in fact, unless the school is a registered care provider, they would currently have not remit to become involved. Most local authority special schools are not registered with the Care
Inspectorate.

This is a serious gap. Meaning even where guidance exists there is no clear way of ensuring its implementation. Subsequently there is no independent body with which to raise concerns about poor practice, neglect or abuse. This can be even more serious where such concerns are on about institution-wide practice where it is impossible to bypass line management in making complaints or concerns known.


(ii) Holding Safely (The Scottish Institute for Residential Child Care, 2005).

Public Petitions Committee  
1st Meeting, 2017 (Session 5)  
Thursday 19 January 2017  

PE1551: Mandatory reporting of child abuse  

Note by the Clerk  

Petitioner: Scott Pattinson  

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to introduce legislation that makes it a criminal offence to fail to report child abuse.  

Webpage: parliament.scot/GettingInvolved/Petitions/mandatoryreporting  

Introduction  

1. This is a continued petition, which was last considered by the Committee at its meeting on 27 October 2016. At that meeting, the Committee agreed to write to the UK Government for an update on when it expected to report on the outcome of its consultation, “Reporting and acting on child abuse and neglect”, which closed in October 2016. The Committee also agreed to ask the Scottish Government how it intends to engage with the UK Government on the issue of mandatory reporting.  

Committee Consideration  

2. The Scottish Government’s response was received on 15 November 2016, wherein it was noted that UK officials were “reviewing and analysing the consultation responses” in advance of providing initial advice to UK Ministers. The letter indicated that, while UK officials weren’t in a position to provide a definitive date for publication of the findings from the consultation, they expected to be in a position to do so in “early 2017” and committed to “continue engagement with the Scottish Government as they move further through the process…”.

3. The Scottish Government indicated that it will provide a further update to the Committee in early 2017.

4. The petitioner responded by email on 10 January 2017, arguing that “[W]e cannot sit back and tolerate this epidemic” and that “mandatory reporting is essential so that NONE are abused”. He urges the Scottish Government to make further enquiries with Westminster on taking things forward on this issue, and indicates that he hopes that this will generate a response from the UK Government.
Action

5. The Committee is invited to consider what action it wishes to take. Options include—

- To write again to the Scottish Government to establish the latest position in terms of the continued engagement with the UK Government through the process, and whether a definitive date in early 2017 has been identified for publication of the UK Government’s findings from its consultation;

- To take any other action the Committee considers appropriate.

Clerk to the Committee
**PE1551: MANDATORY REPORTING OF CHILD ABUSE**

<table>
<thead>
<tr>
<th><strong>Petitioner</strong></th>
<th>Scott Pattinson</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Lodged</strong></td>
<td>21 January 2015</td>
</tr>
<tr>
<td><strong>Petition Summary</strong></td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to introduce legislation that makes it a criminal offence to fail to report child abuse.</td>
</tr>
<tr>
<td><strong>Previous Action</strong></td>
<td>The issues I am campaigning on have been taken up with my local councillor, my local MSP and my Member of Parliament. I have also spoken to Tim Farron MP and Michael Shrimpton. My replies from Tim Farron MP, Michael Shrimpton and Alison McInnes MSP have all being positive. Tim and Alison have both made efforts on my behalf to make changes to this difficult situation. The child abuse campaign in Scotland particularly is a rather touchy subject matter from the experiences I have had in both media enquiries and street work when a lot of people seem to think that after Operation Yewtree, Operation Grange and Operation Daybreak that these issues are not a threat. Child abuse is a campaign in which many people find it difficult talk about, even more so when it is in direct conflict with establishment figures who have been named and people within their very circle. There is a fear of speaking out. Various people from legal societies, courts and also police have created this environment of intimidation both north and south of the border. I feel very passionate about this issue especially when I have been involved with Operation Grange and have given them evidence to help in their inquiries. I wrote to the NSPCC about my proposal to legislate for mandatory reporting of child sex abuse. The NSPCC’s response was broadly supportive of my petition, noting that child safeguarding and protection works best when there is an effective structure that:</td>
</tr>
<tr>
<td></td>
<td>• focuses on the best interests of the child</td>
</tr>
<tr>
<td></td>
<td>• creates good protective, organisational cultures;</td>
</tr>
<tr>
<td></td>
<td>• supports children speaking out and being heard;</td>
</tr>
<tr>
<td></td>
<td>• has external checks to make sure the right measures are being implemented; and</td>
</tr>
<tr>
<td></td>
<td>• takes action when the system fails to protect children properly, including giving protection to those who report their concerns or take action to make children safe.</td>
</tr>
</tbody>
</table>
There are signs within the establishment that care of the young and vulnerable can be opportunities for these opportunists. These predators that do exist in our society take these opportunities to exploit the very system we put in place to protect future generations. With horrid cases being reported, measures have to be put in place that make this most horrid of crimes reduced significantly by making people who witness this most vulgar act open to prosecution for failing to report such an event.

