

PUBLIC PETITIONS COMMITTEE

Monday 30 October 2006

Session 2

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PUBLIC PETITIONS COMMITTEE

17th Meeting 2006, Session 2

CONVENER

*Michael McMahon (Hamilton North and Bellshill) (Lab)

DEPUTY CONVENER

*John Scott (Ayr) (Con)

COMMITTEE MEMBERS

*Jackie Baillie (Dumbarton) (Lab)

*Helen Eadie (Dunfermline East) (Lab)

*Mr Charlie Gordon (Glasgow Cathcart) (Lab)

Rosie Kane (Glasgow) (SSP)

Campbell Martin (West of Scotland) (Ind)

John Farquhar Munro (Ross, Skye and Inverness West) (LD)

*Ms Sandra White (Glasgow) (SNP)

COMMITTEE SUBSTITUTES

Susan Deacon (Edinburgh East and Musselburgh) (Lab)

Phil Gallie (South of Scotland) (Con)

Rob Gibson (Highlands and Islands) (SNP)

*attended

THE FOLLOWING ALSO ATTENDED:

Joan Baird (Clydebank Asbestos Group)

Anne Clarke (Scottish Campaign for Nuclear Disarmament)

Roisin Craig (All Saints Secondary School)

Bob Dickie (Clydebank Asbestos Group)

Tommy Gorman (Clydebank Asbestos Group)

Moirá Lenehan (New Fossils Grandparents Support Group)

Alan MacKinnon (Scottish Campaign for Nuclear Disarmament)

Tommy McFall (New Fossils Grandparents Support Group)

James McKee (All Saints Secondary School)

Isabell McLean (New Fossils Grandparents Support Group)

Des McNulty (Clydebank and Milngavie) (Lab)

Paul Martin (Glasgow Springburn) (Lab)

Dilusha Pathirana (All Saints Secondary School)

Robert Patterson

CLERK TO THE COMMITTEE

David McGill

ASSISTANT CLERK

Richard Hough

LOCATION

All Saints Secondary School, Springburn, Glasgow

Scottish Parliament

Public Petitions Committee

Monday 30 October 2006

[THE CONVENER *opened the meeting at 10:38*]

New Petitions

The Convener (Michael McMahon): Good morning and welcome to All Saints secondary school in Springburn. I place on record the committee's thanks to the school's head teacher, Gerry Lyons, and to all the staff and pupils who have made it possible for us to be here this morning, especially Sarah Richford, who has supported the petitioners throughout.

The committee has a long-standing commitment to getting out of Edinburgh and to making itself accessible to people in all parts of the country. We are particularly pleased to be in Glasgow for what will probably be our final external meeting in the current parliamentary session. I have received apologies from John Farquhar Munro, but Paul Martin, who is the local member of the Scottish Parliament, Des McNulty and Tommy Sheridan will be in attendance. We will hear from all new petitioners, so I intend to limit discussion on each petition to 20 to 30 minutes and to ask members to bear that in mind when they make their comments.

Cheap Alcohol (Health) (PE1000)

The Convener: Petition PE1000 has been lodged on behalf of All Saints secondary school and calls on the Scottish Parliament to urge the Scottish Executive to investigate the public health implications of cheaply available alcohol. As you may have guessed, the petition is the 1,000th that Parliament has received since its establishment, so it is a big landmark in the history of Parliament. I congratulate the school on its achievement.

I welcome Roisin Craig, Dilusha Pathirana and James McKee—who will make a brief statement to the committee in support of the petition. You have a few minutes to speak, after which we will discuss the issues that you raise.

James McKee (All Saints Secondary School): Good morning ladies and gentlemen. Before we begin proceedings, as school captain I welcome you all to All Saints secondary school. We hope that you find your stay here comfortable and that you enjoy our hospitality.

Our petition is about cheaply available alcohol. I will begin by quoting a few statistics. The national health service spends approximately £110.5 million a year on dealing with alcohol-related

cases. That figure excludes the cost to the emergency services, but the cost to emergency services and criminal courts of alcohol-related cases is about £267 million a year. In 2001 alone, it was estimated that such cases had a direct impact on the economy of £766 million. That shows that alcohol is, as well as being a significant social issue, a major economic issue.

On the social side, the 1999 Scottish crime survey revealed that 69 per cent of men who committed assaults in that year had been drinking. According to Alcohol Concern's survey of 2001, 129 young people aged between 15 and 19 and 50 children aged between 10 and 14 were treated in hospital for alcohol dependence syndrome in 1994-95. A study that was carried out in 1994 showed that binge drinking was most prevalent among young men in manual occupations who had not pursued education beyond secondary school, which suggests that it is, among other things, a major working-class issue.

It is all well and good to talk about economic measures, but try this: in 2002, the United Kingdom ranked ninth out of 23 European Union countries on alcohol consumption and was ninth in the world overall. Between 1998 and 2003, people in Scotland drank more than people in any other part of the UK. According to the World Health Organization, 9 per cent of Europe's disease hardship involves alcohol.

Given the culture in Scotland of going out and having the odd drink, it is not hard to see where the problem comes from. We are talking about a major issue across the board—it is not something that affects just young people, just a particular class of people or just people in a particular occupation. It is a major problem for the entire country and something needs to be done about it. Dilusha Pathirana will give the next part of the presentation.

Dilusha Pathirana (All Saints Secondary School): We have done several things to highlight the issue in our community. We have sent letters to, and had interviews with, our local MSP Paul Martin to get support from the community and to find out how the problem affects his constituents. We also sent letters to large supermarkets such as Tesco and Asda to tell them about what we are doing and to urge them to help us to combat this major problem in our society.

We interviewed Glasgow's health co-ordinator to get a clearer idea of what permanent effects alcohol abuse has on our health and to obtain advice on how to access the most up-to-date information. The number of signatures that we gathered for our petition, which got local support from businesses and newspapers, suggests that many people want us to tackle the problem.

We have received letters of support from north Glasgow alcohol forum, which thanked us for highlighting the issue. We have given radio and television interviews to raise awareness of the growing prevalence of the problem nationwide. In addition, health care professionals have invited us to speak at the children in Scotland conference, which will help us to obtain strong public support for the petition.

The work that we have done shows how committed we are to tackling the problem, which we think is extremely serious, not just in north Glasgow, but throughout the city and the nation. I now hand over to Roisin Craig.

Roisin Craig (All Saints Secondary School): We would like our petition to result in the price of alcohol being reviewed and—especially in supermarkets and off-licences—raised to a more socially beneficial level. We hope that our petition will prompt the development of a more responsible attitude to the sale of alcohol, so that alcohol cannot be obtained too easily by people who should not drink and so that people who drink do so more responsibly and with greater awareness. We want such measures to be extended to bars and nightclubs. For example, there could be promotions such as two-for-one offers on soft drinks. Soft drinks could even be given away free in a bid to encourage people to drink more responsibly, as one student union did recently.

10:45

It would also be beneficial to consider how other countries tackle alcohol. For example, in Sweden in Scandinavia the price of alcohol is very high and there are strict regulations that limit the amount of alcohol that can be consumed. We think that measures such as that would decrease the number of binge drinkers in our society.

A positive example of how such action could impact on society is the recent smoking ban; the price of cigarettes continues to rise and the health benefits of the ban are also increasing. In June, an Executive study showed that one third of smokers had cut the number of cigarettes they smoke. The ban is now embedded in our culture: we feel that, with the right positive attitude and steps, our petition could build up a similar case for alcohol consumption.

We acknowledge that our petition is a very small part of what could be a long-term battle. Ultimately, Scottish society needs a cultural shift in attitude to effectively eradicate alcohol-related health problems. We hope that our petition will encourage the Executive to take on board our concerns and to act upon the issues.

We take this opportunity to thank the committee for its time and for listening to our petition. We look forward to your feedback.

The Convener: Thank you very much, everyone. As I expected, that was a well-prepared and well-delivered petition. Having met you all a couple of times, I was pretty confident that you would give us a lot of information on which to base consideration of the petition. I will take questions or points from the committee members before coming to the local member.

Helen Eadie (Dunfermline East) (Lab): Your presentation was well done. Your petition is worth while because you have clearly persuaded yourselves and are now trying to persuade others that there is a real problem—I think that you are right. Have you had any discussions with your local councillors who have responsibility for regulating licensed premises? If so, have they brought to your attention the impact of the change in legislation that gives them new powers to withdraw licences? In my area, licences have been withdrawn from licensed premises that were found to be guilty of selling drink to underage people. Who have you met to talk about the matter further and what information have you gleaned in the process?

James McKee: We have not really met any local councillors. We have written and spoken to Paul Martin, the MSP for Springburn. Other than that, we have not spoken to many elected representatives. We have spoken to a lot of council youth workers and the like, but not to elected representatives, I am afraid.

Helen Eadie: As a follow-up to this meeting, perhaps you will go along and meet the licensing regulations committee, because it has an important part to play in all of this. It has powers under new legislation to withdraw licences from premises, as has been done in Fife.

Are you aware of the Fife pilot scheme in which young people go into licensed premises and if the licensee sells alcohol to them, he or she can be done right away and have their licence withdrawn?

James McKee: We were not aware of that, but I thank you for bringing it to our attention. We will definitely follow that up.

Ms Sandra White (Glasgow) (SNP): Thank you for your petition, which is undoubtedly very important for everyone in Scotland. You have given us some excellent statistics about costs. In 1980, 120 per 100,000 of the population had a problem with drink and by 2000 the figure had jumped to 649.2 per 100,000 of the population. That is a damning statistic and you are absolutely right to draw our attention to it.

You mentioned supermarkets such as Tesco. Is it a fact that one of those supermarkets was selling cider or other alcoholic drinks cheaper than it was selling bottled water? If that is the case, did you highlight it to the school, the council or anyone else?

Roisin Craig: We went round a range of supermarkets and shops—we wrote to the supermarkets to explain what we were doing—and reviewed the prices of drinks. We found that in some cases you could buy a unit of alcohol for as little as 20p, which we mentioned in our presentation. We did not mention the names of the supermarkets for obvious reasons, but it has been reported in the newspapers that we found alcohol being sold that cheaply. The supermarkets that are selling it will know that they are selling it. We hope that they realise that it is alarming that you can buy alcohol, but not soft drinks or water, for as little as 20p. In some cases there is a 40p to £1 difference between the price of alcohol and soft drinks.

Ms White: I congratulate you on highlighting the fact that supermarkets are charging such low prices for alcohol. Would you like legislation to be introduced by the Scottish Parliament to ensure that alcohol is sold above a certain price? Would you like to see prices set for alcohol, depending on its strength?

