

MEETING OF THE PARLIAMENT

Wednesday 15 June 2005

Session 2

£5.00

© Parliamentary copyright. Scottish Parliamentary Corporate Body 2005.

Applications for reproduction should be made in writing to the Licensing Division,
Her Majesty's Stationery Office, St Clements House, 2-16 Colegate, Norwich NR3 1BQ
Fax 01603 723000, which is administering the copyright on behalf of the Scottish Parliamentary Corporate
Body.

Produced and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by Astron.

CONTENTS

Wednesday 15 June 2005

Debates

Col.

TIME FOR REFLECTION	17901
QUESTION TIME	17902
BAIRD TRUST REORGANISATION BILL: FINAL STAGE	17909
<i>Motion moved—[Mr Andrew Arbuckle].</i>	
Mr Andrew Arbuckle (Mid Scotland and Fife) (LD)	17909
Tricia Marwick (Mid Scotland and Fife) (SNP)	17911
Bill Aitken (Glasgow) (Con)	17912
Scott Barrie (Dunfermline West) (Lab)	17912
SEXUAL HEALTH	17914
<i>Motion moved—[Mr Andy Kerr].</i>	
<i>Amendment moved—[Shona Robison].</i>	
<i>Amendment moved—[Mrs Nanette Milne].</i>	
<i>Amendment moved—[Patrick Harvie].</i>	
The Minister for Health and Community Care (Mr Andy Kerr)	17914
Shona Robison (Dundee East) (SNP)	17918
Mrs Nanette Milne (North East Scotland) (Con)	17921
Patrick Harvie (Glasgow) (Green)	17924
Mike Rumbles (West Aberdeenshire and Kincardine) (LD)	17927
Marilyn Livingstone (Kirkcaldy) (Lab)	17928
Fiona Hyslop (Lothians) (SNP)	17930
Carolyn Leckie (Central Scotland) (SSP)	17933
Susan Deacon (Edinburgh East and Musselburgh) (Lab)	17935
Alex Johnstone (North East Scotland) (Con)	17938
Linda Fabiani (Central Scotland) (SNP)	17940
Janis Hughes (Glasgow Rutherglen) (Lab)	17942
Eleanor Scott (Highlands and Islands) (Green)	17944
Margaret Smith (Edinburgh West) (LD)	17946
Mary Scanlon (Highlands and Islands) (Con)	17949
Mr Stewart Maxwell (West of Scotland) (SNP)	17952
Mr Kerr	17955
BUSINESS MOTION	17960
<i>Motion moved—[Ms Margaret Curran]—and agreed to.</i>	
Donald Gorrie (Central Scotland) (LD)	17961
The Minister for Parliamentary Business (Ms Margaret Curran)	17962
PARLIAMENTARY BUREAU MOTION	17967
<i>Motion moved—[Ms Margaret Curran].</i>	
DECISION TIME	17968
BARNARDO'S	17976
<i>Motion debated—[Robert Brown].</i>	
Robert Brown (Glasgow) (LD)	17976
Mr Adam Ingram (South of Scotland) (SNP)	17979
Ms Wendy Alexander (Paisley North) (Lab)	17980
Lord James Douglas-Hamilton (Lothians) (Con)	17981
Donald Gorrie (Central Scotland) (LD)	17982
Ms Rosemary Byrne (South of Scotland) (SSP)	17984
Marlyn Glen (North East Scotland) (Lab)	17985
Ms Sandra White (Glasgow) (SNP)	17986
Robin Harper (Lothians) (Green)	17988
The Deputy Minister for Communities (Johann Lamont)	17989

Oral Answers

	Col.
SCOTTISH PARLIAMENTARY CORPORATE BODY	17902
Environmental Performance	17902
Gaelic Language Plan	17906
Guided Tours (Revenue)	17904
Members' Bills (Support)	17907

Scottish Parliament

Wednesday 15 June 2005

[THE DEPUTY PRESIDING OFFICER opened the meeting at 14:15]

Time for Reflection

The Deputy Presiding Officer (Trish Godman): Good afternoon. The first item of business is time for reflection, which is led today by Acharya Medanipati Misra, priest of the Hindu temple in Glasgow; Mrs Shobha Nagpal, who is vice-president of the Hindu temple in Glasgow, will interpret.

Acharya Medanipati Misra (Hindu Temple, Glasgow): (consecutive interpretation) Respected Presiding Officer and respected members of the Scottish Parliament, all humans desire comfort, peace and happiness. Not only we humans, but each living creature also desires comfort and happiness. Everyone can gain comforts, but few achieve real happiness.

We carry out a variety of actions to gain this comfort, such as higher education, business, politics, jobs and various professions, and we think that the more we earn the higher our standard of living will be and the more objects we can buy to give us physical comforts; in that way, we will gain more comfort and happiness.

Yes, all these do give some comfort: our desires are fulfilled, but are these true comforts? Is our mind at peace? Think about this. We have no idea how true comfort can be obtained. At a time like this, only faith is of use. Our scriptures state:

Asto ma sadgamaya—Maintain true thoughts. Keep moving from untruth to truth.

Tamsoma jyotirgamaya—Move from darkness to light. Worldly actions introduce darkness. Think towards the light of faith.

Mrityorma amritam gamaya—Move from death to eternal life.

Karm kuru—Continue doing your deeds without desire for rewards. Absolve yourself of worldly desires and meditate and pray a little.

If we keep these facts in mind, only then can that unbounded happiness be gained, those unlimited comforts be gained and that immeasurable peace be gained that is desired by each living creature.

Sarve bhavantu sukhinah—May all be happy. May there be peace on earth.

Question Time

Scottish Parliamentary Corporate Body

14:20

Environmental Performance

1. Robin Harper (Lothians) (Green): To ask the Scottish Parliamentary Corporate Body what action it is taking to improve the Parliament's environmental performance. (S2O-7238)

The Deputy Presiding Officer (Trish Godman): I call John Scott.

Robert Brown (Scottish Parliamentary Corporate Body): We had expected John Scott to be present to answer that question, but I can give the answer, provided that Mr Harper goes easy with me on the supplementary.

The SPCB is developing an environmental policy that will commit the Parliament to improving its environmental performance. An environmental management system based on the international standard ISO 14001 will be used to implement the policy. The system will comprise objectives, targets and action plans to improve the environmental performance of our use of energy, waste, resources and travel. An important element of the system will be a communication and training plan for the building occupants.

Robin Harper: I welcome that answer, particularly the news about ISO 14001. There is huge scope for the Parliament to set an example and reduce its environmental impact. I invite Robert Brown to expand on the commitment to involve staff because, for environmental policy to be effective, it is essential that we get feedback from the people who work with the Parliament's systems and that staff be fully involved in producing the policy. Will the SPCB ensure that that will happen?

Will the SPCB agree to improve the level of communication within the Parliament on progress on its environmental policy and performance? For the Parliament's performance to improve, it is essential that we receive feedback on how we are doing. For example, information could be posted as a monthly bulletin on the Parliament's website.

The Deputy Presiding Officer: Although Mr Scott has now arrived, I ask Mr Brown to answer because Mr Scott was not here at the beginning of that supplementary question.

Robert Brown: Robin Harper will forgive me if I am not word perfect on the answer. He raises issues that are primarily to do with staff communication. We may be able to write to him with detail on those issues but, as I have

mentioned, we will develop an energy strategy to reduce energy use, an energy audit will be undertaken to identify areas of inefficiency and a communication plan will be rolled out. At the moment, an MSP survey is going round. That survey covers broader issues, but it will take on board some of the issues that Robin Harper asked about.

It is important that we understand what systems are in place in the building. As Robin Harper was involved in discussions with officials at an earlier stage, he is aware that, from the beginning, the intention has been to make the building as environmentally satisfactory as possible. Accordingly, we do not have mechanical heating systems in most parts of the building, and there are issues that are to do with that. I am well aware—as are members—that there are heating issues in the building that will take time to sort out. The advice that we have from facilities management is that we need a year to allow the system to settle, but I am not entirely persuaded that we can leave it as long as that, as there are issues with the management of the system. Some circulars have been sent round about opening windows and various other means of ventilation that will be an important contribution towards resolving the issues.

Perhaps we could write to Mr Harper with further details, given my slightly inadequate reply on that question.

Dennis Canavan (Falkirk West) (Ind): Why is our power to vary the temperature in our offices as limited as the Parliament's power to vary the rate of income tax? The standard temperature is controlled centrally and we can vary the temperature up or down by only 5°. Am I the only member here who at times finds my office atmosphere to be like a sauna? That is not conducive to efficient working or to the efficient use of energy.

John Scott (Scottish Parliamentary Corporate Body): I begin by making an unreserved apology to the Parliament for my lateness in arriving to answer these questions. I have no excuse, other than that I was in my office.

Members: Which was too hot.

John Scott: Yes—it was too hot.

The original brief for the building specified that it should be an environmentally friendly, low-energy building. That specification means that there is no air conditioning in the building. As such, it is naturally ventilated. I expect that my colleague Robert Brown said that we are taking a year or so to allow the computers to address the temperature control situation. We believe that we must give the system time to bed in, and indeed it will.

Dennis Canavan: Nonsense. [*Laughter.*]

The Deputy Presiding Officer: Can we have some order, please?

Margo MacDonald (Lothians) (Ind): We have just heard the concerns about heating control. Knowing what we know now about the performance of the building, does the corporate body agree—retrospectively, of course—with what I said about it being a bit hasty to accept the building research establishment environmental assessment method, or BREEAM, rating, which is the industry-approved standard of environmental performance, when the building was under construction? Now that the building is constructed, we know better.

John Scott: In essence, I refer Ms MacDonald to my previous answer. We took on the design brief back in the 1990s. That is what we have to make the best of now.

Mike Pringle (Edinburgh South) (LD): My question concerns the wasted use of electricity in lighting. In some parts of the building, the lights go off and on automatically in response to movement. That is not the case in the MSP block. Some lights in the MSP block, in both the corridors and our staff's offices, are on permanently. Could the system that operates outside the committee rooms and in other parts of the building be extended to the entire complex so that, when there is no movement, lights that are on go off, thus saving energy?

John Scott: An energy audit will be undertaken this year to identify where further savings can be made. The lighting management computer has been programmed to ensure that lights are not inadvertently left on. Its programme will be further refined over time as building occupancy patterns evolve. For areas that are not on the system, procedures are being developed and rolled out to ensure that lights are not left on.

Guided Tours (Revenue)

2. Frances Curran (West of Scotland) (SSP): To ask the Scottish Parliamentary Corporate Body what the total revenue has been from guided tours of the Parliament building. (S2O-7232)

Andrew Welsh (Scottish Parliamentary Corporate Body): All visitors to the Scottish Parliament can explore our exhibition in the main hall and watch business in the chamber and committees for free. Guided tours are offered from Fridays to Mondays, and seven days a week during recess. The tours offer expert professional commentary on the building design and art, devolution, elections and how the Parliament works. Up to the end of May 2005, more than 370,000 people had visited the Parliament. Of those, more than 65,000 took a guided tour of the

building; that represents almost one visitor in five opting for a guided tour. The total income, including VAT, in the period from October 2004 to March 2005 was £115,790.

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): Shocking.

Frances Curran: It is shocking—thanks for the prompt.

Does it sit comfortably with the corporate body that the taxpayers of Scotland paid £431 million for this building, yet a private company, at £3.50 a time for a tour, is making money out of the building? The profit does not come back into the Parliament. Will the Scottish Parliamentary Corporate Body consider making that tour service free for the people of Scotland, and providing it in-house instead of giving the work to a private company? There is a tendency not to show the building as the political home of the Scottish people but to get as many bottoms on seats as possible, which causes problems.

Mr Welsh: All visitors have access, which is absolutely free, to the chamber, the committee rooms, the petitions process and MSPs. Visits that are provided by the education service remain free, as do publications about the Parliament. Pass holders can also offer free tours to visitors.

The guided tours are available as a value-added item. The charges for an expert guided tour service are set on a break-even, non-profit basis. The tours have proved popular and if we had not set charges they would have been funded fully by the Scottish taxpayer. We have various concessions for adults, families and groups, and children aged under five go free. Contracting out has enabled us to draw from a body of professionally trained tour guides who can respond to varying levels of demand, requests for different languages and so on, which results in a more flexible, cost-effective service than could be provided through an in-house resource. The decision was based on efficiency, quality of service and necessary specialisation.

Christine May (Central Fife) (Lab): Has any assessment been made of the adequacy or otherwise of the catering facilities for the public in the Parliament?

Mr Welsh: Yes. That is reviewed regularly. If the member has any specific items that she wishes the corporate body to take on board, I assure her that they will be followed through.

Mr John Swinney (North Tayside) (SNP): Does Mr Welsh agree that it is a matter of considerable pride that more than 350,000 people have visited the Parliament since it opened in October? Does he agree that encouraging more and more people to come to visit the Parliament

will allow them to see the important legislative work that is done here, which might encourage them to demand further powers for the Parliament to extend—

The Deputy Presiding Officer: Mr Swinney, sit down. I do not think that you should answer that, Mr Welsh.

Gaelic Language Plan

3. Rob Gibson (Highlands and Islands) (SNP): To ask the Scottish Parliamentary Corporate Body whether it will set an example to other Scottish public bodies by preparing its Gaelic language plan for the Parliament in advance of any formal requirement to do so by Bòrd na Gàidhlig. (S2O-7191)

Andrew Welsh (Scottish Parliamentary Corporate Body): Tha mi duilich, chan eil Gàidhlig agam. In spite of that, I am happy to encourage the language of the garden of Eden. Section 3(4) of the Gaelic Language (Scotland) Act 2005 states that a Gaelic language plan must

“set out the measures to be taken by the relevant public authority in relation to the use of the Gaelic language in connection with the exercise of the authority’s functions”.

The SPCB’s language policy, which was adopted in November 2004, already does that. Our information leaflet, “Gaelic in the Scottish Parliament” gives further details. Both documents are available on our website.

Indeed, we already set an example. The Scottish Parliament was recently commended for its approach to Gaelic in the first report of the committee of experts on the European Charter for Regional or Minority Languages and its application by the United Kingdom in April 2004.

We note from the legislation that a national plan will be created between one and five years after the passing of the act and we would naturally further review our position once that national plan is published.

Rob Gibson: Catalan, Basque and Galician are recognised languages used in European institutions and Irish will be the 21st official language in the European Union in 2007. Can we be assured that the Parliament will create a development plan that fits the requirement of Bòrd na Gàidhlig and shows ambition for our oldest Scottish tongue to be used much more often in the business of this Parliament at home and in its work in the European Union?

Mr Welsh: Indeed. I hope that we will continue our clear, on-going commitment to the use of Gaelic. The SPCB’s view is that there are strong historical and cultural reasons for Parliament to carry out work in Gaelic. Our language policy shows the range of ways in which members can

interact with Parliament in Gaelic as part of our parliamentary business. Witnesses can give evidence in Gaelic; Gaelic is incorporated in the *Official Report*; petitions can be written in Gaelic; and Gaelic speakers can find out more about Parliament through the Gaelic pages on the website. In our education programme, Gaelic schools can participate through the Gaelic outreach officer, as they did in Gaelic schools week in May 2005, when 250 young people from primary schools all over Scotland came to Holyrood on a visit conducted in Gaelic.

We have tried to incorporate Gaelic into recent presentations to community groups in Portree, Inverness and Stornoway, and there will soon be events in Benbecula, the Uists and Fort William. Detailed information on what we provide in Gaelic is available in the leaflet entitled "Gaelic in the Scottish Parliament", which I recommend to everyone as reading material.

Members' Bills (Support)

4. Mr Mark Ruskell (Mid Scotland and Fife) (Green): To ask the Scottish Parliamentary Corporate Body what criteria it applies in deciding whether members' bills should receive support from the non-Executive bills unit. (S2O-7239)

Robert Brown (Scottish Parliamentary Corporate Body): The non-Executive bills unit provides support to all members in developing their proposals for members' bills, and particularly in providing assistance with initial policy development and analysing responses to consultations. However, it has been clear for some time that the demand for NEBU's resources is likely to exceed its capacity as far as drafting assistance is concerned. The SPCB is well aware of the politically delicate nature of the issue, which has been anxiously considered at various times by the Parliamentary Bureau, the Procedures Committee and the corporate body itself.

Following the Procedures Committee's sixth report in 2004, the SPCB updated the existing criteria, which are incorporated in the standing orders. In brief, drafting assistance is provided only to proposals that are broadly within the Scottish Parliament's competence if there is no likelihood of legislative action being taken in the current session of the Scottish Parliament or at Westminster in the same area of law.

The SPCB is considering further measures to manage and prioritise the amount of drafting assistance that NEBU can provide. We are conscious that members' bills are the preserve of members and not of political parties or the Executive. At the same time, the bureau has responsibility for the parliamentary timetable, including the allocation of scarce chamber time.

Mr Ruskell: If criteria are used that are based on how simple a proposed bill is judged to be, there seems to be an inherent danger that political decisions could be made by the SPCB about which bill proposals will command priority status for development by NEBU. Given that the new procedures for bill proposals ensure that only proposals that have both wide cross-party support and a proper policy development process are allowed to proceed, does the member agree that the time is right to increase resources to NEBU to ensure that proposals are given the best chance to be introduced as bills?

Robert Brown: No, I am afraid that I do not agree. At the end of the day, the Parliament must manage its resources reasonably, and there have been constant attempts to judge the level of resources that NEBU requires. As the Procedures Committee commented, there is no conceivable way in which all possible demands can be met and there must, therefore, be prioritisation.

The issue has gone round the Procedures Committee, the bureau and the corporate body. There is a difficulty and I accept entirely that political judgments lie behind such matters, but we are trying to develop management proposals as far as possible on how to do things. We will have to consider issues such as complexity, the amount of NEBU's time that is involved, the extent to which a proposal will impact on other bills and the extent to which the bureau can find parliamentary time for a proposal.

The SPCB is clear that the Parliament should have the ultimate decision on the matter, probably on a recommendation or report from the corporate body. We intend to discuss with the Parliamentary Bureau a timetable for bringing the final decision to Parliament as soon as possible after the summer recess.

Baird Trust Reorganisation Bill: Final Stage

The Deputy Presiding Officer (Trish Godman): The next item of business is a debate on motion S2M-2941, in the name of Andrew Arbuckle, on behalf of the Baird Trust Reorganisation Bill Committee, that the Parliament agrees that the Baird Trust Reorganisation Bill be passed.

14:39

Mr Andrew Arbuckle (Mid Scotland and Fife) (LD): I will take a moment to outline the consideration of the bill to date and the procedure that we will follow if the Parliament agrees to pass the bill.

The bill was introduced on 27 October 2004 by its promoter, the trustees of the Baird Trust. Following the introduction of a private bill, any person who thinks that their interests will be adversely affected by it can object to it. They have a 60-day period in which to do so. The objection period for the Baird Trust Reorganisation Bill ran from 28 October 2004 until 7 January this year. No objections were received; the bill is not contentious.

The Baird Trust Reorganisation Bill Committee was established in March 2005 and consists of five members, none of whom had any connection with the bill's promoter. I express my thanks to all those who contributed to the passage of the bill. I thank the trustees of the Baird Trust—the promoters—especially Mr Ronald Oakes for his help in providing background information. I thank my colleagues on the committee for their time and input, and I thank all the witnesses who took the time and effort to provide us with oral evidence. I also thank the clerks who guided us through the process.

