

EQUAL OPPORTUNITIES COMMITTEE

Tuesday 1 December 2009

Session 3

£5.00

© Parliamentary copyright. Scottish Parliamentary Corporate Body 2009.

Applications for reproduction should be made in writing to the Information Policy Team, Office of the Queen's Printer for Scotland, Admail ADM4058, Edinburgh, EH1 1NG, or by email to:
licensing@oqps.gov.uk.

OQPS administers the copyright on behalf of the Scottish Parliamentary Corporate Body.

Printed and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by
RR Donnelley.

CONTENTS

Tuesday 1 December 2009

Col.

| | |
|---|------|
| INTERESTS | 1333 |
| DECISION ON TAKING BUSINESS IN PRIVATE | 1333 |
| CARERS | 1334 |
| “ALL OUR FUTURES: PLANNING FOR A SCOTLAND WITH AN AGEING POPULATION” | 1353 |
| WORK PROGRAMME | 1364 |

EQUAL OPPORTUNITIES COMMITTEE

17th Meeting 2009, Session 3

CONVENER

*Margaret Mitchell (Central Scotland) (Con)

DEPUTY CONVENER

*Marlyn Glen (North East Scotland) (Lab)

COMMITTEE MEMBERS

*Malcolm Chisholm (Edinburgh North and Leith) (Lab)

*Willie Coffey (Kilmarnock and Loudoun) (SNP)

*Bill Kidd (Glasgow) (SNP)

*Christina McKelvie (Central Scotland) (SNP)

Hugh O'Donnell (Central Scotland) (LD)

Elaine Smith (Coatbridge and Chryston) (Lab)

COMMITTEE SUBSTITUTES

Rhoda Grant (Highlands and Islands) (Lab)

Mary Scanlon (Highlands and Islands) (Con)

Margaret Smith (Edinburgh West) (LD)

Shirley-Anne Somerville (Lothians) (SNP)

*attended

THE FOLLOWING GAVE EVIDENCE:

Moira Oliphant (Scottish Government Primary and Community Care Directorate)

Shona Robison (Minister for Public Health and Sport)

John Storey (Scottish Government Primary and Community Care Directorate)

CLERK TO THE COMMITTEE

Terry Shevlin

ASSISTANT CLERK

Rebecca Lamb

LOCATION

Committee Room 1

Scottish Parliament

Carers

Equal Opportunities Committee

Tuesday 1 December 2009

[THE CONVENER *opened the meeting at 10:01*]

Interests

The Convener (Margaret Mitchell): Good morning and welcome to the 17th meeting in 2009 of the Equal Opportunities Committee. I remind everyone to turn off their mobile phones and Blackberrys, as they can interfere with the sound system even when they are switched to silent.

We have apologies from Hugh O'Donnell and we are not expecting Elaine Smith to attend this morning, either.

Under agenda item 1, I formally welcome Christina McKelvie to the Equal Opportunities Committee. She has replaced Bill Wilson. I am sure that members will join me in paying tribute to Bill for his contribution during his two years on the committee. I invite Christina McKelvie to declare any interests.

Christina McKelvie (Central Scotland) (SNP): Thank you for your welcome, convener. I have no interests to declare in relation to the remit of this committee.

Decision on Taking Business in Private

10:02

The Convener: Under item 2, I seek members' agreement to deal with item 5, which involves consideration of an options paper on trafficking and the economic impact of migration, in private. Do we agree so to do?

Members *indicated agreement.*

10:02

The Convener: Under item 3, we will take evidence on the development of the Scottish Government's carers strategy. The committee has held two round-table discussions on the issues that face unpaid carers and instigated a debate in the chamber on the issue earlier in the year.

I welcome to the committee the Minister for Public Health and Sport, Shona Robison; and Moira Oliphant, the team leader of the Scottish Government's community care division. Minister, would you like to make an opening statement?

The Minister for Public Health and Sport (Shona Robison): Thank you, convener. I am pleased to be giving evidence to the committee today on the carers strategy for Scotland, including evidence on young carers. I very much welcome the committee's interest in this area. I have always said that the care 21 group's report was a landmark report and that we must build on its recommendations so that there is better support for carers and their caring role. Despite the economic situation, I believe that we can, in partnership with the Convention of Scottish Local Authorities and others, provide a robust strategy that will offer lasting changes. Indeed, there is an imperative to do so, given the increasing numbers of older carers and our changing demography, which I am sure we will touch on today. That means that we have to set out a clear vision and establish short, medium and longer-term objectives, and that we must concentrate our efforts on where change can be achieved.

On young carers, the priorities are that they are children and young people first and foremost. That means that they must be relieved from inappropriate caring and allowed to flourish as children and young people.

