PUBLIC PETITIONS COMMITTEE

Tuesday 2 October 2001
(*Morning*)

Session 1

£5.00

Produced and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by The Stationery Office Ltd.

Her Majesty's Stationery Office is independent of and separate from the company now
trading as The Stationery Office Ltd, which is responsible for printing and publishing
Scottish Parliamentary Corporate Body publications.

CONTENTS

Tuesday 2 October 2001

PUBLIC PETITIONS COMMITTEE

11th Meeting 2001, Session 1

CONVENER

*Mr John McAllion (Dundee East) (Lab)

DEPUTY CONVENER

Helen Eadie (Dunfermline East) (Lab)

COMMITTEE MEMBERS

*Dorothy-Grace Elder (Glasgow) (SNP)
*Dr Winnie Ewing (Highlands and Islands) (SNP)
*Phil Gallie (South of Scotland) (Con)
*Rhoda Grant (Highlands and Islands) (Lab)
*John Farquhar Munro (Ross, Skye and Inverness West) (LD)

*attended

THE FOLLOWING ALSO ATTENDED:

Thomas Buchanan
Alex Fergusson (South of Scotland) (Con)
Helen McDade
Linda McLean
Jennifer Nimmo Smith
Professor Averil Stewart (Edinburgh Citizens Advice Bureaux Steering Group)
Alan Stroud

CLERK TO THE COMMITTEE

Steve Farrell

ASSISTANT CLERK

Ruth Cooper

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Tuesday 2 October 2001

(*Morning*)

[THE CONVENER *opened the meeting at 11:05*]

The Convener (Mr John McAllion): Welcome to the 11th meeting in 2001 of the Public Petitions Committee. Apologies have been received from Helen Eadie. The other members of the committee are present, so we can go straight on to deal with new petitions.

New Petitions

Compulsory Purchase Order Procedures (PE392)

The Convener: The first petition is PE392 from Mr Thomas Buchanan. It calls on the Scottish Parliament to undertake a review of compulsory purchase order procedures to ensure that all aspects are compliant with the European convention on human rights.

Our usual procedure is to allow people three minutes in which to address the committee about their petitions. After two and a half minutes, I shall notify the speaker that they have 30 seconds left.

Thomas Buchanan: Good morning, convener, ladies and gentlemen. I shall be as brief as possible. Although my petition is framed in general terms as a public interest matter, I shall refer mainly to a compulsory purchase order that was made in 1992 on Greenfield Mill in Brook Street in Alva.

I consider it appropriate and helpful to give the committee a short background history to the property. Greenfield Mill was completed in 1806; it was the last of six water-driven spinning mills that transformed the town of Alva from a sleepy hamlet of crofters and hand-weavers into a busy United Kingdom textile centre. The property was acquired by my late father in 1942, after a redevelopment scheme and compulsory purchase order displaced his business in 1938. The acquiring authority defaulted in respect of undertakings given to relocate his business.

The CPO of 1938 and the one of 1992 have a common denominator: the acquiring authority resorted to fabricating essential documents to support its position. It was able to do so because of the lack of transparency in the proceedings.

As for Greenfield Mill, CPO action was completely unnecessary, as I was willing to consider a sale in 1991. A new local plan was being prepared for the area and I was looking for a value that reflected the proposals, which were for residential development. I would certainly have entertained a reasonable offer for the property, with the condition that I remained a rent-free tenant for perhaps a year to give myself time to make other arrangements. Because of the building's age and its association with the local textile industry, it should have been listed. That would have stopped the cavalier treatment meted out by planning officials.

From the outset, the planning officials were so hostile and vindictive that it proved impossible for a reasonable dialogue to develop. They failed completely to treat the parties involved in an even-handed manner as required by good planning practice and they were concerned only with protecting a developer's interest. During that period, the planning department of the then Clackmannan District Council operated very much within a fix-it culture and none of the elected members of that controlling group was prepared to blow the whistle or ask any searching questions.

Life is too short to be engaged in 10 years of trench warfare, as I have experienced.

The Convener: Thank you very much, Mr Buchanan. Your speech was well within the three-minute time limit.

Thomas Buchanan: I have been preaching to my egg-timer all weekend.

Dr Winnie Ewing (Highlands and Islands) (SNP): Mr Buchanan, you said that you were willing to sell the property for a reasonable sum. Did the planning department intend to carry out a valuation?

Thomas Buchanan: A draft plan was published in 1986. Given that the town is a mill town in a scenic area, there is obviously development pressure on it.

Dr Ewing: You said that you were willing to sell the property for a reasonable sum. What is reasonable depends on a valuation.

Thomas Buchanan: I had a valuation carried out from the point of view of residential, not industrial, development.

Dr Ewing: So you cannot say that a valuation was made and that you offered to sell the property for that sum.

My second question concerns your strong words. You used the word "vindictive", but such an allegation is usually hard to prove. Did you engage a solicitor at any point?

Thomas Buchanan: All the time.

Dr Ewing: Has any mill been listed in the Alva area?

Thomas Buchanan: There are possibly two such mills. There are very few. There are about six listed buildings in Alva. However, there are about 20 such buildings in Tillicoultry and, for some reason, half the buildings in Dollar are listed.

Phil Gallie (South of Scotland) (Con): Mr Buchanan, we cannot investigate your individual case.

Thomas Buchanan: I know that.

Phil Gallie: We are looking at the wider scene and it is on that basis that I shall pick up on a couple of issues. You refer to compliance with the European convention on human rights. Under article 17, the convention demands that public interest should be the factor in determining outcomes and that fair payment should be made to the person who is made to sell. What is your experience of the definition of public interest? How would you like public interest to be defined? That seems to be the crunch.

Thomas Buchanan: Presumably, amenity development and improvement were in the public interest. Eventually, I applied for planning consent to convert the mill into a building for residential use. That application was turned down and I appealed. The compulsory purchase order inquiry reporter deferred the decision until the outcome of the planning appeal was known. However, in the interim, the building suffered damage and the local authority bulldozed it and cleared the site. The Scottish Office said that clearing the site had no relation to a conversion and that an appeal was no longer valid. It confirmed that the order was made by default and not because of the merits of the council's case.

Phil Gallie: Had the local authority already determined that your property was in an area for industrial, not residential, development?

Thomas Buchanan: The complex of textile mills was becoming redundant. The area had been identified as a redevelopment opportunity for residential use. That was a possibility under the original draft plan. However, when the plans were published in their final version—in 1992, I think—they had moved to a blanket rezoning. That was a full year after it was decided at a private meeting to agree a resolution to put in place a compulsory purchase order. I did not know about that decision originally.

Phil Gallie: I want to ask you about the fairness of the payment that was made to you. It was obviously made at industrial rates, not residential rates.

11:15

Thomas Buchanan: No. Eventually, in 1999, I had to take the authority kicking and squealing to the Lands Tribunal for Scotland. As soon as the compulsory purchase order was confirmed, the officials flogged the property to the developer for £13,000, which was a figure that I had turned down. My property was the key that would unlock the development of a larger site. That was obvious even to a lay person—although the officials tried to make an issue of it—so I was looking for a price in the region of £30,000 to £35,000 on the basis of eight units. However, they sold the property for £13,000. They more or less said that that was its market value and that I could take it or leave it. Eventually, I almost doubled that amount and got £24,000.

The Lands Tribunal did not accept that the statutory test for the valuation of compulsory purchase orders—the price that the property would make on the open market—had been applied. The property had been advertised with a planning restriction under which only a planning application for the comprehensive development of the whole site would be considered, even though the whole site was not being sold. One offer was received from the developer, which the planning officials accepted. Under the circumstances, only the developer would have been interested. The remainder of the site ought to have been purchased using a CPO so that the whole site could have been marketed. The developer could then have made a bid, which would have faced genuine interested parties. The tribunal knocked back the planning department and said that the sale had not passed the statutory test on valuation.

Phil Gallie: The ECHR was incorporated only when the Scotland Act 1998 came into force in 1999. Had the ECHR been in place beforehand, do you think that the matter would have been dealt with differently?

Thomas Buchanan: I am quite certain that it would have been. Undervaluation is unacceptable. The length of time—10 years grinding away—is unacceptable. The fact that the resolution is taken in camera is unacceptable. The procedures create blight. In effect, your assets are frozen, you are deprived of the interest from a sale and you can do little about it.

Dorothy-Grace Elder (Glasgow) (SNP): I thank Mr Buchanan for drawing the committee's attention to the fact that the relevant law dates back to about 1845. I think that some revisions were made in the 1960s and 1970s, but the subject is worth considering. I have one or two questions. When you mentioned a listing, were you talking about a B listing?

Thomas Buchanan: Possibly, yes.

Dorothy-Grace Elder: But it did not happen.

Thomas Buchanan: I wondered why, but I never pushed it.

Dorothy-Grace Elder: So the building was being contemplated for a B listing. You stated that in the long run you were paid £24,000. I did not catch whether there was any land attached to the property.

Thomas Buchanan: There was very little. The building was a large one with only an access road on one side. There was a small amount of ground with it.

Dorothy-Grace Elder: Anyway, all that you made from it was £24,000. You said that you were represented by a lawyer all along. Have you an estimate of how much your long battle has cost you over the years?

Thomas Buchanan: I won my costs at the Lands Tribunal. The costs exceeded the selling price of £13,000, but that was just for the hearing at the Lands Tribunal. I also required professional representation in four sheriff court actions and two Scottish Office inquiries. The money is virtually all down the tube.

Dorothy-Grace Elder: Overall, roughly how much have you spent in your battle?

Thomas Buchanan: Over 10 years, the sum must approach £15,000 to £20,000.

Dorothy-Grace Elder: Does that include the £13,000 that you mentioned?

Thomas Buchanan: No. I received the £13,000 when I won my costs.

Dorothy-Grace Elder: So roughly £15,000 to £20,000 has come out of your pocket, but all that you got was £24,000. Given that the building was in the centre of the development, did the developers at any stage consider using the building—as often happens in these cases—as a community centre, pub or restaurant, for example?

Thomas Buchanan: No.

Rhoda Grant (Highlands and Islands) (Lab): You told Phil Gallie that your property was central to the development. Did the developer own the rest of the site—the larger development, so to speak?

