# EQUAL OPPORTUNITIES COMMITTEE

Tuesday 5 October 2004

Session 2

£5.00

Produced and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by Astron.

# CONTENTS

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## EQUAL OPPORTUNITIES COMMITTEE

**15th Meeting 2004, Session 2**

**CONVENER**

*Cathy Peattie (Falkirk East) (Lab)

**COMMITTEE MEMBERS**

*Shiona Baird (North East Scotland) (Green)
Frances Curran (West of Scotland) (SSP)
Marlyn Glen (North East Scotland) (Lab)
*Marilyn Livingstone (Kirkcaldy) (Lab)
*Mrs Nanette Milne (North East Scotland) (Con)
*Nora Radcliffe (Gordon) (LD)
Elaine Smith (Coatbridge and Chryston) (Lab)
*Ms Sandra White (Glasgow) (SNP)

**COMMITTEE SUBSTITUTES**

Jackie Baillie (Dumbarton) (Lab)
Linda Fabiani (Central Scotland) (SNP)
Patrick Harvie (Glasgow) (Green)
Carolyn Leckie (Central Scotland) (SSP)
Mr Jamie McGrigor (Highlands and Islands) (Con)

*attended

**THE FOLLOWING GAVE EVIDENCE:**

Stephen Boyd (Scottish Trades Union Congress Disability Forum)
Etienne D'Aboville (Centre for Independent Living in Glasgow)
Susan Douglas-Scott (PHACE Scotland)
Kate Higgins (Capability Scotland)
Sumaira Latif (Ethnic Enable)
Lesley O'Hare (Fife Council)
Mhairi Snowden (Skill Scotland)

**CLERK TO THE COMMITTEE**

Steve Farrell

**SENIOR ASSISTANT CLERK**

Ruth Cooper

**ASSISTANT CLERK**

Roy McMahon

**LOCATION**

Committee Room 1

# Scottish Parliament

## Equal Opportunities Committee

*Tuesday 5 October 2004*

[THE CONVENER *opened the meeting at 10:04*]

## Item in Private

**The Convener (Cathy Peattie):** Good morning and welcome to the 15th meeting this year of the Equal Opportunities Committee. We intend to continue taking evidence on our inquiry into the barriers that face people with disability. However, item 1 is to ask members whether to take in private item 6, which deals with an approach paper that includes potential witnesses' details. Is that agreed?

**Members** *indicated agreement*.

## Interests

10:04

**The Convener:** Item 2 is a declaration of interests by a new member. I warmly welcome Nora Radcliffe to the committee.

**Nora Radcliffe (Gordon) (LD):** Thank you.

**The Convener:** Do you have any relevant interests to declare?

**Nora Radcliffe:** No.

## Deputy Convener

10:05

**The Convener:** Item 3 is to choose a deputy convener. On 4 June 2003, the Parliament agreed to motion S2M-107, which resolved that only members of the Liberal Democrat party are eligible to be chosen as deputy convener of the Equal Opportunities Committee. I invite nominations.

**Marilyn Livingstone (Kirkcaldy) (Lab):** I nominate Nora Radcliffe.

**Ms Sandra White (Glasgow) (SNP):** I second that.

*Nora Radcliffe was chosen as deputy convener.*

**The Convener:** I congratulate and warmly welcome Nora Radcliffe. It is good to have a deputy convener again.

# Disability Inquiry

10:06

**The Convener:** I welcome our first panel of witnesses. You are here to help us to set the scene for our inquiry. We have lots of questions to ask you. We have Kate Higgins, from Capability Scotland, and Sumaira Latif, from Ethnic Enable. I realise, Sumaira, that you have been asked to come at the last minute, so I warmly welcome you. We also have Susan Douglas-Scott, from PHACE Scotland.

This is our second evidence-taking session for our disability inquiry. I realise that you will have a host of things that you want to tell us and we want to ask you lots of questions. At the end, if you feel that there are things that you have not been asked about, you can raise them then. Before we go into questions, does anyone want to make a short statement? It seems that everyone is fine.

I will start the questions. The committee is grappling with the definition of disability. Do panel members have views on the definition? For example, should the committee use the Disability Discrimination Act 1995's definition of disability to help to frame our inquiry? Do you have particular views on how we should define disability or whether we should even try to do so?

**Susan Douglas-Scott (PHACE Scotland):** I have been involved in disability politics for 20 years, which makes me feel like Methuselah. However, disabled people grappled with the definition of disability before my involvement. In 1976, disabled people in the United Kingdom got together and started talking about what definitions of disability meant to them. They felt that the definitions had been enshrined—with the best will in the world—by non-disabled people and service providers in a way that did not have much meaning for disabled people. I sent the committee information on definitions that come from a disability politics perspective.

Service providers have not always embraced the issues of language and disability politics, because the disability world has traditionally been paternalistic. The sense was that disabled people had to be looked after and the nature of the services followed on from that. It was difficult to bring about change, but gradually it happened. I am an optimist and I envisage such change continuing. However, we still live with the 1995 act, which defines disability medically. I urge the committee to consider the more political definition of disability that separates out impairment from disability. From that point of view, disability is the disadvantage, the discrimination and the lack of equal opportunity that disabled people face, which is what the committee is trying to address. Impairment refers to mind, body, emotional and illness issues that affect individuals. However, although such critical issues need to be specifically addressed, they do not impact as much on equal opportunities as do political matters such as the barriers that disadvantage disabled people and prevent them from participating fully in life.

**Sumaira Latif (Ethnic Enable):** I agree with Susan Douglas-Scott. We should focus more on the social model of disability rather than on the medical model. Although disability is an impairment and an illness, the severity of a disability is affected by society's dealings and interactions with a person as an individual. For example, I feel more disabled when certain people interact with me or when I cannot do certain things than I do at other times, when I do not consider myself to be disabled to such an extent. We need to examine society's reaction to the illness and impairment aspects of disability.

**Kate Higgins (Capability Scotland):** We agree with all that has been said. After reading last week's evidence, I think that it would be quite helpful if the committee followed the suggestion that it should devise a mission statement rather than a definition.

**The Convener:** At our last meeting, Bob Benson made it very clear that we needed to find a social definition rather than a medical label. Do you agree with that?

**Kate Higgins:** Yes.

**The Convener:** In this inquiry, we need to speak to as wide an audience as possible. How can we ensure that we get past the gatekeepers—for example, those who work with folk with a disability—and speak to those who are labelled as having a disability and hear what they have to say? That is, of course, assuming that we are not getting through to the audience to whom we need to speak if we want to bring about the necessary changes.

**Sumaira Latif:** Just as we need to make buildings accessible with ramps, wider doors and so on, we need to make the gatekeepers' minds truly accessible. They need to understand what disability is, to be properly empathetic and to be very passionate and knowledgeable about the subject. If we get through to the gatekeepers, we will be able to get through to wider organisations.

**Susan Douglas-Scott:** Your question seems to be about how we reach the ordinary person in the street. As with any group of people, the ordinary person in the street might not have a clear understanding of the differences between the medical and social model of disability. After all, they are living in poverty; they are disadvantaged;

and their local services might not particularly meet their needs. As a result, they might well not use the language in the way that the three of us on the panel might use it. The critical message is that it is very important not just to involve people from all walks of life in this inquiry but to reach an understanding of the theory behind this subject and the debate that has gone on in disabled people's organisations that have had the chance to be more interested in what equal opportunities really mean for disabled people.

**Kate Higgins:** We have discussed the different ways an organisation such as ours can help the committee to reach disabled people. For example, we are a member of Disability Agenda Scotland. The six organisations that are involved in that alliance are service providers that have contacts with thousands of disabled people all over Scotland and would all be happy to help to set up meetings. The committee should also consider speaking to access panels, which I believe are being co-ordinated by the Scottish Disability Equality Forum. Almost every local authority area has a panel, which would bring members into contact with other disabled people.

Capability Scotland has devised various methods of evidence gathering as a result of setting up its research mechanisms and we would be happy to put them at the committee's disposal. It is not simply about face-to-face meetings and visiting people out there.

The Capability Scotland 1 in 4 poll involves hundreds of disabled people and their families. You could run a survey with those people on the issues in your remit. It might be helpful to run small focus groups and meetings, because our work shows that in larger groups it can be difficult to ensure that people who have complex needs or communication disabilities are given enough time to air their opinions.

10:15

I make a couple of suggestions about how to reach young people. We were involved in setting up an event involving the minister as part of the European year of disabled people. The event did not happen, but the process of setting it up was interesting. We arranged for the minister to have one-to-one meetings with young people with complex needs, we organised a morning of ice-breaking events to enable the young people to meet one another, and we set up workshops that grouped together young people with different levels of support need, so that participants would be able to communicate on the same level. Organisations and the young people themselves were involved in the process, which was very positive. The committee might want to consider that approach.

The Parliament's website has run discussion forums. Young people with disabilities tend to be quite clued up on technology. We have used video vox pops, which young people enjoy doing. The media team could be involved in gathering evidence in that way.

**The Convener:** That is helpful. We hope to use a range of different approaches. We will hold focus groups and informal meetings and the committee will take to the road and travel up and down Scotland, because it is important for us to meet people and listen to them.

**Susan Douglas-Scott:** The fact that disabled people do not fit neatly into a homogeneous group can be an issue when we want to consult disabled people. I was asked to talk specifically about cross-cutting issues to do with disability. I work with HIV positive people and people from the lesbian, gay, bisexual and transgender community and know that there are critical capacity issues in such groups. People ask, "If I go to the local LGBT group, should I identify as a gay person, or as a disabled person with complexities around that?" Such groups are not necessarily easy to reach.

I understand the committee's concerns about gatekeepers. User organisations such as PHACE Scotland have come up from grass-roots organisations and can try to put the committee in touch with a few people, although we might not fill a big conference room with people who want to speak to the committee. The issue is critical, because the groups that I mention become much more invisible and are at much greater risk of being disadvantaged.

**Sumaira Latif:** I make a similar point to that of Susan Douglas-Scott. Ethnic Enable works with black and minority ethnic groups. A disabled person from a BME group sometimes wonders what group they belong to.

When research is carried out among people whose first language is not English, interpreters are usually used, which means that a rapport is not established and people do not open up. What our clients tell social work departments and other official organisations is often very different from what they tell us. People open up to us more, because we speak their language and try to understand their problems. Often, people do not know why the research is being undertaken and how they might benefit from giving information, so it is important to use facilitators from the interviewee's ethnic group.

**The Convener:** That is helpful. We do not want to ask a lot of questions that do not go anywhere. People need to know what we intend to do, so we should be clear about our aims from the start.

Sandra White has a question about employment.

**Ms White:** We changed the order, convener.

**The Convener:** Sorry. I am getting things wrong this morning. Shiona Baird will ask about employment.

**Shiona Baird (North East Scotland) (Green):** My questions are about work. The first big question for you all is, what are the biggest barriers to disabled people accessing work? In answering, I would like you to tell us examples of good practice. Try to be positive.

**Sumaira Latif:** I can give you examples first as an individual and secondly as a representative of Ethnic Enable speaking about some of the people whom we are helping.

About five years ago, when I graduated, I got a job with a Scottish car retailer and I was really happy, because I impressed the managing director and he offered me a job, but the type of job that he gave me was not extremely challenging. I found that, after a few months, I knew what I was doing, but I was not in a position to move up in the company. I was like a certificate for the company. I was a prize that they would show everybody when they came into the office—"Look at this. This is our blind girl in the office. Isn't she wonderful? She's got a talking computer." I struggled internally for six months. I was not getting anywhere. I had no coaching or mentoring from the organisation. It thought that it had done a great job, which it had, because for the first time it had recruited somebody who was disabled.

In contrast, I applied for a job with Procter & Gamble. Can I mention names?

**The Convener:** Yes, go for it. They can shout at us, not you. Do not worry.

**Sumaira Latif:** Procter & Gamble makes Pantene, Head & Shoulders and washing powder—that kind of stuff. The company offered me a job. I had lots of issues because of my disability and because I was from an ethnic group. The first problem was that the company offered me a job in London, but I was in Glasgow, and in our culture a girl leaving home for work is unheard of. The first barrier was convincing the family. I was a little naive, and I said to my mum and dad, "Okay, if you don't want me to go, I'll turn the job down," but the company was fantastic. When I told the managing director in London that I was not taking the job, he asked me why, and I said, "My mum and dad feel uncomfortable with me leaving home, first because I am an Asian girl and secondly because they are overprotective of me because I am blind." The next thing that he did was fly an estate agent from London to Glasgow to meet my mum and dad. He said to them, "This lady is going to take care of your daughter. She'll find her a nice place to live. I will take personal responsibility for her when she comes down."