On the more than 657,000 unpaid carers in Scotland, we are seeking to move forward on a number of fronts regarding identification and support. It is imperative that there are key linkages with other policy developments such as the reshaping care agenda and the equalities strategy so that we can maximise outcomes for carers. The dementia strategy will also dovetail well with the carers strategy.

The strategy will be published during the first half of 2010.

The Convener: That was a helpful opening statement.

Obviously, the strategy is for carers and unpaid carers. Where does the priority lie, however? What sort of proposals do you have to separate those two groups?

Shona Robison: The priorities have been identified by carers themselves, who are involved in all the work that is being done on the carers strategy. I touched on some of those priorities in my opening statement. A lot of work has been done on the identification of young carers, which is clearly an issue, particularly in relation to the role of schools. Earlier this year, I announced some work that we are doing with the Princess Royal Trust for Carers to identify young carers in primary schools. We also believe that additional support for learning provides some useful opportunities, and that will feature in the work that we are doing on the strategy.

It is important that the needs of carers, including young carers, are assessed. What transpires after that in terms of support is also important. Clearly, respite is key. Shortly, we will be able to reveal the progress that has been made by local authorities on increased respite for carers.

Those are not issues that will come as any revelation to committee members, as they have been identified by carers for a long time, through the care 21 report and before that. The strategy, therefore, involves what we can do to move those long-standing issues forward through an examination of the progress that has been made and the progress that still needs to be made.

As you may be aware, the strategy will contain a lift-out section—that is how we describe it, but the phrase might not do it justice—on young carers. That will be a stand-alone section that will set out exactly what our intentions are for young carers. This is probably the first time that that has been done. As well as, hopefully, pointing the way for young carers who need to get support, it will give a clear indication to service providers of what is expected of them.

The Convener: There is, rightly, an emphasis on young carers. At the other end of the spectrum, however, elderly carers have specific needs.

Shona Robison: Absolutely. One of the strong elements emerging from the reshaping services agenda on the needs of older people generally is that older people tend to be cared for by other older people, such as their partners or neighbours. That will form an important strand in our response to the issue that you raise. If care is to continue to be provided through those informal networks—which we need it to be—people need to be supported in doing that, and we should not take that for granted. Clearly, older carers have particular health needs that we must recognise. I can reassure you that that is very much at the core of our thinking on how we reshape services. It is not good enough simply to tinker at the margins of that; we must deliver a complete overhaul of how we deliver care through health and social care services. Within that, support for informal carers will have to be key.

Moir Oliphant (Scottish Government Primary and Community Care Directorate):

There is an older carer population who are the parents of adults in their 40s and 50s with learning difficulties. They need to have peace of mind about what will happen to their children when they pass on. We are working with Enable Scotland and others to raise the profile of that group of people and more closely integrate services for people with disabilities and services for the elderly. We have also asked Enable to produce a think-piece paper for us on housing options, which will feed into the strategy development.

We need to see older people as a resource. Some older people will have good health into their later years and, under the reshaping care agenda, we need to find out what the capacity could be for older people to work within communities to support carers who are less able to carry out their caring responsibilities.

The Convener: Could you be a little more precise about when the final carers strategy will be published? It is eagerly awaited by everybody who will be affected, but there seems to have been a little bit of slippage.

Shona Robison: I appreciate that, but we want to get it right, and we are working through a number of areas. The strategy will be comprehensive. We are considering all the areas that carers are concerned about, and progress has been made in many of them. A lot of in-depth discussions about key elements are still going on. I want the issues to be properly thrashed out so that the right conclusions are reached.

The strategy will be published as soon as possible; it will certainly not slip beyond the first half of 2010. If it would help, I can keep the committee updated on what is happening. I can give it a heads-up on when we think we can launch the strategy and ensure that it has the date as early as possible.

The Convener: That would be appreciated. We can then have the date firmly in our sights.

How is the work of the steering groups and the sub-groups feeding into the strategy?

Shona Robison: Moira Oliphant can probably tell members a bit more about that, as she has been closer to that work. The carers organisations have been working extremely hard, and the sub-groups have done a lot of consideration of quite complex issues. On the face of it, certain issues seem easy to resolve but, when one gets into considering consequences—there may be unintended consequences—they are sometimes not quite as easy to resolve as they seemed at first. In that context, I appreciate the work that the organisations are putting in.

I invite Moira Oliphant to say a little bit about the structure that holds everything together.

Moira Oliphant: There are two steering groups: one for carers generally and one for young carers. There is a good representation mix on both groups. COSLA is, of course, represented on both, and all the national carers organisations are represented. The Association of Directors of Social Work and Alzheimer Scotland are represented on the group for carers generally, and the Association of Directors of Education in Scotland and Children 1st are represented on the young carers group. The groups have been up and running since February or March and have met several times. A lot of good discussions about the priorities in developing the strategy are taking place in them. There is a lot of interesting discussion that gives a good flavour of the issues to be taken forward, and all the people on the groups have very good backgrounds. Both groups recently considered an outline for the carers in general and young carers components of the strategy, and they have supported the way in which we are progressing the proposals.

