

# **EQUAL OPPORTUNITIES COMMITTEE**

Tuesday 9 March 2004  
*(Morning)*

Session 2

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## EQUAL OPPORTUNITIES COMMITTEE

### 5<sup>th</sup> Meeting 2004, Session 2

#### CONVENER

\*Cathy Peattie (Falkirk East) (Lab)

#### DEPUTY CONVENER

Margaret Smith (Edinburgh West) (LD)

#### COMMITTEE MEMBERS

\*Shiona Baird (North East Scotland) (Green)

\*Frances Curran (West of Scotland) (SSP)

\*Marlyn Glen (North East Scotland) (Lab)

\*Marilyn Livingstone (Kirkcaldy) (Lab)

Campbell Martin (West of Scotland) (SNP)

\*Mrs Nanette Milne (North East Scotland) (Con)

Elaine Smith (Coatbridge and Chryston) (Lab)

#### COMMITTEE SUBSTITUTES

Jackie Baillie (Dumbarton) (Lab)

Patrick Harvie (Glasgow) (Green)

Carolyn Leckie (Central Scotland) (SSP)

Tricia Marwick (Mid Scotland and Fife) (SNP)

Mr Jamie McGrigor (Highlands and Islands) (Con)

\*attended

#### CLERK TO THE COMMITTEE

Steve Farrell

#### SENIOR ASSISTANT CLERK

Ruth Cooper

#### ASSISTANT CLERK

Roy McMahon

#### LOCATION

Committee Room 3



## Scottish Parliament

### Equal Opportunities Committee

*Tuesday 9 March 2004*

*(Morning)*

[THE CONVENER *opened the meeting at 10:34*]

### Reporters

**The Convener (Cathy Peattie):** Good morning and welcome to the Equal Opportunities Committee's fifth meeting this year. We have apologies from Elaine Smith and Margaret Smith.

We will start with reports from our disability and gender reporters. The disability reporter's report was circulated with the agenda and I invite Marilyn Livingstone to speak to her paper.

**Marilyn Livingstone (Kirkcaldy) (Lab):** I would like to report not only on my Highland visit, but on my Fife visit. As that took place yesterday afternoon, I will just give an oral report.

The committee knows that as disability reporter I have made two visits—one to Inverness and one to Fife—to inform myself and our disability inquiry. We had a day in Inverness, which turned out not to be long enough. It has been suggested that we should return to the Highlands, but perhaps not to Inverness, because issues outside Inverness have been raised. We will undertake that visit.

In Inverness, we spoke to mental health service user groups, carers and users from the Highland community care forum, People First and a wheelchair users group. A spread of organisations was involved and we spoke to user groups rather than large organisations.

I will report and take questions on the Highland visit first, then move on to the Fife report. I will draw out a few salient points made by the mental health service users group, although the report contains more issues. Members of the group find that accessing information about benefits and other entitlements, such as travel passes, can be difficult, which has a huge impact on their mental health. It seems to be a trial for them to go through all that.

Work still needs to be done to tackle stigma among professionals and the public alike. Many congratulations were offered for the See Me Scotland campaign, but it was felt that the work has to be sustained.

It is difficult for mental health service users to access employment opportunities. It is felt that it is quite easy to undertake training, but many of the

people with mental health issues who spoke to us felt that the difficulty of obtaining disability living allowance and other benefits meant that coming off benefits for a short-term job then obtaining benefits again was stressful. I know that the issue is reserved, but they asked whether we could find a way to simplify the system.

Respite care is lacking, particularly in people's own communities, although the situation is better in Inverness. Many people felt that direct payments are a huge bonus, because they allow people to look for their own care package. They felt that more information about direct payments was needed, but that direct payments were a good way forward.

Users felt that more training and funding for advocacy work should be provided and that more information should be given to groups about available advocacy services. It was also felt that drop-in centres that offer services seven days a week should be established throughout the area. Users said that Monday-to-Friday services were fine, but that people often have problems at weekends, when services are limited.

The carers and users group from the Highland community care forum raised the broad theme of accessing information. Carers described the considerable problems that young people with disabilities face when they turn 16. It was felt that services should work together in young people's interests and that that should start at school. It would help if people had one point of contact, because it is quite stressful to deal with many people in different agencies.