Additionally, I feel that implementing an anonymity scheme when reporting these crimes should be implemented when need be (e.g. if the person feels intimidated or unsafe). Further measures might include protection or assistance for both the abused and vulnerable.

Such practices have been put in place in America and Australia. From 1992 to 2009 in the US, substantiated cases of sexual abuse declined 62%, physical abuse decreased 56% and neglect 10%. Although the referrals increase each year, about 1% of the child population is affected by any form of substantiated maltreatment. Referrals increase each year, but the actual substantiated cases remain low and are approximately the same or decline each year.

I would welcome submissions from Children UK, UNICEF, Child Line, Northern School of Child & Adolescent Psychotherapy, The Child Protection and Safeguarding Consultancy and Shelter (to name but a few) to my petition. Also, the Catholic Church has previously openly mentioned accepting mandatory reporting, as they themselves are in the process of stripping their very own members that have been found guilty of child abuse.
Public Petitions Committee

1st Meeting, 2017 (Session 5)

Thursday 19 January 2017

PE1596: In Care Survivors Service Scotland

Note by the Clerk

Petitioner: Paul Anderson

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to retain our essential, dedicated In Care Survivor Service Scotland in its current form.

Webpage: parliament.scot/GettingInvolved/Petitions/PE01596

Introduction

1. This is a continued petition, which was last considered by the Committee at its meeting on 27 October 2016. The Committee agreed to write to the Scottish Government for an update on the rollout of the Survivor Support Fund and its access criteria.

2. The Scottish Government’s response has been received and provided to members, together with a submission from the petitioner. The Committee is invited to consider what action to take on the petition.

Scottish Government letter

3. In its letter of 25 November 2016, the Scottish Government confirms that the Survivor Support Fund opened to all survivors on 29 September 2016 and had registered and supported 85 people in its first two months of operation, with the numbers increasing each week.

4. The letter provides examples of the support provided, being tailored to the individual: this might include access to counselling or trauma therapy, advocacy support, or peer group support. The Scottish Government along with the Alliance Partners continue to “work closely with in care survivors to embed survivors experience in the continuous improvement of the Support Fund”. This includes—

   • Survivor representation on the Fund’s governance board
   • Survivor involvement in the development of communication plans and materials
   • The establishment of a survivor user panel intended to work with the Alliance Partners to put in place a process for continuous improvement based on survivors’ views and experiences of the Fund.
Access criteria

5. The Scottish Government’s letter states that the Fund is “available to people who experienced abuse or neglect whilst in care in Scotland”. It defines ‘in care’ as residential care, boarding school, a long-term hospital stay, Young Offender’s Institution and foster care.

6. Abuse and neglect is defined as “being treated with cruelty or violence (it could have been a one off event or on repeated occasions); it may have been physical, emotional or sexual abuse, which has had a profound and negative impact on a person’s life, their health and happiness”.

