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Public Petitions Committee

Comataidh an nan Athchuingean Poblach

Thursday 19 November 2026

Session 7

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Pàrlamaid na h-Alba

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PUBLIC PETITIONS COMMITTEE
6th Meeting 2026, Session 7

CONVENER

*Paul Sweeney (Glasgow) (Lab)

DEPUTY CONVENER

*David Torrance (Kirkcaldy) (SNP)

COMMITTEE MEMBERS

*Cara McKee (West Scotland) (Green)
*Marie McNair (Clydebank and Milngavie) (SNP)
Victor Currie (Highlands and Islands) (Reform)

*attended

LOCATION

The Adam Smith Room (CR5)

Scottish Parliament

Public Petitions Committee

Thursday 19 November 2026

[The Convener opened the meeting at 10:01]

Decision on Taking Business in Private

The Convener (Paul Sweeney): Good morning, and welcome to the sixth meeting in 2026 of the Public Petitions Committee. Ahead of today's meeting, we received apologies from Victor Currie.

I am pleased to welcome visitors to the public gallery. I remind them that only members can participate in the committee's formal proceedings and that they are prohibited from recording our proceedings, although the proceedings are recorded so, if people need to access them, a recording will be available. I ask everyone to ensure that mobile phones and other electronic devices are on silent throughout the meeting.

Under our first item of business, do members agree to take item 3 in private?

Members *indicated agreement*.

New Petitions

Prison Overcrowding (PE2248)

10:01

The Convener: The next item on our agenda is consideration of new petitions. Our first petition, PE2248, on stopping prison overcrowding by changing how prisoners are released or sentenced, was published on 26 August 2026 and lodged by Joanne Phillips. The petition calls on the Scottish Parliament to urge the Scottish Government to reform sentencing guidelines and expand funding for community-based rehabilitation programmes to safely reduce prison overcrowding.

The Scottish Parliament information centre briefing on the petition notes that the operation of prisons and the use of custody have been the subject of considerable debate and scrutiny in recent years, with key issues including the size of the prison population reaching record levels and the associated problem of prison overcrowding.

The Scottish Government notes that sentencing guidelines are the responsibility of the independent Scottish Sentencing Council and that decisions to approve any guidelines that it proposes are for the High Court.

Regarding the expansion of community-based rehabilitation programmes, the Scottish Government notes that the 2026-27 budget includes a further £10 million for community justice, building on the £25 million of additional funding that was committed in the previous two years.

The Government notes that changes to the automatic early release point for certain long-term prisoners were included in its recent consultation on the prison population and penal reform, and that it will consider the responses to the consultation—including the practical implications of the measure, should it be pursued—before taking any next steps.

Do members have any comments or suggestions for action?

Cara McKee (West Scotland) (Green): The petition raises a lot of important points. We should keep it open and ask the Criminal Justice Committee to consider it as part of its review of penal reform. It is also worth writing to the Scottish Government to ask when it expects to publish the responses to and findings of the "Prison population and penal reform: working towards sustainability" consultation.

The Convener: Those seem reasonable actions. Do members agree to that approach?

Members *indicated agreement*.

Scottish Supersponsor Scheme (PE2249)

The Convener: PE2249, which was published on 26 August 2026 and lodged by Mykhailo Uhyliant Vrozshuku, calls on the Scottish Parliament to urge the Scottish Government to take action on the supersponsor scheme for displaced Ukrainians. Specifically, it calls for the Government to immediately open the scheme to new applicants, utilise its devolved housing and integration powers to resume state sponsorship under the United Kingdom Government's homes for Ukraine scheme and commit the necessary funding to sustain safe Government-backed hosting.

The petitioner asserts that those actions are about fulfilling Scotland's moral duty to protect vulnerable people fleeing war. He further asserts that Scotland must defend human dignity by securing a future of absolute safety for the oppressed.

The Scottish Parliament information centre briefing sets out that the United Kingdom Government launched the homes for Ukraine sponsorship scheme on 14 March 2022. Under the scheme, Ukrainian nationals can apply for a UK visa once they have secured sponsorship from a UK resident who is willing to provide accommodation.

The Scottish Government, together with the Welsh Government, proposed a supersponsor arrangement under which it would act as a sponsor for Ukrainian nationals applying for a homes for Ukraine visa, so that applicants would not need to be matched with an individual host before a visa could be issued. Once a visa had been granted, the Scottish Government would arrange accommodation and access to services on that person's behalf. The supersponsor scheme launched on 18 March 2022. In July that year, the Scottish Government paused the scheme to new applications, initially for three months, citing demand and pressures on accommodation.