The group said that disabled people are Scotland's hidden resource. That is well put. We are talking about demographic changes in Scotland and we have a huge resource that wants to play an active part in employment and to leave the cycle of learning. That is positive. What emerged was the positive contribution that people want to make. They just want the support to enable them to make that contribution.

Users and carers explained how essential it is for adaptations to be provided at the right time and how important it is for housing provision to be flexible enough to meet the needs of users. As I think I said when the minister was at the committee, if someone has a progressive illness, they need the aid or adaptation to be available at the right time. For example, we talked to someone with multiple sclerosis, who said that if the illness is at stage B or C, the disease might more quickly progress to another stage if they did not receive the appropriate aids or adaptations. A seamless approach to care packages is necessary.

Family life was another issue. If a disabled person who had been living alone was able to

move on to family life, the house would need to be adapted to suit the whole family. There was a need for flexibility in housing provision.

People expressed concern that voluntary sector projects that were working very well might come to an end because their funding would run out. It was felt that there must be a way of ensuring the stability of projects, especially those that were demonstrating best practice and that were popular in the community.

It was also reported to us that people were moving to Inverness from other parts of the Highlands to access services. For example, we met someone who had moved up from Fort William for that reason. A parent carer said that there were long waiting lists for the respite that they thought was suitable for the person for whom they were caring.

Through People First, we spoke to people with learning disabilities, who said that they were still suffering from harassment and other problems that are caused by people's attitudes to them. They thought that there should be a sustained campaign to explain the issues around people with learning difficulties and the positive commitment that such people have to their communities, which makes them so valuable to those communities. They emphasised that it was important for professionals to understand their needs, and they thought that some people might need training and education. They said that a lot of good practice was happening, but that it was not consistent over all the services that they received.

Finally, we spoke to people in the wheelchair users group. Parents described the problems that they had encountered in obtaining suitable buggies and wheelchairs for their children—I have already raised that matter—and they said that the system was inflexible. They said that professionals should take on board parents' views about the provision of buggies, wheelchairs and other aids and adaptations, because such matters have an impact on more than just the child's lifestyle. For example, one family liked to take their child away for weekends—to the places that all families like to visit—but their child's disabilities were such that that was impossible without suitable transport. People said that being unable to get out and about in the community in the way that everyone else could had an impact on their lifestyles and on their mental health.

Families with children with complex needs did not think that their children had equal access to services—I raised that matter, too. They said that they had no problems in accessing mainstream services—for example, getting contact lenses—but when they needed a specialist service that related to the child's disability they thought that equal opportunities were not kicking in.

The parents whom we met said that wheelchair provision is not just an issue in the Highlands and Islands, but is a national issue that might require us to consider a national strategy. They told us that a lot of the wheelchairs that are available are not suitable for today's lifestyles.

Those are the main issues in my report from the Highlands and Islands. Shall I go on to discuss the report from Fife, or shall I take questions now?

**The Convener:** Are there similarities in the two reports?

**Marilyn Livingstone:** Yes.

**The Convener:** Perhaps you could speak briefly about Fife.

10:45

**Marilyn Livingstone:** We went to Fife yesterday afternoon, but we have not finished the Fife visit. Roy McMahon and I are going to Fife sensory impairment centre to speak to deaf and blind disabled people from Fife. Quite a lot of people want to speak to us, and because we need time to get the facilities correct and to get signers, we are going back on 26 March. I will fill the committee in on that later.

Although I have not highlighted it in my report, one of the issues that was raised in Fife was transport. In our inquiry, we will have to examine transport for disabled people. There is a cross-over with the Highlands transport issue, which is the availability of low-level buses for elderly people, disabled people and mums with young children. Access to transport was the biggest issue that was raised. In particular, people were concerned that they could not access rail or bus services, because stations were inaccessible. We were told that on Fife routes, only one side of a station is accessible in some cases. Therefore, although someone might be okay going out, they cannot get off at the same station when they come back; they have to stay on until the next station, then get transport back, which is crazy. There are also few low-loading buses.

It was felt that other countries are further ahead. Even though all the transport recommendations have to come into play by 2020, disabled people feel that transport authorities should be taking cognisance of their needs now. One witness said that it was easier to travel from Burntisland to South Africa than from Burntisland to Kirkcaldy, because of the difficulty with the trains. It was explained that the dial-a-ride service was the only way for many people to get to Kirkcaldy, but that there is a lot of pressure on that service.