James McKee: If the option of legislation was open to us, we would like to take that path. In my opinion—I do not know whether the rest of the group agrees—a threshold price should be maintained on alcoholic beverages to make them less freely available to younger people, who can buy them with their lunch money at current prices. If legislation would allow a threshold price to be set, I am sure that we would be open to that option.

Ms White: You mentioned the Scandinavian countries. You are probably aware that in Scandinavia you can buy alcohol of a certain strength only in specialist shops and not in supermarkets. Is that what you mean when you say that we should consider the Scandinavian example? Should we have specialist shops?

Roisin Craig: Yes—in a way. In some countries you cannot go into a bar and buy a round of drinks; you can buy only one drink. In our society, people are getting too used to buying a round, then someone else buys a round, and so on, so they do not realise how much they are drinking. People's awareness of alcohol should be raised. Many people do not realise that what they are doing is having a large impact on our society economically and socially.

Mr Charlie Gordon (Glasgow Cathcart) (Lab): You have raised an important issue, which is the

lead story on the news this morning. That is not just because you have lodged the 1,000th petition—which, as the convener said, is creditable—but because of the merits of the issue. You have asked the Scottish Executive to consider the health implications of cheaply available alcohol. I presume that you are convinced that there is already a health issue to do with the effects of cheap alcohol. Will you say a bit more about what measures could be considered by those who are in power to address the issue, whether through pricing or education?

James McKee: The issue has to be addressed at all levels. As you know, in Scotland alcohol is deeply rooted in our culture. Obviously, something has to be done on the pricing front, but we need at the same time to combat the culture around drinking. At the moment, drinking is glamorous, as you can see from all the alcohol adverts. Something has to be done educationally to show that it is not as glamorous as it seems and that it is really damaging our health. Action has to be taken across the board, not just at one level. The issue has to be tackled through education and pricing and the culture of drinking has to be combated.

Dilusha Pathirana: We would also like to see better warning signs on alcohol products, as on cigarettes, which would give the impression that it is not good to drink.

Roisin Craig: At the moment, there are drinkaware adverts on television that tell people that they have to drink more conscientiously or safely, but the profile of such advertising has to be raised. People have to be made aware of the issue. You cannot buy a packet of cigarettes that does not have a printed warning such as "Smoking when pregnant harms your baby", but you can buy alcohol products that have no such warning. Everybody thinks that cigarettes are the slow killer, but alcohol is also a slow killer, both psychologically and physically. The issue is also about awareness raising: we have to educate people.

Mr Gordon: So, you want health warnings on alcohol products and a bigger push on the educational front. What about using taxation to enforce price increases on the cheap alcohol products that are the subject of your petition?

James McKee: Previously, when we raised the issue of taxation, we were informed that, as taxation is not devolved, the Scottish Parliament cannot handle the issue. We found that a bit disappointing and have not looked further into the issue.

Mr Gordon: Your last point is important. Other complicated issues that relate to the UK economy are involved. For example, it is also true to say that attempts should be made to prevent

supermarkets—as opposed to just off-sales outlets—from dispensing cheap alcohol. That said, you have highlighted the key aspects that relate to health.

John Scott (Ayr) (Con): Good morning. I will pick up one of the points that Charlie Gordon raised on education. Given that you would be at the sharp end of things if the proposal were to come about, would it be of value to you and your fellow pupils if classes were to be held in which you were warned about the dangers of alcohol? I am thinking in particular of education on the dangers that alcohol poses to young women. It is a well-established fact that women's livers are much smaller than men's livers are, so women are much more susceptible to the disease problems that alcohol causes. Were you aware of that? Would it make sense for you to have a tutorial like that once a term in your 4th, 5th or 6th year?

Roisin Craig: Through personal and social education and in other classes, we get talks on the health implications of alcohol. We also get them every year on our school's health day. The education exists and it is very good. The problem arises because, as alcohol is socially acceptable in our culture, many young people disregard the message. The situation is similar to that of smoking, which began to change only recently when all the statistics came forward because of the new legislation. Until recently, people did not realise the impact that smoking could have on their lives.

It would help if we were able to involve people more—I am not sure how much would be gained from just giving talks. We get the education at the moment, but people do not always listen. A different approach may be needed.

John Scott: Does anyone hold a different view?

The Convener: Everyone is indicating their agreement with Roisin.

John Scott: If, in essence, this is a societal problem, people will always manage to lay their hands on alcohol, even if the price is raised. What are your views on the licensing trade? If there is to be a clamp down, surely that would have to involve greater regulation of the licensing trade. I am thinking in particular of the off-licence trade.

James McKee: Obviously the off-licence trade has to be addressed as part of the approach to the problem. Some sort of consequential arrangement will have to be put in place to deal with the shops, especially off-licences, that sell alcohol at such cheap prices and to young people or people who appear to be under the influence of alcohol.

11:00

The member also said that people will be able to get their hands on alcohol even if prices are

raised. Obviously, the petition will not change the world overnight, but we believe that it is a step in the right direction. There is a relevant bill going through Westminster, so the issue is becoming a major national one for the whole United Kingdom—it is no longer just a Scottish issue. We believe that all the measures together could have a major effect on the problem that we have with alcohol.

The Convener: You say that you wrote to local supermarkets. How did they respond?

Roisin Craig: I do not think that the local supermarkets replied to our letters.

The Convener: So—you did not get one reply from the people with whom you took up the matter.

Roisin Craig: We received no replies from the supermarkets, although we got a letter of support from the north Glasgow alcohol forum, which was good.

The Convener: The supermarkets just ignored the letters.

Paul Martin (Glasgow Springburn) (Lab): Well done to the petitioners for their well-researched petition. You suggested that bars and nightclubs could take more responsibility in their attitude to alcohol and your briefing paper mentions university unions in that regard. Will you elaborate on that?

Roisin Craig: I was informed by students that one student union—I do not know which one—was giving away free soft drinks when people bought an alcoholic beverage, to encourage them to drink more carefully. The idea was to show people that they should balance their drinks by drinking water and soft drinks throughout the evening and not just alcohol.

Paul Martin: I like the phrase, “I was informed”—I see a legal career there.

I have spoken to some of the 1,050 pupils who attend the school, so I know that there is a lot of interest in the petition. What has their attitude been to it? I know that the attitudes will vary, but has the petition raised awareness of the problem of young people consuming alcohol?

James McKee: We have had varied responses to the petition, as you will know. However, on the whole, the petition has raised, among pupils and staff, awareness of this major issue. Many pupils have given us their views on the subject. We have heard several arguments, one of which, as has been said, is that people would still be able to get their hands on alcohol, but would just pay more. The majority of people here believe that the issue is an important one and that something must be done about it.

Paul Martin: Has there been any response from parents, including your parents?

Roisin Craig: When the petition was being signed, quite a few parents signed it and said that the idea was good. They thought that it was a positive move, especially because it came from young people—adults did not tell us to do it. They said that the petition shows that people in society realise that there is a problem and want something to be done about it.

The Convener: In a moment, I will ask members for suggestions on what we should do with the petition. It has been brought to my attention that, on 24 October, the European Commission published a communication on alcohol consumption, the principal purpose of which is to facilitate sharing of good practice among member states. It also proposes the establishment of an alcohol and health forum to disseminate information among member states. Given that the European dimension has been identified, we should consider sending the petition to the European and External Relations Committee for its information. Are there any other suggestions?

Helen Eadie: I agree with that: I know that Catherine Stihler, an MEP who lives near me, is concerned about alcopops. We should also seek views on the petition from Alcohol Focus Scotland—a voluntary organisation that deals with alcohol issues—because they would be valuable.

Given that the major supermarkets and other retailers have been mentioned, perhaps we could seek the Scottish Retail Consortium's views on the petition. The retailers did not answer our young students' letters, so we need to get a view from the SRC. Furthermore, we could seek the views of NHS Health Scotland and the Convention of Scottish Local Authorities, which clearly has a locus as a body that deals with regulations. We could also seek the Scottish Executive's views on these important issues, which have been well raised by the petitioners.

Ms White: I agree with all the recommendations. It is important that we ensure that the Scottish Executive receives the petition because it launched in 2002 a £1.5 million communications strategy that was aimed at tackling binge drinking. On the basis of what the kids have said, its message is obviously not getting across. A copy of the *Official Report* of the meeting could be sent to the Executive, but we should also draw its attention to that fact.

John Scott: It appears that much of the problem arises from the off-licence trade. I wonder whether a trade body that represents that trade exists. If so, perhaps we could also seek its views.

The Convener: Are you referring to the Scottish Licensed Trade Association?

John Scott: I am not sure what the body is called.

The Convener: It would be worth contacting that body.

The Local Government and Transport Committee—of which Paul Martin and I are members—has already, in dealing with the Licensing (Scotland) Bill, considered many of the issues that have been raised. I think that ministers will introduce regulations in December under the Licensing (Scotland) Act 2005. Perhaps we should also let that committee know about the petition, if only for its information. Does Paul Martin want to comment on that proposal?

Paul Martin: I would like to comment on a separate issue rather than on that proposal.

The Convener: It will be useful to let the Local Government and Transport Committee know about the petition because it will have to consider the regulations that I mentioned. The petition would be useful information for it.

Once we have collated the information that we have received from the bodies to which we will write, we will provide the petitioners with those bodies' answers. We would then welcome the petitioners' comments on those answers. In that context, I hope that the Scottish Retail Consortium will not only reply, but identify its member bodies to which the petitioners have written and ask them to respond to the petitioners. I hope that those bodies will be courteous enough to respond on the issues that the petitioners have raised.

Paul Martin: James McKee made a powerful point about taxation, which is a reserved rather than a devolved issue, as he pointed out. I wonder whether sending a copy of the petition to the Chancellor of the Exchequer would help the petitioners. James pointed out that the issue is a UK issue—Charlie Gordon also made that point. To send a copy of the petition to the chancellor to make him aware of the issues may be helpful.

The Convener: That is a good suggestion.

Are members happy for the committee to take the course of action that has been proposed?

Members indicated agreement.

The Convener: As I said, we will write to the petitioners once we have collected all the information from the organisations that we will contact. We look forward to the petitioners' comments on the answers that we receive; we will thereafter decide how to progress the petition on their behalf.

I thank the petitioners for lodging the petition and for all the information.

Nuclear Accidents/Incidents (Schools) (PE996)

The Convener: Our next new petition is PE996, from Alan MacKinnon, on behalf of the Scottish Campaign for Nuclear Disarmament. The petition calls on the Scottish Parliament to urge the Scottish Executive to review the preparedness of schools to deal with the consequences of nuclear accidents or incidents and to introduce guidelines for local authorities on how to deal with such emergencies. Alan MacKinnon will make a brief statement to the committee in support of his petition. He is supported by Anne Clarke.

Alan MacKinnon (Scottish Campaign for Nuclear Disarmament): I ask Anne Clarke to speak first.

