MEETING OF THE PARLIAMENT

Wednesday 14 January 2004
(*Afternoon*)

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Debates

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[THE PRESIDING OFFICER *opened the meeting at 14:30*]

Time for Reflection

The Presiding Officer (Mr George Reid): Good afternoon. Our first item of business is time for reflection. We welcome Marilyn Douglas, a parish assistant from Cumbernauld.

Marilyn Douglas (Parish Assistant, Church of Scotland, Cumbernauld): January is often seen as a quiet month with long, dark nights and grey days in contrast to all the hype that has become part and parcel of preparing for Christmas—buying presents, sending cards, decorating homes and trees, having parties and outings—followed in quick succession by the boxing day sales and new year celebrations.

I love Christmas and I love all the business and activities that are part of it, but I also enjoy this time when I can change down a gear; it provides an opportunity to recharge the batteries and focus on the year ahead. For as much as I enjoy the business of Christmas celebrations, I am also aware that it would be unwise to go through life running in fifth gear all the time.

A couple of years ago, the leaders of one of the children's groups that I am involved with decided that it would be good to take the children on a walk down the glen near where we live. On the return journey to the church, one of the children stopped and said that he could not go any further because he was running on empty. Fortunately, we were only about 50yd from the church, where he would be able to have his lunch.

We all know the importance of regularly having something to eat to sustain us physically. It is equally important that we take time to be renewed on a mental and—from a Christian perspective—spiritual level and that we take time apart, even if it is only for a few minutes each day, to be still and quiet. In the New Testament, in Luke's gospel, we read that, after the shepherds had visited Mary, Joseph and the baby Jesus and had related to them all that they had seen and heard, Mary pondered deeply about all that they had shared.

The lights and decorations of Christmas may all have disappeared, to be stored away for another year, but the message at the heart of Christmas lives on: Emmanuel, God is with us. I hope, during the parliamentary business of the year ahead, that you will value the important times of stillness and quiet, and that you may know God's guidance and blessing in all that you are involved in as you seek to serve others.

Sexual Health and Relationship Strategy

The Presiding Officer (Mr George Reid): The next item of business is a debate on the subject of developing a sexual health and relationship strategy for Scotland.

14:33

The Minister for Health and Community Care (Malcolm Chisholm): I welcome this debate and the opportunity that it provides for members to contribute to the development of a national sexual health and relationship strategy for Scotland. In my statement to the Parliament on 12 November, when I launched the consultation on the expert group's proposals, I stressed the Executive's desire to obtain the views of all sections of Scottish life and interests. In doing so, I recognised the important input that the Parliament could have into the final shape of the strategy. I therefore look forward to hearing members' comments.

First, let me briefly set the context. Sexual health in Scotland is poor. Sexually transmitted infections are widespread and are increasing in incidence. For example, there has been a dramatic rise in genital chlamydia diagnoses over the past decade, not all of which can be attributed to better screening. Moreover, between 2001 and 2002, there was a 60 per cent increase in the incidence of rectal gonorrhoea and a 200 per cent rise in the number of cases of syphilis among men who have sex with men. There was also, in 2002, the highest increase in the number of new HIV cases since 1987. Significantly, too, the rate of teenage conceptions in Britain is the highest in western Europe and, sadly, the problem is most acute where deprivation is keenest.

If the statistics are worrying, so are features such as regret, violence, abuse, coercion and disrespect, which all too frequently go hand in hand with irresponsible sexual behaviour. For example, studies indicate that a significant proportion of first sex is unwanted, particularly for young women, and that the younger a person is the more likely it is that sex is unwanted. It is abundantly clear that sexual well-being is not just about the absence of disease or the lowering of the incidence of this or that sexually transmitted infection; on the contrary, sexual well-being embraces a raft of social, cultural and ethical issues that must be addressed if we are to attain the level of sexual health, responsibility and well-being in Scotland to which we all aspire.

That perspective informed the remit of the group that I appointed to develop a sexual health strategy for Scotland. The remit focused not just on reducing unintended pregnancies and sexually transmitted infections and enhancing the provision of sexual health services, but on promoting a broad understanding of sexual health and sexual relationships that encompasses emotions, attitudes and social context. The intention was to develop a strategy that would be more comprehensive than that in comparable documents, that would acknowledge the wider social and cultural influences on sexual health, and be rooted in the values of respect for self and others and strong, respectful relationships.

Members will by now be familiar with the expert group's proposals. Briefly, the group believes that achieving enhanced sexual health and well-being requires a number of key elements, including a society that views sexuality in an open, positive way and that values and respects diversity; acknowledgement of the importance of economic, social and cultural influences on sexual well-being, the inequalities those cause and the appropriate action to address them; lifelong formal and informal opportunities to learn about sexual health and relationships and the moral issues that they raise; and support from easily accessible, confidential and appropriate clinical services.

Five broad actions are identified as key. Those are, first, national leadership through the appointment of a national sexual health programme co-ordinator and a new, ministerially led national sexual health advisory committee to oversee implementation of the strategy; secondly, local leadership, through local sexual health strategies and sexual health networks, and local co-ordination; thirdly, setting clear national and local targets and goals; fourthly, maximising existing mechanisms such as local health plans and the performance assessment framework; and fifthly, monitoring progress to ensure delivery through the new advisory committee at national level and directors of public health at local level.

Supporting those key actions are over 100 recommendations, which set out a range of measures that are designed to give focus, structure and coherence to the approach to sexual health. The measures include steps to ensure that tackling the wider determinants that influence sexual well-being is firmly embedded in the development of policy and practice, nationally and locally; that media and mass communications work is used to exert positive influences; that vulnerable groups, especially those in deprived areas, are specifically targeted, including young people under 25 and men who have sex with men; that the important role of schools in providing sexual relationship education in a consistent way is fully developed; that the crucial influence that parents can exert on their children's sexual values and skills is recognised; and finally, in terms of the headlines, that a tiered-service approach is taken

to provide a continuum in sexual and reproductive health care provision.

It would be quite wrong at this stage, in the middle of the consultation process, to give a final view on all the report's specific recommendations. However, I make it clear that I warmly endorse the general approach and way forward that the group has proposed. I am particularly attracted to the integrated, holistic approach that the group envisages. I believe that structure and co-ordination are crucial to success. Structure will ensure that the key players know precisely what is expected of them, be it schools, the media, the national health service, local authorities or voluntary organisations. Co-ordination is important because joint, integrated working within a strategic framework at national and local levels is crucial if we are to make inroads into the problem. A weakness that I have perceived in our approach has been the lack of a strategic vision and a coherent framework to carry it into practice. The group's proposals go a long way toward tackling that deficit and giving a sharper edge to our drive for better sexual health.

Especially welcome, too, is the affirmation of the key values of respect, equality and accessibility to clinical services and lifelong learning. I am clear that respect for self and others and strong, positive, trusting relationships must be at the heart of our approach to enhanced sexual health. It is no accident that relationships feature in the title of this debate and of the expert group's report. The emphasis on a cross-cutting approach and the importance of tackling the wider determinants influencing sexual health is absolutely vital and is in harmony with the thrust of current Executive policies, which place an emphasis on inclusion, equal opportunity and respect.

I am particularly pleased by the recognition of specific gender issues and the emphasis on challenging gender stereotypes.

I also welcome the support for the consensus among parents, professionals and faith groups that sexual relationships are best delayed until a person is mature enough to participate in mutually respectful relationships. That is particularly important in relation to potential abuse or coercion, and the high levels of regret recorded in the evidence, particularly by young women.

The strategy acknowledges that sex and relationship education is not just about schools, but recognises the key role that schools can play in fostering healthy and respectful attitudes to relationships. The approach that is outlined combines health promotion and service provision information with commitment to encouraging young people to delay sex until they are mature enough to cope emotionally and understand the importance of mutual respect. International evidence indicates that this is the most effective approach to sex and relationship education.

The proposals for an integrated, tiered-service approach and the creation of a managed sexual health network in each NHS board area provide a valuable formula for more consistent, integrated and flexible sexual health services. I would like to pay tribute to service providers, in the NHS and elsewhere in the statutory and voluntary services. Hitherto, this has been a relatively unglamorous element of service provision and the commitment and unremitting work of those in the field, often carried out in difficult circumstances, may have gone largely unsung. I put on record today my appreciation of their huge efforts.

I believe that the expert group's proposals offer a practical and thoughtful basis for tackling Scotland's sexual health problems in a meaningful and inclusive way; I look forward to the responses to the proposals.

When we launched the consultation process, I said that the Executive's intention was that it should be wide-ranging and inclusive. We have been true to that promise, setting in train a comprehensive and possibly unprecedented array of consultative mechanisms. We have issued about 4,500 copies of the consultation pack, consisting of a covering letter, the full strategy and the summary version. We have commissioned the Scottish Civic Forum to hold a series of meetings across Scotland. By making use of its network of local co-ordinators, it should be able to get feedback from difficult-to-reach groups that might not normally take part in a consultation such as this. We recognise the importance of input from faith groups, and in that regard officials are due to have a meeting later this month with the Scottish Churches Parliamentary Office.

It is of crucial importance to obtain the opinions and perceptions of young people themselves. Thus the Scottish Youth Parliament, YouthLink Scotland, Young Scot and the youth project of the Convention of Scottish Local Authorities, dialogue youth, have been invited to arrange feedback from children and young people of 14 years of age and upwards.

Recognising the importance of comments from teachers and parents, we have written to teachers and parents groups and placed an article about the consultation on the Executive's parentzone website. Furthermore, we have set up an internet discussion forum and have made the draft strategy available on the Scottish Executive website.

Once the consultation is completed on 27 February, the process of analysing the comments will begin. To assist in this task we have appointed researchers to assess and report independently on the results of the consultation exercise. A suite

of feedback and analysis reports will be published in appropriate formats after the close of the exercise. Thereafter, the strategy will be finalised as quickly as possible.

Let me assure members that, in the interim, we are not standing still: a spectrum of measures to promote positive sexual health is in train. They include initiatives by NHS Health Scotland—for example, the think about it campaign—to encourage young people to take a responsible approach to their sexual health. There is also funding to the Caledonia youth project to set up sexual health advice centres in four key locations in Scotland. In addition, more than £8 million has been made available to NHS boards annually to help prevent the spread of HIV and other blood-borne viruses. There is also the inclusion project, which is helping to identify the support that is needed from local NHS services to better meet the needs of people from lesbian, gay, bisexual and transgender communities.

As members know, there is also the national health demonstration project, healthy respect, which is funded by the Executive and led by a partnership of the NHS, local authorities and voluntary and community groups in Lothian. Phase 1 of the healthy respect project will be completed at the end of this month. Although the independent evaluation that we have commissioned will not report until later this year, the project's emerging achievements include the development and distribution of over 5,000 chlamydia postal testing kits through leisure, retail and community settings; the setting up of eight health drop-in centres; and developing and supporting the role of the parents of hard-to-reach young people through training events and booklets on young people's sexual health. Because most of the individual projects were found to be in need of a longer period of demonstration, we have agreed to move to a second phase, where we will identify clear lessons for future policy and practice.

All that is in addition to the plethora of initiatives that are provided by NHS boards and partners locally.

Rhona Brankin (Midlothian) (Lab): I welcome the healthy respect project, part of which is in my constituency. Will the minister give an undertaking that funding will be available long enough to enable more longitudinal studies to take place to evaluate the project's longer-term success?

Malcolm Chisholm: First, funding is available for the continuation of healthy respect. Secondly, it is being evaluated. That is important and was always part of the idea of the demonstration project. Thirdly, we have set up a sexual health learning network to help to ensure that the lessons from healthy respect and other current initiatives are taken on board.

As I said on the day that I launched the consultation, I believe that we have an opportunity to make a real difference on a topic that, for too many years, has been relatively neglected for reasons that I am sure we all understand. It may not be possible at the end of the consultation to reach consensus on every dimension of the issue, but I am convinced that there is sufficient common ground among us to develop an inclusive and comprehensive strategy founded on the key pillars of self-respect, respect for others and strong relationships. That will enable us to tackle the serious and substantial problem in a meaningful and productive way. The Parliament has a major contribution to make to that process; I look forward to hearing members' views and I assure members that those views will be taken into account in drawing up the final strategy.

14:48

Shona Robison (Dundee East) (SNP): I begin by paying tribute to the expert group's work in producing the report. The incidence of sexually transmitted infections continues to increase in Scotland, while our teenage pregnancy rates remain among the highest in western Europe. In response to growing concerns about Scotland's sexual ill health, the Executive rightly set up the expert group to report on a strategy for improving Scotland's sexual health.

Of course, this is not the first time that the Executive has considered strategies to deal with our nation's sexual health. In 1999, Susan Deacon, when she was Minister for Health and Community Care, spoke of

"helping our young people to grow in maturity and self-confidence"

and having

"a culture that is not about ignorance, low self-esteem and furtive sex."

On the Executive's targets, she argued:

"We will not meet these by not talking about this, we will not meet them by sticking our heads in the sand, silence is not a solution—we will only meet them if everyone—healthcare workers, parents, politicians, churchleaders and young people face up to these hard issues openly and honestly. We need to respect each other's views but different views mean we should HAVE the debate not avoid it."

I could not agree more. Now we are having that debate. Unfortunately, it is five years on from when those comments were made, and we will have to wait some time before we see what the Executive proposes, which is the important aspect of the debate. We will have to consider that when it is produced.

The report contains a number of important recommendations, some of which I will touch on.

The link between deprivation and sexual ill health, to which the minister referred, is a key element of the report and we believe that examining that is crucial in developing the sexual health strategy, as is how to communicate the message. The mass communication strategy that the minister mentioned is important in getting the message across, removing the stigma and stressing the importance of contraception to reduce the number of sexually transmitted infections and unintended pregnancies.

The expert group's call for the Executive to fund a consistent approach to implementing the strategy throughout all health boards is crucial in ensuring that, no matter where someone lives in Scotland, they can access sexual health services. The group's call for resources to be provided so that health boards can implement the strategy is, of course, the litmus test in all this, because there is no point in developing a strategy if it is not going to be funded adequately. We have yet to hear any of the detail of how much money the Executive is prepared to invest in making the strategy work.

It is not just about money; it is about agencies talking to each other and working together to provide the best services. It is right that, as the report recommends, all children in Scotland have access to sex education and sexual health services and that current links between schools and sexual health services are improved in order to achieve that.

We agree on much in the debate and I am sure that there will be much consensus this afternoon, but I want to turn to the three areas about which I am concerned.

The minister has had problems supporting the expert group that he set up; in some ways he has tried to distance himself from it.

Malcolm Chisholm: I do not know whether Shona Robison was listening to my speech, but I made it absolutely clear—I did this intentionally in view of the allegations that are being made and which have been made before—that I am strongly supportive of the general approach that the expert group has outlined. Shona Robison will understand that it would be quite wrong if I launched one of the most comprehensive consultations ever and gave my final view on every specific recommendation. I repeat, for the third time in the debate, that I am positive about the approach that the expert group has adopted and the way forward that it has mapped out.

Shona Robison: I will come on to say a little bit more about that. The minister has tried to distance himself from the expert group, because he obviously wants to decide what the Executive does and I understand the reasons for that. It is difficult to have another debate without knowing what the Executive's thinking is and how far it is prepared to go; we are left with a fairly unclear picture of its thinking. One of my concerns is that even before the expert group reported back, the Executive made decisions on Scotland's sexual health strategy when it suited. It ruled out the supply of the morning-after pill in schools without waiting to see what the expert group had to say on that. I do not think that the morning-after pill should be supplied in schools; I do not believe that that would be necessary or desirable if accessible, quality services that young people felt comfortable accessing were provided within the community. As Susan Deacon said, we should have a full debate and not avoid any of the difficult issues involved. It was an over-reaction for the minister to try to remove from the debate the issue of the supply of the morning-after pill in schools before we got to this stage. If we are serious about being mature enough to have a debate on these matters, the minister should not have ruled that out before the group's report was published.