Thomas Buchanan: Yes, the developer owned the remainder of the site.

The Convener: We must be concerned with the process that compulsory purchase orders involve rather than with your specific case. Will you say a bit more about the lack of transparency when the decision was taken to obtain a compulsory purchase order? You suggest that that decision was taken in secret.

Thomas Buchanan: It was.

The Convener: You did not know about it.

Thomas Buchanan: If I had known about the matter and had access to the relevant reports, I would have immediately sought an interim interdict against the council to remove the item from its agenda.

The Convener: The Scottish Executive has announced the findings of a compulsory purchase order study, which it commissioned in 1999. That information was issued with a press release in August this year. Have you seen that?

Thomas Buchanan: No.

The Convener: We are not sure what the study says, either. I just wondered whether you knew about it.

As there are no further questions, I thank you for attending. We will now discuss how to handle your petition; you are free to listen to that discussion. I thank you again for raising these questions.

Thomas Buchanan: I realise that I cannot expect the committee to do anything that will benefit me now, because my situation is water under the bridge. My concern is to prevent such a situation from happening to some other poor soul.

The Convener: The suggested action is that we ask the Executive for its comments on the petition and particularly on whether any of the issues involved were covered in its recent study, which it published this year. We should also ask the Executive to comment on the ECHR-compliance of existing compulsory purchase order legislation. A copy of the petition should be sent to the Local Government Committee for information only. We need to know the Executive's position before we decide how to dispose of the petition, which raises substantial issues, including questions relating to private meetings.

Dr Ewing: Will we send a copy of the Executive's recent report to Mr Buchanan?

The Convener: We will send that to him. That is a good suggestion.

Phil Gallie: The petition relates to a small pocket of land that was the key to a wider lot. The value of the larger lot would probably have increased substantially, but that was not reflected in the compulsory purchase price. Could we ask the Executive to comment on the increase in the value of such land to the developer and to assess whether, under ECHR, it would be fair for that increase to be reflected in any payments?

The Convener: That is a fair point and it comes into the wider picture. If a compulsory purchase order is to be imposed, the reasons for it should be transparent. Such information should be in the public domain. Mr Buchanan wants to ensure that that happens in future, so that such issues do not slip through unnoticed by the public. We will ask Phil Gallie's question when we write to the Executive. Do we agree to the action described?

Members *indicated agreement*.

Advice Services (PE396)

The Convener: The second new petition is PE396 from Mr Nick Fletcher. The petition calls on the Parliament to consider its role in ensuring that the citizens of Scotland have access to free and independent advice services.

Professor Averil Stewart is present to make a brief presentation on behalf of the petitioners. Good morning, Professor Stewart. You have three minutes in which to make your case. We will then ask questions.

Professor Averil Stewart (Edinburgh Citizens Advice Bureaux Steering Group): Good morning. It is obvious that I am not Nick Fletcher. I represent the steering group for the five Edinburgh citizens advice bureaux. I thank the committee for giving me the opportunity to speak.

Our petition covers two strands—the plight of the five Edinburgh bureaux and a call for independent and free advice to be available to all citizens of Scotland. In Edinburgh, the five bureaux and their 200 volunteers deal with about 50,000 inquiries a year, many of which are from the most disadvantaged members of our community, in Leith, Pilton, Portobello and Gorgie. All bureaux, including the largest in Dundas Street, deal with inquiries from throughout the city and further afield. Trained volunteers deal with many complex issues ranging from benefit entitlements, debt management and legal and consumer problems to divorce, child custody and other relationship problems. Clients are empowered through advice and information while volunteers realise their desire for active citizenship.

Our worry for the past four years has been that, with greatly declining resources, we cannot meet the demands. The five bureaux are not open full time and the 4.6 managers are stretched to maintain necessary training and quality standards.

The grant from the City of Edinburgh Council has been cut by 40 per cent over six years and the present grant of £135,000 is far short of meeting rents, salaries and other essential costs. The steering group has written letters to councillors, MPs and MSPs. The City of Edinburgh Council says that central Government does not give it enough money and that we should ask ministers for help. Ministers at Westminster and at the Scottish Executive refer us back to the council. Most charitable bodies tend to support specific projects rather than underwrite running costs. Without the grant of £60,000 from Lloyds TSB Foundation for Scotland, we would have been forced to close at least one of the bureaux. However, that funding from Lloyds is transient and again we find ourselves between the proverbial rock and a hard place.

The petition seeks help to prevent a reduction in service. It calls on the Scottish Parliament to ensure that free and independent advice services are available to the citizens of Scotland. There is hardly a public leaflet that does not tell people to seek help from their local citizens advice bureau. How can we maintain the CABx in localities of greatest demand in Edinburgh if we do not have sufficient core funding? In 1999, the then Minister for Communities, Wendy Alexander, wrote to us saying:

> "The Scottish Executive is committed to working in partnership with the voluntary sector to deliver many of its key policies."

Let that promise now be made reality so that, working together, we can secure the long-term future of a free and independent advice service for all.

The Convener: This committee has a vested interest in the CAB network because we use it to get information about our guidance and our work to the Scottish people. Yours is a petition close to our hearts.

Dr Ewing: Professor Stewart, you mentioned the running costs, rents and salaries, which must be heavy in Edinburgh in particular. You say that some of the people who work in the centres are paid. Can you tell me the ratio between the volunteers and paid staff? What does it cost to train your people? If you get a legal question, do you refer the person to legal aid solicitors?

Professor Stewart: The running cost of £135,000 is divided between the five bureaux, reflecting the rents and size of properties. That is only a small proportion of what can go to the bureaux. Leith's grant is just under £24,000, which means that we can afford to pay only a part-time manager, who works 21 hours a week. The bureau is not open full-time. We are tied into a five-year lease, so we cannot do anything about shifting or closing the premises. There are similar issues with the other Edinburgh bureaux. The running costs fall far short.

Of a total of 200 volunteers, Leith has just under 30. The volunteers give 10,000 hours a year, for 10,000 inquiries. Leith is one of the largest bureaux in Scotland, despite the fact that it has funding of just under £24,000.

It is suggested that every pound that we receive is worth seven pounds to the community. Volunteers are trained in-house; to save on costs, the five bureaux are training their volunteers through one of the offices for the first time. Our long-term plan is that the five bureaux should work much more closely.

Historically, when one pot of money has to be divided, there are tensions and competitiveness. Now the bureaux co-operate. We would like such co-operation to go further forward, but that in itself requires money. It takes time, energy and money for 4.6 managers—the paid staff—to organise things in such a way as to avoid duplication and to manage finances equally throughout the bureaux. Given the current grant, that is out of the question.

11.30

Dr Ewing: What about the legal question?

Professor Stewart: Several bureaux have legal advisers who undertake evening surgeries. There are also advisers who represent our clients at tribunals and in other situations, depending on the specific training of the individual volunteers.

Phil Gallie: The petition calls for free and independent access to advice services for citizens throughout Scotland, as many areas are not fortunate enough to have citizens advice bureaux. I presume that the decision-making train would involve local government and national Government. The only way in which your objective could be guaranteed would be for legislation to be put in place along those lines. Given that the National Association of Citizens Advice Bureaux is a voluntary organisation, would you favour a legislative approach and statutory bodies?

Professor Stewart: Yes, if it were necessary to adopt such an approach to ensure equal opportunities. I do not know whether I have enough experience to weigh up all the pros and cons. However, if such a process ensured equality and standards throughout, I favour such an approach.

Phil Gallie: I am not sure that I agree with such an approach, but given that you are in favour of an all-Scotland basis, it seems the only way in which to achieve your objective. With respect to the much-valued services offered by the citizens advice bureaux, do you agree that the 129 members of the Scottish Parliament are in effect an extension of advisory services throughout Scotland? People should take advantage of those services.

Professor Stewart: I am sure that MSPs would appreciate being able to refer many of the questions that they are asked to other sources because their work load must be enormous. If we can work in partnership with them, it will be in the interests of MSPs as well as individuals. I guess that many individuals are frightened of taking matters to their MSP and would rather visit the more familiar and less threatening bureau down the road.

The Convener: Phil Gallie is not threatening.

Dorothy-Grace Elder: All MSPs have a vested interest in doing something about the situation of citizens advice bureaux. I know the crisis that they have faced over the past year, so I have referred fewer constituents to them. I know that the organisation is under pressure, so I tend to give advice on the major matters of debt, bad housing and eviction that occur in deprived areas.

Do you agree, Professor Stewart, that the problem is a national issue that goes beyond Edinburgh? I receive roughly the same feedback in Glasgow—I do not know about the rest of the country.

Professor Stewart: There is some inequality in the funding of local authorities. Glasgow is not dissimilar to Edinburgh, but in Glasgow there is a partnership agreement with the local authority. The bureaux in other local authority areas are better funded and can provide services. However, the bureaux in the Highlands and Islands are dealing with people at a distance. There is not a bureau in each locality. Arguments have been advanced about why City of Edinburgh Council gives us a smaller grant, but it provides grants for many other bodies. Perhaps there is greater competition within Edinburgh. I have some sympathy with that position, but it does not help our case and our problem of core funding.

Dorothy-Grace Elder: I have known citizens advice bureaux for more than 20 years; am I correct in thinking that the current problem is the only major crisis that has happened in that time, albeit that the crisis has been building up for a few years? I do not remember CABx being so threatened before.

Professor Stewart: I have not been around long enough, but I have not been aware of other crises such as the current one faced by Edinburgh.

Rhoda Grant: I have a couple of questions. You said that you had experienced a 40 per cent cut in funding. From where did that 40 per cent previously come?

Professor Stewart: That funding came from the City of Edinburgh Council.

Rhoda Grant: My other question may be a little unfair. I do not know the answer and only hope that Professor Stewart does. Do councils have a statutory remit to provide advice and information? She said that, in some cases, there are partnership agreements between councils to provide that.

Professor Stewart: Yes, and such assistance is provided in different ways. For example, the Advice Shop in Edinburgh is funded by the local authority. It is not necessarily in competition with us, but it provides a specific service and we work closely with it.

Local authorities are required to give a service because previously the money to fund citizens advice bureaux came from central Government. Such a service was then given to local authorities to provide.