I will take advice from the convener on this next point. Someone came along to speak to us about blue-badge criteria. We know that that is mainly a

reserved issue, but Ruth Cooper is looking into the parts of the scheme that come under our remit. The tale that we heard was distressing and Ruth and I want to be of as much help as we can. The attendee had lost her husband due to a really bad asthma attack. He had been advised by doctors that he did not meet the blue-badge criteria. He had to walk up four flights of stairs, and although we do not know whether that contributed to the situation, a blue badge would have made life much easier for that asthma sufferer.

The attendee asked us to examine the criteria, because she believes that they are too open to interpretation, which can cause serious problems, as was the case with her husband. She asks us as a committee to ensure that people who need blue badges get them, that interpretation of the criteria is strengthened, and that people understand the criteria.

Another person raised the fact that agencies in Fife could have given support and advice to help the woman and her husband through their complex situation, but they were unaware of those agencies. Professionals and members of the public should know where they can go for advocacy and support. I do not know how we will tackle that issue.

On cross-cutting issues, the difficulty was information. People felt strongly that they were not aware of benefits, entitlements and services. They felt that they had to search for that information, instead of its being made available to them. It was all about word of mouth. We were told that Citizens Advice and Rights Fife was very good and that people can receive help, but people need to be made aware of the different levels of help available.

Direct payments for services were strongly supported. One attendee who had multiple sclerosis described how direct payments had made a huge difference to her life, because she could choose which services she wanted and when she got them. Direct payments are viewed as good in the Highlands and Fife.

I see that the access assessment group is receiving extra funding from the minister. People described their involvement in the Fife access assessment group, which is now offering input to new builds and renovations of buildings that the council and health board are undertaking, by offering advice as well as pointing out potential problems in design. Ruth Cooper and I found it interesting that Fife disability network said that, after going through the designs for a public-private-partnership school and being able to make changes, it was able to visit the building once it was finished and say, for example, "That's not accessible, because the button to press to get in the door is not in the right place." It was good that

people were not only involved in the original planning but got to go back and see the finished building. That was one of the most encouraging things that we heard.

On aids and adaptations packages, it was felt that the single assessment system that is being introduced will help—although we cannot rely on it alone. Under the previous system, lots of people had been involved, which users and carers did not like. On funding, perhaps there was not enough acknowledgement of the expertise of groups such as the Fife independent disability network.

Finally, on audiology, people were concerned about digital hearing aids and waiting times. One woman told us that it was difficult to get one-to-one learning support for her son.

I do not know whether Ruth Cooper wants to add anything; I think that I have covered all the points that I wanted to make. Before I finish, I thank the Highland groups and the Fife groups that came to give evidence. The visits worked because they were informal. We did a mixture of things, such as visiting people's houses and speaking to the wheelchair users group and other organisations. That worked, because people were able to tell us what the issues were, a lot of which we are taking up. On behalf of the committee I also thank the Highland groups and the Fife groups for organising the visits and for being so open and frank with us. I also thank Ruth Cooper who came along, took notes and made the visit valuable.

**The Convener:** Thank you, Marilyn. Lots of points came out of that. Given that we are planning an inquiry into disability, members might want to think about the areas that they want to include.

**Mrs Nanette Milne (North East Scotland)**  
**(Con):** I suspect that what Marilyn Livingstone said would apply not only in Fife and Inverness but throughout the country—I have certainly picked up similar issues in the Aberdeen area. The first point that I picked up from what Marilyn Livingstone said was on accessing information about benefits. In my first few months as an MSP I learned from a citizens advice bureau in Aberdeen how it used to run outreach clinics in the local hospital, but the health board pulled the funding; it is not running the clinics anymore, but it would like to start doing so again. I did not have time to read the whole of the late paper that we received for today's meeting, but I noticed that it mentioned a similar issue. Outreach clinics, whether in health centres or hospitals, are worth while. The palliative care service that Macmillan Cancer Relief provides in Lanarkshire, which was mentioned in a recent members' debate, obviously works well. I wonder whether there is a means of taking that issue on board, possibly in our inquiry. We should tie in the

valuable work that the CAB has been doing and would like to do, if it could get on-going funding. That would be of tremendous help to the disability groups that we are talking about.