That was the logistics part sorted out. Then it came to the access to work scheme and buying the equipment that I needed to allow me to do the job. Once someone starts their job, there is a delay in getting all the equipment that they need from the scheme, which needs to be addressed. I felt really uncomfortable and frightened, because although 90 per cent of my job was done by e-mail, I did not have a computer. However, Mike, the managing director, ensured that I got a computer. The company paid for everything. He ensured that I had specialist information technology help. Two people were dedicated to me to make sure my computer was up and running. At first, they did not help me, because they thought, "My God, this girl's problems are too difficult." When I told Mike, he went to the vice-president and asked him to designate two people to help with my problems.

Mike was like a mentor. He removed obstacles to allow me to do my job better. He did not help me in the job—he never got involved in my projects—but behind the scenes he ensured that I was okay technically and he helped to changed people's attitudes. He sent everybody in my department on a disability awareness training course. He also made sure that other departments knew that it was a good idea. He was there for me. That is a good example.

I find that many of the clients with whom Ethnic Enable deals are being encouraged to take jobs that are not ideal for them. They are not being presented with good opportunities and choices. The new deal for disabled people is a very good scheme, but the drawback is that people are just being put into a job regardless of whether they want it or not. No assessment is being done to determine whether they could do better. I recommend focusing on the individual during the first six months of their employment. Are they happy with the job, or are they just doing it because they think that they cannot do anything better?

I am sorry; that answer was a bit long.

**The Convener:** It is good to hear some examples of good practice.

**Susan Douglas-Scott:** I can give a similar scenario of individual experience and some of my views on employment if that is of any use.

At the moment, my experience is very positive, but that might be because I am the senior employee in the organisation in which I work. It is a voluntary organisation and a charity and I am well supported by my team and the board of directors.

I worked in disability services for 19 years and now I work in sexual health and have done for the past four or five years. Throughout that time, the fact that I have been in relatively senior positions has made a huge difference. My experience of working with other people is that—as Sumaira Latif said—they are not given the opportunities that they should have.

I worked for the local authority and when Strathclyde Regional Council was broken up I moved to work at East Renfrewshire Council. At that point, I was advised that I was too political about disability, that I knew too much about equal opportunities and that I was too articulate about it. That disadvantaged me on at least two occasions to the extent that I eventually left. I did not do anything about it because I felt so disempowered. However, through the process of leaving I used my experience to get a better job, so I was in a catch-22 situation. Someone can be seen as the token disabled person who always talks about disability rights and is seen as being too politically correct and sensitive about the issue and that becomes a bit wearing. It can take quite a personal toll.

In the same way as Sumaira Latif did, I used the access to work service through Jobcentre Plus, which has been a very positive service for me in many ways. However, there is a continuing battle with the service. For example, although it has provided me with some of the equipment that I need, because I have chronic pain I experience mobility difficulties and my needs fluctuate—I cannot say, “This is the way I will be all the time.” That confuses people and they do not know how to respond. I also need to do quite a lot of report writing. I cannot carry a laptop because it is too heavy, so I said that I needed a small, lightweight laptop, which is very expensive and which my organisation cannot afford to buy. The organisation would buy it—it has the will—but it already has a laptop that the previous chief executive, who was a non-disabled person, used and it is perfectly fine. The access to work service has said that computing equipment is a standard thing for business nowadays so it is only prepared to pay for half the cost of my lightweight laptop. The rest of that laptop costs £900 and my company cannot afford to spend £900 on a computer for me. I already have a set-up at home so that I can work from home on days when I am not feeling so good. I have loads of equipment, but the lightweight laptop is a bridge too far.

I am told that these are the rules and I do not think that I am alone in having to face that kind of inflexibility. Disabled people experience that all the time. Every time things change, we have to go back to being assessed and having a continual dialogue that can be very intrusive. That is a major issue for a lot of people.

On the cross-cutting stuff, many HIV positive people are defined as disabled people under the Disability Discrimination Act 1995 and that is quite right. People with hidden impairments should be considered to be disabled people because they often experience greater levels of discrimination. It is akin to being lesbian or gay. Does someone tell their employers that they are a disabled person? Will they then be disadvantaged? Someone might have a hidden impairment such as epilepsy or diabetes and need certain circumstances in which to work, but it might be too difficult for them to say to their employer that they cannot stay on until 7 o’clock or work through their lunch, because they need to have their breaks. Such situations can put people at a disadvantage and I do not think that we are in a place where people feel supported by the Disability Discrimination Act 1995 or by equal opportunities policies well enough to feel that they can come out of the disability closet. Obviously if they are also lesbian or gay, do they then have particular needs and do they have to be prepared to bite both bullets? It can be very difficult for people.

10:30

**Kate Higgins:** My first point is a caution. We have heard a lot from the UK Government, the Treasury and the Department for Work and Pensions through welfare to work. The overriding issue that concerns us is the way in which work is being used to define people’s worth to society and the idea that people are of value only if they are out there working. I will come on to the impact that that is having on the disabled people with whom we are working. There are big risks in that idea. What happens with people who cannot be productive units—for want of a better term—and people who simply cannot work because of the nature of their disability, medical condition or illness? Are they somehow worthless to society?

We want to focus on the strategic and policy issues. I risk going into controversial territory, but I think that we need to talk about reserved matters. The relationship between benefits, therapeutic earnings and the minimum wage acts as a huge barrier to disabled people finding work, getting into work and sustaining employment. It would be useful for the committee to consider some of those issues.

The supported employment programme has changed—it is about to change again—and is now called the workstep programme. Providers such as Capability Scotland and the Wise Group are given state subsidies to support disabled people into work with the aim of their moving on to open, independent employment. That has all been changed and there are now targets and deadlines, so it is assumed that every person who is referred to the programme can be supported into full and open employment within a defined timescale and at a certain cost. What happens to people who need much longer periods of support or much more costly episodes of support? What happens to people whom employers will never consider to be productive units in that there will always be a cost in employing them? We have asked the Government for answers to those questions, but it has been largely silent. Large numbers of disabled people want to be gainfully employed every day but will need a support network to allow them to sustain that employment. The Government's attitude is that that network of support should be taken away at some point.

Sumaira Latif mentioned the new deal for disabled people, into which huge resources have gone in the past few years. Statistics have been published showing the outcomes for lone parents, young people and older people. That has never happened with the new deal for disabled people. It would be interesting for the committee to ask why not.

I will move back into your territory and the remit of devolved powers. Much can be done on breaking down the barriers to employment within the enterprise function of the Scottish Parliament. Scottish Enterprise's budget is now more than £400 million a year, with more money from other sources going into the local enterprise networks and initiatives. How many of those resources are available to support disabled people into employment, to enable them to pursue not just jobs but careers and training opportunities, to start up their own businesses, to help employees stay in work if they become disabled and to assist employers in all those activities?

Sumaira Latif and Susan Douglas-Scott have talked about the access to work scheme, which operates through Jobcentre Plus. Many schemes are operating through business shops and enterprise companies providing subsidies, support and equipment to companies to allow them to take on young people and older people, but as far as we are aware that does not happen with disabled people.

The key enterprise strategy for Scotland, "A Smart, Successful Scotland", has very little to say about disabled people's role in the work force. Given that the Executive and Scottish Enterprise are saying that that strategy is our blueprint for the economic development of Scotland, we find that extremely worrying, especially considering the number of disabled people in Scotland.

Finally, I want to focus on a particular group for whom there are cross-cutting issues—parents of disabled children and young people. Capability Scotland has done research that shows that more than 80 per cent of families living with disability are totally dependent on state benefits. We narrowed it down and found one group of parents and carers, who were aged 25 to 34 and all of whom had a disabled child and most of whom also had other children to care for. People in that age group are most keen to work but least likely to be in work and most likely to be entirely dependent on state benefits. They also have the lowest level of car ownership and, bizarrely, the highest indication of never having heard of or come into contact with Government training schemes. There is a big poverty issue, because many of the families are lone-parent families. There is also a big gender issue, as usually the carers are women. The life circumstances of those people are almost beyond the imagination of most of us. They have huge caring responsibilities that they are required to undertake on income levels that are usually below £10,000 a year and with no prospect of work until they are much older.

**Shiona Baird:** Would Sumaira Latif like to comment?

**Sumaira Latif:** I forgot to mention a couple of points about employment among the black and ethnic minority people with whom we work. It is hard to understand how we can build their confidence, because they feel that they are doubly discriminated against—for having a disability and for being from an ethnic minority background. They do not even feel confident enough to go to job centres to find employment. How do we get those people into employment?

I will give the committee an example of someone who does not receive any help. Imran Sabir is the chair of Ethnic Enable, which he founded four years ago. He has multiple disabilities—he has breathing disabilities, is blind and cannot walk. He is also more or less housebound—he cannot leave the house because he needs his oxygen. He is the vice-chair of the organisation, but because he is in unpaid employment for a voluntary organisation, he cannot get access to work or anything that would help him. We try to have meetings, but although Imran is the person who keeps the organisation going, he does not receive any support. Running an organisation such as Ethnic Enable is a fantastic opportunity for Imran. He is learning, working and using the skills and abilities that he has as best he can. However, he receives no Government support, just because he is not paid for what he does. We need to examine that issue.

**The Convener:** It is about how we value people who work in the voluntary sector and the difference between paid and unpaid work. I know that unpaid work is not valued, but many organisations and movements would not exist if they were not strongly supported by folk who want something to happen. If work is not paid, it is not seen as being important.

**Susan Douglas-Scott:** I echo Sumaira Latif's point, which is important in relation to issues around chronic illness. Sometimes people cannot afford to come off benefits because their illness fluctuates hugely.

**Ms White:** I have a quick question for the witnesses, to which they may answer yes or no. We will produce a report on our inquiry. Would you say that it is imperative that we examine the benefits system, although it is a reserved matter? We cannot get away from that issue.

**Susan Douglas-Scott:** Absolutely.

**The Convener:** There are nods from the other witnesses.

Marilyn Livingstone wants to ask about further and higher education.

**Marilyn Livingstone:** I declare that I used to work as head of the business school at Fife College of Further and Higher Education. I still have links with the college's charitable trust, which is the Adam Smith Foundation.

One of the key motivations for my questions is that we plan to speak to representatives of the further and higher education sector and so would like advice on the type of questions that we should put to them. Given Kate Higgins's comments, perhaps we need also to take evidence from Scottish Enterprise. She made a valid point about Scottish Enterprise's budget for the skillseekers programme, training for work and the other special programmes that it funds, which I have taken on board.

My questions are similar to those that other members have asked, but I ask you to bear in mind the questions that we intend to put to representatives of the further and higher education sector and, hopefully, to Scottish Enterprise. We are examining good practice and barriers—do you know of any examples of good practice?

At our previous meeting, a lot of people were interested in seamless progression from school into mainstream further and higher education and talked about the need to ensure that disabled people are able to avoid ending up on a cycle of training and that they can get into work or whatever it is that they wish to do. I am interested in the barriers that confront people not only on entering higher and further education but on leaving it and trying to enter the work force.

**Kate Higgins:** I am aware that there is a representative of Skill Scotland on your next panel of witnesses and that she will be able to offer you much more information on that than I can.

Money has gone into colleges and universities in an attempt to close the opportunity gap by addressing some of the participation and access problems that disabled people face. Specifically, the minister said that she wants funding allocations to address access issues for disabled students. It might be worth your while to ask people from the further and higher education sector what they are doing at strategic level to ensure that they meet their obligations under the Disability Discrimination Act 1995. For example, Universities Scotland has quite an old national social action plan. Its 12 action points are geared around social inclusion and widening participation, but none mentions disabled people.

The further and higher education sector seems to view social inclusion as concerning only people from deprived geographical areas who would not usually go to university—a lot of disabled people live in those areas—women who did not get qualifications at school and so on. The sector does not seem to have cottoned on to the idea that disabled people are socially excluded as well and that, in terms of social justice, the issues that they are concerned with are slightly different from those that other groups have to deal with. The sector has to realise that disabled people have to be included in its social inclusion agenda.

Similarly, what have community learning centres and the Scottish university for industry done to ensure that their facilities, resources and learning opportunities have been made accessible to disabled people, particularly people with learning disabilities? We have had a quick look at one or two centres that we picked at random and have found it hard to get answers to our questions about the accessibility of their materials, courses and buildings. People do not seem to be switched on to the fact that they have a responsibility to provide accessible venues and courses.