My second important concern is that the Executive does not appear to know the scale of the problem that it has committed itself to addressing. In answer to several parliamentary questions that I asked, the Executive could not tell me the median waiting time for people to see a sexual health specialist or a sexual dysfunction specialist; how much funding goes to providing the public with information on how to access sexual health services; how much funding goes to promoting sexual health to patients, parents or schools; what proportion of funding of sexual health promotion is geared towards men and towards women; the extent to which the incidence of pelvic inflammatory disease is caused by chlamydia; or what services are available to men and women following an abortion, a miscarriage or a stillbirth.

In highlighting those points, my point is that, if the Executive is committed to a sexual health strategy—which I am sure that it is, and I would not take that away from the minister—it must surely have some estimate of the problems that have to be faced and of how much funding is therefore required. A lot more data collection is required.

My third concern is to do with costs. The minister laid out a number of new positions that are going to be created. There will be sex tsars and an advisory committee, plus many local co-ordinators. Those people may well be necessary and I would certainly accept the need for a strategic approach. However, that should not be at the expense of maximising the resources that are put into front-line services. If we are to adopt the proposal within the report, which says that all children in Scotland should have access to sex education and sexual health services, it will be

crucial that resources are deployed to the front line.

Even though the sexual health strategy has tried to avoid controversy—and I think that it has—the nature of the issues means that the strategy will be controversial. Views vary on how to tackle the issues and on what the best approach will be. A parents group, Not With My Child, was upset prior to the publication of the consultation document that the expert group did not give enough importance to the views of parents. The group wanted more money to be diverted from sexual health services into educating parents on how to talk to their children. One parent argued that sex is pushed all the time and is used to advertise the most trivial of things, and that it is not explained to young people that there is a moral side and an emotional and psychological side to a sexual relationship. It is clearly essential that we listen properly to what is being said in our communities, so that we can address the concerns that are raised by such parents and can shape our sexual health strategy around the needs of Scotland's society. We must overcome any embarrassment that we feel in discussing sexual health, so that we can promote a culture of respect, equality and self-esteem.

We should remember that people have the right to independent thought and that adults should be allowed to make their own decisions on sexual health. The need to empower individuals to make the right choices is of key importance. Easy access to quality information and advice—no matter where someone lives—will be crucial. Although the thought of quicker access to abortions and the thought of greater condom use might upset some, it will be of comfort to others to know that parents themselves are to play a greater role in educating their children about sex. However, where parental advice is not an option, it is essential that young people have easier access to sexual health services to help them to make informed decisions about their own sexual health.

14:58

Mr David Davidson (North East Scotland) (Con): I join the minister in thanking the expert group for the work that it has done, albeit under the direction of the minister. I agree with one thing that the minister said early on in his speech—the emphasis that he placed on respect and relationships. I heartily agree that that should be the basis of today's debate.

No one can argue with the fact that Scotland's sexual health is poor, or with the fact that it is worse in the more deprived sections of the community. As Shona Robison said, we have to look at things in that way. Our society is becoming less responsible as the state tries to involve itself in everything and to dictate from the centre. Education and parental—not national—leadership, coupled with a new sense of responsibility, must be our target.

As I said, this debate is about relationships and respect as much as anything else. Many young people regret starting a sexual relationship and, as the minister said, many start far too young. Research shows that boys feel similarly to girls on that issue. Peer pressure is certainly a major factor and we must seek to change the culture in Scotland.

I was disappointed that the report took so long to mention the role of parents and families. Social education starts with parents; it is their responsibility and many parents need to be supported in that role. A young person's parents are the biggest influence on their life. The Conservatives would insist that all education must be approved by parents, whether it is delivered in school or in the community.

Sex education should not just be about the mechanics of sex; in the past four years, we have had disputes about that in the Parliament. The emphasis should be on both personal responsibility and respect for any future partner or relationship; it should also be on the value, care and rights of any new life created. All sex education should be delivered in a moral atmosphere, where all the relationship issues are dealt with.

The fact that the media portray promiscuity as the norm will undermine our society in the longer term. The media must recognise their role as an influencer of our culture. They seem to display little in the way of social responsibility and to fail to indicate that relationships should be based on respect and trust.

Although I recognise that the Executive is well intentioned in tackling the problems of teenage pregnancy and is right to examine the epidemic of sexually transmitted infection that is affecting so many people, it must be said that all age groups are affected by sexually transmitted diseases. Those diseases are spread right across the age groups in Scotland; they do not affect just the young people. The frightening thing is that such infections, so many of which go undiagnosed for years, can result in young women being unable to conceive. My colleague Mary Scanlon will discuss that further.

The current rash of tsars as a solution to everything will not be the answer. If anything, it appears to me that a tsar would write off the role and responsibility of parents and would send out the message that the system will replace the family. I have no hope that young people will pay any attention to a tsar who sits in an office or to

someone in a regional health board. The relevant education must be delivered directly to the child at a very early stage. It should not be textbook-based education but should give guidance on how to deal with, and take responsibility for, one's life.

Many young people succumb to having sex through a lack of self-confidence. An increasing number of young people are becoming sexually active under the influence of alcohol and drugs. When the minister eventually provides his response to the consultation paper, I would like him to pay attention to that issue and to give us some information on it, as it is valuable to take into account such matters as part of a general consideration of what we do in our society.

There are also issues to do with peer pressure and even coercion. At an early stage, we must get across to boys and girls the idea of mutual respect. As I have said before, Scots must be educated on the risks of any lifestyle choice that they may eventually make. Schools and school boards definitely have a role to play, but the rights and responsibilities of parents to approve the sex education material that is used and the cultural approach that is taken must not be denied.

We talk about the spread of HIV across Africa, but Uganda, for example, has been very successful in limiting the spread of HIV. That has been achieved through joined-up government, inter-agency working and a nationwide campaign, which has been absorbed by everyone, on the need to understand the problems. When he was in Africa recently, my colleague Murdo Fraser saw a poster in his hotel that emphasised that staying a virgin was a serious message for young people. It was really saying that young people should remain virgins until they understood well what they were getting involved in.

In Scotland, we must examine closely abortion issues. I congratulate the Executive on not making the morning-after pill available in schools. Parents should be involved in any decision about medical attention for under-age children. The morning-after pill cannot be considered anything other than a chemical abortion; it is not a contraceptive. The pill itself does not solve the problem of sexually transmitted infection, which is a completely different issue.

I agree with the members who have said that, if we are to have services to cope with the problems that exist in this country, they must be accessible to all. During the debates about the National Health Service Reform (Scotland) Bill and the Primary Medical Services (Scotland) Bill, I expressed concern about the accessibility of such services in some rural parts of Scotland. I still have those concerns—the Executive has not responded fully to them.

The issue is about co-ordination and inter-agency working. There has to be the correct amount of funding, both for the schools that help the parents and in the community.

We welcome the consultation, but I would have liked more opportunity—which I hope will be available when the minister issues the next part of the consultation—for parents to give their input.

The only way in which the strategy can answer the concerns of parents and of Scotland's various faith groups is by ensuring that parents and school boards have control over sex education material. We would give school boards the legal right to veto any sex education materials. Parents should have the legal right to withdraw their child from sex education of which they do not approve.

Cathy Peattie (Falkirk East) (Lab): Will the member acknowledge that we must trust the teachers who work with youngsters? The idea that only parents can work with their children is nonsense. We see the proof of that because children are not being withdrawn.

Mr Davidson: Let me reassure the member that I said that parents should be able to approve the materials that are used in schools and the type of education that is delivered by schools. There is a parental responsibility. Parents have a choice about where their children go to school. Regardless of what you think is happening—I apologise to the Presiding Officer for speaking to the member rather than addressing her through the chair—the fact is that parents have the responsibility. If parents choose in an educated manner to allocate some of that responsibility to schools, they have that choice but it should not be forced on them. Parents should have the right to remain responsible for their children.

I welcome this discussion, which I appreciate has only just started, and I look forward to seeing what the Executive will eventually propose to the Parliament.

15:06

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): This is an unusual debate, in that, instead of addressing a specific motion that requires a decision, we are straightforwardly examining the issues, as we do regularly during members' business debates. If I may strike a slightly discordant note, I am not convinced that that is the best way to provide parliamentary scrutiny on this important issue.

A healthy sex life is an important and enjoyable part of people's lives. The reference group's proposals, which were published in October in the consultation document "Enhancing Sexual Wellbeing in Scotland: A Sexual Health and

Relationships Strategy", should be welcomed by all—as I am sure that they are.

I have time to focus on only one aspect of the reference group's work, which is the recommendation on page 31 that

"There should be a consistent approach to sex and relationships education across Scotland."

We would not have that if David Davidson had his way.

The group goes on to recommend that the approach should be

"introduced in pre-school, based upon pre-school health guidelines, built upon throughout primary school as part of 5-14 health guidelines and developed through to school leaving age".

Evidence was presented to the group that not all children and young people have access to comprehensive school-based sex and relationships education. That must be put right.

One way to do that is to have local sexual health and relationships co-ordinators to ensure that there is equality of access to services and information across all population groups. Normally, I am not very convinced of the co-ordinator approach to tackling issues, although it seems to be the focus of so many Government initiatives. I know that we have fat tsars, exercise tsars and drugs tsars—tsars for all occasions—but, in this case, I am convinced by the group's recommendation for local sexual health co-ordinators to ensure that proposals to identify and improve access for all young people are implemented as an essential part of an effective strategy to achieve the required level of change. That recommendation is essential.

The group found that, despite the fact that the role of parents and carers is important—as David Davidson has emphasised—and although young people report that parents are one of their main informants about sex, most young people do not talk openly to their parents about sexual health. Indeed, the group also stated that, in turn, parents and carers find it difficult to discuss sex and sexual health issues with their children. The approach taken to discussing issues and the way in which parents talk about sexuality is as important as what they say.

Therefore, the partnership approach among parents, schools and health services is essential. Parents must take a more active role in school-based sex and relationships education. I am convinced that, although it is indeed the duty and prime responsibility of parents and carers to educate their own children in that area, the state also has a responsibility and a real role to play in ensuring that everyone has equal access to all the information and the services that they require.

I want to spend a little more time dealing with the development of closer links between schools and clinical services, which is identified on page 33 of the group's report. While the group stated that the evidence presented to it clearly showed that school-based sex and relationships education is most effective when linked to health services, it also reported that that was not happening consistently throughout Scotland.

The group also made us aware that views were expressed to it that health services that incorporate a sexual health element should never be available in schools, but other views were expressed that in rural Scotland there are no other easily accessible locations. I am disappointed with that aspect of the group's findings, since it seems to have ducked the issue. It made no specific recommendation to the Executive. We can all speculate as to why the group shied away from making a specific recommendation on that point but, whatever the reason, I am surprised that the nettle was not grasped more directly. I hope that when he comes to draft the Executive's policy, the minister does not similarly shy away from doing the right thing.

It is made clear almost everywhere else in the report that there is a duty on the Government to ensure equality of access to information and services for all our people, whether young or old. I hope that the minister will not duck that issue for fear of sections of the so-called popular press or of vested and powerful interest groups, which can—and, indeed, do—shout the loudest on so-called moral issues. Moral courage from politicians in this chamber is required. We should be doing what is right for all the people of Scotland—everybody, of all ages—and we should not shy away from that.

I am conscious of time, Presiding Officer. I could address a number of other issues in the document, but I will focus on the way ahead, as outlined in the document. I agree that, with the one exception that I outlined, the strategy is ambitious and wide ranging. It sets out a long-term programme for achieving a society in which people have the knowledge and skills to make informed and responsible decisions about their sexual and personal relationships. It is a good start to the Executive's consultation.

Governments cannot improve sexual health or change behaviour on their own. Parents, carers, local authorities, the media, faith organisations and the voluntary sector all play an important part. Individuals themselves obviously play the most important part by taking responsibility for their own actions and managing their own sexual health and relationships with others. What we as politicians across the chamber can do is set the framework that is necessary for that to take place. With the one exception that I mentioned, this is a good

framework and, from the Liberal Democrat benches, I have no hesitation in supporting the recommendations.

15:13

Patrick Harvie (Glasgow) (Green): I, too, generally welcome the strategy and the debate. I ask members to welcome to the gallery some of the members of the cross-party group in the Scottish Parliament on sexual health.

As I am sure I have mentioned before in the chamber, in the time that I spent working in the sexual health field it was not far off a national joke that we had no sexual health strategy for Scotland. It was long perceived as necessary and overdue, so it was terrific to see the strategy. Nobody in the field will argue that such a strategy is not needed. It is also welcome to hear today the Minister for Health and Community Care broadly endorse the strategy. Some of his words in a previous debate, when a statement was made on the publication of the strategy, were perhaps ill chosen; they gave people cause for concern that the minister was trying to distance himself from the strategy, but I am pleased that the language around that changed today.

However, there remain areas where there is a substantial need to improve on what we have before us. As I am sure many members will mention, the main issue is resources. There is a broad feeling in the field that that is a key issue. There must be a commitment early on to specific and substantial resources. There is also the issue of the interpretation of some aspects of the strategy. Much of the strategy requires interpretation by the reader. Although the strategy places items on the agenda, it fails to prioritise them and could occlude the way forward.

Perhaps the implementation of the strategy needs to take account of the specifics as well as the broad sweep. I will mention a few of the specifics, then move on to some of the deeper-rooted issues. In particular, paragraph 4.20 places a requirement on national health service boards to work jointly with education departments, but the requirement is not reciprocal. I would be pleased to hear about any existing reciprocal requirements on education departments, but in the strategy as it stands the requirement is only in one direction, which could mean that successful joint working does not take place. There is also vagueness about how we should target specific groups, some of which have been mentioned. The field as a whole is aware that we have not quite got to grips with how we target the sexual health needs of, for example, older people, including newly single people.

The young remain an important target group because if we can influence attitudes to sexual health and well-being from an early age we can make substantial and lasting progress. There is a lack of clarity over how we can ensure that all Scotland's young people, whatever school they go to, have their rights to sexual health and relationships education upheld, especially given that we have no single curriculum. Religious schools are not the only issue here, but they are an important issue, which it would be wrong to duck. For example, how can a Catholic education service ensure that its lesbian, gay and bisexual pupils are at no disadvantage in sexual health and relationships education if the discredited theory that homosexuality is a disorder continues to be promoted? I am not arguing that there is no possible solution, but I have to ask the question because the answers are not yet apparent.

Engaging parents is also important, as Shona Robison has mentioned, but I believe strongly that the approach promoted by the anti-sex education group Not With My Child must be challenged. This agenda must not come to be dominated by the tiny minority of parents who oppose sex education in principle. We must also challenge some of David Davidson's comments. Perhaps one of his party colleagues will at some point explain to us whether he would give parents the right to veto resources that endorse equality on that basis. We do not give parents the right to veto anti-racist material; why should we give parents the right to veto material that is anti other forms of inequality?

Mr Davidson: I probably did not express myself very clearly. What I am saying is that parental responsibility means parents being responsible for educating children for whatever they might come up against in their lives. That has nothing to do with equality. It should be the norm. Presumably, most Christian families will bring up their children to recognise that any stigma that exists is not the way forward. I did not say that those children would not receive education.

Patrick Harvie: It was certainly implied that parents should be allowed to veto resources.

At heart, we must endorse the sex-positive approach. Sadly, however, we live in a highly sexualised society. Aspects of our mass media create a negative form of sexualisation. We must have a positive understanding of what sex and sexuality are in our lives. Lust, as Simon Blackburn, professor of philosophy at Cambridge has recently argued, is still perceived in negative terms. He wants us to reclaim lust as a virtue, not a sin. As he writes,

"Lust has wrongly been understood as the desire of wanton or excessive pleasure. A lust for power is not merely the desire to control one's own life but to impose power on other people."