Anne Clarke (Scottish Campaign for Nuclear Disarmament): I hope that the committee has seen the summary of our report, so I will draw out only one or two points from it. We started our inquiry because a parent who is also a member of Scottish CND was concerned about how well her children's schools were prepared for the possibility of a nuclear accident or incident. She is a teacher in another school and was not sure whether schools are prepared for such an event, which might not be likely but is certainly possible.

We started our inquiry by contacting all 32 local authorities in Scotland. Initially, we contacted the education departments, but in some cases we did not receive answers. We then contacted the councils' chief executives and cited the Freedom of Information Act (Scotland) 2002. We were not trying to catch out the local authorities or to say that they are not prepared; we wanted to be clear that practice is consistent throughout Scotland and to make sure that education departments could readily tell us what preparations were in place.

As the summary of our report states, it is cause for concern that 12 of the 32 council education departments either did not reply or passed the inquiry on because they felt unable to reply. We got more satisfaction by citing the Freedom of Information Act (Scotland) 2002. Schools' preparedness to deal with nuclear accidents is a serious matter, like their preparedness to deal with other accidents, and the public ought to have ready access to information about that. Although such information might exist, it is not readily available to concerned members of the public in every case.

There are exceptions. For example, excellent preparations are in place for the possibility of an accident at Torness power station, and many of the adjacent local authorities are involved in those

preparations. However, we are concerned that a number of local authorities said that, because they do not have a nuclear installation within their boundaries, it is not necessary for them to make specific preparations. The effects of a nuclear accident would know no boundaries. Radiation does not know whether it is in Argyll and Bute or West Dunbartonshire, but West Dunbartonshire Council told us that, because there are no nuclear installations in its area, it does not need to establish any specific practice.

Our report is concerned entirely with schools, but the general point is that local authorities that do not have nuclear installations within their boundaries are unduly complacent. They place great faith in the Scottish Executive's power to direct them on how to act should there be a nuclear accident. There is no consistent practice among the local authorities on how schools would deal with a nuclear emergency. Even where there are detailed plans—such as the Clyde plan, which relates to Faslane—it is not clear how schools would be affected or how well head teachers and their staff are briefed on the matter.

We are not saying that things are not happening; we are saying only that, on the evidence that we have, things do not appear to be happening. That is a concern.

11:15

The final point that we make in our report is that a major nuclear accident could have consequences so serious that it might not be possible to prevent them. We hope that that does not happen, but we want to draw the Executive's attention to the dangers of nuclear installations and to the need to be prepared as far as is humanly possible for what might happen as a result of having nuclear installations. We want the Executive to think carefully before adding to the number of nuclear installations that already exist.

One other point that I should make is that none of the local authorities mentioned the possibility of an accident involving a nuclear convoy, even though nuclear convoys are known to pass through several authority areas. For instance, Stirling Council mentions in its safety procedures the dangers posed by tankers carrying oil, other flammable fuel and chemicals. It makes preparations for them but says nothing at all about nuclear convoys. It seems to think that a nuclear accident is unlikely, even though there have been simulations of accidents involving such convoys in recent years.

The possibility of a nuclear accident is something that people in the Executive are aware of and concerned about, and so are people in the Ministry of Defence. It is simply that there does not

seem to be—to quote the Government—joined-up thinking about that. Some people are in the know about preparations, and others are not. Our plea is that there should be consistent guidelines. We have asked the Executive to give serious attention to the concerns raised in our report, especially the degree of preparedness in schools for the possibility of a nuclear accident, the extent to which head teachers and others are briefed and the dangers inherent in nuclear installations.

We ask the Executive to consider producing guidelines for local authorities on how to deal with nuclear emergencies affecting schools, including definitive guidelines on the use and distribution of potassium iodate tablets. Again, different local authorities gave us very different answers on that.

John Scott: Thank you, and welcome to the committee.

What we are talking about is an assessed level of risk—that is the key point. Are you saying that no contingency planning is in place for local authorities? I cannot accept that.

Anne Clarke: No, I am not saying that.

John Scott: Therefore, you must be saying that the contingency planning that is in place is inadequate.

Anne Clarke: Yes.

John Scott: Why do you think that your view is more likely to be correct than the view of the radiological experts who have presumably assessed the situation?

Alan MacKinnon: Have they assessed it?

John Scott: Guidelines exist.

Alan MacKinnon: We are saying that there is an uneven level of preparedness. Whereas some local authorities clearly have plans for nuclear accident or emergency, others do not, or if they have such plans, they have not made people aware of them.

We are also saying that the dangers of a nuclear accident or emergency exist throughout Scotland, not simply in areas adjacent to nuclear installations. If there was a nuclear explosion on a submarine in Faslane, for example, large parts of west-central Scotland—right up to Aberdeen—could be seriously contaminated. The health and safety consequences of such an incident, which would certainly be a concern of the Scottish Parliament, could be devastating for the entire population. An incident could overwhelm the ability of anyone to respond, but the dangers have huge implications for existing and future policy.

John Scott: How easy is it to store potassium iodate tablets? Are you suggesting that they should be stored by each local authority? I am not

sure what you are suggesting should happen. How time critical is the administration of those tablets in the event of a nuclear incident? Must people have access to them in a matter of hours or in a matter of days?

Alan MacKinnon: The evidence is that they should take the tablets as soon as possible. Potassium iodine is taken up by the thyroid gland—the theory is that it prevents ionising radiation from being taken up by the thyroid gland. I know that because in my other life I am a general practitioner. Potassium iodine protects the thyroid gland in the base of the neck, which is one of the glands that is most vascular and most likely to be affected by radiation.

John Scott: I presume that potassium iodine is an inert substance that could be stored and that each local authority could have a certain amount of it.

Alan MacKinnon: Some do.

Anne Clarke: But others do not. The MOD has adequate supplies locally for distribution to the public within the area surrounding the Faslane base, but some local authorities, such as West Dunbartonshire Council, which is not that far from Faslane, do not appear to have supplies. Those councils say that they would refer to the NHS.

Ms White: I must declare an interest, as I am a member of CND and I certainly do not want Trident, its brother or anything similar in the Clyde. However, my declared interest does not cloud my vision of the important petition that is before us.

I did not realise that local authorities were not aware of the booklet that exists. Our briefing states that the Scottish Executive has issued guidance on civil protection when emergencies take place, and I thank you very much for bringing to our attention the lack of knowledge that local authorities may have about that.

When did you contact the 32 local authorities?

Anne Clarke: Last year.

Ms White: Are you aware of the booklet that the Scottish Executive launched in March 2006 about the framework for civil protection? It states that local authorities should be aware of the matter. Have you seen that booklet?

Anne Clarke: I have seen only the Scottish Executive's booklet on dealing with emergencies, which has a short section on nuclear accidents but refers the reader to another document. I felt that that was not satisfactory.

Ms White: So you would say that although there is a booklet, which I think is called "Dealing with Disasters Together"—

Anne Clarke: That is the one that everyone in the local authorities referred me to.

Ms White: So they do not seem to be aware of the new guidance that went out in March 2006.

Anne Clarke: That might just be a question of when I got the information. I was aware that "Dealing with Disasters Together" was to be replaced, but it was not clear what it was to be replaced by.

Ms White: You mentioned that only some local authorities were aware of the existence of the booklet or the guidance. You also said that some local authorities that were aware of them felt that they did not have to go through any procedures because they did not have a nuclear plant near them.

What are you looking for from the committee?

Anne Clarke: We are looking for all local authorities, even if they do not have a nuclear installation within their boundaries, to be issued with clear guidelines about what they should do in the event of a nuclear accident or incident. So many things could happen. It is possible, though perhaps unlikely, that there could be terrorist use of nuclear devices. Such an incident would not necessarily be limited to one area of Scotland. There should be consistency in guidance so that best practice, which certainly exists—I was extremely impressed by the Torness plans—is extended to everybody. All local authorities should be equally committed to such best practice. Obviously, the Torness plans are specific to an accident at a nuclear power station, but many of the practices outlined in them could be transferred to other local authorities.

Alan MacKinnon: I am not sure whether a terrorist attack is extremely unlikely. In the current situation, it is entirely possible. Nuclear convoys travel on the busiest roads in Scotland once or twice a month. CND activists regularly track, trace and follow those convoys. If CND activists can do that, it is not outwith the bounds of possibility that would-be terrorists could also do so and take a pot shot at the convoys. Our existing nuclear installations are a threat because of the risk of accidents or a terrorist attack, and the convoys present an even bigger threat to the people.

As I said, convoys pass along all the roads in central Scotland. The route varies, but convoys use some of the busiest and most widely used roads. The convoys carry dangerous nuclear warheads, so the danger from even a road traffic accident is considerable.

Ms White: Fire drills are mandatory in schools. Should it be mandatory for local authorities and schools to have a copy of the Executive's guidance and be able to take action on it? Should

parents be able to access guidelines such as the Executive's?

Anne Clarke: They certainly should. A genuine concern of parents is that, should such an accident occur, they do not really know what would happen, how they would be contacted or what a school would do. Parents might not even know what would happen if an ordinary emergency occurred.

Jackie Baillie (Dumbarton) (Lab): I apologise for arriving late; I think that I explored every corner of Paul Martin's constituency in trying to find All Saints secondary school, but I am delighted to have made it.

I have seen the summary of CND's report, which made interesting reading. Having an interest in the area around Faslane, I note that Argyll and Bute Council and West Dunbartonshire Council have pretty good plans to deal with any nuclear incident, which have been trickled down to schools.

One issue is who holds the potassium iodate in any area. It might be held by the MOD, the NHS or a local authority. Is it not sufficient that potassium iodate is available to all members of the population in an area, that there is enough to distribute and that we know who is responsible for so doing?

Anne Clarke: As regards Faslane and West Dunbartonshire, if sufficient potassium iodate for distribution were available and who was to distribute it was clear, we would not have concerns. However, when an inquiry was made of West Dunbartonshire Council, it did not appear to know about the issue. That is one of my key points. In other local authorities, the position is not at all clear because they do not have the same immediate interest as people in Faslane have. Those authorities probably do not have stocks of potassium iodate tablets.

We ask for consistency. The issue is not so much who holds the stocks or even who distributes them, which might vary from one area to another according to what is most practical; the issue is consistency in holding stock, when it should be distributed and on whose orders it should be distributed. Consistency would mean that all local authorities were singing from the same hymn sheet and not—as appears to be the case—doing different things.

11:30

Jackie Baillie: I am grateful for that clarification. I have no problem with the principle, but the practicality may mean that somebody else is best placed to ensure that the supply is sufficient and that the distribution mechanism works. That is what I was driving at.

Sandra White referred to the guidance that was issued after you undertook the survey. I entirely accept that you might not have seen it and that, at the time of the survey, neither had local authorities. I have no knowledge of the document, so I am curious about what it could contain. I understand that Westminster sets the framework and that the Executive produced regulations.