**Susan Douglas-Scott:** You might want to try to find out the number of disabled people who attend mainstream courses. People get sidelined into so-called special needs courses and bridging courses that do not provide a bridge to anywhere. Such things become a nonsense. It is like keeping people out of the road of the buses. I do not know the number of disabled people who graduate from universities, for example, but I know that the figure has always been appallingly low—it is one of the lowest figures to be found in the equal opportunities agenda.

We are talking about hearts-and-minds stuff. Many universities are in difficult and older buildings. It is impossible to wave a magic wand and make such facilities completely accessible overnight. However, although I have been negatively treated by universities in the past, I was recently treated in a very positive way by Queen Margaret University College. That is as a result of hearts-and-minds work. The department that I was working with was 110 per cent committed to ensuring that I completed my master's course and that I was supported in that regard. That is the approach that is needed. The key was in having a person in the department who understood the disability agenda and had done disability equality training. The critical point is that universities should not simply tick boxes; they have to engage at the personal level with students and they must proactively encourage more students to go to university.

10:45

**Sumaira Latif:** I have examples of good and bad practice and some suggestions and questions. About 10 years ago, I was refused entrance to my university of choice, which was the University of Stirling. I wanted to do a course and move away from home and I liked the campus. However, although the University of Strathclyde accepted me, Stirling rejected me—it was open and said that it did not have experience of dealing with disabled people. However, after negotiation and pleading, I was allowed on to the course. It was tough for the first few months, but the university then employed a disability adviser—I cannot remember his official title. At that point I was struggling, but I got his support and together we put in place the services that were needed. We worked on things from the disabled students allowance process to finding equipment.

When I left, many disabled people were coming to the university because they had heard through word of mouth that good systems had been set up and that people could do the course of their choice. In the computer laboratories, all the computers were networked and the user's profile was taken into account. If a blind person logged on to the networked computer, speech software would come on, or if a person was dyslexic, the appropriate software, such as Dragon Dictate, would load up. That was fantastic—the university was very accessible. However, in the courses, the lecturers still struggled with the idea and they treated me slightly differently. Some admired me, but others were too frightened to talk to me. A lot of disability awareness training was needed.

When I graduated, I wanted to do a master's course at a university that I will not name—it was in Glasgow—but it did not have any facilities for me, which was frustrating. For four years at Stirling, I had put systems in place and worked hard on top of the work for my degree and socialising. University is a lot of hard work for disabled people because they have to do a lot more. I could not face going to a university where nothing was in place, so I decided against the idea. I was tired of that kind of work.

Many black and minority ethnic people do not have much information on courses and have no one who understands their cultural needs. People at colleges and universities do not know about those needs.

I will make one more point. At school, the teachers did not let me do chemistry. I am still upset about that—I do not know why I was not able to do chemistry just because I was blind. Other people who are blind have done chemistry. Who gives the teachers the right to decide what courses people can do? At the time, I did not really notice, but subsequently it has irritated me and I do not want such things to happen.

**Kate Higgins:** I will offer examples of good practice in which we have been involved. Capability Scotland works with Careers Scotland on the get ready for work programme, which involves working with 16 to 18-year-olds who have multiple disabilities in their transition from school to adult life. The programme works because of the close working of the agencies that are involved, and because it is flexible and is geared around individuals' needs and personal objectives. We provide personal and vocational skills training and other providers provide other training. Individuals are, depending on their needs and objectives, referred to various providers to get a package of training.

That programme has proved to be successful. Of the referrals that we have had in the first year of the programme's operation, almost half are still on the programme—it will take longer than 12 months for them to move on—but one in five has already moved on to training, employment or educational opportunities, which is a high proportion for disabled people, particularly when they have complex needs.

Another example of good practice with which we have been involved has been at Stanmore House School, which is a specialist school in Lanark. The school has worked with the Lanarkshire local authorities and Motherwell College on future needs programmes for young people, which are about transition. Parents will tell you how difficult it can be for a disabled child to move to being a disabled adult. All the support mechanisms and services that have been available to them suddenly disappear; they have to rebuild and campaign again to get a support network. The whole point of the future needs programmes is to put the young person at the centre. Interestingly, we discovered that once they realised that they were empowered in the process, the young person did not always want their parent to be the other person in meetings—they wanted somebody else because their views might not be the same as those of their parents. That has been a successful initiative.

The Beattie report, which came out several years ago, made many recommendations about transition. It would be interesting to know what has happened about that report. There was initial funding and a setting-up of co-ordinators at local authority level; the money was there. What has happened to make a difference to young people's lives and to allow them the same choices and opportunities as every other young person who leaves school? Our research has shown that young people's aspirations at 16 are hugely dampened because of the inaccessibility of the society that they know they are going to face as an adult.

**Mrs Nanette Milne (North East Scotland) (Con):** Good morning. I am going to move on to leisure and the arts. I would like some guidance on where you think our priorities should be in considering issues such as social participation, access and opportunities for young disabled people.

**Sumaira Latif:** I will try to relate the question to Ethnic Enable's client base. People from black and minority ethnic communities who have disabilities feel that their families do not have time for arts and leisure—they are too busy firefighting. It is not even on their minds at the moment. We offer to take children to concerts.

We take one client to Deaf Connections, a place where a lot of deaf Asian people meet once a week. Even then, the child's mother will not allow her to be mobility trained so that she can get on the subway and get to where she needs to go. The mother prefers that we take the child in a taxi and drop her off again at home. That is being overprotective of the child. The mother has three children to look after and not enough time to give to all of them, but she is not letting them become independent because she is scared and nervous.

Leisure and arts for the BME group varies quite a bit. A lot of people's leisure is simply meeting relatives; however, disabled people from BME groups are often isolated because they are seen as taboo or as people who are not worth talking to. For example, one of our clients is one of two blind sisters out of five sisters. The two who are blind were not allowed to participate in their sister's wedding: they were locked up in a room because the family did not want the guests to know that there was a disability in the family.

Even going to places of worship, such as mosques, is difficult. After school, a lot of able-bodied children go to mosques and learn how to read Arabic. However, disabled people cannot do that because the mosque is not accessible or the teachers do not know how to train them. When I was younger, I could see a little bit more than I can now; I just needed more light, but where I went, people would say things like, "You need to pay us more money because you are using up our electricity." That really put me off. Places need to be accessible for disabled BME people, and their families and communities need to be more aware.

I do not know whether I have managed to answer your question on arts and leisure, but we are not there yet.

**The Convener:** Thank you. You have certainly highlighted some of the barriers.

**Susan Douglas-Scott:** The specific leisure issue that I would be interested in looking at would be in relation to the gay scene. The gay scene is traditionally inaccessible to disabled people—it is usually in the poorer bit of town where the buildings are less accessible; in Glasgow and Edinburgh, it is very much based round pubs and clubs, which may not be particularly accessible to people who have chronic illnesses or physical impairments.

The critical question is whether people just get wheeched off to leisure activity that is disability focused and away from the mainstream, or whether they can become involved in the leisure activities of their choice. We have to discuss that with other communities. We have to talk to black and minority ethnic communities about the barriers that they create for disabled people in their own communities. The issues are exactly the same in the LGBT community.

People have to move the focus away from their own stuff and to consider, for example, what it is like for people who are black and gay, or disabled and gay. Key isolation issues arise, because people are definitely left out. Such issues arise for the different groups anyway, and I would argue that because of the absolute lack of leisure opportunities for LGBT disabled people there is greater isolation. That has a huge impact on people's self-esteem and mental health, which can have huge knock-on effects. Gay people are over-represented in the arts, so it is ironic that, if a person also happens to be disabled, they are completely excluded.

**Kate Higgins:** I echo what Sumaira Latif and Susan Douglas-Scott said. There is good specialised provision out there for disabled people in arts and leisure. Some local authorities are quite geared up and have, for example, disabled swimming groups. There are also theatre groups and initiatives such as the Helen Keller award, which is run by Sense Scotland—an organisation whose work is well worth considering.

Disabled people have the right to a social life and the right to make the same choices as the rest of us; for example, they have the right to be able to say, "Let's go out tonight," or "I want to go to a yoga class." Such choices are denied to disabled people. Young disabled people—teenagers—are a particularly marginalised group. Our research has found depressing evidence of the dampening of aspirations during the adolescence of young people who have disabilities. Those people also spend a lot of time with adults because they cannot get out the door; at the same time, they watch their non-disabled brothers and sisters coming and going and having friends round to stay. That has an impact on their self-esteem and their social skills. We have met 14-year-olds who still talk about "playing", which just does not happen among 14-year-olds who are not disabled. It is worrying and depressing how isolated those young people can be—not only from their disabled peers but from the other young people they are at school with. They should have the right to go out and do the ordinary stuff that other teenagers get to do, but that option just does not exist for them.

We have been involved in piloting a project with the City of Edinburgh Council. The project is called inclusive leisure and it provides support for disabled children and young people to access mainstream leisure activities. The novelty that explains why the project works so well—although it should not be a novelty—is that, rather than the aim being to provide an individual child with a package of support, which is then lost when the child moves on, the aim has been to address the barriers that are presented by facilities and providers. Problems are solved through consideration of one set of support needs but, because training and equipment are provided, the facilities, the providers and the staff are then better placed to address the support needs of others who come along afterwards.

The project has been hugely successful. Children who previously never went out are suddenly doing grades in judo, for example. It has been hugely empowering for the young people who have been involved. Other local authorities are now considering the project, so it might spread across the country.

**Mrs Milne:** Choice was the main issue that was raised by the young people to whom we have spoken. I am sure that you will agree that, although specialised facilities are needed, people must have the option of using mainstream facilities as well.

11:00

**Susan Douglas-Scott:** I have spoken to young disabled people about sexual health and sexuality, and I can say that they get no opportunity to use mainstream facilities. Teenagers will say that they are going to the cinema with their friends, but instead go to the sexual health clinic or, if they are questioning their sexuality, to the local LGBT youth group to meet other young people who are going through similar things. Young disabled people do not get those opportunities because everywhere they go, they go with their mums.

There are real problems about trying to reach young people and in their finding out about such issues without their parents being there. That is not about excluding the parents or not considering them to be part of the picture—they clearly must be—but we need to provide parents with a huge amount of education and support to help them to shift their attitudes and values and to let the young people be themselves. We do not let young disabled people make the same mistakes as other young people, but it is through making those mistakes and having the fun that they need that young people learn and grow, and develop the social skills that Kate Higgins mentioned and the emotional intelligence to take into their future relationships. We deny young disabled people those things.

**Sumaira Latif:** In everything that we have talked about—employment, education, arts and leisure—it is important for disabled people to have role models. In my family, three of the five siblings are blind and we have learnt a lot from each other. The knowledge that my big brother could go to university gave me the confidence that I could go and the knowledge that he had gone to work gave me the confidence that I could do it, but I did not know many disabled people who were from a black and ethnic minority background. As a girl, I did not have many role models, so it is important to dig out role models for children to help to support them from a young age. Children need role models, mentors or people who can coach them in every aspect of life.

We are nowhere near fulfilling many of the requirements of BME disabled people in respect of the arts and leisure. We cannot make mosques accessible or change the attitudes of people from the BME communities. We are trying to educate them, but they feel powerless because, even if they have the good will to help disabled people, they do not know how to and no funding is available to help them. It is not like education or employment, in which the disabled students allowance or access to work funding are available; when it comes to arts and leisure, there is nothing.

I love swimming, but I cannot go swimming in a mixed pool. I need to go to a ladies-only pool, but I cannot find places to go. It is really difficult. For someone with a disability, it will be even harder to take them somewhere because of the need to find the right support for them.

**The Convener:** Sandra Smith—sorry, Sandra White.

**Ms White:** You have changed the name and changed the order in the same morning, convener.

I will ask about attitudes, which the witnesses mentioned, in connection with employment. What Susan Douglas-Scott said about parents' and carers' attitudes having to change is interesting to me, because I was going to concentrate on the public's attitude. If we can crack the power of attitude and turn it round, we will be half way to helping disabled people. I was also interested in what the witnesses said about disability being not only medical but social. How can we go about trying to change the attitudes of the general public and of parents, apart from through education? How should we approach that in the inquiry?

**Susan Douglas-Scott:** You might want to speak to the Family Planning Association (Scotland). The FPA, which is a national organisation that deals with sexual health, has developed a programme called speakeasy, which could easily be modified to deal specifically with disability. The project was developed to try to address teenage pregnancy and the FPA got funding to work with parents in areas with the highest rates of teenage pregnancy. It did group work and ran modules for parents, educating them on sex and relationships, because they perhaps missed out in school. Although those parents had produced children and therefore clearly had had sex, they did not know much about it and were not able to speak to their teenagers to address some of the issues. That model could easily be applied to working with the parents of disabled young people. Nothing like that has been done in Scotland to my knowledge, but the issue is critical.