The Scottish Government states that, although the Scottish supersponsor scheme remains paused, there is still a route to sanctuary in the UK through the homes for Ukraine visa scheme. The Scottish Government notes that the decision to pause the Scottish supersponsor scheme has been reviewed at regular intervals against set criteria, including existing pressure on local authorities and services, the availability of suitable accommodation and the costs of operating the scheme. The most recent review was held in December 2025, and it concluded that the majority of the criteria had not been met.

Professor Linda Bauld, who is the chief social policy adviser, is leading a further review of the scheme. The Government states that policy decisions about the future of the supersponsor scheme will be made based on the findings and recommendations of Professor Bauld's review.

The petitioner's written submission is critical of the Scottish Government's response to the petition, stating that it does not address the petition's asks. The petitioner is of the view that the Government should reopen the supersponsor scheme, commit adequate funding for safe accommodation and integration, and publish clear permanent operating criteria. The petitioner further states their view that the Scottish Government should agree the necessary arrangements with the UK Government and scale accommodation, integration support and funding to meet demand, while retaining appropriate visa eligibility and safeguarding checks.

Do members have any comments or suggestions for action on the petition?

David Torrance (Kirkcaldy) (SNP): The committee should consider keeping the petition open and writing to the Scottish Government to ask it to update the committee on its views on the actions that are called for in the petition once the review of the social supersponsor scheme by Professor Linda Bauld, the chief social policy adviser, has been concluded and its recommendations have been published. In keeping the petition open, the committee should also consider writing to the Convention of Scottish Local Authorities, the Scottish Refugee Council and any other stakeholders that the committee considers to be appropriate to seek their views on the actions that are called for in the petition.

The Convener: I am happy with that. Do members have anything else to suggest?

Cara McKee: No—that covers everything that I was going to say.

The Convener: Fair enough. Marie, are you happy with that?

Marie McNair (Clydebank and Milngavie) (SNP): Yes.

The Convener: Great. If we are content with those actions, we can crack on.

Knife Amnesty (PE2250)

The Convener: PE2250, which was published on 26 August 2026 and lodged by Tracy Curdie, calls on the Scottish Parliament to urge the Scottish Government to call for a nationwide knife amnesty. The petition notes that the previous amnesty was in 2006 and highlights high rates of knife crime, especially among young people. The petitioner would also like the Government to

consider the use of safety deposit boxes to safely dispose of any weapons in areas that are known to authorities to have higher violent crime rates.

The Scottish Government notes that Scotland has never run a knife amnesty scheme as a free-standing measure, stating that the 2006 amnesty, which collected 12,645 weapons through 220 bins, was one element of the year-long safer Scotland campaign, which was co-ordinated by the violence reduction unit. That was embedded in a wider public health approach, involving targeted campaigns for groups at particular risk, and the Government states that that has been the approach that has been taken ever since.

The Scottish Government further notes that its approach remains focused on the evidence-based public health model of violence prevention, including targeted interventions in communities where violence is most concentrated, working with partners to address the underlying causes of offending and victimisation, and supporting long-term reductions in violence. The Government notes, however, that the Cabinet Secretary for Justice will consider such a scheme as proposed in the petition as part of an overarching violence prevention strategy, should its effectiveness in reducing knife crime be evidenced.

Do members have any comments or suggestions on the petition?

David Torrance: I think that the petition has some merit, and the committee should consider keeping it open. We should write to the Scottish Government to ask whether it will consider the possibility of another knife amnesty as part of an overarching violence prevention strategy. In doing so, the committee should seek further information from the Cabinet Secretary for Justice on the strategy, including information on what it is likely to cover and an indication of a timescale for the completion of that work.

In keeping the petition open, I wonder whether the committee would consider writing to relevant stakeholders such as Police Scotland, the Scottish Violence Reduction Unit, YouthLink Scotland and any other stakeholders that the committee considers to be appropriate to seek their views on the actions that the petition calls for.

The Convener: I am happy with that. As there are no other comments, do members agree with that course of action?

Members *indicated agreement*.

Dog Control Measures (PE2251)

The Convener: Our next petition is PE2251, which was lodged by Katie Little. It calls on the Scottish Parliament to urge the Scottish Government to review and modernise the Control of Dogs (Scotland) Act 2010, with proposed measures including the immediate detention of dogs involved in serious attacks, accountability for irresponsible owners, a national expert review panel for dog-on-dog fatalities, licensing for owners of large powerful dogs and professional dog walkers, limits on the number of dogs that one person can safely control, and mandatory third-party liability insurance for all dog owners.