We began our consideration of the bill on 26 April and completed our deliberations on 24 May with the publication of our preliminary stage report. The report was debated in Parliament on 2 June, after which the general principles of the bill were agreed to and it was agreed that the bill should proceed as a private bill. Normally, a private bill would have moved to the consideration stage, which is similar to stage 2 of a public bill. At the consideration stage, the committee can hear further evidence from the promoter and consider any amendments to the bill. However, as there were no objections and no member of the committee wished to lodge an amendment, the committee recommended that the Parliamentary Bureau consider suspending the relevant standing orders to omit the consideration stage for the bill, so that it could move directly to the final stage. On

7 June, the Parliamentary Bureau decided that that was the best course of action and Parliament agreed to that a day later.

The final stage of a private bill is broadly similar to stage 3 of a public bill. If Parliament agrees to pass the bill, there will follow a statutory four-week period during which legal challenges to the bill can be made. If none is made within that time, the Presiding Officer will present the bill for royal assent and it will come into force some 30 days after royal assent is granted, with the exception of section 3. Section 3 will dissolve the transferor and repeal the three Baird Trust order confirmation acts after the necessary transfers to the new company, which is limited by guarantee, have taken place. That section will come into effect on the first anniversary of the bill's receiving royal assent.

That is the legal process. For the remainder of my five minutes, I shall give an outline of the trust, its founder and the good work that it does and will continue to do.

James Baird, the founder of the trust, was one of several brothers who were largely responsible for the development of the Scottish iron and steel industry in the 19th century. He founded William Baird & Company with his older brother William, which went on to become one of the largest producers of iron.

James Baird was known to be a generous man and a willing giver, but he liked to be sure that he was giving where it was deserved and where it would be beneficial and encourage the recipients to help themselves. His generosity is demonstrated by the fact that, in setting up the trust, he donated £500,000 to the Church of Scotland—at that time, the greatest amount ever to be given for religious or charitable purposes. Notably, he did not bequeath the money in his will, but dictated the form of the trust that was to administer it. He oversaw its full operation before his death and even assisted in its administration at the outset, despite being in his 70s.

The Baird Trust has given assistance, over the years, for the building and repair of churches; for divinity students; for retired ministers and their widows; for religious instruction; and for the audio-visual work of the church. Those extremely worthwhile projects are only some of the many that have been supported by the Baird Trust, which demonstrates the enormous contribution that the trust and many organisations like it make to our communities. I am sure that members will agree that such projects play a vital role in the community and deserve the support of the Parliament, as do the organisations that support them.

I commend the bill to members. It may be modest in size and purpose compared with other bills that the Parliament deals with, but it has the potential to have a positive effect on many people's lives. It is fitting that the trust be reorganised in this way, as it removes the need for the trustees to promote further private bills whenever changes are needed to the trust's constitution. On behalf of the committee, I move,

That the Parliament agrees that the Baird Trust Reorganisation Bill be passed.

14:45

Tricia Marwick (Mid Scotland and Fife) (SNP): No one suggests that the bill has taken up a great deal of parliamentary time, but the time that it took was worth while. Thanks are due to the committee convener, Andrew Arbuckle, the committee itself, and, of course, the clerks for their diligence in working on the bill.

The bill will allow the Baird Trust to get itself into shape for the 21st century. Since it was set up in 1873 and formally incorporated by an act of Parliament in 1937, the world has changed. The bill will change the Baird Trust into a charitable company limited by guarantee. The objectives of the trust have been updated and the changes mean that a further act of Parliament will not be required if further changes to the constitution are to be made at some time in future.

I note that James Baird's original trust said that its object was

“to assist in providing the means of meeting, or at least as far as possible promoting the mitigation of, spiritual destitution among the population of Scotland, through the efforts of securing the godly upbringing of the young, the establishing of Parochial Pastoral Work, and the stimulating of ministers and all agencies of the ... [Established] Church of Scotland”.

I am sure that that object is still applicable today.

The bill widens the trust's membership and powers of investment so that it will be able to support the work of churches other than the Church of Scotland. The changes will bring greater transparency through the Office of the Scottish Charity Regulator and the Inland Revenue and the trust's accounts will be lodged with Companies House. All that will bring greater scrutiny and accountability than exists at present.

This is a small, but beautifully formed bill. It has not taken up a great deal of parliamentary time but the time that it has taken has been worth while because the Baird Trust will now step confidently into the 21st century instead of staying put in the past.

14:47

Bill Aitken (Glasgow) (Con): I speak on behalf of David Davidson who was the Conservative group's representative on the committee. I apologise for his not being here today; he is away on other parliamentary business.

The bill is eminently worth while. The trust has some worthy objectives. I simply thank the convener, his colleagues and the clerks for the work that has been put into passing the bill in a very short time, which clearly demonstrates how efficient the Parliament can be when it puts its mind to it. That is a stark contrast to some other private bills that are going through at the moment. I know that my colleagues on the Edinburgh Tram (Line Two) Bill Committee will agree with that.

We wish the bill all success and we will certainly not seek to impede its progress today.

14:48

Scott Barrie (Dunfermline West) (Lab): I have great pleasure in closing this very short debate in my role as the deputy convener of the Baird Trust Reorganisation Bill Committee. The previous two speakers, who were not on the bill committee, expressed their thanks to committee members. It was not the most onerous task that any of us has ever been charged with undertaking in the Parliament, although that does not mean that the bill is not significant.

Tricia Marwick was right to say that the legislation will bring the trust firmly into the 21st century and will mean that any future changes that the trustees want to make will not require the parliamentary scrutiny that has had to be done on several occasions since the original legislation was passed in the 19th century.

Bill Aitken referred to other private bill committees that take longer to consider their particular remit. As Kenny MacAskill said during the debate on the preliminary stage a few weeks ago, the private bill process is right for a bill of this sort; the process begins to break down when it is concerned with the major public works bills that have clogged up so much of other members' time. We must consider what the Procedures Committee has proposed about changing how we undertake such work so that we can get out of the legislative logjam that some of those committees have got into—through no fault of their own, but because of the strict parliamentary procedures under which we currently operate.

As has been said, the bill will simplify the trust's structure. It will improve and widen its ability to support churches and church activities—not just those of the Church of Scotland—and provide it with an administrative structure more suitable for a modern-day charity. The bill will aid public scrutiny

of the trust, widen the trust's membership, allow the trust to comply with the Charities and Trustee Investment (Scotland) Bill that the Parliament passed last week, and remove the need for future private bills.

I thank the clerks for their diligent work, the witnesses who gave evidence to our committee and my fellow committee colleagues. I will have great pleasure in voting for the measure later this afternoon.

Sexual Health

The Deputy Presiding Officer (Murray Tosh):

The next item of business is a debate on motion S2M-2958, in the name of Andy Kerr, on sexual health, and three amendments to the motion.

14:50

The Minister for Health and Community Care (Mr Andy Kerr):

As MSPs are aware, the Executive decided to produce a sexual health strategy because sexual health in Scotland is undeniably poor. The number of unintended teenage pregnancies in Scotland is among the highest in western Europe, as is the incidence of sexually transmitted infections. Worryingly, the situation is worse in areas of deprivation. That is why "Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health" includes a target for reducing teenage pregnancies among under 16-year-olds in the most deprived areas.

As MSPs will also be aware, the incidence of STIs is not confined to young people. Some of the highest rates of infection have been among those aged over 30. As the issue of sexual health affects us all—both the young and the not so young—the strategy is inclusive. Rather than target a particular age group, it seeks to address the issue in a comprehensive and cross-cutting manner. That is why I emphasised the sexual health strategy's central contribution to our health improvement agenda when I announced the launch of the strategy. That will be achieved through the provision of accurate information, improved and more easily accessible services and closer working across national health service boards to make better use of existing resources.

We want to foster and encourage the development of a culture of respect and responsibility. The answers to improving sexual health lie with each and every one of us. We can do something about it.

I was particularly heartened by the general welcome that the strategy received from all sectors of society at its launch. I appreciate that some aspects of the strategy will not have universal appeal, but we have always recognised that, on such a sensitive subject, views are deeply held. That is why the strategy is respectful of young people's rights and of parental and personal responsibilities, and why it recognises faith, cultural and gender diversity. However, it was reassuring that there was general agreement on the principles that underpin the strategy, which are self-respect, respect for others and strong relationships.

I am pleased to advise the Parliament that we have made good progress since the launch of the

strategy. In February, the first of two workshops for key stakeholders and commissioners of sexual health services took place. That event was for clinical service providers and was attended by representatives of all NHS boards. It was quickly followed in March by a wider stakeholder event, which was attended not just by clinical service providers but by sexual health promotion specialists and representatives of local authorities, the voluntary sector, special health boards and other key stakeholders. The purpose of both events was to take forward the strategy and action plan for improving sexual health.

The consensus among those who attended the workshops indicated a strong welcome for the strategy and a great willingness and enthusiasm to make progress as soon as possible. The outcomes from the workshops included initial discussions on the benefits of clinical service provision on a regional basis; development and submission of draft integrated clinical service plans; agreement on timescales for the production of local interagency sexual health strategies; and confirmation of the need to engage fully with all stakeholders in the development of local sexual health strategies

When we launched the strategy, I was pleased to announce some £5 million of new funding for each of the next three financial years to support the strategy's implementation. That is £15 million over and above what the Executive already spends on sexual health and related issues. My aim is to ensure that that funding is targeted at making improvements in front-line clinical services. To that end, by 31 March 2005 all NHS boards had submitted initial clinical service plans that reviewed current services, with the aims of working towards integrated links between family planning services and genito-urinary medicine services; increasing services at a primary care level; and providing training opportunities to increase the capacity of hardworking professionals in the field.

The objective for all concerned is to provide a sexual health service that is fit for the 21st century. I am very pleased that the boards, in their interim clinical service plans, have already made a number of key proposals. They include proposals for additional specialist nursing and medical posts and associated training programmes; for integrated family planning and GUM services with outreach services at a more local level suitable to patients; for targeted approaches, such as increased testing for sexually transmitted infections; and for specific user services such as psychosexual services and an increased number of youth clinics.

On the basis of those clinical service plans, funding allocation letters have now been sent to

boards. An important aspect of the strategy—this was recognised by the independent expert group that prepared the earlier draft strategy—is the need for leadership. At a local level, boards have now nominated an executive director lead for sexual health; all boards have either identified or are in the process of identifying the clinical lead for sexual health services; and all local authorities are identifying a strategic lead for sexual health in their area.

As regards leadership at a national level, MSPs will recall that when I launched the strategy I announced that we would set up a national sexual health advisory committee, which will be wide ranging. I will chair the committee and its membership will be drawn from a number of key stakeholders. The committee will have a pivotal role in monitoring the progress of the strategy. Most important, it will help to support the implementation of the action plan.

I see the committee's work as falling under three broad headings. Between them, the headings encompass all the actions in the remit that we set out in "Respect and Responsibility". The broad headings are the promotion of a culture of respect and responsibility; the prevention and reduction in the number of sexually transmitted infections and unintended pregnancies; and the provision of better services.

I have today announced the most up-to-date list of the membership of the committee. The first meeting will take place on Tuesday 28 June. I am indebted to the organisations and individuals who have readily agreed to be committee members. Although the membership of the committee reflects stakeholders with a major interest in sexual health, it has just not been possible to include everyone who wanted to be represented. The intention is that the work of the committee will be taken forward by sub-groups that will be able to draw on wider experience and expertise as necessary.

The committee will be an excellent forum to help to draw together other cross-cutting initiatives such as those for adult survivors of childhood sexual abuse and for street prostitution, and our work to reduce the levels of smoking among pregnant women.

In addition to the initial clinical service plans, boards have been asked to submit more detailed service plans by the end of September 2005. I have also asked boards, in collaboration with other local stakeholders such as local authorities and voluntary sector partners, to provide local interagency sexual health strategies that reflect the underpinning principles and general themes of "Respect and Responsibility". Those strategies should reflect the sexual health needs of local populations and should emerge through

consultation with professionals, parents, service users and the wider community.

In that way, our approach to dealing with sexual health and well-being reflects the wider, holistic nature of the issue and the role that has to be played by local authorities, the voluntary sector, schools, parents and other key stakeholders. Ultimately, however, it is important that we all take responsibility for our own sexual health. Of course, parents have a key role in protecting the health of their children.

Although the strategy is in no way confined to young people, education has a key role to play in delivering the cultural changes that lie at the heart of "Respect and Responsibility". The strategy seeks to build on existing principles of and guidance on sex and relationships education, and to improve further the key dimensions, such as parental engagement with classroom materials and the consistent delivery of sex and relationships education to all pupils, including those who are vulnerable or disaffected.

The Executive is working with the healthy respect project and the Scottish Catholic education service to develop materials for use in denominational schools. That is an extremely positive step that reflects the absolute importance of stakeholders working together for the common good.

When I launched phase 2 of healthy respect, I had the opportunity to meet and talk to several young people who use the Midlothian young people's advice service in Dalkeith. During our discussion, which lasted for more than an hour, they shared their views on sex education, smoking, drugs and alcohol. They highlighted the value of places such as MYPAS in providing advice and services not only on sexual health, but on a range of issues that they felt were relevant to them. The attitude of the staff towards young people was highlighted as a key element of such a good service.

As I indicated, the strategy is not just about young people. I will make efforts to visit fairly soon the Sandyford initiative in Glasgow, which is an example of how sexual health services can be provided in a location that is suitable for people of all ages.

Although I am pleased with the excellent progress that has been made to date and with the support of all the key stakeholders in the field, I know that we all recognise that this is a difficult and deep-seated issue to tackle. Scotland's poor sexual health is not something that has occurred recently; indeed, it is not an easy issue for a lot of people to talk about. As I said earlier, we have made good progress, but we have still to sort out the problems of poor communication and attitudes,

inaccessible and inappropriate services and a lack of knowledge and skills.

This is the start of a long journey, but I am confident that we can move forward with speed and purpose. Crucially, I am determined that we need to continue to make progress in supporting "Respect and Responsibility" throughout Scotland, which is why I am pleased to be chairing the national sexual health advisory committee in its key role of supporting the implementation of the strategy.

I move,

That the Parliament acknowledges the progress that has been made to date in implementing *Respect and Responsibility*, the Scottish Executive's Strategy and Action Plan for Improving Sexual Health; commends the work by stakeholders to date, and welcomes the creation of a National Sexual Health Advisory Committee which will be a key element in taking forward the action plan.

15:02

Shona Robison (Dundee East) (SNP): In response to the statement made by the minister on 27 January this year, the Scottish National Party gave a broad welcome to the Executive's strategy and action plan, "Respect and Responsibility". I give a similar welcome to today's debate. However, it is difficult for us to acknowledge the progress that has been made to date in implementing the action plan, as set out in the Executive's motion, when we have seen very little evidence of that progress so far.

I was concerned to note in today's press release from the Executive that it has taken six months to announce the membership of the national sexual health advisory committee. I would have thought that that could have been done much more quickly, so that we could start to see some action being delivered. However, we have an opportunity today to question the Executive about those matters and to look more closely at the targets and the timescales for the delivery of the action plan. As was acknowledged, the strategy was well overdue, given Scotland's poor sexual health record, with sexually transmitted infections such as chlamydia on the increase, not just among the young, but among the over-40s, where the incidence has doubled in the four years to 2003.

Teenage pregnancies are a worry and rates in Scotland are among the highest in Europe. As a Dundee member, I am acutely aware that we have a particular problem in the city and that it is linked to social deprivation and lack of opportunity. Tackling teenage pregnancy has as much to do with tackling poverty as it does with improving access to medical and support services.

Research tells us that confident girls and young women are less likely to become pregnant or

contract a sexually transmitted infection. Conversely, those with low self-esteem are more likely to be persuaded into having early sexual experiences. We must ensure that our young people are confident enough to delay sexual activity until it is right for them and that when they become active, they are well informed about safe sex. I support the Executive's message of "Delay until you're ready, but be safe when you are active."

There is much to commend in "Respect and Responsibility", such as the important commitment to ensure that high-quality and accessible information services are provided equitably throughout Scotland. We know how difficult it can be for people of all ages, but for young people in particular, to access services in more remote and rural areas. Often, the family general practitioner is the only provider of services, and that can put many people off seeking the help that they need.

I welcome the commitment that all schools will be expected to provide high-quality sex and relationships education. However, it is important that, in delivering the strategy, we try to take parents with us. Parents must be consulted on the sex and relationships education that is offered to their child, because if they are not comfortable with what is being taught, the measures in the strategy will be very difficult to deliver. There must be a partnership. If schools fulfil those requirements and if parents play their part by showing an interest in this area of their child's education, the concerns raised in the Tory amendment will prove unfounded.

Of course, parents have the primary role in ensuring that children are brought up to have respect for themselves and others. However, schools also have that duty. The Tories seem to be saying that we should do nothing and leave everything to parents. Most parents want assistance in dealing with such difficult and sensitive issues and welcome a bit of help with their child's growing-up process. How on earth can we do nothing to address the high levels of teenage pregnancy and sexually transmitted infections in Scotland? We would be abdicating our responsibility if we did not help parents to ensure that their children grow up respecting themselves and others.

As I said, there is much to commend in the action plan, but the focus now moves to delivery. In response to the minister's statement in January, I raised concerns about the lack of specific targets and timescales. I am still concerned about that gap, and my amendment seeks to address it. At the time, in response to those concerns, the minister said that the centre for change and innovation was due to

"get all the clinicians and experts in the field together".—
[*Official Report*, 27 January 2005; c 14028.]

That was to happen the following month, with the purpose of ensuring that the strategy could be rolled out and delivered—indeed, he referred to that in his opening speech today. He also said in January that, as soon as that event had been held, the Executive would begin to work on "reasonable" timescales. I wonder whether, in his winding-up speech, he will tell us about those "reasonable" timescales and whether they will be published, so that we can use them to measure the changes and results on the ground.

The minister mentioned that, as part of delivering the strategy, he wrote to health board chiefs and local authority leaders. What progress has been made on that front? How far advanced is the development of the local strategies and plans? Moreover, in January, he said that NHS Quality Improvement Scotland would

"set out a regime of monitoring the performance of health boards as they deliver the strategy". [*Official Report*, 27 January 2005; c 14033.]

Is that regime now in place?

After the minister's statement in January, I paid tribute to his decision to chair the national sexual health advisory committee. I was going to ask him about the number of times that it has met; however, given that it has not yet been established, I take it that the answer to that question is "none". In that case, will he tell us how often it will meet after its initial meeting on 28 June and how those meetings will be reported back to Parliament?

As well as the absence of timescales, we were—and are—concerned about the level of funding for the strategy. The minister announced an additional £5 million over three years on top of the existing £10 million budget for specific sexual health initiatives. That figure is somewhat less than the £300 million over three years announced by John Reid, the then Secretary of State for Health in England. Have people who work in the field, specifically those who have been appointed to the advisory committee, raised the issue of resources with the minister and will he keep the level of funding under review? I notice that, in today's press release, he announced that £4.5 million will be allocated to implement the sexual health strategy. Will he confirm whether that is simply a re-announcement of the same funding that he announced in his statement in January?

Scotland's future sexual health well-being is dependent on the strategy delivering a much-needed change in attitudes, better access to services and improved sex education. The minister has our support in trying to deliver that transformation.

I move amendment S2M-2958.2, to insert at end:

“and calls on the Executive to publish reasonable timescales for the implementation of the action plan as soon as possible.”