7. These access criteria apply irrespective of whether—
   - the abuse has been reported to the authorities
   - there have been or are any criminal or civil proceedings
   - a person has previously accessed other services
   - the survivor no longer lives in Scotland

8. The Fund is open to anyone who meets the eligibility/access criteria and the Government’s response explains the contact and registration process.

Open Secret

9. The Government’s response confirms that the grant funding to Open Secret, provided for the previous In Care Survivors Service Scotland, ended on 31 October 2016, but notes that “an interim finance arrangement has been agreed that ensures in care survivors who are currently accessing support through Open Secret can continue to receive the support they need”.

10. Furthermore, to ensure that this support can continue uninterrupted, Open Secret and the Support Fund are working to “identify and agree the service requirements so that Open Secret will operate as an ongoing service provider to the Support Fund”.

Petitioner submission

11. In his letter of 22 December 2016, the petitioner expresses his concern about survivors being able to establish trusting relationships with counsellors and his understanding that, through the current arrangement, Open Secret will only receive funding on a month to month basis. These concerns can be distilled into one paragraph—

   “If the support fund doesn’t refer to Open Secret, the service would slowly diminish, which would lead to a loss of specialist skills and wouldn’t be cost effective for the ICSSF, the new service would not be in a position to provide the immediate and appropriate security for survivors that already exists, especially when a trusting relationship has already been established with their councillors which has taken a long time.”
12. The Committee is invited to consider what actions it wishes to take. Options include—

- To write to the Cabinet Secretary for Education and Skills for clarity on the “interim finance arrangements” and, in light of the petitioner’s concerns with regard to cost effectiveness and a potential loss of specialist skills, for an update on the discussions between Open Secret and the Support Fund in terms of ongoing service provision;

- To refer the petition to the Education and Skills Committee for consideration;

- To take any other action the Committee considers appropriate.

Clerk to the Committee
<table>
<thead>
<tr>
<th><strong>Petitioner</strong></th>
<th>Paul Anderson, James McDermott, Chris Daly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Lodged</strong></td>
<td>12 January 2016</td>
</tr>
<tr>
<td><strong>Petition Summary</strong></td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to retain our essential, dedicated In Care Survivor Service Scotland in its current form.</td>
</tr>
<tr>
<td><strong>Previous Action</strong></td>
<td>Chris Daly had meetings with senior civil servants after the proposed change to the ICSSS to raise concerns.</td>
</tr>
<tr>
<td></td>
<td>The petitioners have sought and received support from a number of organisations regarding the continued funding for the ICSSS. The petitioners have received letters of support from several local authorities, Police Scotland, the Scottish Human Rights Commissioner, Celcis and others. These letters have been passed on to the Scottish Government.</td>
</tr>
<tr>
<td><strong>Background Information</strong></td>
<td><strong>In Care Survivor Service Scotland</strong></td>
</tr>
<tr>
<td></td>
<td>The service was developed to highlight and address the long term effects, as well as current and future needs of those survivors subjected to neglect, physical, emotional and sexual abuse while in care.</td>
</tr>
<tr>
<td></td>
<td>The background to the development of the essential dedicated service was; in 2001 a cross party working group for survivors of child sexual abuse was established. The Scottish Governments National Strategy was the outcome of that group’s effects in 2005.</td>
</tr>
<tr>
<td></td>
<td>The In Care Survivors Service Scotland (ICSSS) provides a model of care that offers counselling, advocacy, informal support, group support and access to records. It provides a website and a part time helpline staffed by trained counsellors.</td>
</tr>
<tr>
<td></td>
<td>The service has built up experience over the seven years that it has been operating. The uniqueness of the service is the approach of offering all of the different strands in one service and in many cases with one worker. This ensures that survivors do not have to develop trust with a number of different workers. Focus group results and consultations have evidenced that this is what survivors find particularly beneficial about the service.</td>
</tr>
</tbody>
</table>
| | It is a crucial part of the service that the worker supports the survivor to access their records and then supports them to go through them. Counsellors work with an integrative approach utilising a number of counselling modalities depending on the needs
of the survivor. In focus group results survivors have expressed that the approach is life saving and they were unable to have their needs met in NHS or generic services.

