



OFFICIAL REPORT
AITHISG OIFIGEIL

Health and Sport Committee

Tuesday 26 June 2018

Session 5



The Scottish Parliament
Pàrlamaid na h-Alba

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HEALTH AND SPORT COMMITTEE

20th Meeting 2018, Session 5

CONVENER

*Lewis Macdonald (North East Scotland) (Lab)

DEPUTY CONVENER

*Ash Denham (Edinburgh Eastern) (SNP)

COMMITTEE MEMBERS

*Miles Briggs (Lothian) (Con)

*Alex Cole-Hamilton (Edinburgh Western) (LD)

*Kate Forbes (Skye, Lochaber and Badenoch) (SNP)

*Emma Harper (South Scotland) (SNP)

*Alison Johnstone (Lothian) (Green)

*Ivan McKee (Glasgow Provan) (SNP)

David Stewart (Highlands and Islands) (Lab)

Sandra White (Glasgow Kelvin) (SNP)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Alice Ferguson (Scottish Youth Parliament)

Denisha Killoh (Who Cares? Scotland)

Sandra McDougall (Healthcare Improvement Scotland)

Julie O'Donnell (Scottish Children's Services Coalition)

Amy Woodhouse (Children in Scotland)

Nicki Wray (Barnardo's Scotland)

Ailsa Wyllie (sportscotland)

CLERK TO THE COMMITTEE

David Cullum

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Health and Sport Committee

Tuesday 26 June 2018

[The Convener opened the meeting at 10:00]

Year of Young People 2018

The Convener (Lewis Macdonald): Welcome to the 20th meeting in 2018 of the Health and Sport Committee. I ask everyone to switch their mobile phones off or to silent. People are welcome to use their devices for the purposes of social media, but please do not film or record the proceedings—that is being done for us, and the recording is readily accessible.

I have received apologies from Sandra White.

I welcome our witnesses. Before I ask everyone to introduce themselves, I put on the record that, prior to this session, members of the committee met young people in schools in Edinburgh, Glasgow and Elgin. The feedback from those visits will form part of the information that members will use when asking questions this morning. We also met a group of young people in the Parliament and visited colleges in Glasgow and Elgin. On behalf of the committee, I thank everyone who contributed to those visits, including the young people who shared their views with us and the people who helped to organise them.

There is no need for the witnesses to touch the buttons on their consoles. Everything is recorded automatically and everything that is said will be part of the *Official Report* of the meeting.

I ask everyone to introduce themselves. I will begin. I am the convener of the Health and Sport Committee and an MSP for North East Scotland.

Ash Denham (Edinburgh Eastern) (SNP): I am the MSP for Edinburgh Eastern and the deputy convener of the committee.

Sandra McDougall (Healthcare Improvement Scotland): I am the acting director of the Scottish health council, which is part of Healthcare Improvement Scotland, which I am here to represent.

Miles Briggs (Lothian) (Con): I am a Conservative MSP for the Lothian region and the Conservative spokesman for health and sport.

Alice Ferguson (Scottish Youth Parliament): I am a member of the Scottish Youth Parliament for the Linlithgow constituency and the newly elected convener of the SYP's health and wellbeing committee.

Alex Cole-Hamilton (Edinburgh Western) (LD): I am the Liberal Democrat MSP for Edinburgh Western and my party's health spokesperson.

Denisha Killoh (Who Cares? Scotland): I am here to represent Who Cares? Scotland as a care-experienced spokesperson. I am 19 and am a student at the University of Strathclyde.

I will tell you a bit about my background, to provide some context. I was taken into care as a baby and was adopted when I was four. As a young adult, my circumstances changed and I was put into care again. I am here to speak on behalf of the 2,000 members of Who Cares? Scotland in order to ensure that care-experienced people are given the lifetime of equality, respect and love that they deserve.

Kate Forbes (Skye, Lochaber and Badenoch) (SNP): I am the MSP for Skye, Lochaber and Badenoch.

Emma Harper (South Scotland) (SNP): I am an MSP for the South Scotland region.

Amey Woodhouse (Children in Scotland): I am the head of policy, projects and participation for Children in Scotland.

Alison Johnstone (Lothian) (Green): I am an MSP for Lothian.

Julie O'Donnell (Scottish Children's Services Coalition): I am the head of learning and development for Love Learning Scotland, but I am here today representing the Scottish Children's Services Coalition.

Ivan McKee (Glasgow Provan) (SNP): I am the MSP for Glasgow Provan.

Ailsa Wyllie (sportscotland): I am the lead manager of the school and community team in sportscotland.

Brian Whittle (South Scotland) (Con): I am a Conservative MSP for the South Scotland region and am my party's spokesperson on health education, lifestyle and sport.

Nicki Wray (Barnardo's Scotland): I am the policy lead for mental health and wellbeing at Barnardo's Scotland.

The Convener: I will start off by reflecting on some of the evidence that we heard during our visits. Some of it concerned the ways in which young people's experiences are heard and taken into account in the health service, whether in primary or secondary care or in policy terms. I ask our witnesses to offer a view on that. Are the views of young people heard and taken into account by people making policy? Does more need to be done to ensure that those views are

acted on? That is a very general question, so feel free to contribute from whatever angle you wish.

Alice Ferguson: In the consultation that we carried out prior to today's meeting, we heard that young people do not know where they stand or how their views are being heard in Parliament. The likes of today's meeting should definitely be done more often, and not just for the year of young people. There should be more workshops with young people sitting in. The year of young people should be the starting point and should provide a framework for an approach that continues for the years to come.

Amy Woodhouse: I agree with Alice Ferguson. In recent years, we have definitely seen increased recognition that it is important to involve children and young people in all aspects of their lives. The United Kingdom Government has ratified the United Nations Convention on the Rights of the Child, which the Children and Young People (Scotland) Act 2014 refers to. However, it is not yet fully incorporated into Scots law, and we definitely hope that that will be progressed. Under that act, all public services have a duty to recognise their impact on children's rights, one of which, under article 12 of the convention, is children's right to be listened to on matters that affect them and to have their views taken seriously.

That duty is now there, but I think that we would all agree that the extent to which it is meaningfully embedded in the way in which public services such as health services are delivered varies considerably. We have all witnessed good practice in certain areas. However, those of us in the sector who engage with children and young people to inform policy making would say that the approach is still patchy and sometimes tokenistic. The extent to which such engagement actually influences and changes policy is questionable. That may be because we just do not know. Sometimes, that engagement may well influence and change policy, and sometimes, when organisations such as the SYP or Barnardo's engage with children and young people, as they did with the mental health strategy, what children and young people say is taken on board. However, sometimes, we just do not know what difference it has made. That is one area where there is still a lot of work to be done around the feedback loop.