15:09

Mrs Nanette Milne (North East Scotland) (Con): It is now 40 years since the advent of the contraceptive pill in the 1960s put women in charge of their reproductive lives. As a result, society has changed enormously. The ability to plan pregnancies and to restrict family numbers has liberated women beyond the wildest dreams of previous generations. Their freedom to go to work and to boost the household income has made it possible for them to buy goods that were previously only a distant hope. Yesterday's luxuries are today's necessities and, even if they do not really want to, many women have to work to maintain their modern living standards. That has resulted in children spending less time with their mums than in any previous generation. Mum—and even granny—is usually in outside employment, so child minders and teachers are increasingly influential with children in their formative years, and busy parents have less time to communicate meaningfully with their offspring.

The pill has also given women sexual freedom, and many now have multiple sexual partners during their lifetimes. The easy availability of alcohol, the increase in drug taking, the decrease in the influence of religion and the open acceptance of extramarital sex put pressure on girls and women that often results in promiscuity and unprotected sex, the downsides of which are sexually transmitted infection, unwanted pregnancies and unstable relationships.

Patrick Harvie (Glasgow) (Green): Can Nanette Milne perhaps bring herself to mention any positive benefits that have come from women taking control of their reproductive lives?

Mrs Milne: I can indeed. As I have said, women have been given untold freedom. It is not all negative, but I am highlighting the downsides simply because we know that sexual health remains poor in Scotland today. Growing numbers of people are acquiring STIs such as chlamydia, the incidence of which is widespread and increasing. That has implications for young people's futures, as they may go on to suffer from infertility or cervical cancer. We know that sexual activity is beginning earlier, with a third of 15-year-olds in a recent survey claiming to have had full sexual experience. Teenage pregnancies are common—more so, as the minister said, in deprived areas. Therapeutic abortion in women aged 15 to 44 has gone up significantly, from 11 per 1,000 in 1996 to almost 12 per 1,000 last year.

Worryingly, there are also significant numbers of people in Scotland reporting discrimination, abuse and sexual violence related to gender, sexual orientation or HIV status, so it is right that Government is seeking to improve sexual health in Scotland and to promote an understanding of sexual health and relationships that encompasses emotions, attitudes and social context.

However, any attempt to dictate to young people is doomed to failure, and sustainable change in behaviour and attitudes can only be family and community driven. There must be a clear focus on family values, and the Executive should publicly affirm the primary responsibility of parents in ensuring that children are brought up with respect for themselves and for others and that they are shown how to take responsibility for their own welfare and actions.

In preparing for today's debate, I read six briefing papers from bodies such as Barnardo's Scotland, the British Medical Association and the Royal College of Nursing. I am afraid to say that only in one briefing, from Children in Scotland, could I find any reference to parents, and that was on the third page. The briefing said that

“it must be remembered that school is just one of the many influences on young people's development—parents are also an important influence, and they must be supported in providing advice and education to their children.”

Scott Barrie (Dunfermline West) (Lab): I agree with Mrs Milne that parents have a key role to play in assisting in any sexual health strategy, but does she agree that her overemphasising of that role ignores the fact that some parents are either unwilling or unable to ensure that their children are properly informed, and that it ignores children who live in residential or substitute family care? Given that, what exactly are her objections to the creation of the national sexual health advisory committee, and why does her amendment seek to withdraw any reference to it?

Mrs Milne: We know that there are parents who are not best equipped to educate their children, but we must look at giving them support. It is a multi-agency problem, and we need to consider all aspects of it. However, we cannot condone the abrogation of parental responsibility, as expressed recently by the mother of the three Williams sisters from Derby, who gave birth at 12, 14 and 16. How can she blame a lack of sex education at school for their behaviour? Where was she when her youngsters were getting themselves pregnant? At such ages, she should know exactly where they are all the time.

Linda Fabiani (Central Scotland) (SNP): Will Mrs Milne give way?

Mrs Milne: I have given way twice already.

Sexual health education is a complex subject. It needs to help all children with their confidence and self-esteem—not just the sexually active but those who do not want to be. There needs to be advice on sexually transmitted infections, the complex emotional aspects of teenage sex and the issues surrounding abortion. I am glad that the minister agrees that parents must be involved in selecting the literature that backs up all that information.

Parents must be given the opportunity to discuss such sensitive issues with their children in the manner that they consider appropriate. That is why we think that school boards should have a legal right to veto any sex education material and that parents should have a legal right to withdraw their children from sex education.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Will the member give way?

Mrs Milne: I will take no more interventions.

We want an assurance that the sexual health strategy will not undermine the authority of parents by providing a plethora of state-sponsored expert advice.

We welcome the Executive's efforts to promote positive sexual health in Scotland, to tackle the widespread problems of teenage pregnancy and STIs, to address the difficulties that are faced by people of all ages—including those who have disabilities and impairments—and to deal with the specific health and discrimination issues that confront the lesbian, gay, bisexual and transgender community. We also welcome the fact that education programmes will take the form of abstinence-plus education, which aims to delay the onset of sexual activity.

However, improving sexual health and changing behaviour will need the co-operation of the NHS, schools, the media, the voluntary sector and—above all—parents and individuals, who must take responsibility for managing their own sexual health and maximising their sexual well-being. The passing of much of that responsibility to schools is symptomatic of many of the social problems that face communities in Scotland today, which are the result of parents refusing to take the necessary responsibility for their children's actions.

The Executive must acknowledge that centrally directed strategies such as its sexual health and relationships strategy will have a limited reach. I reiterate that it should publicly affirm that parents have the primary responsibility for ensuring that their children are brought up with respect for themselves and others.

I move amendment S2M-2958.1, to leave out from “and welcomes” to end and insert:

“believes, however, that centrally directed sexual health strategies, such as the Executive's sexual health and

relationships strategy, will have a limited reach, and considers that the Executive should publicly affirm the primary responsibility of parents in ensuring that their children are brought up with respect for themselves and others.”

15:17

Patrick Harvie (Glasgow) (Green): I will try to follow that speech with a seriousness that it does not deserve.

Yesterday, I talked at an event that the Telephone Helplines Association organised. The event gave me the opportunity to reminisce about my experience of working for the sexwise helpline, which provides sexual health information to young people between the ages of 12 and 18. I used to do two shifts a week; it was not the best job I have had in my life because pressure was high and it involved taking many phone calls and much abuse. People often wanted very simple information; for example, time after time, they wanted terms to be defined. By the time I left that job, I must have defined most sexual activities more times than I will ever participate in them—not a happy thought for a single 20-something.

That experience reinforced for me the huge number of myths that existed then. I came to that job thinking that many of those myths would have died off decades earlier, but they are still out there. We need to take serious action to tackle the great deal of ignorance and myth that continue to exist. Later in my career, I worked as a full-time youth worker, when it was again brought home to me that as far as people's sexual health needs and the issues that impact on their sexual health are concerned, individuals gain a wide range of experiences at school, at home and at work. We need to be aware of that wide range of experiences.

The Conservative party is right to tell us that parents have a responsibility for young people's sexual health and the Executive's strategy is right to say the same thing; we all acknowledge the importance of parents' role. However, we must also acknowledge that not all parents exercise that role and that the vast majority of those who do so support the provision of good-quality sex education at school on top of—not as an alternative to—their own efforts. They also support young people's access to services and information. As Scott Barrie said, not all parents will be able or willing to provide the necessary information and support.

I condemn the idea of giving school boards and parents a veto over the use of specific materials. We all saw how ugly the section 28 debate got. You can bet your bottom dollar that, if that power were available, it would be exercised and abused by some of the most unpleasant elements in

society. If Nanette Milne believes what she says about wanting to support the LGBT community and its specific sexual health needs, I ask her to re-examine her policy on that right to veto.

I turn to the Scottish National Party amendment. One of the concerns in respect of sexual health as a whole has been about timescales for solid implementation plans. The Green party believes that it is worth supporting an amendment that calls for timescales to be published. Even if, at the end of the day, we expect the timescales to come from the advisory committee, we should say that we want them. We support the intention behind the SNP amendment, which asks for timescales.

The motion calls on Parliament to welcome the strategy. I welcome it, but it is most important that I do so because of the principles on which it is based. Sexual health is not just about an absence of disease; it is about a range of social and emotional—and political—factors that impact on people's sexual health and their ability and confidence to access services.

However, I have one or two caveats about the wording of the strategy document. It takes six areas as starting points, the second of which is that

“committed and stable relationships, characterised by these values, are the right setting for sexual relationships”.

My point may be about just a minor aspect of language, but it is wrong to suggest that people should not have sex and that we should disapprove of people who have sex outwith committed and stable relationships. Committed and stable relationships are fantastic and we should support them and encourage people to pursue them. However, equally we should not disapprove of people just because they have sex outwith such settings.

My amendment deals with the balance between clinical and prevention services. It is perhaps understandable that the minister's speech focused largely on the clinical side. There is a great deal that we need to get right in our clinical services and in the way in which people can access a range of services. I am thinking of local services and services that need to be accessible not only geographically and physically but because they meet specific needs.

We also have to get right prevention and education. If we want to create a culture of respect and responsibility, GUM clinics are not the place to do it; the whole of society is that place. There is little point in putting all our resources into clinical services. We need to improve health and not just to treat ill-health.

We need to put equality and diversity at the heart of our understanding of the issues. We have

to recognise that a one-size-fits-all approach will not work and that we need to consider issues such as age, gender, sexuality, ethnicity and language. Legal status is also important, for example in addressing the needs of asylum seekers and refugees who come from different countries and who have a different range of sexual health needs. They might have a different concept of what sexual health is and of their relationship to treatment and medical services, for example. Those matters are implicit in the strategy, but we need to ensure that they are explicit in everything that we do. I look forward to the committee coming up with the explicit aspects of the strategy.

My amendment mentions the Caledonia Youth project, whose Glasgow branch has been examining specifically the needs of excluded young people. That work has included young offenders at Her Majesty's young offenders institution Polmont and young people who are coming out of care—the sort of people who are excluded from a wide range of mainstream support services.

If we end up with the loss of existing services and if existing professionals move to other fields, lose their skills or even their motivation because of uncertainty about funding, we will go in the wrong direction. We should build services. Eventually, the new funding for the strategy will build on existing provision but, in the meantime, we absolutely must not lose our existing services.

Again, I welcome the strategy and the fact that a committee has been appointed to work on the subject. I encourage Andy Kerr in his visit to the Sandyford clinic to take the opportunity to meet the people at Caledonia Youth; that clinic is where they are based.

I want to underline that there will be a continued need for proper resourcing, and for good work with the voluntary sector as well as with the public sector, and that we will need political will. A minority of people—they present themselves as the moral majority—do not want there to be sex education or recognition of equality and diversity. It will take continued political will to ensure that that agenda does not hold sway, and that instead we end up improving the sexual health of Scotland's young and old people.

I move amendment S2M-2958.4, to insert at end:

“recognises that there is a need both for clinical services and for prevention work which enables individuals to take greater control of their own sexual health and that both elements must be delivered in ways which recognise the diversity of the population and respect their equal rights to information and services; is concerned, therefore, by the decision by NHS Greater Glasgow to cut the funding to Caledonia Youth's Glasgow branch, which will lead to the closure of a service with a record of working to address the sexual health needs of excluded young people, and calls

on the Executive to work with NHS boards to ensure that existing services are maintained and improved upon wherever possible.”

15:25

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): The strategy and action plan for improving sexual health are all about ensuring that a culture of respect and responsibility based on sound values is at the heart of our national, community and personal well-being. We aim to tackle the unacceptable levels of unplanned and unwanted teenage pregnancies and the increase in sexually transmitted infections. It is absolutely right, therefore, that the Executive takes an active role in promoting positive sexual health as a key part of improving public health in Scotland.

The Liberal Democrats argued in our 2003 manifesto for development of a national sexual health strategy. We pointed out that a healthy sex life is an important and enjoyable part of people's lives, but that significant dangers can be attached unless care is taken. We said that about 20,000 people in Scotland are treated for sexual health problems every year. To address that, we called for the development of this strategy by the Executive.

We need the strategy to enhance self-respect and to tackle the complacency that has led to increased risk taking, particularly among young people. We also want to reduce the stigma that is attached to sexual health issues. We wanted in designing sexual health services to ensure, while reflecting the different cultures, genders and orientations of individuals, that the health advantages to young people of delaying sexual experience were included in the sexual health strategy. That is what the Executive has done. All those things are included in the Scottish Executive's "Respect and Responsibility" action plan.

The motion welcomes the fact that the national sexual health advisory committee has been created. Among many of its tasks, it will have a major role in ensuring that no one is excluded from appropriate sexual health services. That is a real and important role for the committee.

The strategy and action plan make it clear that the Scottish Executive's Health Department and Education Department have specific functions in tackling the issues that are before us. Local authorities and health boards must also co-operate in fulfilling their functions. I believe that one of the most important functions that local authorities have is to ensure that all schools—all schools—are able to demonstrate that they provide pupils with equitable information about sexual health services and, importantly, about how to access them.

Alex Johnstone (North East Scotland) (Con): How would the member define "equitable"? Is there a role for parents in contributing to the decision-making process?

Mike Rumbles: Of course parents have a role to play, but we are talking about taking an equitable approach so that all school kids throughout Scotland have the same information. I was pretty shocked by what Nanette Milne said and by the tone that she used. Unlike the Conservatives, we believe that everyone has a right to equitable information and equitable access to services. No one person, no body and no interest group should be able to veto that information's being given to kids anywhere in Scotland. I was somewhat shocked that the Conservatives seem to be promoting that cause.

Let us examine the Conservatives' amendment, which does them no good and reeks of complacency. We have a sexual health problem in Scotland, but the Conservative solution is to say:

"the Executive should publicly affirm the primary responsibility of parents in ensuring that their children are brought up with respect for themselves and others."

Well, that's all right then. The Conservative solution is that we should just reaffirm that it is the parents' responsibility. Oh, well done.

Let us get real. Of course the primary responsibility for a child's health and welfare is down to parents or carers, but surely we cannot say that reaffirming that will solve the problems that are faced up and down the country. I am afraid that, yet again, the Conservatives have lost the plot; they remain completely out of touch with reality.

The strategy and action plan that we are debating are ambitious and wide ranging and set out a long-term programme for tackling important issues. I am convinced that the plan that the minister has come up with is the right one; we must now ensure that it is implemented enthusiastically and comprehensively. The issue is too important to allow any section of the community to opt out of the plan. Sexual health affects us all, and everyone—no matter where they live or how they are educated—must have equitable access to information and services. The action plan is the right one. I urge Parliament to support it.

15:31

Marilyn Livingstone (Kirkcaldy) (Lab): Sexual health is a controversial subject on which people have deeply held views. However, given the rising rates of diagnosed sexually transmitted infections among people of all ages, to do nothing or to do little would be irresponsible. Like Mike Rumbles, I was surprised to hear Nanette Milne's speech on

behalf of the Conservative party. Like Nanette Milne, I am a member of the Equal Opportunities Committee, so I was surprised to hear the stance that she took this afternoon.

In 2003, the partnership agreement committed us to developing and implementing a national sexual health strategy; in November 2003, the then Minister for Health and Community Care launched our consultation document on the strategy and the strategy has now been launched in 2005. We did all that because we knew that to have done nothing would be unacceptable.

The important strategic aims are to promote respect and responsibility; to prevent—through education, service provision and support—sexually transmitted infections; and to provide better sexual health services that are safe and, importantly, local and appropriate. It is important to recognise that young people from deprived areas are often most vulnerable and that sexual health problems are both a symptom and a cause of social inequality. We are committed, through many different policy initiatives, to working in partnership with local organisations to tackle the causes of social inequality, which include low aspirations and lack of opportunity.

My constituency in Fife has benefited from the work of the Fife sexual health strategy group. The group, which was formed about six years ago, has created two three-year strategies, the second of which is now coming to an end. During the summer, the group will consider the next three-year strategy, which will follow the Executive's guidance. The group consists of representatives of local groups, including voluntary sector groups such as FRAE—fairness, race awareness and equality—Fife, Fife Men, Fife Health Council and key players from Fife Council and the health service in Fife. Much of the group's work has focused on schools and on researching materials that are used in schools.

People in Fife who work in sexual health have emphasised the benefits that accrue from the coterminous boundaries of different agencies that Fife enjoys. Thanks to Scottish Executive funding, plans are well advanced to integrate genito-urinary well-being, family planning and reproductive health services; the necessary research is almost complete. I would also like to mention the work of Clued Up in my constituency. The group initially dealt with young people and drugs, but has expanded to provide drop-in services that suit young people, including professional advice on sex and sexually transmitted diseases. Those services were asked for by young people.

Nationally, we must recognise the impact of parenting skills, domestic and sexual abuse and culture and religion on sexual health. We must ensure a co-ordinated approach and make full use

of expertise at national and local levels. We must ensure that all levels of government work in a joined-up way so that the aims of the strategy are realised. Therefore, I am pleased that the strategy document recommends that the sexual health strategy should be linked with the Executive's wider policies on lifelong learning, equity and diversity, social inclusion and alcohol and drugs misuse.

In taking that approach, we acknowledge the strong link between social disadvantage and early initiation into sexual activity, and the challenge of tackling sexually transmitted infection among the people who are at highest risk in our communities. Through education and support, we must create a culture in which young people can take responsibility for and ownership of their sexual health. If we are to foster healthy attitudes towards relationships, parental involvement is important, as is the role of our schools; they can work hand in hand.

Importantly, the strategy endorses the World Health Organisation's definition of sexual health, which is:

"A state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sex experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

Respect and responsibility are the key objectives of the strategy—they are what is needed. On behalf of the survivors of childhood sexual abuse cross-party group, I thank the minister for his help and support in progressing our agenda of respecting and protecting our children. It is important to put that on the record. I thank everyone who has worked with us to take that agenda forward.

As the minister indicated, the strategy is not just about young people; it is about tackling poor sexual health wherever it is found. To do that we need commitment across the board at all levels. We need continuing education and support and a change in attitudes. I agree with Patrick Harvie when he says that a one-sizes-fits-all approach is not the way forward. However, the respect and responsibility strategy sets out clearly an action plan that will allow us to tackle and prevent sexual ill-health wherever it exists. I support the motion.

15:37

Fiona Hyslop (Lothians) (SNP): My question to the minister is, "Why are we having this debate?" Is it just to announce the formation of a committee? If that is the reason, it is a bit feeble. If

the purpose of the debate is to give members the opportunity to repeat what many of us have been saying since 1999, when it was first suggested that we should have a sexual health strategy, is that the best use of parliamentary time? The speech from the Conservatives was, to be quite frank, from out of the dark ages and will leave many young Scots in the dark about relationships education as much as about sexual health education.

If the debate is not about just repeating positions that people have held previously, what is its purpose? If it is about announcing progress since the statement in January, perhaps it would have been courteous and informative to Parliament to have provided members with some documentation—a photocopied report announcing progress to date would have been helpful and would have moved the debate on. Some of us are a bit tired and weary of having to return to the chamber time and again to repeat concerns about the appalling sexual health record of Scotland. However, this is a time when we should be at our least tired and weary, because the momentum to ensure that action is taken is needed more than ever.

Subjects such as relationships and self-esteem have been mentioned repeatedly in the debate. Sexual health is not the only concern we have about our young people. Perhaps the minister should discuss with his colleague Peter Peacock in the Education Department how we can ensure that self-esteem and self-respect are part and parcel of our education system, because tackling those issues will help to tackle many other issues.