Broker Model

The Scottish Government has indicated that it will put the services of the ICSSS out to tender. The tender process will change the type of service that is being provided to survivors. Rather than a specialist service where support workers develop a one-to-one relationship with service users, the new proposal is a broker service where survivors will be signposted to a number of other service providers.

With the new broker model a worker will make contact with a survivor either by phone, Skype or in person. The worker will not be a specialist counsellor. They will then carry out an assessment of the needs of the survivor and will broker a service for them from existing services or the NHS. Where no service is available the new service will commission a service for them. We consider this to be a significant risk as currently none of the specialist survivor agencies with substantial experience of historic abuse have secured ongoing core funding.

Services within the NHS offer time limited support and the medical model of care is triggering for people who have been abused, particularly in a care setting. NHS staff, while very skilled in generic work, are not trained to work with complex trauma in many cases having utilised a time limited Cognitive Behavioural Therapy (CBT) approach, something that survivors do not feel works for them. The voluntary sector is trusted by survivors, particularly the specialist organisations that can offer flexibility. We understand NHS staff are being trained in complex trauma but this cannot be learned in short term courses it has to be a full organisational approach and NHS staff have many areas of support that they have to cover.

There are many aspects of this model that we consider to be a risk. First of all a worker who is not a specialist counsellor carrying out assessments could leave survivors having talked to the worker feeling suicidal but with no ongoing appropriate support. Most NHS services offer a medical model and CBT, time limited approach. Many survivors are diagnosed with mental health conditions that are considered untreatable.

Many clients of ICSSS report that the service has kept them alive and has kept them from being admitted to hospital. One survivor was in hospital at least four times a year and since accessing ICSSS has not required any admissions. Another survivor has asked for the situation he faced to be included as an example. He was diagnosed with borderline personality disorder and his GP was
informed that he was untreatable so would be discharged. On appeal by ICSSS he was offered a Community Psychiatric Nurse but that has now also been withdrawn. On one occasion he called to say he felt suicidal and was told that was his choice. In areas, which ICSSS have discovered are many, where there is limited support survivors may be at significant risk of harm by having to wait for support. When support is offered it is unlikely to have the ability to offer the specialist services that ICSSS can offer.

In the evaluation by Napier University in 2011 the ICSSS model was recommended as being the most appropriate to work with survivors of abuse in care and it was recommended that it could be a model of good practice to be rolled out to other services. The new broker model without ICSSS to refer to would be potentially dangerous. Survivors campaigned for many years for a specialist service and now it will be altered with no evidence of need and not according to views of survivors in consultations.

The service is in line with the Survivor Scotland national strategy which aims to improve services supporting those who have suffered childhood sexual abuse and other abuse including emotional and physical wellbeing.

As we survivors see it the service model currently in place is the essential dedicated service which addresses our needs. We survivors and service users believe the current model meets our needs. As it is a trauma informed counselling and advocacy support service for adults who experienced abuse in care.

Moreover the work of the locally based development workers across Scotland is saving lives. It’s a lifeline to the service users some of whom have suicidal ideation and other mental and physical disorders. These are a legacy of the childhood trauma.

The current model is the model that survivors trust. For some service users it has taken years to develop that trust. A change in service has a potential to cause harm.
Public Petitions Committee
1st Meeting, 2017 (Session 5)
Thursday 19 January 2017
PE1616: Parking legislation

Note by the Clerk

Petitioner: John S Shaw

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to make it an offence to park in front of a dropped kerb.

Webpage: parliament.scot/GettingInvolved/Petitions/parking

Introduction

1. This is a continued petition that the Committee last considered at its meeting on 27 October 2016. At that meeting, the Committee agreed to write to the Scottish Government, COSLA, Guide Dogs Scotland, Living Streets Scotland and the Society of Chief Officers of Transportation in Scotland. Responses have been received and are provided at the annexe to this note. The Committee is invited to consider what action it wishes to take.