I am curious to know whether the fact that the guidance that came out in March 2006 is statutory guidance answers the point. If the guidance is there in statute, it has a status that will, one hopes, ensure consistency across the board. As you know, statutory guidance has a different level of significance from the ordinary guidance that the Executive issues from time to time.

Alan MacKinnon: The problem is that we do not know whether that guidance provides consistency across the board; according to the statistics in our survey, it does not. We remain to be convinced about that. You do not seem to have any more evidence than we do, and the only evidence that we have is the evidence that we have presented to you.

There are a number of other issues. As well as the issue of consistency, there is the issue of the failure to understand the danger of nuclear convoys, which seems to be uniform across all local authorities. We know that nuclear accidents happen, even though we do not always hear about them because of the veil of secrecy that has always surrounded the nuclear industry in this country. We know that quite serious discharges of nuclear radiation have taken place that we did not hear about for 10, 15 or 20 years. This is a major issue for the Scottish Executive. It is about the health and safety of people in Scotland.

Jackie Baillie: Absolutely, but I am trying to address the terms of your petition. I acknowledge entirely the survey work that you have done. Of course, that was in 2005 and the guidance dates from March 2006. I am simply trying to point out that we can challenge non-compliance with statutory guidance in the courts. Such guidance implies a degree of consistency in its application that ordinary guidance that is issued by the Executive does not. I am suggesting that the mechanism helps us in this regard.

Anne Clarke: Yes, I should think that it probably would. Our concern is whether the statutory guidance is available and known about not just at one level but throughout a council, so that the education department knows about it just as much as the chief executive's department does. Further, if it is statutory guidance, it should be applicable throughout the country. We would need to see the guidance to be sure that it covered all our concerns—it might or it might not.

Jackie Baillie: That was helpful—it gives us some comfort.

Mr Gordon: I want to talk about the fundamentals of what the petitioners are trying to achieve. Decades ago, the United Kingdom Government issued its notorious "Protect and Survive" booklet—which the anti-nuclear movement lampooned with its "protest and survive" slogan. That booklet contained W Heath Robinson-style advice about how people could survive a nuclear attack even though the reality was that they would not be able to. Around the same time, Peter Watkins's film, "The War Game", which was about what the aftermath of a nuclear attack might really look like, was suppressed—indeed, it was suppressed for decades. I am interested in the petitioners' motivation for latching on to the preparedness aspect of the issue.

I suggest that there is a bureaucratic unevenness in local government's response. Having chaired a large local authority's emergency committee—albeit during a foot-and-mouth disease emergency rather than a nuclear emergency—I think that there is a danger that, if we get people thinking about the practicalities of what they should be doing during a nuclear incident, we might reinforce the notion that such events are survivable in quality-of-life terms, even though the reality is that, if Faslane goes up, West Dunbartonshire and large areas of the city of Glasgow will not be in much of a state. I can see the propaganda value of raising nuclear issues in this context. However, do you agree that there might be dangers in that approach? Years ago, when the anti-nuclear movement was criticising the "Protect and Survive" booklet, if someone had come forward and argued what you are arguing, they would have been ridiculed, would they not?

Anne Clarke: That is a fair point. However, there are two aspects to the issue. Our report says that the effects of a serious nuclear accident are probably too great to be guarded against. It would be impossible to counter the effects of the radiation that would be associated with a major nuclear accident. There is propaganda value in drawing attention to that, obviously.

However, it is possible that there could be many smaller accidents. It is essential that people are prepared for those as well and that people are aware of the dangers and of the limits of what can and cannot be done. We need a consistency of approach, regardless of the severity of a nuclear accident. "Protect and Survive" was a laughable leaflet—I remember that it suggested that we should get inside a brown paper bag and so on. We are not suggesting anything as daft as that.

The plans that already exist relate to various levels of alert and danger. At the extreme level, nothing could be done to help people. We have to

recognise that; indeed, it is the *raison d'être* of CND, as you are well aware. However, it is still necessary to be prepared for accidents at all levels and to be aware of the possibility of accidents. People should not assume that there will not be any accidents or that they do not have to prepare for an accident that might occur at a nuclear installation that is just outwith the boundary of their local authority area.

Alan MacKinnon: The report and the petition highlight the fact that we are not prepared to deal with small-scale accidents and emergencies. The problem is to do with the fact that, at the moment, Government ministers are minded to develop some new nuclear power stations—probably in Scotland as well as in England—and replace the Trident system with a new, updated submarine-based nuclear weapon that we do not need and cannot afford. Those decisions fundamentally affect the health and safety of the Scottish people because they will involve a considerable increase in the number of nuclear convoys and will create new dangers not only for the people who live in the vicinity of the nuclear installations that might be foisted on Scotland but for people across Scotland who are in the path of the convoys. The Scottish Parliament has the right to protest about any threat to the health and safety of the people of Scotland.

Helen Eadie: It is not unhealthy for any Government to want to review and monitor its legislation. Clearly, our Government has prepared for such an emergency and, in Scotland, we have produced the regulations that have been discussed. Therefore, we should ask the Executive about the extent to which the work that it has done is being implemented on the ground. I recommend that we seek the views of the Headteachers Association of Scotland, the Health and Safety Executive, COSLA and the Scottish Executive. That will give us a picture of what is happening as a consequence of the legislative framework that has been set up. Once we have that information, we can feed it back to the petitioners and allow them to comment on it before we take a view on what to do with the petition.

Ms White: I agree with those suggestions. We should try to find out how many people in COSLA are aware of the guidance that was issued in March 2006 and we should ask the Executive whether it has been sent to all local authorities. There seems to be a gap in the timescale.

The Convener: We can ask those specific questions. As Helen Eadie suggested, once we have collected the information, we will make it available to the petitioners, from whom we will welcome comments at that time.

Drug-related Deaths (PE995)

The Convener: The next petition for consideration this morning is PE995, from Robert Patterson, which calls on the Scottish Parliament to urge the Scottish Executive to hold a public inquiry into the high number of drug-related deaths in Scotland. Robert Patterson will make a brief statement to the committee in support of his petition. Welcome, Mr Patterson. After you have spoken for a few minutes, we will discuss the issues.

Robert Patterson: I am quite isolated here, because no one has supported me. I called on the director of the citizens advice bureau in Maryhill Road to support the petition. I also requested the support of the Scottish Drugs Forum, which declined to comment. I contacted the drug crisis centre in West Street, Glasgow, as I understand that the Government pays it more than £1 million to provide 12 beds in Scotland, although around 13,000 people are looking for help. I am surprised and upset that society in general seems not to want to address the issue.

The committee has the information that I have submitted. Because further evidence is not being given in support of the petition, I refer to the Crown evidence that is available on the website of the General Register Office for Scotland, under the heading "Information about Scotland's People". On 31 August 2006, the GROS published a document entitled "Drug-related Deaths in Scotland in 2005". I asked the clerks to provide each member with a copy of one of the tables and have been assured that that has been done. I refer members to table 1 on page 2 of the document. Drug-related deaths in Scotland began to be counted in 1996 and accurate figures are provided for the period up to 2005. It is distressing to read the document, especially the figures for intentional self-poisoning. It appears that 347 young people have deliberately taken their lives using drugs. They did not take drugs to give themselves a lift, but to commit suicide.

One of the categories in the document is deaths whose cause is undetermined. I understand undetermined as meaning unascertained—it is not known how the people died. In this day and age, when people are breaking down DNA codes, it is ridiculous that in Scotland we cannot tell how someone died. The number of deaths in the category is very high: 396. It seems quite common for deaths to be placed in that category. My son died in February. I was told to get on with the funeral and the cremation, but on his death certificate the cause of death was given as "unascertained". I had to hold out for another month before being told the cause of death, which was drug related.

There is not much that I can add by way of evidence. Methadone is certainly not helping these young people, who are going around like zombies. As a father who has experienced the problem, I am most distressed by the fact that many children who live with it are mutilating their bodies. They are slitting their throats, slitting their wrists, hanging themselves and overdosing on anything that they can get their hands on. It is paramount that the Parliament initiates a public inquiry into the issue. It would be criminal for it to refuse to do so. I rest my case.

The Convener: I was aware that your son had died, Mr Patterson, but I did not want to refer to that before you had done so.

11:45

Robert Patterson: I am still handling Steven's problems. When he was alive, the boy complained to the police about police brutality. There was another episode when he was in police custody and he sent a letter out from the prison, but the lawyer suppressed it. I am going through the process of making complaints to the police and about a solicitor who did not do his job. The story continues for my family and I am quite sure that the same thing affects many other families in Scotland.

The Convener: I totally understand that. On behalf of the committee, I extend our deepest sympathies to you for your loss.

I wonder whether the reason that you have not received support for your petition from the organisations that you wrote to is that you seek a public inquiry and all that that entails. It might be that the organisations that deal with the issue you raise do not see why a public inquiry would make the situation clearer. What do you think would be gained from having a public inquiry rather than the on-going assessment of drug deaths in Scotland?

Robert Patterson: Most organisations—the Scottish Drugs Forum is an example—support the methadone programme. I do not, because I do not see it doing any good. The latest information is that 97 per cent of users are not helped by the programme, so what is the use of it? Why are we kidding ourselves on? It is not helping. The boys are going about like zombies and getting themselves into trouble because you cannot solve a drug problem with more drugs.

There is a doctor in Glasgow called Dr Gilhooley. The first thing that he does is try to get people off the methadone and boost their immune systems. That is what those children need. They are run down and depressed and there are suicides daily. It is of paramount importance that we take the drugs from them.

The Convener: I return to my question, Mr Patterson. You outlined some statistics and details of people who are involved in such programmes, but how would a public inquiry give us more information than the organisations have already provided?

Robert Patterson: This Parliament tries to be accessible to the people; I am suggesting that a public inquiry would be a way forward. Fathers who have lost their sons would like to ask questions. For example, I tried to ask questions of the local community case worker who dealt with my son, but I hit a blank wall. The manager of the Ruchill methadone programme will not respond to my telephone calls. The case worker, Elaine Alexander, has disappeared to another job and my inquiries are being obstructed.

I will tell you another thing: my boy was epileptic. He should never have been given methadone. He was assaulted severely from the age of 19 and his problems were created by his leaning heavily on drink and drugs. The manufacturer's leaflets about methadone tell people that if they are epileptic or pregnant, for example, they should not be on it. Yet all these boys and girls in Scotland who are on methadone scripts through the programmes do not get those leaflets to which ordinary citizens are entitled by law. If they did, parents could read about the side effects.

Helen Eadie: I am very sorry for your loss, Mr Patterson. I notice from your papers that you made representations to elected representatives. What was the response from them?