On parental involvement, on page 80 of the report I see an interesting comment from somebody who attended one of the consultations. He said:

“When my son started going with a girlfriend I spoke to him and I said to him ‘watch what you’re doing and go to the chemist and just be careful’. But with my daughters—my wife asked me if I was going to talk to them, but I said no. I don’t feel it’s the man’s place to talk to the daughter—but maybe it is?”

Just over a week ago we had a conference in the chamber with parliamentarians from Africa, G8 countries and Europe. The subject of much of the conference was HIV and AIDS. In one of the workshops, a Ugandan parliamentarian said:

“One of our biggest problems in tackling HIV and AIDS is that men don’t want to talk to their daughters about sex and sexual health, and politicians and public servants don’t want to talk about sex and sexual health.”

If we have achieved anything, perhaps we have moved on in that public servants and politicians are talking about sexual health. However, as the report says, perhaps there is a problem in how parents talk to their children and how men and

women relate differently to their sons and daughters.

I would like to hear more about the McCabe report’s recommendations on parental education. We have glossy documents such as “Ready Steady Baby!: A Guide to Pregnancy, Birth and Early Parenthood” to help people know what they should do with their children. I am not suggesting that the Executive should go out and produce masses of glossy documents, as it is prone to do, but perhaps a “Ready Steady Teenager!” document might be helpful. Also, although I see points about parental education in the report, I have heard nothing about what is happening.

On consistency of information, I remind members—particularly the Conservatives—that article 24 of the United Nations Convention on the Rights of the Child states that no child should be deprived of the right to access public health education and services. I welcome the Roman Catholic Church’s movement on education services, but I ask the same question as I asked in January: who will monitor the quality and provision of sex education in non-denominational and Catholic schools and report to Parliament on whether they are satisfied that the points that have been made about public health and access to information are upheld? I look forward to hearing an answer to that.

I am concerned to read that some surveys suggest that the lack of information is still prevalent. A survey by Developing Patient Partnerships tells us that 45 per cent of young people in Scotland

“mistakenly thought that they had to see their GP before they could access sexual health services”.

We are six years on from 1999 when we said that we needed a sexual health strategy. We need to ensure that we monitor our progress robustly to see where we are going.

I ask the minister to address online access to sexual health information, because that is what young people want. In the Developing Patient Partnerships survey, 78 per cent of young respondents cited online information as a need. However, we know that blocks on websites mean that young people who want to access such sites might not be able to do so. We need to address that technological impasse.

On funding and the provision of resources, we know that John Reid provided £300 million for the strategy in England and we have heard the minister’s announcement of £5 million a year over three years, but is that enough? The briefing that we have received from the Scottish NHS Confederation suggests that

“Shortages of suitably trained staff in some areas will mean that many aspects of the strategy will take longer to implement than others”.

We are talking about a national strategy, so I would like to hear from the minister what services in what parts of the country will not be able to implement parts of the strategy because of resources.

Rather than being tired and weary about progress to date, we should say to the minister that we are watching him, that we expect results and that we expect the momentum to be continued rather than slowed down. If the purpose of the debate is to ensure that he knows that, perhaps it will be useful.

15:43

Carolyn Leckie (Central Scotland) (SSP):

Fiona Hyslop asked why we are having the debate. She also asked many questions that I want answers to. One of the reasons why we are having the debate is that organisations to which members have referred are also asking those questions. Another reason is that, since the minister made his statement on sexual health, I have been plaguing the Parliamentary Bureau for a debate, so if Fiona Hyslop thinks that the debate is not appropriate, I should be one of the people whom she blames.

Fiona Hyslop mentioned the need for dedicated resources, staff and premises if the strategy is to deliver, which is my primary concern. As she said, the Scottish NHS Confederation—a body with which I do not often agree—is expressing concerns about the need for dedicated resources, staff and premises to implement measures such as those that are contained in the sexual health strategy.

I will ask a couple of perennial questions. I have posed them in the past, so I hope that the minister will deal with them in his response. How widely available will free emergency contraception be throughout Scotland? How widely available will condoms be throughout the country? I would like them to be available to anybody who wants them, in a proliferation of places without restriction and without cost barriers.

Those were my specific questions on physical provision; the other issue to which I want the minister to return is the consistency of training and access to it by school nurses and other professionals who deliver sexual health advice or sex education in schools. How will consistency in that training be delivered to ensure that sexual advice and education are non-judgmental and non-directional, wherever they happen to take place?

I want to turn my focus to issues relating to women, which I have not done quite so much during some of the previous debates on the subject. It is notable that there was no mention of

men in Nanette Milne's entire speech—apparently, all the onus is on women to be responsible. I was surprised to find out that, since the pill was introduced, we women have been liberated beyond our “wildest dreams”. The pill represents only a tiny wee proportion of the liberation of women that I would like to see. We have a long, long way to go.

It is interesting that Nanette Milne did not mention the word “man” once. I refer in particular to people having sex early on. Where was mentioned the responsibility of the men who also participate in sexual relationships that involve very young women who might go on to have unwanted pregnancies?

Phil Gallie (South of Scotland) (Con): I think that Carolyn Leckie is being a bit hard on the Conservatives. There are at least two men on our benches, but there are no Scottish Socialist Party males sitting beside her.

Carolyn Leckie: That is because we bumped them out of the debate.

There is a serious point to be made here. There is an element of right-wing reaction, particularly in relation to termination services. President Bush's attacks on the rights of women in the United States of America to access termination and contraception are extremely worrying. On the whole, I detect consensus in the chamber in respect of women's right to control their own fertility but, rather than simply protect that, we need to go on the offensive. In America, pharmacies are now allowed to block women from purchasing contraceptives on the basis of a conscientious objection. I would hate to think that that is happening or could ever happen here.

In some states in the USA, men have been charged and convicted for killing miscarried foetuses, but were not charged or convicted for the assault on the pregnant woman that led to that miscarriage. The result is that unborn foetuses now have more rights than women in some states, which renders the women there third-class citizens.

It is time for women and men to go on the offensive to protect, enshrine and develop a woman's right to control her own fertility without any barriers. We need to be at the forefront in resisting any further attempts to restrict access to terminations in this country. We must be extremely vigilant and we must be the stout defenders of a non-judgmental, supportive and empowering sex and relationships strategy. We need to defend equal and consistent access to information, with confidential support, advice and services being provided to people whatever their age and geographical location and irrespective of whether they are poor or wealthy, of what school they go

to, of what their background is or of what their occupation is. That needs to be delivered by qualified professionals who are experts in sexual health, who have no moral or religious agenda and who will provide non-judgmental and non-directional education.

I am a wee bit concerned about why materials should be different in different schools if the underlying principles are that they should be non-judgmental, non-directional and consistent. I ask the minister to elaborate on that and—I hope—to reassure me that all schoolchildren will have access to equal and consistent information, support, advice and services.

I was previously a midwife, and I am very proud of the fact that, on any given day, I was able to deliver appropriate care, whatever the circumstances of the women I was caring for. On any one day on a labour ward, we could see a continuum of a woman's life. We might see one woman sadly having a miscarriage, another woman sadly giving birth to a much-wanted but stillborn baby, more women having happy healthy babies and, occasionally, some women having terminations because of foetal abnormality or other reasons. I am proud that professionals throughout this country are able to give consistent, appropriate and professional care to such women, whatever their circumstances, at whatever stage in their life. I am equally proud of the care that is given in every situation.

A couple of comments have been made about parents' role. Some members have said that parents should be consulted; the Conservatives raised the possibility of parents' having a veto. That would take us back to the dark ages. It is irresponsible and it is a cop out. Not only do some parents not see themselves as being in a position to offer advice—some are unable to do so and some are unwilling to do so—but quite often the last person from whom children and young people want advice, support and information is a parent. They have an absolute right to access information and the Tories are not living in the real world and do a disservice to young women, young men and adults if they think that the answer is to say that it is about parental responsibility. Heaven help the next generation and the generation after that if that is to be our approach.

15:51

Susan Deacon (Edinburgh East and Musselburgh) (Lab): I am surprised that the question has been asked why we are having this debate. It is more than five months since the Executive published a major, long-awaited policy document on one of the major public health challenges of our time. It is absolutely right and proper that we have the opportunity to debate and

discuss that and to reflect on where we are and where we go from here. I will use my few minutes to do just that.

Last week, I attended one of the choices for life roadshows organised by the Scottish Drug Enforcement Agency, which was a remarkable event. More than 2,500 primary 7 children were at Ingliston that day; the day before, there had been more than 4,000. Throughout the country, in the seven or eight other roadshows that had taken place, thousands more youngsters had participated in that powerful initiative, which was as entertaining as it was educational.

Without doubt, the most powerful part of the day, which combined bands, videos, quizzes and a host of other things, was a hard-hitting dramatisation by PACE—the Paisley-based youth theatre group. It portrayed the lives of three teenagers growing up and wrestling with the dilemmas of adolescence, not least whether to take drugs. Respect, identity and peer-group pressure were just some of the themes running through that amazing drama.

Why am I talking about a drugs education event in a sexual health debate? As I sat through the event, I could not help but consider where we are now in the public policy debate on drugs as distinct from where we are with sexual health. I will make comparisons. There is the obvious one that I am not aware of our having the equivalent set of roadshows on sexual health for thousands of youngsters throughout the country, although perhaps the minister has plans for something of that nature.

I suggest that there are marked philosophical differences. On drugs, we have long since dispensed with the just say no approach, not because we do not want youngsters to say no—far from it—but because we recognise that such an approach is simply not effective. Yet in sexual health, calls for abstinence-based programmes that tell youngsters to just say no still regularly punctuate and influence debate, policy and, often, the language that is used in the area. On drugs, we are now giving youngsters more information than ever before in the hope that it will discourage them from taking drugs. Yet when we talk about enhancing sex education and giving youngsters more information on sexual health, it is frequently suggested that we are somehow encouraging them to have sex.

Central to the narrative and practice of drugs policy and education is the language of choice—hence choices for life. We recognise and respect the fact that the young and the old must make choices for themselves, and we are working to equip people with the knowledge and confidence to make informed choices. However, the debate on sexual health often still lapses into being

judgmental or prescriptive. We often struggle with the language of choice and sometimes fear that such language may be construed as supporting promiscuity, or as being amoral or even immoral. I accept that drugs and sex are not directly parallel issues, but I contend that our society has not yet developed the mature and pragmatic approach to sexual health that we have developed in other areas of public policy and towards lifestyle choices—in respect of drugs, for example. I firmly believe that unless and until such an approach is developed, the step change in practice and ultimately in health that is desperately needed will not be delivered. Like other members, I welcome the publication of the strategy, the debate and the gradual progress that is being made, but it is important that we stop and reflect on how far we still have to go in order to debate the issue fully, let alone to act effectively.

Why do we continue to struggle with the issue of sexual health? Why did the production of the strategy take so long? Why did the debate outside, if not inside, the chamber sometimes prove to be so controversial? Embarrassment is an issue. We are comfortable talking about statistics for sexually transmitted infections and teenage pregnancies, but all of us—politicians and others in Scottish society—still wriggle and blush when we have to talk more about the issues, such as sex and relationships, that sit behind the numbers. There is an irony. We live in a society in which we are bombarded with graphic sexual imagery every day, but we struggle to have grown-up discussions about sex and relationships. We must overcome our embarrassment. A recent survey showed that embarrassment is one of the biggest barriers to young people seeking help with or advice about their sexual health. As politicians, we must play our part to dispense with that discomfort. If we are embarrassed by the subject, we can hardly expect others not to be embarrassed by it.

There is another reason why the debate can be jaggy—it takes us to the heart of the moral maze, which is a difficult and sometimes uncomfortable place to be. I cannot possibly do justice to the complex issues that are involved in the little time that remains, but suffice to say that it has been suggested that people who work in the field are value free. I know of no one—no individual, professional or parent—who approaches the issues of sex, sexuality or sexual health in a value-free way, but I would argue that the values of tolerance and respect are every bit as relevant in the debate as any moral absolutes.

Earlier, I spoke of pragmatism in drugs policy and education. Pragmatism has been successful in the past in fighting HIV/AIDS in Edinburgh and it will be effective in the future. People must be prepared to do things that work and to use the evidence that is available.

Since devolution, there have been several heated debates on sex and sexuality in Scotland, which have often generated more heat than light. If we are to foster a climate of informed debate and develop effective public policy, that must change. I hope that tolerance and respect will be our watchwords and that we will enable Scots throughout the land to make informed choices.

15:59

Alex Johnstone (North East Scotland) (Con):

Given comments that were made earlier in the debate, I feel that I am the token male on the Conservative benches. However, I think that I have something to contribute to the debate.

In the light of the spirit in which the Parliament was created and the desire for consensual and inclusive decision making, I have been disappointed by the extremely hostile reception that has now and again been given to members who stand up in the chamber, take a particular point of view and disagree with the majority of members. When that happens, this is hardly the inclusive Parliament that we hoped for. Nanette Milne was undeservedly treated with that hostility when she made her speech earlier.

The Conservative amendment retains the motion's acknowledgement and welcome of the Scottish Executive's sexual health strategy and action plan. The one thing that we object to is the creation of the national sexual health advisory committee—a token effort, perhaps, but one that is intended to highlight the fact that the creation of a committee is no substitute for encouraging parental involvement.

Mike Rumbles: Alex Johnstone has missed the point. What members objected to in Nanette Milne's speech was the fact that she was advocating that people should be able to veto access to information and sexual health services. That strikes at the core of what was said earlier about children's human rights.

Alex Johnstone: I believe that Mike Rumbles has misunderstood what was said. I hope to address that in greater detail as I progress.

The Parliament has become famous for the fact that it is very politically correct. We try hard not to impose our values on other people. Yet, when we talk about sexual health, there is a danger that the desire not to impose our values on others can result in our taking a stance that is, essentially, amoral. It would be irresponsible of us to do that. There are people out there who expect their views to be expressed in the chamber and we will do that in a reasonable and measured manner. If those views differ from the views of some members of the Parliament, members should expect us to be the ones who take them up.

Some of the accusations that have been fired around today are pretty unpleasant. Patrick Harvie was perfectly happy to talk about unpleasant sectors of the community but did not go on to explain what those unpleasant sectors of the community are. If he is able to do that now, I would be delighted to hear.

Patrick Harvie: Bigots.

Alex Johnstone: Well, that is a fairly simple definition, and one that perhaps does not belong in the debate. That is not what we are talking about today.

The truth is that I agree with much that has been said by many members in the debate who have sought to differentiate their views from those that I am prepared to support. I agree with Patrick Harvie that the whole of society must be implicated in the sexual health strategy—that is essential. However, there is a need for us to understand that parental responsibility must never be marginalised. I acknowledge that the minister went to considerable lengths to include parental responsibility in his strategy, as he mentioned earlier, but it is our responsibility to highlight that as a significant part of what we want to see

My experience of raising two children to adulthood—I think that I can say that we have managed to get them there—differs from some of the experiences that have been described by other members. To Fiona Hyslop, I say that I was the one who spoke to my daughter. That is something that more parents should be encouraged to do. We must make a point of not losing track of what we are doing. We must ensure that a moral position can be taken by parents.

It is not only parents with whom we must concern ourselves; it is also the many cultural and religious groups that exist in this country, which can stand up and say that they have a better record than society as a whole in certain aspects of encouraging responsible sexual behaviour. If we are to be inclusive, we must accept that there are alternative views and that there will be times when individuals or groups seek to take an alternative route. Their right to do so must be defended. Although I believe that the minister understands that principle, there are members who have taken a view that goes significantly beyond that.

Abortion is an issue that I did not initially mean to address but which I feel that I should address because it has been raised by other members. I would be the first to defend a woman's right to control her fertility. I will not oppose that. However, we should be ashamed of the fact that in Scotland today abortion is in effect no more than a form of contraception. We need to ensure that that is not the case in future. We need to take a responsible

attitude to abortion in our society. If that means that we have to educate, let us do that, but let us ensure that that education begins in the home.

Fiona Hyslop referred to a position that has come from the dark ages. If we all open our eyes, it is possible that we might progress out of the dark ages and, for the first time in a while, see the light.

16:05

Linda Fabiani (Central Scotland) (SNP): I have some sympathy with Fiona Hyslop. How much more can we say about this subject? I came to the debate thinking, "What on earth can I talk about this time?" because we have all aired our views. I decided to listen to what was said and comment on it—I suppose we could call this a closing speech halfway through the debate, so I apologise to Stewart Maxwell.

The first thing that I noted was that the minister was at pains to emphasise his point about a culture of respect and responsibility. It is right that we have to cultivate self-respect and personal responsibility, but what seems to be missing from the debate is the point that everyone should respect what other people decide to do with their lives. A culture of respect should work both ways.

A few members have mentioned choices. If people are making informed choices, which I believe should be the central tenet of any sexual health and relationship strategy, society should respect those choices, as long as their exercise is not harming or oppressing anyone else physically or mentally. I would like there to be more emphasis on mutual respect for people and their choices.

I was interested in the progress that the minister was talking about and the stakeholder events that were held in February and March. I was also interested to hear that the health boards have now submitted their clinical service plans. However, I am concerned about the need for additional specialists in the field and the fact that that need might not be met in all areas of Scotland. Some of my constituents talked to me recently about the lack of sexual health services in Lanarkshire and about their inability to be very vocal about that because of embarrassment about speaking out about such matters.

I am glad to hear that the health boards will have executive leadership. I am also glad that the national sexual health advisory committee has now been formed. I noted that it is going to be a group of stakeholders, and I looked at the membership published in the press release. Is there any room on that committee or on any of its sub-groups for people from civic Scotland and the voluntary sector in this field? I do not necessarily

mean those who run Caledonia Youth or other services; I mean people with direct experience of using such services. Recently, I was on a radio programme talking about sexual health. There were two young girls on the programme, one of whom was a teenage mum and one of whom was not because she had exercised her choice for contraception. I was so impressed at the sense that was spoken by those two young girls and I wonder whether the minister agrees that there is room for that kind of representation on the committee or on one of the sub-groups. The minister said that he talked to young people when he was formulating plans for the committee so I am pretty certain that he will have picked up on that and I hope that he will think about it.

It is excellent that the minister has decided to chair the committee himself. That is a mark of its importance. I know that we are five or six years on from when the need for a sexual health strategy was first mooted and there are concerns about that. However, we are where we are and we should move forward.

Shona Robison mentioned the social aspects of the issue. That brings us back to the need for joined-up government. As Fiona Hyslop mentioned, we need to ensure that there is cross-departmental working on the issue with the Minister for Education and Young People, Peter Peacock. The social aspects involve low self-esteem and lack of choice and aspiration, especially among young women in some areas. Those are huge issues. Again, I hope that our social policy will reflect the needs that are highlighted as the sexual health strategy advances.

On the Tory amendment, I agree with Mike Rumbles—much though it goes against the grain to say so—in that I am concerned about the suggestion that we should have no national sexual health advisory committee and that we should publicly affirm the primary responsibility of parents. As other members have said, some parents are unable to address these issues and some youngsters find it difficult to talk to their parents.

Alex Johnstone: Is the fact that so many parents are unable to fulfil that responsibility not one of the primary issues that we need to address?

Linda Fabiani: The need to remove the stigma about such matters is an issue, as Susan Deacon explained very well. However, we also need to address reality: some parents are not good parents. To be straightforward, some parents are pretty rubbish. We cannot simply write off all the youngsters of parents who cannot hack it. As well as parental and individual responsibility, there must be a responsibility on the state for education and health. If I thought for one minute that, just

because somebody was raised with a mum and dad in a happy family, everything would be hunky-dory, I would say okay. However, that is not the case and we need to face that.