I could go on, but I will stop there.

Sandra McDougall: About a year and a half ago, we commissioned a scoping study that engaged with organisations representing the interests of children and young people and with young people themselves to find out how involved they felt in relation to health and social care services. Young people who responded to the

survey said that they thought that it was right that they should be involved but that they felt that their voices were not always heard and that they were not always asked or being listened to. That said, we heard lots of examples of really good work that was happening across Scotland to involve people. We also found that there was not a lot of published evidence on the best ways of involving people and, to pick up on Amy Woodhouse's point, on the impact of their views being heard when they are involved. That area probably needs to be strengthened.

Often, when engagement happens, a report is produced that sets out what young people said, but the thing that is sometimes lacking is the follow-up and what happens as a result. When engagement is being planned, it is important that people think about short-term impact as well as medium and longer-term impacts and how to evidence that and ensure that it is fed back to the individuals who are being engaged.

Nicki Wray: I echo the points that have been made on taking into account the views of children and young people at the national level. As Amy Woodhouse mentioned, there have been a couple of initiatives around the mental health strategy, which have been led by the SYP and other really good organisations.

When we asked young people about how their views are taken into account in relation to mental health, there was a lot of discussion about their views not being taken seriously. Young people see the services that they access daily, and it is the services that show them whether their views are being heard. It is not necessarily about legislative change but about whether they can access the service when they need it and whether they are taken seriously. That micro-level involvement is where a bit more needs to be done.

The Convener: Would anyone like to offer a good example of the Scottish Government, local government or public bodies having engaged with young people and providing feedback on a response?

Ailsa Wylie: Sportscotland has worked in partnership with Young Scot over a number of years on a young people's sports panel. There is representation from a diverse range of young people who sit to discuss, consult on and influence the sport and physical activity agenda.

An example of that panel's comments being implemented was a Scottish Government report on giving children and young people access. It formed part of the Scottish Government's youth sport strategy document. That involved engagement and listening.

That is the kind of thing that happens with the young people's sports panel. The panel is involved

in all consultations on sportscotland's in-house stuff and a lot of work with our partners. We now find that a lot of partners, Scottish sports governing bodies and local authorities are creating their own young people's sports panels, so the approach is having an influence on the ground and locally. We are seeing quite a lot of movement on that.

Ash Denham: I will ask about care-experienced young people. Local authorities act as the corporate parent for health and wellbeing issues. How well is that working? More widely, what more could be done to ensure that care-experienced young people's views are taken into account in local and national policy development?

Denisha Killoh: Care-experienced people are a hidden group in society. There is not a lot of research on us. We are a minority in that sense. When we are talked about, it is from the viewpoint of policy, not experience.

When it comes to local authorities, corporate parenting is a big issue. There have been a lot of improvements. For example, some local authorities are giving out free membership passes to allow care-experienced people to access sport.

The fact is that my local authority failed me. I will tell you a bit about that. I was adopted at four and, at that point, the state made the decision that it would stop being involved in my life, which was fair enough. I was placed in a very nice adoption but that broke down quickly. My mum and dad got divorced when I was seven and then, when I was 14, my mum died. My experience of adoption went from being secure to having nothing and the local authority never came and checked who was looking after me. I was lucky that I was put into kinship care with my brother and sister, but that was informal and they were given no support.

Many of our members feel like that. Only three years ago, we changed Who Cares? Scotland's constitution to include adoption because, unfortunately, too many adoptions are breaking down and there is nobody to look after the adopted person. Although a lot of progress has been made, it is not enough. Local authorities need to do more. They need to consider every aspect of care and not just decide one day that they can stop being the parent.

The Convener: Are there other views from witnesses on that question?

Amy Woodhouse: I recognise Denisha Killoh's experience. In several areas, there are champions boards, which offer a good opportunity for local care-experienced young people to meet local authorities and identify the priorities in their areas, with, we hope, action taken to improve the lives of care-experienced young people.

We also have a number of national opportunities. At the moment, the care review offers the best opportunity to listen to children's and young people's voices. That feels really young person-led—I have to say that it feels qualitatively different from some of the other reviews that have happened. It is at an emerging stage, but we are hopeful that it will really change things for care-experienced young people.

10:15

Ivan McKee: My question is on the value of mentoring for care-experienced young people. I volunteer for MCR Pathways in Glasgow, which mentors care-experienced young people, and there is a plan to roll that out throughout Scotland. In terms of positive outcomes, the data suggest that mentoring has a very positive impact. I want to get an impression from the witnesses of whether they were aware of such mentoring programmes and, if so, what value they see in them. Is mentoring something that adds value to a young person's life?

Denisha Killoh: Yes, I feel that it is essential. As Amy Woodhouse mentioned, the care review is an incredible opportunity, and of course mentoring is a great thing. However, the fact is that it is not happening enough—I think that everyone can accept that.

Corporate parenting is fantastic, but when we asked our members what a corporate parent was, 70 per cent of those care-experienced young people did not know. Corporate parents are people who are supposed to be changing our lives. Furthermore, of the people who knew what a corporate parent was, 80 per cent only knew that through Who Cares? Scotland.

Although progress has been made and we are going towards the right place, not enough is being done.

Alex Cole-Hamilton: Good morning to the panel. I remind members of my interests: I worked for eight years with the Aberlour Child Care Trust, which is a major residential care provider; I also worked with Who Cares? Scotland and Barnardo's Scotland in influencing the passage of the Children and Young People (Scotland) Act 2014.

While we were doing that work, it was clear that the idea of the corporate parent does not apply in the same way that the responsibilities of a birth parent would. For example, a birth parent whose son or daughter died prematurely would, first, want to know about that and, secondly, would want to know why. However, until the passage of the 2014 act, there was no rule in law that Scottish ministers—who are the ultimate corporate parent of looked-after children and young people—should even be made aware when a care-experienced

young person died prematurely. We know that those children and young people are far more likely to die prematurely because of the range of negative social outcomes that they have.

Do we need something like the system in, for example, the Australian Capital Territory? We met some politicians from there last week. They have care support teams that follow care-experienced young people from their departure from the care system right through the rest of their lives. The young people can always touch base with and receive extra support from them, if need be.

Denisha Killoh: I can speak only from my personal experience and what I imagine would have helped my situation. I feel that something like that is essential to ensure that we do not just one day forget about people in our care. At the end of the day, Scotland is supposed to be the best place for a child to grow up. We need to ensure that it is and that, when there are situations with cracks, we fix them.