There is also a carers reference group, which consists of 10 carers from different parts of Scotland, including rural, remote and urban areas. Those carers represent different caring experiences. That group has met three times, and one carer on it is a member of the main carers steering group. She can therefore take the views of the carers reference group to that steering group.

The carers reference group has been very good. Every individual caring experience is unique, but there is nonetheless a commonality of issues—for example, transitions at certain points in the caring journey, the quality and scope of carer assessments, respite and short breaks, and access to carer training. A lot of good, vigorous discussion that has taken place in the carers reference group has gone to the main carers steering group. The carers reference group will continue to meet until the strategy is published and will act as a good sounding board and scrutineer of the proposals. We propose that carers' stories be incorporated in the strategy. The carers reference group will be used for that.

10:15

On the young carers side, a sub-group on transitions considers the transitions of 16 and 17-year-olds from school to training and employment. We link into Skills Development Scotland and hope to make contact very soon with the further and higher education sectors to find out how carers at those ages can be supported in transitions to further and higher education, training opportunities and employment. It is recognised

that young carers can face particular hurdles and barriers along the way.

On the carers in general side, there is a sub-group on carer training. We have just received the results of three pilots on carer training. The sub-group links into wider workforce development of the paid workforce and considers how better synergies between carer training and training in the wider paid workforce can be achieved. Again, that work links into the reshaping care agenda, as there is a lot of on-going work in that agenda on the paid workforce and the recognition and embedding of carers' issues within their training.

Through those work streams, we are having meetings with the regulatory bodies such as the Scottish Social Services Council to see what we can do about entry-level training and continuous professional development. Of course, we recognise that training places and courses are fully occupied, but we are considering how we can embed such issues more generally.

A group is also considering the personalisation agenda. It recognises that personalisation represents an approach to carers' issues, from carer identification in the first place—whether that is self-identification or identification of carers, including young carers, by organisations—right through to the provision of services to support carers in their caring role.

I hope that that gives members a flavour of what is happening.

The Convener: How many times have the steering groups met since February or March?

Moira Oliphant: I do not know the exact number of times off the top of my head, but it must have been four or five. There is a meeting every two months. We keep to that; no meeting has been delayed. The steering groups and the carers reference group last met in the past two weeks.

The Convener: Carers' stories or case studies are a good way of highlighting issues. Will the strategy include stories across the board? Will elderly carers' case studies as well as those of young carers be included in it?

Moira Oliphant: Very much so. It is hoped that the strategy will include diverse carers' stories. It is clear that it cannot be crowded out with carers' stories, but stories that show different types of caring experience would bring it to life in some sense. People whose minds we need to change can be drawn into a caring story.

The Convener: That would be an effective way of highlighting the issues.

Marlyn Glen (North East Scotland) (Lab): Before I ask the question that I was going to ask, I would like to follow up on what has been said. We

welcome all the consultations and meetings that have taken place, and we particularly look forward to the launch of the strategy, but there is concern about whether we are talking about a strategy or an action plan. Will there be a list of actions? Have any clear actions been taken this year, for instance, that enable better outcomes for carers? What has actually happened? An action plan is important; there should not be just another document. How can the Government ensure that local authorities and the national health service implement the actions?

Shona Robison: There will, of course, be an implementation plan for the strategy. How the various elements of any strategy are to be implemented must filter through. Whether we are talking about an action plan or an implementation plan, it is clear that actions will flow from the strategy, and how aims will be achieved and who will achieve them will have to be decided. I can confirm that.

In the meantime, quite a lot has been happening on the concordat commitments on increased respite weeks. As I said, we will get information about that fairly soon. On the health side, the carers information strategies, which I signed off, are there for people to see. Each health board has a link to its strategy on its website. I will receive reports soon from health boards on what they have achieved through those strategies. I am happy to share that information with the committee when I get it. We have not been standing still while we await the strategy. However, the strategy will lay out where we go from here in the short, medium and long term in supporting unpaid carers. The new element will be the clarity for all public service providers. They have all been doing their bit, but the strategy will bring cohesion for the next period. In the meantime, a lot has been going on in local authorities and health boards.

Marlyn Glen: I am always keen to know that actions have been taken and are being monitored. That is what we should target.

How will the carers strategy address concerns about the low uptake of direct payments, which we know is a concern to carers?