Patrick Harvie highlighted the cut in funding for Caledonia Youth. I ask the minister to explain what he intends to do about that.

Nanette Milne spoke about abstinence plus. As others have said, such models do not work. Education about choices is what will work.

As I have said before—I hope that the minister can reassure me on this point—the educational materials that go out to schools must put as much emphasis on the responsibility of boys as they do on that of girls. Too often, the responsibility seems to fall on the female in relationships. Boys need to realise that, basically, if they do not want to be a dad and take on all the responsibilities that go along with that, they need to take sexual precautions because it is 50 per cent their fault if the girl with whom they have sex ends up pregnant.

Finally, as I am aware that I am running out of time, let me say simply that the amendment in the name of Shona Robison is important because we need reasonable timescales for the implementation of the strategy and action plan, along with progress reports. I hope that the minister will accept the SNP amendment.

16:13

Janis Hughes (Glasgow Rutherglen) (Lab): Unlike my SNP colleagues, I welcome the opportunity to speak in the debate. Like other, more positive members today, I praise the work that members of the expert reference group and others carried out during the consultation period.

Sexual health is sometimes brushed aside as a subject that no one wants to discuss openly, as Linda Fabiani mentioned. However, that is precisely the reason why there is a great need for us to dispel the myths. There is no getting away from the fact that Scotland has a poor record on sexual health and teenage pregnancies.

Parents are often unable or unwilling to talk to their children about sex and sexual health. I think that Nanette Milne tried to make that point, but I am a bit confused about how some of what Alex Johnstone said fitted in with the philosophy on family values that the Tories tried to promote in a previous election campaign.

Parents often leave it to the education system to deal with the subject of sexual health, but there was previously no clear strategy on how that should happen. That is why I was so pleased with the outcome of the long-awaited sexual health strategy expert group report and why I was even

more pleased that the Executive accepted the bulk of the expert group's recommendations.

One of the main planks underpinning the strategy is the value of partnership working. A number of agencies have a crucial role to play in ensuring the success of the strategy, so the value of joint working should never be underestimated. The education service, the health service and the social services must work closely together, but there is also an important role for the media and the voluntary and private sectors. That was demonstrated to me last year when I had the pleasure of attending the launch of a pilot project in south Glasgow. The project is run principally by Enable, working in partnership with the Family Planning Association—or FPA as it is now known—NHS Greater Glasgow primary care division and the pharmaceutical industry. The project aims to provide an innovative approach to sex education for people with learning disabilities. Its main aim is to train people as peer trainers, and it takes the view that barriers will be broken down if sex education is delivered by people with learning disabilities and not solely by professionals. The project has resulted in an illustrated booklet designed for their peers by those who participated. The project also resulted in a drama about the issues surrounding sex and relationships and the problems faced therein by people with learning disabilities.

The success of the venture has now led to a second stage of training, which has seen the development of a workshop on barrier methods of contraception, and the making of a DVD that is one of three giving a transnational perspective on the issues surrounding relationships and sex for people with learning disabilities. It involved Enable working with its counterparts in Ireland and France.

The venture clearly demonstrates some of the outside-the-box thinking and partnership working that are already going on in our communities. Such work can be developed as part of the Executive's work on improving our sexual health statistics.

I was pleased to see in "Respect and Responsibility" that the sexual health and well-being learning network will facilitate awareness of the sexual health needs of people with learning disabilities. In his summing up, the minister might want to say a few words about that so that we can have a clearer idea of the role that the network will play.

I was going to mention—until the minister beat me to it—the Sandyford initiative in Glasgow, which is run by the NHS but supported by Glasgow City Council. The initiative is another example of partnership working. It provides a comprehensive service that covers many different aspects of sexual health.

I agreed with my colleague Carolyn Leckie when she said that all too often we talk only about women and sexual health. The Sandyford initiative is a good example of how we can also give great advice on men's health issues and on the role that men can play in reproductive health and in other general aspects of sexual health.

I look forward to the national sexual health advisory committee's work; I very much hope that it will build on community initiatives such as the Enable initiative that I mentioned and others that other members have mentioned. Those projects prove that there is a willingness to improve sexual health in Scotland. I commend the Executive for its work in this regard.

The Deputy Presiding Officer (Trish Godman): We move to the winding-up speeches.

16:17

Eleanor Scott (Highlands and Islands (Green)): I very much welcome the debate and the strategy. I thank the Executive for making parliamentary time available, because we need to debate not only the issues involved—which, as others have said, have been debated before—but how the strategy, which was published in January, can be taken forward.

A good thing about holding a debate such as this one is getting the chance to read all the briefings that we receive. I was particularly struck by the briefing from Children in Scotland, which said that the strategy does not mention deprivation. Several members have done so, but the strategy does not. Young, teenage girls from deprived areas are three times more likely to end up pregnant than those from affluent areas. Issues of knowledge, information and access to services arise, but a crucial issue is that of self-esteem. Various members have mentioned that and said that our vision for the sexual health of the people of Scotland should be of a healthy and confident people who are informed about and able to make choices. That is important.

We should not talk about sex being an early initiation. I do not like that term at all; it suggests that sex is some rite that is performed on people when it should be about a choice made by both people in a couple, with full knowledge and with desire to participate. It is really important that there is no coercion; that is what we should be aiming for.

I was going to mention the needs of particular groups but others—notably Janis Hughes in the speech before mine—got there before me. I was going to talk about the needs of disabled children. I very much welcome what Janis Hughes said; that is a group that particularly needs targeted information. As I was at a meeting of the cross-

party group on autistic spectrum disorder this lunch time, I mention also the needs of people with such disorders, who need intensive and deliberate training in social skills of all sorts, including in sexual health. That is a challenge for schools where teachers deliver such programmes.

Other members have touched on another group—looked-after children. The topic came up in discussion of parental roles and responsibilities. I have absolutely no problem with parental responsibilities—being a parent carries with it great responsibilities as well as great joys. However, unfortunately we are only too aware that not all parents fulfil all those responsibilities. If a child's parent is a local authority and their carer is a series of foster parents or community carers, and if the child moves school several times, the chances are that they will not have had the appropriate sex and relationships education that they would otherwise have had.

For whatever reason, some parents are not able to fulfil the sex education role that we would like them to fulfil or to inform their child about relationships. Perhaps the strategy will have to work through a couple of generations before we can say that all parents do that.

I have great concerns about the Conservative amendment and Conservative members' proposal that parents should be able to opt out. Parental responsibility is fine, but I feel that the proposal would put parental rights before the rights of the child. There are choices that parents should not be able to exercise if they conflict with their child's needs. Fiona Hyslop's point about the rights of the child was very well made.

On the delivery of health and sex education in schools, I am surprised that no one else has mentioned the role of school nurses. As my colleague Patrick Harvie spoke about his past life, I will mention mine. One of my roles as a school doctor was to go with the school nurse to personal and social education classes in some of our schools—not every school wanted us—to talk about contraception. Sex education and discussion about relationships were rightly the responsibility of the teachers, but they felt that pupils might ask technical and medical questions about contraception that a health professional would need to answer.

Patrick Harvie focused on a Glasgow project that is under threat, but I will speak about issues of rurality that affect children in the Highlands and Islands. A big issue for them—Carolyn Leckie was the first to mention this—is confidentiality, which is very important to teenagers. In many rural areas, where there are perhaps two GPs, the teachers are all known to them and everybody knows everybody else, confidentiality is a huge issue for children when accessing services. When I used to

talk to such kids, they said that they would far rather take a bus on a Saturday and go to the Brook advisory centre in Inverness, which might be a journey of 60 miles or more each way, than go to their local GP. We must respect that attitude. Delivering sexual health advice and ensuring that pupils, children and young people in rural areas have access to the services that they need are a big challenge.

Schools are well placed to deliver the information that young people need. From going round schools, I have seen that the information that they provide is quite variable and that teachers vary in how comfortable they are about giving explicit information. That is a training issue, and many people have highlighted training as an issue for all agencies.

Most agencies that have responded to the strategy have mentioned resources at all levels, from resources to train teachers to funding for GUM clinics, about which some members were concerned. Patrick Harvie mentioned the balance between clinical and preventive services. I argue for more resources for GUM clinics and for them not to be subject to the same target setting as other health service clinics, because it is not appropriate. I think that the British Medical Association briefing mentioned that setting a 48-hour target is no use for a service that must be available instantaneously, as and when it is needed. We must see that GUM clinics are different and must be provided for as such.

We are talking about prevention, about healthy, growing people and about empowering people to make choices. I have absolutely no quarrel with the "Respect and Responsibility" agenda. We are looking for people who both give and receive respect.

From my small-scale involvement in education, I became aware that the most challenging and difficult pupils were often the least informed and understanding and the least likely to behave appropriately. They were a very challenging group to reach, but the schools were best placed to do so. Clearly, the parents of those children were not performing that role; the children could not go to their GPs; and, by the time they had accessed health services, it was perhaps too late. As a result, we fully support teachers in delivering the message to all children, to ensure that they are informed, confident and secure enough to make the choices that they should make.

16:25

Margaret Smith (Edinburgh West) (LD): I welcome the opportunity to speak in the debate. Both Fiona Hyslop and Linda Fabiani asked why they were being asked again for their views on this

matter; without being sycophantic, I say that I am very pleased that they gave us their views again, because they both made good speeches that were full of common sense. The debate is useful in allowing us to find out what progress has been made, and I will make some specific points in that regard.

Many of the issues that we have discussed have of necessity highlighted some of the negative aspects of sexual health. However, we should all try to send out the message that sex can and should be a positive part of one's life and should make it clear that issues such as access to services and information that we have highlighted this afternoon simply facilitate that.

One major problem is that the issue continues to have a stigma attached to it; people simply find it difficult to talk about and deal with. I will come out now and put on record the fact that I am a bit of a Radio 2 listener.

Members: Oh!

Margaret Smith: Shocking, I know, but there you go.

As well as being one of Terry Wogan's old geezers—or TOGs—I listen to Jeremy Vine's lunch-time phone-in programme when I am driving about. The other day, the subject was impotence. One of the facts that was bandied about was that, because of the stigma associated with impotence, the majority of men—and, indeed, their partners—who suffer from the condition do not go to their GP or another health professional for many years even though, in the majority of cases, it can be quite easily treated. We are not just talking about young people; older people are suffering in silence because they are embarrassed about dealing with sex in a pragmatic and mature way.

Despite the amendments that have been lodged and despite the fact that we are debating a difficult and contentious subject, I think that we have managed to find many areas of agreement. We all agree on the need for action on a range of issues such as the increase in the incidence of STIs and in the number of unwanted pregnancies and abortions; the need for better screening; and the need for better resources, not only for clinical services such as the GUM clinics but for health promotion.

We agree that we need a holistic and co-ordinated approach to this issue. For example, members such as Eleanor Scott mentioned the role that poverty plays in the problem and, in her very good speech, Marilyn Livingstone highlighted the extent to which alcohol and drug misuse lead people into situations in which they might have unwanted sexual encounters and then have to deal with all that flows from that.

I am disappointed that the Conservatives have taken a different approach, especially with regard to the national sexual health advisory committee. I believe that we need to bring stakeholders together. I am sympathetic towards the SNP's amendment, and I hope that the minister will address the issue that it raises. We need timescales to ensure that we deliver a co-ordinated approach and that the strategy is monitored.

Members have accepted the key objectives of respect and responsibility. Having respect for ourselves is about trying to find ways of building our self-esteem to ensure that we can all negotiate sexual relationships at whatever time of life we come to them. Again, we are not just talking about young people.

I agree with Shona Robison that the evidence shows that many young people who go early into sexual experiences and relationships regret that later in life. It is a question of ensuring that people delay until they are ready and then protect themselves, through safe sex and greater knowledge about sexual health matters, when they do become sexually active.

We must also respect others. As Linda Fabiani said, we must consider people's right to make informed choices about their own life, and we must not judge other people's choices. With access to good information, some people should be able to make an informed choice to say, "I will abstain from sex until I am ready to do it." Other people have a right to choose to engage in same-sex activity or other sexual activity. The important thing is to take a non-judgmental approach and to tackle the issues that have been highlighted today from the angle of social need, recognising people's need for access to information.

The minister and other members, including Nanette Milne and Janis Hughes, highlighted the need for diverse groups to figure in the sexual health strategy. That is right and relates to not only the LGBT community but disabled people and people with special needs. There is a raft of people whose needs must be addressed. One of the weaknesses of the strategy is the fact that such aspects were not considered, and I hope that the continuing work will consider them.

I am deeply disappointed with the Conservative attitude. Perhaps we need to add another R: instead of "Respect and Responsibility", we should call the document "Respect, Responsibility and Reality", because I really thought that a wee bit of a reality check was needed.

All schoolchildren should be given appropriate and equal access to information and services regardless of which school they go to. As Fiona Hyslop said, children and young people have

rights under article 24 of the UN Convention on the Rights of the Child to have access to information and to health care. We are talking about a health strategy, not a morality strategy. Fiona Hyslop and Carolyn Leckie mentioned a woman's right to control her own fertility. I support that. If we go down the road of having a health strategy that is actually about morality, religion and culture, we end up with the AIDS pandemic in Africa.

We should consider the issue in terms of people's right to have access to information and to make informed choices, and that includes parents. I agree that parents should have the right to examine what their kids are being taught in schools. The role of parents is implicit and explicit in the strategy. If it was not so, I would not support it. Some parents find that sort of thing easier than others. I have four teenagers, so I know that the issue is not easy to deal with. As, I think, Scott Barrie said, the majority of parents want help from schools and other organisations as well as wanting to be able to give the information themselves. Some of them are better able to do that than others are. Some of them are ignorant themselves, because we are all ignorant about some aspects of sexual health or any form of health.

We should have a place for peer group involvement, whether on the advisory group or not. A 15-year-old girl could go back into her local school and say, "Look at me. Once upon a time, I was great at geography, but now I've got a wean on my hip." She could say that although she was good at this, that and the other, she will not find it so easy to have the choices in life that she might have had. A girl and a guy who might say that they are not going to take any cognisance of the information, and who might say, "We're going to have ourselves a wean because that way we'll get our council house," could receive a powerful message if they were able to see exactly what it means to have an unwanted pregnancy and a child too early.

We need monitoring, peer involvement, delivery and investment, and we need to keep an eye on whether the investment that the minister has said is there will deliver. I remind Alex Johnstone that this is not about political correctness but about political and social reality. Let us do what works. Let us do what we need to do to address the issue with respect, responsibility and reality.

16:34

Mary Scanlon (Highlands and Islands) (Con):

I commend Susan Deacon for her excellent speech and for the fact that, during her time as Minister for Health and Community Care, and since then, she has had a continued commitment

to the topic of sexual health. She has been involved in the cross-party group on sexual health, particularly in relation to tolerance, respect and informed choices. I think that that has to be said.

I am pleased to speak again on sexual health. As Margaret Smith said, we need only look at the figures to realise that this is an enormous issue in Scotland and we must be big enough and bold enough to address it.

My party acknowledges the progress that has been made in implementing "Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health". We had the ministerial statement on the strategy on 27 January, which was the same day on which I had my members' business debate on infertility. Given the subject of this afternoon's debate, it is a coincidence that tonight I will host a meeting on infertility. I acknowledge the importance of discussing both issues in the same debate.

Margaret Smith mentioned the embarrassment that is experienced in speaking about impotence, but the same applies to speaking about infertility. In my members' business debate on infertility, one of my colleagues said that they would rather discuss their bank balance than their fertility. Infertility is an issue on which MSPs must take the lead given the stigma that is attached to it.

As other members have said, the incidence of chlamydia rose by 39 per cent among under-25s and by 36 per cent among over-25s in the year ending in 2003. I was pleased that the minister mentioned the over-40s because, in the early years of awareness of chlamydia, there seemed to be an assumption that it affected only people who were under the age of 25. In the over-40s, the number of cases of chlamydia and genital herpes doubled in the four years to 2003. The equivalent increases in the Netherlands, Denmark and France were in single figures.

I refute the assertion that it is necessary to have multiple partners to contract sexually transmitted diseases. I gained that understanding through my awareness of infertility; it takes contact with only one person to become infected with chlamydia. People are embarrassed because there is an assumption that they must have been promiscuous to have picked up a sexually transmitted disease. The fact that that is not the case must be put on the record.

In relation to clinics, the BMA highlights in its briefing that

"there is continuing evidence of increasing problems with access at a time of increasing demand."

There is no doubt that the Executive needs to address that issue and to expand screening programmes. I ask the minister whether it is

possible to provide chlamydia screening alongside screening for cervical cancer. There is no doubt that resources are needed to reduce waiting times for appointments. I hope that the plans that the health boards have submitted to the minister will make a difference.

Other members have mentioned the need for more trained staff and clinics and for opening hours to be convenient to patients. That needs to be addressed because we are not talking about a nine-to-five, Monday-to-Friday issue. Chlamydia is not the only cause of infertility but, given its rising incidence and the fact that people who have it experience no symptoms, there is no doubt that more needs to be done to ensure that women and men are aware of its effects on fertility.

I was pleased that Eleanor Scott mentioned school nurses. The school nurses in the Highlands got together and gave a presentation to, among others, Eleanor Scott, Fergus Ewing, Maureen Macmillan, John Farquhar Munro, Rob Gibson and me. I learned an enormous amount that day. It was interesting to hear that, in the Highlands, school nurses can be responsible for nearly 3,000 children; the figure of 2,800 was mentioned. I hope that the minister will examine the role of school nurses in supporting the sexual health strategy. One of the questions that the panel was asked was, "What does a school nurse do?" We had to refer the question to Eleanor Scott because she had working experience of the full remit of a school nurse.

When we ask school nurses to do more, we should examine the resources that they have and the shortage of staff. We need to consider whether there should be a particular school nurse-to-pupil ratio and whether pupils should be able to go to the school nurse in total confidence.

Fiona Hyslop: The subject of integrated community schools has not been raised. All schools are meant to have access to health and social work services. Perhaps the role of the school nurse should be considered in that context.

The Deputy Presiding Officer: The member is going into her final minute.

Mary Scanlon: I will not address that issue now, but I know what community schools in the Highlands do.

I am pleased that section 5, the "Practical Plan for Action", considers rural communities. I endorse the point that Eleanor Scott made. There is very little privacy in a small village compared with the privacy of the big city of Inverness with its Brook advisory centre.

It is difficult to be critical of an action plan that addresses the many serious sexual health issues. However, I ask the minister, in his summing-up, to

give an assurance that the proposals will be monitored and audited in future and that health boards and local authorities will say what is meant by reasonable in relation to the timescales for progress on the local strategies.

My final point concerns the number of abortions in Scotland—there were more than 12,000 in the year ending 2003. It is worth highlighting the fact that 14 per cent of the women who had an abortion were married; 27 per cent were women over 30; 48 per cent were women in their 20s; and 25 per cent were young women under 20. We tend to think that only pregnant teenagers have abortions.

Many complex issues surround the figures and we need to understand more about them, including whether they are the result of a shortage of family planning. No woman makes the decision to have an abortion lightly.

16:41

Mr Stewart Maxwell (West of Scotland) (SNP):

This has been an interesting debate, to which members from all parties have made high-quality contributions. Although I do not want to pinpoint individuals, I will say that Mary Scanlon's summing-up speech for the Conservatives was much more measured and much more in tune with the rest of the chamber than some of the earlier Conservative contributions were. She hit the nail on the head.