The Scottish Parliament information centre briefing notes key legislation that is of relevance to the actions that the petition calls for, including the Control of Dogs (Scotland) Act 2010, which gives powers to local authorities to issue dog control notices that require a person to bring and keep a dog that has been out of control under control. The briefing notes that post-legislative scrutiny of the 2010 act was undertaken by the Public Audit and Post-legislative Scrutiny Committee in session 5 of the Scottish Parliament and that its July 2019 report discussed various issues that have been raised in the petition and made various recommendations.

The Scottish Government states that, although general laws in relation to dog control are kept under review to help ensure that they continue to help keep communities safe, there are currently no plans to make more general changes to those laws. The Government response goes on to highlight various actions that it has taken that relate to the concerns that are raised in the petition, including its hosting of a responsible dog ownership summit in September 2024. The summit brought together experts from a range of organisations, including Police Scotland, local authorities, veterinary bodies, and public health and third sector organisations to consider how dog control and public safety can be improved.

The Scottish Government subsequently established an expert advisory group to look at issues that were raised at the summit and to help determine what steps can be progressed. A number of sub-groups of the expert advisory group have since been set up. The sub-groups are currently looking at specific areas of work that cover issues such as enforcement of dog control laws and dog welfare. The Government sets out that the expert advisory group's work is ongoing and that it looks forward to seeing its recommendations in due course.

The petitioner's submission raises concerns regarding the lack of reliable national data on the frequency of serious and fatal dog-on-dog attacks and suggests that the Scottish Government could establish a national system for recording such attacks. The petitioner goes on to state that the Government's response does not address how the ongoing risk that is posed by a dog following a

serious or fatal attack is assessed, noting that there is a

"fundamental distinction between preventing a dog from becoming dangerous and managing the risk that is posed by a dog that has already inflicted catastrophic injuries."

The petitioner also asks that the Government takes steps to ensure that there is appropriate, proportionate accountability for owners following serious dog-on-dog attacks.

Members will also have seen in the committee papers correspondence on the petitioner's behalf from Pauline McNeill MSP, which we received on 18 November. Considering the petitioner's submission, the Government's response and Pauline McNeill's written submission, do members have any comments or suggestions for action?

Cara McKee: I think that we should keep the petition open and ask the Scottish Government to respond to the points that the petitioner has made and set out when it expects the recommendations of the responsible dog ownership expert advisory group to be published. It is also worth writing to COSLA, the British Veterinary Association, the Scottish Society for Prevention of Cruelty to Animals and the Dogs Trust to seek their views on the actions that the petition calls for.

The Convener: I am happy with that. Are members happy with those suggestions?

Members *indicated agreement*.

Endometriosis (Database) (PE2253)

10:15

The Convener: Our next petition is PE2253, which was lodged by Candice McKenzie. It calls on the Scottish Parliament to urge the Scottish Government to establish a mandatory national database to record and monitor real-world outcomes from endometriosis treatments, surgery, hormone therapies and hormone replacement therapy, in order to improve patient safety, informed consent, clinical understanding and accountability in endometriosis care across Scotland. The petition was published on 9 September 2026.

This is a resubmission of a petition that was lodged towards the end of session 6. That petition was closed by our predecessor committee due to a lack of time to give any effective consideration to the issues raised. The session 6 committee's view was that the petition warranted an evidence session with the relevant minister. As members will be aware, we have a number of women's health-related petitions before us.

The SPICe briefing explains that, despite the prevalence of endometriosis, the condition remains underresearched and poorly understood, with no known cause and no cure. The briefing notes that some measures and projects are in place, including NHS Scotland's endometriosis pathway, the University of Edinburgh's ENDO1000 project and the recent £2.4 million grant awarded to the University of Aberdeen to trial a new individualised pain management programme for endometriosis treatment.

In its written submission, the Scottish Government states that, although the creation of a national database could bring benefits for women living with endometriosis, it considers that it is not practical or achievable at this time, as the complexity of its creation would come with significant costs attached and considerable implications for staff time. It adds that, for a national database to be routinely updated, a standardised way of coding would need to be in place across all health boards in both primary and secondary care.

The Scottish Government states that endometriosis remains a priority issue and plays a key part within the women's health plan. It adds that phase 2 of the plan was published in January 2026 and outlines measures such as the endometriosis care pathway and NHS Inform's women's health platform, which are designed to help people living with endometriosis to access the best possible care and support. It sets out a number of research projects that are in place to support that and refers to the recent establishment of the women's health research network, which is chaired by leading endometriosis expert, Professor Andrew Horne.

In her written submission, the petitioner welcomes the Government's acknowledgement that her suggestion of a national database could benefit women living with endometriosis but expresses her concern at the Government's position that creating such a database is currently not achievable or practical.