Committee consideration

2. Guide Dogs Scotland, Living Streets Scotland and the Society of Chief Officers of Transportation in Scotland noted the Scottish Government’s intention to consult on responsible parking, including a complete ban on parking across dropped kerbs. They considered the issues raised by the petition would likely be included in this consultation.

3. The respondents also noted that local authorities’ existing power to issue Traffic Regulation Orders is ‘cumbersome’ and welcomed consideration being given to this issue in the consultation.

4. The Scottish Government’s written submission explained local authorities’ existing powers in relation to parking. It also noted its commitment to consult on parking, which it expects to be published by the end of the year. The Scottish Government has established a Responsible Parking Stakeholder Working Group to inform the development of the consultation. The review is scheduled to be completed by 31 March 2017.

Conclusion

5. The Committee is invited to consider what action it wishes to take. Options include—
• To close the petition under Standing Orders rule 15.7 on the basis that the Scottish Government has established a responsible parking stakeholder working group and will be consulting on parking in this session of the Scottish Parliament with the intention to bring forward legislation. In closing the petition, the Committee may wish to invite the petitioner to respond to the consultation and advise that he can submit a petition in the same or substantially similar terms after one year if the issues if he wishes to do so;

• To defer further consideration of the petition until the Scottish Government’s consultation on parking is completed. In the meantime, the Committee may wish to encourage the petitioner to respond to the consultation;

• To take any other action the Committee considers appropriate.

Clerk to the Committee
Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- **PE1616/A**: Living Streets Scotland Letter of 31 October 2016 (67KB pdf)
- **PE1616/B**: Guide Dogs Scotland Letter of 1 November 2016 (212KB pdf)
- **PE1616/C**: Society of Chief Officers of Transportation in Scotland Email of 22 November 2016 (177KB pdf)
- **PE1616/D**: Transport Scotland Letter of 23 November 2016 (72KB pdf)

All written submissions received on the petition can be viewed on the petition [webpage](#).
## PE01616: PARKING LEGISLATION

<table>
<thead>
<tr>
<th>Petitioner</th>
<th>John S Shaw</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Lodged</td>
<td>5 October 2016</td>
</tr>
<tr>
<td>Petition summary</td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to make it an offence to park in front of a dropped kerb.</td>
</tr>
</tbody>
</table>
| Previous action | I have raised the issue with my local elderly forum and have contacted Fife Council.  
I have also contacted my MSPs to raise my concerns as the issue impacts on me personally as a wheelchair user. I received responses from two MSPs who were very sympathetic to my concerns but highlighted that, until recently, the Scottish Parliament did not have the power to legislate in this area. They stated that the Scottish Government would be able to bring forward legislation to tackle obstructive and irresponsible parking in this new session. |
| Background information | I am an 84 year old wheelchair user and I have great difficulty negotiating road crossings due to parked cars blocking them.  
It is illegal in England to park in front of a dropped kerb. Why not here in Scotland? |
Public Petitions Committee
1st Meeting, 2017 (Session 5)
Thursday 19 January 2017

PE1617: Proposed Health Study – Vaccinated vs Non-Vaccinated

Note by the Clerk

Petitioner: Angus Files

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to carry out a health study of vaccinated compared to non-vaccinated persons.

Webpage: parliament.scot/GettingInvolved/Petitions/vaxxednonvaxxed

Introduction

1. This is a continued petition, last considered by the Committee at its meeting on 27 October 2016, at which the Committee agreed to write to the Scottish Government for its position on the action called for in the petition.

2. The Scottish Government’s response has been provided to members, together with a subsequent submission from the petitioner. The Committee is invited to consider what action it wishes to take.