Shona Robison: That is a fairly complicated issue at the moment, so Moira Oliphant might say a bit more about it. Some local authorities have been providing direct payments, but there is a question about the legal underpinning of that. The issue is the interpretation of the legislation—the 1968 act, I think.

Moira Oliphant: It is the Social Work (Scotland) Act 1968.

Shona Robison: There is a question about whether there is a legal underpinning for carers to receive direct payments because of the term that

is used in that act. It talks about those who are in—what is the term that is used?

Moira Oliphant: In need.

Shona Robison: Yes. No one here would question whether carers could be identified as being in need, but the strict definition of that term in the 1968 act is causing concern. There will be an opportunity to consider that through the proposed self-directed support bill, which we intend to introduce next year. I am keen to consider the opportunities to clarify the legal basis. I take the simple view that carers should have access to direct payments in their own right. Those are obviously distinct from direct payments for the service user. For service users, we are talking about large packages of care but, for carers, a direct payment might relate to quality-of-life issues, or practical things that can make the caring role a bit easier. I have said for a long time that I believe that there should be no impediment to carers receiving such payments. The summary is that work is in progress and the legal issues have to be resolved. I ask Moira Oliphant whether she wants to add anything.

Moira Oliphant: The self-directed support strategy, which will include direct payments and which will be put out for consultation early next year, will flag up the issues vis-à-vis carers. A lot of work is being undertaken on the possibilities for providing direct payments to carers in their own right. We recognise that carers' needs are different from those of the cared for, albeit that the two are closely intertwined. As the minister said, when carers have had direct payments, those payments have had benefits for the carers' quality of life and have helped to sustain them in their caring role. The payments are often for small initiatives, such as driving lessons to help with transport for the cared-for person. That can improve a carer's quality of life and make things easier. I have heard of somebody having blackout blinds installed so that the cared-for person did not get up through the night, which helped tremendously. There are many issues that we are teasing out with lawyers. There will be proposals on that in the self-directed support strategy, which we will issue before the carers strategy.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): In previous round-table discussions, the committee has been told about the low take-up of carer assessments. Will the strategy address that problem?

Shona Robison: That is a big issue for carers organisations, and understandably so. It is fair to say that the provision is patchy—I suppose that that is the summary. We certainly want to consider ways of making carer assessments and the right to request an assessment more systematic. We are exploring how we might do that. Assessments

are a key issue, for several reasons. The first is that the process identifies a person as a carer, whether or not there is then a requirement for services. In some cases, a requirement for services might not be the outcome, although it will be in others. However, the recognition of someone as a carer is hugely important for their interaction with the health service and to ensure monitoring of their health through the process. It is also important for reasons of information provision. The identification of someone as a carer allows them to receive information on what is going on in their area and to take advantage of that. The assessment is a key element and we are considering ways in which we can improve it.

Moira Oliphant: The take-up of carer assessments has been poor and patchy and we know that they are not always promoted. In some circumstances, there might be a sense that an assessment is not effective. However, we also know that some carers benefit from the assessments if they are carried out properly and in an empathetic way and if they truly assess the carer's situation, including issues such as a life outside caring and whether they want access to employment. Some carers have reported that simply the process of undertaking a carer assessment is almost cathartic, because they feel that they have been listened to and supported. We are working on the issue. The strategy will promote the uptake of good-quality carer assessments. We will also work on training for the paid workforce, so that the value of a carer assessment is recognised.

There are local approaches. In parts of Glasgow, self-assessments are carried out, which we are considering. Some carers are not taken with the word "assessment" because they think that something will be done to them, rather than that they will be seen as a partner in care. They are not keen on the terminology because they think that there will be heavy social work involvement, which they might not want. We are considering small changes that could make a big difference. We have discussed producing a practical guide to carer assessment, because the available information is more about the policy than the practice. That could help, too.

Malcolm Chisholm: You mentioned taking account of carers' employment needs, which was an issue that arose in our round-table sessions. There seems to be nothing in the guidance that says that social workers should take account of carers' employment or education needs. Will that be addressed?

Shona Robison touched on the more general point that many carers are concerned that an assessment does not necessarily lead to services. Will there be a concept of a right to a level of

service that follows from an assessment, or will a certain service level still not be guaranteed by an assessment? As Shona Robison said, an assessment might find that services are not required, although in many cases services will be flagged up as necessary.

10:30

Shona Robison: Before I come on to that, and in case this goes out of my head, I will mention the good work that has been done to support carers through the Jobcentre Plus initiative, which helps carers with back-to-work interviews, job-search training and other employment support.