He continues:

"If we associate lust with excess and surfeit, then its case is already lost. But it is a cheap victory: excessive desire is bad because it is excessive, not because it is desire."

I am sorry that I have not had time to move on to the question of "abstinence plus"—language that is highly problematic and implies the United States-based approach in which abstinence is seen as an end in itself. We must have a clear commitment that comprehensive sex education is the way to go. Abstinence plus is suggestive of something quite different.

15:20

Des McNulty (Clydebank and Milngavie) (Lab): I am not sure how to follow Green theories on lust, but I will try my best.

It may be an unfortunate coincidence that Glasgow's clinic for the treatment of sexually transmitted disease used to be in Black Street, which tended to be whispered about rather than mentioned out loud. The words "Black Street" had a symbolic resonance in a culture where sex itself, never mind sexually transmitted disease, was for many people an uncomfortable subject for discussion that was often accompanied by nervous laughter.

I am sure that the services that were provided at Black Street were excellent, but information about how to access them and even about the clinic's whereabouts was not widely disseminated in Glasgow, even in places where people might expect to find such information, such as general practitioners' surgeries and public libraries.

It is regrettable that we have not moved on sufficiently from attitudes that all too often made people reluctant to seek advice and treatment. Even though the document that we are discussing today is the only report that I have seen arrive in the Parliament shrink wrapped—it looked like a top-shelf magazine in the Scottish Parliament information centre—it marks an important step forward in normalising how we deal with sexual health, which everybody accepts is a vital health issue for Scotland.

We know that problems exist—the minister outlined them. As well as preventing the spread of sexually transmitted disease by rapidly identifying and treating symptoms to prevent longer-term damage, we have serious problems with the rising number of teenage pregnancies. Both those problems demand people's willingness and openness to talk about sex and sexual health properly and to do so in the context of relationships and values in our society.

We need accessible services that adhere to confidentiality requirements and are staffed with people who are fully trained and supported to provide excellent services. We must put across clear messages about sexually transmitted diseases, their prevalence, the available treatments and the consequences for individuals if those diseases are not properly treated timeously. We must provide accurate information about risks, about how diseases are transmitted and about how to avoid or minimise those risks.

Those who watched television on Monday night might have seen a programme about sex education in Texas that summed up effectively how an approach that is based on misinformation can fail abjectly to meet the needs of thousands of young people. That was clear from the evidence that was presented.

The information that we give our young people must be accurate and suitable for their needs. It is important to have strong co-operation among health professionals, educators and others. They have the difficult task of making appropriate information and support available to our young people. The range of backgrounds, maturity and experiences in any class of young people in one of our schools and the complications of dealing with relationship issues alongside health issues mean that those whom we charge with that responsibility need to show great sensitivity in gearing the information that they provide to individuals' needs.

In that context, one of the most vital issues for discussion is respect for others, for our bodies and for values. The Executive's document does an excellent job of drawing together those strands and focusing attention on the measures that we must put in place to deliver an effective package of information for young people on relationships and sexual health.

I hope that respondents to the consultation focus not only on what is in the document, but on what in the document can be built on and on how we can more effectively deliver education about relationships and sexual health that is appropriate to each child's needs and supports the vital role that parents should play in such matters, especially with younger children.

It is incumbent on ministers to provide strong leadership that ensures a consistent approach throughout Scotland. The document contains some evidence that some authorities have been more reluctant than others to meet their responsibilities to young people. I hope that that will change as a consequence not only of the document's publication, but of the action that ministers must take after completion of the consultation process.

I agree with the reference that Shona Robison made in her speech to the need for more data and information. Relative to the situation of 20 years

ago, however, much more information is available about levels of infection and behaviours in relation to the risk of infection. We have much more to go on today than we had in the past and, indeed, there is more good practice on which we can build. There is a stronger base on which to provide services and better information, not only to young people but to everyone who requires that.

Our strategy has to be one that caters for the needs not only of young people but of the whole population. We need to focus on the needs of men and women; older people as well as younger people; people with disabilities; and members of our black and ethnic minority communities. All those groups might have slightly different service delivery requirements.

There is good practice in Scotland. When I was involved in the healthy cities project in Glasgow, the centre for women's health in Glasgow did an outstanding job in providing an integrated set of services for women in the city. We can build on such work.

The document is important. It lays a foundation on which we can take action. I hope that, once ministers get the responses to the consultation, they will show clear leadership and decisiveness in ensuring that they implement the best possible services that are required for our society.

15:26

Christine Grahame (South of Scotland) (SNP): I am pleased to take part in this discursive debate. The first of the issues that I want to touch on is probably the most obvious—the reduction in the number of unintended pregnancies. I say that that is the most obvious because young Scottish women have such a bad record in that respect in comparison with the rest of Europe.

The summary document makes the interesting comment that

"teenage pregnancy is associated with low aspirations, few perceived opportunities, lack of knowledge and skills, and mixed messages that suggest sex is the norm".

I completely endorse that view. How often have we seen, as we go around the supermarket, a young girl hardly into her youth pushing a baby around in a buggy with her pal beside her? There is sometimes a young man in tow, but often there is not. We know when we see her that she is in a trap of poverty and hard work. She may have no one to relieve her of the hard work of looking after the child. Although it might have seemed to her at the time that being a mother gave her some kind of status and although she might have enjoyed playing mummy for a bit—buying baby clothes and doing things like that—the situation soon became a harsh reality for her.

That situation has much to do with low aspirations and social background. It is about people not being there to help at the right time, whether that is at school, in church or in the wider community. I am thinking even of young women's parents. The problem is huge and cuts across all portfolios.

The document refers to media and mass communications. It says:

"Sexual imagery pervades many aspects of modern society and is often used to sell products".

How true that is. It continues:

"The portrayal of sex and relationships in the media sometimes reinforces stereotypes and ignores risks associated with sexual behaviour."

I agree with that, too. However, the problem for the Parliament is that so much of that area is reserved.

I am neither a prurient person nor am I a censor, but I believe that images are shown on "Neighbours" and "EastEnders" in order to titillate and to create sexual tension. That is also the case with the voyeurism of the so-called reality programmes, such as "Big Brother". All those programmes shamelessly use sex simply to increase viewing figures. Many of them are shown at times when young people and children are watching television.

Tommy Sheridan (Glasgow) (SSP): Does the member agree that there is a danger of hypocrisy on this issue? Perhaps some of the most titillating images and experiences are to be found in the music industry. Many of us went out of our way to congratulate Edinburgh on attracting a certain music awards ceremony to the city. However, the essence of that part of the music industry is its use of sexuality to sell a product. We have to watch that we do not become hypocritical in moralising and condemning on one hand and congratulating on the other.

Christine Grahame: I share that view. In programmes such as "Top of the Pops", some of the camera angles leave little to the imagination. However, "Top of the Pops" is on at 7 pm, when many young children—even toddlers—are around. I am not one for censoring things, but the 9 pm watershed has become an absolute nonsense. Much of what is on television nowadays makes one wonder whether the watershed is in place any longer.

We cannot even walk along the street without being assailed by sexual images. When we pass a bus shelter, we see a scantily clad woman on a poster selling God knows what, whether we wish to see it or not—we do not have a choice. Young girls and women see images of sex and not of relationships. Girls as young as seven, eight and

nine buy clothes to dress like their peers and the role models whom they see on "Neighbours", for example. They are losing their childhood before they have even grown out of it.

We must consider images and the wider culture. I would like the minister to say how the Executive is co-operating with Westminster on the media, advertising and the use of the watershed.

David Davidson talked about parents. I thought that it was disappointing—I am sure that parents did, too—that they were not considered to be experts: in the list of contributors to the expert group, no parent group is mentioned. Mike Rumbles is checking the list, but I am sure that that is the case. Parents are now being asked for their views. All parents are experts, although there are good and bad parents.

Patrick Harvie: Does the member accept that it would be extraordinarily difficult for the expert panel to include a representative who could reflect the broad range of parents' views, from the extreme views of the group that Shona Robison mentioned to the more liberal and progressive attitudes of the majority?

Christine Grahame: With regard to practicalities, perhaps a questionnaire could have been sent to parents who wished to take part, to elicit data on their views without—

Patrick Harvie: It is an expert panel.

Christine Grahame: I know that it is an expert panel. However, why are parents not considered to be experts in their own way? There is a range of opinion among experts in any field. I do not entirely accept the member's point. There are means of including parents' views. The minister has made an omission, which I hope he will address.

Finally, I refer to the McCabe report—it is not by Tom McCabe, but it is by Mike McCabe, who is the chairperson of the working group on sex education in Scottish schools. The report is extremely useful; a lot of hard work is done in schools on the issue. How does that report fit into the strategy, which cuts across not only health and education, but social work? I would like to know how much cross-referencing has been done with the working group on sex education in schools.

15:32

Mary Scanlon (Highlands and Islands) (Con): I am delighted to speak in the debate and to be able to raise an issue about which I take every opportunity to speak—low fertility rates in Scotland. The registrar general has recently raised the issue, too, and research has been done on it by the University of Aberdeen.

I will concentrate on the relationship between chlamydia and fertility. There are many reasons why some couples choose to have no children and why others choose to have one child or small families. However, the problem of men and women being unable to conceive children is increasing.

I am pleased that the strategy acknowledges the increase in the incidence of sexually transmitted infections. Paragraph 1.3 states:

"Sexual wellbeing is not just about the absence of disease or unintended pregnancy."

Any sexual health strategy should be combined with a reproductive health strategy, as is outlined elsewhere in the document, including at page 51. However, the link is not strong enough.

The Minister for Health and Community Care commissioned the national sexual health strategy with particular reference to measures to reduce unintended pregnancies and sexually transmitted infections. I would like the strategy also to focus on intended pregnancies and the effect of chlamydia on infertility. As the minister suggested, rates of chlamydia increased by 41 per cent in 2000-01 and by 12 per cent in 2001-02, although some of that increase can be put down to better diagnoses. However, the increase among females under 16 is particularly marked. The infection is symptomless, so many people—men and women—go through their lives totally unaware that chlamydia will prevent them from having children in future.

We now have the morning-after pill, Levonelle, as well as condoms and peer pressure—the emphasis at the moment is on avoiding pregnancy. Many youngsters may be confident that, as long as they are not among the statistics for teenage pregnancy, they are all right; they may think that pregnancy is the main issue.

In addition to having a strategy on unwanted pregnancy, we must be more aware of fertility problems later in life, particularly given that people are marrying later—the average age at which people marry is now 28 to 30—and that many people are starting their families later in life. Naturally, couples often wait some time to build their home before thinking about a family. They may also wait some time before seeking help on fertility problems, which is not to mention the waiting time to see a consultant. There are more second and third marriages, so many people are 38 years old before fertility issues are wholly identified. I am sure that the minister, like me and many other members, has had people at his surgery asking why they cannot be funded for fertility treatment after 38. That simply is not allowed in the national health service.

For that and other reasons, although we have to talk about unwanted pregnancies and sexually transmitted diseases, we also have to tell young people that they should be aware that chlamydia is a symptomless infection. If they are not tested, they may not be able to have a child when they want one. For many people, by the time they ask for help, it is too late.

Often, men and women are reluctant to seek help on fertility issues. They carry the burden that they are letting their partner down. For many women and men, the issue is complex; they feel that they are not quite a complete male or female because they cannot reproduce. I ask the minister to be sensitive to those complex feelings and to include those issues in his strategy.

I raise those points because I would like the strategy to place more emphasis on intended pregnancies as well as on unintended pregnancies. There must be more emphasis on the fertility issues resulting from the increase in the incidence of sexually transmitted diseases, particularly chlamydia.

Box 8 of the strategy is entitled "Interim national clinical service targets for chlamydia". Out of nine targets, seven of them use the word "should". For example, the list of targets states:

"Each NHS Board should increase chlamydia testing … NAAT should be used … 90% of individuals diagnosed with chlamydia should be treated within four weeks".

However, only one of the nine targets uses the word "must". If the consultation is serious, I ask the minister to look again at those targets to ensure that they cover reproduction. The targets on chlamydia should also be firmed up to cover fertility issues.

15:39

Susan Deacon (Edinburgh East and Musselburgh) (Lab): I welcome today's debate and the publication of the draft sexual health strategy, which is an important milestone. Like other members, I welcome the strategy's holistic approach and its emphasis on relationships, values, culture and education, as well as on services. However, the strength of that all-embracing approach could also be the weakness of the document. There is a danger that the strategy could try to be all things to all people. The Executive must address that issue when it issues its response. There is even—dare I say it—a danger of the strategy lapsing into somewhat impenetrable technospeak.

I say to members, to people outside the chamber and to members of the press who may regard this as a fringe debate about political correctness that we must remember the human realities that lie at the heart of the issue; we must remember that the issue affects each and every family and community in the country. The debate is about teenagers who are grappling with dilemmas in their relationships and are bombarded with sexual imagery on television, through music and the internet and in the soaps. It is about parents who are concerned about the well-being of their youngsters and are struggling to know how best to talk to, advise and protect them. It is about young and not-so-young women who have unintentionally fallen pregnant and are torn in deciding whether to have a termination.

As has been said, the debate is also about couples who are desperately trying to have a baby and are worried about whether either of them might be infertile. It is about the person whose only reminder of their holiday romance is a pretty nasty discharge and sleepless nights worrying about whether that discharge is only uncomfortable and embarrassing or whether it is life threatening. It is about the woman waking up the morning after the night before, when she had a few drinks too many and a fling that went too far, terrified that she might have caught an infection or be pregnant. It is about young people starting to come to terms with the fact that they are attracted to members of the same sex rather than the opposite sex and, as a result of that attraction, get beaten up in the playground and abused. It is about teachers wanting to know how best to handle such situations and what to say to their pupils.

The debate is also about the many people who live with the physical and emotional consequences of coercion. It is about the child who knows that their uncle's advances and his little secret are not right, but does not know to whom to turn and is frightened of saying anything. It is about the woman who is already emotionally and physically bruised by rape and discovers that she is pregnant or HIV positive.

Such things are not only part of the storylines of soap operas; I am talking about the real life stories of Scots in our communities and about events that happen every day, week and year. Those people are at the heart of the debate.

I welcome the minister's continued commitment to the publication of a national sexual health strategy and the tone of his comments today. However, we need to see the muscle and the money that are needed for the implementation of the strategy. The litmus test is whether the Executive will back the implementation of the strategy with additional resources.

I know, probably better than most in the chamber, that people in every area of health want more money and that it is impossible to respond to every demand. However, I truly believe that if the strategy is not backed by extra money, it will

simply not come into effect. There are too many more powerful and vocal demands and too many issues that are easier to discuss and act on.

I have said this before in the chamber, but it bears repetition: we must remember that there will never be a powerful patient lobby for sexual health. Not many people will write to their MSPs to complain about the fact that they have had to wait for months to get their genital warts seen to. We should make no mistake: the subject will never be a mailbag issue. However, it is vital that we do not respond only to those who shout loudest. We must realise that the issue is not just about the priority of sexual health in relation to other health issues, but about determining the priorities and actions within the parameters of sexual health policy itself. The statistics tell their own story, even if the people behind the numbers choose, for good reasons, not to do so.

The time for analysis is over and the time for action is now. We know what needs to happen, but it needs to be made to happen. We should spend no more time on consultation, analysis and wheel reinvention, but consider, for example, the ground-breaking work that the healthy respect project has done with young people, including on chlamydia testing, and the picture that it has developed in consultation with young people about what they want from sexual health services. That work does not need to be reinvented across 14 health board areas.