Robert Patterson: I mentioned my boy getting his ribs broken by the police. We took that information to the councillor and the MSP. I also mentioned that I was not happy with the post-mortem report, which I wanted to be looked into. I wanted quite a lot of things to be done. Steven was an epileptic and beaten up when he was a boy. The post-mortem report was inaccurate and recorded my name erroneously.

Helen Eadie: What did your elected representatives achieve for you?

Robert Patterson: At the time, the procurator fiscal would not release the post-mortem report to me. Ms Sturgeon was good enough to contact the PF department and I received a copy of the report subsequently. After that, I got back to the MSP and told her that I was not happy that my name was recorded erroneously and that the report had not identified the boy's head injury, which was caused by a hatchet, although it noted wee scratches. Although it was a specific report, it left things out and I was not happy with it.

Helen Eadie: Was that followed up by Nicola Sturgeon?

Robert Patterson: I do not know. I think that she only took it on because the council was on holiday or something.

Helen Eadie: What I am hearing from you is a lot of frustration about officialdom.

Robert Patterson: I am that type of guy—I like to solve problems.

Helen Eadie: You have done the right thing. You have gone to an MSP, and MSPs are able to get answers. When you got the answers, was there a follow-up? Do you have correspondence?

Robert Patterson: You must appreciate that things do not get followed up in Glasgow. I will give you an example. My wife, who is here, and I lost a house in Glasgow by way of a decant in 1993. We had been in that house for 23 years, and along came a housing association and said to us, "If you go out, we'll let you back in." It did not; it put in another tenant.

Helen Eadie: I am sorry to interrupt you, but I am trying to drive home a point. It is not uncommon for an MSP to get an answer that a constituent does not like, but the door is always open for the constituent to go back to see the MSP. Did you do that? Did you follow it up further?

Robert Patterson: I was too busy with other things. In the past, we have taken issues to MSPs and MPs and they still do not get sorted out. That was the case even when we lost our house in 1993.

Helen Eadie: So you are saying that Ms Sturgeon did not follow it up for you.

Robert Patterson: You would need to ask Ms Sturgeon.

Ms White: I, too, give you my sympathy and condolences.

I wondered what you hope to get out of the public inquiry. In the past couple of days we have heard that the methadone programme is not successful; in fact, cold turkey appears to be more successful. You mentioned in your evidence that it had not been ascertained what your son had died of, and that that was the case with others as well. If the petition was successful and we had a public inquiry, would that be part of the inquiry? Is it quite common for that to happen?

Robert Patterson: According to the figures that I have, between 1996 and 2005 there were 396 undetermined deaths: 18 in 1996; 26 in 1997; 22 in 1998; 32 in 1999; 27 in 2000; 52 in 2001; 55 in 2002; 46 in 2003; 60 in 2004 and 58 in 2005.

Ms White: And no cause of death.

Robert Patterson: No cause of death—unascertained.

Ms White: And were these people known drug abusers?

Robert Patterson: Possibly, but we will never know.

Ms White: If you were successful and there was a public inquiry, you would want that type of thing to come out. Would you say that you are also looking for some other form of drugs policy?

Robert Patterson: Yes. I do not believe that the current drugs policies work. Abstinence is the best method. There should also be residential help for these boys, because they are dying on the street and up closes. That is unacceptable in a modern society.

Ms White: I understand what you are saying—I just want to ascertain exactly what you want out of a public inquiry. It would be about the deaths, the related illnesses and the cause of death, and you are saying that it should be about drugs policies as well. That would be a bigger public inquiry than one into drug-related deaths. Is that correct?

Robert Patterson: A public inquiry would open it up to every member of the public. We would have an input from fathers and sons who have lost family members. Everybody knows someone who has lost somebody to drugs. Everybody knows about the problem of addicts stealing—it is quite an epidemic. Many people feel that addicts are not worth helping, but you have got to appreciate that anybody would lose their place in life if they were out of their head on drugs and methadone. You lose all your ability to think. That is what it is all about. All I want from today is to get addicts off the drugs and back thinking for themselves. You will find that the crime rate will go down and society will be thankful to you.

The Convener: I ask members for suggestions on how we should deal with the petition on behalf of Mr Patterson.

Helen Eadie: Perhaps we could seek the views of the Scottish Association of Alcohol and Drug Action Teams, the centre for addiction research and education Scotland, which was the main author of a major report—the national investigation report—the Scottish Drugs Forum and the Scottish Executive. We could then write back to the petitioner with the responses that we have received.

The Convener: Mr Patterson, we will write to those organisations and send you the responses that we receive. We would welcome your comments on the responses.

Robert Patterson: Mr Liddell of the Scottish Drugs Forum has already given me his view. He thinks that the Executive has done enough and he sees no need for a public inquiry.

The Convener: We will try to get information from that organisation. Thank you for your time.

Robert Patterson: Thank you. [*Applause.*]

Carers of Children (Support) (PE998)

The Convener: PE998 was lodged by Moira Lenehan on behalf of the New Fossils Grandparents Support Group and calls on the Scottish Parliament to urge the Scottish Executive to establish a national framework to provide financial, respite, social work and educational support for grandparents, relatives and friends who are carers of children who no longer live with their natural parents.

Moira Lenehan will make a brief statement to the committee in support of her petition. She is supported by Isabell McLean and Tommy McFall.

Moira Lenehan (New Fossils Grandparents Support Group): Thank you for listening to us. I hope that you can hear me.

We are a group of grandparents who have sole responsibility for our grandchildren. We live in the east end of Glasgow and we have links with other groups in Glasgow and Edinburgh.

As a result of the drug or alcohol use or mental or physical illness of their children, many people in Scotland are left to bring up their grandchildren. The problem is that grandparents lack recognition of their role in bringing up the children. The provision of services is inconsistent and there is a postcode lottery, so the services and benefits that people get depend on where they live. They suffer financial hardship—I am in debt up to my ears—which has an impact on the children. Isabell McLean will talk about what we want the petition to achieve.

Isabell McLean (New Fossils Grandparents Support Group): We want a national framework for support and assistance from all directions—we have been in contact with other agencies, such as social work departments. We would also like to receive payments at the rate that is paid to foster carers. We feel that there is an attitude that says, “You’re the grandparents, so take the children and get on with it without any financial help.”

We would like the recommendations of the Aldgate review to be implemented. The Scottish Executive commissioned the review from Professor Jane Aldgate and many of the families that we represent participated in her study. The review was recently published and it would be good if committee members managed to take a look at it, because it contains quite a few recommendations.

We all love our grandchildren and would never give them up, but they really need the committee’s

help. We can do much more for our grandchildren. There are an awful lot of kinship carers out there who are not getting the help and support that they need. We are depending on people like you to help us.

The Convener: Do you want to comment, Mr McFall?

12:00

Tommy McFall (New Fossils Grandparents Support Group): If I am out of order, you can pull me up and I will come back in to answer questions. I endorse what my colleagues said. I understand that the Parliament is considering the Adoption and Children (Scotland) Bill, about the national fostering strategy, and that kinship care might be discussed as part of that. It is essential that the Scottish Parliament straightens the whole thing out. The treatment of kinship carers and grandparents who take responsibility for their grandweans is an absolute disgrace, and I do not say that lightly. Most of us are elderly and a lot of us are not in the best of health, yet—I speak for Glasgow—we do not get a baked bean of support. We do not get a penny. We are not entitled to the support services that foster carers are entitled to. That is at the discretion of the social workers.

There are inconsistencies in Scotland. Carers who live in Dumfries get foster money but those who live in nearby Stranraer do not get any support. Carers who live in the Highlands are paid foster money but those in Glasgow get nothing. They get an allowance if they happened to have the child before 1997, but after that, nothing.

The terrible thing is that every report and piece of research on the matter proves that children do better within the family structure—with their grandparents or a relative. They do better at school; they have better health and prospects; they feel more wanted; and they are in a better loving environment than if they were in stranger foster care or were looked after in a children’s unit. To look after a child in care costs anything from £800 to £3,000 per week. The cost of putting a child into stranger foster care is also substantial, not only because of the allowances and generous support that foster carers get, but for other reasons. We save the authorities a fortune.

The irony is that, if there was more support for grandparents and family members who take children, not only would we bring them up in a more loving environment where they will prosper and do better, but the authorities would save themselves money.

John Scott: I have huge sympathy with the petition. Thank you for bringing it to us today. I think that it is an important petition, not least because one of my constituents in Ayr spoke to

me as recently as Saturday night about the problems that she is having over the matter.

I ask you to speculate on whether the problem is likely to grow or to diminish. I suspect that I know what your answer will be, but I would like to hear it. Also, Mrs McLean mentioned a report and I wondered whether it contains three or four key recommendations in bullet points that you could share with us.

Isabell McLean: In her conclusion, Professor Aldgate states:

"This study has shown that kinship care has an important part to play in social work services for looked after children in Scotland. It can be a placement of choice for many children, ensuring they are safe, nurtured and retain strong connections with their roots. The carers in the study showed how children can blossom with positive care and adults who will champion their cause. The findings challenge social work services to support children in kinship care, along with their carers, so that being looked after by the extended family provides the opportunities and experiences which will help children have a fulfilled childhood to equip them for a positive and successful life in adulthood."

We feel that our children are discriminated against because they live with their grandparents. I have a granddaughter who is at school and I was worried in case she would be in the public gallery with her friends and they would find out the things that we are telling you. We cannot go and buy these kids fancy trainers and this and that like everybody else, but if they were in social work care, they would get an allowance. Social workers get an allowance to take the kids on holidays and for their birthdays and Christmas. If our kids want to go to a dance class, we have to count the pennies. I look after three, so I cannot let one go and then tell the other two that they cannot go somewhere because the money has been spent on their sister.

In her report, Professor Aldgate made a few recommendations for the grandparents because she spent a lot of time with them. She spoke to the grandparents and children separately, so we have the children's view in the report as well as the grandparents' views. She saw every angle.

John Scott: Sadly, it is a worldwide problem, as many young children in Africa, for example, stay with their extended families following their parents' death due to AIDS. Mercifully, it is not as bad as that here in Scotland. In your view, however, is it a growing problem? Do you have a lot of contemporaries in the same situation?

Isabell McLean: I would say that the problem was growing. We are only the tip of the iceberg, as a lot of grandparents who look after children will not come forward because of the stigma. They feel that if they go to social workers or somebody else and ask for anything, there is a chance that they will take the children off them. Rather than come

forward, they just look after the children and take on the responsibility without telling people. It is not just the people whom we know about; there are thousands of grandparents and relative carers who look after children without the authorities knowing about it.