John Farquhar Munro (Ross, Skye and Inverness West) (LD): I know from experience that citizens advice bureaux have done an excellent job over many years. I know also that the organisation has been seriously underfunded from the outset, so there is nothing new in that. However, we shall have an uphill struggle. Because of the reorganisation of local government and the more recent establishment of service points in local authority areas, local authorities may be under the impression that they provide a similar service to the citizens advice bureaux. How can we convince them that the funding that they make available to CABx is not sufficient for the service that they provide? Without the support of the voluntary workers within the citizens advice bureaux, the system would fall apart. Have you knocked on the door of the local authority severely enough? What sort of response have you had?

Professor Stewart: We have had several meetings—I think that we had six last year. We will have another meeting on 22 October. Local authorities are supportive and value our service, but they argue that there is no more money. We are between a rock and a hard place. The Scottish Executive should give guidance about the per capita distribution that may be expected throughout Scotland, so that a standard, equal provision can be made throughout the Highlands and Islands, for example, and in large urban settings such as Edinburgh.

John Farquhar Munro: Some days ago in another forum, I made the same point about whether local authority finance could be ring-fenced for a particular service. That suggestion was rejected outright because it would involve dictating to local authorities how they should spend their money. There is an obstacle,

Professor Stewart: When guidelines are not accepted, I wonder whether there is another solution. In cases of big shortfalls such as we have in Edinburgh, could the Executive not make a specific grant?

The Convener: Obviously, the petition concentrates on Edinburgh, but has the national body, Citizens Advice Scotland, taken an interest in it? Does it have a view?

Professor Stewart: Yes. We submitted a large bid to the development committee of Citizens Advice Scotland. It receives money from the Department of Trade and Industry—the central Government provision of funds—but one of the development committee’s criteria for awarding grants is that projects should be innovative. Our project was not innovative enough. We cannot have too many innovations when we want core funding. Another criterion for awarding funds was the need for emergency funding, which would last for one year. Over recent years, we have received several emergency awards and we cannot keep on requesting them.

Citizens Advice Scotland will receive funding from the banks, insurance companies and bodies that the Edinburgh CABx may approach through our steering group. However, our request will be rejected because those businesses say that they give money to Citizens Advice Scotland. We contact small businesses for local support, but that brings in very little. For example, the Leith CAB received about £1,500 to add to its kitty running costs, but that is not enough.

The Convener: Recently, the Executive set up a working party to make recommendations for the replacement of poindings and warrant sales. It produced the report entitled “Striking the Balance”, which contained the recommendation that there should be a network of independent debt advice agencies throughout Scotland. Can that be achieved without using the citizens advice bureaux network?

Professor Stewart: I do not know. If such a network were complementary, that would be good. However, the service provided by citizens advice bureaux is already well-established. It has quality standards and training programmes, so would it not be better to draw on them than to set up a different regime?

The Convener: I should think so. If we were to guarantee to every citizen of Scotland access to independent debt advice, how much more money would have to be given to the CAB network in Edinburgh?

Professor Stewart: I cannot answer that question.

The Convener: How much money would the network need to meet the demand?

Professor Stewart: If we were to provide the service in Edinburgh that we should like to provide and establish five good, active offices with telephones that were not blocked constantly so that people received quick responses, without queues outside the door or our having to shut the door, we would need an extra £100,000.

Dr Ewing: Professor Stewart said that Citizens Advice Scotland receives money from the DTI and other sources. What does it do with that money? Does it distribute it?

Professor Stewart: Some of the money is distributed through the development committee for the various projects to which I referred. Other money is used to develop policy and the profile of the members of CAS. Each citizens advice bureau is an independent body, so if it wants to become a member of CAS, it has to meet CAS's standards, and that is monitored. Policies are developed through CAS as is technology infrastructure, which takes the form of e-information that feeds down to the bureaux that buy into that system. That provides training for volunteers and staff. It widens the net to make advice more widely available.

Dr Ewing: I have visited citizens advice bureaux in many parts of the Highlands. There are magnificent bureaux in Orkney and Shetland, where a certain amount of oil money is washing about, so they do not have the same problem as other bureaux.

Professor Stewart: Yes, that is right.

Dr Ewing: However, people in some parts of the Highlands do not have a bureau near them. They rely on telephone calls and, as has been said, there may be queues. Many people in the Highlands and Islands suffer as a result of such difficulties.

Dorothy-Grace Elder: I am very worried about blocked telephone lines. How many people get through to a bureau the first time that they ring it? How long do they have to wait?

Professor Stewart: I cannot give you any information on that. People just trawl down the telephone numbers in the "Yellow Pages" and keep telephoning different bureaux. Recently, someone told me that she had been trying to get through to a bureau every day for two weeks. I have tried in the past, as I imagine others here have. Such difficulties frustrate us. It is not the service that we want to provide.

Dorothy-Grace Elder: Such a difficulty puts people off the service. It is self-defeating.

Professor Stewart: It is good when people turn up at the door, but they, too, have to wait.

Dorothy-Grace Elder: You have referred to queues. How long do people have to wait after turning up at the bureaux?

Professor Stewart: My colleague in the gallery is a volunteer. She can answer that question better than I can.

Jennifer Nimmo Smith: I work at Pilton citizens advice bureau. I am a volunteer and I have worked there one day a week for the past 11 years. We have a drop-in system. If it is raining very hard and not many people are waiting, we can see those who turn up at the bureau at once. On other days, however, the waiting room is full. We give each client our full attention and spend as long as necessary to find out how we can help. We may have to telephone the sheriff officers, but they also have a queuing system.

Let us suppose that we have a very distressed client who is about to be evicted and who needs to make arrangements. It is reassuring for that person if we can speak to someone at the council or the Benefits Agency. Again, we have to track down such people, but when we get through to them we receive a reply to our request in the form of either a letter or a telephone call. We encourage people to turn up at the bureau rather than make appointments because sometimes they do not keep them. If we can, we help people who are in trouble immediately they visit us. We do not have a magic wand, but we do our best for them.

Dorothy-Grace Elder: Do people often wait for more than an hour? How long do they have to wait?

11.45

Jennifer Nimmo Smith: I do not time such matters, so I can give my proper attention to people. Whether the bureau is busy varies greatly. If people say that they must leave, obviously we do our best. We do not tell people to go away because we regard their problems as irrelevant. Often, people do not know the specific problems that they are experiencing. They come to us with one problem—

Dorothy-Grace Elder: It must be like presenting to a doctor.

Jennifer Nimmo Smith: Absolutely. People come in with one problem and do not want to talk about other problems, but details of them come out by accident.

The Convener: So people can sit for a long time in the waiting room.

Jennifer Nimmo Smith: Yes, but people understand the position. We have a notice that states that we are volunteers and that we regard it as a great privilege to serve the community. I am speaking specifically about Pilton CAB, but I am sure that the same applies to every bureau in Scotland. Sometimes we are unable to help people and they do not like it, but our satisfaction rate is about 95 per cent.

The Convener: I am sure that that rate is far superior to your satisfaction rate here.

Jennifer Nimmo Smith: Having listened to members of the committee, I do not believe that.

The Convener: Thank you very much for your contribution, which has been very illuminating for members. We shall now discuss how to deal with the petition.

The suggested action is that we should approach City of Edinburgh Council and the Convention of Scottish Local Authorities for their comments on the petition. We should also write to Citizens Advice Scotland to seek clarification about the funding of CABx and ask whether it considers the issue that is highlighted in the petition to be more of a national issue than one that is confined to Edinburgh. Finally, a copy of the petition should be sent to the Social Justice Committee for its information while we await replies from the other bodies.

Rhoda Grant: Can we ask the Scottish Executive for its comments on the petition because that would be useful?

The Convener: Yes.

Dorothy-Grace Elder: Perhaps the Minister for Social Justice should receive a copy of the petition.

The Convener: The minister will receive a copy through the Scottish Executive. The petition will probably go to her anyway.

Dorothy-Grace Elder: We have been told that the Scottish Executive has a £700 million surplus. We have yet to see it but, my goodness, this is an obvious case for

> "A daimen icker in a thrave"

of that surplus.

The Convener: We shall obviously receive responses to the petition from the Executive and the Minister for Social Justice, after which time we shall consider how to deal with the petition.

Dorothy-Grace Elder: Time and again, with causes such as Govanhill swimming pool, I find that the local authority has not formally approached the Executive and asked for money.

The Convener: It will be interesting to see what happens when we receive the views of the council, the Scottish Executive and the minister. Does the committee agree with such action?

Members *indicated agreement*.

Myalgic Encephalomyelitis (PE398)

The Convener: The third petition this morning is from Helen McDade. It calls on the Parliament to urge the Executive to conduct a strategic needs review assessment on myalgic encephalomyelitis—ME—and chronic fatigue syndrome and to take other steps in relation to the treatment of, and research into, those conditions. Helen McDade will make a brief presentation to the committee. Alex Fergusson MSP is here, too.

Before Helen McDade makes her introductory remarks, I wish to declare an interest. I am the convener of the cross-party group on myalgic encephalomyelitis, and I support the petition.

Helen McDade: I have with me Linda McLean, the mother of a severely affected 15-year-old girl who has been ill for three years, and Alan Stroud, a 17-year-old sufferer of ME, who has been ill for three years. I hope that the committee will appreciate that Alan had to make a lot of effort to be here this morning.

I am the mother of an 11-year-old girl who has been ill with ME for five and a half years. She has attended school for about 25 per cent of that period. When she became ill at five and a half, she wanted to be a ballet dancer and join the rainbow guides and the brownies. She wanted to go swimming and take up gymnastics and horse riding. She is now 11 and has not done any of those activities. Her childhood ended when she was six. Many children are like her and Linda McLean represents another such child.

We are here today because ME sufferers and their families are desperate. Members of the committee are one of our last shots. It is estimated that 15,000 Scots in Scotland have ME. That is more than the number of people with multiple sclerosis. Of that number, about 2,000 are children and of those children, 25 per cent are severely affected, which means that they are housebound or bedridden. Unable to stand noise, they may live in a darkened, soundproof room because of hypersensitivity and they may not receive support from anyone except, hopefully, their families. Many people live with such suffering.