Nicki Wray: I am not aware of the specific Australian example that Alex Cole-Hamilton gave, but I agree absolutely with what he says about a relationship across the life course with a young person who has been in care. The fact that there is a disconnect and that people have to go between different professionals and services is a crucial point that comes up all the time.

Alex Cole-Hamilton: One of the big achievements of the 2014 act was extending the age of leaving care to 21, which was a cross-party success. That is seen as world leading. However, one problem is that care leavers do not have a right to return. Many people decide at 16 that they are old enough to strike out on their own and realise soon after that they have made a mistake. Should there be a right for care leavers to return to care if they are still under 21?

The Convener: Does anyone have a view on that? If not, you can think about the question and come back to it.

Denisha Killoh: That was exactly my situation. There is also the issue of why care leavers choose to leave; unfortunately, many people think that leaving is the best thing to do. Many of our members think that the care that they are in is so bad that they cannot imagine anything better than leaving, but when they leave, they realise that they have no support. They do not have that safety net. Care should be made so good that people do not feel that having nothing would be better than having care. We should look after them.

Alison Johnstone: When I was a councillor in Edinburgh, I was a corporate parent and I will never forget watching a film that four care-experienced young people had made. They were absolutely desperate to leave residential

accommodation. The film followed their story as they got their own flats and the huge challenges around that. It was just incredible. They were so young and they were on their own.

I am really pleased that you are here this morning. To what extent do you feel that care-experienced young people are able to achieve their ambitions without parental support? Earlier, you touched on the fact that some local authorities have given free access to leisure centres and so on. I know that we discussed that in Edinburgh. However, it is one thing to get free access to a leisure centre, but it is another thing to have someone who will take you there four or five times a week, if you want to pursue something seriously. How is that impacted by being in care?

Denisha Killoh: Care-experienced young people are like any other kids—they are talented, they are ambitious and they are determined. However, there are barriers to accessing opportunities. When I was younger, I was really into football. I loved it; I loved beating the boys at football. It gave me so much ambition. Then at secondary school, boys and girls were split and there was no local girls' football team. My nearest girls' football team was half an hour to 40 minutes away. My mum was a full-time foster carer, which meant that she could not just up and drive me places, so that opportunity was not accessible and I could not continue pursuing my love for sport.

The wider picture for care-experienced kids is the same—they cannot get access to those opportunities. If you are in a residential unit, the people who look after you in the unit will say, "Oh, you have football training at 6 but dinner is at 6.30—we cannot change the dinner time so that you can go to play football." There are institutional constraints that prevent children from getting access to sport.

Some of our members, over the space of a few years, have had up to 10 different bedrooms. The reality is that children are being moved from placement to placement and from school to school and they are missing out on valuable time as a result. If they miss all that time, they will not have the same opportunities as another kid. That is hindering us in our lives because, as care-experienced young people, we feel that we are falling behind and there is no one there to pick us back up.

Alice Ferguson: The SYP's policies are developed and voted on by young people. The policy on mental health includes the statement that

"children and young people growing up in Scotland's care system are at a greater risk of poor mental health outcomes"

because of feeling left out, for example, as Denisha Killoh was saying, and that

“The Scottish Government and NHS Scotland should work with relevant organisations to ensure that the needs of these young people are being met with accessible, sustainable and high quality mental health services.”

The motion on that statement was agreed to with 98 per cent of the membership vote, so that is a very strong message.

The Convener: That is very striking.

Brian Whittle: One of the things that we should be cognisant of is good practice. I coach a young lad who is in residential care and someone from the care home brings him to every training session, along with other individuals with learning difficulties. He is going to the European championships next month, and the US championships.

Are we cognisant enough of what good practice is and what good things are happening out there? Are we learning from that good practice? Should we be more aware of it?

The Convener: Could Ailsa Wyllie address that point in terms of good practice and bad practice in sport?

Ailsa Wyllie: You cannot argue with somebody who is sitting in the room—after listening to Denisha Killoh’s personal story, I agree that there is definitely always more that can be done for our young people.

We know that local authorities and leisure trusts are out there trying to make things as accessible as possible. We have to keep working with them to try to get things more accessible. On examples of good practice in sport for young people from care-experienced backgrounds, I cannot think of anything off the top of my head but I will definitely try to find out more about that.

It is about us listening to and working with young people so that we can find out what the solutions are and what would work for them, because we definitely do not want to exclude them. This morning, we have heard from someone from a care background; other barriers exist that cause the same problems as those that Denisha Killoh has articulated, so we definitely need to keep working on that.

The Convener: Thank you. We will come back to some of those issues later, from a slightly different angle. Let us move on to access to healthcare.

Kate Forbes: Are there specific issues that impact on young people’s ability to access healthcare services and information? How might those issues be addressed? During our fact-finding visits in Edinburgh, Glasgow and Elgin, it was flagged up that, whatever the issue, young people had difficulties in knowing where to go to get information and help.

Julie O’Donnell: From our discussions and daily work with young people, we have found that, a lot of the time, young people feel overwhelmed by the language that is used, for example in campaigns that go out—they cannot relate to it and it is not sufficiently young person centred. Masses of work has been done on that, but we still come up against the issue when we are talking about what services are available and what services young people are aware of. It is about breaking things down and explaining them a bit more.

There is also an element of fear about approaching services, perhaps because a service is geared more towards adults or because the young person is concerned that they will not be taken seriously. Our experience is that young people are concerned about how to get their concerns across, particularly about mental health. We all talk about the stigma and labelling that are attached to mental health issues; there is still a lot of work to be done on the big barriers in that regard. We need to give a lot more consideration to what young people would want a service to be called and how they would want to access it.

Sandra McDougall: Healthcare Improvement Scotland’s mental health access improvement support team is aiming to improve access to psychological therapies and child and adolescent mental health services; that work is at a relatively early stage. The intention is to take a collaborative approach and bring together teams from across Scotland to identify and test improvements and then share learning. Work with young people themselves and with organisations that represent young people’s interests will be central to that approach. It is early days, but we hope that the work will make a difference to outcomes for young people.

The Convener: That sounds interesting. Do you plan to approach young people and their organisations, or can they approach you?

Sandra McDougall: I think that the work has commenced and that some young people’s organisations are already involved, but I am sure that my colleagues in the MHAIS team would very much welcome further interest, if anyone else wants to get involved.

Amy Woodhouse: I might get in touch with you about that after the meeting. Thank you.

A couple of years ago, the Scottish Government commissioned Children in Scotland to engage with children and young people on the changing role of school nurses, with school nursing becoming more specialised and targeted. We spoke to quite a few children and young people in the target groups about barriers to speaking to a school nurse. The main issue that emerged was to do with the need

for a trusting relationship with an adult that the young person knows. Without such a relationship, the young person is unlikely to share personal experiences—which makes sense when we consider it. It means that a bit of consistency is needed, so that a young person can build up a relationship with a professional over time.