Obviously, debates on sexual health often create more heat than light, because the issue is tied up in deeply held personal points of view. Some people come at the subject entirely from the health angle, whereas others believe that we cannot separate sexual health from morality, whether personal morality or a morality that is based on religious belief. Some people even assert that sexual morality is more important than sexual health. That is not a view to which I adhere. We often forget that sexual health is a matter not only of personal health, but of public health.

I agree entirely with Carolyn Leckie and Margaret Smith that we have to deal with the reality of the world in which we live. We must not live in the sort of dreamland to which Nanette Milne and Alex Johnstone referred—a sort of 1950s idyll in which the parents are all good and all deal with their children in the right way. That is not the reality that we face; we have to deal with the situation of today.

Alex Johnstone: Is that a justification for the exclusion of parents from the process?

Mr Maxwell: Clearly, Alex Johnstone has not been paying attention to the debate, by which I mean not just today's debate, but the debate over

several months and years. Not one member has said that we should exclude parents. I think that every member has said that we should include them. Members have argued that there is a role for schools, teachers and health professionals, as well as for parents. The debate is not just about the role of parents, but that is the point at which Alex Johnstone and Nanette Milne are stuck.

I oppose the absolute right of veto for parents that Nanette Milne proposed. Patrick Harvie was right to condemn that. It is an astonishing point of view to say that parents should have an absolute right of veto where their children's health is involved.

Patrick Harvie: A Conservative party spokesperson said today, outwith the chamber:

"A term does not pass without another board game, textbook or teaching aid causing outrage in the media."

Does Stewart Maxwell agree that such comments can of themselves provoke and help to stir up outrage and that they are in no way helpful?

Mr Maxwell: I agree absolutely. Such comments serve only to fuel the fire. That remark was not helpful in the least; indeed, it was totally counterproductive.

Fiona Hyslop's speech was excellent. She rightly spoke about the rights of the child. "Ready Steady Teenager!" sounds a good idea.

I will take a couple of moments to talk about the preparation for the debate. As Susan Deacon and other members said, it is right that we should have the debate. However, it is also important, especially when we debate such a crucial issue, that members can be fully informed of the developments that are under way and the progress that has been made. As I said, such debates often produce more heat than light, so it is important that we should try to get more light than heat. That is why it is particularly disappointing that preparation for the debate has been hampered by the lack of published information on the progress that has been made.

When the debate was scheduled, I contacted the Scottish Parliament information centre to obtain any published information that I might have missed. SPICe told me that it could find no published information and suggested the Executive library as a source. I contacted the Executive library and was told, "No, we don't have anything. Why don't you contact SPICe?" That was not helpful. In the end, I was told by an individual in the Executive library that they had tried to locate a contact in the Health Department who might be able to help but had been unable to do so. That was not particularly helpful, either.

Undeterred, I pressed on in my attempt to get information and background material, because it is

important that we get the facts right. We received further information this afternoon, when we learned that nothing had been published but that two meetings had been held earlier this month with stakeholders. The person who told us that stated that, unfortunately, they were not allowed to say any more, as the minister was making an announcement in this debate. Again, that did not help us to be informed so that we could fully engage in the debate with up-to-date information on what is going on.

Section 2 of "Respect and Responsibility" mentions the need to ensure that people with mental health problems are not excluded from appropriate sexual health services and it gives a commitment that the national sexual health advisory committee will carry out a diversity impact assessment to ensure that that matter is taken into account. However, nowhere in the report does that translate into a commitment to take practical action to provide services for people with mental health issues, even though those people can be extremely vulnerable. Margaret Smith mentioned people with disabilities, particularly learning disabilities, but that issue has not received the attention that it deserves. Those people are often very vulnerable. I hope that the minister will comment on people with mental health problems, particularly young people, because they are extremely vulnerable.

Section 3 of the action plan is on preventing sexually transmitted infections and unintended pregnancies. Point 9.4 of the recommended actions states:

"Where contraception is available free of charge for women, condoms should also be freely available to both men and women. The Scottish Executive should explore the feasibility of resourcing NHS Boards to achieve this."

However, the Executive's response has been to push the issue off to the national sexual health advisory committee to explore the implications. I would have thought that the implications were fairly clear—the free availability of condoms would lead to fewer unwanted pregnancies and fewer STIs. If we intend to reduce the appallingly high rates of teenage pregnancies and STIs, I can think of no more obvious action than providing free condoms, which simultaneously protect against pregnancy and disease.

One issue that has been discussed before, although not particularly today, is the morning-after pill. The strategy states:

"emergency hormonal contraception ... should not be made available in schools."

I understand the sensitivity of the issue, which I know some people find awkward. It could be argued that in-school facilities in urban areas may not be as necessary, because girls could access

services near at hand anyway. However, Shona Robison and Mike Rumbles touched on equality of access to services throughout the country. Will the minister say how girls in rural areas can access services? Let us take the example of a girl who lives in a farmhouse in a remote rural glen and is bussed to and from school every day. She has unprotected sex one day with a boyfriend, but how can she access services and the morning-after pill? She cannot wait for the weekend to get the bus to Inverness; she needs immediate action to deal with the mistake, if we can call it such. It is important that the Executive re-examines that issue. It may not be right to have in-school facilities in all schools, but in some cases the school might be the best place to provide the service. School nurses, who were mentioned by a number of members, could help in that area.

I ask members to support the amendment in the name of Shona Robison. It is essential that we have a timescale for the implementation of the action plan. Moreover, it would have been helpful if the Executive had produced material to show what progress has been made, so that the debate could have been as fully informed as possible.

16:49

Mr Kerr: I have a lot of material to get through. First, I thank the many members who have expressed support for the strategy. I also thank them for the degree of maturity that has been demonstrated in the debate.

I will run through some of the key issues. In my role as minister, I have always tried to keep the cross-party group on sexual health involved in the workings of the Executive, to ensure that people are aware of the progress that we are making. Nonetheless, I will address Fiona Hyslop's question of why we are having this debate.

I thank Shona Robison for her support. We made it clear in today's press release that the £4.5 million has been announced previously and that we were simply announcing its allocation—the money is to be distributed to the health boards as per the Arbutnott formula. Of the other available resources, Caledonia Youth will receive about £400,000, £50,000 will be for research and there will be a small contingency fund of £50,000 for the work of the advisory committee. That is how the money has been allocated.

The SNP amendment is about targets. The advisory committee will be responsible for ensuring that we have reasonable and challenging targets that make a difference in our communities. That is why the amendment is misplaced. The purpose of setting up the advisory committee was to ensure that we have good targets and broad consensus on and support for them among those

who are involved in that area of work. The committee should meet three or four times a year and should report regularly to the Parliament. It should have sub-groups to work on particular work streams and it should allow monitoring to take place via parliamentary processes as well as through the publication of information.

On the time-delay issue that several members have raised, we wrote to organisations in April to seek membership for the advisory committee, but I must be honest and say that I still have not received some responses, which has been an inhibiting factor. Some organisations that we want to be represented on the advisory committee have internal consultation systems to go through that have still not been finalised. Today, we announced the names that we have already, but other names will be added to the list, I hope, before the first meeting.

On the issue of resources and the comparison with England, my point is that we have set a Scottish strategy. We must ensure that we spend the additional resources wisely and that we get better value for the money that is already in the system. As members have said, we must also work with health boards and organisations throughout the public sector to ensure that expenditure is appropriate.

Ms Robison and other members talked about involving other organisations. At the launch of the strategy, we wrote to many civic organisations, including local authorities, special health boards, faith communities, youth groups and many others in the voluntary sector. We have tried to get the message across about our sexual health strategy. I had individual discussions about the strategy with as many of the editors of our national newspapers as possible—sometimes that worked, but, to be blunt, sometimes it did not.

I really worry about some of Nanette Milne's comments, on which many members have reflected. The closing speech from the Tories was much more effective and conformed more to the values that members have expressed. Parents have a key role in the strategy—we comment on their role throughout the document. I guide Nanette Milne to the final section of the strategy, where I deliberately included a role for parents along with the role for NHS boards, lead clinicians, the Scottish Executive and the Scottish Prison Service. That is a clear and full recognition of the role for parents in the strategy. The Tories are trying to create a myth about something that does not exist in the strategy. I hope that members will reject their amendment.

I hoped that Patrick Harvie would stand up when Fiona Hyslop questioned why we were having the debate, because he has pressed me for such a debate. In fact, we might be better placed to have

another debate in the near future. We have set up the advisory committee and asked local health boards to produce interim strategies, which they have done, but the fuller strategies will be available in September. Therefore, arguably, we will have a much better idea of Scotland's response to the strategy then. Nonetheless, to echo Margaret Smith's comments, we have had a good debate today for all that.

Patrick Harvie made an important point about the communication strategy. One of the purposes of the advisory committee is to develop the sort of communication strategy that Patrick Harvie wants. We aim to use the specialist skills round the table and to involve the whole of society. Although one size does not fit all, we have principles and values as well as basic minimum standards of education that we must ensure are delivered throughout Scotland.

Many of the organisations to which Patrick Harvie referred are involved in the discussions with us. I fully recognise that Caledonia Youth offers user-friendly, non-judgmental advice about sexual health. It recognises the fact that not all young people can go to their local family GP or are comfortable about doing so. I respect the views that have been expressed by the Greens and others on the matter, but it is the responsibility of local health boards to deliver services appropriately in their community. I am fully aware of the discussions in Glasgow about those matters. I have sought and I have received reassurances from Greater Glasgow NHS Board about its obligations under the strategy. I will seek further detail in relation to those reassurances, but I will ensure that the sexual health strategy is delivered in Glasgow.

Mike Rumbles raised some significant points. He reminded us that sex can be healthy and enjoyable, but that nonetheless we must reduce risk taking and ensure that people act in an arena of mutual respect and responsibility. He also reminded us that Her Majesty's Inspectorate of Education is responsible for the monitoring of all aspects of sexual relationship education in our schools.

Marilyn Livingstone referred to examples of good practice in her community. I have had the chance to visit some of the organisations that she mentioned. An indication of the cross-cutting nature of our strategy is that it refers to the work that has been done on survivors of childhood sexual abuse, an issue that she has championed in the Parliament.

We will reflect on a number of issues that Carolyn Leckie raised. We want front-line support to be provided. The training strategies and training-needs analysis of our boards will be brought to us so that we can fund them and

ensure that the services are delivered locally. We must develop the right ethos locally through the national guidelines. There is no moral opt-out with regard to our strategy, which must be delivered in an appropriate local setting.

With guidance from the Royal College of Obstetricians and Gynaecologists, we will continue to work on the issue of appropriate access to termination. We will perhaps deal with other matters at a later date.

Carolyn Leckie: Will the minister give way?

Mr Kerr: I am sorry, but I want to address many points that members have raised.

Fiona Hyslop identified an issue that the Executive has been involved in working on in a number of ways for a number of years: the link between sexual health and self-esteem. I believe that our work through our health-promoting schools and our integrated community schools is strongly delivering the agenda of self-esteem, confidence and well-being. Dedicated professionals are working for the Executive to ensure that that happens. I was recently at Moray House school of education, which has launched a document on teenage transition years. The document focuses on diet, but it also addresses wider aspects of health.

The responsibility of parents to ensure that they are aware of what their children are learning in the school environment lies at the heart of the McCabe proposals on the teaching of sex and relationship education. Parents can make decisions on such matters through school boards and through personal choice.

Mr Johnstone said that abortion was being used as a form of contraception. I will leave that pathetic point where it is.

On the cross-cutting nature of our work, I say to Linda Fabiani that the sexual health strategy covers our integrated community schools, our health-promoting schools, our integrated children's services plans, our work on street prostitution, community learning and development, the Scottish Prison Service, community planning partnerships, our work on equality and diversity, our work with academic institutions, our work on forced marriage, our work on female genital mutilation and our work on Bichard. I argue that our strategy is largely cross-cutting and that it addresses many of the concerns that members have raised in the debate.

Linda Fabiani asked whether there was room for civic Scotland on the national sexual health advisory committee. I will reflect on that point, but I should point out that the committee currently has 33 members, which is already a difficult number of members to manage. However, I respect the point

that Linda Fabiani makes. We can perhaps find another way of involving the groups that she mentioned, perhaps through the sub-group structure or through formal consultation.

Janis Hughes mentioned the need to ensure that the materials that are available are fit for purpose for both genders and for people with different sexualities. That is, of course, already the case. We have also carried out specific work in relation to people with learning needs and disabilities, an issue that Stewart Maxwell raised. We have had focus groups involving children with special needs. There is also a review of literature in relation to the harder-to-reach groups in our society to ensure that we communicate in an effective manner with those individuals.

In their contributions, Eleanor Scott, Margaret Smith, Mary Scanlon and Stewart Maxwell encapsulated some aspects of the debate. In our closing speeches, we have reflected a degree of common purpose across the chamber on sexual health. We know that sexual health is an issue that we need to talk more about. I hope that, when we return to the debate in future years, the discussion will be similar to, and as committed as, the one that we have had today.

I cannot close without making my views on the amendments known. There is no need for the Conservative amendment, because parental responsibilities and rights are mentioned throughout the strategy; the strategy is clear about how we seek to ensure that parents are involved in sexual health. On the Scottish National Party's amendment, the advisory committee's purpose is to provide the tasks, targets and timescales that the SNP seeks for the implementation of the action plan. I would rather leave those matters to the advisory committee to deliver to the Parliament in an informed way. The Green amendment is also unnecessary; I have addressed the issue of Caledonia Youth. I urge the Parliament to support the Executive motion and to reject all the amendments.

Business Motion

The Presiding Officer (Mr George Reid): The next item of business is consideration of business motion S2M-2962, in the name of Margaret Curran, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Wednesday 22 June 2005

2.30 pm Time for Reflection

followed by Member's Oath/Affirmation

followed by Parliamentary Bureau Motions

followed by Stage 1 Debate: Licensing (Scotland) Bill

followed by Business Motion

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 23 June 2005

9.15 am Parliamentary Bureau Motions

followed by Executive Debate: Review of Scottish Executive Financial Management 2004-05

11.40 am General Question Time

12 noon First Minister's Question Time

2.15 pm Themed Question Time—
Finance and Public Services and Communities;
Education and Young People,
Tourism, Culture and Sport

2.55 pm Executive Debate: Legal Aid Reform

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 29 June 2005

9.30 am Time for Reflection

followed by Stage 1 Debate: Housing (Scotland) Bill

followed by Financial Resolution: Housing (Scotland) Bill

2.30 pm Parliamentary Bureau Motions

followed by Stage 3 Proceedings: Transport (Scotland) Bill

followed by Business Motion

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 30 June 2005

9.15 am Parliamentary Bureau Motions
followed by Finance Committee Debate: 2nd Report 2005, Cross-cutting Expenditure Review of Economic Development

11.40 am General Question Time

12 noon First Minister's Question Time

2.15 pm Themed Question Time—Health and Community Care; Environment and Rural Development

2.55 pm Parliamentary Bureau Motions
followed by Stage 3 Proceedings: Smoking, Health and Social Care (Scotland) Bill

followed by Parliamentary Bureau Motions

5.00 pm Decision Time
followed by Members' Business

and (b) that the period for members to submit their names for selection for General Question Time and Themed Question Time on 8 September 2005 should end at 12 noon on Wednesday 29 June 2005.—[*Ms Margaret Curran.*]

17:01

Donald Gorrie (Central Scotland) (LD): I oppose the business motion because I believe that the Parliament should establish a policy that stage 3 debates on major bills get a full day—either a morning and an afternoon, or two afternoons, whichever is convenient. We repeatedly rush the stage 3 debates. Members get angry, but then they forget about it, so we should establish a proper policy.

The most recent example—the Charities and Trustee Investment (Scotland) Bill—was rushed through in a way that brought disgrace on the Parliament. That was the fault not of the minister, the Presiding Officer or anyone else, but of the system, which we must sort out. In that debate, only the minister spoke on many important amendments or, if another member had moved the lead amendment, only the minister and the mover spoke—virtually no other members got to speak. In the whole debate, only nine non-ministerial or non-mover speeches were made, which totalled less than 18 minutes. On the last 12 groups of amendments, nobody other than the minister and the mover of the lead amendment got to speak. That meant that there was no proper debate.

It is also useful to ministers to have amendments properly debated. At stage 2, ministers often give assurances that they will examine issues again if members withdraw or do not move certain amendments. Therefore, it is important to get on the record exactly what a

minister's new amendment means, so that its good sense can be demonstrated, if it has good sense.

Stewart Stevenson (Banff and Buchan) (SNP): Will Donald Gorrie also note that cancelling the committee meetings on the last Wednesday before the recess has implications for the Government's business and the ability of committees to deliver it? Will he join me in hoping that the minister will be able to show us a way in which we can progress and do a proper job without affecting the work that the Parliament should do?

Donald Gorrie: That is a fair point but, on the compression of stage 3, I say that there must be proper debates. We must encourage members who are not members of a lead committee to take part. At the moment, they do not try to participate, because they know that they will not be called; only one such member—Dennis Canavan—spoke in the stage 3 debate on the Charities and Trustee Investment (Scotland) Bill.

The people who decide on the timetabling of debates must take better advice on the length of time that a debate will take. They should take advice from the protagonists in the debate, who would be able to tell them that a certain issue would take half an hour to debate, that another would take 40 minutes and what issues are not so important.

The Parliament should seriously examine its policy on the length of stage 3 debates. The world being what it is, I might well lose the vote today, but I strongly urge those who decide such matters to get a grip on the issue, because the way in which we deal with stage 3 of bills brings us into serious disrepute.

Fiona Hyslop (Lothians) (SNP): Will Donald Gorrie give way?

The Presiding Officer: No, he is out of time.

17:04

The Minister for Parliamentary Business (Ms Margaret Curran): I thank Donald Gorrie for intimating to members that he was going to raise the issue today. As he might know, the matter was discussed by the Parliamentary Bureau this week and members on all sides and from all parties have expressed similar concerns to his. I pay considerable attention to the matter and I have been giving some thought to it. I assure Donald Gorrie and every other member that no minister wishes to have shortened debates. It is in ministers' best interests as well as in the interests of the Parliament and of the governance of Scotland that we have proper debates. I give the chamber a strong assurance that I will go to the

utmost lengths to ensure that we adopt procedures to enable that to happen. I am sure that members will appreciate that a balance must be struck if we are to fulfil all the different commitments that face us. We should get the proper advice—as Donald Gorrie suggested—so that we properly timetable our business.

With your permission, Presiding Officer, I suggest that, in the short term, members do not join Donald Gorrie in opposing the business motion, although I understand what lies behind his opposition. We do not have time to address the issue in the short period that remains before the summer recess. In the longer term, I give Donald Gorrie and the Parliament the assurance that, in partnership with the other business managers, we will examine the processes that have brought about the frustration that members clearly feel. I have to take advice from bill teams and consider the legislative processes. I want to do so in some depth to ensure that, if we come to the Parliament with recommendations, we do so on a proper and, I hope, consensual footing.

I assure the Parliament that it is not in my interests—and I am not comfortable with doing it—to have to deal with members who are frustrated that they have not properly had their voice heard. I will need to keep various things balanced, but I certainly wish to proceed in a consensual way. I hope that I will have the opportunity to discuss the issue with key interests from across the Parliament and the Executive.

The Presiding Officer: The question is, that motion S2M-2962, in the name of Margaret Curran, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)

Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahan, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Morgan, Alasdair (South of Scotland) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Robison, Shona (Dundee East) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Baird, Shiona (North East Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Curran, Frances (West of Scotland) (SSP)
 Gorrie, Donald (Central Scotland) (LD)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Pringle, Mike (Edinburgh South) (LD)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

ABSTENTIONS

MacDonald, Margo (Lothians) (Ind)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Smith, Margaret (Edinburgh West) (LD)

The Presiding Officer: The result of the division is: For 92, Against 16, Abstentions 3.