There has been a long-running debate on whether the right to assessment should lead to a right to services. That would be very difficult to achieve given the way in which local authorities provide their services. We have been exploring the idea of respite entitlement. Work is continuing on that, and I am due to get a report soon. I spoke earlier about things that might seem simple to do at the outset, but that are actually complex. I would put respite entitlement in that category. I want to avoid taking action that has unintended consequences, for instance by displacing support from one set of carers to another. I am concerned that we do not do that. In taking any steps to bolster people's rights to services, whether it is respite entitlement or something else, we must be careful that the response from service providers is not just to take from one and give to another. That does not take us forward.

We have been growing the capacity and availability of respite provision through the concordat. There will be information on that soon. That will hopefully show some success, and carers should be getting more respite in the way that they want and when they want it. There is still a lot of work to be done on that but, by increasing capacity, we are moving towards meeting people's needs according to their assessments.

That is where we are at now; the debates will continue.

Malcolm Chisholm: In evidence, concern has been expressed about variation among local authorities. Do you regard that as being to an extent inevitable? Can anything be done to address it? You have referred to an entitlement approach, and others have suggested minimum standards. Could more be done to specify a more defined outcome on carers under single outcome agreements, or under the traditional method of allocated resources? Is there any way in which you can address the problem of unacceptable variation, while acknowledging that there will always be some variation?

Shona Robison: There will be variation because of the different populations that local authorities serve: we have been doing work to support carers who live in rural areas, for example. Even with those variations, we might ask what priority local authorities or health boards give to support for informal carers. Our job is to ensure that that support is a higher priority, and we can do that in a number of ways. Over the years, we have worked to strengthen the rights of carers, although carers might argue that it has not been enough. The concordat commitment on respite was an attempt not just to deliver 10,000 extra weeks of respite, but to give more priority to carers in terms of the resourcing that local authorities provide. It will hopefully flow from that that carers are generally given higher priority.

There is a difficulty around whether that should be explicitly mentioned in single outcome agreements. The relevant organisations would probably say that because they represent specific groups of people there is a problem if there is no specific reference to them in the concordat. Under that approach, however, everything would be mentioned in single outcome agreements, and strategic agreements would cease to be. Local authorities' view, and our view, is that what sits below the single outcome agreement is just as important. I refer to local authorities' provision for their carers strategies—some councils have carers plans—and the work that is done on joint agreements with local health boards around outcomes for carers. Those are the areas that we want to scrutinise in order to ensure that local authorities and health boards are clear about the outcomes that they are to deliver for carers. If there are things that we can do through the strategy to make that more systematic and to give carers tools that they can use in their negotiations, we will do them.

Moirá Oliphant: Many carers report that, despite the fact that they are already under stress, they have to use up some of their valuable time—either through the assessment process or outside it—in trying to find out what services are available to them. There are often services available, perhaps from organisations that deal with specific conditions, but the professionals might not be aware of those organisations. People tend to find out by default, rather than through a systematic process, about the support that such organisations offer.

We hope that the development of a web zone by NHS 24 to give information to identified carers will provide support. There are other initiatives that can provide support to carers, such as telecare—there is a major telecare conference today in Glasgow, at which the Cabinet Secretary for Health and Wellbeing is speaking. The evaluation report on the City of Edinburgh Council's

reablement service, which was published last week, described the outcomes that are generated, at least in the shorter term, for people with complex needs, and took into account the run-on implications for carers. Many things help to support carers, so it is a matter of working systematically and ensuring that provision is, as far as possible, rolled out Scotland wide, with good practice being promoted under the carers strategy, particularly in the young carers strand.

Marlyn Glen: Does the Scottish Government still have plans to hold a debate on unpaid carers?

Shona Robison: Yes—I am happy to have such a debate. The judgment is about whether that should happen before or after publication of the carers strategy. My instincts say that it would be better to hold it after the strategy is published, so that there is something concrete to form the backdrop to the debate, although I am keen to hear members' views on that. If members feel that that is the best way to proceed, I can certainly give a commitment to have that debate in Government time.

Marlyn Glen: I think that committee members were expecting a debate earlier, rather than later. There is an argument that such a debate should inform the strategy, rather than the strategy being discussed once it is published.

Shona Robison: I am happy to do things that way if that is what people want. My sense is that everybody knows where the problems are, through the committee's work and development of the strategy. We have already listed where the biggest challenges are and where we need to move things forward. Would a debate in advance of the strategy's publication shine any more light on those or would we end up talking about the same things, albeit in more detail? There is certainly an argument that, once the strategy is published, we could have a debate on what it will mean for carers and service providers, particularly on Marlyn Glen's point about how it will translate into an action plan, how it will be implemented and who will do what by when. However, I will be guided by members—I am pretty open to either suggestion.

The Convener: We will consider our future work programme and decide what is best. There are arguments on both sides. We covered many points in a small way in the hour-long debate that we had. We could have filled twice that time talking about the issues, getting into some of the nitty-gritty and examining good practice and flexible working. Equally, there is an argument that, once the strategy is published, consulting our stakeholders and getting feedback on it could inform the debate. There is a balance to be struck and the committee will come to a decision when it considers its work programme. If it is agreeable to

you, we will let you know what we think would be best.