Scottish Government position

3. In its letter of 25 November 2016 the Scottish Government argues that “[T]he benefits of vaccination … are unequivocal”. It also notes that while vaccination is not mandatory, Scotland has “some of the highest uptake rates in Europe for our national programmes”.

4. The Scottish Government’s response sets out some figures to support its position on the benefits of vaccination—

   - In 1940 in the UK there were over 60,000 cases and 3,283 deaths from diphtheria: between 1986 and 2002, as a result of vaccination programmes, there were just two deaths
   - Whooping cough: before the 1950s there was an average of 120,000 cases per year; after vaccination, between 2000 and 2011 there were fewer than 1500 cases per year
   - Meningitis C: a 99% reduction in cases among those aged 20 or under since vaccination started. In 1998, the year before the vaccine was introduced, there were 78 deaths among under-18s; between mid-2011 and mid-2012 there were two deaths.

5. In response to the petitioner’s view that governments are complacent about the safety of vaccines, the Scottish Government clarifies that it “takes advice on
medicine safety from the Medicines and Healthcare products Regulatory Agency (MHRA)” and sets out international agencies that the MHRA works with in monitoring vaccine safety.

6. The response goes on to identify the logistical and practical factors to take into account to deliver what the petition calls for. These include—

- securing a sufficiently large cohort of parents willing to leave their children unvaccinated and exposed to serious, life-limiting disease
- individuals would not be able to know whether or not they had been vaccinated
- tracking the individuals over their lifetime, and those individuals consenting to participate in the study for the remainder of their life.

7. The Scottish Government concludes by stating its view that “what is proposed by the petitioner would be wholly unethical and dangerous”. It is satisfied that vaccinations save lives and that there is long-term data “which do not show any evidence of the sort of health effects the petitioner suggests”. It confirms that it has no plans to commission a study as proposed by the petitioner.

Petitioner submission

8. In his response dated 17 December 2016 the petitioner argues that the historical impact of vaccination is irrelevant to what his petition calls for. He acknowledges the effectiveness of vaccination programmes in relation to specific targeted diseases but suggests that these programmes “must also include [a] long term prospective study to identify any conditions prevalent in a vaccinated population which may not be found in an unvaccinated cohort”.

9. The petitioner suggests that “[W]hat is proposed is a retrospective study … of existing data from historical medical files of vaccinated and non-vaccinated individuals obtained via consent from a cohort of informed volunteers…”, and contends that such a proposed study could be instigated in the same way as other studies which are reliant on population participation.

Action

10. The Committee is invited to consider what action it wishes to take. Options include—

- to close the petition on the basis that the Scottish Government has confirmed that it has no plans to commission a study as proposed by the petitioner, and provides evidence to support its position. This demonstrates no significant or material change in policy, practice or positions since previous petitions PE1574 and PE1584 were closed by the Session 4 Public Petitions Committee;

- any other action the Committee may wish to take.

Clerk to the Committee
PE1617: PROPOSED HEALTH STUDY – VACCINATED VS NON-VACCINATED

<table>
<thead>
<tr>
<th>Petitioner</th>
<th>Angus Files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Lodged</td>
<td>26 August 2016</td>
</tr>
<tr>
<td>Petition Summary</td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to carry out a health study of vaccinated compared to non-vaccinated persons.</td>
</tr>
<tr>
<td>Previous Action</td>
<td>I contacted the Scottish Government and the Health department confirmed that the Government has not considered looking at an independent vaccinated vs non-vaccinated study and it is not something they’ve considered and wholly rely on the manufacturer`s tests and data.</td>
</tr>
<tr>
<td>Background Information</td>
<td>No study has ever been done on an ever increasing vaccination schedule of vaccinated v<code>s unvaccinated. All we have is the pharmaceutical funded studies who manufacture the vaccines word on it, that everything is just - so. When we have the population becoming more un-healthy as the years go by every avenue needs to be investigated. The makers and shakers of Tobacco were telling us at one time everything was fine and endorsed by a caravan trail of doctors that smoking is good for you. I go by the saying nothing to hide nothing to fear. To date, there has never been an independent, adequately designed, prospective, randomized placebo-controlled study on this subject. In fact, this sort of study, that would give the most definitive answer (i.e., long-term total health outcome in the prospective randomized placebo-controlled trial of the whole vaccination schedule) is considered “unethical” by the world wide establishment</code>s so only small, biased or “meta-analysis” studies are put in front of consumers. A list can be supplied. In fact no true prospective, randomised and controlled study of health outcomes of vaccinated people versus unvaccinated has ever been conducted in the 50 years or more of an accelerating schedule of vaccinations. I ask that this be considered.</td>
</tr>
</tbody>
</table>
Public Petitions Committee
1st Meeting, 2017 (Session 5)
Thursday 19 January 2017