Motion agreed to.

That the Parliament agrees—

(a) the following programme of business—

Wednesday 22 June 2005

2.30 pm Time for Reflection
followed by Member's Oath/Affirmation
followed by Parliamentary Bureau Motions
followed by Stage 1 Debate: Licensing (Scotland) Bill
followed by Business Motion
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Thursday 23 June 2005

9.15 am Parliamentary Bureau Motions
followed by Executive Debate: Review of Scottish Executive Financial Management 2004-05
 11.40 am General Question Time
 12 noon First Minister's Question Time
 2.15 pm Themed Question Time—
 Finance and Public Services and Communities;
 Education and Young People,
 Tourism, Culture and Sport
 2.55 pm Executive Debate: Legal Aid Reform
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Wednesday 29 June 2005

9.30 am Time for Reflection

followed by Stage 1 Debate: Housing (Scotland) Bill

followed by Financial Resolution: Housing (Scotland) Bill

2.30 pm Parliamentary Bureau Motions

followed by Stage 3 Proceedings: Transport (Scotland) Bill

followed by Business Motion

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 30 June 2005

9.15 am Parliamentary Bureau Motions

followed by Finance Committee Debate: 2nd Report 2005, Cross-cutting Expenditure Review of Economic Development

11.40 am General Question Time

12 noon First Minister's Question Time

2.15 pm Themed Question Time—
 Health and Community Care;
 Environment and Rural Development

2.55 pm Parliamentary Bureau Motions

followed by Stage 3 Proceedings: Smoking, Health and Social Care (Scotland) Bill

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

and (b) that the period for members to submit their names for selection for General Question Time and Themed Question Time on 8 September 2005 should end at 12 noon on Wednesday 29 June 2005.

Parliamentary Bureau Motion

17:08

The Presiding Officer (Mr George Reid): The next item of business is consideration of Parliamentary Bureau motion S2M-2961, on the approval of a Scottish statutory instrument.

Motion moved,

That the Parliament agrees that the draft Mental Health (Safeguards for Certain Informal Patients) (Scotland) Regulations 2005 be approved.—[*Ms Margaret Curran.*]

The Presiding Officer: The question on that motion will be put at decision time, to which we now come.

Decision Time

17:08

The Presiding Officer (Mr George Reid): There are six questions to be put as a result of today's business. The first question is, that motion S2M-2941, in the name of Andrew Arbuckle, that the Parliament agrees that the Baird Trust Reorganisation Bill be passed, be agreed to.

Motion agreed to.

That the Parliament agrees that the Baird Trust Reorganisation Bill be passed.

The Presiding Officer: The second question is, that amendment S2M-2958.2, in the name of Shona Robison, which seeks to amend motion S2M-2958, in the name of Andy Kerr, on sexual health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Baird, Shiona (North East Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)

Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Swinburne, John (Central Scotland) (SSCUP)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

MacDonald, Margo (Lothians) (Ind)

The Presiding Officer: The result of the division is: For 34, Against 77, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The third question is, that amendment S2M-2958.1, in the name of Nanette Milne, which seeks to amend motion S2M-2958, in the name of Andy Kerr, on sexual health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Swinburne, John (Central Scotland) (SSCUP)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
 Baillie, Jackie (Dumbarton) (Lab)
 Baird, Shiona (North East Scotland) (Green)
 Baker, Richard (North East Scotland) (Lab)
 Ballard, Mark (Lothians) (Green)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)

Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kane, Rosie (Glasgow) (SSP)
 Kerr, Mr Andy (East Kilbride) (LD)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Leckie, Carolyn (Central Scotland) (SSP)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Margo (Lothians) (Ind)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McMahan, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (South of Scotland) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Robison, Shona (Dundee East) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 15, Against 96, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The fourth question is, that amendment S2M-2958.4, in the name of Patrick Harvie, which seeks to amend motion

S2M-2958, in the name of Andy Kerr, on sexual health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Baird, Shiona (North East Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Fabiani, Linda (Central Scotland) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacDonald, Margo (Lothians) (Ind)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)

Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 31, Against 77, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The fifth question is, that motion S2M-2958, in the name of Andy Kerr, on sexual health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
 Baillie, Jackie (Dumbarton) (Lab)
 Baird, Shiona (North East Scotland) (Green)
 Baker, Richard (North East Scotland) (Lab)
 Ballard, Mark (Lothians) (Green)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)

Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kane, Rosie (Glasgow) (SSP)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Leckie, Carolyn (Central Scotland) (SSP)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Margo (Lothians) (Ind)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (South of Scotland) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Robison, Shona (Dundee East) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)

Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Welsh, Mr Andrew (Angus) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)

The Presiding Officer: The result of the division is: For 97, Against 14, Abstentions 0.

Motion agreed to.

That the Parliament acknowledges the progress that has been made to date in implementing *Respect and Responsibility*, the Scottish Executive's Strategy and Action Plan for Improving Sexual Health; commends the work by stakeholders to date, and welcomes the creation of a National Sexual Health Advisory Committee which will be a key element in taking forward the action plan.

The Presiding Officer: The sixth and final question is, that motion S2M-2961, in the name of Margaret Curran, on the approval of a Scottish statutory instrument, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Mental Health (Safeguards for Certain Informal Patients) (Scotland) Regulations 2005 be approved.

Barnardo's

The Deputy Presiding Officer (Murray Tosh):

The final item of business is a members' business debate on motion S2M-2504, in the name of Robert Brown, on the centenary of Barnardo's. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes the centenary of the death of Dr Thomas Barnardo in 1905; recognises that, although it no longer runs orphanages, the charity he founded has grown and developed over the years, and congratulates the modern-day Barnardo's for its work, which includes the management of 60 services that support almost 10,000 of Scotland's most vulnerable and disadvantaged children and families to overcome challenges including sexual abuse, exclusion from school, HIV/AIDS, leaving care, substance misuse, disabilities, mental health issues and social exclusion.

17:14

Robert Brown (Glasgow) (LD): Since 1999, the Scottish Parliament has devoted a considerable amount of its time to issues to do with children and young people. It has devoted a considerable amount of time to improving schools and the school experience, to truancy, discipline, the curriculum, early years provision, child abuse, child protection, fostering, adoption, motivating young people, and to children from fractured families, not least those who are brought up in care. Our purpose—the noblest purpose that there can be—is to ensure that every young person reaches their potential in life and is nurtured in a secure and stimulating environment.

Many of the principles of that work—some of which we take for granted and some of which we are discovering anew—were known to and pioneered by Dr Thomas Barnardo, who died 100 years ago this year. In the 21st century, it is difficult to realise how revolutionary and modern his ideas were in the second part of the 19th century, which was the age of the poor law, the workhouse and *Oliver Twist*. It was an age in which poverty was the fault of the poor—and probably hereditary, to boot—and in which consciences were eased by the philosophy of Thomas Malthus, who asserted that poverty is an inevitable result of iron economic laws.

Dr Barnardo would have none of that. He believed—as his organisation believes today—that every child, whatever their background, deserves the best possible start in life and that families are the best place to bring up children. His homes equipped young people with skills and crafts so that they could make their own way in life. He established the first fostering schemes and carried out what would now be described as street work in going out into the slums of London to find destitute boys.

I am glad to have the opportunity to recognise the contribution that has been made by Dr Barnardo and Barnardo's to the welfare of children over almost 140 years. The debate also gives me an opportunity to speak a little about the role and value of voluntary sector organisations in general in providing children's services.

In earlier days, the central need was to provide physical shelter for children, combined with what would now be seen as an excessive dose of moral guidance. Around 350,000 children were cared for in Barnardo's homes over the years, but from the 1960s, Barnardo's moved into more specialist support work with disabled children and those with social, emotional and behavioural problems. Indeed, the last traditional Barnardo's home closed in 1989. Unfortunately, the homes were not entirely immune in earlier generations from the abuse and neglect that happened in other residential care homes—that issue was the subject of a painful debate in the Parliament only a few weeks ago. Barnardo's deeply regrets the treatment that some children suffered all those years ago.

Scotland still wrestles with how to give young people in care a better start in life, but Barnardo's went back to the inspiration of its founder to pioneer new schemes for disabled children. The organisation is still extremely active in youth homelessness and is heavily involved in working with substance abuse issues. Those are some of the issues with which it has been involved.

In Scotland, there are around 60 services, which support almost 10,000 vulnerable and disadvantaged children and families. In Glasgow, the street-work team is funded partly by Barnardo's and partly through the rough sleepers initiative. Last year, the team dealt with 279 young people and it is very much at the sharp end. Apna provides support for Asian families with disabled children and the Barnardo's Glasgow 16+ project provides support—including supported lodgings—for over-16s who are coming out of care. That is very much an issue that the Parliament and the Education Committee have considered. Resilience in north Glasgow—RING—provides befriending and individual counselling for children and young people who are involved in the children's hearings system or the criminal courts, and the shield fostering service offers placements for children who are under 13 and have emotional or behavioural difficulties, together with support to enable children to stay in their families.

The Dundee family support team has been active for more than 20 years, and in Aberdeen, the home from home service provides respite breaks and foster care services for disabled children and their families. Barnardo's family placement services in Edinburgh provide similar

services to children who need to spend time apart from their families. The services range from short breaks to post-adoption services, and referrals are often received when councils have been unable to make successful placements. The range of services that exists speaks volumes about the contribution that Barnardo's makes to our society.

Like other independent and charitable sector bodies, Barnardo's Scotland often works in partnership with councils to provide services, complement statutory services, fill in gaps and reach the most disadvantaged children and young people. Voluntary organisations such as Barnardo's have many advantages. They are more accessible, informal and person centred. They bring in additional funding—some £3 million to children's services in Scotland in the case of Barnardo's—and they are flexible and adaptable in dealing with new issues and demands. They can develop specialised skills and, above all, they have the human touch, which is often missing from the lives of vulnerable young people and is not always there across all services that are provided in other ways.

When the minister responds, I hope that she will give us an update on the progress that has been made by the working party that is operating with the Convention of Scottish Local Authorities and the Scottish Council for Voluntary Organisations on full cost recovery. Barnardo's estimates that its management and administration costs average about 15 per cent, although councils seem typically to pay only about half that. I hope, too, that the minister might help—as the Executive has been trying to do since 1999—to ensure stability of funding for the voluntary sector. A decision on whether the Barnardo's Glasgow street-work team would receive one-year project funding through the rough sleepers initiative was due in March, but that decision was not taken until July, which caused job uncertainty for staff and uncertainty for a project that affects many desperately vulnerable young people. In the relationship between government in its various manifestations and the voluntary sector, this is an old tune, but stable core funding, adequate recompense for management costs, timeousness in decision making and longer-term funding arrangements are still vital.

Barnardo's vision is that the lives of children and young people should be free from poverty, abuse and discrimination, and its purpose is to help the most vulnerable children and young people to transform their lives and fulfil their potential. Barnardo's is still—140 years on—helping disadvantaged children to reach their full potential. Barnardo's calls it giving children back their future. To borrow a phrase from elsewhere, I like that.

17:21

Mr Adam Ingram (South of Scotland) (SNP): I congratulate Robert Brown on securing this evening's debate, which marks 100 years since the death of Dr Thomas Barnardo. Although the past 100 years have brought hugely welcome changes in attitudes to child poverty and homelessness, those social evils are still with us, if not in the extreme form of Victorian times. Thankfully, the orphanages that were synonymous with the Barnardo's name, which were life-saving but hardly life-enhancing institutions, are also consigned to the past.

Given the social and economic advances of the past 100 years, one might have hoped that the services of charities such as Barnardo's would no longer be necessary. Sadly, that is not the case. Barnardo's still plays a highly relevant and responsible role in our communities, dealing with deprivation and homelessness through the medium of family support services. I pay tribute to the work of Barnardo's in that regard, especially in the South Ayrshire Council area. There, Barnardo's works in close partnership with the education, health and housing services, among others. For the past 12 years or more, it has played a key role in co-ordinating services for homeless families with children or families that are becoming homeless. In 2003-04, Barnardo's helped 117 families with 212 children to resettle and reconnect with the community when all the normal linkages that we take for granted had been badly disrupted. For example, if someone is living in temporary accommodation in January, where do they go to register a child for school in August?

The Barnardo's service has also been instrumental in reducing placements into unsuitable accommodation that is unsustainable in terms of affordability or size. Recent improvements include a dramatic increase in the number of families that maintain their tenancies after resettlement. In South Ayrshire, 90 per cent of tenancies are now maintained after a year, compared with a rate just a few years ago of a little over half. Given the shortage of affordable and appropriate local accommodation and recent changes to the housing benefit rules, which have hindered the smooth transition from temporary to permanent accommodation, those are remarkable figures and a testament to the effectiveness of the interagency working that is being achieved in that area.

I am aware of a Barnardo's children's rights and advocacy service in the north Ayr social inclusion partnership area that aims to raise awareness and develop confidence among children in what services are and should be available locally, and to recruit young advocates, who play an important role in dealing with mental health issues among

young people and with the forthcoming implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003.

In short, Barnardo's provides an invaluable service to the people of South Ayrshire and I thank it for that.

17:25

Ms Wendy Alexander (Paisley North) (Lab): I, too, thank Robert Brown for the debate. As all members here tonight will know, it does not reflect a transient interest in the subject; as convener of the Education Committee, Robert Brown always stands up powerfully for the interests of the voluntary sector.

I start with the special contribution of pioneering voluntary organisations. It is not just Barnardo's that has been ahead of the game for 100 years. We benefit from the same pattern of voluntary organisations being ahead of Governments in a number of fields besides children's services. Leonard Cheshire has led in the field of disability for the past 50 years, as have other organisations in the hospice movement for the past 20 years and in debt relief for the past 10 years.

As this is a members' business debate, I will focus on the modern contribution of Barnardo's in my constituency. Members will not be aware of the Paisley threads project, which was established five or six years ago. It is a Barnardo's project that provides a support service for young parents and tenants. It is run on a voluntary basis and the voluntary ethos is at the heart of the very positive relationship between the staff and young people and of how they feel about the threads projects.

I will touch on a couple of the projects that are run under the auspices of the threads project, all of which I have had the opportunity to visit in recent years. The first is a pre-natal drop-in. It is increasingly clear that the health and welfare of a baby are determined in the nine months prior to its being born. A very effective partnership has been set up with the Royal Alexandra hospital involving midwives and local health visitors working with young mums before their baby is born. After the baby is born, there is the opportunity to graduate from the pre-natal class to the baby drop-in. That has become a mutual support group for young mothers.

A lot of work is also done on pre-tenancy, which is a way of helping young people to decide whether they are ready to set up their own tenancy and whether that is the right thing to do. Young tenants are helped with all the paperwork that is involved in ensuring that all the bills are paid. They are also helped to manage their doors so that they do not have an overly large number of unwelcome visitors and so that they can network positively

with their community. The whole community gives very encouraging reports about what Barnardo's has done to make young tenancies sustainable in the way that a housing association or council might find more difficult.

The greatest success of the threads project has been the Paisley youthbuild project. That is run along with local housing associations to train young unemployed builders. As a result of that project, 21 youngsters have got qualifications and 11 young builders have gone on to gain full-time employment. Those are people who had no qualifications and who had experienced long-term unemployment. Perhaps I should end with the words of one of those young builders, who told me that he was glad that he went to work with youthbuild as a result of Barnardo's work. He thought that it was a great opportunity and he recommended it to others. Recommendations do not often come higher than that.

All that would not be possible without the commitment of dedicated staff, who often work under some pretty unattractive employment conditions on relatively temporary and insecure contracts. I know that the minister knows that that has always been a challenge to our support for the voluntary sector. However, in the spirit of members' business debates, I will simply record the modern and appropriate contribution that Barnardo's makes in my part of the world.

I apologise to members that I will not be able to stay until the very end of the debate.

17:30

Lord James Douglas-Hamilton (Lothians) (Con): I warmly welcome Robert Brown's motion, which does not seek to avoid the reality that Barnardo's works in close co-operation with other voluntary bodies and charities. I am glad to be able to say a few words about the pioneering role and outstanding work of Barnardo's over the past 100 years. It has made an invaluable contribution to transforming the lives of countless children.

I should perhaps mention an interest, in that I helped to take the Children (Scotland) Bill through the House of Commons. I am also chairman of the Edinburgh support group of the charity Hope and Homes for Children, which helps orphans in Africa and eastern Europe.

Thomas John Barnardo carried out an incomparable role in helping children in Britain. In 1867, he opened a ragged school, as it was called, in London's east end to allow children from deprived areas to get a basic education. That was followed by the opening of many orphanages.

As Robert Brown and Adam Ingram wisely said, some Victorians—quite wrongly—viewed poverty

as being shameful. Sadly, although Britain was the most powerful country in the world at that time, not all Victorians had insight. However, Thomas Barnardo had a most enlightened view, as his philosophy was that every child deserves the best possible start in life, whatever their background. That philosophy not only remains strong in Barnardo's today but echoes the views of members of this Parliament.

Barnardo's no longer runs orphanages, as it was felt that bringing up children in a family environment rather than in an institution would give them the best chance of growing into healthy and well-adjusted adults. Today, Barnardo's offers more than 360 services United Kingdom-wide—of which 60 are in Scotland—which are dedicated to helping disadvantaged children. Those services range from working with young people who have been sexually abused to supporting young people who have special educational needs or disabilities. They also include providing counselling to children who have experienced domestic violence, steering children away from crime and placing children into stable and well-balanced family homes through fostering and adoption. That is to mention but a few of Barnardo's services.

Thomas Barnardo's last words were:

"There's still so much to do."

That is why Barnardo's today continues to develop new schemes and initiatives in response to issues such as homelessness and substance abuse. Recently, Barnardo's has also been in the forefront of tackling the exploitation of children and in raising awareness of how advances in technology, such as the internet and mobile phones, can lead to new forms of exploitation.

The Deputy Presiding Officer: You have one minute.

Lord James Douglas-Hamilton: I am on my last two sentences.

Barnardo's work is both extremely extensive and highly varied, with countless schemes and projects in place. Tonight, we cannot do full justice to the organisation's selfless dedication in so many fields but, at the very least, we who are fortunate enough to be in the Scottish Parliament can recognise with admiration and gratitude the tremendous efforts and collective hard work of Barnardo's over the past 100 years.

17:33

Donald Gorrie (Central Scotland) (LD): As often happens, Robert Brown made a good speech on a good subject. I am happy to follow him.

I think that the Victorians had a lot more going for them than is realised by most modern people who have not studied Victorian history. I will set aside Barnardo's just for the moment, because I want to mention two places that I have visited that dealt with similar activities. The first is Wellington School just outside Edinburgh. In Victorian days, the simple philosophy was that children who were on the streets—because their dad was in jail and their mother was a prostitute or a drunk or in some other difficulty—were sent off to such schools, where they were boarded and cleaned up a bit. They were taught agricultural skills before being sent off to Australia—life was simpler in those days—where, in future generations, they obviously supplied the muscle power of the Australian rugby team, the skill of the cricket team and so on.

What is now the Dean Gallery in Edinburgh, housing the artwork of Sir Eduardo Paolozzi, used to be the Dean orphanage. I was amazed to learn that, as well as being an orphanage, it had in its basement a working brewery. Young people were taught brewing, which was a big industry in Edinburgh in those days. When they left the orphanage, they were fully equipped to go out and take a job. That seems to me to be really bright stuff.