I used to work for Sense Scotland, where we worked with people with complex needs. I have continued to work with that organisation on sex and relationships education, but there is a real barrier because parents are absolutely terrified of the subject. The only time that sex raises its head among the group whom we are discussing is when boys and young men masturbate inappropriately, in public, so the situation becomes a terror for the parents. One can understand that the issues must be embarrassing and difficult to deal with. However, the reason why we end up in such a situation is that we do not deal with sex and disabled young people in the same way as we deal with sex and other young people. We are not bringing people, including parents, along gradually. It would be useful if the committee thought about that.

Disability equality needs to have a much higher profile. I was lucky to be one of the first people in Scotland to be involved in disability equality training, as long ago as 1989. There are a lot of trained professionals in the field who will spend time speaking to people and trying to educate them. They use a similar model to that used in anti-racism training and they get people to look at the key issues for disabled people. Such training helps people to move their thinking on. We need to make that training more widely available, because it does not happen often enough among key groups of people. Do civil servants get involved in that kind of training? If they are going to promote that agenda on others' behalf, do they have a genuine understanding of what disability is about?

**Sumaira Latif:** Susan Douglas-Scott makes some excellent points. Role models are also important. If more parents see other parents' children doing well and becoming successful, that will have an impact. People often ask my mum: "How did you manage? Wasn't it difficult to let your daughter go?" My mum is a great role model: she gave me all the support that I needed, but she let me go when I was ready to move on. She is still always there for me, but now my mum can help other children's mothers. That is what we try to do through Ethnic Enable—we meet parents and let them know where their child could be in a few years' time. We show them the different options and tell them that they just need to become more confident.

It is important to change attitudes. We need to show examples in the community. When someone goes to a disco, how many disabled people do they see? When they go to the shops to buy a paper, how many disabled people serve them? We need disabled people to be working and to be out there in public so that they become more familiar to the general public—no longer a novelty, but just part of life.

The most important thing is for children to meet disabled children at a young age. The children who grew up with me and who are even younger than I am are amazing at guiding me. They know what I can do and they are neither shocked nor amazed by it—they are just very helpful. That is because they have been exposed to me from a young age. I changed their nappies when I used to baby-sit them—some of them are now 21 years old. Such children are confident and comfortable at school when talking about deafness or blindness. It is like learning a language—people cannot learn a language in their mid-30s or mid-40s and one cannot tell somebody in a high position in a big company: "Please employ a disabled person." People need to know about disability from when they are young and that is where we should start.

**Kate Higgins:** I emphasise that attitudes are a big issue. We have done a lot of research, including internal consultation with people who use our services. To inform our campaign plan, we asked people what they thought were the big issues that needed to be improved. Similarly, when we did the hate crime survey, we asked about disabled people's experience of crime, and when we did research into public transport, we asked what needed to be changed and improved. Every time, the biggest response concerned attitude—the attitudes of staff, the public and passengers, and society's general attitude towards disabled people. Change in attitude is disabled people's number 1 priority.

People have positive experiences with individuals, but they also have very negative experiences. Every time a disabled person goes out the door, they face a lottery of treatment and attitudes no matter what they do. We need to get away from that. I echo what Sumaira Latif said about developing positive attitudes at a young age.

It might be helpful for the committee to examine two areas. Disability equality training needs to take place among teachers and support staff in schools and among pupils. That came out in the national education debate consultation; it was what parents and young people and children themselves wanted. Disability equality training should be part of teacher training; it needs to be slotted in as a serious part of teacher training if mainstreaming is to work.

A citizenship course is now part of the curriculum. How much of that is about disability equality and focuses on the human rights aspects of equality? The Australian Human Rights and Equal Opportunity Commission is a good model. It produces excellent educational materials, which is a good way of bringing human rights and equality into the equation. I would like to think that Learning and Teaching Scotland and the professionals will have looked at some good international models in framing our curriculum materials.

We would like legislation to be introduced creating an aggravated offence of discrimination based on disability, but legislation is only one part of the equation. Like the speakeasy campaign, the see me campaign on mental health has been successful because it has been sustained. It has had different phases and different components involving education and work groups. It has also had a big, high-profile campaign and website. We would like similar resources and efforts to be put into a national awareness campaign that ties in with education in schools and among young people over a long period.

**Ms White:** You mentioned the Australian model and I know that Australia has an excellent record on deafness—deaf people are very much integrated into Australian society. That is one thing that it is well worth our looking into. You also mentioned the see me campaign. How do you think a televised campaign on disabilities might come about? Is that something that you would like the committee to take on board?

**Susan Douglas-Scott:** Such a campaign needs to be really positive. I have concerns about the see me campaign, because it did not use people's faces. I know that that was supposed to be part of the message, but I do not think that there is yet a strong enough understanding of disability to allow people to understand the subtlety of that campaign. Any new campaign should be designed in partnership with disabled people to get a clear view of what the positive images of disabled people are. The broad scope of difference within disability is also critical. We are not all wheelchair users, blind people or deaf people; we are a mixture of people from different backgrounds.

This is all hearts-and-minds stuff. Disabled people do not mind people getting it wrong if their attitudes are right. Attitudes absolutely underpin all the arguments in the debate that we have had this morning. It is important to move people's thinking along about inclusiveness and valuing disabled people as part of the rich tapestry of Scotland today—to use a cliché.

I am wearing a red ribbon today; I wear it all the time to try to raise awareness about HIV. Perhaps we should be thinking about something along those lines for disability, because the red ribbon is now recognised internationally. Why do we not have something like that to promote inclusiveness and respect for disabled people? We deserve respect. We are part of the community, we come from all sorts of different backgrounds and we have the same rights as everybody else has to live our lives, to make mistakes, to have fun and to be successful. I think that we are denied those rights because of the attitudes that you are talking about.

**Ms White:** I think that the vast majority of people are sympathetic and want to help, but they do not seem to know where to go. Would legislation help to forge positive attitudes?

**Susan Douglas-Scott:** Sympathy can be a crushing problem, with parental overprotection and society's patronising view of what disability is about. Sometimes that upsets me more than anything else, to be perfectly honest. On a personal level, it can be difficult to deal with.

**Kate Higgins:** To judge from the viewing figures, few people watched the paralympics as avidly as my family and I did, but that is mainly because we know people who were there—we wanted to see Jim Anderson in the pool winning his four gold medals. A campaign was mounted to give Matthew Pinsent a knighthood because he got four gold medals, but Jim Anderson was mentioned only briefly in the papers, even though there could be no more positive example. Disabled people were out there doing things that I could only dream of achieving. Their abilities, capabilities and dedication were evident. Watching the paralympics was positive and uplifting, particularly in the athletes' attitude towards their sports. They can be compared with some non-disabled athletes for whom money, star status and recognition have become the be-all and end-all. Coverage of the paralympics should almost be compulsory viewing, because it shows disabled people in an entirely different light and it is valuable to hear the views of disabled athletes.

11:15

**The Convener:** Do you want to add to that, Sumaira?

**Sumaira Latif:** No. I think that Kate Higgins did a brilliant job.

**Nora Radcliffe:** As you know, we are planning a series of visits. You explained that we can use you as gatekeepers, if you like, to get to the grass roots. Do you have any pointers for us about how we should design those visits? Are there practicalities that we should be aware of when we discuss venues or formats? We would also appreciate some advice on the questions that we should ask and how we should ask them.

**Sumaira Latif:** I will brainstorm some ideas. As I said earlier, when you meet BME people who are disabled and English is not their first language, you should make sure that you have a facilitator who understands their cultural background and can speak their language. Secondly, you should visit both the family and the disabled person; you should not exclude the family and say, "I am just here to see the disabled person, thank you very much." The family would find that a bit insulting, because in their eyes they are helping the disabled person all the time and they know best. You must address the carers and understand their perspective, then separately, and definitely not in front of the carers, you should ask the disabled person your questions.

You could use organisations such as Ethnic Enable. We are building up a client base and we could help by putting you in touch with people. You could either go to their homes or you could give them the option of coming to one of the disability groups within the Asian or BME community, such as Deaf Connections. You could tackle the matter there and use focus groups. I do not know which approach will be the most successful, but you should show empathy towards cultural and language concerns.

**Susan Douglas-Scott:** In the LGBT community, confidentiality will be a critical issue. It might be helpful to go and meet people rather than invite them to come and meet you. You could use organisations that have contact with a range of people, such as PHACE Scotland or the Equality Network, which is based in Edinburgh. As Sumaira Latif said, it is useful to have a bit of understanding of and sensitivity to the issues before you come. If we know what you want to talk about we can brief people—that might make them less daunted or nervous around the agenda and help them to get their thoughts in place beforehand. Time is precious and it is not always advantageous to go into such meetings cold.

What was the second question that you asked?

**Nora Radcliffe:** It was about the questions that we should ask and how we should pose them—and the practicalities around it all, I suppose.

**Susan Douglas-Scott:** That is about having a bit of understanding about what the issues might be for the LGBT community and doing some cross-cutting reading and research on the issues before you come along. It might also be useful to have some one-to-one meetings rather than just do things in groups. It would be useful to hear about people's sensitivities and their individual experiences. For example, the isolation that people tend to face in their community is a huge issue. It might help you to access a few more people if you also hear from individuals.

**Kate Higgins:** After years of trial and error, we have put together our own internal accessible events strategy, which everyone in Capability Scotland is required to follow. The document is useful because we have had years of experience of turning up at venues that we were told in good faith were accessible but were not. There are easy ways of getting it right, so we are happy to provide you with a copy of the strategy. As the document is fairly thick, I am sure that you will leave it for the clerks to plough through, but the strategy deals with information, physical access and generally how to run an accessible event.

I agree with the comments that Susan Douglas-Scott and Sumaira Latif made. Often, it is not just disabled people but the whole family who have to live with disability. Yes, parents can sometimes be overprotective, but to some extent it is understandable that they end up in that situation. After the fights and struggles that they had when their children were young, it can be difficult for parents to let go once the children reach adulthood. Hearing views on that will be pertinent to your inquiry.

Disabled people are not a special case. They do not need questions to be posed in a special way; they simply need some understanding of what is going on in their lives. At the end of the day, they are just like you and me. They are not an homogeneous group and they all have their own personalities and identities. Frankly, they do not need to be treated differently, except that they absolutely need to have their support needs met. Organising transport and ensuring that interpreters or deaf signers are available can be quite time intensive but, once the support is in place, you will have a ball. I hope that you get lots of interesting information.

**Sumaira Latif:** My final comment is that you should definitely tell disabled people what you are doing, how long your inquiry will take and what they as individuals and as a group can expect to see come from it. I do not know whether such inquiries have any financial incentive, but you should make disabled people feel valued.

**Nora Radcliffe:** That is good advice for any inquiry.

I want to explore further some issues that have not been touched on. We have not said much about advocacy, which can perhaps be a difficult issue. Where does advocacy sit in the whole picture?

**Susan Douglas-Scott:** Just before you asked that question, I was trying to grapple with how you would engage with people who have complex communication support needs. They will not be in a position to communicate with you on those issues by themselves, so you might need to spend some time with the advocates and staff who support those people.

Sense Scotland is one organisation that supports people who traditionally communicate in very different ways. It tries to get the best for those people. It might be useful to consult Sense Scotland on how to hear the feelings and reach the views of a group of people who have difficulty in communicating in the way that you and I do.

**Sumaira Latif:** By “advocate”, I assume that you mean someone who communicates with you on behalf of an individual who has multiple communication problems. I do not know personally any advocates in our organisation, but you definitely need to ensure that you have the right advocate. Someone might think that they are the right advocate, but that might not be the case. In some situations, people might think that someone—a child, for example—needs an advocate whereas that person might not need one. Rather than just taking things at face value, you should not be afraid to scratch the surface to try to understand for yourself whether the person needs an advocate.

**The Convener:** I agree. Sometimes, people who want to speak for themselves are not given the opportunity, because someone else says that they know better.