PE1618: More powers to the police to combat motorcycle theft

Note by the Clerk

Petitioner Carl Grundy on behalf of Riders Club Edinburgh

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to take action to more effectively combat motorcycle theft and related offences.

Webpage parliament.scot/GettingInvolved/Petitions/stopmotorbiketheft

Introduction

1. This is a continued petition that the Committee last considered on 27 October 2016. At that meeting, the Committee agreed to write to the Scottish Government and Police Scotland. Responses have been received and are provided in the annexe to this paper, along with a submission from the petitioner.

2. The Committee also agreed to hold an informal meeting with the petitioner. A note of the meeting is provided below, and the Committee is invited to consider what action it wishes to take.

Committee consideration

3. Police Scotland’s written submission reported that the issue of motorcycle theft is particularly prevalent in Edinburgh. Police Scotland explained that it has launched Operation Soteria this year, which uses a four pronged approach to deter, divert, disrupt and detect. The police explained that youth engagement activities revealed that the crime is driven by thrill-seeking behaviour and peer pressure. As such, Police Scotland has focused attention on the divert element of its strategy by holding a number of community engagement activities. In its view, ‘no single agency can address this persistent issue on their own.’

4. The Minister for Community Safety and Legal Affairs’ written submission explained that “Theft is a common law offence and, as such, the maximum penalty is limited only by the sentencing powers of the court in which the case is heard. In addition to an unlimited fine or a custodial sentence up to life, the court may impose a driving ban, penalty points or both.” The Minister also explained that road traffic legislation, including the penalties for dangerous driving, is a matter which is reserved to the UK Parliament.

5. Ms Ewing considers that Police Scotland has sufficient powers in this policy area and the Scottish Government’s strategy for young offenders involves a whole system approach. In this regard, the Minister explained there is a tailored
approach to young people’s individual needs and a focuses on early intervention and diversion where possible.

**Informal meeting with the petitioner**

6. Mr Grundy explained that his campaign started in April this year in response to a recent spike in the level of motorcycle theft in Edinburgh. The petitioner noted that most of these thefts were being carried out by adolescent men. Mr Grundy is seeking action to address this type of crime and the apparently high rate of reoffending. The petitioner attributed the high rate of reoffending to the limited options to incarcerate adolescents.

7. Mr Grundy identified a number of negative consequences arising from this type of crime for individuals and the wider community. Mr Grundy also noted that individuals’ insurance premiums are affected and insurance companies apparently encourage individuals to confront thieves.

8. The petitioner is concerned that this crime also poses a considerable risk to public safety, as thieves can intimidate victims and drive dangerously at high speed and without a licence. In this regard, Mr Grundy noted that one person died this year in Edinburgh whilst driving a stolen motorcycle. Mr Grundy also explained that this crime has a potentially negative impact on tourism in Scotland.

9. The petitioner explained that many motorcyclist tourists arrive in the UK by ferry at Newcastle and travel northwards. Motorcycle tourists’ first stop is often Edinburgh and they may be dissuaded from travelling through Scotland given the rate of motorcycle theft in the area.