We should look again at the McCabe report, which has been mentioned. It was published more than three years ago, but too many of its recommendations have still not been implemented. We should consider another commitment that is more than three years old—the commitment to expand and develop the role of school nurses in the sexual health area. We are not even beginning to exploit the full potential that exists. Let us also look at our genito-urinary medicine clinics, which demonstrate good practice but are creaking at the seams under the current demand for their services. Let us consider our voluntary sector services, which are excellent in some communities and non-existent in others.

We know what works and we know what can and should happen. The strategy must be driven forward. I would like ministers to show the energy and enthusiasm on the issue that they have shown on so many other aspects of health policy. We need urgency and momentum behind the strategy and we need clear plans, timetables and action.

The improvement of sexual health is one of the biggest challenges that we face, but it is also one of the biggest opportunities. With the will, the leadership and the investment, real change can happen. If all those things come together, the Parliament and ministers will earn the healthy respect of certainly a vast majority of the Scottish population.

15:45

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): It is a pleasure to follow Susan Deacon, who has been a consistent and passionate advocate on the issue and who does credit to the debate.

I will focus my remarks on two areas. The first is the availability of information on sexual health issues, in particular for young people. The second is the slightly wider issue of the administrative framework through which we expect the strategy to be implemented.

I join colleagues in commending the expert reference group, which was established in 2002, for its work in drawing up the sexual health strategy. The group represented a wide range of interests, from pharmacies to faith groups, which is also to be commended. After the end of March, we will have the public response to that work, which will make fascinating reading.

I recently had the pleasure of giving an interview to a youth project in my constituency, as part of a video on young people's views on health issues—I was flattered that the interviewer should think that I was youthful. I was asked frank questions about access to services and information and about trust. We have become accustomed to talking about what concerns young people, but we do so from our own, prejudiced viewpoints, so it was fascinating to hear the young people's perspective on the reasons behind the problems that the strategy seeks to address—the minister painted a picture of those problems at the beginning of his speech.

Many young people, in rural and in urban areas, find it difficult to access services that offer advice on sexual health. The strategy touches on the difficulties for young people in rural areas, but I am sorry to say that it does so all too briefly—in paragraph 4.60—although I know that the report applies to the whole of Scotland. It is challenging enough for a young person to pluck up the courage to discuss a sexual health matter with their elders or with people who are unfamiliar, but, perversely, it can be even harder to find the courage to discuss such matters with a health worker who is known to the young person or their parents. In some families, there are serious consequences for children who merely access information on such matters.

Paragraph 4.5 of the strategy says:

"In Scotland like the rest of the UK, there is a lack of clear, accurate information and open, non-judgemental environments in which individuals of all ages can form their views and develop knowledge about sex, sexuality and sexual health and make their own appropriate choices."

That is the most powerful paragraph in the document.

One avenue that has opened up in recent years and has helped enormously to address that problem is provided by the internet. We hear much of the dangers of new technology and we have spent much time in the chamber considering those dangers. However, the internet has the potential to deliver information on health in a way that its audience can access easily and on their own terms. Websites such as youngscot.org and caledoniayouth.org are excellent examples of the effective presentation of high-quality sexual health advice. The healthy respect website, which has been mentioned this afternoon, is another excellent example of the provision of advice and statistical and practical information. It includes, for example, information on community pharmacies that participate in the EC72 scheme, which makes emergency contraception available from some pharmacies in Lothian to women aged between 14 and 25. The scheme is free and completely confidential and it is available to those of my constituents who live in Midlothian.

I endorse Rhona Brankin's comments on the need to continue the healthy respect initiative. The issue is not free from controversy, but websites such as the ones that I have mentioned should be promoted and made known to workers in the field and to young people. Youth projects in the Borders are keen to develop more materials, both online and on CD-ROMs. Such tools are good not only for disseminating information, but for receiving feedback from users. It would be useful for me and my colleagues to see the responses to the websites that I mentioned. I hope that the Executive will do more in that regard, given the interest of the young people who are using the websites. The websites are most effective when they link with centres, such as the Brook centres, that make counselling sessions available for young people who need support on any sexual health matter.

We have heard about the images that we see on television. However, some of the plot lines in "EastEnders" and "Coronation Street" over recent years have brought to the fore issues that have never been debated in such a context, such as HIV and teenage pregnancy.4779

I welcome the draft strategy, but I look forward to continuing work in the area—crucially, on the administration that is required to implement the strategy. My fear is that all the good work will go ahead without being fully subsumed into existing networks. I was slightly disappointed that, of the five key aspects that the minister announced, the way in which the strategy will be implemented through existing networks was only the fourth. I would have thought that it should be the priority. I was encouraged by supplementary paper 5A to the strategy, which details how services can be integrated. However, I know that real resources will be needed—all members have touched on that—and it is vital that they are used at the most effective level.

All the hard work, all the initiatives and all the Government strategies will not be effective unless we have a real and mature debate. Government action alone will not change human nature, religious belief or ethnic custom. The strategy goes some way towards achieving those objectives, but all members have a responsibility to keep the debate going.

15:51

Carolyn Leckie (Central Scotland) (SSP): I welcome the speeches that have been made, with the exception of one or two. David Davidson is no longer in the chamber, but I will come back to him later.

I, too, broadly welcome the principles behind the strategy and the general approach that has been taken, although there are gaps, as will become evident at the conclusion of the consultation process. For me, the crucial aim, which other members have referred to, is to turn the aspirations in the strategy into reality. That requires everyone—no matter their gender or whether they are transgender and no matter their sexual orientation, and including young people and all school children—having the right to non-judgmental, confidential and comprehensive sex and relationships education and to linked and co-ordinated health services. Most important, it requires a commitment to core funding, with minimum and consistent standards of provision across the country.

The Executive must find the resources that are needed to make the strategy a reality. I do not understand why there should be any doubt that the policies proposed in the strategy would be cost-effective. Mary Scanlon referred to infertility. One case of untreated chlamydia could lead to a requirement of infertility treatment later at a cost of £20,000. That is just one example of the cost-effectiveness of backing up the strategy with the resources that are needed to implement it.

I welcome the strategy's acknowledgement of the negative impact of economic poverty on sexual health, which leads to the poverty of expectation that is demonstrated in the statistic—there are many statistics, but I do not have time to cite them all—that deprived young women are 10 times more likely to become teenage mothers than are young women who are not from deprived backgrounds. We should not blame such young

women individually and tar them as irresponsible, as a minority of people do. I have looked after lots of those young women in my career as a midwife; they have impressed me enormously with their stoicism, maturity and commitment to their responsibility. I therefore take issue with the tone of some of the comments that Christine Grahame made. Lots of those young women show wonderful commitment in dealing with the situation in which they find themselves. Instead of blaming them and seeing them as irresponsible, we should blame the sort of society that leads a significant number of women in their teenage years to conclude that the only way for them to feel valued or important is to become a mother.

In supporting the strategy's aims, we must also understand that, without the eradication of poverty and gender inequality, our achievements will be limited. They will also be limited if we do not tackle the double standards in our society whereby sex is regarded as a matter of titillation to be sniggered at. At worst, sex can be used by men to abuse and have power over women. As members have said, every tabloid competes to have the most provocative front page, on which women are reduced to body parts, with their faces often not shown. The general portrayal of sex is that it is something that is done to women—and the younger, the better—by men. There is also the problem of the general increase in pornography.

Such attitudes to sex are a monumental problem for society. They place huge pressure on everybody, particularly the most vulnerable; they distort relationships and contribute to young people's negative experiences, to which the strategy document refers. The strategy must be based in reality. A just-say-no attitude and a religious or so-called moral perspective—which David Davidson encouraged—mean only that heads are buried in the sand. That is just not on.

I am concerned that the local consultations to which the strategy refers might lead to unequal access and provision. That must be tackled head on. Every child and person in the country, no matter what school they go to or what community they live in, should have equal access to advice and provision. Sex should be a consensual and mutually positive experience. Everyone should be respected and no one should be abused.

As I said, I believe that the Executive must commit to providing core funding, but I will refer quickly to some other specific areas of concern. The strategy refers to seamless services and how agencies can join up. We must take account of the joint future experience, both positive and negative, in planning how to achieve that. On terminations, we must eradicate the ability of individual consultants to frustrate access on the basis of their own value judgments. We must meet the target for every woman to have access to a termination within one week and we must ensure that women and staff are free from harassment. We must put terms such as "social gyn" into the dustbin where they belong. In the context of terminations, we must cater particularly for the specific needs of women who suffer domestic violence.

We must ensure access to emergency contraception. The phrase "morning-after pill" is unhelpful. I am worried about the centralisation of gynaecological services and fear that access to emergency contraception will be reduced. Such contraception must be free and we must increase its availability. I am worried about the primary medical services contract and who will fund the additional and enhanced services. Will access be increased?

We must move away from the unequal portrayal of sexual activity and relationships and recognise the rights of all to sexual well-being. We must enshrine the rights of all to comprehensive sex and sexual relationships education throughout their lives. We must deliver enough resources through core funding to deliver the strategy's objectives. Isolated, shining examples are not enough.

There are many other issues, which I do have time to cover. To turn the strategy's words into reality and to realise its objectives, we must ensure that there is adequate funding and that facilities and staff with appropriate training and skills are in place.

15:58

Cathy Peattie (Falkirk East) (Lab): Women of my age or my generation will recall the sexual advice that they received when they reached a particular age. We got a pack that contained Dr White's and a wee funny belt, and we were told to stay away from boys and to say no at all costs. If some poor woman got pregnant, she was said to have got herself pregnant, which was always a mystery to me.

I welcome the debate and the document "Enhancing Sexual Wellbeing in Scotland: A Sexual Health and Relationships Strategy". I am pleased that its approach to sexual health acknowledges explicitly the importance of relationships. If we hope to reduce unintended pregnancies and the spread of sexually transmitted infections, it is essential that we do not approach them in isolation from their social and cultural context.

Dealing with relationships must be more than an adjunct, however essential it is. It must be an integral part of the sexual health strategy. Indeed, the strategy's holistic philosophy reflects the World

Health Organisation's definition of sexual health, which refers explicitly to respect for relationships and people's sexual rights. The strategy is one in which all parties need to be involved. We need partnerships at personal level between young people, their parents, carers, schools and so on. We also need partnerships at organisational level between various services, including voluntary and statutory services.

The strategy must stress the importance of strong, stable and loving relationships, regardless of the particular relationship or family structure involved. We must remove the social, cultural and physical barriers to sexual well-being and the strategy must recognise and address the diversity that exists in our society. We need to ensure that people have access to appropriate services and information whatever their socioeconomic situation, sexual orientation or ethnic background or whether they are disabled.

Health inequalities persist: low income is associated with poor health generally and sexual health is no exception. That can be seen in a variety of factors, including the age at which sexual activity starts, the use of contraception and the incidence of STIs. As we have already heard, birth rates in the poorest areas of Scotland are 10 per cent higher than elsewhere and that disparity increased in the 1980s and 1990s.

Many groups face multiple barriers, especially the members of groups who live in deprived areas. I have in mind children of teenage mothers and male and female prostitutes. Young people are also vulnerable, particularly those who are in or who are leaving care, those who have educational problems and young offenders. We need to broaden the scope of our services to ensure that the strategy is fully inclusive and strives to enhance sexual well-being throughout Scotland.

I look forward to the outcome of the consultation and to the implementation of a realistic and sound sexual health strategy that serves all our communities.

16:02

Lord James Douglas-Hamilton (Lothians) (Con): I welcome the tone of Cathy Peattie's speech. I cannot help recalling a time some years ago when I visited the home of the late Nicholas Fairbairn and saw what appeared to be some exquisite little pictures, which, on close examination, were revealed to be scenes from the "Kama Sutra". If I may say so, scenes of that nature are the form of sex education that our children should most certainly be spared. The same goes for much explicit material, which is certainly not appropriate in schools.

I welcome what David Davidson said about the need for, and desirability of, caring relationships. We are well aware that, in relation to education, the expert reference group is backing the McCabe report and is calling for its full implementation. It is significant that the McCabe report mentions that inclusion of parents is crucial. I am glad that the minister, Malcolm Chisholm, has reassured parents that they will be consulted on sex education and that all sex education materials must be appropriate. However, the guidelines and guidance of the Scottish Executive have no statutory authority; they constitute merely advice. Councils have discretion to consider using any materials that they wish.

Published reports have shown that sex education under the guise of family planning is failing to reduce unwanted pregnancies. Researchers have said that the £600,000 trial of the SHARE—sexual health and relationships: safe happy and responsible—programme had failed and they revealed that schools that took part had reported a rise in the rate of unwanted pregnancies.

In those circumstances, the conclusion in the summary proposals of the Scottish Executive on page 9 of its document is welcome. It says that

"a more robust national and local framework is required to support the development of a consistent approach to"

sex and relationship education

"across Scotland and to equip parents, carers and professionals to help make this happen."

Susan Deacon echoed that theme.

Mike Rumbles: The proposal to the Scottish Executive states:

"NHS Boards have a duty to ensure that all young people have easy, open and confidential access to holistic health services that meet their needs."

Could Lord James tell us where the Conservatives think that that access should be located?

Lord James Douglas-Hamilton: I accept the principle that there should be easy, open and effective access to health services. This afternoon, however, I am dealing with education, a subject that is closely associated with health.

I welcome the fact that the Executive has ruled out the use of the morning-after pill in school settings. Parents need to be involved in decisions that their children make, and the Conservatives believe that school is not the safest, not the most appropriate and not the most sensitive environment in which to prescribe the morning-after pill. Prescription should not happen without proper counselling and parental involvement; the difficulty is that, at present, councils can use whatever materials they desire.

The only way to satisfy the concerns of parents

and people of various faiths is to hand more influence and power to parents and school boards. As David Davidson said, we should give school boards the legal right to veto any sex education materials and we should give parents the legal right to withdraw their children from sex education. We have far more confidence in the realistic approach of parents and school boards than we do in the politically correct bureaucracies that are found in Scotland's council education departments.

Carolyn Leckie: Does Lord James Douglas-Hamilton not accept that we have a responsibility to ensure that, if a child is in trouble and—for whatever reason and despite best intentions—they do not want to speak to or seek advice from their parents, a responsible, professional, knowledgeable and non-judgmental person should be available to support the child and provide the services that the child needs?

Lord James Douglas-Hamilton: I made it clear that the child concerned should receive proper counselling but, in the vast majority of cases, parents should be involved and should not be excluded automatically, as Carolyn Leckie seems to think might be appropriate.

Despite all the guidance from Government and the educational establishment, sex education has become more explicit and invasive. We still have concerns about some of the more sexually explicit material that is available to primary school children and about some of the material that is distributed to school children generally. Our solution would be to place more decisions in the hands of parents and school boards. Scottish parents feel that such decisions should be within their jurisdiction.

16:07

Ms Sandra White (Glasgow) (SNP): I thank the minister and the expert reference group, not only for the report, but for the opportunity to contribute to the debate and—if the minister is taking on board everything that is said—to influence the final strategy. As other members have said, a strategy to address the serious issues that we have in relation to sexual health in Scotland and the serious pressures that are put on our young people—not only peer pressure, but media pressure, which David Davidson discussed eloquently—is long overdue.

I have always been an advocate of the promotion of good citizenship in schools; indeed, I have spoken to the Scottish Youth Parliament about that. We all know that good citizenship takes the form of young people respecting not only themselves, but those around them, regardless of their creed or anything else. From one of the papers that I have been given, I noticed that the Zero Tolerance Charitable Trust shares that view. The trust includes it in a programme called respect, which I believe the minister mentioned in his opening speech.

The minister also mentioned the appointment of a tsar—I do not know whether that person will be called a sex tsar—but I do not see the need for a tsar if good citizenship is put together with the Zero Tolerance Charitable Trust's respect programme and sex education is introduced within that programme. If we had a tsar, we would end up with lots of bureaucracy; I really feel that that would hinder the strategy rather than help it. I therefore ask the minister to take on board the suggestion that we amalgamate good citizenship education, the respect programme and sex education.