**Kate Higgins:** I echo those comments. It comes down to the individual’s choice. If an individual is used to working with an advocate and that is how they want to give evidence and talk to you, that should be facilitated. I have done a lot of consultation with some young people who have complex and multiple disabilities and with some adults who have communication difficulties. In consulting them, I have relied to a great extent on the staff with whom they have close working and personal relationships. However, I have got used to how they communicate. When I pose questions, I am not looking for long, rambling answers; I try to ask questions that have yes or no answers. That means that I have to ask more questions, but it allows me to get the general thread of what the person thinks and makes it simpler for the person to communicate. It is important to give people the space and the time in which they can answer. We should not assume that the best approach is to provide an advocate or arrange for a member of staff to accompany someone; it is important to ensure that the arrangement that is arrived at is what the person concerned wants.

**Sumaira Latif:** You should test the questionnaire that you are going to use to see whether it is understandable.

**The Convener:** You have all been helpful. There might, however, be issues about which we have not asked but about which you feel that we need to know. Is there anything that you would like us to take on board that you have not been able to mention so far?

**Kate Higgins:** Capability Scotland gave evidence to help to inform the remit of your inquiry. It is important that you bear in mind the fact that the social justice issues that relate to disabled people are quite different from those that relate to other groups. Even if we could solve all the access issues, the issue of poverty would remain. Similarly, even if we made all disabled people rich overnight, they would still be unable to enter some of their local shops. A combination of factors is at work and poverty is absolutely central. Frankly, disabled people are among the poorest people in Scotland. I know that I keep banging on about this but not enough is being done by the Government to address the poverty of disabled people and their families.

It would be useful if the inquiry could bear in mind the fact that access to work is also about poverty and giving people the right to a decent income. Moreover, access to transport is about affordability as well as about being physically able to get on and off buses and receiving information in alternative formats. Poverty is equally pervasive a problem for disabled people and their families as accessibility is.

**Susan Douglas-Scott:** Disabled people do not focus on their impairment 100 per cent of the time, because having an impairment is part of who they are. What gets us down is the lack of equal opportunities, which we have talked about a lot this morning.

The general public are fascinated by the question of what is wrong with disabled people. People ask questions of people with an impairment that they would never ask of a non-disabled person. We seem to become some kind of public property. When you are conducting your inquiry, it will be important to have some respect for people in that regard—not that I am suggesting that you would act in any other way. An understanding of the difference is important.

Everyone is a person first. I wake up in the morning and think, "I am Susan, this is who I am, what am I going to do today?" This morning, I thought, "I'd better get up early today because I've got to get through to Edinburgh in time." Disabled people and people with an impairment deal with those things on a day-to-day basis in the same way as everybody else does.

I echo what Kate Higgins said. If someone is living in poverty, the first thing on their mind in the morning will not be their impairment but the fact that they do not have enough money to get out or feed themselves properly. That last point is particularly important for people who are HIV positive because, if they do not have a good nutritional status, their condition will be worse, their treatment will be less effective and they will cost the health service more.

Such issues are not addressed because there is a lack of joined-up thinking. The committee has an opportunity to start doing some of that joined-up thinking by asking what life is like for people who fall into lots of camps and whether it is possible for them to deal with their problems every day. I would suggest that, usually, it is not possible, which is where the isolation issue comes in.

**Sumaira Latif:** The committee is undertaking a great piece of work. I hope that everyone on the committee has received disability equality training. I hope that your inquiry goes well and that you will ask us if you need any more help. You should not feel embarrassed to ask us anything, even if you think that your question might be silly. We want to make the inquiry work as much as you do. Good luck and keep us involved.

**The Convener:** Thank you very much. If you want to back up anything that you have said this morning with a written submission, feel free to do so. We might well ask you further questions. We cannot conduct the inquiry unless people speak to us and tell us where we have gone wrong and how we should be working.

We will suspend the meeting for 10 minutes.

11:30

*Meeting suspended.*

11:37

*On resuming—*

**The Convener:** We will get started again. The suspension lasted slightly less than 10 minutes, so well done, everyone.

I extend a warm welcome to the members of our next panel. I am sure that you enjoyed sitting through the previous evidence-taking session. I welcome Etienne D'Aboville from the Centre for Independent Living in Glasgow; Lesley O'Hare from Fife Council; Stephen Boyd from the Scottish Trades Union Congress; and Mhairi Snowden from Skill Scotland.

As none of the witnesses has indicated that they wish to make a statement, we will move straight to questions. The procedure in this session will be similar to that in the previous session; some of the questions that we ask will also be similar. We want to set the scene for our inquiry. This is our second meeting for gathering information.

The definition of disability is an issue. How do panel members believe that we should define disability? Should the committee use the definition in the Disability Discrimination Act 1995? We heard from Bob Benson at our previous meeting and from the witnesses who gave evidence earlier today that we should perhaps consider a social model of disability, rather than a medical model. We are keen to hear your views on that, which will be vital in helping us to pursue our inquiry.

**Mhairi Snowden (Skill Scotland):** I agree entirely with what the previous panel said about the definition. It is really important to examine the barriers that someone who has an impairment may experience in society and to examine the social model in practice.

As for going out to make visits, our experience in Skill Scotland is that people do not always see themselves as having the label "disabled", but those are the people we want to speak to, because they are the ones who sometimes miss out on services. When targeting visits and people to ask, the committee should be specific and open about whom an event is for. For example, we find that many students with mental health difficulties or dyslexia might not consider themselves to be disabled. The committee needs to think through the different groups of people who might not see themselves as disabled, but whom it wants to speak to.

I agree entirely with the previous panel about the social model of disability. The committee needs to think about the practical aspects of how that works in the inquiry.

**Etienne D'Aboville (Centre for Independent Living in Glasgow):** I basically agree. It is important to have a social model understanding in designing the inquiry, but it is less important to use a particular kind of politically correct terminology in addressing people. In the Centre for Independent Living in Glasgow we use a social model definition, as the committee would expect. The committee has heard much about different interpretations of that—[*Interruption.*] Are you experiencing feedback?

**The Convener:** We are, but the broadcasting staff are working on it. If it does not bother you, we will continue.

**Etienne D'Aboville:** If it is any help, I can give the committee the definition that we use, which is quite old and was designed by the Union of the Physically Impaired Against Segregation. It distinguishes between impairment and disability and says that impairment means

> "lacking part of … a limb, or having a defective limb, organ or mechanism of the body"

and disability means

> "the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities."

Other social model definitions are probably as good, if not better. What is important is understanding the distinction between impairment and disadvantage, which equates with the term "disability".

Different sources of terminology can be used for approaching and contacting people about the inquiry. As Mhairi Snowden said, some people do not self-identify as disabled. People in the deaf community often see themselves as part of a linguistic community rather than as disabled people. The committee can say things such as, "We would like to talk to deaf people and people who use mental health services." The committee does not have to stick to one definition. [*Interruption.*]

**The Convener:** The feedback is worsening.

**Lesley O'Hare (Fife Council):** I concur with the other panel members. My experience is primarily as an arts worker with people with learning disabilities and mental health problems. The DDA definition uses a medical model and is for legal purposes. The committee's purposes are much broader than coming up with a narrow and finite legal definition. We have heard about the range of people who experience what could broadly be called disability and barriers to participation, so I concur that a social model and a broad social definition should be sought.

**Stephen Boyd (Scottish Trades Union Congress Disability Forum):** I concur broadly with what has been said. The STUC prescribes that members of its disabled workers committee should be disabled, but we do not monitor that, so we have never indulged in a discussion about definitions. For the purposes of the committee's inquiry, the social model is most useful, but we must bear it in mind that definitions are necessary for legislative purposes.

**The Convener:** We need to consider how to reach the broadest group of people. We are keen to work with organisations and agencies that involve, work with or are run by people with disabilities, we need to consider how we engage with the wider community. Have you any ideas about how we should do that? Do you have a checklist of what we need to do to reach a broad spectrum of people?

11:45

**Mhairi Snowden:** There are all the practical things that we talked about previously, such as ensuring that meetings and events are accessible. In particular, though, I would go local. Many local organisations can tap into people who might not access other types of services. Many different organisations have directories of local bases that can be tapped into.

Obviously, I am particularly interested in the FE and HE side of things. You could go into colleges and universities via disability advisers and learning support tutors. There are many ways into such institutions to make students aware of the consultation and to ask for their input.

From our experience of focus groups of disabled students, I would say that the consultation should be as informal as possible. Formal settings—such as this meeting—can be intimidating. The consultation should be as informal, laid back and natural as possible. Consultation is not a natural vehicle, but it can be if it involves, for example, just chatting about barriers. I read what witnesses said at last week's meeting about consulting not only disabled people, but service providers and others. I can suggest a few service providers to whom you could speak.

**Etienne D'Aboville:** I do not know whether I can add a great deal to what has been said. So often it is just about getting the basics right. People sometimes do not get those right and it all goes horribly wrong. However, if you get the basics right, your consultation should work okay.

On contacting people, there are the existing networks, which you know of. There are many voluntary organisations, and there are internet and e-mail options. There are also the familiar mechanisms of placing adverts in newspapers and so on.

Others have spoken of the danger of disabled people being tired of and somewhat cynical about consultation. A consultation reflects the purpose of an inquiry as a whole. People must see that there is a need for the consultation and that they are not being asked more questions just for the sake of it. People need to see a more specific focus than exists already and a purpose. They must have real expectations that something might come out of the inquiry. That will be difficult for you to get across because consultation fatigue has been going on for decades.

Somebody on the previous panel mentioned the idea of remunerating people for taking part in a consultation. That is a good idea. We are often asked to provide people to be consultees in different contexts. To be honest, sometimes we do so and sometimes we do not. When we do not do so, it is partly for the reasons that I described. However, we are more likely to get involved if we can tell people that they will get something in return for their time and trouble.

Otherwise, what the consultation needs are basic techniques such as workshops and focus groups, which tend to be better and more productive than public meetings. It is worth consulting in a variety of ways—for example, one-to-one interviews and inviting written submissions. Meetings should not be held too early, they should not last too long and they should be held, if possible, in surroundings that are familiar to the consultees. No jargon should be used and there should be many different formats. It should be ensured that people get support to travel to venues, and personal assistance. Obviously, the venues should be accessible and interpreting should be available. All those are just basic, straightforward things.

Other people also mentioned getting disabled people to act as facilitators. I think that that is crucial, but the problem is that there are not many people around with the necessary skills and experience. You would not want to get people for that task just because they are disabled; you want people who know what they are doing, because facilitating can be tricky.

That highlights an area for development. We need more capacity in Scotland—and elsewhere in Britain, probably—for that kind of facilitating. It occurred to me that you could use the consultation exercise as an opportunity to progress that a wee bit. If you have difficulty in finding sufficient disabled people to act as facilitators, you could pair people up by perhaps having an experienced, non-disabled facilitator working with a disabled person. You could contact people who are interested in doing that kind of stuff and give them a chance to shadow experienced people and get good at it.

**Lesley O'Hare:** I do not have anything to add, other than to say that there is probably an issue about people who have complex communication issues. That matter came up in the previous evidence session. It is about having a very flexible approach to ensure that when we are talking about barriers people are fully aware of how they can contribute to the discussion, either through an advocate or through alternative means of communication.

**Stephen Boyd:** It is always helpful to get beyond the representative organisations if that is possible. There is a limited amount that I, as an STUC member of staff, can contribute to the inquiry, but what I can do is act as a conduit for our members, who work in all sectors of the economy in all occupations. Perhaps I can make a further written submission to the committee on mechanisms for involving the committee with groups of workers on access to work issues.

**The Convener:** We want information from everybody. If someone wants to tell us something we want to hear it, so a further submission would be welcome.

**Mhairi Snowden:** I will give some examples of good practice in consultation. The DARE Foundation Scotland, which is based in Fife, has held events that have brought young disabled people, service providers and employers together. I know that it has a wealth of experience in finding good ways of doing that and getting people to discuss the issues. The Mobility and Access Committee for Scotland, which looks at transport for the Scottish Executive, has held a series of meetings throughout the country to bring disabled people together so it might have useful comments to make.

**Etienne D'Aboville:** I will add a comment that I should have made before. It is extremely important that the committee gets back to people and lets them know what it is doing with the information, because that has not often been the case in the past. People have been used to gather information and that is the last that they hear of it. If the information goes through a process of interpretation, which in most cases it must, it is necessary to check with people that how the information is being interpreted accords with how they would like to have done it.

**The Convener:** We intend to do that. The inquiry will last for at least 18 months. We will check back with people as we go along to say that this is what we have discussed and this is how we will take matters forward. There is a range of ways of doing that, but we want to keep in touch with the people we have spoken to to check that they think that we are moving in the right direction. We cannot be all things to everybody. As you say, there have been many inquiries and discussions over the years. It is important to the committee that what we do makes a difference. We will produce a report that includes a range of things that we want the Executive and others to do. Outcomes are vital; if there are none we will have carried out an important exercise that will not have gone anywhere. There is little point in a committee inquiry if it is meaningless.