Tommy McFall: John Scott asked about the Aldgate report's recommendations. Professor Aldgate is not slow. She kindly referred to the situation in Scotland as a "muddle", and she also made the point that the situation effectively discriminates against children—she used the word "iniquitous". As I understand it, the hub of the problem is that when the state, through local authorities, intervenes to take children to children's panels and establish that they are formally looked after, the children are put in children's or foster care units and entitled to benefits, but when we have them, there is a grey area.

Professor Aldgate makes a number of recommendations, including that there should be a new legal status for kinship care and that local authorities should pay the same financial allowances to kinship carers as to foster carers. She also says that local councils should consider kinship as a distinct area of social work practice and develop specific training and guidance for social work staff.

Another recommendation is that the UK should consider some sort of kinship allowance as part of the benefit and tax credit system. I want briefly to touch on that and to show the committee how unfair the current situation is.

My wife and I brought our granddaughter from the Rottenrow infirmary at eight weeks old. We took her into our home with only the clothes she was in. We did not get a penny in support for bedding, cots or baby powder—absolutely nothing. For seven months we had to finance that child ourselves. I retired early from my work, and although my wife was pursuing a job as a driving instructor, it had to go out of the window. There was real financial hardship. We were penalised. As the report demonstrates, most grandparents who take on the responsibility are penalised through financial hardship. Equally, that makes it more difficult to give the child they look after the things that it needs.

To give an analogy, if two people in a household who have jobs and earn a couple of hundred quid a week each take on responsibility for a young child, one job would have to go, which would cripple them financially. We are penalised—nobody steps in to give us support. Another recommendation from Professor Aldgate is for standardisation throughout Scotland of the system for looked-after children. She strongly recommends that kinship carers should be given the recognition that they deserve and the same

allowances that are paid to foster parents. That is what we say, too. That would not be before time. Only the Parliament can do that.

Ms White: I support the petition fully. Because the petitioners have explained the issues so well, there are not many questions left to ask. I am grateful for that. You say that you are being penalised and that there is a postcode lottery. Do you agree that, although it is acknowledged throughout Scotland that kinship care is the best way forward, in certain areas—certainly the postcode areas that you stay in—people are discriminated against because they are willing to bring up their own kin? I am sure that the petitioners agree, because they are nodding their heads.

Tommy McFall mentioned the Adoption and Children (Scotland) Bill, which is going through the Parliament and which includes a regulation-making power that will allow ministers to set up a national system of fostering allowances. The ministers may specify to whom the payments may be made. Would you be happy if the bill mentioned kinship care specifically and not just fostering? The bill is at stage 2 and I do not know when stage 3 will be. As Tommy McFall said, it is a chance to make legislation to help kinship carers. What should be in the bill? Should it mention kinship care specifically as well as foster care?

Tommy McFall: I am not an academic; I only look after a child—I am good at that. As Professor Aldgate says, the financial and support services in Scotland are a muddle. Another muddle is that there is apparently no legal definition of a kinship carer, which has allowed certain authorities almost to manoeuvre out of their responsibilities—I am not saying that they have done that maliciously. The professor says that it would not be difficult to give us that legal status or recognition under the Children (Scotland) Act 1995, which would entitle us to the same support services that foster parents and children in care get. We must remember that many of the children that we deal with have behavioural problems and that some of them are damaged children with a lot of emotional baggage. A change in legal status would give us access to those services.

At the moment, we have our heads above water with the support of our families. Speaking for myself, my wife and I would live on bread and water for the rest of our lives to provide for my granddaughter, who is only five years old, but the reality is that, as we get older and she develops, we will really need financial support. Members who are parents will know that for a pair of trackies you are talking about 200 quid. We have all sorts of fears about that. Professor Aldgate recommends that we should be paid allowances at the same level as foster carers.

Ms White: So all you want is to be treated equally.

Tommy McFall: Yes.

12:15

Paul Martin: I would not have believed what you said about what happens when the children arrive at the carers' home if I had not dealt with exactly the same issue in a constituent's case. You have made a good case in that respect.

Is there a lack of procedural guidance for this situation? Constituents have told me that the social workers have just arrived at their home—there might have been three kids involved and it could have been midnight—and told them to look after the kids, and that is the last that they have seen of social services. I appreciate the financial issue, which you have outlined very well. Is there an issue about the lack of procedural guidance to say that, as soon as the grandparents find themselves in that situation, they should be told about what support they can get? Is that something that is missing?

Tommy McFall: You are absolutely right. I can give you a quick analysis, and my colleagues will confirm what I say. Social workers can turn up at a family home with three children. With foster parents, they could not overcrowd the family home. Foster carers have a status—for want of a better word—and there are rules laid down to say that social workers cannot put foster kids into an overcrowded foster care environment. They get away with it with us—liberties are taken with us—because the rules that apply to foster carers do not apply to us. They can move every way. I hope that I am making myself clear.

Isabell McLean: Our group has got a thing going with Anne-Marie Rafferty and the Springfield Road social work department. We have had meetings with Anne-Marie and have suggested that she get a checklist made up. As Mr Martin says, we were getting hit with children at any time, including during the night. When I got my three grandchildren I had absolutely nothing for them, as my youngest child was 28. I had no beds or anything for children of their age. There was no checklist.

The social work department in Springfield Road has now set up a checklist that is used when a child is taken to a grandparent or a relative carer. The checklist asks whether the carer has beds and whatever is required and, if the person does not have those things, the social work service in the area—I do not know about any other area—will implement the support. There is now a start-up grant of £500 for grandparents who are looking after a child for the first time. It did not do us any good, but by carrying on with what we have done

we have managed to get the grant started for other people.

That happens only in the east end of Glasgow at the moment. The grandparents get a £500 start-up grant and then, three months later, they can apply for a £400 top-up grant; but that is it. We have got that far, and we have got the checklist.

The Convener: I think that Mrs Lenehan wanted to say something.

Moira Lenehan: We had the checklist done, but only for a small area. We are looking for it to be used throughout Scotland.

The Convener: Do members have any suggestions on how we should take forward the petition on behalf of the group?

Ms White: We should write to the Scottish Executive. I would like to know when stage 3 of the Adoption and Children (Scotland) Bill will be. I hope that it will address the issue. We should also write to the Social Work Inspection Agency, the Fostering Network, the British Association for Adoption and Fostering, and Children 1st. We should also write to COSLA, as we need to find out why there is a postcode issue. It is like postcode prescribing, only with money. We should ask COSLA for some specifics on the issue.

John Scott: Given the fact that the Education Committee is considering the matter at the moment, I wonder whether we should pass a copy of the petition to that committee for its information while we carry out our own investigation.

The Convener: Are members happy for us to do all that?

Ms White: The petitioners should be involved as well.

The Convener: Yes. Once we have written to all those organisations and we get their responses, we will let you see what they tell us. We will welcome your comments at that point, and we will take the matter forward as far as we can. Thanks very much.

Mesothelioma (Prescribing) (PE1006)

The Convener: Our last new petition this morning is PE1006, by Bob Dickie, on behalf of Clydebank Asbestos Group. It calls on the Scottish Parliament to urge the Scottish Executive to ensure that the current prescribing arrangements for mesothelioma sufferers, under which Alimta is made available, are continued. Bob Dickie will make a brief statement to the committee in support of his petition. He is accompanied by Tommy Gorman and Joan Baird. I welcome you all to the committee.

Bob Dickie (Clydebank Asbestos Group): I am the chair of the Clydebank Asbestos Group. We are here to represent not only our group, but the members of Clydeside Action on Asbestos and Asbestos Action (Tayside), as well as all asbestos victims. We thank you for the opportunity to address the committee on our petition concerning the availability of Alimta to mesothelioma sufferers in Scotland.

I know, from experience, the ravages that are suffered by the victims of asbestos poisoning in its most virulent form, mesothelioma. I watched my brother go through the horrors of the gradual concretising of his lungs and the major trauma that is caused by this asbestos-related disease. It was horrifically distressing and traumatising for our family. When my brother died, 20 years ago, the only medicine that was available was morphine, which brought temporary relief but, in the latter stages of the disease, became ineffective. Therefore, we were delighted when we heard of the drug Alimta, which alleviates the worst effects of mesothelioma.

As I am sure the committee is aware, there is no cure for this work-related cancer, which workers contracted by going to their place of employment. Their employers were totally negligent about protecting them from asbestos dust. Alimta is the only drug that is available to men and women who suffer from mesothelioma, and we feel that the decision by the Scottish medicines consortium is in the best interests of those victims. To deny victims access to the drug, which extends their life and greatly reduces the worst features of the disease, would be inhumane.

We consider that the drug should remain freely available to all victims in Scotland through the national health service. After all, today's mesothelioma victims are the workers who kick-started our economy 40 or 50 years ago. There is, perhaps, a case for the cost of the treatment to be paid by the victims' employers or their insurers, which would offset the cost to the national health service. The nature of the disease is such that the period between diagnosis and death is short—in some cases, three to four months. To pursue the costs would make no difference to the victims' condition, but it could be considered independently of the availability of Alimta to mesothelioma victims in Scotland.

We also consider that the decision that was taken by the National Institute for Health and Clinical Excellence should have no impact in Scotland. After all, we have a devolved national health service.

The Convener: Thanks very much. I open up the debate to members' questions.

John Scott: Good morning and welcome. I have a huge amount of sympathy for the petition that you have brought before us today, as, I am sure, have my colleagues. Will you elaborate on the benefits of Alimta as you see them?

Bob Dickie: We understand that Alimta can extend the life of a mesothelioma victim by perhaps three months. It also ensures some quality of life for that period of time. A Dr Calvert in Newcastle intimated at a recent meeting that we had that Alimta has been used there for the past 18 months and that the condition of patients who have received the drug has improved by about 85 per cent.

John Scott: I gather that some research shows that if a full course is not given—if four cycles instead of six are used—that reduces the cost. Are you aware of or do you have experience of that?

Tommy Gorman (Clydebank Asbestos Group): That seems to be a factor in the costs that the National Institute for Health and Clinical Excellence used to make its decision. The petitioners have made it clear that costs should not be the deciding factor, but we feel that more clarity is required about the numbers that NICE and others use to calculate the cost to the NHS.

From the literature, it appears that six treatments are normally required. However, in 87 per cent of cases, it is clear after four treatments whether the procedure will succeed and, when the procedure is discontinued, the cost to the NHS reduces by £3,200. It is unclear whether all those factors were taken into consideration in the economic argument when NICE made its recommendation.

The petitioners would like the cost to the NHS in Scotland to be calculated more accurately. That is why the petition was lodged. Confusion certainly exists about the number of treatments that was used in the calculation.

Jackie Baillie: I welcome the petitioners to the committee. I understand that an appeal was lodged with NICE and was heard on Friday last week. It may be some time before the results are produced but, as an eternal optimist, I will assume for a moment that the appeal succeeds, in which case Alimta will continue to be prescribed. However, if the appeal does not succeed, how can NHS Quality Improvement Scotland take a different approach that allows Alimta to continue to be prescribed in Scotland, although we would ideally want it to be available throughout the United Kingdom?