The petitioner notes that the Government does not provide cost estimates or any feasibility assessment to support its position. She asks whether different models of implementation have been considered—for example, a phased introduction, a pilot programme or a more targeted approach using existing infrastructure. She argues that a minimum dataset may offer a practical starting point while limiting demands on clinical services and asks whether any assessment has been made of the potential to build upon or link existing NHS Scotland and Public Health Scotland information systems.

The petitioner acknowledges the research that is being undertaken in this area, but argues that although research projects are valuable, they do not automatically provide a comprehensive,

representative picture of treatment experiences and outcomes. She therefore seeks clarification on how those will be incorporated into future work and how women with lived experience will be involved in determining what information is important to collect.

The petitioner asks us to seek clarification from the Government on the evidence underpinning its position, the alternative approaches that it has considered, and what practical commitments it is prepared to make to address the gaps in treatment outcomes data.

Do members have any comments or suggestions for action on this petition?

Cara McKee: I think that it is a really important issue. Women's health generally has not been well enough researched and we do not have enough data, and endometriosis is a debilitating condition so we really need to find out more about this. I think that we should keep the petition open and garner some more evidence on the issue. I also think that it is worth taking forward for a committee debate on women's health.

The Convener: Are we in agreement on that?

David Torrance: I agree with that. The Health, Care and Sport Committee is doing some work on women's health as well. We should look at what it is doing so that we can help each other with this. I agree that a committee debate would be a good way to highlight the issue as well.

The Convener: We might therefore want to write to that committee to understand what it is doing and also consider what we would be looking to achieve in relation to gathering more evidence. I think that the committee debate proposal is worth while as well.

Moreover, if colleagues are in agreement, I would like to invite the Scottish Government to respond to the petitioner's specific questions regarding the evidence underpinning its position, particularly on practicality and cost. The petitioner made a fair point, and the Government kind of brushed it off without really setting out a reason for doing so. I do not know whether we are talking about 100 grand or £10 million, and it would be good to get an understanding of what exactly it means.

I would also like the Government to set out any alternative approaches that it might have considered, and how patient-reported outcomes and lived experiences will be incorporated into future work. I think that it would be reasonable for us to challenge the Government on that, if members are happy to do so.

Members *indicated agreement*.

The Convener: We will package up that set of responses to the petition. Thanks very much.

Accessible Vehicles Scheme (Expansion) (PE2254)

The Convener: PE2254, on providing funding for under-3s as part of the accessible vehicles scheme, was published on 16 September 2026. The petition, lodged by Elaine Davis on behalf of Kindred Advocacy, calls on the Scottish Parliament to urge the Scottish Government to urgently provide funding for families raising a disabled or seriously ill child under three years old with significant mobility needs to access a suitable car to make transporting the child and vital equipment easier and more practical. The petitioner highlights that that would allow families to take their child to medical appointments and to get around on a day-to-day basis.

The SPICe briefing explains the rates of mobility component of the child disability payment and provides background on how the age limit was set as well as on Family Fund mobility support. The briefing notes that it is unclear whether the petition is asking for eligibility for support to be extended to children under three, or whether it is looking to secure funding to reinstate the Family Fund grant scheme.

The Scottish Government explains that it was not responsible for either funding or administering the Family Fund mobility scheme. It considers that providing funding to mitigate the ending of the scheme only for people in Scotland would place additional pressure on the social security budget in Scotland, and it indicates that further work would be required to assess whether that would be practical.

The Government also mentions passporting, by which individuals eligible for the child disability payment in Scotland and for disability living allowance for children in the rest of the UK can be automatically entitled to various reserved benefits and premiums. It states that there is a risk that, should the eligibility rules for the child disability payment diverge significantly from current disability living allowance for children rules, the child disability payment might not continue to be recognised for automatic passporting. It also provides details on the existing financial support available for some travel costs that disabled or seriously ill children incur, including the young patient family fund, the patient travel expenses scheme and the Highlands and Islands travel scheme.

We have received a written submission from Family Fund, which sets out evidence that the programme achieved strong positive outcomes for families that it was aimed at supporting. It also says that it believes that the programme aligns

closely with the Scottish Government priorities to support disabled people and their families.

In their submission, the petitioners explain that they support the reinstatement of the Family Fund mobility scheme, and ask for Government action to address the current gap in provision in the scheme's absence. They set out the importance of having access to a suitable vehicle, and the difference that such support makes, and they argue that existing support does not address the specific need for access to a suitable vehicle, pointing out that the young patient family fund is available only to families whose children are in-patients, and that the patient travel expenses policy does not address the practicalities of travel to healthcare appointments or families' wider everyday transport needs. They also raise concerns around the implication for children's rights.