**Shiona Baird:** My questions are on work. What do you each consider to be the main barriers that the disabled face in their access to employment? It would be useful if you could give some examples and highlight where there is good support and good practice.

**Stephen Boyd:** Members will be aware that the work of the disabled workers committee of the STUC is at a very early stage. We have yet to hold our first conference, so we have yet to have a debate about barriers to employment. I would like to come back to the committee about the matter.

For the purposes of the inquiry, it is useful to concentrate on those barriers that we have the power to address in Scotland. Transport is one that has been flagged up to me on many occasions by our members, although I am not in a position to elaborate on the subject.

The economic development agenda in Scotland was raised in the previous evidence session. It is important to see how the debate about the powers and the remit of Scottish Enterprise develops. There has been a lot of discussion since the new chief executive and the new chairman came into post earlier this year about what the enterprise networks should focus on. It has been suggested that they should focus more on pure economic development—I am not entirely certain what that means—rather than on social inclusion issues. The issue will become increasingly important in the context of the debate that we are having about demographics and gaps in the work force; it is crucial that we retain the link between social inclusion and economic development in the future.

**Lesley O'Hare:** The issue is not in my area of expertise, so I probably should not be commenting. However, the Fife employability team might be worth approaching to consider issues and barriers that face people with learning disabilities in particular. The team has been pulled together as part of the implementation in Fife of the report entitled "The same as you? A review of services for people with learning disabilities", and it has extensive experience of campaigning and placing people in employment.

**Etienne D'Aboville:** Work is difficult to discuss because practically everything else affects it; it is a cross-cutting issue. Obviously, transport is crucial. Inadequate mobility equipment for people with mobility impairments and inappropriate housing affect access to employment. If a person cannot get out of their house, they cannot go to work. It is difficult to think of things that do not impinge on the ability of people to get into work. Obviously, people face barriers before they even reach the stage of working through, for example, inadequate education or qualifications as a result of segregated education. All those issues are important.

It might be helpful to consider personal assistance in relation to access to employment, education, further education and recreation, for example. I am most closely involved in personal assistance at the Centre for Independent Living in Glasgow. Different sources of funding for day-to-day support for people who need to get up, get ready to go to work or college and then go to work or college could be considered.

Members will be aware that good things are happening with direct payments, which give people fantastic opportunities for more flexibility, choice and control over their support systems, but the funding streams are becoming complicated. There are direct payments from local authorities, the independent living fund, benefits contributions, supporting people funding for housing, health components in some circumstances, access to work funding and the disabled students allowance for people at college. In effect, all those sources of funding are for the same purpose, which is to help people to get around and live an ordinary life. Direct payments are working okay and are developing, but they seem to be unnecessarily complicated. Colleagues, people in the movement and I think more and more that we must take stock and say, "This is all getting a bit silly. Shouldn't we just have a single, centralised source of funding that can meet people's needs in a variety of contexts." We will have to consider that much more closely in future.

A single, centralised source of funding would benefit people who need to move from one area to another, for example. We know of people who have been unable to move from one local authority area to get a job in another local authority area, and people who have been unable simply to move, as they would have had to renegotiate a support package with the local authority. That is ridiculous; it is a barrier to people's mobility and it should not be there. Of all the issues, I flag up streamlining and simplification as a cross-cutting issue that could make a fantastic difference to the quality of people's lives.

**Mhairi Snowden:** I want to mention a couple of specific issues. Etienne D'Aboville briefly mentioned people's lack of education and qualifications. It almost goes without saying that disabled people are twice as likely to have no academic qualifications, which obviously has a huge impact on their ability to find employment. That links in with further and higher education and what is happening in schools.

Recent research on the destination of disabled graduates shows that the gap between disabled and non-disabled graduates in getting into employment is far smaller than that between non-graduates. I can certainly pass on that research, which has useful insights.

Work experience is the other issue that I want to mention. Obtaining work experience is critical in obtaining employment. Recently, the funding council said:

> "There is very strong evidence that practical work experience is key to early and appropriate employment".

However, many disabled people do not have such opportunities, partly because their impairment might mean that they cannot work part time while they are studying. It might be that getting work experience requires support and the making of adjustments in the workplace, which employers will not do for a short time. There are many hurdles to getting such experience, but in many cases it is key to getting into employment. It would be worth investigating that to find out what Careers Scotland, Scottish Enterprise and colleges and universities are doing to provide practical experience.

12:00

**Shiona Baird:** The first panel of witnesses suggested that we could arrange to have employers and people with disabilities talking to each other. I am particularly interested in Stephen Boyd's views on that.

**Stephen Boyd:** That is a useful idea, but one has to be careful about how one approaches employers on barriers to work. If we are to get employers to address the issue effectively, they must be convinced of the business case for employing disabled people. They will have to be made aware of the fact that, over the next couple of decades, it will be increasingly difficult to employ people. The size of the labour pool in Scotland will decrease. Although it is important to support initiatives such as fresh talent, it is also crucial that we make the most of the people that we have here at the moment.

In our submission, I flagged up the fact that, in Glasgow, economic inactivity is running at a rate of more than 30 per cent. There is a huge resource out there that we must get to. It is a good idea to involve employers in discussions about what they are looking for from the applicants who come through their doors and how disabled people might be able to make the most of those opportunities.

It is clear that contacting the organisations that represent business would be helpful, but in that respect it is important to remember that some of those organisations pursue a line of extreme deregulation at every opportunity. That is not always reflected in the activities of their member companies. These days the larger companies, in particular, can be quite progressive on a number of equalities issues. That is not always reflected in the campaigning activities of the representative organisations.

**Etienne D'Aboville:** I have a few more points, one of which, unfortunately, is about another barrier; another is about a little bit of good practice.

The barrier relates to means testing, which is increasingly being highlighted with the development of direct payments and which was highlighted for us just recently. Our organisation has about 30 staff, three quarters of whom are disabled people. We have just recruited more independent living—or inclusive living—advisers as part of our role as a direct payment support organisation in Glasgow.

Someone whom we recruited just last week has a support package that provides her with personal assistance. It is quite an expensive package—she needs quite a lot of support. I should say that she is okay about my mentioning her situation, because it would be possible to work out who she is. Because the local authority is not disregarding her earnings, it will cost her to come to work. She has worked out that she would need to earn between £30,000 and £35,000 a year before she would get any financial benefit from going to work. There must be something seriously wrong with a means-testing system that penalises people to that extent. A year or two ago, a campaign down south acknowledged that and the independent living fund now disregards earnings. However, when local authorities, rather than the ILF, apply their means tests, people are prevented from getting into work. That is a scandal that we must do something about.

**The Convener:** That is right, because that barrier will always be there.

**Etienne D'Aboville:** People cannot be expected to come to work in those circumstances. It is a testimony to that woman's commitment that she is working for us, even though it is costing her to do so.

As regards good practice, I want to mention a project in which we are involved, which is related to our housing service. It is based on an intermediate labour market model. It provides disabled people with a year's work placement and a wage so that they can get work experience and can work towards meaningful qualifications in the hope of getting jobs in the work placement area or in another area; they get support in doing that afterwards.

We tried to target disabled people who were on the margins of work. The people who took part in the programme in the first year that we ran it had on average been unemployed for about 10 or 11 years, so we were dealing with people who were at quite a distance from the labour market. We linked the programme to our housing service, which tries to match information on the accessibility of properties with details of disabled people who are in housing need and we organised placements within housing sector organisations.

The system has worked quite well and organisations' understanding of and attitudes towards disability are changing. Because disabled people are working in housing associations, for example, those organisations will be able to provide better services to disabled tenants. As part of the package we provide disability equality training to staff, which has produced good outcomes. One housing association, at which a deaf woman took up a placement, provided sign language training for all staff and gave the woman a permanent job at the end of her placement. That is an example of how such a system can work.

**The Convener:** We are keen to identify good practice and to encourage others to consider what they might do.

**Stephen Boyd:** There is a tendency to assume that public sector employers are good and private sector employers are bad, but I am not sure that experience bears that out. If the committee intends to bring together a panel of employers and disabled people, it should consider involving both public and private sectors.

**The Convener:** We should include the voluntary sector, too, which also provides good examples of practice.

**Stephen Boyd:** Yes.

**Marilyn Livingstone:** I asked the previous panel of witnesses about barriers to full participation in further and higher education. I also asked for examples of good practice. There are many cross-cutting barriers, such as child care, poverty and transport, but I am thinking about specific barriers such as the lack of seamless additional support. The need for such support was mentioned at the committee's meeting on 21 September, as were matters such as the role of community education, the ways in which agencies such as Scottish Enterprise and the different education bodies can work in partnership to deliver programmes, and the relevance of qualifications, in particular Scottish vocational qualifications. I have raised a broad range of issues. Do the witnesses have ideas about barriers to education?

**Mhairi Snowden:** The key to seamless additional support from school to college or university and beyond is getting people to work in partnership. We often hear that that is a major barrier. Health services, social work departments and colleges must work together to ensure that the student's needs are met. For example, transport is a key area because responsibility for providing the accessible transport that a young person might need to get to college falls on the college and on the social work department. The Scottish Executive is to publish guidance on partnership working, but more could be done on transport. The disabled student's allowance can meet the costs of students who are studying for a higher national certificate in higher education or who are attending university, but the allowance is not available to students in the further education sector. There is much discussion and tension about that.

It is important to encourage partnership working, but there must be clear roles and responsibilities. During the committee's visits it would be useful to inquire how partnerships between local agencies and colleges and universities work in practice. The issue is a key barrier for disabled people who want to access education and to move from education to employment.

The relevance of qualifications is difficult to comment on because there are considerable questions about qualifications in general. Certainly, more and more disabled people are getting on to higher national certificate and higher national diploma courses and are entering higher education. However, not enough disabled people are getting qualifications of any kind. Roughly 4 per cent of students are disabled, although disabled people make up 10 per cent or more of the population.

The issue of disabled people getting into further or higher education and then moving on has come up. Do they keep doing the same courses again and again? That question came up a couple of weeks ago. To some extent we do not know the answer, although we have lots of anecdotal evidence. There is no tracking of disabled students and their destinations from further education. Graduates of universities are sent questionnaires asking what their jobs are and what they are doing a year or three years after they graduated. There is nothing like that in further education, but it would be really useful.

That is a key point in moving the agenda on and in homing in on the barriers. There is a lack of tracking of and statistical information about disabled students. Are they retained on courses? If not, why not? Did they leave to get a job, or did they leave because of something negative? There are many issues around the statistics that are collected because they are collected for some groups of students—for example, for men and women and for some ethnic minorities—but not for students who have disabilities. That is a key issue to address in making good policy for the future.

**Nora Radcliffe:** Is any work being done on tapping into other surveys? I am thinking of the Medical Research Council's national survey of health and development, which has been a whole-life survey. Is there any way of tapping into that data set and extrapolating information that would be helpful?

**Mhairi Snowden:** Potentially, there is a lot of information that could be used: the data are there but the information has not been extrapolated.

**Nora Radcliffe:** It has been collected for one purpose and cannot be used for another.

**Mhairi Snowden:** Some data can be used. For some of the information, it is just a matter of tightening up the way it is collected. For example, a survey has just been started that is called the on track: class of 2004 survey. It is a longitudinal study of students and what happens to them. One of the key things that we will say to the funding councils is that the survey needs to take account of disability. We need to know what is happening to students in general, but it would be really valuable to know what is happening to disabled students as they go through further and higher education. It will be a challenge for the funding councils and the Scottish Executive to find out what statistics they can collect that are not being collected and what they can do with the data that exist already to make them more useful. That would be of value to them as well as to the public.

**Marilyn Livingstone:** Evidence from Professor Watson of the Strathclyde centre for disability research made the point that we have bridging courses but no evidence of where they lead. He also said that FE and HE in Scotland frequently specialise in provision for only one impairment, which can limit the choice that is available to disabled people. Is that your view?

**Mhairi Snowden:** Certainly, choice is key. Every other student gets to choose which university they attend on the basis of the course or social life that they want; it should not be a matter of someone's disability. The Disability Discrimination Act 1995 is still relatively new—it has been implemented in universities and colleges for only two years—so there should be no barriers to prevent a person who has a specific impairment from going to a certain university just because no one with that impairment has gone there before. We should look to make every college and university accessible to whoever wants to go there, regardless of their additional needs. We are not yet at that point; disabled people have sometimes chosen to go to places where the ground has already been ploughed rather than be pioneers. Therefore, some colleges and universities have a greater number of people with certain impairments. Nevertheless, that should not be what we are aiming at. We should be aiming at equality of choice and experience, no matter where disabled people go.