In the present day, the Barnardo's work that I am best acquainted with is the work that goes on at the freagarrach project near Falkirk. The project, which I have visited several times, has had huge success in reducing reoffending among young people who are having problems at school and with the law. It works very well, especially because it involves families. We sometimes break up problems into little sections, but if we work with the family as a whole we can achieve much more improvement than if we work just with individuals. Freagarrach is a particularly good project.

In our briefing for the debate, I was interested to read that Barnardo's has young carers support teams. Like other members, I became involved in that subject some years ago. Young carers do a huge job and need all the support that we can give them.

As Wendy Alexander said, sustaining people in tenancies and giving them advice and support are very important. It sends shivers down my spine to think about how badly I would have coped if, as a 16-year-old, I had had to set up on my own. However, we expect young people to do just that. They, too, need all the support that we can give them.

I strongly endorse Robert Brown's point about funding. In a recent debate, we got slightly hung up on semantics, in worrying whether "core funding" was the right phrase. Whether or not it is the right phrase, it is the right concept. If Government thinks up good projects and people

apply for money to take part in them, that is fair enough. However, there are hundreds of organisations like Barnardo's that do really good voluntary work and provide vital public services; they should be funded just for what they are doing. If that does not happen, there is an error in Government thinking. As long as organisations carry on doing good work, they should be funded for it. There must be continuing funding for good voluntary organisations.

I wish Barnardo's the best of luck in the future and look forward to more visits.

17:37

Ms Rosemary Byrne (South of Scotland) (SSP): I, too, thank Robert Brown for securing this debate today. The diversity of the work of Barnardo's is amazing. It is also amazing how the organisation has changed as the years have passed. It now offers much-needed help and support to children, young people and families in our modern society. Its projects are diverse: it provides advocacy for vulnerable young people in key areas of child protection; it provides family group conferences to support young people; it supports young people leaving care; and it helps young people whose lives have been affected by substance misuse.

Barnardo's participates in many parliamentary consultations. I am sure that it made several submissions during the passage of the Antisocial Behaviour etc (Scotland) Bill. In that and other cases, we have had lots of excellent input that has helped to guide us in the direction that we needed to take in legislation. I mention that particularly because it is crucial that we have our eye on what the voluntary sector thinks and does and on what it believes is right.

Today I would like first to highlight the work that Barnardo's does on substance misuse. I will give some figures to start with. Substance misuse is a key area and it is distressing to find out about the number of young people who are caught up in it, either through misuse in their family or because they misuse substances themselves. Barnardo's leads the field in offering support and help to such people. The figures are for the UK. The Department of Health estimates that 47 per cent of 15-year-olds have drunk alcohol in the past week and that 22 per cent have used an illegal drug. At least a million children in the UK live in a family home in which problematic alcohol use is an issue. Of 11 to 15-year-olds, 27 per cent have used an illicit drug in the past month. Approximately 300,000 children live in a home in which heroin or crack is used—3 per cent of all children. Some 35 per cent of all child protection inquiries feature heroin or crack cocaine and up to 50 per cent of all crime is drug related. We can see that Barnardo's

is tackling difficult issues in modern society. It states:

“87% of our work includes work with substance misuse.”

It is hard to get a grip on those issues, but Barnardo’s is doing a wonderful job.

I take the opportunity to talk about Barnardo’s base project in Whitley Bay. It would be nice to see that project being mirrored in Scotland in similar projects to help young people whose lives are affected by drug misuse. A young person who has been through the base project said:

“I feel happy, happier than I have done since I was about 13. It’s good! It’s really good! Cos yes I’ve put a lot of hard work in, but the Base has been a really brilliant project.”

Often, young people who live in families in which there is drug misuse perpetuate the cycle and go on themselves to misuse drugs. Interventions do not happen quickly or widely enough and not everyone has access to such projects. We should note the good practice in those projects and use it.

I congratulate the staff of Barnardo’s on the work that they do throughout the country in all their projects. I wish them luck in the future.

17:41

Marlyn Glen (North East Scotland) (Lab): I am pleased to have the opportunity to join other members in congratulating Barnardo’s on its work and in thanking Robert Brown for securing tonight’s debate.

Earlier this week, I took the chance to visit Barnardo’s bridge project in Dundee in connection with the work that the Justice 1 Committee is doing on protection of children. The bridge project is one of three centres in Scotland that help young people who display problematic sexual behaviour. I will concentrate my remarks on that particular section of Barnardo’s work.

When we are discussing youth justice, it is essential that we have a clear idea of the work that is done by such projects and the expertise and experience that they have. People often have a negative reaction to children who display inappropriate sexual behaviour, but as the project’s family worker put it, the important point is that they are, first of all, children. As such, they should be helped and supported; that is what Barnardo’s does.

The bridge project used to deal mainly with older teenagers, but it now concentrates as much—if not more—on the younger age group, including children as young as four. When we consider that younger age group, it is perhaps easier to understand that what those children need is help and advice and not neglect, blame or merely our pointing out the error of their ways. We must find

out the background to the child’s behaviour and help them and their family to deal with it. It has been found that domestic abuse is often a background factor, and possibly a contributory factor, to the development of problematic behaviour in the first place.

It is essential that there is consistency in how we deal with such children. There is a necessity for knowledge and understanding on the part of the police and the courts as well as that of social workers and education departments, so that staff in all those agencies can work together. It is necessary that procurators fiscal be aware of the work that is being done so that they can make appropriate recommendations in respect of young people who are referred to them.

Like many of us, Barnardo’s is convinced that it is important that young people be treated appropriately by the law. Barnardo’s places great emphasis on the role of the children’s hearings system as the correct route for children, and it stresses the importance of the availability of age-appropriate interventions. We spend a great deal of time and money on decisions on management of offenders and on programmes to stop reoffending, but early intervention works. That is what the bridge centre and similar projects concentrate on. They are proactive in preventing a continuation of inappropriate behaviour.

If adequate permanent funding was given to such projects in a systematic way throughout Scotland, more and more young people would be given the opportunity to benefit from early interventions, which would have positive consequences. I know that the Deputy Minister for Communities cannot give assurances here about funding, but we need to be aware that there is a gap.

I am pleased to add my support to Barnardo’s call for us to give children back their future.

17:44

Ms Sandra White (Glasgow) (SNP): I, too, congratulate Robert Brown on securing a very important debate that celebrates not only the centenary of Barnardo’s but the people who offer their services to voluntary organisations. Many members have mentioned Barnardo’s centenary; however, we should also celebrate the fact that the organisation has moved with the times and developed various projects without losing its original ethos of looking after, caring and nurturing impoverished children, who sometimes come from chaotic backgrounds. We—and Barnardo’s—should be very proud of that fact.

All too often, the kids who come from chaotic backgrounds go on to have chaotic lifestyles. In many cases, the kids themselves are blamed;

however, we should blame neither the children nor the parents. Instead, we should help them. In this modern world, it is too easy to lay the blame at the doorsteps of families and children when in fact all they need is some support and help, and I congratulate Barnardo's on providing such support. We should be very pleased that such organisations continue to carry out such work after 100 years; after all, as Lord James Douglas-Hamilton said, even though our society is more affluent, there is still poverty among us. I am glad that people are willing enough to help with these matters.

I want to concentrate on a number of initiatives that Barnardo's has introduced. Rosemary Byrne highlighted alcohol and substance abuse. To deal with that major problem, the organisation has established 361 projects throughout Great Britain, many of which work with parents who misuse alcohol. As a result of that work, Barnardo's has called for programmes that are designed specifically to help affected families and children. It is easy to say that we will spend money on that issue; however, if we do not know a particular family's circumstances, such money is not necessarily wasted but it does not always reach the proper areas. Perhaps we need a more inclusive approach in that respect. In any case, as Marlyn Glen, Robert Brown and Donald Gorrie have pointed out, money has to come into it somewhere—which, I am afraid to say, is where the minister herself comes into it. I realise that the Scottish Parliament supports the voluntary sector very well, but perhaps we should consider tailoring such projects to families' needs.

Marlyn Glen touched on domestic violence, on which I know that she has done a lot of work in the Equal Opportunities Committee. I find it worrying that, despite campaigns by us and by Barnardo's, the incidence of such violence is increasing. We must examine the matter, because it badly affects young people and parents. I know that Barnardo's is certainly looking into it.

Lord James Douglas-Hamilton mentioned that times have moved on—for example, we now have the internet—and Barnardo's runs 13 projects that work with young children under 14 and 15 who have suffered child abuse through prostitution.

We should continue to support Barnardo's excellent work in any way that we can. I realise that funding is always a problem, but we must ensure that it is available for the fantastic projects that I have highlighted.

I thank Robert Brown again for securing this debate.

17:48

Robin Harper (Lothians) (Green): I congratulate Robert Brown on securing the debate. Three strong themes run through it: funding; the excellence of Barnardo's services; and the breadth of those services. Members have covered the last two themes very well.

I am very glad to say that, in my halcyon youth 30 years ago, I helped Barnardo's finances. For several Christmases, I braved the draughty expanses of Waverley station and, in rotation with a brass band and a choir, busked with my guitar to raise money for the organisation. The project was quite successful. It was designed not simply to raise money for Barnardo's—that was almost incidental—but to draw attention to the excellent work that it carries out at a time when people are thinking of children.

As for the organisation's huge range of services, it is clear that Barnardo's has evolved, is evolving and will continue to evolve. It is a very alive organisation that adapts to the needs of society. It is not static in any way whatsoever.

Like other members, I have personal experience of Barnardo's through the cross-party group on children and young people, and I would like to draw specific attention to the work that Barnardo's does with young carers. That is an important issue that has only recently come to light in a big way. We now realise that there are thousands of children in Scotland who are caring for their families in one way or another. I recall hearing about a child of 14 or 15 who had been looking after her mother—who, for one reason or another, was not really able to take care of the family effectively—and two younger children, all completely unbeknown to the school that she attended or to local services. There may be many more children like her, so the work that Barnardo's is doing is extremely important.

Barnardo's works on disability and inclusion, supporting young people with special educational needs and those with learning difficulties. Tomorrow's members' business debate at 5 o'clock will draw attention to the good work that is being done by a variety of organisations for people with learning difficulties. Again, Barnardo's is helping in that important area.

Barnardo's has reminded us that its common theme is promoting excellence. It wants to be good—to be among the best. I back all the calls that have been made this evening for solid, on-going funding. I know that the Executive has made quite a lot of improvements in funding for charities over the past six years, but there is still room for a lot more improvement and for guarantees for funding over longer periods of time. That would allow organisations to plan, so that they do not

have to allocate members of staff—sometimes two, three or four—who are purely dedicated to raising money and finding out where the next penny is going to come from, instead of actually working for the organisation itself and promoting its services. I commend Robert Brown for bringing the debate to the chamber.

17:52

The Deputy Minister for Communities (Johann Lamont): It is a privilege for me to reply to the debate, and I congratulate Robert Brown on securing the debate to commend Barnardo's for its work over the past 100 years. There has been clear agreement across the chamber, not just on the proud history of Barnardo's but on the important work that it does now. I am happy to offer congratulations on behalf of the Executive and I pay tribute to the efforts of all Barnardo's staff, who work tirelessly to support some of our most vulnerable and disadvantaged children, young people and families.

Robin Harper talked about going out busking for Barnardo's. When I was a brownie, we got a sheet for Barnardo's at Christmas and we went home and collected money. That was a wonderful way of securing support for needy children and made it stick in my mind, even as a very young child, that there were children who were disadvantaged and that we all had a responsibility to do something about that. Fortunately, times have moved on, but even then Barnardo's was a brand name for an organisation that identified needs and tried to address them.

We have heard already something about the proud history of Barnardo's, dating from 1867, when Thomas Barnardo set up a ragged school. When he died in 1905, almost 100 homes had been established to care for around 8,500 children. During the second world war, Barnardo's played a key role in the evacuation and settlement of children at a difficult time for many young people. By the end of the war, and through the 1950s, it was clear that the focus of Barnardo's activities was shifting towards working with families in home and community environments. In the 1960s, new approaches were developed and, as Robert Brown said, the last traditional Barnardo's children's home closed in 1989. By then, caring for children and their families in their communities had become the key priority.

Barnardo's priorities have expanded to encompass a wide range of activities, which have been identified in Robert Brown's motion and in the speeches that we have heard this evening. Although things have moved on, we know that the vital work in which Barnardo's is involved continues to be challenging for all of us, including those of us in government. If there is a connection

with the organisation's proud start in Victorian times, it is the recognition that there can be poverty amidst plenty and that people can suffer disadvantage while others are in comfort. Barnardo's acknowledgement that, for young people, disadvantage comes in many forms is key. Disadvantage might involve living in a family in which there is domestic abuse or being the carer of someone with an addiction problem. Assessing the disadvantage that young people face goes beyond mere consideration of a family's economic circumstances; it involves drilling down into other difficulties.

Over the past year or so, Barnardo's has identified three of its most pressing priorities. Substance misuse and the exploitation of children for sexual purposes must be tackled and children's emotional and mental well-being promoted. Barnardo's aim is to promote innovative and child-centred approaches to reducing harm across those three areas.

It is clear that Barnardo's is an organisation that is well attuned to the changes—both good and bad—in our increasingly diverse society. It has been able to identify and address the changing needs of children, young people and families in Scotland and to react to new threats, such as the use of the internet to groom young people for sexual exploitation, but in spite of its modern outlook, it has never lost sight of its founding vision, which is to free children from poverty, abuse and discrimination.

Barnardo's is to be congratulated on its positive and challenging engagement with the Scottish Executive's agenda. The organisation represents how powerful the voluntary sector is. Funding has been discussed, and the Executive and others have acknowledged the key role that the voluntary sector plays in being innovative, understanding need and expressing what need is. One of the great benefits of devolution has been the understanding that has emerged that the Government does not sort things out on its own, but is extremely powerful when it harnesses bodies that understand how need is expressed in our communities.

We must deal with the nitty-gritty of funding, but although we must fund innovation, we must recognise that there is a need for stability. That is the key underpinning commitment of the strategic review of voluntary sector funding. A powerful partnership of the SCVO, the Convention of Scottish Local Authorities and the Executive has formed to make progress on those issues. We have prepared a draft action plan, which is under discussion, and it is planned that we will publish the plan later in the summer. I believe that it will address the concerns that Robert Brown and other members have identified. On the partnership side,

we know that the Executive has been committed to providing three-year funding for voluntary organisations, when that is possible. It is certainly my view that using the voluntary sector is not about getting public service on the cheap; it is about obtaining the added value that the sector brings because of its understanding of the problems that people face.

If we consider some of the care that Barnardo's provided in the past, which Robert Brown spoke about, there is no doubt that it reflected a lack of understanding of the risks that were posed to children by the adults who cared for them. Barnardo's has contributed to shaping a new understanding through listening and working with young people, which has helped to bring our society from a position of denial to one in which it is understood that child abuse exists and that we must tackle it. Barnardo's must be commended for the role that it has played.

Members will have realised that many of the aims and aspirations of Barnardo's are identical to the Executive's policy priorities for children, young people and families, which, in many cases, have been underpinned by the legislation that has been debated and passed in our Parliament. It is clear that, if we can work together with both the statutory sector and voluntary organisations, including Barnardo's, to deliver our vision, we can support generations of young people to be successful learners, confident individuals, effective contributors to society and responsible citizens.

We have come a long way from the environment and circumstances that persuaded Dr Barnardo to help severely disadvantaged children and families. Employment rates are higher, our health is improving overall, life expectancy is higher, child mortality is decreasing, the educational attainment of children and young people is improving and we have statutory minimum pay and historically low interest rates. We are investing in the things that matter in an effort to tackle Scotland's historical legacy of poverty, deprivation, poor housing, poor health, high unemployment, low attainment and low aspirations.

I would certainly not argue that there is not a long way to go. Even if I were to do so, organisations such as Barnardo's would ensure that I would not get away with it. Too many families continue to live in poor-quality housing and too many people lack the confidence and opportunities to make the move into employment. There are serious health inequalities and, as has been clearly identified, alcohol and drug misuse continue to take a heavy toll on lives, health and happiness for young and old alike. Through our policy priorities such as closing the opportunity gap, investment in affordable homes, the national health service, local government and schools, our

three-year programme to reform and strengthen child protection and our policies to tackle substance misuse and mental health, we are striving to improve the lives and livelihoods of current and future generations.

Another of Barnardo's priorities is working in partnership with statutory organisations and other voluntary sector bodies. I am proud and honoured that Barnardo's counts the Executive as one of its partners. Barnardo's has been in the vanguard of the organisations that help to obtain children's views on proposals that affect them and their families and it has played a key role in ensuring that their opinions are heard. A good example is the role that Barnardo's played in the review of the children's hearings system. We are providing direct funding to Barnardo's for work with young sex offenders that includes early intervention work and family and aftercare support. Again, I believe that that work is characterised by the way in which it is both supportive and challenging of those with whom Barnardo's works.

Barnardo's has clearly realised that partnership working across the statutory and voluntary sectors, particularly where children and families may have multiple needs, is the most effective way to deliver care and support when and where it is needed. Co-operation and collaboration may not always be easy for service planners and providers, but they are essential if we are to deliver high-quality integrated services that are built around the needs of the child, young person or family.

The Executive has a Cabinet delivery group on children and young people that co-ordinates policy across a range of areas. We are striving to reduce bureaucracy through the development of joint inspections and we will consult shortly on new proposals for integrated assessment and quality improvement. Work is continuing in the crucial area of improving the sharing of information between services. We are looking at ways to further develop the skills and competences of those who work with children. Like Barnardo's, we are determined to place the child and not the process at the heart of our policies and services.

I recognise the sincerity of the tributes that have been paid to Barnardo's from across the chamber. In that sincerity, I believe that we are making a commitment to and gaining an understanding of the power of the voluntary sector in addressing disadvantage. It is clear that the Executive shares many of Barnardo's hopes and aspirations. I am delighted to support Robert Brown's motion. On behalf of all members, I offer Barnardo's our very best wishes on its centenary. I hope that we can continue to work closely together in the 21st century to improve the lives of children, young people and families in Scotland.

Meeting closed at 18:02.

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

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

The deadline for corrections to this edition is:

Wednesday 22 June 2005

PRICES AND SUBSCRIPTION RATES

OFFICIAL REPORT daily editions

Single copies: £5.00

Meetings of the Parliament annual subscriptions: £350.00

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

WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

Single copies: £3.75

Annual subscriptions: £150.00

Standing orders will be accepted at Document Supply.

Published in Edinburgh by Astron and available from:

Blackwell's Bookshop
53 South Bridge
Edinburgh EH1 1YS
0131 622 8222

Blackwell's Bookshops:
243-244 High Holborn
London WC1 7DZ
Tel 020 7831 9501

All trade orders for Scottish Parliament documents should be placed through Blackwell's Edinburgh

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

Telephone orders and inquiries
0131 622 8283 or
0131 622 8258

Fax orders
0131 557 8149

E-mail orders
business.edinburgh@blackwell.co.uk

Subscriptions & Standing Orders
business.edinburgh@blackwell.co.uk

RNID Ttypetalk calls welcome on
18001 0131 348 5412
Textphone 0845 270 0152

sp.info@scottish.parliament.uk

All documents are available on the Scottish Parliament website at:

www.scottish.parliament.uk

Accredited Agents
(see Yellow Pages)

and through good booksellers

Printed in Scotland by Astron