Another issue that emerged was the ambiguous area of confidentiality. There will always be cases in which confidentiality must be broken, for example if there is a child protection issue or a child is at risk of harming themselves or someone else. However, how that is done and how it is explained to children and young people are really important if they are to talk about very personal things.

A third issue that came out of the engagement was young people's worries about the impact on their families. They were worried about fundamental stuff, like not having enough food at home. They were worried that, if they talked to somebody about that, it would reflect badly on their family, and that was another barrier to them. The solution is to build trusting and consistent relationships with adults and professionals.

10:30

Nicki Wray: We whole-heartedly agree with what Amy Woodhouse said about the importance of relationships and trust in accessing services. We have been doing a lot of work on access, particularly in the area of mental health for children and young people. One of the things that young people said to us was, "Doctors ask you to refer yourself for counselling, but you might not be in the right frame of mind."

That is an important point when we are thinking about a service for adults and a service for young people. Many of the young people whom we work with are among the most vulnerable in our society; they are not in a place where they can access that kind of service, but services are configured so that that is necessary. There needs to be a shift in the provision of specialist mental health services for young people.

Kate Forbes: In talking about the first port of call, we need to raise awareness among the whole population of where people can go—for example, to specialised helplines for mental health—and of the difference between going to a general practitioner or going to accident and emergency. However, what do we need to do better to specifically tailor that first port of call to young people? Is it about the nurse service? What about people who do not want to access services through schools? Is it about improving the way in which we enable young people to have a first port

of call, or is it about the information on what that first port of call is?

Amy Woodhouse: A lot could be done in primary care about engagement with children and young people. There are examples of good practice, such as young people's clinics. A practice can have a designated GP or nurse for young people, who has a bit of knowledge about how to speak to young people in an accessible way, and clinics that young people can drop into and know that they will not have to run the gauntlet of the receptionist and so on. There are things that can be done to make GP practices a lot more familiar and safe.

The point about schools not always being the most appropriate places for young people to access services is key. The school nurse review is looking at holding drop-in services in community centres where youth agencies are, so that the services go to where the children and young people are rather than expecting young people to come to them. That would help with access.

Alice Ferguson: Young people do not want to go somewhere scary. They want early intervention or support that might be at a drop-in centre, or they might just want peer support. They want something that they do not need to feel scared about so that they can feel comfortable and genuinely talk to somebody and not have to go through a medical or clinical process that many young people find scary.

The SYP's policy is that there should be proportionate funding at all levels, particularly for mental health services, not just at the high levels. Early intervention needs to be looked at more. There needs to be peer support or a drop-in service—something casual that can prevent something dangerous from happening to a young person.

Emma Harper: Are school nurses on site or somewhere else? Do they do a drop-in clinic or more community engagement? Is it face to face? How does a young person access a school nurse?

Alice Ferguson: From my experience, I could not tell you about my school nurse or where I would go at school if I wanted to speak to a school nurse; I do not know who it is or where they are. I am sure that that goes for many young people.

The Convener: That is quite telling. That was a good question.

One of the issues that came up when we were talking to young people during our various visits was health, diet and obesity. Ivan McKee will start us off on that.

Ivan McKee: The evidence that we took from young people was interesting, because it chimed with what we think the issues are around diet and

obesity. The young people seemed to be very knowledgeable about healthy eating and the need to have a balanced diet. They made suggestions about things that need to be done, such as lessons about healthy cooking, and about the importance of nutritious school meals.

Clearly, the trend towards poor diets and obesity among young people is huge and potentially very damaging. What issues does the Government need to address to make inroads into that aspect of young people's health?

Amy Woodhouse: Fairly recently, we submitted our response to the consultation on the obesity strategy. The Scottish Youth Parliament and, I think, Young Scot have done some engagement work with children and young people to inform that strategy. It will be interesting to see what the strategy says.

We know that 28 per cent of children are currently overweight or obese, which is a big issue for us. Some of our recommendations recognise the social determinants of obesity. Poverty is a huge factor in obesity, so we will not be able to do anything to tackle obesity if we do not address child poverty. We need to make the connections between the two areas, and I hope that the Child Poverty (Scotland) Act 2017 will help.

We made a number of more specific recommendations around limiting price promotions on unhealthy foods and the co-production of school meals with children and young people in order to encourage take-up. We know that there are often much more appealing options than staying in school for a school meal, particularly for secondary school-aged children. What can be done to encourage children and young people to stay in school? What are the healthy offers that they will take up? We also had recommendations on restrictions on the advertising of unhealthy foods and on clear and more consistent food labelling.

Cooking literacy is another issue. What do children and young people and their families know about food and cooking? Our food, families, futures project is about opening up schools during the holidays, with an emphasis on cooking. The project has been really positive, and we have worked in a number of local authority areas including Glasgow, Renfrewshire and Ayrshire. One of the challenges with the project has been getting access to school kitchens. Due to the contracts in local authority areas, we have needed to negotiate access. We have had to pay cleaning fees, and there have been all sorts of barriers that prevent such fantastic community resources from being used. That is a specific challenge that we have come up against.

Nicki Wray: Some of our family support work focuses on cooking literacy, which Amy Woodhouse mentioned. Our work around schools and attainment will be done in schools and in the home. A lot of that work involves helping families with the basics around diet and routine. That work on diet is an important element of our family support work.

The Convener: Another issue that came up during our visits was sleep, which is not so often discussed in parliamentary committees, but is an important issue for young people.

Alison Johnstone: We are informed in our briefing that the Mental Health Foundation has noted that

"sleep deprivation is a seriously neglected health issue in our population".

Teachers have commented that they find pupils who are very tired. That might be connected to night-time use of social media, which we will come to. Our papers say that research estimates that between 44 per cent and 83 per cent of children with additional support needs suffer from sleep problems. Is enough focus placed on sleep in our national and local policies? I am reading a book called "Why We Sleep", which is by the sleep scientist Matthew Walker. He says that sleep has as big an impact on our health as diet and exercise, but we do not talk about it very much. Is the focus right? Is there a focus on sleep at all?

The Convener: It is an interesting topic. Has it come to the attention of the Youth Parliament or any of the other bodies that have looked at such issues?

Alice Ferguson: I do not have anything to offer that the Scottish Youth Parliament has said on the subject. Everyone knows that young people are told that they have to have seven or eight hours' sleep, but no one is getting that or doing anything about it. I agree that a lot of young people use social media at night-time, and are staying up later and not getting sleep.