Shona Robison: Okay. I am happy to take that on board.

Christina McKelvie: Good morning, minister. I draw your attention to the Equality Bill that is going through Westminster, part of which clarifies the law on protection against discrimination by association, on which there have recently been high-profile cases in England. What is the bill's likely impact on the Scottish Government's approach to unpaid carers?

Shona Robison: A lot of work is going on at the moment to determine what impact the Equality Bill will have. We have made a commitment to consult. The obvious impacts that spring to mind concern health services on which there are age restrictions, such as screening services. My understanding is that the conclusion on that may be that we can have age-restricted screening programmes as long as there is medical evidence to back up the restrictions. However, the issues are complex and the Equality Bill's provisions on services will be a challenge for organisations that are listed in the bill, whomever they deliver to, because they will have to ensure that their services comply with its provisions on age discrimination and the other types of discrimination. A lot of work is going on to determine what the precise impact will be in practice. We have co-operated closely with the United Kingdom Government on that. I think that the consultation is due to go out.

Moira Oliphant: I am not sure about that, actually.

Shona Robison: We will confirm that for the committee. As I understand matters, the consultation is due to go out. [*Interruption.*] It is due to close.

Moira Oliphant: At our most recent carers steering group meeting, one group member made it clear that they thought that, if the Equality Bill is passed, it should be profiled within the strategy and that we should consider the implications of its protection against discrimination by association for enhancing the role of carers within the workforce so that their role can be fully valued and recognised without such discrimination, which was the issue in the Coleman case that was brought before the courts.

10:45

Shona Robison: We understand that the general consultation on the bill will close in January, but we will also consult on the socioeconomic duty within the timeframe of the bill, so there are two elements.

It is clear that the bill will have a significant impact. Public services will have to be clear that, if they discriminate, they would have to have medical evidence and so on to back that up. That is undoubtedly a challenge for the way in which we deliver our programmes in the health service, but that is being looked at.

Christina McKelvie: You said that the consultation will close in January. Do you have a rough timescale for when you expect to liaise with Westminster on the issues?

Shona Robison: Work is well under way on the impact of the bill on health and community care services. It could have a profound effect. There will be similar issues north and south of the border about how services will have to respond, so it makes sense to have some synergy. If the committee wants more detail on that, I am sure that we can provide it.

On whether we have looked specifically at unpaid carers, I do not think that officials have yet talked in detail about specific client groups. The focus of attention has been on considering how we ensure that, where services are delivered to specific groups and not to others, there is a good reason for that and we can justify it on medical grounds. Screening services are an obvious example. However, if the committee would like more detail on that, I can certainly provide it.

The Convener: That would be helpful.

There was the socioeconomic consultation, which is now closed—

Shona Robison: Is it? Sorry.

The Convener: Thereafter, I suppose the stakeholders will be consulted on their views on the bill. Of course, the bill is going through Westminster, so we will see how that progresses. It would be good to know how you see those things fitting in, because although they are not mentioned specifically, such issues certainly impact to a large extent on the Equality Bill.

Willie Coffey (Kilmarnock and Loudoun) (SNP): In January 2009, the Scottish Government allocated about £13 million to support carers, which comprised £4 million for 10,000 additional respite weeks and £9 million to support NHS initiatives on information, training and so on. What progress has been made with that work? Do you remain confident that we can deliver the 10,000 additional respite weeks by 2010-11?

Shona Robison: If we take into account not just the carers information strategies and the 10,000 extra weeks, but the resources that we allocated for specific young carers initiatives, I think that the total for the additional spend is some £13.8 million. The £4 million for the 10,000 extra weeks of respite is in addition to the resources that are

wrapped up within the concordat, so it was, if you like, a supplement to seal the deal.

As I said earlier, the information has been gathered, but a process to consider and validate the data on the 10,000 extra weeks is under way. The data will be issued as soon as the process is complete, and I am pretty confident that the provision of 10,000 extra weeks is on target. I have always said, however, that that is not the end of the story. I would never sit in a room full of carers and say, "Well, that's the deal done. I hope you're all happy", because I would get short shrift.

I always describe that as a signal, which I hope will be used to prioritise carers in the respite provision from local authorities and in the carer information strategies that health boards have had to produce. Health boards have had to tell me how they will give more priority to carers and what that will mean practically—for example, measures such as carer training or information. The money is well spent, but it is not the end of the story. Much more has to be done.

In addition, local authorities spend their own resources—I am trying to find the figure—on services for carers. I think they spent £117 million in—

Moira Oliphant: They spent £117 million in 2007-08. That is the latest figure.