I certainly think that the petitioners make a powerful case, and I wonder whether colleagues are similarly minded.

David Torrance: I hope that the committee will consider keeping this petition open, because I think that what it is asking for has merit. I also wonder whether we could write to relevant stakeholders, including Inclusion Scotland, and ask them to consider the asks in the petition.

Cara McKee: It might also be worth getting back to Family Fund and the Motability Foundation to find out whether there are other sources that might meet the required funding.

The Convener: That is fair. The Government emphasises risks in relation to passporting. Yes, there is a scary scenario in which automatic passporting could be lost, but how realistic is that? I agree that there are issues on which to challenge the Scottish Government.

Cara McKee: I also think that the petitioner is completely correct on the point about children's human rights. We must remember that it is not only the child who is affected but their family, including siblings and parents. They all need to live a life that is not solely about hospital appointments.

The Convener: Yes, that is very true. There is a strong case.

If members are happy with those actions, we can pursue them. Are members content with that approach?

Members *indicated agreement*.

The Convener: I thank the petitioner for attending today.

Minister for Women's Health (PE2255)

The Convener: Our next petition is PE2255, which was lodged by Elizabeth Carr-Ellis on behalf of the support for her health initiative and published on 16 September 2026. It calls on the Scottish Parliament to urge the Scottish Government to restore a dedicated minister for women's health and make improving women's health outcomes a national priority.

The Scottish Parliament information centre briefing notes that there was a dedicated Minister for Women's Health during session 6 of Parliament and highlights that the petition raises concerns that the removal of that dedicated role may have an adverse impact on the implementation of commitments that were made in the women's health plan, which was developed following Scottish Government-commissioned research exploring women's experiences of discrimination and the impact on their health.

The Scottish Government considers the ask of the petition to be practical and achievable as the Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs, Maree Todd, has portfolio responsibility for women's health. It explains that the women's health portfolio has always been held alongside wider portfolio responsibilities. It adds that the minister chairs the women's health plan phase 2 oversight group, and it sets out the aims of phase 2 of the women's health plan and highlights commitments made regarding women's health in its programme for government for 2026 to 2027.

The petitioners contend that having ministerial responsibility is not the same as having a dedicated minister for women's health. They recognise that those who previously held the role of Minister for Women's Health held additional responsibilities but argue that the fact that women's health was explicitly recognised in former titles established it as a distinct policy priority. They also note how the current minister oversees several major policy areas, which involve substantial challenges and competing demands.

The petitioners set out their position that policy commitments are not evidence of delivery and oversight is not the same as accountability. They consider that Scotland's inequalities demand sustained attention and that women's health is a whole-life issue. They set out four questions at the end of their submission for us to consider.

Based on those submissions and the Government's response, do members have any comments or suggestions for action?

Cara McKee: Again, I consider that the petition is worth keeping open and including in a debate on women's health. It is also worth inviting the Scottish Government to respond to the questions raised by the petitioner. We should write to the Scottish Government, as the title of the ministerial

post is probably not a matter for Mare Todd to determine.

The Convener: Yes, it would be helpful to get a response from the Government more broadly.

David Torrance: We have a number of petitions on women's health. I wonder whether the topic could be dealt with in one of the evidence sessions that we will have with relevant ministers.

The Convener: There is a recurring theme here.

We ought to get a response from the Government on the nomenclature of the minister's title and on the questions that the petitioner has raised, so I am happy with that approach. We can also ask whether the minister has a personal view on the title. Perhaps it is a matter for the First Minister.

We will see what the Government has to say on the matter. It is certainly worth probing further. Are members content to take the outlined approach?

Members *indicated agreement*.

The Convener: I thank colleagues for those suggestions.

Domestic Abuse (Non-partner Coercive Control) (PE2257)

10:30

The Convener: PE2257, which was published on 16 September 2026 and lodged by Sareeta McLachlan, calls on the Scottish Parliament to urge the Scottish Government to strengthen Scotland's domestic abuse and safeguarding framework so that protections extend to adults experiencing coercive control, psychological harm, isolation or financial exploitation by non-partners, ensuring equal protection under the law, regardless of the perpetrator's relationship to the victim. The petitioner clarifies that non-partners include carers, family members, friends, neighbours, guardians, attorneys and others in a position of trust or power.

The Scottish Parliament information centre briefing on the petition explains that section 1 of the Domestic Abuse (Scotland) Act 2018 provides that a person commits an offence if they engage in a course of behaviour that a reasonable person would consider to be likely to cause physical or psychological harm to their partner or ex-partner. In addition, part 1 of the Adult Support and Protection (Scotland) Act 2007 provides various protections for adults at risk of harm.