We all know and, I think, agree that the only way forward for Scotland and its young people in the long term is for young people to be taught from a very early age in schools and other places of education to have respect for others. That is something that members have mentioned, but we must also remember that with respect comes responsibility. It is Parliament's responsibility to ensure not only that young people know that information on sex education is available, but that they are able to access that information. It is a big problem that such information is not easily accessible.

I will pick up on points that several members made about the morning-after pill. I also have concerns about the morning-after pill in relation not only to its supply in schools, but to over-the-counter prescribing of it. My main concern is about the long-term damage that the pill might do to young women's health. Our strategy should not just be about unwanted pregnancies; we should also monitor the long-term effects of certain contraceptives, particularly the morning-after pill. We owe that to our young people—we should not just introduce such things without monitoring their long-term effects. For a long time women have been used as guinea pigs in attempts to prevent unwanted pregnancies. I often wonder whether the morning-after pill is another example of that and whether in 10 or 20 years' time we will see more effects of it on young women. The minister should consider that as part of the strategy.

Des McNulty mentioned the Black Street clinic. He is right that nobody talked about it; it was hidden away and there seemed to be a stigma attached to it. That says a lot about the way we approach sex in general. For years in Scotland, sex has been spoken about behind closed doors and sniggered about in the playing fields or behind the sheds at school. We have to get away from that attitude; we have to make young people feel confident, responsible and respectful.

The report calls for a mass communications strategy, with which I could not agree more. I urge the Executive to say that there are excellent strategies out there; a lot of people do not know that the clinics involved exist. The Sandyford initiative, which is based at Sauchiehall Street, is excellent. Although a lot of people know about it, some do not. It runs outreach clinics, is city-centre based and has an open-door policy. It does not only provide for treatment of sexually transmitted diseases; it offers advice about such diseases, and every type of service to do with sexual health is available there. I ask the minister to consider the Sandyford initiative with a view to emulating it throughout Scotland. It is one of the best and we should do something with it. As Susan Deacon said, the strategy will not work unless money is available. I ask the minister to take on board the issues that I have raised.

16:12

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): They say that when it comes to sex there are those who do it and those who talk about it. I am not quite sure what that says about those of us who have been in the chamber today, or whether it sheds any light on what our colleagues who are absent from the chamber are up to.

As we have heard today, talking about sex is central to any sexual health strategy. We need to get around our natural—some would say ingrained—embarrassment if we are to communicate the messages effectively. One consequence of HIV and AIDS was that we were forced to discuss issues such as contraception. In the olden days it was different: using protection meant using a bus shelter and safe sex meant ensuring that our parents did not find out. When we were forced to face up to the reality of AIDS; when we started to see condom adverts on television and Government information campaigns about practising safer sex, a significant step forward was taken. We should acknowledge the role of the Conservative Government of the day in breaking down some of the taboos around sexual activity—although the Conservatives would not like to see themselves cast in that role today.

The debate has made it clear that work remains to be done. We have read that one in four young people has sexual intercourse before they are 16 and many of them regret it. Given that more than 50 per cent of parents do not talk to their children about sex and sexual health, that sexually transmitted infections are on the increase and that the teenage pregnancy rate in Scotland is among the highest in western Europe, the case for communicating a clear message on sexual health is strong.

We can argue about exactly what that message might be. For example, I might want more emphasis to be placed on the importance of relationships and on helping young people to raise their self-esteem and self-confidence, but someone else might want more emphasis on the mechanics, an issue that David Davidson spoke about. We can discuss such issues as the consultation continues, and continue it must. We need to get this right.

In the remainder of my time, I would like to make the case for communication—especially with younger people. I acknowledge at the outset that not everyone agrees that that is the best way forward. There is resistance, even to the issue of communication, never mind to the difficult issues that arise during that communication. Some people, for the commendable motive of wishing to protect their children's innocence, feel that the more we educate children about sex, the more likely they are to become involved in under-age sex. I am not sure about that argument. Pupils in Inverclyde get about six hours of sex education a year and about five hours of maths a week. If that argument is correct, we should have more mathematicians than young mothers. I suspect that other factors may be at work. I do not accept that there is a proven link between sex education and increased under-age sexual activity. Rather, I believe that arming young people with the information that they need to make good choices, and giving them the confidence to exercise those choices, will give them more protection than they would otherwise have.

That said, it is wrong to think that all communication should be left up to schools. Parents must and should play a role. There must be a partnership between the classroom and the living room. We cannot leave that too late. We have more chance of having meaningful dialogue with Beagle 2 than we have with a 16-year-old about the facts of life.

I will conclude with this point: if we do not communicate, someone else will. If we do not give our kids the facts, they will seek them out elsewhere. I hope that the strategy will, with the good will and support of the Executive, ensure that, if nothing else, our young people no longer need to resort to that.

The Deputy Presiding Officer (Murray Tosh): We come now to the closing round of speeches. One member has withdrawn from the debate, so I can increase the time allocation to the closing speakers. I call Margaret Smith. You may have eight minutes.

16:17

Margaret Smith (Edinburgh West) (LD): I welcome the chance to speak in this debate, which has been rich, powerful, diverse and

positive—as befits a debate on sexual health and sexual activity. I was moved by some of Susan Deacon's comments in her positive and powerful speech. She said that the debate is about human reality. We can bandy about statistics, we can bandy about diseases, and we can bandy about strategies and tsars and all sorts of things. However, when it comes right down to it, this is about hard facts that people face up to every day. They are the hard facts of human reality, whether they relate to terminations, to lack of communication between parents and children, or to the complexities of understanding our own sexuality or that of those close to us.

We have heard speeches from across the spectrum this afternoon, which has given a clear indication of why this strategy is needed. I join colleagues in thanking the expert reference group for the work that it has done so far. From all sides of the chamber, we have heard about Scotland's sexual health record and about the increase of sexually transmitted infections and HIV. A number of problems arise there. For example, gay men in Scotland are less likely to go and get tested for HIV than are men in any other part of the United Kingdom and the incidence of syphilis is increasing.

If we have to have a chlamydia tsarina, we would have to nominate Mary Scanlon. She has consistently, since the first session of Parliament began, championed that cause. Her comments today on chlamydia and general fertility problems were an exceptional contribution not only to this debate, but to the continuing debate on sexual health.

Colleagues have mentioned teenage pregnancy. I think that Christine Grahame was right in saying that much teenage pregnancy is down to lack of hope and low aspirations. That is why the Executive's sexual health strategy should be only the beginning of what it does to tackle problems such as teenage pregnancy. There should be investment not only in sexual health strategies and in our schools, but across the board. Social inclusion issues should be tackled and those who live in poverty and lack of hope should be given some hope for their future.

Members of all parties welcomed the fact that the strategy is grounded in relationships: that is very important. The minister said that the strategy should be about three key things; respect, equality and accessibility to services. "Respect" is a key word. Whether it relates to oneself, to one's partner, to one's relationships or to other people's relationships, it is central to what we must do. That is why we must remove any barriers that stand between us and our ability to respect our relationships and our sexual health.

Issues of low self-esteem, such as lack of confidence and lack of communications skills, may lie behind many of our problems. We should not kid ourselves that only the young face such problems; many of those problems are shared by all of us at different points in our lives. How many members can stand on their feet and say that they have always communicated with their parents or their children about sexual issues? All of us can learn about how to communicate on such important matters.

As well as respecting one another, we should pay attention to equality and diversity of sexual orientation. The Executive must be applauded for the work that it has done in "Towards a Healthier LGBT Scotland". I hope that, at some point, we will get the chance to debate the wider issues that affect that community. In order for there to be equality, issues such as ethnicity, culture, sexual orientation and the needs of disabled people, older people or people who are newly single must be taken on board. The issue is diverse and at its heart is the need for accessibility to services, which must be consistent throughout the country. Every child should have the same right to access to good-quality information and services. Everyone should have that right, so we need to ensure that such services are properly resourced.

I will inject a negative note into my speech by joining Susan Deacon, Shona Robison, Mike Rumbles and others in saying that, in the strategy, we have not grasped the nettles—or the thistles or whatever else members want to grasp—that need to be grasped. We have not tackled key issues such as over-the-counter prescription of the morning-after pill in pharmacies, what we can teach children in schools about sexual orientation, what we can talk to them about and whether we should have the morning-after pill in schools.

I agree whole-heartedly with Shona Robison and Susan Deacon that, in relation to the morning-after pill in schools, it was not for the Executive or any of us to jump in ahead of a highly comprehensive consultation on an important range of issues. I have my view and other members will have theirs, but if we are engaged in an across-the-board consultation of parents and schools, we should be asking them all the questions. We should ask them what they think about the whole spectrum of such issues so that politicians can make decisions on that basis.

We must also ensure that the projects that we have heard about that are doing excellent work—such as the healthy respect project, the Sandyford clinic and the Caledonia youth project—are supported in the long term so that they know that they have the funding behind them.

There must be proper resources in place for things such as genito-urinary clinics so that, under the strategy as a whole, we can progress with

managed clinical networks. I appreciate that the minister will make such decisions later, at the end of the consultation period, but the call that should come out loud and clear from today's debate is that, if we are to have the holistic comprehensive approach that is needed, the strategy needs to be properly resourced. As Susan Deacon said:

"we need to see the muscle and the money".

At the heart of the issue is the fact that the strategy must be resourced. We must ensure that the strategy that is taken forward has the most wide-ranging support possible. We shall not all agree on sex or on a sexual health strategy, but we share quite a lot of common ground. We all believe that the strategy should be grounded on relationships and that our children should be given respect. We all believe that we should listen to parents about their role.

I have a certain amount of sympathy for the points that David Davidson tried to make, but he lost me when he said he would give parents a total veto on what other parents' children deal with in schools. I remind him that, for every parent who removes their children from school because they do not want them to be confronted with the reality of life and information about sexual issues, there are a dozen parents who say, "Thank God somebody's able to talk to my child about these very difficult issues." We all find it difficult to do that.

Mr Davidson: Will the lady give way?

Margaret Smith: Bear with me a minute.

We should expect and hope that parents communicate with their children, not only on issues of sexual health, but on some of the issues around that, such as self-esteem, self-confidence and making good decisions. David Davidson also mentioned alcohol and drugs: those are also issues on which we should hear from the minister. The taking of alcohol or drugs in an abusive way is another reason why many sexual problems are happening in our society. Parents should be involved. They are the best people to talk to children about such issues but, beyond that, we need to have services in place if parents do not talk to their children. The evidence is, as Cathy Peattie said, that parents do not always talk to their children.

Generally speaking, it is right that the strategy has been welcomed. We have had a good and wide-ranging debate, but I say to the minister that we need to grasp the thorny issues. We must be brave enough and courageous enough to talk about the things that we do not want to talk about. We need to get to the bottom of all that. We then need to ensure that whatever is implemented is properly resourced, is consistent across Scotland and delivers what all of us want, which is a strategy that is positive about sex and sexual health.

16:28

Mrs Nanette Milne (North East Scotland) (Con): The debate has been interesting as it has demonstrated differing viewpoints on the important issue of sexual health and relationships. Every speaker clearly sees the need to tackle the serious problems that threaten Scotland's sexual health today, even though there are undoubtedly differences as to how that should be done. I commend the work of the expert committee and I look forward to hearing how the Executive will take the strategy forward after the consultation is over.

In my next few sentences, I want to touch on the complexity of the issues surrounding sexual health and relationships, as many members have done this afternoon. Many causal factors need to be addressed in today's society. As Cathy Peattie told us, Scottish society has changed enormously since she and I were young. The contraceptive pill put women in charge of their reproductive lives for the first time. Pregnancies could be reliably planned and family numbers restricted so that children could be afforded a better quality of life.

Freed from the ties of what were often very large families, women were able to go out to work and gain an independence that was never dreamed of by previous generations. Because of the extra earning capacity, many households became more affluent, most acquired television sets and modern liberated life became the stuff of media programmes. Soap operas were born and celebrities were created. Sex was openly discussed and portrayed explicitly by the media. Children began to grow up with latchkey lifestyles. Nowadays most mums and many grannies go out to work.

The influence of churches has gradually waned, until we now live in a largely secular society. Most households nowadays have alcohol in them all year round and not just for special celebrations, as was the case in my youth. Recreational drugs have an influence that was unknown to my generation, and communication via the internet has put people from childhood onwards in touch with a mass of information—good and bad—which has a great influence on their development and their knowledge.

The downside is more casual relationships, with an emphasis on sexual activity, more broken homes, households with children who are deprived of one or other parent, and a rise in sexually transmitted diseases and the ensuing complications that Mary Scanlon described graphically.

As a number of speakers have said, many young people are sexually active long before they

are emotionally ready for it. Often they are pressurised into it by their peers, and often it occurs under the influence of alcohol or recreational drugs. Many regret it and, sadly, as we know, more than 9,000 teenagers become pregnant in Scotland every year. Half of them undergo the physical and emotional traumas of termination, and many others face single parenthood, with restrictions and responsibilities for which they are not prepared.

Mike Rumbles: I asked Lord James Douglas-Hamilton about this earlier, and he agreed. The report states that

"all young people"

should

"have easy, open and confidential access to holistic health services that meet their needs",

but the report ducked the issue of where such services should be provided. Does the member have a view on where they should be located?

Mrs Milne: Yes, I do. Such information should be freely available in every doctor's surgery. The family doctor is usually the first point of contact with the health service with regard to health issues.

Issues of sexual health and behaviour are complicated and are intertwined with morality, lifestyle and cultural influences. Whether it is because of our basic nature, a decrease in young people's participation in active sports and hobbies, the prevalence of happy hours and the widespread availability of alcohol or—more likely—a combination of those factors, Scotland is faring worse than other western countries. Undoubtedly, we face a major challenge to ensure that everyone can benefit from opportunities to improve sexual well-being.

Many agencies need to be involved in addressing those issues, including Government, but, as several members have stated, a sustainable change in behaviour and attitudes must be family and community driven. I, too, am surprised that the minister did not include a parents group representative on the expert body that he charged with developing the sexual health strategy, but I am pleased that the group emphasised that parents have an important influence on their children's sexual lives from an early age. Families and home experiences undoubtedly affect the development of young people's gender identity and sexuality. Parents and carers must be key players in the sexual and relationship education of their children.

Patrick Harvie: I offer Nanette Milne the same opportunity that has been given to her colleagues. I will put it very directly, if I can. Is the Conservative party arguing that the involvement that we all agree parents should have should include the ability to veto material on the basis that it endorses equality? Does that not undermine young people's human right to information that is relevant to their health?

Mrs Milne: I am totally in favour of equality. I am not absolutely sure about the question. Parents and carers have to be key partners. I do not believe that centrally imposed solutions are the answer. Perhaps this is where Patrick Harvie's question fits in: I do not believe that one size fits all. Parents and school boards should have the final say on the sex education materials that are used in their schools. Parents must be at liberty to withdraw their children from formal sex education if they are not happy with it. That is a right of parents, and I stand up for it.

There is a clear and welcome intention by Government to promote positive sexual health in Scotland and to tackle the problems of teenage pregnancy and sexually transmitted diseases, which affect so many people today, but in any health strategy the sexual health of all groups should be included. Like Patrick Harvie, I am pleased that the draft strategy touches on the problems that are faced by people of all ages with disabilities and impairments that lead to sexual difficulties, and the particular health and discrimination issues that are faced by the LGBT community.

The draft strategy is ambitious and wide ranging but, as page 17 of the summary document states,

"Improving sexual health and changing behaviour"

cannot be

"brought about by the Scottish Executive Health Department and NHS services"

alone. Parents, schools, media and the voluntary sector all have a part to play. Above all, individuals must take responsibility for managing their sexual health and for maximising their sexual well-being.