The other issue that I wanted to mention was the accessing of services by children with complex special needs. That is obviously an issue in the north-east as well; we had a members' business debate about that. It seems that there is a difficulty; I am not sure whether it is an access difficulty or whether it is simply that many of the specialists are not available in sufficient numbers.

The situation with audiology is slightly different, but there is a lack of audiologists, too. There is also a lack of speech therapists and of all sorts of personnel that are needed to cope with some of the disability issues. The problem is Scotland-wide; it does not relate to just one area.

**The Convener:** Would Marilyn Livingstone like to pick up those comments?

**Marilyn Livingstone:** The evidence on the blue-badge criteria was interesting. The lady who had lost her husband was not blaming the general practitioner or anyone else; she was saying that the problem was that the criteria were so complex that they could have been open to different interpretations. It came across that there was a lot of complexity.

Organisations such as citizens advice bureaux and CARF do good work. One of the disability groups' representatives who did some voluntary work with the advice project said that, if someone had disability living allowance, the blue badge was almost automatic. People just did not understand the tie-in with how the process works, and they felt that there was a lot of complexity around benefits. CARF and all the different organisations do a lot of good work in explaining matters to people. It is a question of how we let people in those situations know that such advice and support are available to take them through the different levels of complexity, which they find difficult to wade through. I think that Ruth Cooper will support me when I say that that is what we heard on practically every issue.

We are highlighting the issues that arose, but we heard a great deal about good practice and first-class professionals in the area. People said that, once they got a really good professional, they would hang on to them at all costs, because it was that person who would help them with their care. It was felt that there was a huge shortage in some areas; speech therapy was one area that was mentioned to us.

**Mrs Milne:** It is a question of rolling out good practice and trying to get similar provision of service throughout the country.

**The Convener:** There is an issue about voluntary sector organisations receiving short-term funding to provide advocacy and advice, and a lack of recognition that they need funding to provide those services. Some people think that such work should be done for nothing, because the voluntary sector is involved. We can flag that up in our report.

**Shiona Baird (North East Scotland) (Green):** I visited Dundee Citizens Advice Bureau yesterday. The section on funding in Marilyn Livingstone's report mentions the fact that projects are set up and work well, but then the funding disappears. Dundee CAB highlighted that—it said that it gets funding for a year. There is a need to carry on funding. I know that that is difficult, because the Executive has to balance its books and justify where money goes.

**The Convener:** The Executive is not the source of the funding.

**Shiona Baird:** Yes, but the funding will originate from the Executive. I am sorry—to be fair, Dundee CAB was talking about a particular bit of funding that was going to be available only for a year. That highlights Marilyn Livingstone's point about how funding comes and goes. That does not provide the consistency that is needed; the disability is there forever.

In the section on attitudes, I was concerned to read:

"Parents from the Highland Wheelchair Users Group gave examples of treatment where they felt that they were not being listened to."

I know from comments made elsewhere that people feel that in audiology, too, there is a lack of empathy and that they are just not getting their concerns heard and understood. As folk without disabilities, it is very hard for us to appreciate what it is like to have a disability and to have to try to access information. That is one of our problems.

We are talking about a learning process involving the training of the people who are there to listen. We need to broaden out the issue to encourage people who deal with all kinds of disabilities to listen and take on board what is said. I do not know whether we can investigate that a bit more. Not being listened to must be very debilitating.

11:00

**Marilyn Livingstone:** The access assessment group in Fife was excellent. People who use the service were able to comment on it before it was put in place. That is the way forward.

I will give an example that relates to transport. Everything is fine if the station platform is wide and the trains are low, but if the platform is too narrow,



people have to try to do a 90° spin on their machines to get on trains. We were asked whether we could do that in our cars, to which our answer was, of course, that we could not.

When we are making plans, we have to consider how disabled people travel from A to B. The best people to advise us in that regard are disabled people. It is not enough just to make ramps and so on available to disabled people. When that is done, we should assess whether they can use the equipment that is available to them to get on and off trains without many problems.

One of the gentlemen to whom we spoke mentioned that if people want to use a ramp, they have to be able to say when they are going and when they are coming back. He said that if he is going to a ramblers conference, for example, he will know when he is going, but he may not know when he is coming back. He felt that that was an inequality, because none of us have to inform the railway station when we are making our journeys.