Many families have more than one sufferer. It is not uncommon for a parent and one or two children to have the illness. If the committee can imagine so many people suffering in one household without support, I am sure that it will agree that something should be done for them.

A survey of 2,000 sufferers revealed that more than 51 per cent had considered suicide. That does not mean that the illness is necessarily a psychiatric problem, but it shows that such sufferers are desperate and in pain each day of their lives. Patient organisations estimate that fewer than 30 per cent of people with ME fully recover. Our statistics are provided mainly by patient organisations. The Government does not have any facts on ME, so it does not have any evidence on which to base decisions.

We want the Scottish Executive to undertake an epidemiological survey. We want it to find out how many people in Scotland have ME, how long they have had it, how severely affected they are and what treatment has helped or, indeed, hindered them. We also wish the Scottish Executive to find out whether benefits are being paid to people who clearly fit the criteria for such benefits. We are aware of many cases in which people are unfairly discriminated against because they suffer from ME. Benefits are supposed to be decided not on the basis of the illness suffered by people, but on their level of disability. Much of our evidence shows that benefits are not being decided on the level of disability.

We are also here today because we are angry. Many ME sufferers have to work out what is wrong with them. That can take them months or years. They then have to find a doctor who will say the words, “Yes, you have ME”—or chronic fatigue syndrome, as the medical profession wishes to call it. We do not accept that chronic fatigue syndrome is a suitable name for such an illness. Myalgic encephalomyelitis is at least as accurate a term, which is why we refer to it as such.

People have to guess what is wrong with them, all the time wondering whether they are suffering from something fatal because they feel so bad. They then have to seek a diagnosis. If they find someone who will determine that they are suffering from ME, they will probably be told three things: nothing can be done for them; they had best live as normally as they can and exercise as much as they can; and the illness will pass in about two years. None of those statements is correct. Many of the people who are severely affected consider that their state of health was brought about because they were told to exercise. There is a huge dispute and in the survey of 2,000 sufferers, “graded exercise”—as such an activity is described—was found by 40 per cent of those surveyed to be of no benefit or to have made the condition worse.

In view of such facts, what else do we need? We are asking the Scottish Executive to fund a Scottish specialist ME clinic. Many doctors, particularly hospital doctors, neurologists and paediatricians, do not believe in ME. It is hard to know what, “I do not believe in ME” means. That it might be a psychiatric illness is sometimes said explicitly, but more generally that view is implicit in the way in which people are treated.

A growing body of evidence says that the illness is a neurological and immunological disjunction. We want to present such evidence to someone who will take the matter on board. It should not be left to doctors and researchers to decide whether the problem should be examined; they have had at least 20 years to do something about it, and the illness is on the increase. We have the evidence to prove that much more needs to be done.

Doctors will not take the road to Damascus overnight. It is not acceptable for the Scottish Executive to say that this is a matter for local health boards. We shall not get from the position in which no health board or health trust in Scotland claims to have a national health service ME specialist to the position in which we receive a decent service and a clinic in each area with the necessary various specialities. That will not happen. We need a Scottish specialist centre, which can find out the best practice and pass it down the line so that people can at least be referred somewhere.

Our petition is not only about money. ME sufferers must be one of the few groups of sick people who could not care less if the Scottish Executive said tomorrow that another £X million will be spent on the national health service. Sufferers already live in a privatised health world. The NHS is of practically no relevance to sufferers except in crises. Obviously, there are a few exceptions. General practitioners, in particular, are taking the illness on board and are doing their best, but if they have no backup that is of virtually no use, especially to the severely affected, who need proper medical assessment.

It is not only the health service that is involved. Even in economic terms, it is nonsense to consider the matter as a health issue and look to the health department to find a result on its own. We must consider the social security problem and the loss of production years. I am drawing attention to a time bomb. If young sufferers are not helped to get better and to have a productive life, what will be the cost to the country? What is the point of considering the problem as a health issue if people are not dealt with under the national health service?

Furthermore, refusing more sick people disability benefits and insurance payments will not keep the lid on the problem. Evidence shows that that is happening. Obviously, insurance companies are worried about the massive increase in claims, and they are looking for excuses not to pay out. However, such matters may lead to the courts. Indeed, many severely affected people have considered taking action, which is a difficult task for ill individuals to do on their own.

I ask the committee to consider in environmental terms what folly it is to ignore the problem. Children with ME have been called the canaries of our society. However, we seem determined to keep on whistling our way down the mine.

The Convener: Thank you. I now open up the discussion to members of the committee.

Alex Fergusson (South of Scotland) (Con): I wish to say a few words in support of what Helen McDade has said. Like you, convener, I wish to declare an interest. I am the vice-convener of the cross-party group on ME. I have another interest, too. Two summers ago, my 15-year-old son was on the verge of being selected for the Scotland under-15 cricket team. This year, he is unable to hold the bat aloft for more than five minutes. I do not usually look for personal sympathy in such matters but, having a child with ME, I now see matters in a different light. Three years ago, I was as sceptical as many people are about the condition. It used to be called "yuppie flu"—a phrase that I now find disgusting. It is only fair to tell the committee that I am biased.

As always, Helen McDade has explained fluently the problems that are faced by the increasing number of people who have ME. It is important that members of the committee are aware that the condition is on the increase. Since my wife and I have become involved in the problem, the number of people who know someone affected by ME has astonished us. As the condition grows, the medical attention that is being paid to it seems to be less not more. I ask the committee to remember that the signatures on the petition were collected by ME sufferers. It was an incredible task and it required great strength and bravery.

12:00

Helen McDade mentioned the problem as it concerns children. I consider myself lucky, because there are affected parents whose circumstances are far less fortunate than those of my family. Social services have knocked at their door to take away their children because they do not attend school. Adults do not receive benefits. The fact that they can go to a doctor to fill in the questionnaire just means that they are having good day. Such matters are not taken into account. There is enormous medical disagreement about the causes of ME and, as Helen McDade said, whether it exists. Some people do not believe that it exists. The cross-party ME group has concentrated on that disagreement, but the fact that it exists backs up the need for the problem to come under the auspices of the national health service. Scotland has a wonderful chance to play a leading role in such matters within the United Kingdom.

The number of people who are examining the matter is increasing. Brave people take on the might of the NHS in an effort to increase its thinking about the problem. More weight is being given to the fact that ME is not a psychiatric problem that can be dealt with by someone saying, "Give me your child and I shall get him better, because I shall force him to get better by routine treatment." More and more people are beginning to realise that that approach does not work. There is a huge need for such an assessment and I hope that members of the committee will take the petition very seriously.

The Convener: Thank you. I draw to the attention of members of the committee the fact that 17,721 signatures are attached to the petition. ME sufferers made a Herculean effort to present a petition of such a size to the Scottish Parliament.

Phil Gallie: I first became aware of ME in about 1992, when I was elected a Member of Parliament. I had not really picked up on it before. Thereafter, I experienced a growing awareness of the illness. As Alex Fergusson said, many more people are now recognised as suffering from ME. Does that mean that the medical profession is waking up to the problem and that doctors are beginning to realise that a condition that did not exist several years ago does, in fact, exist and is an illness? Are they picking up on the serious aspects of it?

Helen McDade: There is growing awareness of the illness among GPs because the avalanche has started, and people cannot avoid it. There has been a change in thinking. Dr Nigel Speight, a campaigning paediatrician in England who takes such children on board, said that he had not seen a case in his practice before 1980. He now has about 50 such cases from his area on his books. He would be able to recognise such cases in retrospect, but he believes that he first dealt with such a case in 1980.

I do not believe that secondary schools had pupils with the problem on their books some 20 or 30 years ago. It has been found that pupils who suffer from ME are absent from school more often than those with leukaemia and other cancers. A study found that the illness accounts for 50 per cent of long-term absences. We could not have missed that 20 or 30 years ago. Something else is going on as well as GP recognition. I do not think that the hospital system has improved. I may be wrong, and other people may have had different experiences, but my experience and that of many people to whom I have talked is that consultants and those at the higher levels of the medical profession are in denial.

Phil Gallie: You identify in the petition the fact that not only health services are involved—social services, which are run by local authorities, are also involved—as is the benefits system, which is a Westminster issue. Those with whom you have made contact when pursuing this issue, about which you feel strongly, are all involved in health. Have you contacted the Convention of Scottish Local Authorities and the bodies that deal with the benefits system?

Helen McDade: Most of our problem with the benefits system centres on medical assessment. Obviously, people contact their MPs and MSPs about social security issues and a host of problems. Our target is the discrimination of the medical assessment. Linda McLean is currently appealing for her daughter to receive disability living allowance. Apart from going to the toilet, her daughter has not been out of her bedroom for two years.

Linda McLean: The doctors who have visited my home have taken a strong psychiatric line on the illness of my daughter, Heather. No matter how many times they have seen her, they have assumed that her illness has a psychiatric basis. Their reports say that Heather can do certain things if she so chooses. I have that in black and white. The external medical practitioner's report is the one that is favoured by the tribunal. What others write does not count because the external examiner, although he may be a general practitioner, is considered to be especially trained to give an unbiased report. In fact, the report is very biased.

If a practitioner sees my daughter for a few minutes and concludes that she has a psychiatric problem, on what is that decision based? Heather could not speak when the first examiner came to see her, nor could she move her arms or her legs. He moved them. Later, when she could speak to him, she told him that she had felt like a rag doll. He lifted her legs and wrote a report saying that she was mobile and that if she chose to walk down the stairs, she could. The practitioner considered ME to be a controversial issue and in his view it was a psychiatric problem and an hysterical conversion.

The decision was overturned at the appeal group meeting. The matter went in our favour and our money was back-paid, but it was awarded for only six months. I therefore went to a tribunal last month and a medical practitioner carried out the same examination. Heather had improved slightly. She answered about six questions, but was too ill to continue. The doctor wrote in his report that Heather could come down stairs and that she should be able to walk 100 metres. At the end of the report, he said that she had a large functional overlay. So we are now back to the functional-somatic syndrome whereby sufferers acquiesce in their symptoms and receive loads of sympathy.