The briefing notes that, during the passage of the bill that became the 2018 act, different views were expressed on the definition of domestic abuse being limited to partner and ex-partner relationships. It notes that Hourglass, which was previously known as Action on Elder Abuse, continues to seek an expansion of the 2018 act's scope to include relationships beyond partner and ex-partner relationships, and it is campaigning for an aggravation based on vulnerability. I note that, yesterday, the committee received a submission from Hourglass, which has been published and circulated to members. The submission expresses Hourglass's support for the petition and calls on the Scottish Government to introduce legislation to extend the domestic abuse offence to cover other family members.

The Scottish Government has stated that it considers that the harms described in the petition are capable of being addressed through existing adult support and protection, incapacity, criminal law and civil law frameworks, so it is not necessary to amend domestic abuse legislation.

The Government's response highlights the adult support and protection national strategic forum, which provides national leadership and oversight of work to strengthen adult support and protection practice, and the adult support and protection learning and development framework, which supports those carrying out functions under the 2007 act. It also highlights that the Scottish Law Commission is undertaking a review of the civil remedies for domestic abuse.

The petitioner's submission questions whether Scotland's criminal law can recognise and address sustained coercive control of an adult, regardless of the relationship between the people involved. The petitioner notes that harmful control by non-partners is being recognised late and addressed in fragments—if it is even addressed at all. The petitioner considers that there are gaps in the recording of incidents, which makes it difficult to assess whether existing safeguards are working.

The petitioner's submission sets out that the petition is not about ordinary family disagreements or legitimate caring decisions. It states that, instead, it is about ensuring that an adult's voice is heard, that they are protected and that someone is accountable when that fails. The petitioner considers that creating a clear offence could deter sustained coercive control.

Do members have any comments or suggestions for action based on the submissions from the petitioner and Hourglass?

David Torrance: Given the evidence before us, the committee could keep the petition open and write to the Scottish Law Commission to ask for its views on the actions that the petition calls for, when it expects to publish its review of civil remedies for domestic abuse and whether that review will cover the actions that the petition calls for. We could also write to Police Scotland, the Crown Office and Procurator Fiscal Service, Social

Work Scotland and any other stakeholders that the committee might wish to consider.

Cara McKee: It would be useful to get input from domestic abuse organisations, such as Scottish Women's Aid, and it might also be useful to get in touch with the Carers Trust to get its point of view.

The Convener: I agree. Given that the Law Commission is carrying out a review of civil remedies for domestic abuse, it would be interesting to get its perspective, although I note that we are talking about a criminal offence. The Law Society of Scotland might have a view on the petition, so it might be worth asking for its opinion, too.

All those actions seem reasonable in moving us forward. I thank the petitioner for her submission. Further investigation will be worth while.

Do members agree with that approach?

Members *indicated agreement*.

National Health Service (Complaints Handling) (PE2258)

The Convener: PE2258, on an independent review of national health service complaints handling for greater accountability and learning, was published on 16 September 2026 and lodged by Yvette Rodgers.

The petition calls on the Scottish Parliament to urge the Scottish Government to undertake an independent review of NHS Scotland complaints handling, including the independence of investigations, how findings and failings are communicated to families, how learning and improvements are demonstrated following complaints, and whether greater independent oversight and the duty of candour are required to ensure transparency, accountability and public confidence.

The SPICe briefing explains that the current NHS complaints-handling procedure was established in 2016, following the Patient Rights (Scotland) Act 2011, which introduced the right for people to give feedback, raise concerns and make complaints about NHS services. The 2011 act also placed a duty on the NHS to actively encourage, monitor, take action and share learning from the views that it receives.

The NHS model complaints-handling procedure applies to all healthcare settings where NHS treatment is provided, including general and dental practices. If the person making the complaint is not satisfied by how it has been handled, they can approach the Scottish Public Services Ombudsman. The Scottish Government notes that the Scottish Public Services Ombudsman, which is accountable to this Parliament, has specific powers and responsibilities to monitor and support best practice and complaints handling by organisations including NHS bodies, and it considers that it would not be practical for the Scottish Government itself to undertake a review as called for in the petition.

The Government also notes that all NHS boards are required to publish an annual organisational duty of candour report. It has undertaken a review of the duty of candour, the findings of which are expected to be published later this year, and it states that that review will inform the Scottish Government's ongoing programme of work with stakeholders including Healthcare Improvement Scotland and Public Services Delivery Scotland, focusing on organisational duty of candour, adverse events, NHS complaints and openness and learning more broadly. The Government also notes the role played by the Patient Safety Commissioner Scotland, an independent public advocate for patients on issues of safety that is also accountable to the Parliament.