Many equal opportunities issues were raised. All those to whom we spoke felt that the access assessment group is an example of best practice and that its suggestions should be taken on board by the bus groups. They said that we should decide how to implement many of the transport plans before 2020.

**Marlyn Glen (North East Scotland) (Lab):** I was glad to hear what you said about the See Me Scotland anti-stigma campaign, because I had heard grumbings about its cost. When such a campaign is established, it can be argued that its costs could have been better applied to central services. As Shiona Baird said, it is about balancing budgets. I welcome the fact that the campaign has been appreciated because I thought that it was good.

**Marilyn Livingstone:** Many of the campaigns that we run involve continually trying to get the message across by means of the media. I would like to see an on-going campaign to raise awareness.

**Shiona Baird:** In the case that you mentioned earlier, was the person unable to access a buggy because of a lack of funding or because of a lack of availability?

**Marilyn Livingstone:** The mother was used to carrying out research. She found a buggy that allowed her child, who had quite complex needs, to be strapped into the buggy in a certain manner, which was important. She said that she needed such a buggy because she wanted to take her child out and about. It was agreed by everybody that it would be first class. She was eventually given the buggy, but she was told not to broadcast that she had been given such a piece of equipment, in case everybody would want it.

The case raises some of the issues that we have discussed, such as the provision of information and people having to do research themselves. The equipment was not ready for them to use; they had to find out about it themselves. Such problems were constantly being mentioned.

**Shiona Baird:** So there may be a need to have small stores of equipment available that can be accessed as the need arises. I am thinking of things such as wheelchairs and crutches.

**Marilyn Livingstone:** It was said that wheelchairs are available, but a small child who has multiple disabilities cannot be pushed over bumpy ground in a wheelchair, so it would be difficult to take such a child out on a coastal or country walk without one of these buggies.

**Shiona Baird:** Employment is a major issue and the employment market needs to be flexible for people with mental health problems or disabilities. It is difficult for them to have a 9-to-5, five-day-a-week job. In community businesses and social enterprises there may be flexibility in the work force and more opportunities. I do not know how much we can investigate that.

**The Convener:** We might want to consider that. We have the report and we can add more from Marilyn Livingstone's report to help us to decide how to proceed with our inquiry. If we want to include employment, we can do that.

**Marilyn Livingstone:** Flexibility in employment was certainly an issue, but there was also the issue of support in employment and the flexibility to allow people to go on to and come off benefits. Many people with mental health problems felt that the stress of going through that process again was too much. Perhaps the committee should consider the flexibility of benefits as well.

**The Convener:** Thank you. That was very good and I am sure that you found it very interesting. It is sometimes quite difficult to be able to support people. We will include anything that you have said that is not already covered in the scoping paper for the inquiry.

We move on to consider the gender reporter's report. Elaine Smith is off sick this morning, but she has provided a paper, which has been circulated to members. Do members have any questions? I am not sure that I can answer them.

Elaine Smith has made some recommendations. If people have questions, she is happy to answer them at a future meeting, and she asks members to consider the action points in her paper. One of those suggests that the committee should write to the minister for her views on the displaying of pornographic images in retail outlets; perhaps we could do that now. If members want to wait to ask

Elaine Smith for more information, that would also be fine.

**Shiona Baird:** The issue has been a personal campaign of mine as well. I do not know how far I can take it. I should declare an interest in that I have been tackling people in shops about their display materials. There have been interesting findings such as the fact that if a particular magazine sells well, it is moved down to what is regarded as the optimum shelf. The top shelf and the bottom shelf are not the optimum shelves; the one in the middle is and it tends to be at about 4ft, so that it catches the eye. I have raised the issue but I have not got very far, of course. It is about exploitation of women.

I would like some more information about how many such magazines are sold and who is buying them. They are on sale in supermarkets where the majority of customers tend to be women and children. Are they the ones who are buying the magazines? If not, why are those particular materials displayed so prominently? There are issues, especially in international women's week.

**The Convener:** Absolutely. It is a good week for the issue to be on the agenda.

**Marlyn Glen:** I support what Shiona Baird said. I would be pleased if we could write to the minister as Elaine Smith's paper suggests. I am not sure how much time we have to do anything more than that. I am interested in the subject and writing to the minister would be a good beginning.

**The Convener:** I understand that the ministers are researching the issue and it would be helpful to have some kind of update as to where they are with it.