As Heather said to me, young people could not lie in bed as she lies in bed even if they were paid £1 million. They could not stay still in a dark room, unable to watch television, talk to people or see friends. There are no words to describe how terrible the condition is and how little it is understood. I have spent more than £1,000 seeking medical advice and help. I have bought books to become knowledgeable about the condition so that I can understand my daughter.

At one point, my daughter was so bad that I thought she might have CJD. There are people worse than her, such as the young fellow down the road. He has to be turned in bed. He cannot move. He has to be fed. He cannot lift his hands. The range of the illness needs to be made known. There is so much ignorance about the condition; the only way to combat that is knowledge, which is why I share my experiences with others. Heather has been on the BBC news highlighting the difficulties of ME. No doctor will visit her at home. Because of noise and light sensitivities, hospital—unless it has a dedicated unit—is not the place for sufferers. Noise and light cause Heather to have body shakes. Her muscles go stiff and she shakes. Obviously, we can cater for such needs at home, but we are scared to let her go into hospital, because people there do not understand the illness.

I have contacted a doctor in England. A doctor in America has carried out tests that have shown abnormalities in Heather's hormonal system. However, many doctors do not know the relevant tests to perform. Results of conventional tests turn out to be fairly normal and doctors do not know where to take them from there. In various parts of the world, doctors are examining the condition and have found problems for which no simple routine checks are carried out.

Phil Gallie: I have a short supplementary question. Linda McLean said that she has found a doctor in the United States of America. Is the lack of recognition of ME unique to the United Kingdom, or does it stretch throughout Europe and perhaps wider afield?

Linda McLean: ME is recognised throughout the world because there have been major epidemics, but when psychiatrists became involved in the problem, they broadened its base to include depressed people. That has made life very difficult—almost impossible—because, in a sense, we are being driven into a corner. We are scared to stick our heads above the parapet in case we are shot at—there is such a strong psychiatric stance. We have resisted that stance. If a doctor says over the telephone that some young people get themselves into a corner that they cannot get out of, I do not want my daughter going into that person's hands; he has no understanding of the severity of the illness.

Dr Ewing: As Phil Gallie and Alex Fergusson said, we all know someone with ME. One of my close friends in Lossiemouth is a sufferer. She is a beautiful young woman. She has two young children, but she cannot look after them. She lies in bed. She had a good job, too. We have all experienced the illness in a personal capacity. It is terrible.

There has been a great deficiency on the part of the medical profession. I, too, have heard doctors refer to the illness as "yuppie flu", a phrase that has never been defined. The treatment handed out by benefit associations is cruel and scandalous. I do not like the letter from Malcolm Chisholm. If that is an example of the attitude of the Scottish Executive, I am not happy with that either. I have asked the clerks about the committee's ability to compel witnesses to come before it. We cannot compel, but we can request. It is difficult for someone whom we want to come before us to say no. I would have great pleasure in cross-examining the head of the British Medical Association Scotland and putting to him the true experiences that we have heard about today. I want the medical profession to stop dismissing what is clearly a fact.

As I said, most of us here know someone who suffers from ME. Why are no statistics available? In this world of statistics, one would think that we could obtain the information that is sought by the petitioners, such as what proportion of people are severely affected, what are their benefit entitlements and what is the size of the patient population. We should be pressing for that information. Surely we can do that. The petition refers to the establishment of a clinical centre of excellence. That seems to require the benefit authorities and the medical profession to get off the fence and agree that ME is a fact of life. I know that the committee will do its best to take action, but in addition to what we suggest, it is terrible that the medical profession is treating individuals in the way that we have heard today.

The Convener: I do not think that that was a question.

Dr Ewing: It was not a question, but such remarks had to be said by someone. I am horrified by the evidence that we have heard.

12:15

Phil Gallie: Winnie Ewing did ask a question. It was about whether expert witnesses could be questioned by the committee.

The Convener: We can certainly do that. We shall deal with that matter when we discuss how to dispose of the petition.

John Farquhar Munro: In answer to Winnie Ewing's suggestion, the statistics will be confused anyway, because medics are not diagnosing the illness or referring people with such a condition. If 50 per cent of medics do not diagnose the condition, statistics will be of little advantage to us.

I was impressed by Helen McDade's presentation. She has obviously carried out much research and has a professional approach towards what she wants to achieve. She has hands-on, first-hand experience of people with this condition. As we have heard today, many of us are acquainted with people who have ME. It is strange that GPs have a mixed view of the condition. Some would agree that something is wrong, yet they are not prepared to diagnose the condition. Helen McDade, from your experience of GPs who have accepted that ME is an illness, what medication do they suggest to alleviate the condition?

Helen McDade: Statistics would not be 100 per cent accurate, but it is possible to find out such information without a diagnostic test. Epidemiologists have the same problem with Alzheimer's disease. The statistics would be an underestimate, but that can be taken into account. About four or five years ago, Fife Health Board undertook a study to see whether there was a need for a specialist clinic. It received a good response. The study carried out by patient organisations suggested that they were in the same ballpark. Fife Health Board decided that there was enough evidence, that a clinic should be provided and that it would not necessarily cost money—but there is no sign of it going ahead. It is possible to find statistics in connection with ME, although they would not be as satisfactory as statistics for other conditions.

Treatment is another problem area. Linda McLean has obtained cutting-edge methods for her daughter and there has been a slight improvement in Heather's condition, which is great. Generally, if doctors treat the illness at all, they favour the anti-depressant line of treatment, whether or not there is evidence of depression. Anyone can be depressed as can those with chronic illnesses. I am not saying that some people do not need anti-depressants, but the medics tend to diagnose them. The few treatments for ME sufferers that are suggested are cognitive behaviour therapy, graded exercise and anti-depressants. The studies of such treatments have been small and, in some cases, contradictory.

People with ME have a great problem in that they are usually hypersensitive to medication. Many doctors do not understand that their health can be made worse by it. We must bear in mind nutritional aspects of treatment and the opposite of graded exercise. Dr Darrell Ho-Yen, a doctor in the constituency of John Farquhar Munro, specialises in ME. He says that if someone without ME has 100 per cent energy and someone with ME has 10 per cent energy, the person with ME should use only 8 per cent of that energy and use the extra 2 per cent to help his body get better. Some specialists put forward a contradictory view of the illness compared with the average advice that is issued. Many GPs, however, admit that they do not know anything about it and do not know where to send sufferers. For example, I was told that there is no point in getting a diagnosis because there is no cure. People who have rheumatism are not told that. For children, a diagnosis is critical because of the help needed for their education.

John Farquhar Munro: I am on a learning curve about ME. Prior to being an MSP, I assumed that it was a condition whereby the patient was lethargic and drowsy. I was not aware that it went beyond that and caused physical incapacity. It must be frustrating for parents with children who have ME to discover that the medical profession shuts its eyes to it and says that nothing is wrong. That is a terrible situation to be in.

Helen McDade: That is one of the main reasons why we do not agree with the description "chronic fatigue syndrome". In fact, surveys have shown that 90 per cent of doctors could name fatigue as a symptom of ME. However, such a decision is made on the result of a diagnosis of about eight out of 14 people. Alan Stroud will explain his symptoms to the committee.

Alan Stroud: I suffer from extreme tiredness. Over the years, I have had a whole range of symptoms. To start with, I had a bad fever. I had bad headaches and sore and stiff limbs. I was not given an explanation for such symptoms. They all came under the heading of ME. I was told that eventually they would go away. I was not given specialised treatment for the problems. Most of the symptoms have gone away, but I still have bad problems with tiredness. It stops me living a normal life. I cannot attend school as I should like or do things with my friends. I am simply too tired. It is an effort to think of what to say when I am chatting to people. I cannot concentrate on work. Basically, I still have bad problems. My only help is that doctors say that my condition will go away eventually. They do not have any idea of what is causing my illness or what may help it.

Dorothy-Grace Elder: This presentation has been one of the most impressive that we have had. The eloquence of Mrs McDade and others is notable. I thank Alan Stroud, in particular, for attending the committee. As several members have said, we all know someone who has ME. That has happened naturally over the years, although they do not come to us often because we are MSPs. In previous lives, we have all known someone with ME and we know what it has taken for Alan Stroud to be here today.

Do any of the witnesses live in an area where there is a particular environmental problem?

Helen McDade: I wish to answer that question indirectly. Let us suppose that 18 people who have ME live in a tiny village. It could be asked whether the fact that there are so many sufferers reflects that environment. We do not have a statistical background, so it is hard to know whether there is an environmental problem, but it seems that there are clusters of people with the condition. Sometimes, I speak to people whose neighbours suffer from ME.

Environmental factors such as organophosphate pesticides have been mentioned. A study is being undertaken at Ninewells hospital in Dundee. It is comparing ME sufferers, Gulf war syndrome sufferers and organophosphate pesticide sufferers. Studies in other parts of the world are examining possible links between those conditions. I am not claiming that organophosphate pesticides have caused ME. The medical profession has a problem, because the word that we are looking for is "multi-factorial". ME is probably caused in most cases by one factor. As with cancer, it is a matter of genetics and toxins. We consider that environmental factors should be examined closely.

Dorothy-Grace Elder: Has any of the witnesses heard concerns expressed about pylons, toxic dumping and so on?

Helen McDade: I think that organophosphate pesticides might be involved in my daughter's case. We lived on the edge of oilseed rape fields that were sprayed. An incident happened in my family that I heard happened to Gulf war syndrome children. That was two coincidences too many for me, but I have no proof.

Dorothy-Grace Elder: I am not suggesting that environmental factors are the sole cause of ME, but there is speculation that they may increase the number of sufferers. I have always found it hard to accept those who disbelieve the existence of ME. Even in Victorian literature, references are made to characters who suffer extreme fatigue. Rich families used to send their relations abroad to recuperate. People were called invalids for nameless reasons. They could have had ME.

I first met someone with ME at a fatal accident inquiry. When I arrived, people were tittering about someone who was lying down in the witness room. They had surmised that that person was drunk. The lady raised her head and said, "I am not a drunk. I am suffering from ME." She was a doctor who was to be an expert witness in the inquiry. It had taken every ounce of her strength to travel to the inquiry.

However, giving the witnesses bucket loads of our sympathy will do no good at all. It is obvious that almost every parliamentarian will be 100 per cent on their side. Are specialist nurses assigned to the problem in Scotland?