I am not wholly convinced that the top-down approach is best. There must be national and local leadership from public health authorities, but the draft strategy strikes me as being overly bureaucratic and top heavy. Yet again, we have proposed targets, but monitoring them and reporting back on them to Government will lead to yet more number crunching in the NHS and, I fear, another paper chase that will absorb resources that would be better spent on dealing directly with the people whom we are trying to help.

Clearly, a great deal of thoughtful work has gone into the formulation of the draft strategy and, despite my criticisms, I think that much of its purpose is to be commended. However, I hope that the Executive will examine the detail closely before adopting the draft strategy as a blueprint for

the future. In particular, I hope that the Executive will consider the bureaucratic impact and the national and local cost implications of some of the detailed recommendations.

16:36

Linda Fabiani (Central Scotland) (SNP): Many interesting points have been made in the debate. The subject is huge and potentially affects everyone in the country, which means that there are varying personal opinions throughout society and among members. I am sure that every member who has spoken on the subject is representative of people who are not paid, as we are, to opine publicly on every subject under the sun. However, it must be borne in mind that there will be views out there that are not represented here, which is why the expert reference group was so important. I suspect, although I do not know, that some of the group's members were parents. That is another reason why wider contribution is important.

I am concerned that, as Shona Robison, Carolyn Leckie and Margaret Smith have mentioned, the minister has discounted emergency contraception prior to the full consultation. I was surprised that David Davidson welcomed that stance and then spoke about a hard debate being required, given that the point of going out to consultation on every aspect of the expert group's proposals is to allow us to have a hard debate and make decisions once we are fully informed.

I may touch on individual comments if I have time, but I was aware of themes emerging in the debate. One was the importance of the service being rolled out nationally. The minister emphasised the need for an holistic approach and mentioned the current lack of a strategic framework or coherent vision. Shona Robison and many others also stressed that point.

Mike Rumbles expressed the concern that the expert group has somewhat ducked the issue of provision through links between schools and clinical services. Des McNulty stressed the need for equality of access to services, both for treatment and for information and education. Patrick Harvie spoke of the recommendation that would place a requirement on NHS boards to make plans for improving links between schools and sexual health services, but mentioned that no reciprocal duty is recommended. Those are big questions about joint working and the stated objective of an integrated, holistic approach. Does the minister have any views about how we can ensure the required equality of access to education and information services? To come back to the subject of making hard decisions, I do not for a minute suggest that that decision will be easy.

In a natural progression from that issue, I move to resources, which have been another main theme in the debate. The expert group stressed the importance of a consistent approach and of providing resources so that NHS boards can implement at least the initial stages of the strategy. The British Medical Association has expressed concern about the lack of clarity on resources.

Susan Deacon talked about muscle and money and spoke with some knowledge about how ministerial budgets are implemented and how they work. What struck me in what she said was the fact that no lobby group will fight for sufferers or send us letters about their problems with accessing sexual health services. Everyone has a responsibility to ensure that those people do not suffer because they do not shout loudly enough. That is crucial, because the matter affects everyone. Does the minister have an estimate of the problems that are faced and of the funding that the Executive is prepared to set aside to address those problems?

Other resource questions need to be discussed further. The Conservatives touched on the subject. I am not against having a tsar or an advisory committee. I am open minded and I look forward to the results of the consultation and to further discussion. However, we must be wary of increasing bureaucracy and stopping essential resources from reaching front-line services. That is a fine balance that we must get right.

The third theme was that of ensuring respect, including self-respect. Christine Grahame spoke about some teenage mums' lack of aspiration. We must work hard to ensure that self-respect and self-esteem are part of our education system, so that people have aspirations. People must also respect others, whatever their chosen sexuality. There should be no discrimination or stigmatisation.

On a lighter note, Cathy Peattie reminded me of a phrase that I had not heard for years. What she said was absolutely right. As a teenager, I probably even said, "She's went and got hersel pregnant." I never thought of the matter in the way that Cathy Peattie described it before. That emphasises the joint responsibility of couples who have sex without condoms or who use no form of contraception.

For decades, our education has been lacking as it has always placed the responsibility for contraception on the girl and the woman. We must move away from that. We must say, "It is 50:50. The bottom line, young man"—or older man—"is that if you do not wish to have a child or to take responsibility for bringing a child into this world and for contributing to their upkeep, you wear a condom, regardless of whether the lassie tells you that she is on the pill." The man must take that

responsibility. He cannot think for one minute that he can shirk it or run away from it.

Gosh—I did not realise how much time had passed. I thought that I would be pushed for time in my speech. I will state the SNP's position on the sexual health strategy. We agree absolutely that a strategy that is based on the principles of respect, self-esteem and equality is the right way to go. Above all, the individual should be empowered to make independent choices about their sexual health.

I will give a view that is more personal than party. I am concerned that we could portray the sexual health strategy as the Executive's right to tell people how to run their sex lives. Of course the Executive does not have that right. Nobody has the right to tell anybody else how to run their sex life. We should remember that people have the right to independent thought and that adults should be free to make their own decisions about sexual health and behaviour, provided that they do not hurt anyone else. We need truly to give people informed choices and to empower individuals to make the choices that are right for them. That is of key importance and what we should always bear in mind when discussing the subject.

The Deputy Presiding Officer: I call Tom McCabe to wind up the debate. We are four to five minutes ahead of the clock.

16:44

The Deputy Minister for Health and Community Care (Mr Tom McCabe): I might sing.

The Deputy Presiding Officer: You have the option of speaking for about 14 minutes.

Mr McCabe: In that case, it might be better if I sing.

The debate has been good. Given the subject that we are discussing, it is important that the debate was measured and constructive. It is important that the Parliament explores these sensitive matters and allows a range of views to be expressed in order to demonstrate the complexity and magnitude of the issues that surround sexual health.

Our sexual health record in Scotland is not good. It is important that the Parliament can discuss a potentially contentious and sensitive topic in a measured way. The opinions that were offered were thought provoking and stimulating; some challenging comments and suggestions emerged this afternoon.

Members can be assured that their contributions will be taken fully into account as we move to finalise the strategy in the light of the responses that are made to the consultation. The clear purpose of the debate was to give members a platform on which to express their views and to enable the Executive to hear those comments at first hand. As Malcolm Chisholm said at the outset, we are in listening mode.

Several points and questions were raised in the debate and I will do my best to respond to them. My impression from members' speeches is of a general acceptance of the thrust of the expert group's proposals, although full endorsement was not given to every detail. The important point to make in that respect is that Malcolm Chisholm and I share that perspective.

I believe that the framework that the expert group set out provides a realistic basis for progress. We will, of course, test that thesis against the responses to the consultation. In essence, I consider that we have a strong foundation on which to build. Part of that strong foundation and part of what I believe must guide us as we move forward to finalise a national strategy is the work that is on-going at present.

When Malcolm Chisholm opened the debate, he mentioned the healthy respect project—our national demonstration project——which is centred in the Lothian NHS Board area. Many members mentioned that project. When I took the opportunity to visit it last year, I could not fail to be impressed by the work that is going on with young people and parents alike.

Much has been said about the parental role. The project shows us that we can shape the services that are relevant to young people and, at the same time, assist parents as they strive to support their children at the critical times of their lives. All too often, all around them are the conflicting pressures that beset us all. Susan Deacon ably illuminated some of the conflicting pressures that parents and children alike have to face.

I ask Shona Robison to take note of the lessons that are being learned from the healthy respect project. When it has been assessed, it will be possible to demonstrate its work to all of Scotland. I commend the project to members and pay tribute to the staff who are responsible for its day-to-day development.

Members such as Shona Robison, Patrick Harvie and Susan Deacon raised the question of resources. I think that Linda Fabiani also mentioned resources when she wound up for the SNP. Clearly, it is vital that adequate resources are available to facilitate the implementation of the strategy. When we finalise the strategy, we will have regard to the financial implications.

At a local level, I would expect the NHS boards to support the service elements of the strategy. Sexual health is a clear priority for the population

of an area and it is important that that is reflected not only in spending decisions but in the management focus of the local health board.

Mike Rumbles mentioned the partnership between schools, parents and services. I want to return once again to the healthy respect project and give some examples. GPs have a birthday-card scheme under which they send a booklet to parents on their child's 13th birthday. The booklet offers advice on how parents might most appropriately talk to their children about what are sometimes difficult and sensitive subjects. Under the auspices of the project, young people can gain direct access to medical services from their school. Links are being established between schools, health services and parents. That is an important aspect of the project. I stress once again that the project is a national demonstration project. I believe that important lessons are being learned from it that can be exported to other areas throughout Scotland.

Patrick Harvie mentioned the reciprocal duty between health and education authorities. It was a relevant point that we will bear in mind as we finalise the strategy.

Christine Grahame: I am sorry if my intervention is not as timeous as it should have been. I thought that when the minister addressed the education issues that Mike Rumbles raised, he might have referred to the McCabe report. I asked the minister how that report fitted into the sexual health strategy and whether his colleague the Minister for Education and Young People will be involved in the same way. It seems to be a worthwhile report that has been lying in the background for three years.

Mr McCabe: I appreciate that point, which I will address in a few moments.

Des McNulty mentioned respect, which is very important in the debate, and Shona Robison mentioned disadvantaged communities, with which there is a clear link. Self-esteem and life circumstances are critical factors, particularly in connection with unintended teenage pregnancies. We recognise that and it must be recognised when the final strategy is introduced to members of the Scottish Parliament and to the general public.

I will try to address the point that Christine Grahame has just made. The McCabe report was, of course, important and I give an assurance that there will be a direct read-across from that report in the final strategy.

Carolyn Leckie mentioned the blame culture around young mothers who have unintended pregnancies. Whatever shape the strategy takes, I give an absolute assurance that it will not reflect such values. Rather, we are determined to ensure that young women have a much better awareness of the long-term consequences of giving birth. The predominant approach in the strategy will be to help young women to believe in themselves and to know that they have worth and value in their own right.

As I said, this has been a useful debate. One of the strengths that the debate has shown is that, as the Parliament matures, it is able to deal with sensitive subjects in a way that reflects well on our democracy. I do not suggest for a moment that everyone in Scotland is on the edge of their seats watching this debate and all the others, but the media clearly transmit the things that we say in the chamber and the way in which we say them and I believe that we have earned ourselves some credit today. I make a plea that we continue in that vein. It is a given that, as has been said by many members today, we will not agree on every aspect of the final strategy. However, the way in which we disagree and address the issues is very important. As I said earlier, our sexual health record in Scotland is not good. We have to come together across party lines to agree that the way in which we handle those subjects can contribute to the improvement of our sexual health record.

We are grateful for the cogent views that have been expressed by members today. We will now take those away and give them full consideration. It is immensely heartening to see among members such a whole-hearted determination to address a pressing problem. In doing that, there is a willingness to work with the grain that is reflected in the wider community in Scotland. The wider community will appreciate our willingness to work with the grain.

Mary Scanlon: Will the member give way?

Mr McCabe: Yes.

Mary Scanlon: By the look on the Presiding Officer's face, I think that I am entitled to quite a long intervention.

Members: Another speech.

Mary Scanlon: I could make another speech.

In the spirit of consensus, I appreciate what the minister said. However, he did not mention the points that I raised, which were serious and passionate points about the fertility problems that arise from chlamydia. I would like to see more emphasis on such fertility problems as well as on family planning advice and more emphasis on intended pregnancies, including those later in life, rather than only on unintended pregnancies. I ask the minister whether he will take those points away from the debate to integrate into the strategy.

Mr McCabe: I agree whole-heartedly with the points that Mary Scanlon raises. I recognise fully the concerns about infertility. It is a tragedy that

many couples in Scotland must deal with year on year as they search for solutions. Her points were well made and they will be taken into account as we finalise the strategy. I apologise that I did not make specific reference to them before but, as members made their speeches, we were under the impression that we were time limited, as we are usually. However, this afternoon, there seems to have been a far more liberal approach.

Members: Hear, hear.

Mr McCabe: I know that that pleases some members more than others, Presiding Officer.

I believe that the spirit in which we have conducted the debate bodes well for the future and for the development of a strategy that will form the basis of enhanced sexual health and relationships in Scotland, not only for this generation but for many generations to come. We have some considerable ground to make up but the Executive is determined to do that. If other parties wish to join us in achieving consensus and conveying to Scotland that sexual health is no longer a taboo subject but one that is serious and that we want to address, we will be doing the people of Scotland a considerable service.

Business Motion

16:55

The Deputy Presiding Officer (Murray Tosh): The next item of business is consideration of business motion S2M-783, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau.

Motion moved,

That the Parliament agrees the following programme of business—

Wednesday 21 January 2004	
2.30 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	Debate on Environment and Rural Development Committee's 4th Report 2003: Inquiry into the National Waste Plan
followed by	Business Motion
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Thursday 22 January 2004	
9.30 am	Scottish National Party Business
12 noon	First Minister's Question Time
2.30 pm	Question Time
3.10 pm	Executive Debate on the Comprehensive Programme of Education Reforms
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Wednesday 28 January 2004	
2.30 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	Stage 1 Debate on the Education (Additional Support for Learning) (Scotland) Bill
followed by	Financial Resolution in respect of the Education (Additional Support for Learning) (Scotland) Bill
followed by	Business Motion
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Thursday 29 January 2004	
9.30 am	Executive Business
12 noon	First Minister's Question Time
2.30 pm	Question Time
3.10 pm	Executive Business

followed by	Parliamentary Bureau Motions	
5.00 pm	Decision Time	
followed by	Members'	Business—[*Patricia Ferguson.*]

Motion agreed to.

Parliamentary Bureau Motions

16:56

The Deputy Presiding Officer (Murray Tosh): The next item of business is consideration of two Parliamentary Bureau motions—S2M-779, on May 2004, and S2M-780, on the designation of a lead committee.

Motions moved,

That the Parliament agrees to meet in The Hub, Castlehill, Edinburgh during the period from 17 to 21 May 2004.

That the Parliament agrees that the Justice 2 Committee be designated as lead committee in consideration of the Title Conditions (Scotland) Act 2003 (Conservation Bodies) Amendment Order 2003 (SSI 2003/621).—[*Patricia Ferguson.*]

Motion without Notice

16:57

The Presiding Officer (Mr George Reid): I am minded to accept a motion without notice, under rule 11.2.4 of standing orders, to bring forward decision time to 4.57 pm.

Motion moved,

That Decision Time on Wednesday 14 January be taken at 4.57 pm.—[*Patricia Ferguson.*]

Motion agreed to.

Decision Time

16:57

The Presiding Officer (Mr George Reid): There are two questions to be put as a result of today's business. The first question is, that motion S2M-779, in the name of Patricia Ferguson, on May 2004, be agreed to.

Motion agreed to.

That the Parliament agrees to meet in The Hub, Castlehill, Edinburgh during the period from 17 to 21 May 2004.

The Presiding Officer: The second question is, that motion S2M-780, in the name of Patricia Ferguson, on the designation of a lead committee, be agreed to.

Motion agreed to.

That the Parliament agrees that the Justice 2 Committee be designated as lead committee in consideration of the Title Conditions (Scotland) Act 2003 (Conservation Bodies) Amendment Order 2003 (SSI 2003/621).

Social Work

The Deputy Presiding Officer (Murray Tosh): The final item of business is a members' business debate on motion S2M-642, in the name of Brian Adam, on a social work review.

Motion debated,

That the Parliament notes with concern the shortage of social workers throughout Scotland and considers that the Scottish Executive should initiate a McCrone-type review to look at social workers' pay and conditions in order to attract and retain more social workers.