When a young person comes home, they have homework, possibly work and extracurricular activities, and then have to get up at 7 or 8 o'clock the next morning. People do not have time to fit all that in. It is not just about getting distracted on the phone: it is about all the extra things that people do that mean that they are not getting enough sleep, not getting enough free time and not getting enough social time.

Nicki Wray: Sleep deprivation is a good subject to bring up. It is not talked about enough in terms of mental health. We know that there are many determinants of mental health, but sleep is a big one.

As I said before, when Barnardo's supports a family a lot of it is about routine—and that is about diet and sleep. Sometimes when a child has particular issues in school, we find when we go to their home that the problem is about sleep, diet and what is happening in the family environment. It is not necessarily an individualised problem to do with the young person.

Amy Woodhouse: I agree that sleep is important. I cannot remember the source of the information, but I know that sleep can be a particularly difficult issue for young people who are in residential care, where there is noise, where they are told that the lights are to go out at times that might not suit them, and where they have to work around other people's patterns rather than their own. There are specific problems there.

The increase in understanding of the adolescent brain is also relevant: it is increasingly being suggested that how society is set up does not suit it, especially in respect of schooling. There are pilot studies on starting the high school day later to enable young people to get there and to learn in a way that suits their growing and developing brains. If we are serious about this, we have to consider some radical adjustments to how we set up schooling and education.

The Convener: Denisha—do you have anything to add about sleep from the point of view of care-experienced young people?

Denisha Killoh: Alison Johnstone is right: sleep is not talked about, but it affects everything that we do. A person cannot get up in the morning and function if they have not had enough sleep.

The last thing that young people who are in care care about is sleep: they care about surviving and getting through the day. If they have to go to school tired and not able to function, they do not care. Sleep is something that we need to look at closely in order to figure out where the problems are and how we can address them.

The Convener: We have talked about social media. Emma Harper now has a question.

Emma Harper: Before I ask about social media, I mention that I am interested in diet and obesity. There are phone apps, which are being used by type 1 and type 2 diabetics, that photograph food and tell the person how many carbs are on the plate.

Some studies on social media have identified that moderate use is beneficial, but there are risks for teenagers from cyberbullying, sharing of personal or private information and access to harmful content. A study that I read said that more than a third of 15-year-olds in the UK are extreme internet users, and are spending more than six hours a day online. That might contribute to lack of

sleep. There are issues with the internet. What can be done to support kids to develop resilience when they are online? Is there anything else that we should be worried about regarding social media?

Nicki Wray: The social media and internet debate is an interesting one. There is research on both sides of the argument, and it is still relatively unclear what the impact is. For Barnardo's, it is about the relationships that can be damaged by silly internet use and lack of face-to-face interactions with families and peers.

10:45

We have said that it is very important that adults are aware of how to deal with internet use issues. Too often the reaction is a turn to censorship: "Oh no! The children are using the internet! We have to shut it down!" However, the internet is a really useful tool for many things, so a more nuanced debate about the dangers and benefits of internet use is needed.

Amy Woodhouse: I agree. The internet is a fact of life, and we adults cannot try to shut it down or pretend that it does not exist. That is partly about recognising the positives and the negatives of social media in children's and young people's lives.

The positives of social media include peer support, friendship and connections—especially for children and young people who live in remote and rural communities, or who have rare conditions and do not meet other people with the same conditions day to day. For them, the opportunity to meet and share online is invaluable.

However, we have a duty to protect children and young people from the risks that are associated with social media. A couple of organisations do good work in that area. The "Aye Mind" project works around mental health and how young people engage with digital media. I recommend that you look at that—it produces little animations, gifs and all sorts of stuff to talk about that.

There is also the 5Rights Foundation, which has a set of rights that organisations can sign up to to ensure that the work that the organisation does supports young people to keep safe online. Young Scot manages the initiative in Scotland, although it is UK wide. Children in Scotland has joined; I recommend that the people look at it to see how children's rights can be upheld online.

There is action being taken. The most important thing for us is to become aware of that and to familiarise ourselves with how young people are using social media.

The Convener: This is clearly an issue that will continue to be on the front pages. Social media

are very valuable tools, as you said, but they bring serious risks.

We will move on to the wider issue of mental health.

Miles Briggs: First, I will touch on social media. About a year and a half ago, I hosted a conference with Twitter, at which organisations that are here today were represented. One of the key conclusions that Twitter took from it was that we need to make sure that young people—and some adults and, probably, politicians especially—have down time from social media. We can get too hung up on what is going on, especially through looking at other people's lives on Twitter and Facebook. It is a lesson for all of us, but one that Twitter was quite keen to take forward, although I have not seen that happening, so far. We will need to monitor that.

I want to mention a few areas in mental health. In evidence that we have taken, it is the number 1 priority that has been raised. I will go back to points that Nicki Wray and Julie O'Donnell made about provision of services. Young people whom we spoke to said that there is no emphasis on colleges, universities and schools making early intervention services available. Drop-in services have been mentioned. Do any of the panel have ideas about how services could be improved? Are there ways to move away from general practice being the first point of contact for early intervention?

The Convener: Who would like to start on the question of a first point of contact? Has Health Improvement Scotland taken an interest in that?

Sandra McDougall: I have done a small amount of work on that. We did some work with the University of St Andrews and some of its students on what matters to students, the impacts on their health and wellbeing, and their views about how support services might be improved. As I understand it, that has resulted in a commitment from the University of St Andrews to progress some improvements. There will be more health and wellbeing events, which will be publicised through a calendar, and the university will also look at how it can engage more routinely with students so that their needs are met. That is just one small bit of activity.

The Convener: That activity is small, but useful.

Miles Briggs: St Andrews is a good example, because NHS Fife has recently removed out-of-hours services from St Andrews, which is a massive issue for students who are seeking medical support. We need to consider how we scope services for large student populations.

Nicki Wray: That is a really good point. Barnardo's work is less about colleges and more

about provision in schools, on which we have been doing a lot of work. It is really important to upskill staff in schools so that they are able to respond to children and young people who are experiencing what we would call psychological distress, rather than a mental health difficulty. The backlog in CAMHS waiting lists is because CAMHS are the default for schools to go to. We found that referrals often bounce back and forth between a school, a Barnardo's service and CAMHS, and we wondered where things fit in.

Part of the problem is that there is not enough early intervention for young people who are not at the early stages of developing a mental health disorder but might need some kind of support. We welcomed the Scottish Government's funding for trauma-informed practice that was announced last week, which is absolutely incredible. There is an excellent resource from NHS Education for Scotland and the Scottish Government on psychological trauma. We would like upskilling of professionals so that they are able to deal with more low-level concerns before crisis point is reached.