Helen McDade: No, there is no such arrangement.

Dorothy-Grace Elder: Dr Ewing's suggestion about the committee questioning the head and members of BMA Scotland, members of the Royal College of Nursing Scotland and the medical tribunal is one way in which to make progress. We shall discuss matters when the presentation has finished. The Health and Community Care Committee must also be notified.

Alex Fergusson: A person made a telling point to the cross-party group. He is a scientist who indulges in research into some of the more strange syndromes that now exist. He said that it is eight times harder to receive funding for ME research than any other type of research. I believe that that statistic is worth bringing to the committee's attention.

The Convener: In his letter to Iain Smith MSP, Malcolm Chisholm said that it was for individual clinicians to decide the appropriate treatment in liaison with their patients, because of the complex nature of ME. Helen McDade, what is your response to that view?

Helen McDade: Given the complex nature of ME, it is entirely unreasonable to ask GPs to take such action. With the best will in the world, they could not do it. They have five minutes to attend to each patient, although patients can ask for a double appointment and then receive 10 minutes' attention. The minister is passing the buck. It is not correct for Malcolm Chisholm to say that because doctors will not make a diagnosis he cannot investigate the matter. The Scottish Executive must have statistics to back up its argument. It talks about evidence-based medicine. Well, we are all for it. The question is whether the medical profession is interested in it.

The Convener: My final question is about Alan Stroud and other young people who cannot attend school. What are the attitudes of education authorities and schools to such matters?

Helen McDade: Some people have received good responses. We have been lucky. I am talking about the local school. Many people, however, have problems obtaining help and, when the children reach the age of 16, the local authority can say that they do not need tuition even if it had been set up in previous years. If the young people have missed years of schooling and their health is beginning to improve, obviously that is the time when they should be receiving tuition.

12:30

ME sufferers are a particular problem for secondary schools, who find them difficult to deal with. Schools want to keep up their statistics: they want a high average level of passes and a low average level of absences. I know of children whom schools are trying to remove. They are regarded as a nuisance. The schools do not know what to do: they think that the children want to arrive at school at unusual times just for half an hour or three quarters of an hour and believe that they will pass hardly any examinations.

My daughter's case with regard to her school really annoys me. The school sends a little slip to parents detailing the average absences and its target for the following year. My daughter is accounting for at least a quarter of a day for each pupil in the school. It is a caring school and it is doing it best for us, yet it is told to up its statistics for next year. It could up its statistics by removing my daughter, but it does not. There is a huge problem in secondary schools, however, and they are not set up to cope with it. Young people with ME cannot move around the school with their books. The problem is difficult and parents remove their children from school, either officially or unofficially and, if they are lucky, some of the children receive tuition. Obviously, Linda McLean's daughter, Heather, is not up to anything.

Linda McLean: I know a family in Paisley who, because of the attitude of the head teacher, are paying for their children to be privately educated. One twin has ME and the other twin was being bullied.

The Convener: Are children just dropping out of the system?

Linda McLean: There was a poor article in *The Times Educational Supplement* recently that had been written by a head teacher.

The Convener: Do education authorities in Scotland allow children with ME to drop out of the system?

Helen McDade: Yes. Parents can withdraw their children from school and educate them from home. Some people do that. However, a lot of children just stay at home and, if their parents do not say anything and no one is bothering them, nothing is done about tuition. Some children are not up to tuition, but the trouble is that, if their health improves after a few years and they have reached the age of 16, there is no requirement for tuition to be provided. Luckily, nowadays, young people can attend colleges so the position is not so bad. However, financial matters are involved. Should people not be helped to regain their position? It is a big problem.

Dorothy-Grace Elder: On education, Alan, are you fit enough to use computers and the internet?

Alan Stroud: Sometimes, but staring at a computer screen can be bad for ME sufferers. If I use the computer for too long, my brain goes numb and I cannot think. Those effects do not go well with undertaking such work.

Dorothy-Grace Elder: The symptoms sound as though you feel that you are under an anaesthetic most of the day. You just wilt.

Alan Stroud: Yes. It is like that.

The Convener: Thank you, Alan, for making an excellent contribution to the debate. Everyone in the committee has been impressed by it. We shall now discuss what to do with the petition. You are welcome to stay and listen.

Helen McDade: Convener, I wish to thank members of the committee for their reception. I say to Dorothy-Grace Elder that it is nice to receive genuine sympathy when people intend to follow it up. Thank you for listening to us.

The Convener: The suggested action is that we first ask the Scottish Executive for its comments on the progress of the working group that has been set up in England and that we also ask it to comment on the issues that our petitioners have raised. Winnie Ewing spoke about our summoning witnesses. We can formally request people to come before the committee to provide evidence; the only decision that must be made is whether we or the Health and Community Care Committee question them.

Dr Ewing: The matter covers more than health. It concerns education and benefits. The problems of sufferers are multifaceted.

The Convener: I accept that. Education plays a role in these matters but, as we know, the issue of benefits is reserved to Westminster. Perhaps we should initially seek the views of the minister before deciding how to dispose of the petition.

Dr Ewing: Which minister?

The Convener: Malcolm Chisholm. He is the minister responsible for such matters.

Rhoda Grant: I suggest that we find out whether the Health and Community Care Committee has plans to carry out an inquiry. The benefits issue would be solved if we could solve the health issue, because if people are properly diagnosed they receive the necessary benefits. Diagnosis is the nub of the argument because the services can be pulled in on the back of it. If the Health and Community Care Committee does not have the space to accommodate an inquiry, perhaps we should ask whether it would be happy for us to undertake one.

The Convener: That suggestion sounds sensible. Initially, we must seek the views of the Scottish Executive. While we are doing that, we can send a copy of the petition to the Health and Community Care Committee asking whether it will take the issue up or whether it prefers us to carry out the investigation. That committee has a heavy agenda, whereas we deal only with petitions.

Dr Ewing: We can see from the information that we received from the petitioners that they have come to us as a last resort. They have approached the Minister for Health and Community Care, the Scottish chief medical officer, all MSPs, health boards and health care trusts. It is not as though the petitioners have been sitting back hoping that we can wave a wand. They have been everywhere, which is why, if we adopt your proposal, convener, we should make it clear that we regard the matter as one of great urgency. We want to receive answers and if the Health and Community Care Committee is too busy in the foreseeable future—as it might be—we may have to start summoning witnesses ourselves.

The Convener: I have been advised that we do not have the power to conduct an inquiry. It is not within our remit.

Dr Ewing: We have the power to obtain evidence.

The Convener: We have the power to summon evidence in support of a petition, but we will not call that practice an inquiry.

Dr Ewing: Quite.

The Convener: We can ask witnesses to come forward to elucidate further the information that we have received from the petitioners. That initial work would probably help the Health and Community Care Committee. Rhoda Grant is right. If the Health and Community Care Committee can take on the matter, we will refer the petition directly to it. If it cannot, we can begin the initial work. I firmly take Winnie Ewing's point. The matter is urgent. It must be dealt with.

Phil Gallie: If, as suggested, we approach the Scottish Executive, Malcolm Chisholm would probably respond. I cannot envisage his having changed his mind much since he wrote to Iain Smith on 30 April. We must impress on him that we have read his letter and we must pick up on several points that it contained. The letter states:

> "there are some clinicians who do not believe that ME exists."

Well, there must be acceptance somewhere that ME exists. Those clinicians must be told that it exists. Perhaps we can say to the Scottish Executive that, having considered the overall situation, we take issue with some of the points in Malcolm Chisholm's letter.

The Convener: That is a fair point. We can certainly do that. We can ask Malcolm Chisholm to update the Scottish Executive's position since he wrote to Iain Smith. We have listened to the testimony of the petitioners and we do not agree with many of the conclusions in the letter. Let us give him early warning that we may ask him to come before the committee and speak in support of his response.

We will contact the Executive through Malcolm Chisholm. We will also copy the letter to the Health and Community Care Committee and ask whether it can conduct an inquiry or whether it requires us to carry out the initial work.

Dorothy-Grace Elder: There is little need to tell you this, convener, because both you and I are members of the Health and Community Care Committee, but for the information of other members I must say that the final meeting of the Health and Community Care Committee before the recess is tomorrow. I wonder whether we should raise the matter at that meeting. Obviously, we cannot study matters in detail, but we do not want a fortnight to go by before we make a start.

The Convener: As members of the Health and Community Care Committee, we can both raise the matter at tomorrow's meeting under the category of any other competent business and let the committee know that our clerk will be contacting it.

Dorothy-Grace Elder: The Health and Community Care Committee has too few members to undertake such an inquiry. This is the first opportunity that the Public Petitions Committee has had to act as the Bundestag would and undertake a public petitions investigation, as we learned about last week.

Rhoda Grant: Can we ensure that members of the Health and Community Care Committee have as much information as possible if the matter is to be raised under any other competent business?

The Convener: I shall take a copy of the papers with me. Is it agreed that initially we contact the Executive and that we find out what the Health and Community Care Committee intends to do with a view to our carrying out further investigations?

Members *indicated agreement*.

Unborn Children (Recognition in Law) (PE382)

The Convener: Petition PE382 is from Mr Thomas Howe. It calls on the Scottish Parliament to take the necessary steps to give the unborn child recognition in Scottish civil law. Mr Howe instigated the petition because of his family's loss of an unborn child as the result of a car accident. Currently, the law does not allow for a claim for damages or for the prosecution of the driver responsible for having caused the death of the unborn child.

Following informal discussion with Executive officials about the petitioner's concerns, it appears that the principal matter of the recognition in law of the unborn child is reserved to Westminster. However, the Executive has an interest in relation to the application of damages law in Scotland. It is suggested that we ask the Executive to comment on the petition and, in particular, to provide clarification of the reserved provisions and details of its interest in the application of damages law.

Dr Ewing: I do not want to pour cold water on Mr Howe's petition, as he is obviously sincere and passionate, but damages are awarded in respect of people's death according to loss of earning capacity or pain and suffering. If damages were awarded in the case of the death of a young child or baby, those damages would be based on the pain and suffering of the parents. That could apply equally to the loss of an unborn child, so I do not see the need for such a petition.