In her submission, the petitioner states her view that there is an important distinction to be made between reporting the actions that have been taken and demonstrating that those actions have actually resulted in effective sustained improvements. The petitioner also questions how such changes are evaluated and monitored.

Given the Government's view that it would not be practical for the Government itself to undertake the review called for in the petition, the petitioner seeks clarification on whether it would support an independently commissioned review or its being undertaken by another appropriate independent body. Although she welcomes the Scottish Government's commitment to review the duty of candour, the petitioner states that it is important that the review considers not only whether the required procedures have been followed but whether they provide meaningful transparency, accountability and assurance in practice.

Do members have any further comments or proposals for actions in this petition?

Cara McKee: It is important that we keep the petition open, and we should seek input and views from bodies such as NHS Inform, the Scottish Public Services Ombudsman, the Patient Safety Commissioner Scotland and anyone else that committee members consider appropriate on the actions called for in the petition and on the points raised by the petitioner in their written submission. It is also worth asking for an update from the Scottish Government on the review of Scotland's duty of candour when it reports.

The Convener: That is fair. I would also suggest that, when we write to the Scottish Public Services Ombudsman, we ask it to clarify the current status of its ability to escalate complaints, as there have

been some issues with its systems and how effective and efficient they are.

I note, too, that the Patient Safety Commissioner is a recent appointment by this Parliament. Given the absence of Government interest in carrying out this review, it might be worth seeking, in particular, the commissioner's view on what might be the appropriate body to lead it and whether it would be her office or some other body. However, I think that the petition's call is a reasonable one and worth further investigation.

Are members content?

Members *indicated agreement*.

Digital Smear Campaigns (Proposed Criminal Offence) (PE2259)

The Convener: PE2259, which was published on 16 September 2026 and lodged by Katrina Murray, calls on the Scottish Parliament to urge the Scottish Government to reform Scots criminal law by creating a statutory criminal offence for targeted online slander and character assassination. The petitioner's understanding is that the police routinely label digital smear campaigns as civil matters. However, she asserts that civil court litigation in the sheriff court or the Court of Session can present insurmountable financial barriers for ordinary citizens, and civil legal aid is unavailable. She believes that Scots law must criminalise such actions based on intent and harm.

The Scottish Parliament information centre briefing sets out that the legal remedy for attacks on character of the type described by the petitioner would usually be defamation action. That is a civil justice matter, which means that it would be up to the person who is affected to raise and pay for their own legal action. Civil legal aid is not usually available for defamation.

The Government response states that, in practice, the police and the Crown Office and Procurator Fiscal Service, in investigating and prosecuting the sort of behaviour that is outlined in the petition, might encounter a difficulty in proving to a criminal evidential standard that the message is slanderous or libelous, that it relates to the alleged victim, and that the accused person sent the message. The Government states that it is unclear whether a specific offence would necessarily obviate any of those difficulties and that no specific action is planned in the area at this time.

The petitioner's submission includes information on their experiences and motivation for bringing forward the petition. The petitioner set out various requests of the committee, including seeking the views of Police Scotland and the Crown Office and Procurator Fiscal Service on why co-ordinated online abuse of this kind is so hard to prosecute under current law. The petitioner would also like to press the Scottish Government on whether it will consider a specific offence that covers targeted and sustained campaigns of false and harmful communications.

Do members have any proposed actions?

Cara McKee: The petitioner has had an absolutely awful experience, and it is not isolated—it is part of a culture of victim blaming, which happens especially against women. She has raised serious questions, and we need to consider them properly. I get what the Scottish Government says about the difficulty, but we need to have a look at the issue further.

We should keep the petition open for now and write to Police Scotland and the Crown Office and Procurator Fiscal Service, as well as to the Law Society of Scotland, Scottish Women's Aid, Victim Support Scotland and any other stakeholders that members think would be useful, to seek their views on the actions that are called for in the petition and in the petitioner's written submission. As the Equalities, Human Rights and Civil Justice Committee is reviewing legal aid, it would be worth getting in touch with it about the petition to raise the issues that are highlighted about accessing civil justice in such cases.

The Convener: I think that those proposed actions are reasonable. I note that defamation law was updated in the past five years, but it remains difficult to access for those who are not personally wealthy or corporations, so there is a social access issue. The case that the petitioner has cited is particularly horrendous, and I am aware anecdotally of several examples of mobs being whipped up by online hate.