16:59

Brian Adam (Aberdeen North) (SNP): I submitted my motion for a members' business debate as a result of the crisis in social work staffing throughout Scotland, especially in children's services. I will concentrate on the social work needs of children's services in particular and highlight some problems that have been identified in Aberdeen city and elsewhere in Scotland. Other members will undoubtedly raise issues relating to other problems that are faced by the profession as a whole or deal with constituency-related cases.

I recognise that a number of initiatives are available to address the problems, including the fast-track graduate entry scheme. I do not wish to belittle in any way the efforts that the Executive and local authorities have made so far, but I am concerned that such schemes—however welcome they might be—are in danger of simply being sticking plasters that address immediate shortages rather than being part of a long-term plan to eradicate recruitment and retention problems. In some ways, the Executive is making a difficult situation worse, especially where new burdens are being placed on local authorities. In Aberdeen, for example, a number of people who have left the profession have moved to the voluntary sector and, indeed, to new bodies that the Executive has set up. The introduction of new initiatives might be welcome, but it has exacerbated the existing difficulties.

Currently, there are 17 vacancies in Aberdeen across the range of children's social work teams. In November 2003, there were 339 unallocated cases, most of which related to referrals from the reporter for initial assessment reports, social background reports and other community referrals. It is significant that 12 children who were on the child protection register were without an allocated social worker and that 23 looked-after and accommodated children were without an allocated social worker. All those cases were being held by senior social workers at the expense of other parts of their duties. Those children are being denied a proper service and the staff's case load is too heavy.

In residential care, there was a 26 per cent vacancy rate in Aberdeen in November 2003, which is wholly unacceptable; however, that figure was a major improvement on the situation last summer, when the vacancy rate was greater than 50 per cent. In recent months, in my constituency, I have received complaints about the behaviour of children in council residential homes. Poor staffing levels, the relative inexperience of some staff and general work-load pressures have all contributed to difficulties.

The North East of Scotland Child Protection Committee commissioned a report into the life and death of Carla Nicole Bone. That report referred specifically to the need to improve staff recruitment and retention in children's services and to augment support for those in children's services by using, for example, family support workers, administrative staff and office equipment to release qualified staff for direct service provision. In England, Lord Laming's report—members should forgive me if I have not pronounced his name properly—which followed the death of Victoria Climbié, stated that managers

"must ensure that services are properly funded and adequately staffed to deliver services in a consistent and competent manner."

Following the damning O'Brien report into the death of Caleb Ness, it was said that social workers in Edinburgh were demoralised. The City of Edinburgh Council took action as the number of vacancies in its services soared to more than 10 per cent.

The deaths of those three children are three deaths too many. There might have been individual failures, but the staff shortages that have led to work overload have resulted in many council-based social workers leaving children's services and going to the voluntary sector and elsewhere. That is a direct result of the pressures that are involved in such work.

Law reform, social policy reviews and the continued existence of extremely vulnerable people, especially children, mean that social workers have increasingly difficult and complex roles. Those roles require myriad skills—including communication, critical analysis and evaluation skills—backed up by a comprehensive and broad knowledge base and the capacity to manage high levels of risk on an almost daily basis. All those factors have had obvious consequences for social workers' stress levels and have led, I believe, to the problems in recruitment and retention that the profession is experiencing.

Terms and conditions have been reviewed across a range of professions in the national health service through the agenda for change programme and I understand that the British Association of Social Workers is calling for the new conditions to be applied to social workers who work in the NHS. Teachers in Scotland have had the McCrone review. Will the minister consider taking a similar approach for social workers, rather than the sticking-plaster approach of individual initiatives? Will he take an approach that considers all the issues around the recruitment and retention of social workers in Scotland?

The Deputy Presiding Officer: Six members wish to speak in the debate, so if members speak for about four minutes, I should be able to call everyone.

17:05

Scott Barrie (Dunfermline West) (Lab): As is customary, I congratulate Brian Adam on securing this debate on an important subject.

It is undeniable that there is a shortage of qualified social workers in Scotland, that there are a substantial number of vacancies in some key teams in local authorities and that children and family services are under tremendous pressure.

What action is necessary to address the problem? I have broad sympathy with the sentiments that lie behind Brian Adam's motion, but I cannot agree fully with the rather simplistic solutions that it offers. Pay and terms and conditions of employment are clearly issues, but they are not the whole story. Almost all qualified staff, including me, and the vast majority of social care staff are members of Unison. Members will have received from that trade union a briefing that illustrates clearly the other issues that face social work and which need to be addressed. Those issues include the public image of social work; training, including post-qualification training; and resources to meet ever-increasing societal demands.

The shortage of social workers in some parts of our local authorities has been discussed at length in many debates in the Parliament during the past four and a half years. However, the reasons why people are not entering the profession, and the reasons why qualified staff are leaving it, cannot be explained simply. The increase in the number of social work posts during the past 10 years is perhaps not known; there are a record number of qualified social workers in Scotland and numerous other employment opportunities are available to those staff.

When I qualified in the mid-1980s, the only opportunities that were available to qualified social workers were in local authorities, but that is no longer the case. There has been an increase in the number of other care providers, particularly the national children's organisations, offenders organisations and residential providers, and they offer varied opportunities that are in some ways

more exciting and rewarding than those that are available in traditional social work teams. When I qualified, most social workers were employed in generic teams, but legislative and other demands mean that most local authority social workers now practise in specialist and sub-specialist teams that are grouped around child care, community care and offenders. Although that approach is aimed at delivering better and more consistent services, it has led in some instances to staff being placed under ever-increasing pressures, particularly in my areas of specialism, which are child and family work and child protection work.

The Executive has begun to tackle some of the issues and we are beginning to see concrete improvements. Social work education has been updated and modernised. We have the new degree qualification, the recently established Scottish Social Services Council and the Scottish institute for excellence in social work education. Those are welcome improvements, which have been accompanied by adequate resources and an improved funding package, unlike the changes that were instituted by Virginia Bottomley, the former Tory health minister who oversaw the replacement of the certificate of qualification in social work and the certificate in social service by the diploma in social work.

In retrospect, I argue that the failure of the Tory Government adequately to fund the introduction of the diploma in social work, which kept it as a two-year course rather than the intended three-year model, went a long way towards reducing the quality of social work training throughout the 1990s. I say that as someone who holds a certificate in practice teaching and was responsible for a lot of placement supervision during that time.

Mary Scanlon (Highlands and Islands) (Con): If Scott Barrie sees the two-year diploma as inadequate, what are his views on the fast-track proposals?

Scott Barrie: The point that I was making, in comparing the two-year diploma in social work with the intended three-year model, was that a key component of the intended three-year model was a third year of practice in a particular area. The two-year course was concertinaed, with the practice year bit squeezing out a lot of the necessary training. I am absolutely confident that the new degree qualification will make good that deficiency.

Brian Adam: Will Scott Barrie give way?

Scott Barrie: I am sorry, but I am out of time and I want to finish on this point.

Too often, social workers remain, at best, the butt of ill-informed jokes and, at worst, the whipping boys and girls for all society's ills. I thoroughly enjoyed my career during my 15 years in local authority social work. At times, I found it harrowing and stressful, but I also found it highly rewarding and satisfying. If social work is to remain a career option of first choice, as it was for me, we must ensure that the current practitioners and future entrants believe that it is a worthwhile choice. Pay and conditions of employment are important; however, as I have said, there are other equally important factors that need to be acknowledged. The Executive has made a start; I ask the minister that that commitment be continued.

17:11

Eleanor Scott (Highlands and Islands) (Green): I thank Brian Adam for securing this important debate. I started the job that I had prior to my election—I was a community paediatrician—in 1987. Over 16 years, I worked closely with the social work department, and I am sorry to say that I saw a decline in what it was able to offer.

I worked closely with the social workers who were involved with children's services, as we effectively shared a case load. When I first started, lots of things were available in the Highlands. There was what was called, rather oddly, intermediate treatment, which was a kind of outreach from one of the children's centres, and the social workers used to run group work with lots of children—troubled children, children of late primary school age and children of early secondary school age—trying to do preventive work. Not only were families that were in crisis visited by social workers—there were enough social workers in those days to visit the families regularly—but family aids would go in and carry out basic home care, budgeting-type tasks, child care, playing with children and that kind of stuff.

Although there was a lot of back-up, it was gradually withdrawn. The information technology services were withdrawn, as were the family aids, because of a lack of funding. We have now reached a stage at which social workers can barely cover the statutory work, let alone do any therapeutic work. That is not the way we want things to be. There are recruitment and retention problems, which are acute in the Highlands and Islands because of particular geographic issues, but—as always—the Highlands and Islands are a barometer for other areas where the problems are also acute. Every time that there is an inquiry into social work—when, for example, a child has died, as in the tragic cases to which Brian Adam referred—there is always a lot of public pillorying of the front-line social workers. That is very unfortunate. Unless we can address the image of social work in the public eye, we are not going to do much for recruitment and retention.

My colleague, Shiona Baird, passed on to me a letter that came from a student in Aberdeen who intends to go into social work when he finishes his studies. He pointed out that the Scottish Executive is offering £9,000 to students who qualify after June 2004 and who are prepared to go into the areas of criminal justice, children and families or mental health. The effect is that many of the students with whom he started the course are opting for the three-year course rather than the four-year course, so that they can get out and start earning. By choosing to stay on and do his honours year, he is effectively losing a year's salary of about £19,000 and incurring another £3,000 to £4,000 of debt through his student loan. I appreciate the fact that we want to attract graduates to the profession, but it is unfortunate that the way in which we are doing that is encouraging students to shorten their degree courses. It would be better if we could find some way of supporting them in the fourth year of their course, rather than encourage them to leave at the earliest opportunity to start earning through a package that is fairly attractive to someone with a student loan debt.

Brian Adam: Does the member share my concern that we must ensure that it is possible for people to train as social workers reasonably close to where they live? Many people who can offer much to the profession are more mature, but they may already have family commitments and may find training difficult if we concentrate it in the central belt.

Eleanor Scott: I absolutely agree with the member, whose suggestion is very dear to my heart. I know that, in the Highlands, there are people without a social work qualification who have been working in social work areas, broadly speaking, and who now have the opportunity to train. I welcome that, but we must try to deliver the training as near to their homes as possible.

The motion refers to a McCrone-type review of social workers' pay and conditions, which brings me to a further matter. Social work departments employ people other than social workers, including occupational therapists who are employed by social work departments either as community OTs, or in other roles, such as appliance officers, for which they use their OT qualification. However, the big issue around occupational therapy is the fact that the OTs in the latter group are on a different pay-and-conditions scale from their counterparts in the NHS. That situation must be addressed. I receive many letters about that from OTs and I believe that they would appreciate the situation being looked at.

17:15

Mary Scanlon (Highlands and Islands) (Con): I, too, am grateful to Brian Adam for securing the debate. He will notice that among the many signatures that are missing from his motion is my own. That is not because I do not agree with the motion's general tone but because I have two points of disagreement with it.

First, the motion refers to the shortage of social workers. However, like Eleanor Scott, I am concerned about provision in the social work service as a whole. I want to concentrate more on social work teams, which include directors of social work, senior social workers, care managers, occupational therapists, social work assistants, home care managers, sheltered housing wardens and managers and qualified staff in residential and day care settings. It is not only the lack of social workers but staff shortages throughout social work departments that affect the service.

Secondly, like Scott Barrie, I want to consider the motion's reference to social workers' pay and conditions. Unusually, I agree with Scott Barrie in that that narrows the focus and leads us to believe that the problem is only about pay and conditions. If I were to support a McCrone-type review, it would have to consider a wider range of matters than simply pay and conditions.

Fiona Hyslop (Lothians) (SNP): It might be useful to reflect on the fact that the McCrone review of the teaching profession also considered access to the profession—for example, it considered probationary teachers and their initial training. Therefore, perhaps we should appreciate that the McCrone review had a wider context and not just a narrow focus on pay and conditions.

Mary Scanlon: I am simply saying that, if there were a review, it would have to be a review of more than just pay and conditions.

Brian Adam referred to the Caleb Ness inquiry. If we have learned anything from that, it is that there were problems at all levels of social work provision and that the problem was not simply one of a shortage of social workers. However, I do not want to digress into that area. Although I appreciated Brian Adam's points about children's services, if there were inquiries into mental health, care of the elderly or drug and alcohol services, we might find that the problems that exist in those areas are similar to those that exist in children's services.

The shortage of social workers is well documented. However, I am concerned about the fact that the Scottish Parliament continues to pass legislation—for example, the Mental Health (Care and Treatment) (Scotland) Act 2003—that requires increasing numbers of social workers when there are not enough social workers to provide existing services. I agree with much of the legislation, particularly that on mental health, that we have passed. However, if we pass the Antisocial Behaviour etc (Scotland) Bill, which we are now

considering, there is no way that we can meet its requirements for social workers and mental health workers.

We hear from the Executive about the need for partnership and joint working, with which I agree and which we all want. However, that clearly cannot happen if one part of the equation does not deliver. I am not blaming social work services, but we cannot have a partnership if a partner is missing. I have examples of cases that highlight the problems that arise from the shortage of social workers and the lack of partnership—I will give no names. Recently, two sisters who came to my surgery told me that they had to argue with different social workers week after week about their mother's care on discharge from hospital. They finally got a sympathetic social worker and things worked out, but it took them a long time to get there.

On mental health, children's services, court services and the children's panel, the lack of social work reports or their lateness is leading to seriously inaccurate, incomplete and inappropriate decisions being made in some cases. On drug and alcohol cases, I have recently come across a problem relating to the inability of parents in Inverness to gain access to a social worker for two years. If it is decided that a review is the way forward, it must cover all social work staff, including occupational therapists and so on.

Finally, because I have spoken about occupational health services, I would like to give an example of how long people have to wait in the Highlands, where a priority system is used for people who are waiting to see an occupational therapist. Cases with priority rating B are judged to be urgent; they are in that category because they involve a terminal illness, the facilitation of hospital discharge, the prevention of the breakdown of the home situation and so on. There are currently 290 people in category B on the waiting list; they will have to wait up to 11 months to see an occupational therapist. Finally, there are 585 category C cases, which are judged to be high priority; the people concerned must wait up to two years.

The Deputy Presiding Officer: I have to hurry you.

Mary Scanlon: My point is made.

The Deputy Presiding Officer: I do not know how many times you said "finally", Mary.

17:21

Mrs Margaret Ewing (Moray) (SNP): As a fellow Highland MSP, I might compensate for Mary Scanlon over-stretching the time limit a little. She was speaking with great passion.

I congratulate Brian Adam on bringing this issue to the chamber. We have neglected the issue even though it has often arisen during the passage of legislation that we have dealt with. We have never debated the concept of social work in our society.

Not everyone who has spoken in this debate has agreed with the totality of Brian Adam's motion, but I think that everyone agrees with the sentiments and ideas that lie behind it. I hope that all the comments that have been made—and those that will be made—will be taken on board by the Scottish Executive and the Convention of Scottish Local Authorities in relation to the work that they are already doing and their proposals.

Like Scott Barrie, I want to talk about the negative portrayal of social workers, which is one of the greatest problems that we face in relation to the recruitment and retention of social workers. As has already been mentioned, every time there is a tragedy, newspaper headlines put social workers in the role of the people who are responsible. However, our national press and media never mention the endless, committed, dedicated work that is done day and night by those who are involved in social work. Those people are carers. We have had many passionate debates about the role of carers—voluntary and otherwise—in our society. The word "caring" has a more positive, cuddly and touchy-feely sound to it than the words "social work" have.

Brian Adam: Does the member agree that the term "social worker" has negative associations? The fact that people describe themselves as workers might suggest that they are not carers. Perhaps the term "social carer" would be more helpful if we are to convey a more positive image.

Mrs Ewing: I am not sure that the semantics are hugely important but the use of the word "carers" in relation to the people who have the qualifications that social workers have might help to improve their image.