The Convener: If that were the position, it would be useful to receive clarification from the Executive.

Phil Gallie: On a slightly different point, I do not believe that it is the level of damages that interests Mr Howe; he makes it clear that that is not a factor. I do not know the case, so I am talking in general terms, but it may concern a person who brought about the death of the unborn child through dangerous driving. It seems that Mr Howe is calling for the consequence of such action to be recorded when a court is making judgment on the dangerous driving offence. If someone is charged with careless driving, the courts do not take the consequence of an accident—the death of a person—into account, although that might be different in the case of dangerous driving. It would be worth finding out the Executive's views.

The Convener: I have just been informed that the Executive has been examining the issue, so it may now have taken a view on it. I believe that it is well worth our while to seek its views and to give further consideration to the petition. Is that course of action agreed?

Members *indicated agreement*.

Forth Fishery Conservation (PE394)

The Convener: Petition PE394 is from Mr James Alexander Mackie on behalf of the Forth Fishery Conservation Trust. It calls on the Scottish Parliament to take the necessary steps to ensure that petition PE238 on fishery conservation is separated from petition PE96 and is investigated in its own right.

The committee may remember that we discussed both petitions at earlier meetings and that we agreed to pass petition PE238 to the Transport and the Environment Committee for consideration along with petition PE96. The Transport and the Environment Committee concluded that it would write to the Scottish Executive to request that the impact of chemicals on fish stocks—the issue raised in the petition—was incorporated into any independent inquiry that it establishes into sea cage fish farming. The committee also noted that many elements of the petition fell within the remit of the Rural Development Committee and agreed to bring it to the attention of that committee for information only.

Petition PE238 was then sent to the National Archives of Scotland and we wrote to the petitioner accordingly. We have to agree to write to the petitioner explaining that his petition is no longer linked with petition PE96, that it is being dealt with by the Transport and the Environment Committee, which has written to him along those lines, and that no further action can be taken. Is that agreed?

Members *indicated agreement*.

Planning and Environmental Regulations (PE395)

12:45

The Convener: Petition PE395 is from C Cotchin. It asks the Scottish Executive to examine local authority planning and environmental regulations with a view to amendment. The petitioner has grievances about certain issues and says that people living next to low-use commercial premises should be protected from incoming companies that cause a subsequent increase in intensity of use. The petitioner says that the appeals procedure in respect of planning permission is too lengthy and does not take account of those subjected to the nuisance. The petitioner also says that statutory acceptable noise levels are too high and should be lowered, especially in rural areas.

It is suggested that we seek the views of the Scottish Executive on the issues raised in the petition and send a copy of it to the Transport and the Environment Committee for information only. Is that agreed?

Members *indicated agreement*.

Protection of Wild Mammals (Scotland) Bill (PE397)

The Convener: Petition PE397 is from Ms Nina Ibbs, who asks for the Protection of Wild Mammals (Scotland) Bill to be given adequate parliamentary time. The petition was received before the stage 1 debate on the bill took place in the chamber on 19 September. The clerk of the Transport and the Environment Committee was advised of the petition the day before the debate. However, the petitioner has already been advised by letter of the outcome of the stage 1 debate and has been informed that the bill will receive stage 2 consideration, when it will be scrutinised in detail. As the principal objective of the petition has been met, it is suggested that we should note the petition and take no further action. Is that agreed?

Members *indicated agreement*.

Current Petitions

Less Favoured Areas Support Scheme (PE372 and PE384)

The Convener: The first two petitions are PE372 from Mr Robert Epps on behalf of a group of farmers and crofters from Islay and Jura and PE384 from Mr Eddie Nicol on behalf of those involved in the agriculture industry in the Shetland islands. At our previous meeting, we agreed to wait for a response from the Scottish Executive to both petitions and to reconsider them. We also agreed to pass a copy of the petitions to the Rural Development Committee and the European Committee for their information.

We have now received responses from the Executive and from the Conference of Peripheral Maritime Regions. The CPMR hopes that the Scottish Executive will carefully consider valid representations that are made in the form of petitions. In its reply, the Scottish Executive gives an account of its efforts to ensure that the whole of Scotland was given an advantage under the less favoured area scheme. It argues that it cannot change the scheme without renegotiating the agreement with the European Commission. Its response shows that negotiations to secure even the current agreement were difficult.

The Executive believes that, although the current scheme is not perfect, it goes at least some way towards compensating livestock farmers in disadvantaged areas of Scotland. We must consider whether the Executive's arguments are reasonable. If they are, we may agree to pass copies of the responses to the petitioners and to take no further action. However, if we do not agree with the Executive's response, we may wish to refer the petitions and responses to the Rural Development Committee for further consideration. I am the first to admit that I am not competent technically to decide whether the Executive's line is reasonable.

Dr Ewing: Well, this is really a political matter. A rotten deal was negotiated and I believe that to change from headage to acreage in areas such as I have represented will cause absurd hardship and will probably lead to people abandoning crofting. The matter was badly negotiated. I do not always accept the views of ministers who say that it is difficult to renegotiate. It is certainly difficult if no one tries, which is often the situation. I was involved in such matters for 24 years. I am completely critical of the change.

When Mr Ross Finnie has had the matter put to him in Parliament, as has happened many times, he has said that this was the best deal that he could get. He shows no inclination to want to point out the hardship that has been caused. I do not know how we can deal with such a nakedly political matter. Some, but not all, farmers are compensated. If we are to accept the suggestion, can we explain to the European Committee that the policy is not working out in the interests of peripheral areas and that the matter should be renegotiated with Europe? As the European Union is meant to defend peripheral areas—and often does—the matter should be put to it again.

The Convener: The outcome is that the matter should be referred to the Rural Development Committee, with a recommendation that it consult the European Committee about whether the deal could be renegotiated.

Rhoda Grant: I agree with Winnie Ewing. Let us put the matter to the European Committee and tell the Rural Development Committee that we have taken such action. That will speed things up and it will mean that we do not have to wait for the item to come up on the Rural Development Committee's agenda and for that committee to agree to take action.

The Convener: One committee will have to take control and consult the other committee. Which committee will it be?

Dr Ewing: The matter should go first to the European Committee. Are we just to lie back and, without even trying, say that nothing can be done?

The Convener: I am just seeking views.

Dr Ewing: I assure the committee that the Irish state does not just accept matters. It renegotiates and usually ends up with what it wants.

Rhoda Grant: The Rural Development Committee, of which I am a member, has already taken evidence on the matter. I think that the responses should be put to European Committee and copied to the Rural Development Committee, given that the issue is already on its agenda. The issue will then take priority.

Phil Gallie: I am tempted to go the other way. Problems with the agreement arose because of the initial dillying-dallying approach to discussions with Europe on the less favoured areas. The agreements were a hotch-potch, but it is my impression that the overall intention in Europe is to move towards area, not headage, status. I have an interest in such matters, in that I come from the south of Scotland and there are benefits to the north and north-west of Scotland that the south and south-east of Scotland do not receive. Those areas are basically losers under the agreement.

Dr Ewing: They are not exactly peripheral.

Phil Gallie: They might not be peripheral, but they have less favoured farming land. They are probably the biggest sufferers under the agreement.

Dr Ewing: I doubt that.

Phil Gallie: The claims are coming from the north, which has both winners and losers. I believe that those with the relevant expertise are members of the Rural Development Committee. I do not understand what the European Committee can achieve, given that it will be difficult for it to establish the lines on which it has to go forward with respect to any change in the agreements.

The Convener: To clarify matters, what aspects does the committee want the European Committee to consider?

Dr Ewing: We want the European Committee to consider whether the agreement can be renegotiated.

The Convener: Phil Gallie's point was well made. The Rural Development Committee has the matter on its agenda, so we could send the information to that committee, asking it to continue but recommending strongly that it consult the European Committee about the possible renegotiation of the deal. Does that satisfy the committee?

Dr Ewing: Okay, d'accord.

John Farquhar Munro: It is a case of trying to renegotiate not the agreement, but the distribution formula that has been adopted by the Scottish Executive.

Dr Ewing: Yes, that too.

The Convener: Is the committee satisfied with the action that I have outlined?

Members *indicated agreement*.

Criminal Injuries Compensation (PE375)

The Convener: The next petition is PE375 from Mrs Elaine Crawford, to which Dorothy-Grace Elder referred at the beginning of the meeting, which deals with the review of the criminal injuries compensation procedure and policy.

We agreed to seek the views of the Scottish Executive. The Executive has provided details of the criminal injuries compensation scheme, explaining that the scheme was placed on a statutory footing in 1996. The scheme is administered by a cross-border public authority under the terms of the Scotland Act 1998 and can be amended only by the Home Secretary, although he is obliged to consult Scottish ministers who do not have priority to amend the scheme for Scotland. Given the reserved nature of the legislation under which the scheme operates, Parliament would have no power to change it even if, after further consideration, it believed that a change was justified.

The Executive has also made clear that, within the rules of the criminal injuries compensation scheme, there is no scope for Scottish cases to be brought entirely under Scottish control and considered differently from those in the rest of the UK. I suggest, therefore, that the committee agree to copy the Executive's response to the petitioner for information. The committee should also agree to copy the petition to the relevant UK Government minister and ask him to respond directly to the petitioner on the issues raised.

Dorothy-Grace, are you able to report further progress?

Dorothy-Grace Elder: I spoke to Mrs Crawford yesterday. She said that her appeal seemed to have succeeded but that she did not know how much would be paid.

The original stance of the Criminal Injuries Compensation Board was to give Mrs Crawford absolutely nothing because her husband had tried to chase away the people who then murdered him. She told me that the board is making an offer, although I have yet to find out what the full amount is.

Mrs Crawford is not in a good state of health. When I talked to her yesterday, she said that she would face eviction from her mother's house some time within the next few weeks. Her mother has died and she does not have the housing co-operative's permission to be in the house. However, she had to flee her own house because it was in the same area as the gang that had killed her husband. It is a terrible situation.

The Convener: We should refer the case to the UK Government minister who has the power to do something. We should ask him to write to the petitioner and to the committee to explain what action he is taking.

Phil Gallie: This case is emotive and I have tried to remove myself from the emotions of it and to consider the wider scene. It is a UK situation and we are talking about criminal injuries.