**Marlyn Glen:** Can we clarify what the research was? Was it into the connection between pornography and violence? That is not what we are talking about; we are talking about retail outlets and about children and young people seeing such literature displayed.

**The Convener:** The Executive is examining research into the links between pornography, abuse and discrimination against women and children. It would be interesting to find out where the Executive has got with that.

**Marlyn Glen:** In my opinion, that is not a tenuous connection, but it will be difficult to prove. People's attitude to the display of pornographic material at child height, on the other hand, is quite obvious: it is obviously wrong. I would be interested to hear what the minister says about that.

**The Convener:** Okay. We will write to the minister. When we receive the minister's reply, we can put the report back on the agenda, which will allow Elaine Smith the opportunity to raise any

issues that she has. That is important, given that she spoke to the organisations concerned, and it would be useful if she could bring what she heard back to the committee. If this committee does not look into the issue, I am not sure what other committee will.

## Disability

11:10

**The Convener:** The papers on our disability inquiry were circulated with the agenda. Members will have already heard Marilyn Livingstone's report on the issue. I invite members to discuss some of the issues that they would wish to include in our paper or among its action points.

Members will recall the background to our inquiry. Many of the things that the participants at the event that we held on the European year of disabled people said have been included in the issues paper in front of us. There are similarities between Marilyn Livingstone's report and that paper. However, we need to think about the scope of our inquiry. It does not make a lot of sense to hold an inquiry into all things—there would in fact be very little that we could do if we attempted to do that. We need to think about the kind of inquiry that we want to hold, and we need to think about the issues that are there. The clerks will produce a scoping paper for 20 April, but we need to hear the members' views on the paper, on any issues that are missing, and in particular on any issues that members feel strongly ought to be included.

**Marlyn Glen:** The paper seems very wide ranging. That is always the difficulty. I would not want to miss out the issue of "Young people/opportunities/education", which seems to be really important. On the other hand, the second issue, "Access to services", is also a suitable topic, as long as we are sure that that means everyone's access to services and access in all its forms. I was thinking about access to services and physical access to places. I have received a letter about access to cinema complexes, for example. I know that Elaine Smith is interested in the third issue, "Families affected by disability", from the poverty point of view. It is apparent that families with even one disabled child have great difficulty, and really need support.

The fourth issue is

"Creating opportunities for disabled people."

We have also spoken about employment and leisure—I realise that I am hardly cutting down the scope of our inquiry here. The issues paper also mentions housing. I have been thinking about all the housing recommendations for asthma sufferers and about linking that into the wider idea of mainstreaming. This is obviously too big for our inquiry, but architects also came along to the informal meeting that was held on the matter, so they are interested in all this.

I have looked at one of the last sections of the issues paper, on employment. It cites written evidence that stated:

"Disabled people hold only 2% of public appointments."

That fits in nicely with the issues of increasing diversity, the apprenticeship scheme and shadowing for public appointments, which I have spoken about before.

On increasing diversity, I wonder whether we should use the disability inquiry to widen that out to everybody—to all groups that are discriminated against. That goes along with the idea of a single equality body. We could use disability to get in, and then consider questions of different services and access for different people. I am afraid that I am not helping you to focus. The area is terribly wide and there is so much to do.

11:15

**Mrs Milne:** Following on from what Marlyn Glen said and from what is in the committee paper, I think that it is important that we look at access to services in remote and rural areas outwith main centres. It is a problem if people have to travel many miles to access services.

**The Convener:** You are right. We could look at transportation.

**Mrs Milne:** It is a wide-ranging and important issue throughout the country.

**The Convener:** I wonder about access to information and advice. The general strand that runs through what we hear from people is that it is hard to get information and advice and that advocacy is not always available. People rely on the voluntary sector to provide a service, which is a really good one. There is a very good organisation that does advisory work with cancer patients. Although the funding from the health boards has been cut, the health boards still expect that work to happen—that is not possible.

**Mrs Milne:** The issue is almost the funding of voluntary organisations, although that is a much wider issue. However, this issue touches on that area and it might give us more information to go on.