Scott Barrie has much more direct experience of social work than I do. My involvement with social work arose when I became the co-ordinator of the now-defunct west of Scotland certificate in social service scheme, which covered Strathclyde Regional Council, Dumfries and Galloway Regional Council and innumerable charitable organisations. The people who became involved in that course were already in the social work sphere. It was a complex and intensive course and, as the course administrator, I can tell members that it generated more paper than the Scottish Parliament information centre does. It combined academic provision and training with real practical experience. The students were mature students and, talking to me about how they felt about their role in society and what they found

most difficult, they spoke about the fragility that they felt when trying to establish relationships with vulnerable people. If a social worker goes into a house where a child has been placed at risk and the parents say that the child is asleep upstairs, should the social worker breach the parents' confidence and say, "I still have to walk past you and go upstairs to check that that is the case"? Such questions arise in a variety of circumstances.

When I told people that I was engaged in social work, I received the negative reaction about which others have spoken, but when I went on to explain that we ran modules for people who worked with the mentally handicapped, the elderly, the blind, children in residential homes and children in society, their attitude changed totally. We must focus on exactly what we expect from those who are involved in social work, and I hope that the additional training that is being offered will make that focus worth while. As a Parliament, we have a role in speaking out on behalf of those who are involved in social work, who are selfless in their dedication to the work that they do, and in encouraging new recruits into a profession that deserves a great deal of support.

17:26

Donald Gorrie (Central Scotland) (LD): I congratulate Brian Adam on raising an important subject and on the measured way in which he introduced the debate, which has been reflected in the other speeches, which have been measured and constructive.

We need to concentrate on providing the services that the public require. Services are the key thing, not staff, but we obviously need the staff to provide the services. If we consider antisocial behaviour, which is rightly exercising the Executive at the moment, we see that, to deliver a lot of what the Executive would like to happen, we need the social work service to provide a strengthened and improved service. That requires, among other things, more people, more training and better arrangements to support children's panels. Therefore, social workers are a key part of one of the Executive's top priorities, and as other members have said, there is an extensive shortage of social workers in some areas.

That shortage varies in different parts of the country, but there still seems to be a considerable shortage. Pay issues are obviously important to that, and if, as Unison says, social workers' pay has fallen behind that of comparable professions, we must address that.

There are also issues of work load. Obviously, lack of people and the existence of vacancies lead to an even greater work load on those who remain, and we hear a lot of anecdotal evidence about social workers who are totally submerged by the number of people whom they are supposed to look after and who cannot look after some of them adequately.

Public esteem is also an issue. To be happy in their jobs, people have to be well paid or feel good about themselves, which includes other people feeling good about them. Social workers get almost as bad a press as do politicians, so perhaps we could co-operate: we could have a trade union for politicians and talk to Unison about how we could collectively improve our image and learn from each other about how to get a better press than we do at the moment.

We should seriously consider internal recruitment—promotion within the ranks. Those who work as home helps or care assistants often have the qualities that would make them good social workers and it should be easier for them to advance up the professional ladder. There are others whom we should consider. Mature people, because they have experienced life, could bring knowledge to bear and, with a bit of professional training, would make very good social workers. We must consider that and consider giving those who are not social workers more responsibility within the social work system. Care assistants and others could be allowed to do more constructive work than they are allowed to do at the moment.

The question of name is interesting. I accept Brian Adam's point that "social worker" might have bad connotations. I have been thinking of possible names. I thought of social-ist, but I thought that there might be political problems with that and I have not thought of anything better. The name might appear trivial, but it is important.

I hope that the minister will take on board the points that have been made and that, perhaps collectively, we can make things better for the people who are supposed to and who do benefit from the social work service.

17:30

Trish Godman (West Renfrewshire) (Lab): I thank Brian Adam for lodging the motion, although I have a sense of déjà vu, because we discussed the issue a couple of times in the previous session, if my memory serves me right.

First, I put on record my thanks for the commitment that social workers and other social work staff show daily and the good practice that they follow, particularly in the area that I represent of Renfrewshire and Inverclyde. We all know what would happen if they withdrew their labour. It is the same situation that would arise if carers, whom Margaret Ewing mentioned, withdrew theirs: our surgeries would be inundated with cases of problems and difficulties that we would not know how to begin to resolve.

I agree that we need to retain and attract more social workers and that there is a need for a review of pay and conditions. However, at the moment, that is still a matter for the trade union and employers. I worry about the proposal to set up yet another review group because, to be honest, I think that the Executive has set up too many. I agree with Unison that it is perhaps not the time to have another review. Even if we were to do that, it would take time.

Brian Adam: I am not thirled to a form of words or to a particular type of review. I accept the point that there is perhaps more to the issue than pay and conditions. What does the member suggest that we do instead of having a review, given the crisis that we now have?

Trish Godman: I am not going to be able to resolve that, but I will put forward ideas. Perhaps we should examine the good practice out there and learn from it. Some social work departments are making changes in response to the fact that there is a massive shortage of social workers.

How do we attract people to the profession? There is evidence from the Convention of Scottish Local Authorities that there is considerable interest in encouraging graduates from courses other than social work to pursue a professional social work course, but what of others? Donald Gorrie touched on that. Scott Barrie said that his experience was in the mid-1980s; mine was in the mid-1970s when he was still in short trousers. My experience was somewhat different from his, but I think that we can learn from it. I worked in an office and read an advert about a change-of-career course. I did two years at Jordanhill College of Education, qualified as a social worker and worked for nearly 19 years.

Given what is happening in the labour market, the assets of people in their 40s or early 50s who have brought up families and dealt with teenagers, family problems and illnesses are every bit as valuable as is a university degree. They will have to be trained properly, because social work is not just about having that sort of experience. On social work courses, the tutors pare away from students every idea, principle and thought that they have and start to build them up again to be objective and not to be judgmental. Although that will have to be done, there are groups of people out there who might be interested in the sort of change-of-career course that I did.

Social work, by its nature, deals with vulnerable people who are at risk and who are disadvantaged in society. I have not met a social worker who wants to see unallocated cases; they do not want to see cases sitting in corners or to have to push and shove to meet their statutory responsibilities when dealing with vulnerable people.

Mary Scanlon and, I think, Donald Gorrie said that we have responsibility for the legislation that we pass. In the short time that I have been here, I have seen incredible changes in what social workers have to do, with the closure of long-stay hospitals—which was not decided here—the provision of hostels for the homeless and our new antisocial behaviour bill. Those measures have led to significant changes in how social workers are asked to deliver services. Such changes might have been made by us but they must be implemented by social work departments.

I want to consider good practice. In Glasgow, which has one of the largest social work departments in the European Union and which has the largest percentage of deprivation of any city in Scotland, there are proposals for good practice that will result in changes in case loads. Practice teams have been created, with a practice team leader and only three or four members in the teams. Practice teams will be introduced with a mix of professional and non-professional staff.

The Deputy Presiding Officer: You have one minute.

Trish Godman: There will be 36 operational managers, some of whom will have city-wide duties. That means that seniors—for the want of a better word in our language—will be given case loads. That immediately means that there will be qualified social workers at the coalface. That is the kind of thing that McCrone was considering for teachers. If people are good and can knock on doors and talk to the punters, that is what they should be doing. However, that kind of arrangement can be achieved without going down the road of McCrone. It offers job satisfaction and a much more attractive job. We need to attract more people into the profession. Even with good practice and the changes in delivery, a lot more has to be done.

I will finish by asking a question that I have asked the Executive every time I have stood up to talk about social work. Why is it that this profession, which is the second largest budget line in every council in the country, does not have a minister who is directly responsible for it? Mr Robson is here to respond to the debate tonight because children and education come into it. We could easily have had the ministers responsible for criminal justice or health. If we are serious about supporting people in the community, we should have a minister who people know is considering social work, its practice and its pay and conditions. I have asked the question before and nothing happens.

We need to be reminded of the good work that is done in our communities by public sector workers and we need to remember the consequences of our decisions in this chamber. All social work

staff—professional and non-professional—have earned the right to our support and respect. They need support and more resources to provide more public services.

The Deputy Presiding Officer: I have never been more tempted to use the red button.

17:37

The Deputy Minister for Education and Young People (Euan Robson): I echo members' congratulations to Brian Adam on securing the debate. Like Donald Gorrie, I congratulate him on the measured tone of his opening remarks. Perhaps he could impress that style on some of the wilder colleagues who sit behind him.

I want to start with the bald facts. In 1997, there were 3,314 qualified social workers in Scotland. Last month, the figure was 4,118, so there has been an increase over six years of 24 per cent—almost a quarter. There is no getting away from the fact that, as members have mentioned, there is undoubtedly a shortage of social workers in particular areas, which has had a significant impact on vital services. We recognise the problem and we are taking it seriously. We are trying to address it.

Some members, such as Scott Barrie, have reminded us that this is an issue of growth. The facts are that 25 per cent more social work students graduated last year than did the year before and that there are more qualified social workers now than there were at any time in the past. Last year saw a net increase of 51 social workers across Scotland and the local authority social services work force as a whole grew by 5 per cent. The sector continues to expand. We estimate that, in the past six months, vacancy rates have remained static while the number of posts has risen by 4.4 per cent. We face a rising demand for services within an increasingly tight labour market. As someone pointed out, demographic trends are against us. There will be competition among professions in years to come for the best-quality young people. We therefore have to set out the profession in the most coherent and competent way to take that into account.

Mary Scanlon: It is all very well to talk about the increase in supply, but would the minister acknowledge, as others have done, that there is an increase in demand for social workers across the voluntary sector because of legislation from here and elsewhere? Many graduates do not choose to take up a career in social work. The minister is giving only a part of the picture.

Euan Robson: If the member had listened more carefully to what I said, she would have noticed that I specifically mentioned the fact that we recognise that an expansion is going on. It is clear that that is a result of the legislation that the Parliament has produced and other factors. I repeat that we estimate that, in the past six months, vacancy rates have remained static but the number of posts has grown by 4.4 per cent.

Brian Adam: I want to take up two points. The minister said that the Executive wanted to attract and compete in the market for young people but, given that we are talking about the social work profession, I think that we should be attracting people of all ages.

I am concerned about retention in the profession, because there is a loss. It is natural that when some of the difficult cases are highlighted in the press and social workers are blamed, that leads to people leaving.

Euan Robson: I acknowledge Brian Adam's points. I also want to mention the issue of changing the title of "social worker", to which he and Donald Gorrie referred. I raised that with social workers and they expressed their belief that the title of "social worker" should be a badge of honour. If that is how they feel, I am pleased to support them.

I want to put on record my appreciation for Margaret Ewing's remarks about the profession in general and to add my thanks, and those of the Executive, for all the unsung work that social workers carry out throughout the country. We are grateful for it and we appreciate all that they do.

To change the atmosphere around social work, we have delivered the first-ever action plan for the social services work force. That has included a national campaign that has had a positive impact on the image of the sector. We are transforming professional social work education through the establishment of the new degree qualification, new standards, the Scottish institute for excellence in social work education and the Scottish Social Services Council. With registration—for which the council is responsible—there is a national minimum requirement for social workers' continuing professional development. That is a very important aspect.

Eleanor Scott mentioned the national incentive scheme to encourage students to enter the profession. I listened carefully to the points that she made and will take them away with me. We have a bold campaign to attract school leavers to the new degree, but I recognise Brian Adam's point about the need to attract older people into the profession. I understand the importance of having multiple entry points to the profession. I mentioned school leavers and young people in particular in the context of demographic changes.

Scott Barrie: Does the minister accept that continuing professional development is a key part of ensuring that skills are updated continually in

the social work profession? In the past, it has too often been the case that social workers received their professional qualification and then did not undertake any further training to ensure that their skills were kept up to date.

Euan Robson: Precisely so. That is why the Scottish Social Services Council has that issue on its agenda and is proceeding with it. We will pay particular attention to that.

Donald Gorrie said that the home carer should become a social worker. I agree; I, too, feel that multiple entry points are important to the profession.

I expect to be in a position to make a further announcement on the fast-track scheme fairly soon. I say to Brian Adam that Aberdeen city recently obtained five graduates from the fast-track scheme. He raised the issue of having major providers locally; he may know that the Robert Gordon University in Aberdeen is a provider and is running the relevant distance learning courses throughout Scotland, so the city that he represents is key to the work that is being developed.

Social workers are employed by local authorities as part of a wider group of local government employees who are covered by one scheme of pay and conditions, which provides for most terms and conditions to be negotiated locally. Therefore, each local authority is able to put in place structures that are suitable for the most effective delivery of services, in a way that reflects local circumstances. An entirely national approach to pay would not allow councils that flexibility. There is no one-size-fits-all solution, as I am sure that members will recognise. It is for local employers to determine how they run their services and how they remunerate their staff. I agree with Mary Scanlon, Donald Gorrie and Scott Barrie that social work's problems are not just related to pay and conditions. There are other aspects.

Scott Barrie: I hope that the minister is not suggesting that local authorities should be able to opt out of the national framework for negotiating pay and conditions. One difficulty at the moment is that we are robbing Peter to pay Paul, as different local authorities try to attract staff from other local authorities with inducements. That does nothing for the overall picture.

Euan Robson: I am sorry if I gave the wrong impression. I was not suggesting that; I was trying to remind members that it is for local government to deal with pay and conditions.

I fully recognise the need for national co-ordination and for strategies to develop the social services staff across Scotland. That is why I am chairing a new national work force group. To answer Trish Godman's point, when I first entered the Education Department I asked exactly the same question that she has posed on a number of occasions. Apparently, it is an historical accident that social work is now located within the Education Department. Whether there should be a change is a good question, but I will not develop that point tonight.

The national work force group has three active sub-groups, which I will explain. The education and training sub-group will develop a national training strategy and make recommendations on the impact of spending. The human resource development sub-group is promoting best practice in recruitment and retention and implementing a range of projects, including the national recruitment campaign. The work force information sub-group is collating better information and producing new intelligence to help us to predict future need.

For most employers, a vital source of future social workers is their current work force, so we will continue to encourage the development of learning organisations. To that end, as I announced recently, we are investing over the current and the next two financial years a further £9 million in specific funding for training the work force across the sector. We are also investing £2 million in the leadership development programme for the leaders of the future, because we recognise that demographic trends mean that a number of leaders in the profession are about to retire.

Eleanor Scott: Can the minister assure me that other groups, such as occupational therapists, will have their entitlement to CPD protected in the way that it would be if, like most in that profession, they were employed by the national health service, which provides OTs with an entitlement to protected time and funding for CPD?

Euan Robson: I will take those points away, as I am not entirely familiar with the details regarding occupational therapists.

We have told local authorities that voluntary sector partners must share in the £9 million. It is extremely important that local authorities deliver on that.

Brian Adam: Will the minister give way?

Euan Robson: I am sorry, but I cannot as I am now several minutes over time and the Presiding Officer is looking at me askance—or at least I thought that he was.

From the facts that I have mentioned, I hope that I have been able to explain, as members did in the speeches that they made, why it is a myth that people do not want to be social workers. It is very important that we give social workers training, back-up and continuing professional development to help them in their profession. I confirm that the

second phase of the care in Scotland campaign will begin on 26 January. It will be spearheaded by a six-week burst of advertising in national and local press and on the radio, as well as outdoor advertising.

In conclusion, we are determined to lift the social work profession so that it grows in self-confidence and is held in high esteem by the public. I think that we are making considerable progress, so I do not think that a review is needed quite in the terms that Brian Adam suggested. Much of the work that would be encompassed in a review is being done already.

As I have said, pay and conditions are certainly not the whole story. I personally am determined to lift the profession to where it ought to be, at the top of public esteem, and in doing so to ensure that the people of Scotland are well served by a vibrant social work profession.

Meeting closed at 17:49.

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