10. Mr Grundy has met with Police Scotland on multiple occasions to discuss his concerns and attended a roundtable at the Scottish Parliament on 22 September 2016 with other stakeholders. Mr Grundy noted that Police Scotland launched Operation Soteria earlier this year to tackle the problem, which he considers has been unsuccessful in addressing the issue.

11. The Committee also discussed so-called “diverting” measures with Mr Grundy, including appealing to offenders’ interest in motorcycles by encouraging them to attend workshops to develop their mechanical skills and interests. Mr Grundy considered this had further contributed to crime rates, as offenders were being equipped with the knowledge and skills to steal motorcycles.

12. In his subsequent submission, the petitioner reiterates his concerns about the powers available to the police, and the impact on the victims of motorcycle theft.

**Conclusion**

13. The Committee is invited to consider what action it wishes to take. Options include—

- To write to Visit Scotland seeking its views on the impact of motorcycle theft on tourism in Scotland;
• To write to Youth Link seeking its view on tackling motorcycle theft by young people;

• To take any other action the Committee considers appropriate.

Clerk to the Committee
Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- **PE1618/B: Scottish Government Letter of 13 December 2016 (77KB pdf)**
- **PE1618/C: Petitioner email of 8 January 2017 (62KB pdf)**

All written submissions received on the petition can be viewed on the petition [webpage](#).
### PE01618: COMBATTING MOTORCYCLE THEFT

<table>
<thead>
<tr>
<th>Petitioner</th>
<th>Carl Grundy on behalf of Riders Club Edinburgh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Lodged</td>
<td>05 October 2016</td>
</tr>
<tr>
<td>Petition summary</td>
<td>Calling on the Scottish Parliament to urge the Scottish Government to take action to more effectively combat motorcycle theft and related offences.</td>
</tr>
</tbody>
</table>

**Previous action**

We have spoken to numerous MSPs and MPs, local police and even the newspapers.

On 20 July 2016, we hosted an event where over a hundred motorcyclists came to meet Sergeant Steven Cairns from Police Scotland to discuss the current situation and what motorcyclists can do to give the police our full help and support.

We have supported the police by hosting search parties to try and find some of the stolen motorcycles, as well as searching through social media to collect information on known bike thieves, photographic evidence of them on stolen bikes, and information regarding where these stolen bikes are being dumped and set on fire. We have forwarded all of this information to the police.

**Background information**

Motorcycle theft in Edinburgh and all over Scotland is at an all-time high and peaks every summer as tourists come to visit our beautiful country.

We would like to see motorcycle theft treated as a more serious crime, considering that many of the motorcycles stolen cost in excess of £10,000, and for it to be dealt with quicker.

We would also like the police to have more power when apprehending motorcycle thieves as we feel they are currently lacking manpower and resources.

We would also like increased punishments for bike thieves. This would act as more of a deterrent for those people stealing bikes as, at the moment, they feel they will get away with it.

Hundreds of bikes are stolen every year at a great expense to many hard working people. The cost of recovery, repair and the increased insurance costs are excessive and we are constantly targeted. The police do not have the manpower, the resources, or the laws required to combat this situation and, as a result, it is going unchecked and it is spreading.

In recent weeks, this has come to a head resulting in a few fatalities, some of which were innocent civilians. The police currently have a "no pursuit" rule when it comes to motorcycles as there may be negative repercussions should the criminal crash. The police are told they cannot keep tabs on known offenders as this could be regarded as police harassment, and they do not have the manpower...
to act anyway.

Most of the bike thieves in the Edinburgh area are young boys with no training, no licence and no insurance. They do not know the rules of the road, the power that some of these bikes have and, as a result, injuries and fatalities are occurring.

The main problem is that they know they can't be chased and they know that a conviction is very unlikely. As such, it has become a right of passage for many young people. Unless there is a deterrent put in place of a harsher punishment and a more likely conviction, things are unlikely to change.

Most of the thieves do not even wear helmets. The amount of danger that they put themselves and innocent bystanders in is enormous and unless something is done to change things then the fatalities will continue.