Tommy Gorman: The reason for the petition is much wider than the economic arguments. The issue has a much greater societal dimension. Social responsibility, particularly for the Scottish Parliament, has a much wider scope than the NICE definition of cost effectiveness. We need to

return to first principles and the unique circumstances, which are that people have been exposed to a carcinogen that was known to the British Government in 1898. In the late 19th century, we knew about the dangers of asbestos.

The group of patients that we are talking about and their families are disadvantaged. I will be moderate in my use of language and say that they have been victims of corporate negligence on a grand scale. Other factors are relevant. Quite a high number of the people who will require Alimta now and in the future worked in nationalised industries such as shipbuilding and the railways or for the Ministry of Defence, and have been disadvantaged in all respects. Under the benchmarking models that were available to the decision makers, those people would never achieve a favourable response, because they are mainly men from working-class areas where shipyards, dockyards and railway works were located, their mean age is probably about 72 or 73 and they are all terminally ill. In the models that are used, such as quality-adjusted life years, there is no chance that those people would achieve any favourable indicators.

12:30

In addition, there is a 50-year latency period. Diagnosis can have a sudden impact on people who are elderly and are looking forward to life with their grandchildren. Unfortunately, in some cases, the time between diagnosis and death is two or three months. Generally, it is eight to nine months; the more fortunate will survive for a year.

The people to whom I am referring are the victims of an industrial disease. When they contracted the disease, they were employed earners and were contributing to the national insurance fund. It is well known that there is a surplus of billions in the fund, and we would like that to be taken into consideration.

Some have made the point that Alimta extends life by only two or three months, but we need to put ourselves in the position of the patients and their families, who have to make the end-of-life decisions that are required in such circumstances. NICE and the others who have adopted a negative position on the continued prescribing of Alimta with the other drug that is required for the procedure have not taken the human aspect of the issue into consideration and are dealing only with the economic factors.

On the costs to the NHS, Alimta is cheaper in the UK than in other European countries. It will be no surprise to the committee to hear that it is available in France, Germany, Spain, Belgium, the Netherlands, Switzerland and the United States. Australia is still in negotiations on the issue. Other

countries that make Alimta available to mesothelioma patients are Poland, Greece, Bulgaria, Turkey, Hungary and Romania. Those countries, which have joined or are hoping to join the European Union, aspire to the economic growth that we have in Scotland, yet their economies can supply the drug to their people. It would be a disgrace if the supply of Alimta to mesothelioma sufferers in Scotland were discontinued.

Jackie Baillie: I have a short follow-up question. I accept entirely everything that Tommy Gorman has said. NICE has the opportunity to think again, and we encourage it to do so. However, NHS Quality Improvement Scotland can look at two things. The first is the epidemiology of the disease—its frequency and distribution. The second is predicted uptake on existing advice. I understand that the Scottish medicines consortium has come out in favour of Alimta. On that basis, do you think that QIS must continue to make Alimta available on prescription?

Tommy Gorman: Absolutely. The breadth of expert opinion in favour of continuing to prescribe Alimta has not been examined as closely as it should be. The London new drugs group, the Scottish medicines consortium and senior oncologists at St Bartholomew's hospital in London and other major treatment centres who deal with mesothelioma patients have come down in favour of continuing to prescribe Alimta. In October 2006, the "Drugs and Therapeutics Bulletin" said that that was reasonable, given the significant difference that Alimta makes to people with a very poor outlook. There needs to be more examination of expert opinion, especially the views of oncologists working in Scotland.

Bob Dickie outlined the problems that mesothelioma sufferers face. The withdrawal of Alimta in Scotland would introduce a democratic deficit. Health is a devolved matter, so any decision should be made in Scotland by the people we elect to the Scottish Parliament to make such decisions.

Ms White: We know that the greatest number of sufferers live in the west of Scotland. We also have Dr David Dunlop's report of February 2006 and the Scottish medicines consortium's approval of the drug for use in Scotland. Why is the decision that NICE has taken so different?

Tommy Gorman: If we look at the make-up of the NICE committee, we see the disciplines that are represented on it. Mesothelioma is a cancer that occurs only rarely in the UK. The NICE committee has taken a cost-benefit decision that goes against the interests of mesothelioma sufferers in the UK.

The Convener: The committee is joined this morning by Des McNulty MSP, who has an interest in the subject. I will bring him in at this point.

Des McNulty (Clydebank and Milngavie) (Lab): Thank you, convener. Tommy Gorman and his colleagues have made a powerful set of arguments for why mesothelioma needs to be thought of differently in the context of how the NICE regulations usually work.

As Tommy Gorman said, mesothelioma is a rare form of cancer. It is also a non-curable cancer: in essence, if someone contracts mesothelioma, they die. Given that and the short lifespan of sufferers, drugs companies have little incentive to invest in drugs for mesothelioma. Those factors militate against a drug being licensed under the existing criteria for drug assessment.

Mesothelioma sufferers find themselves in a double bind. First, there is the issue of cost effectiveness. Secondly, if the signal goes out that Alimta will not be licensed or that it has had its licence withdrawn, it is unlikely that any other company will invest in research.

The quality of life of people with a terminal condition can be improved and their life prolonged and eased by drug treatment. Tommy Gorman spoke about the importance that people place on being able to sort out their affairs—financial and otherwise—before death. However, the impersonal criteria that are used in making the calculations do not take account of the importance of prolongation and easement. I do not object to having a system, but it needs to be moderated by an assessment of the circumstances that apply.

Jackie Baillie raised the issue of epidemiology. Alimta has been sanctioned for use in parts of the UK other than Scotland where there is also a high incidence of mesothelioma. Doctors in those areas argued hard for the drug to be licensed. Although their efforts have raised the issue of postcode prescribing, the other side of the coin is that, when doctors found themselves faced with the problem, they adjusted the way in which they make their financial and health care assessments. In Scotland, as in Newcastle, Manchester, Sheffield and parts of London, practitioners say that the treatment is working and that their patients need it.

I suggest that we take evidence from Greater Glasgow and Clyde NHS Board, Lothian NHS Board, Tayside NHS Board and, possibly, Fife NHS Board; the doctors at the Beatson clinic and other cancer centres who are dealing with mesothelioma; and Clydebank Asbestos Group, Clydeside Action on Asbestos and all the other asbestos groups. That will paint a strong picture, which needs to be fed into NHS QIS's decision making. If we allow NHS QIS to make its decision

on the basis of a formula, we will not get the right decision. There is an argument for setting a different framework, with different parameters, given the issues that the petitioners have raised.

Joan Baird (Clydebank Asbestos Group): I claim no ology other than that, through experience, I have become an expert on people suffering from mesothelioma. All I can give is my compassion and understanding. I take the liberty of speaking on those people's behalf.

Alimta is a drug that has been proven to alleviate pain and which extends the life of mesothelioma sufferers. I know of people who have benefited from it. I refer to two cases in particular. Both patients were given a time limit, from diagnosis, of six months. One is now more than 18 months on and the other is 13 months on. I wish that such a drug had been in existence in 1996 when my husband, Willie, was diagnosed with this evil disease. He had six months of agony until his death. I nursed him at home. Only those who have witnessed such things understand.

Mesothelioma sufferers have already suffered a great injustice, through no fault of their own. Legally, they have to prove the where, why and when. Now people add insult to injury by saying, "We will withdraw this drug Alimta. You're going to die anyway. You're not cost effective." How NICE that is. To the National Institute of Health and Clinical Excellence I say two words: national excellence. It does not appear to add up. I am not a mathematician, but how can you equate cost with life? Finance is surmountable. It is obvious that NICE has not incorporated caring efficiency in its accounts. Denying Alimta to meso sufferers nationally would be cruel, barbaric and totally unforgivable.

I pray earnestly that one day the scientists will discover a drug that will cure mesothelioma, because we owe mesothelioma sufferers. If Alimta gives them added time to put their house in order and means that they are with their loved ones for a few more sunrises, until the grim reaper finally calls on the last sunset, so be it.

I urge the Scottish Parliament to consider this inhumane action.

The Convener: Thank you for that very powerful statement.

Jackie Baillie: I will make a number of recommendations to help the committee. Time is of the essence, which is the context in which I make my remarks.

The committee should write to NICE urgently and, given that it heard the appeal on Friday, encourage it to reflect carefully on its original decision. We should go so far as to say that we wish Alimta to continue to be prescribed throughout the UK.

Secondly, it is worth writing to NHS QIS, pointing out that it can take a distinct view and encouraging it to do so. I take the point about the expert evidence that is out there and agree with Des McNulty that it is essential that NHS QIS considers the evidence from front-line workers.

Thirdly, I do not think that Des McNulty's suggestion that we write to the health boards is a bad one. Having that kind of support echoed would be helpful. I hesitate to give you this responsibility, convener, but I do not think that the committee should turn its back on indicating to NICE, NHS QIS or the health boards that we might want to take oral evidence from them. That is a judgment call, dependent on the timing, and I am conscious that our letters might have more effect. I suggest that we give the convener the flexibility to arrange such evidence taking, if it is required.

12:45

The Convener: I am more than happy to take on that responsibility; it is a very strong suggestion.

Timing is an issue. I was taken with Des McNulty's suggestion that we should contact the health boards, but I do not know whether we can do that at the same time as writing to QIS. Should we wait until we get responses from the health boards before we get to QIS? Will the timescale allow us to do that?

Des McNulty: QIS is unlikely to consider the matter until the appeal against the NICE decision has been publicised. If the committee wishes to take evidence from the health boards, it might be appropriate to do so now and write to QIS in detail once it has the health boards' evidence.

However, I also take Jackie Baillie's point. It might be worth writing an early letter to QIS to say that the committee is taking an interest in the issue. It would make sense to split it in that way.

The Convener: I am happy with that, given what the committee has said. We should suggest to QIS that Alimta should remain available for mesothelioma sufferers in Scotland and say that that is why we are writing to it. We would expect QIS to contact us about the issue. If we can do all that in the timescale, we can also keep open the option of asking QIS to come before the committee to explain its decision, one way or another.

Ms White: And NICE as well.

The Convener: Yes. Are members happy that we do that?

Members indicated agreement.

The Convener: I thank the petitioners for bringing their petition this morning.

Current Petitions

Institutional Child Abuse (PE535 and PE888)

12:47

The Convener: We move to the second item on the agenda, which is our current petitions.

The first petitions are PE535 and PE888, both by Chris Daly. PE535 calls on the Scottish Parliament to urge the Scottish Executive to hold an inquiry into past institutional child abuse, in particular of those children who were in the care of the state under the supervision of religious orders, to make unreserved apology for said state bodies and to urge the religious orders to apologise unconditionally.