Julie O'Donnell: I will follow on from what Nicki Wray said. The coalition runs a service in schools with Love Learning Scotland. The schools identify young people who are disengaged from education for whatever reason—a lot of the time it is about family dynamics. Mental health is a prevalent issue throughout that can affect the young person or their family.

Nicki Wray talked about upskilling professional staff. That is important in improving teachers' understanding so that they do not hit the panic button, feel that they do not know what is happening or what to do, and think that they should outsource the problem. Our service has been widely and greatly accepted, and the feedback from the teaching staff shows that they see the service as providing another stage, rather than the problem going straight from zero to 60. There can be intervention along the way that does not necessarily need to involve already overloaded services such as CAMHS and GP referrals. Creating other avenues of support through third sector organisations or whatever is important. Schools' staff have relationships with young people—they spend time with young people and get to know them, so trust is built up. Teachers having another piece of equipment in their toolbox to support them would complement the existing trust relationship.

Alice Ferguson: The Scottish Youth Parliament's health and wellbeing committee talks about the issue a lot. Recently, we put forward and passed a motion that said:

"The Scottish Youth Parliament believes that high quality, robust training on how to identify and support young

people experiencing mental health difficulties should be a mandatory component of teacher training.”

We always talk about how useful that would be. The see me campaign is going round Scotland teaching teachers how to deal with mental health issues. As Julie O'Donnell said, the first step is vital because it can stop a problem from developing. Giving a teacher who is known and trusted the support to enable them to help a young person would be beneficial to the young person and to the teacher. The teacher would be able to see that they have done something. It would be great for teachers to have that extra tool in their toolbox.

Amy Woodhouse: My colleagues at YouthLink Scotland are sitting on my shoulder saying, “Remember youth work.” It is an important part of the picture. We need to think about the people who are in children and young people's lives, particularly when they are out of school during the holidays and at weekends. Young people are in clubs and societies, which are a good opportunity to support young people in a non-stigmatising group environment with a skilled youth workforce. I know that in other countries there are youth workers in schools doing that level of intervention; they are available in every school in the Netherlands and Finland. Things like the pupil equity fund offer opportunities to bring youth work agencies much closer to schools and further develop those relationships, so they are definitely part of the picture.

Miles Briggs: I want to touch on the Government's 10-year mental health strategy that takes us to 2027. The strategy contains 40 specific actions that focus on children and young people. I know that some of the organisations represented here were critical of the strategy when it was published. Do you now think that it is fit for purpose?

Amy Woodhouse: In part. That is a bit of a weak answer. There are a lot of actions in the strategy and a lot of emphasis on children and young people—there are about 20-odd recommendations that relate specifically to children and young people—and that is welcome and a step in the right direction.

Our criticism is that the strategy is a bit pick'n'mix. There are many different actions, but what does it all add up to? There is no evident vision of what will be different in 10 years' time. The ambition for children's and young people's mental health is not spelled out. The strategy is too medical in its approach, because it is still based on clinical intervention rather than addressing the social determinants of mental health: it does not draw the connections with poverty or discrimination—outside of mental health discrimination—clearly enough. However, there

are some good things in the strategy and we welcome its emphasis on children's and young people's mental health.

Nicki Wray: I echo what Amy Woodhouse said, as we were also quite critical of the strategy when it was published. There are some points in the strategy that have the potential to be really good. For example, there is the review of personal and social education and the review of CAMHS rejected referrals. There are individual elements of the strategy that, should recommendations come out of them, that could lead to the kind of transformational change that we want to see. That would be fantastic, but the proof of the pudding will be in the eating. I also echo Amy Woodhouse's point in that we were disappointed by the medicalised way in which the strategy was put together, which meant that it did not recognise that there are lots of other elements that contribute to children's and young people's mental health. There is therefore still work to be done, but there has definitely been progress.

Alex Cole-Hamilton: I echo Amy Woodhouse's point about youth work, because a lot of young people who do not necessarily engage with formal education are probably more predisposed to mental health issues. That is absolutely where youth work reaches the parts that other interventions cannot.

About three weeks ago, Rob McCulloch-Graham and Janice Hewitt, who are chief officers of two of Scotland's largest integration joint boards—health and social care partnerships—said to us, without prompting, that referrals to child and adolescent mental health services are

“increasing at a terrifying rate”—[*Official Report, Health and Sport Committee*, 22 May 2018; c 37.]

and that there is something that we are not doing right in terms of that unmet need. It strikes me that part of the problem is that we have got very good at encouraging not just young people but everyone to start thinking and talking about their mental health and understanding when they might need help with a problem; and good at encouraging those around someone with a mental health problem to understand whether they need help. However, we are not getting those who need help to the races for months or years in terms of the amount of time that it takes for someone to see them.

If young people have to endure those waits—I do not think that they should, because I think that there should be massive transformation and investment in CAMHS—what can we do for them with regard to the services around them, whether that is a trauma-informed approach by teachers or just managing young people's expectations about when they can expect to be seen?

The Convener: Are there any views on that?

Nicki Wray: We published a report yesterday that is to run alongside the audit of CAMHS rejected referrals, and almost everything that Alex Cole-Hamilton has said is in that report. Our concern is for the children and young people who are not getting access and what happens to them while they are waiting. As I have said before, lots of our young people have said that being bounced around different services is part of the problem and that whether the wait is a month, a year or two years, it is the not knowing what is happening that is really difficult.

The Convener: What is the title of that report, Nicki?

Nicki Wray: It is “Audit of Rejected Referrals to Child and Adolescent Mental Health Services in Scotland”—a bit wordy. It is by Barnardo’s Scotland staff.

The Convener: Excellent. Emma Harper has a brief question.

Emma Harper: I would like to get the panel’s opinions. Last week, John Swinney announced £1.35 million towards national trauma training for adults and children with adverse childhood experiences. That is to target a national training programme. What are your thoughts on that news?

11:00

Nicki Wray: We hugely welcomed it. We have wanted to see that for a long time. The trauma training framework is a fantastic document, so to see the resource put behind it is extremely welcome.

As we understand it, the intention is for the programme to span not only targeted services that work directly with people who have experienced trauma, but universal services. As everyone has said, we can then start to pick up issues much earlier. That is fantastic.

Alex Cole-Hamilton: As a corollary to my first question about young people waiting so long that they stop being young people and become adults, transitions to adult services across service provision—not just mental health services—are patchy or sketchy at best.

Are panel members aware of any examples of good practice where that transition is seamless and young people do not suffer a dip in provision when they turn 18?

The Convener: Are there any examples of good transition?