There is an issue for Police Scotland about the threshold for other criminal offences being triggered in scenarios such as the one that the petitioner has outlined. It would be helpful to get an understanding of that and to get a clearer definition of those triggers, whether it is breach of the peace, malicious communications, harassment or stalking. We should ask how those existing criminal offences relate to the scenarios that are raised in the petition. Whether we need new legislation or better guidance on the application of existing laws, there is certainly a significant amount of experience that needs to be further interrogated.

It would be good to contact the organisations that Cara McKee mentioned. There might be other organisations that members think would be appropriate, but that is a good start, and we will move forward on that basis.

Attention Deficit Hyperactivity Disorder (Shared Care) (PE2267)

10:45

The Convener: Our final petition is PE2267, which is on a guaranteed NHS shared care pathway for accredited private ADHD diagnosis in Scotland. The petition was published on 30 September and lodged by Richard Kinnear, and it calls on the Scottish Parliament to urge the Scottish Government to create a national ADHD shared care pathway.

The Scottish Parliament information centre briefing explains that ADHD is diagnosed by specialists such as psychiatrists or specialist ADHD nurses, instead of general practitioners, and notes that long waits for an assessment through NHS pathways has led to a growing number of patients seeking private assessments and diagnosis. The decision to enter into a shared care agreement is at the clinical discretion of a GP, and the SPICe briefing sets out factors that GPs might consider to inform their decision.

The briefing refers to inquiries that were undertaken by session 6 committees. In its report on autism and ADHD assessment pathways, the Health, Social Care and Sport Committee called on the Government to work with Healthcare Improvement Scotland, health boards and GPs to address problems with shared care agreements and to develop a more consistent approach to their use. The Equalities, Human Rights and Civil Justice Committee echoed the calls to work with relevant partners to address issues with shared care agreements in its inquiry report on neurodivergence in Scotland. It also encouraged the Government to make swift progress with the creation of national guidelines to ensure a standardised approach to ADHD assessments across the public and private sectors.

In its submission, the Government states that it responded to the recommendations from the session 6 inquiries and that the findings continue to inform ongoing policy and improvement activity. It highlights other work and scrutiny by the Parliament in session 7, including a debate on ADHD and autism diagnosis in June and a ministerial statement on improving outcomes for neurodivergent people, autistic people and people with learning disabilities in early October. The Government states that it works with stakeholders including the national autism implementation team and the Royal College of Psychiatrists to consider how services can better meet the needs of people with neurodevelopmental conditions. It refers to the 2021 national neurodevelopmental specification for children and young people and an implementation review that was published in 2025. The Government states that more than £2.9 million was provided to projects in this area in financial year 2025-26 and indicates that it plans to publish an adult neurodevelopmental route map this month.

In his submission, the petitioner welcomes the Government's acknowledgement of the difficulties surrounding private ADHD diagnosis and recognises its commitment to improving neurodevelopmental support, but he notes that the Government response does not identify a nationally consistent process. He proposes that NHS services should recognise private diagnoses where the assessment clearly meets recognised clinical standards, without requiring a second assessment. The petitioner asks specific questions relating to the national autism implementation team's 2022 guidance and the Government's 2026 mental health and wellbeing delivery plan, specifically action 6.5. He makes requests of the committee in part 6 of his submission.

In the light of those responses, do members have any views?

David Torrance: With the evidence in front of us, I wonder whether the committee would consider keeping the petition open and writing to the Government to seek an update on the establishment of Government-led guidance on shared care, matched assessment standards and clear prescribing and monitoring arrangements, as set out in the April 2022 national autism implementation team guidance. We could seek to clarify what action 6.5 of the Government's 2026 mental health and wellbeing delivery plan will deliver by summer 2027; which body is accountable; whether it covers assessment recognition, NHS review, prescribing and continuity of care; and what measurable indicators will demonstrate progress.

The Convener: That is fair. The petitioner raised the point that, if there is a recognised clinical standard, that should surely be sufficient to have a diagnosis recognised by the NHS. Are there any further actions that we could take?

Cara McKee: We should seek an update on the timescale for publication of the adult neurodevelopmental route map and on ongoing work that is happening in response to reports by the session 6 Health, Social Care and Sport Committee and the Equalities, Human Rights and Civil Justice Committee. It would be useful to get the views of the national autism implementation team and the Royal College of Psychiatrists and, possibly, the National Autistic Society.

The Convener: Okay. Gathering that evidence would be helpful to inform a practical pathway, and it would certainly allow us to understand whether

we should invite the Government to respond, in turn. Are members content with that approach?

Members *indicated agreement*.

The Convener: Fantastic. Thank you. That concludes the public part of the meeting.

10:50

Meeting continued in private until 10:57.

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