**Frances Curran (West of Scotland) (SSP):** A few years back, the CABx decided to specialise in debt counselling because of the complexity of debt and the fact that it is rising massively. Is there any specialisation in the area of disability rights and benefits? That kind of service is often voluntary and the DLA is a nightmare. We are not in a position to take evidence on the matter, but I bet that we would have an avalanche of evidence if we did. The CABx have said that the situation is impossible. There are two benefits that even they do not understand because the benefits are so complicated—the DLA is one of them. We would have to consider a whole range of services and benefits if we were to look at specialisation in welfare rights. I do not know whether that service

exists. I have never heard about it, but it might exist in other areas.

**The Convener:** Some work on welfare rights and people with disabilities is done in some areas, but it tends to be done by small voluntary organisations that specialise in disability issues. In fact, it is people with disabilities who run such services on a voluntary basis. The availability of advice is sporadic. Some local authorities offer good services that provide special information, but we should promote mainstreaming. However, we have to start with what is already there.

We have to cross the divide between what is and what is not reserved, but the issue is getting information to people and thereby improving their quality of life. We can look at that in the committee paper.

**Mrs Milne:** Deafblind Scotland put up a good case for access to help for people with dual sensory loss. Perhaps we should look at that in more detail. Having seen the interpreter at the meeting in Glasgow, I was most impressed with their communication skills. There are not enough interpreters to cope with need throughout the country.

**The Convener:** It might be a good idea to look at who is doing what. We also need to look at the language that we use because we should be talking about people with a disability rather than about disabled people—in a sense, that puts a label on folk.

**Marilyn Livingstone:** On 26 March, we are going to speak to both deaf and blind organisations. We will write up the evidence for that so that it forms part of our inquiry. I am sure that those issues will come up in the inquiry.

**Mrs Milne:** Deafness and blindness are hard to bear for those who are afflicted with them, but to be both deaf and blind is worse because communication is so difficult.

**The Convener:** There is also the issue of access to learning British Sign Language for people with hearing difficulties. They believe that if BSL were mainstreamed in their education, they would not have a disability because they would be able to communicate. That would then mean that whoever could not use BSL would have the disability.

**Mrs Milne:** Information should be readily available to blind people. There is a lack of readily accessible information for them. In fact, the issue of communication is crucial for people with a disability.

**The Convener:** The theme running through what we are saying is access, for example to information and advice, or to transport. There is also the issue of how the voluntary sector supports

individuals with advice and services. It will be difficult to narrow down the scope of the inquiry to allow us to do something that will bring about change. What we do not want is a talking shop. We do not want people to come along and give evidence and then feel that we have not done anything with it.

**Shiona Baird:** The Deafblind Scotland letter has a comment about England and Wales having different rules from Scotland, which affects access to benefits. Can we ensure that the section 7 guidance to which the letter refers is extended to local authorities in Scotland?

**The Convener:** We can consider including that topic in our inquiry so that we can ask the appropriate questions on it.

What we are mainly talking about is access to information and all the things that people need to improve their quality of life.

**Marilyn Livingstone:** The two big headings are access to information and access to services.

**The Convener:** Yes.

**Mrs Milne:** The other specific matter that I remember from our meeting in Glasgow was the blind girl who had difficulty accessing computer facilities at college. That kind of situation will probably be covered by the European access rules that will be introduced in October. Facilities such as those that would help that blind girl are probably relatively simple to implement and not massively expensive, but they would make a huge difference to enabling disabled people to get from the school education stage into further and higher education and employment. Having appropriate facilities would help to bridge a gap for young people with disabilities, who have difficulties in accessing employment. Colleges and other educational institutions put barriers in disabled students' way by not having adequate facilities. That is an important issue, which will probably be a key part of the European legislation that will be introduced in October.

**The Convener:** So the issue is disabled people's access to learning aids and adapted equipment that help them to work. I know someone who was able to bring their adapted computer equipment to work, which allowed them to type and so on. Some organisations might not have such important adaptations, which are necessary to allow disabled people to work.

We will see what the clerks come back with on 20 April. Are people happy with what we have so far?

**Frances Curran:** Is the discussion of Deafblind Scotland's letter part of the inquiry or are we dealing with the letter separately?

**The Convener:** The letter is just for information, but it will form part of the inquiry's scoping.

**Frances Curran:** About access to services.

**The Convener:** Yes.

**Frances Curran:** So you would take evidence.

**The Convener:** Absolutely.

As I said, the clerks will bring back a scoping paper on 20 April to allow us to consider what we want to do.

*Meeting closed at 11:23.*



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