Amy Woodhouse: Good transition is where CAMHS provision has been extended up to the

age of 26. There has been work on that in England and Northern Ireland, and it is something that the Scottish Association for Mental Health is calling for currently. Children in Scotland would support that. It really helps, because there is such a jump between child and adolescent services and adult services. That is not only for mental health services. For all health services, the transition from child and adolescent services to adult services is difficult and not always well managed.

Good practice comes down to planning years in advance, looking through options, and making adult services more accessible for young adults. That needs specialist, tailored approaches that recognise the specific needs of that community. It is not to say that good practice does not exist, and there may well be some, but I cannot think of any good examples in Scotland at the moment.

The Convener: That is telling in itself. Does anyone want to add anything on that front?

If not, we will move on to an area that struck me when the committee was talking to young people in primary 7, which is the connection that they see between physical activity and mental health. I was very struck by that. Brian Whittle will start the questions.

Brian Whittle: I am particularly interested in physical activity, nutrition and inclusivity. Before I get to the primary school examples, Sandra White and I had an opportunity afforded to us by the Cardonald campus of Glasgow Clyde College to speak to slightly older college students, who all had significant mental health issues. I thank Cardonald campus and all the students there. I thought that they were quite remarkable and very open in the way that they spoke.

What struck me was that they were absolutely aware of the importance of being physically active and they understood the importance of good nutrition, yet they still did not do it. There was only patchy evidence around, for example, going to a GP who said that they should join the gym, so providing access to a much better intervention.

I am interested in how we link physical activity with good mental health in terms of physical education in schools, and what we do to further promote to our young people the mental health benefits of being physically active and of good nutrition.

Ailsa Wyllie: The last three questions that have been posed were about health, diet and mental health and we know that physical activity can have a positive effect on the lives of young people and everyone else across these areas. As Brian Whittle said, everybody knows that physical activity is good and we should be doing it, so there is just a lack of taking the next step and making it happen. It is telling that, in the education system,

we need to look at PE provision. It is statutory that every child has access to two hours or two periods of physical education a week. Is that enough? Does it go far enough? Do we need to do more? Is PE, as it is currently delivered, in the right format? We know that a lot of children and young people will be put off being physically active because of their experience at school. In the wider engagement in the school day, how can we encourage an understanding of being physically active in the extra-curricular sphere and make the connection, for want of a better word?

With all these issues, it is key that partners work together and pull together the resources. It is not down to one organisation in one field, or to one institution. Expertise and knowledge have to be combined, so that we are all working together to challenge that attitude and make things happen, rather than everyone knowing that physical activity is a good thing but not actually doing it.

The Convener: Does sportscotland have a particular role in enabling that? Are you pursuing a specific remit to achieve that kind of partnership approach?

Ailsa Wyllie: Absolutely. We work closely with local authority partners and Government bodies, and we could probably do more on the health agenda. There are areas in which we could improve, but it is a step in the right direction to make these connections and work better together so that we are providing the opportunity for every child.

Brian Whittle: The young people that Sandra White and I met in that session came up with a lot of really good ideas, which was quite interesting because they had never been in that environment before. They sat around that table and came up with their own solutions, such as buddying systems and creating opportunities to be active in their peer group because they felt that that was less threatening. That was quite interesting.

At the other school we visited, we met P5s. Again, they were knowledgeable about wanting to be physically active. They are at an age at which they want to be physically active, and they completely understand about the importance of nutrition, but the feedback that we got from them was that they are not getting access to these things. There is a young girl who wants to play basketball but cannot get to the basketball net in the playground because of the boys, and there was a young lad who wants to play baseball. They really want to be active but they do not have access to the opportunities.

My question is about the link between school physical activity and extra-curricular activity. Are we getting that right? Can we do more about that?

Amy Woodhouse: It is quite telling that there have been a couple of examples of girls facing barriers to sports. One of the things that the statistics and evidence show is that girls' physical activity drops off, particularly as they reach their teenage years. We need to understand why that is.

Why does sport become less accessible to girls? Is it because there are fewer opportunities for girls? Is it because it is unappealing for cultural reasons around self-esteem and body image? All that is very complex and there are probably a few reasons. More broadly, for all children and young people, what are the other social barriers to participating in sports? We talked about some of those earlier—money, equipment, kit, gear, travel and so on. Those are real barriers to access, particularly if someone is living in an area of poverty and deprivation.

I will take the opportunity to flag up Finland's response to that, which was to bring in a hobby guarantee, so that every child and young person will have access to one extra-curricular hobby. That is not necessarily sport, because Finland has chosen to extend it to include cultural or arts hobbies. That is Finland's recognition that extra-curricular opportunities to be creative or to take part in exercise are vital and that we have a duty to overcome the societal barriers to those opportunities.

The Convener: Alice Ferguson and Denisha Killoh have already commented on some of these issues. Are there any aspects that you think should receive a bit more attention?

Denisha Killoh: When we speak to our members, their overwhelming view is that there are many barriers to taking part in sport. Research by the University of Leeds in 2014 suggests that the level of participation in sport is highest among young people who are in residential care and that the level falls among those who are in kinship or foster care, so that is another barrier. People in residential care face the institutional barriers that I mentioned earlier but they still get more access than those who are in kinship or foster care.

We have to ask whether Sir Chris Hoy, who is a national sporting hero, would have won the same number of gold medals if he had come from a care background. The barriers that are faced by young people who are in care hinder them in their lives, and it is not an overstatement to talk about the social capital of sport. People gain friends and get a sense of accomplishment through sport. They feel as though they belong somewhere. Too often, kids face barriers that hinder them and could prevent someone from being the next Sir Chris Hoy.

Alice Ferguson: I agree with everything that Denisha Killoh has said. It also comes down to cost. People cannot afford to pay £5 every time they want to go to the gym, but if all their friends are going to the gym, that is where they will want to go.

Ailsa Wyllie: I will pick up on the point about girls' involvement in physical activity and sport, because we have done quite a lot of work in the school setting on the barriers to girls' participation. There is a lot of evidence from around the globe, from down south and in Scotland that the issues that we need to tackle are the same across all those areas. When girls hit the teenage years, they start to drop out. That has been the trend for a number of years.

There are some really positive programmes out there, and we are working with schools to change that trend. We have developed a solutions workshop that is about educating the workforce—it is more about targeting the understanding of the people who work with girls and young women. The overwhelming feedback from the young people is that there is a need for consultation. They need to be asked what they want to be part of and what they want to take part in at school and during extra-curricular activity. We are very passionate about seeing that trend change.

It was positive that the Scottish household survey showed an upward trend for such participation in the most recent figures. Since 2008, there has been a rise in the number of girls who are being physically active. However, we realise that it is still a huge issue in and out of school, and we will continue to work on it with our partners.