PE888 calls on the Scottish Parliament to urge the Scottish Executive, in the interests of those who have suffered institutional child abuse, to reform Court of Session rules to allow fast-track court hearings in personal injury cases, to review the implementation of the Prescription and Limitation (Scotland) Act 1973 and to implement the recommendations of the Scottish Law Commission report on the limitation of actions.

On 25 May 2005, the committee agreed to seek an update from the Minister for Education and Young People on PE535. On 5 October 2005, the committee agreed to formally link petition PE888 with PE535 and to write to the Scottish Executive and the Scottish Law Commission. We also sought the views of the petitioner on the responses we received.

Those responses have been received and circulated to members. Are there any suggestions about how we can take the petitions forward?

Helen Eadie: These petitions have, quite rightly, been going on for a long time. Given that the Minister for Justice has had discussions with the Scottish Law Commission and has asked it to conduct a review with the aim of reporting to ministers by the end of 2006, it would be useful to get an update from the Scottish Law Commission on where it has got to with that review, and in particular to get an update on its progress in considering the time-bar issue in which we are interested. We should also seek clarification of the fast-track rules and the views of the petitioner on the responses that we have received.

John Scott: I completely endorse the importance of considering the time-bar issue and of coming to some resolution on behalf of constituents who have made representation to me.

The Convener: Are members happy to proceed in that way?

Members indicated agreement.

Play Strategy (PE913)

The Convener: Our next petition is PE913, by Debbie Scott, on behalf of To Play or Not to Play, which calls on the Scottish Parliament to urge the Scottish Executive to adopt a play strategy that acknowledges the right of all children in Scotland to a safe, accessible and challenging play environment.

At its meeting on 8 February 2006, the committee agreed to write to Play Scotland, Scotland's commissioner for children and young people, sportscotland, the free play network, COSLA, the Big Lottery Fund, Kidscape and the Scottish Executive. Responses have been received from all those organisations. I would welcome the committee's suggestions.

Jackie Baillie: I have a number of comments. I ploughed through the papers and found the responses of some organisations—sportscotland and the Big Lottery Fund, for example—quite defensive about their statutory duties. I am keen for it to be recognised that although no one is being accused of failing to meet their statutory duties, play is a wide issue that involves consideration of informal spaces; it is not just about playing fields, which people seem to have focused on.

I am conscious that it can be documented that the amount of money that is available for play in England and Wales through the Big Lottery Fund is not matched by the amount of money that is available in Scotland. I am slightly troubled by the stark disparity that exists. Although the minister has given us a helpful response in which he has listed a number of initiatives, they are not really joined up.

In the light of the minister's helpfulness, perhaps we could encourage him to work with the petitioners to develop a comprehensive national strategy on play that takes resources into account. My understanding is that significantly more support is available in Wales. I would hate us to miss out. As well as ensuring that the petitioners are sent the responses and given the opportunity to comment on them, the committee could write back to the minister to encourage him to develop an adequately resourced national strategy for play.

The Convener: We could do that. We will write to the petitioners to find out their views on the information that we have received. Given that we know what the minister's position is and that information has been provided, we can approach him directly for a further response. Is that agreed?

Members indicated agreement.

School Closures (PE945 and PE955)

The Convener: Our next petitions are PE945 and PE955. PE945, which was submitted by Susan Green, calls on the Scottish Parliament to consider and debate the inadequacy of the existing legislation as regards parental consultation on school closures. PE955 was submitted by Catriona Lessani, on behalf of the parents action group for St Kevin's primary school, and calls on the Scottish Parliament to urge the Scottish Executive to review the implementation of its guidance on school closures, to ensure that parents and pupils are properly consulted.

At its meeting on 19 April, the committee agreed to link consideration of the two petitions; to seek views on both from the Minister for Education and Young People, the Educational Institute of Scotland, Glasgow City Council, North Lanarkshire Council, COSLA and the Scottish Parent Teacher Council; and to forward a copy of the petition to the Education Committee, for information only. Responses have been received from all the bodies to which we wrote. How do members suggest that we progress consideration of the petitions?

Helen Eadie: In the light of the illuminating responses that we have received and the minister's continuing dialogue with the Education Committee, it might be useful to refer the petition to the Education Committee, so that it can continue its dialogue with the minister on this important issue.

The Convener: We need to keep the petition alive and to involve the Education Committee in its consideration, because the guidance on school closures crops up repeatedly. Do members agree to send the petition to the Education Committee?

Members *indicated agreement.*

Review of Petitions System (Report)

12:53

The Convener: We move on to item 3. If members will bear with me, I have some comments to make on the independent research on the petitions system, the report on which we are launching today. We thank Dr Christopher Carman from the University of Glasgow and his research assistant, Dr Murray Leith, for the work that they put into the document.

We commissioned the research several months ago, so that its completion would coincide with the lodging of the 1,000th petition. That landmark seemed to be an appropriate point at which to step back from the day-to-day running of the Public Petitions Committee and to seek an external view on how the system has operated, whether it has lived up to the expectations of the first years of the Parliament's establishment, how it has evolved since devolution and what could be done to improve it.

Overall, the research reveals a good picture. It concludes that the petitioning system has given people from Scotland and from further afield a point of access to the Scottish Parliament. Accessibility is a key founding principle of the Parliament, and in that regard the Public Petitions Committee is one of the Parliament's most important instruments.

The fact that the research lists some of our significant successes over the years sends out the message that the petitioning system is far from being a symbolic gesture. We have allowed ordinary people and organisations to effect change on a wide range of issues. Even when we have not been able to ensure that changes are made or have decided that change would not be desirable, we have given people a voice that they might not otherwise have had. That role should not be underestimated. The research notes that for many petitioners, the ability to raise their concerns and have them taken seriously at the heart of the Parliament was in itself a major success.

We are pleased with most of the findings of the research, but the findings on equalities issues are a concern. We put in a lot of effort, not only to monitor the types of people who lodge petitions but to get out of Edinburgh and visit communities throughout Scotland, as we are doing today. However, we still have a bit to do to reach a full cross-section of society. Our officials will hold discussions with the equalities co-ordinating group, which comprises senior representatives of the main equalities organisations in Scotland, to consider what else we can do in that regard. The

message is that we are not quite there yet. I welcome the opportunity that the independent research has given us to increase our efforts and ensure that we get things right in future.

I invite members to comment on the report.

Helen Eadie: The report is thorough and helpful. When we have finished considering it, we must decide what happens to it. I presume that the convener expects it to form part of our legacy paper to our successor committee in the next session of the Parliament, after May's elections. The report will be very informative for new members of the committee.

Table 3.4 shows constituencies with the highest and lowest number of petitioners. I am not surprised that Edinburgh Central had the highest number, with 43 petitioners, and Orkney had the lowest, with just one petitioner. We should suggest in our legacy paper that our successor committee targets the bottom 12 constituencies to achieve better uptake in those areas.

It is not surprising that so many petitions were referred to other committees, but it is interesting to see the figures. I am not surprised to learn that in the first session of the Parliament the Transport and the Environment Committee had the most referrals, with 90, and that the Health and Community Care Committee received 76 referrals. The Finance Committee has received only two referrals in each session of the Parliament—that is the committee to be on if someone does not want to deal with petitions.

I take exception to a comment on page 65 about PE709, on gulf war syndrome. I am pretty sure that I was the member who suggested that we consider the petition in the context of health matters, although it might have been Sandra White. I will take the blame, anyway. I assure the report's author that I know very clearly the difference between devolved and reserved matters, as I am sure does Sandra White. I had a file on gulf war syndrome that was about eight inches thick—I am not kidding—which is why I wanted it to be considered in the context of health. If I remember rightly, the petitioner also wanted the health aspects of gulf war syndrome to be considered. I deliver a tiny slap on the wrists to the author for his comment.

Ms White: The report shows that although the Public Petitions Committee has done a great job—the clerks should be thanked for their work, too—there is more work to be done.

We do not just need change in the Parliament and the committee; we need cultural change, because lots of the petitions that we receive are lodged by middle-aged white men. We must consider that, as well as the areas in which petitioners live, as Helen Eadie said. We try to go

out of Edinburgh, but it is up to us and the Parliament to let people in Scotland know that we can do outreach and come to speak to them. I am sure that in future years a more representative sample of people will lodge petitions.

The figure on petitions from the Kelvin area in Glasgow is slightly skewed because of one gentleman who has been the most prolific petitioner—I will not name him, because most members know him.

I thank everybody in the committee—the clerks, the convener and the members—for making it such an enjoyable committee to be on in Edinburgh and to go out and about with. I am sure that, over the years, the public will come to agree with me that the Public Petitions Committee is the best committee in the Parliament, as it exists to serve the public, which is what the Parliament should do. The report reflects that. It is an honest report, and that is the best that we can do.

13:00

John Scott: Hear, hear.

I agree with Sandra White, but we have to exercise some caution, given the statement on page 3 of the report that

“Overall, 55% of petitioners were not satisfied with the outcome of the petitions process.”

That probably has to do with a level of expectation on which, regrettably, we are not capable of delivering. I think that the committee is brilliant, too. Our outreach work is vital in delivering for the Parliament. Nonetheless, if the report is to be a legacy document, that issue must be addressed. Perhaps when petitioners are in initial discussions with the clerks they should be given a more realistic expectation of what might be achieved, given the limited nature of our powers. That might increase the success rate of our work.

Jackie Baillie: I was going to stay silent, but I am genuinely not sure about that comment from John Scott. I would not want us to limit people's aspirations or expectations.

John Scott: I did not mean that.

Jackie Baillie: The beauty of the committee is that it is a strong symbol of the new kind of democracy. We do not interfere with people who want to bring their concerns directly to us. At the end of the day, people will accept and realise that simply lodging a petition will highlight an issue and maybe get it reconsidered. In some cases, that may result in a positive response, although in many cases that will not happen. People understand that. I do not want to discourage people in any way or limit their expectations, because their expectations will push us to do even more.

The Convener: The report also shows that people do not want to be managed out of the system. We must allow people to come forward with their expectations, although perhaps we should not encourage them greatly or give them false hope. It is our conduct that directs that. If we give people the impression that we can do something that we cannot do, we can legitimately be criticised. However, we cannot stop people from setting out with an expectation of success by telling them at the outset that they will not achieve it. That is not a positive approach.

John Scott: That was not my point. Jackie Baillie was being mischievous in suggesting that it was.

Jackie Baillie: Absolutely not.

John Scott: I am as much a champion of the committee as Jackie Baillie is, but there is no harm in a bit of a reality check, notwithstanding people's aspirations.

The Convener: That is a fair point and you are entitled to express it.

If there are no other comments, I close the meeting.

Meeting closed at 13:04.

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