12:15

**Etienne D'Aboville:** Most of the points have been made, apart from the basic one about the accessibility of universities and colleges, which still seems to be one of the biggest problems. I faced accessibility problems when I was at university, which was nearly 25 years ago. The situation is probably a little better now, but my understanding is that it is not much better. Institutions must be willing to be flexible. For example, classes can be moved downstairs, lecturers can provide notes and sufficient time should be allowed for people to get from one class to another and get a coffee or go to the toilet between classes. Those are obvious silly things, but we have recently heard of examples of institutions not accommodating needs.

To help with the connection between children and teenagers and the world of work, our efforts must be targeted at school. If we teach disabled children to work with personal assistants at school, they will be better equipped to use the same support systems at college and in work. In the education system in Glasgow, disability equality training will be carried out in the next couple of years, which is exciting. I hope that one issue that will be considered is the role of classroom assistants with disabled children, the relationship between the child and the assistant and how that affects the child's ability to direct support later in life.

Examples of good practice tend to be few and far between, but I will give one. I was pleased that a previous witness mentioned the University of Stirling. I believe that, as a result of there being a powerful advocate in the student office, the university has set up a pool of personal assistants, which is a tremendous step, because disabled people do not necessarily need a PA with them all the time. Under the system, if somebody needs help they can pop in and borrow a PA for an hour, or however long they need to overcome a temporary obstacle, and then carry on. That sounds like a great resource.

**Ms White:** At our previous meeting, Sarah Jane Allan mentioned positive and negative attitudes towards FE colleges. She said that many disabled people who go to FE colleges simply repeat courses for six months or a year. Would it be useful for the committee to ask students who have done FE courses about their experience? Sarah Jane Allan said that most of them drop out because they feel that they are repeating and are not going on to the career ladder. Does the panel have any comments or suggestions on that?

**Lesley O'Hare:** My experience is with people who have learning disabilities. We have seen service users going into colleges and being routed into so-called special needs courses which, in my relatively limited experience, is a fairly generic education that involves the danger of repetition. The courses are about fitting the day together rather than about students coming out with a valuable qualification. That is a tremendous issue. Further and higher education is geared at meeting particular assessment criteria and we may be trying to fit into the system people who do not necessarily conform to those criteria—perhaps we are trying to fit square pegs into round holes. We need to consider more flexible approaches to assessment to make courses genuinely meaningful.

In the visual arts, on which much of our work is based, we work with some service users who could get a hell of a lot out of a higher national certificate course and possibly, beyond that, a higher education course. However, at present, no route exists through which people can come out with an assessment and a diploma or certificate. That is an important issue that is fraught with complications. Perhaps the Scottish Qualifications Authority needs to consider it.

**Mrs Milne:** I return to the subject of leisure and the arts. From evidence that we heard at last week's meeting and again today on access to leisure and arts facilities, we can see that there is a clear consensus on the importance of choice. We heard about the comfort factor that attending specialist facilities brings—disabled people can relax and let their hair down in the company of others who have similar disabilities—and we also heard about the barriers that people who want to take part in mainstream activities continue to experience. Would each panel member comment briefly on whether they agree with what has been said so far? After that, perhaps we could focus on Lesley O'Hare's experience as an arts co-ordinator.

**Etienne D'Aboville:** Access is not my area of expertise, but I have experience of trying to get into concert halls only to be told that I posed a fire risk—such places can be inaccessible for all the reasons with which the committee is familiar. A couple of years ago, I went to a concert in Edinburgh at which a platform for wheelchair users had been provided, but no ramp had been built with which to access it. I have experience of all of the obvious and straightforward access issues, which are important.

I do not know what the answer is other than just to put in place generic flexible support systems that enable people to operate more effectively in a variety of contexts. People need to be able to get out and go to venues without having to rely inappropriately on other people to do so.

Much of the answer relates to the need for understanding of the diversity of needs. If a swimming pool is built, people need to recognise that not only should a hoist be installed, but steps that enable people to walk into the pool should also be installed. As my experience is of the sorts of issues that are familiar to the committee; I really do not have anything else to add on the subject.

**Mhairi Snowden:** As I am sure everyone realises, it is important for a student to have an accessible social life. One of the issues for deaf students is the shortage of British Sign Language interpreters. The committee will be aware of the importance of BSL interpreters; if there is a shortage, how can deaf students go out and socialise with hearing friends?

**Stephen Boyd:** It would be helpful for committee members to have a really good think about what they mean when talking about leisure and the arts. There is always a tendency in Scotland to focus on topics like Scottish Opera—although issues like that get discussed a lot, they do not reflect the way in which the majority of people in Scotland spend their leisure time. Perhaps the committee should look at football and rugby, access to restaurants and cinemas and so on. At the end of the day, however, a wealthy disabled person is more likely to go to the theatre or see Scottish Opera or whatever than is a poor non-disabled person.

The committee will be well aware of the work that the Cultural Commission is undertaking at the moment. Despite its huge remit, its timescale is extremely tight. It would be useful for the committee to build good links with the commission and to be aware of what it is doing. We know that opportunities can pass you by if you do not get right in there from the very beginning.

**Lesley O'Hare:** I agree with Stephen Boyd; leisure and the arts is an incredibly broad area. There are issues about having a social life that we could talk about, just as there was the debate on the pink pound and the silver pound. There are issues around poverty and disability but also the issue of making pubs, restaurants, leisure centres or whatever more accessible. The pure economic argument for doing so is that the bigger the range of service users a business has, the better it is for the business.

As I said, my specific experience is in learning disability and mental health, particularly in the participatory arts. I gave evidence to the Enterprise and Culture Committee on arts and the community, which is the area in which I am most interested and on which I have focused in terms of good practice. The main point is that participation in the arts has a range of spin-off benefits, the most important of which is that taking part in a creative activity is wonderful in itself and has intrinsic power. Such involvement can also lead to improvement in self-esteem, skills development and confidence building.

I want briefly to mention two projects that I have been involved in. The first is the out of the dark drama and mental health project, which has been funded by the lottery for the past three years and is aimed at a very specific target group. We can discuss the question whether various activities are specialist or mainstream. That project is very much a specialist activity for people over 50 who have experienced, or are experiencing, mental health problems and it has emerged largely as a result of our involvement with a day hospital in Dunfermline where nursing staff had done a little bit of drama. They found that the approach worked well within their range of skills. However, they wanted to take their skills and the patients' skills further. That work has now become a three-year project involving six groups, mainly in west Fife and Kirkcaldy. All the groups focus on drama; in the one group that also focuses on writing, participants work with a professional writer and drama animateur to produce pieces of theatre.

I find it very difficult to sit here and talk about the project, because it is very precious to me. Its power comes from seeing performances, talking to people and hearing their testimonies; one can sense the importance of the weekly contact to the lives of these people. In fact, last week, the drama worker said to me that one of our older members, who is over 80 and is experiencing a slight return of mental illness, told him that coming to the project on a Wednesday was all that he lived for. That is an incredible burden to put on local authority officers and it highlights that such a project requires much more commitment than, for example, a children's painting and drawing class that stops after 10 weeks. As a result, it has had a wide range of impacts for individuals and for our touring community drama group. Members of that group come and go; some are quite elderly and frail and, unfortunately, we lose them through death.

The second project that I want to mention is linked to learning disabilities. When the Woodlands day centre in west Fife closed, service users were put out into smaller bases around the area. I must point out that that has not happened elsewhere in Fife; day centres still exist in Kirkcaldy and Cupar. After the centre closed, it was felt that we should have not only generic support staff but arts support staff to help people to access largely mainstream provision that would follow on from the provision in the day centre.

We are now two and a half years into the project. At the beginning, we made available only specialist provision, partly because we found it difficult to support the range of people's interests and desires. For example, while one person has to go to Lochgelly for a print-making class, another might have to go to the other end of Fife for a drama and movement course. The numbers associated with such an inclusive project do not stack up, because people need support.

Fife being Fife, we also face a range of transport problems and have found it difficult to balance provision and transport needs. In fact, even if people could travel by themselves, there was still an issue about whether they could get from their base to where the activity was taking place and back again without taking three and a half days to do so. We ended up providing what was mainly a visual arts facility, as the artists whom we ended up employing were visual artists.

A review of that space was undertaken by the Scottish Commission for the Regulation of Care, which was not particularly positive, largely because we had not been able to put in personal care suites. We were basically using an underused community centre, but we were deliberately trying to create a purpose-built arts space that anybody in the community could use. It was difficult trying to get non-learning-disabled people to use that flexible visual arts space.

The project is changing now. We are looking to provide one-on-one support for people who are passionate and committed almost full-time artists, while also providing a broader range of more general recreational activities. Honestly, I could go on for ever—but I will not. I am happy to answer questions, however.

12:30

**Mrs Milne:** I found that fascinating, particularly when you were talking about older people. Older people already make up the largest proportion of disabled people and will increasingly do so as time goes on.

You have mentioned some of the barriers that you come across, including inadequate transport and buildings. Do you come across any more barriers in the work that you do? You have given us a little information about agencies working together in Fife and about the type of collaboration that is undertaken. Is best practice shared across Scotland? How should that be done? What barriers apply to that?

**Lesley O'Hare:** The main barrier that I see relates to aspiration, both individual aspiration and the aspiration that support staff have for the people with whom they are working or parents have for their offspring. In the area of learning disability, there seems to be something of a glass ceiling, above which it is assumed people will not be able to progress. It is often thought that there are aspirations that are normal and aspirations that are not normal. Because of the range of issues that people with learning disabilities face and because their abilities do not conform to what is regarded as normal, there is less expectation of achievement for them. That is an enormous barrier.

The people with whom we are working on visual arts are achieving incredible things, doing incredible work and getting a hell of a lot out of it. They are now seeing themselves as artists. I can let the committee have a copy of a report that we have done, which examines a group of 15 people who, working with artists, went through some fairly intensive visual arts work. They emerged at the end of that and are continuing to work now, two years later, with a perception of themselves as artists. As I said, aspiration is probably the biggest barrier; other people have mentioned others.

The second point was about collaborations and partnerships. I work closely with NHS Fife and Fife social work. We do some work with the colleges—Lauder College, Glenrothes College and Fife College of Further and Higher Education. All my work is done through partnership—it has to be. Arts development does not have a large budget, so we have to get money from elsewhere, largely from our partners in Fife.

The final point was about sharing best practice. I sat on Sense Scotland's national advisory committee for a national lottery project, which has just finished, called sensing art and music, or sam. There are many different ways of sharing best practice. Probably the most effective way is reporting through conferences, because people get an opportunity to see at least part of the work happening. Sense Scotland's conferences during the sam project, from 2001 to 2004, were brilliant because non-arts practitioners were invited and people could see the impact that being involved in creative activity could have, particularly on people with fairly complex needs.

There are a number of networks. The Arts and Communities Association runs the Europe-funded Connector Scotland website, which is a good resource. It has been in development for a year and is still being developed. Arts practitioners, including me, are not terribly good at ensuring that our information and evidence are getting into non-arts journals. That is an issue that we, as practitioners, must examine, so that if we are working with homeless people, for example, we know that housing agencies understand the power of that work. If we are working in the area of mental health, we need to ensure that psychiatrists and other clinical staff understand the power of the work and how it can complement clinical practice. We certainly need to look at sharing good practice.

As I said about the out of the dark project, the main thing is to ensure that people can see the results of our work. That is when the importance of the work hits home, both for our participants and for those who can fund projects. Again, it is our responsibility to find more platforms that will make work visible, so that people can be seen to achieve rather than being seen as impaired. That is important.

**Etienne D'Aboville:** I have a further comment about being able to take part in various activities. It is to do with community care assessments and direct payments. We need to take an holistic approach to such assessment processes. People need day-to-day support to go out and engage in certain kinds of activity, so not having that support is obviously a barrier. Too often, community care assessment processes are based around a bed-and-breakfast model—as long as someone is warm, fed and safe, that is the important thing—and I can understand why that happens. We all have sympathy with social work departments, which have to dole out stretched resources fairly, but individuals are not really interested in that; they have a life that they want to lead.