The Convener: Does sportscotland have any targets or objectives for the participation of young people and girls?

Ailsa Wyllie: Yes. The corporate plan sets out our huge ambition to provide opportunities for children and young people in Scotland, and we continue to work on that for all children and young people, not just girls. It is definitely an area of focus for us.

Brian Whittle: For me, physical education in schools is about learning how and why to be physically active. What came out of the feedback was that the ability to apply that learning in an extra-curricular activity in school or in the community is missing.

Do we need to work hard on that area? I am cognisant of the cost of participation, which is why I am keen that access to physical activity, sport, drama, art, music or whatever remains at school, at the end of the school day. Are we missing a trick there? Are we missing the connection

between physical education and the ability to apply that learning?

11:15

Ailsa Wyllie: The active schools network is a network of co-ordinators who have access to every primary and secondary school in Scotland, and their role is to increase the links and connections between school participation and extra-curricular participation in the slots before, during and after school. They provide links into community avenues as well. I will never say that we cannot do more to improve things, but there is a network of co-ordinators who provide that service for every child in the school setting—or, at least, the opportunities to take part in various activities should children wish to do so.

It is always unfortunate if a person particularly wants to pursue an activity but it is not on their doorstep. The co-ordinators are very aware of that. They listen to the children and young people whom they work with and always try to see what they can do. The network is about bringing the local clubs and communities into the school environment and taking the kids into extra-curricular activities outwith school, to provide opportunities for them.

Alice Ferguson: I know, from personal experience, that the rugby in my school is run by a local rugby club, which comes to the school. Anyone who wants can play rugby for one period a week as well as doing physical education. A lot of pupils do that, and it is a really good way to get them to do more exercise. The fact that a pupil gets to miss class if they go to school rugby is a wee bit of an incentive.

I spoke to someone the other day about the girls issue. There is no school rugby for girls; it is just for boys. I do not know why that is—maybe girls cannot play rugby with boys.

Brian Whittle: They do in Parliament.

Alice Ferguson: That is what happens at my school, and it is a really good way to get young people into sport. There could be such programmes for other sports. I do not know whether other schools have school rugby, but that is a great way for a person to do something additional to PE or something that they do outside school.

Emma Harper: Everybody's contributions have been great. We are talking about getting young women into sport, but lesbian, gay, bisexual and transgender people might need access to sport as well. What are your thoughts on that?

Amy Woodhouse: I agree. That is another group that can experience barriers to sport in not feeling welcome or able to participate in it.

Although we all speak on behalf of LGBT children and young people as part of our jobs, it is a shame that there is no group representing them the table. A number of local societies—sports societies and football clubs, for example—exist for adults, but I do not know whether they exist for children and young people.

The Convener: That is a very important question.

Miles Briggs: We keep hearing about the need for cross-portfolio working and people needing to get out of their silos to make things happen for young people. In the city of Edinburgh, a top priority of the council is to have more opportunities for young people, but, this week, it is likely to vote to increase the charges for sports clubs that want to use facilities in the city. A lot of clubs have contacted me to say that they are likely to fold or to not put on as many events. Do you have examples of anywhere else where that is happening? Best practice could be spread so that we can make more happen for young people in Scotland and give them more opportunities. Where are we not currently delivering those opportunities?

The Convener: That is a very broad question, but we are looking for examples of what works in promoting such opportunities more widely.

Brian Whittle: I can answer that.

The Convener: It has come to something when questions are being answered by members of the committee, but we can do it once in a while.

Brian Whittle: I just happen to be in that environment. Some councils are doing great work and are giving access to those groups who are most vulnerable. We have already heard about access for carers, but access for LGBTI people and access for youth are issues, too. East Ayrshire is very good at encouraging those groups into sport, which tells me that it can be done. I would like to understand how East Ayrshire Council is doing that and how we can spread that best practice to the rest of the country.

Miles Briggs: That is very good. I will answer my own question as well.

I recently visited the Yard in Edinburgh. It is a fantastic facility, but it has a waiting list of 200 parents—that might not be the exact figure. Just up the road is a school that The Yard could use, which would kit it out and provide the volunteers, but we are fighting to get City of Edinburgh Council to let the janitors keep the facility open.

It is such simple things that hold us back as a country. The committee has raised that issue in the work that we have done on access to sport. Do you know of any examples of people having been

able to cut through what seems to be bureaucracy to make things happen?

The Convener: There will be an opportunity to answer that question in a moment.

We have heard a lot from committee members in the past few minutes. Now that the witnesses—who are not members of the committee—have heard about the various issues that we have addressed this morning, I will go round the table one last time, so that we can hear whether there is any issue relating to young people, health, care or sport that we have not covered but that they are keen we should address. Witnesses can also answer those questions.

Amy Woodhouse: We have 500 fantastic ambassadors to support the year of young people. A couple of weeks ago, the cross-party group for children and young people had a special meeting on the year of young people and heard from one of those ambassadors, Rhys McCole, who is a boxer with six disabilities—we have to recognise that people with disabilities are another group who face barriers to participation in sports and physical activities. To start with, Rhys McCole was not allowed to box because of his disabilities, but he is now a boxer. He has overcome those barriers through sheer willpower—his own determination to change people's minds and to break down those barriers. He is a fantastic example of what can be done when someone has enough motivation. However, it is disappointing that it took Rhys's work to remove those barriers rather than organisations around him recognising that they needed to move.

The Convener: Thank you for that strong example. Is there anything else that witnesses think we have not covered but should be put on record?

Denisha Killoh: In relation to sport, discrimination and care experience, the dark reality is that the system is built around loss rather than love. For example, a school event such as a sports day is when the whole school unites and the different school houses get together—it is a very active event. However, I want the committee to think about what it is like for care-experienced people: they run through the finish line and look up to see everyone else's parents cheering their children on, but their parents are not there. To make a serious change, we need to start making the care system about love and start listening to young care-experienced people about their barriers, because they just feel left out.

The Convener: Thank you for that very powerful evidence.

Alice Ferguson: Part of the SYP's national right here, right now campaign is focused on incorporating the UNCRC into Scots law. It would

be great if that could happen, because the right to play and so on would then be binding, rather than guiding, in law.

Nicki Wray: I would like to leave the committee with a thought on mental health. We would like to see a model of support that is based on relationships and that is rooted in children's and young people's experiences rather than one that focuses on the symptoms that they are displaying.

The Convener: I thank all the witnesses for a very stimulating and interesting evidence session, which has given us a great deal of food for thought.

11:25

Meeting continued in private until 12:23.

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

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