Shona Robison: That spending was up from £100 million in the previous year. That shows that, even beyond the 10,000 extra weeks in the concordat, local authorities are spending a higher percentage of their resource on carers. We want that to happen, because the work is all about giving carers higher priority.

Willie Coffey: Will we see any of the feedback so that we can learn lessons that will inform the strategy as it develops?

Shona Robison: I am happy to provide the committee with the feedback.

Willie Coffey: Thank you.

Moira Oliphant: As Willie Coffey said, £9 million over three years has been allocated to NHS boards' carer information strategies. We are examining carefully the progress reports on activity in 2008-09 to see what progress has been made in accordance with the minimum standards that were set out for the delivery of the carer information strategies.

It is important to pick up on the good practice that is being generated and promoted to provide positive outcomes for carers. To that end, in February we will hold an event to bring together national health service boards to share practice and pick up from one another what is happening in each area. That event should be worth while. We

also encourage NHS boards to place their progress reports on their websites.

Marlyn Glen: It is interesting that the budget is increasing. Will it increase beyond 2011?

Shona Robison: Are you talking about the spending of £117 million and £100 million?

Marlyn Glen: I am talking about the budgets for the respite weeks and the carer information strategies.

Shona Robison: I clarify for interest that £117 million and £100 million were actual spends, which are tracked through the returns that local authorities make.

As for the resources of £4 million, £9 million and £800,000 or so that we have allocated, we are working with health boards to try to embed carer information strategies in how they go about their business. As with everything else in the health service, we want eventually to reach the point at which such strategies are part of their normal business rather than a special initiative for boards to undertake and an outcome for which resources are allocated. We want boards to make such strategies part of their core business.

We have made a commitment on respite weeks for the comprehensive spending review period until 2011. As with everything else, we will have to debate such matters in relation to the next comprehensive spending review. The backdrop of financial constraints is difficult for all services. Within that, we need to build on the work that has already been done—we do not want to lose any momentum. The carers strategy will add momentum. I hope that, even within the tight financial constraints that we face, we will be able to give as much priority as possible to unpaid carers.

Marlyn Glen: How is the Scottish Government monitoring the funding that has been allocated to the Princess Royal Trust for Carers, which you have mentioned? What impact has that funding had?

Shona Robison: We have a good working relationship with the Princess Royal Trust for Carers. I assure you that the resources that we give it are well spent—its approach is to wring out every pound to get a better deal for carers. Moira Oliphant will describe the monitoring arrangements.

Moira Oliphant: Over the past two or three years, various pots of funding have gone to the Princess Royal Trust for Carers. There is a combination of core and project funding. For example, the trust carried out a mapping exercise of young carers services to see what dedicated young carers services are available in all parts of Scotland. That exercise was done well. We

received a presentation on it from PZA Consulting, which carried out the work on behalf of the PRTC and other carers organisations.

The trust was given funding to roll out carer training pilots in Lothian and Highland, and in connection with black and minority ethnic carers. A couple of weeks ago in Perth, there was a presentation of the independently evaluated results of those pilots. It seems that there have been extremely good outcomes for the carers who participated. We received the independent evaluations in advance so that we could see what carer training had been rolled out. Input from carers on their experiences and what they thought about carer training was part of the evaluations.

This year we have given the Princess Royal Trust for Carers £200,000 for three young carer initiatives: to identify young carers in primary schools; to employ a mental health and emotional wellbeing development officer; and to look at transitions from school to training and employment among 16 and 17-year-olds, in recognition of the fact that many young carers prefer such support to going through jobcentres.

We always get evaluations of the PRTC's work and we monitor the results carefully. Like other national carer organisations, it is working flat out to support development of the strategy.

Bill Kidd (Glasgow) (SNP): I am sure that we all know that most carers exist in straitened financial circumstances, especially because the carers allowance is the lowest of the earnings replacement allowances. I was grateful for your statement in the members' business debate on the subject in June that you had written to the Secretary of State for Work and Pensions about the carers allowance, to ensure that the Scottish Government's views were fed into the UK Government's work on the carers benefits system. In light of "Shaping the future of care together" and the impact that that may have on the attendance allowance, what input has the Scottish Government managed to have into the work of the Department for Work and Pensions on the carers allowance?

11:00

Shona Robison: We made the representations on the carers allowance to which I referred. Forty-six thousand carers in Scotland claim that allowance. The controversial point is that the carers allowance can be reduced if other benefits are received. We understand why that is a long-standing bugbear of carers.