People do not see things in terms of discrete little activities; they want to be able to do the ordinary things and part of that is about going out and enjoying themselves in recreational activity. Some groups seem able to access these things more easily than others. If an activity is seen as therapeutic in its own right, it is okay, but I am talking about what is just an ordinary part of human life. What is missing from community care assessment processes is a recognition that people should have a right to what we would call independent or inclusive living. That includes acting as a parent, a grandmother or a sister in family roles and it includes engaging in a social life. We cannot divide all those things up into discrete boxes and fund them separately. That does not make sense.

**Lesley O'Hare:** The pragmatic view of how disabled people live is very basic. We all expect to be able to choose to go out, to go for a drink, to go to the theatre or to go to a pottery class and we can do that. We are just about to start a project with Lynebank hospital, which is finally going to close at the end of next year. Part of that project, which is about taking the patients who will be leaving the hospital on their personal, individual journeys, is to educate support staff in the communities about that other aspect of life. What I am talking about, without being too over the top, is the spiritual aspect of life that we are all entitled to. That is extremely important.

**Ms White:** Etienne D'Aboville said that some disabled people expect more than others, so perhaps we need to change the expectations of the ones who expect less just as much as we need to change parents' attitudes towards their kids, as we heard from earlier witnesses.

I would like to hear from all our witnesses how they think we can change attitudes towards disabled people in Scotland in the areas where they work. I know that Etienne D'Aboville works on housing, employment and independent living—the STUC has produced a paper, which I have read. Last week, we heard evidence that, although the public are supportive of disabled people, they perhaps would not like to see a teacher in a wheelchair. How do we change that mindset and produce a positive attitude?

**Etienne D'Aboville:** That is difficult. We do disability equality training with agencies and organisations, but we also do it with disabled people, because many of them have been conditioned to have low expectations. It is terribly important that disabled people's organisations are resourced to provide role models and to build capacity to provide peer support, so that they help to raise disabled people's expectations of what they can achieve. Another side of that is the need to resource disabled people's organisations to participate meaningfully in consultations, such as the committee's inquiry, and to allow users to feed in at a more strategic level.

I do not know how we should go about changing the attitudes of the general public. I am sceptical of campaigns, because I cannot think of many campaigns on disability that have not made me feel slightly uncomfortable and patronised. Moreover, the idea of having a campaign almost defines disabled people as a group that needs to be campaigned for and I am not convinced that it is possible to do that effectively, although I hope to be proved wrong.

The problem is more structural: it relates to the perception of disabled people in the public's daily lives. As earlier witnesses said, it is about whether our bank tellers or doctors are disabled people. It is about whether people with whom we engage as part of daily life—particularly those in positions of power—have impairments. It is also to do with how disability is reflected in the media. That is not rocket science: soap operas need to include characters with impairments that are just there, rather than have stories about the impairment or disability.

The relationship between those factors can be a downward spiral or, I hope, an upward spiral. If we are frightened of impairment because, when we see disabled people around us, we perceive them to be poor, disadvantaged, unable to move around and unable to be in employment, we are less likely to be open to accommodating the diversity of disability, prioritising it and thinking of disability as an equal opportunities issue. We need to reverse the spiral so that we see good role models and stop being so frightened of disability. That requires investment in services in general. If we—by which I mean planners, funders and service providers—continue to provide services that we would not be happy to use ourselves, we will fear the situation in which we might find ourselves needing to use those services. We need to raise our game and to start to provide services that we would be pleased to use ourselves, as that would begin to take away some of the fear of disability.

12:45

**Mhairi Snowden:** Attitudes are key. Many of the students to whom I speak say that if they meet people with good attitudes, they can overcome barriers, because people are willing.

The committee might want to examine the teachability project, which is based at the University of Strathclyde. That project is relevant to attitudes because it is all about how to build an inclusive curriculum. It deals with the basics of how to mould a curriculum for anyone who takes a course. Lecturers who use the material that the project produces to audit their curriculum are ready for whoever takes their courses, no matter what their needs or impairment might be. That is key to changing attitudes. The project removes the fear of the unknown and the uncertainty about what to do or how to respond, because that has been thought about. Teachability is a good example.

Disability equality training is an important way to change attitudes, particularly among key people such as tutors and lecturers, who can make a difference to a person's life. It would be a huge useful start if they underwent disability equality training.

**Lesley O'Hare:** I agree with what has been said. Disabled people should be visible. They should be seen as part of the fabric of society and as creative beings, entrepreneurs, teachers or people in our local bank, as Etienne D'Aboville said.

Things are changing. In the past 40 or 50 years, attitudes to many groups have changed. Change is slow and needs to be supported by continuing disability awareness training. We should continue to reinforce that with support and teaching staff, instead of providing one-off training, which it is easy to follow and then go off to other issues, because people need to think about many other matters. It is not rocket science. We are talking about customer care by people in the service industry and about looking after customers, whoever they are. It is important to see people as individuals and to look after them rather than to see labels that say "disabled person" or "black person".

**Stephen Boyd:** I reiterate that employers need to be convinced of the business case of opening up their premises to and employing disabled people. The labour market is increasingly tight and employers must seek engagement with people whom they might previously never have considered employing.

In a year's time, it might be worth examining which companies have complied rigorously with the new strictures of the Disability Discrimination Act 1995 and whether they have done well. If that has made a difference to their bottom line, they should tell other employers about that and disseminate the good news. A hard-nosed approach must be taken.

**Ms White:** We have discussed making the public aware; I was talking about employers. Stephen Boyd has suggested a good idea. On Saturday, I was in a hotel—I will not mention its name—that had roped off an area for disabled people because part of the 1995 act came into force on 1 October, yet people still had to go up stairs. When I asked how disabled people would obtain service, I was told that they could put their hands up. That is bad practice.

I return to what Etienne D'Aboville said. Sometimes, only lip service is paid to legislation, unfortunately. The committee could make recommendations that ensured that the public and employers took up the matter. What the witnesses have said has been helpful. I know that the STUC has a hotline, so I hope that we will have feedback from that when it has been up and running for a bit longer.

**Stephen Boyd:** The situation is straightforward. The STUC disabled workers committee's first conference will take place in November this year. We have booked a hotel in Glasgow that is well known in the trade union movement for being accessible for disabled people. That hotel has received much business from that. We should let other businesses know that that business is becoming accessible not because it is morally correct to do so but because it is making money out of doing so.

**Nora Radcliffe:** I was going to ask how we should plan and organise our series of visits, but your answers to Cathy Peattie covered that.

One thread that runs through everything that has been said is the importance of access to information. That issue is multifaceted—it is about information for disabled people and for non-disabled people on how to interact sensitively and effectively with people who have disabilities. How could access to information be made better?

**The Convener:** Our reporter on the inquiry has found in speaking to organisations and individuals that the lack of access to information is an issue. Somebody somewhere knows something, but nobody is telling anybody.

**Etienne D'Aboville:** That is certainly a common theme in all the subjects that we have talked about. Our experience of the access to work scheme, which provides people with support in the workplace, is that it can be effective, but that may be because we have built up a good relationship with the providers of the scheme and people tend to get equipment that they need quickly. In other areas, the scheme is variable or inconsistent and does not work well. However, the main thing about the scheme is that it is the best-kept secret—people and employers do not know about it. Lack of knowledge about the scheme can be a fundamental barrier for people who want to work.

I am concerned about information provision generally. I do not want to name names—it is better to give examples of good practice than it is to give examples of bad practice—but in certain areas it is difficult to get funding for the provision of information. I know of a major Scottish conurbation where information provision that is aimed at disabled people is being cut back. The number of resource centres that provide information is to be cut by half and we recently had to cut our information service because of a lack of funding. Information provision is seen as something that can be cut from the budget if funding is needed elsewhere because it is less critical than other provision. That is the wrong attitude, because information is vital. It is the key that opens the door to other provision.

**Nora Radcliffe:** It is the single most enabling service.

**Etienne D'Aboville:** Absolutely.

**Mhairi Snowden:** I back that up. We have an information and advice service for disabled students and staff. Some do not see that as the most important service, but for individuals who use the service, it seems to be. An allied issue is that people have to go to many different places to get information and they often get half bits of information that do not match up with the information that they get elsewhere. That is particularly true of information on funding and benefits. In our experience, disabled people who want to go into education or employment and change their circumstances find it difficult to get information about the financial implications for them and their households. The student funding system is already hugely complicated, but together with the benefits system, that makes a real mess that must be sorted out. The information should be pooled so that people at least get the same information no matter where they go and so that they are signposted on well. That would be an important change for many people.

**Lesley O'Hare:** In arts and leisure, information is fragmented and patchy. That is partly because services are provided by a range of providers from the public, voluntary and private sectors. As part of the implementation of the report "The same as you?", the leisure working group on which I sat was asked to pull together a directory of accessible leisure opportunities in Fife. One might think that that was not a big project, but there was no way that we could do it because that was not our full-time job. The Fife direct website now provides some of that information, but there seems to be no perfect solution. That applies not only to information for disabled people. When people need information on leisure or the arts, they have to go round the houses. I am afraid that I do not have an answer to that. Perhaps the situation will change as web pages become more sophisticated and as links are provided to other sites. That is assuming that people have access to the internet, as it is by no means universal. Information is fragmented because services are fragmented. I am sorry if that sounds very negative.

**Stephen Boyd:** The one workplace equal rights campaign is making great inroads in ensuring that trade union officials are better able to support disabled people in the workplace. I would be more than happy to let the committee see the evaluations for that project as they progress—hopefully there will be some lessons for us all to learn.

**The Convener:** Thank you. That would be interesting. I ask the witnesses whether there is anything important that they have not had an opportunity to tell us. If there are areas that you would like to follow up with written evidence, we would welcome that. Is there anything that you are going to kick yourself on the way out for not saying?

**Etienne D'Aboville:** I want to say a bit more about user involvement, which is critical to all of this. It has been referred to a bit here and there, but it is something that we still do not do at all well. User involvement has to happen at all sorts of levels. In the arts, we need disabled people at a strategic level, to set the agendas for funding programmes and so on. That does not happen as much as it should. It needs to go right through an organisation; for instance, in social work, we need people to be represented at planning level. In order for disabled people to be represented at planning level, structures are needed that enable them to represent other groups of people. That relates to the point about disabled people and other community care service users having access to their own well-resourced support organisations. That is not just for their own purposes; it is fundamental to getting good services and facilities. We often pay lip service to user involvement, but we really need to focus on it. The best-value framework might be a mechanism for considering it a bit more closely.

The Disability Rights Commission produced a very good publication about best value and user involvement, about which I can provide details later if necessary. It considers in some detail the whole process of involving people at a strategic level in designing services, defining outcomes to services and seeing value not just in terms of the efficiency, effectiveness or cost of a service, but in terms of the value that it gives and how it relates to the broader objectives of disabled people, such as full integration and inclusion and getting away from discrimination.

**Mhairi Snowden:** I want to raise an issue that has become more urgent, as the Further and Higher Education (Scotland) Bill is going through at the moment. One of the things that we wanted that bill to include was choice for disabled people. At the moment, if a disabled person chooses to go to a college south of the border—which may be because there is a specialist college there—the funding comes via local authorities. Local authorities have only the discretion to fund; they do not have a duty to do so. Our concern is that that funding is on quite a different footing from the rest of student funding, which, as you know, is all nationalised, through the Student Awards Agency for Scotland or through the funding councils. Students can choose to go to university south of the border. Although disabled people make up a small group, that small group has real difficulties getting funding. We have had quite a lot of inquiries to our information service about it. I do not know whether the committee can do anything to affect the bill, but it is an opportunity that might be missed to get that sorted out.

**The Convener:** That is very important and we can certainly raise it with the Enterprise and Culture Committee.

**Stephen Boyd:** I reiterate the point that was made earlier about labour market participation in Glasgow. A third of all Glaswegians are currently claiming some form of incapacity benefit. Surveys indicate that at least 25 per cent of IB claimants want to work. If we could get 25 per cent of Glasgow's claimants into work, that would have a staggering impact on the Scottish economy. I do not know how many of those claimants are disabled under the terms of the Disability Discrimination Act 1995, but in light of larger demographic issues it is something that we should all consider.

I mentioned the first conference of our disabled workers committee, which is at the Milton Hotel in Glasgow in November. Any members of this committee who would like to attend are more than welcome.

**The Convener:** Thank you for your evidence this morning—it has been very helpful and has given us a lot to think about and a lot to talk about.

## Witness Expenses

**The Convener:** The next item is witness expenses for the disability inquiry. Can the committee consider the paper that has been circulated? Do members agree to delegate authority to the convener to arrange witness expenses?

**Members** *indicated agreement*.

13:00

*Meeting suspended until 13:03 and thereafter continued in private until 13:07.*

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