I recognise that there is only a loose connection, but one of the things that annoys people is the comparison between the settlements in criminal injuries cases and some of the weird and wonderful settlements in industrial tribunals south of the border. Could that be identified as an issue?

Sentencing policy, which is a matter for the Scottish Executive, was also raised in the original petition. The Executive's response does not refer to the sentencing policy.

The Convener: We considered sentencing policy in previous petitions.

The matter is reserved and we have to pass it to the responsible UK minister, but given that Mrs Crawford petitioned the committee, the committee needs to be kept informed of the outcome and how the petition is dealt with finally. If we are not happy with the outcome, we can reconsider the case.

Dorothy-Grace Elder: We should not accept the stonewall approach, which says that such cases cannot be dealt with in Scotland even though they are Scottish cases. We are not asking for advantageous terms over England. Many people in England have also not been well treated by the Criminal Injuries Compensation Board. Surely to goodness it would be much more efficient to handle Scottish cases in Scotland.

The Convener: That is an argument for constitutional change, which should be made elsewhere. As the law stands, the matter is reserved. The Criminal Injuries Compensation Act 1995 is a UK act and it deals with all cases in the same way.

I recommend that we pursue the petitioner's case with the UK minister, ask to be kept informed and then decide whether we are happy with the outcome.

Dr Ewing: Can we do that urgently, given that the petitioner is threatened with eviction?

Dorothy-Grace Elder: Should the Minister for Social Justice get a copy?

The Convener: The Minister for Social Justice does not have any remit in terms of criminal injuries compensation. As an individual, you could raise the question of eviction with the Minister for Social Justice. However, the UK Home Office will not be interested in that. It will only be interested in the law and the award of compensation.

Is that agreed?

Members *indicated agreement*.

The Convener: The next paper is an update on the changes in the progress of petitions.

Time is pressing, so if anyone has points to raise on the paper, they can consult the clerks later.

Inadmissible Petitions

Lochgelly Sub-post Office (IP14)

The Convener: The first inadmissible petition is IP14, from Alan McGuire, on behalf of the Lochgelly Community Regeneration Forum, which calls for the Parliament to ensure that the Lochgelly sub-post office is not relocated.

Several issues are relevant. The Scottish Parliament has no power to take the action that the petitioners request. Commercial considerations, which the Parliament has no power to influence, are also involved in the location of sub-post offices. It is recommended that the petitioners be advised that, although the petition is inadmissible, we will pass it to the relevant UK Government minister for attention and send a copy of the correspondence to Post Office Counters Ltd for information. We could also suggest that the petitioners raise the matter with their local MP.

13:00

Phil Gallie: That is fine. The issue that the petition raises has other implications. I do not know whether Helen Eadie has written to everyone, but she was good enough to write to me to put down some of her reservations. I will pass the information to the clerk. Perhaps Helen Eadie passed the information to me because she knows that I have a direct link with Lochgelly and know the town quite well.

Helen Eadie says that the Post Office's consultation process did not comply with its code of practice on consultation.

The Convener: Westminster would have to deal with that.

Phil Gallie: Westminster will consider that.

Another element is the way in which local government in Scotland manages its affairs. The post office is in a central location in Lochgelly, which is receiving much regeneration money. Efforts are being made to re-establish that part of the town centre. I would have thought that it would be reasonable for us, as well as passing on our comments to the relevant UK minister, to raise the issue with Fife Council. The council must have played some part in the post office's relocation, even if that was only on issues such as where bus stops would be and how traffic would be affected. The council would have had some input.

The Convener: Helen Eadie could raise that directly with the local authority.

Phil Gallie: The petition has come to the committee, and that action would be a by-product of the petition. People in Lochgelly are concerned.

Perhaps Fife Council has played a part.

The Convener: The problem is that the heart of the petition is a matter for Westminster, rather than the Scottish Parliament. That is why the petition is inadmissible. However, I see no harm in passing a copy of the petition to Fife Council for information and explaining that, as we have passed the petition to Westminster, the council should contact Westminster with any comments. Is that okay?

Members *indicated agreement*.

Driving Licences (IP15)

The Convener: Inadmissible petition IP15 is from Ms Tricia Donegan. It calls on the Parliament to take the necessary steps to increase fines for unlicensed drivers who cause injury or death and to ensure that cars cannot be sold to drivers who do not hold a full driving licence.

Driving licences and issues that relate to driving offences are reserved matters and we have no power to take the action that the petitioner requests. It is recommended that the petitioner be advised that, although the petition is inadmissible, the committee will pass it to the relevant UK Government department and ask officials to respond directly to her on the issues that have been raised. We could also suggest that the petitioner raise her concerns with her local MP. Is that agreed?

Members *indicated agreement*.

Annual Report

The Convener: Everyone was issued with a copy of our annual report. Are there any comments on it? If anyone has comments that they wish to be incorporated in the report, they can pass them to Steve Farrell, the clerk.

Dr Ewing: The report shows what a good job the committee has done.

The Convener: Is the report agreed?

Members *indicated agreement*.

Convener’s Report

The Convener: Our trip to Berlin went ahead and was a success—I think that all members who went on the trip would agree with that. Steve Farrell has undertaken to produce a paper on our experiences from the trip. The paper, which will be submitted in the future, will recommend ways in which the committee’s work could be developed.

Members of the European Parliament Petitions Committee will visit us on 6 November. Public Petitions Committee members will probably be required to be around for a lunch and a dinner. I ask members to put that in their diaries—we will provide the details later.

This morning, Steve Farrell and I gave evidence on the operation of the Public Petitions Committee to the Procedures Committee as part of its inquiry into the consultative steering group’s principles. I think that the session went well. We received a positive response from members of the Procedures Committee, who are interested in the development of the Public Petitions Committee.

Dr Ewing: Did you meet no hostility? At one time, there was a proposal to get rid of the Public Petitions Committee.

The Convener: That proposal came not from the Procedures Committee, but from another, powerful source in the Scottish Parliament. Most MSPs value the good work that is done by the Public Petitions Committee.

One problem that was highlighted this morning was the fact that many people in Scotland do not know about us. We must work harder to make contact with the ethnic minority population, for example, because we have not received one petition from ethnic minorities.

Dr Ewing: Could we have a nice poster? Perhaps one exists already. It could be placed on all library information boards. Local authorities are usually willing to put up posters.

Dorothy-Grace Elder: What about MSPs’ surgeries?

Dr Ewing: Posters could be put up where MSPs' surgeries are held.

The Convener: As well as producing a paper on our visit to Berlin, we will produce a paper on developing the handling of public petitions. We argued at the Procedures Committee that that committee should conduct its own investigation into how petitions are handled, and talk not only to us, but to the subject committees, the Scottish Executive and others, because we must develop the committee's work.

Dr Ewing: Could we have a poster, designed by an artist?

The Convener: Absolutely. This morning, we discussed the need for better publicity. A poster would be one way of achieving that.

Dr Ewing: Library notice-boards are read. Signs at members' surgeries are read.

Phil Gallie: I was a reluctant traveller to Berlin and had reservations about going. I wondered what the benefits would be, but the visit opened up my eyes and changed my perception. Despite the fact that I am a member of the Public Petitions Committee, I have considered it to be a bit of a postbox. Given our discussions, the Berlin system would take us further. I freely admit—this is the only time that I will do so in the Parliament—that I was absolutely wrong and that the visit was good.

The Convener: If we have converted Phil Gallie, we have done some good work. I thank members for attending and close the meeting.

Meeting closed at 13:06.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice at the Document Supply Centre.

No proofs of the *Official Report* can be supplied. Members who want to suggest corrections for the archive edition should mark them clearly in the daily edition, and send it to the Official Report, 375 High Street, Edinburgh EH99 1SP. Suggested corrections in any other form cannot be accepted.

The deadline for corrections to this edition is:

Tuesday 16 October 2001

Members who want reprints of their speeches (within one month of the date of publication) may obtain request forms and further details from the Central Distribution Office, the Document Supply Centre or the Official Report.

PRICES AND SUBSCRIPTION RATES

DAILY EDITIONS

Single copies: £5
Meetings of the Parliament annual subscriptions: £500

The archive edition of the *Official Report* of meetings of the Parliament, written answers and public meetings of committees will be published on CD-ROM.

WHAT'S HAPPENING IN THE SCOTTISH PARLIAMENT, compiled by the Scottish Parliament Information Centre, contains details of past and forthcoming business and of the work of committees and gives general information on legislation and other parliamentary activity.

Single copies: £3.75

Special issue price: £5

Annual subscriptions: £150.00

WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

Single copies: £3.75

Annual subscriptions: £150.00

Standing orders will be accepted at the Document Supply Centre.

Published in Edinburgh by The Stationery Office Limited and available from:

The Stationery Office Bookshop
71 Lothian Road
Edinburgh EH3 9AZ
0131 228 4181 Fax 0131 622 7017

The Stationery Office Bookshops at:
123 Kingsway, London WC2B 6PQ
Tel 020 7242 6393 Fax 020 7242 6394
68-69 Bull Street, Birmingham B4 6AD
Tel 0121 236 9696 Fax 0121 236 9699
33 Wine Street, Bristol BS1 2BQ
Tel 01179 264306 Fax 01179 294515
9-21 Princess Street, Manchester M60 8AS
Tel 0161 834 7201 Fax 0161 833 0634
16 Arthur Street, Belfast BT1 4GD
Tel 028 9023 8451 Fax 028 9023 5401
The Stationery Office Oriel Bookshop,
18-19 High Street, Cardiff CF12BZ
Tel 029 2039 5548 Fax 029 2038 4347

The Stationery Office Scottish Parliament Documentation Helpline may be able to assist with additional information on publications of or about the Scottish Parliament, their availability and cost:

Telephone orders and inquiries
0870 606 5566

Fax orders
0870 606 5588

The Scottish Parliament Shop
George IV Bridge
EH99 1SP
Telephone orders 0131 348 5412

sp.info@scottish.parliament.uk

www.scottish.parliament.uk

Accredited Agents
(see Yellow Pages)

and through good booksellers

Printed in Scotland by The Stationery Office Limited

ISBN 0 338 000003 ISSN 1467-0178