On the specific issue of the attendance allowance, the cabinet secretary wrote to the DWP and the Secretary of State for Work and Pensions to express our concern that what was proposed in

the green paper had fundamental implications for Scotland. I do not think that that was appreciated at all. In essence, the UK Government was pursuing a plan for the reform of social care in England, but any changes to the benefits system would apply equally north of the border. Scottish Government officials are now engaging with DWP officials but, from the feedback that we have had, I am not sure that the DWP officials have yet quite grasped the implications for Scotland of the proposed changes to the system. I am keen to ensure that any changes do not curtail the work that we are embarking on to reshape older people's services. It would be unfortunate if we set off down a particular road and the benefits system was changed in such a way that it hindered progress in that direction of travel. We need to know what is proposed.

Things seem to be shifting. We have had some changes around the disability living allowance proposals, although I understand that they would still apply to people over 65 who are on DLA.

Attendance allowance is the big issue. Voluntary organisations in Scotland have expressed deep concern about a proposal to remove attendance allowance from individuals and to make it part of the package of care. In their view, attendance allowance has been a crucial resource in giving people quality of life and enabling them to manage their day-to-day lives and the lives of the people for whom they care. Any change would have profound implications for what we do in Scotland.

In addition to what the cabinet secretary wrote, a submission was made by the ministerial strategic group, which reiterated the point that any changes must take cognisance not just of Scotland but of Wales. I understand that the Welsh feel the same as us. The benefits system in Northern Ireland is a bit different. There must be discussion involving all the devolved Administrations. We will continue to make those arguments.

Moirá Oliphant: The University of Leeds is presently undertaking a study to develop a clearer understanding of the carers allowance claimant group. Its report will come out in about March next year. The research involves interviewing carers in Leeds, Harrogate, London and Renfrewshire—we managed to ensure that Scotland was included in the study. Letters will shortly go out to carers in Renfrewshire. As well as looking at people's take-up of carers allowance, the study will examine what they use the allowance for. The questions will also focus on the caring experience—what helps and what the barriers are. The report will, therefore, contain information on those issues, which will be helpful to us. That is all part of the wider review of welfare reform that is taking place down south. Having an in-depth study on the carers allowance claimant group will help us to understand and bring some clarity to the issues.

Bill Kidd: That will be helpful. Thank you.

Willie Coffey: The Eurocare conference will be held in Scotland in May, and the issues that we are discussing will naturally be discussed at some of the sessions. What does the Scottish Government hope to achieve at the Eurocare conference?

Shona Robison: I hope two things. First, I hope that people outside Scotland will see the good practice that is happening here. The conference provides an opportunity to showcase the good things that are going on, and we would like to do that.

Secondly, no one has all the ideas; it is always worth seeing how other areas and countries have addressed challenges that are similar to those that we face. I will therefore look a bit further afield on the sharing of good practice and ideas that we and carers may not have considered before. Sharing ideas and listening to others' experiences will be extremely important.

Willie Coffey: Are other European countries or partners similarly developing their own care strategies and are we drawing lessons from them?

Shona Robison: Do you know, Moira?

Moira Oliphant: The national carer organisations have been taking forward planning work on the Eurocare conference. I will get in touch with them to see how that is going, because I have not heard from them for a while. We have been looking at some of the experiences in Scandinavian countries and Australia, although not in depth. We have also looked at the available international literature, especially on short breaks, from which I hope we can pick up information.

I think that I am right in saying that the Republic of Ireland is not going to move forward with a carer strategy now. We are therefore in the forefront on carer issues compared with many other countries. One of the aims of the Eurocare event is for other countries to see and for us to showcase what we do. You will hear from the national carer organisations that Scotland and the UK generally are in the lead on supporting carers. Other European countries, such as Spain, have not started yet.

Christina McKelvie: To follow on from Nicola Sturgeon's answer to a parliamentary question from Elaine Smith on the H1N1 vaccine, can you tell us why unpaid carers have not been included in the first round of the vaccination programme and whether you anticipate that the monitoring of the programme will give you an opening to include them?

Shona Robison: I am happy to be able to tell you that carers are to be included in the second phase of the H1N1 vaccination programme. Work

is under way to define what a carer is. You can imagine that there are various definitions. That is being worked through, and is taking into account the views of the national carer organisations. It is expected that vaccination for carers will therefore begin in January. I know that carers will welcome that, and I hope that the definition will be sufficiently broad to include the vast majority of unpaid carers. We can certainly keep the committee informed about that, but things are moving apace. It certainly makes me happy that unpaid carers have been included. It is the right thing to do. These issues are always difficult, because we follow the evidence and the scientific advice. I am just really pleased that that is the advice that is now being given.

Christina McKelvie: That is welcome.

The Convener: It will be very welcome. I spoke recently at the Scottish Court Service carers conference, at which the issue of vaccination was brought up. I know that carers will be very relieved by the minister's announcement and will welcome it.

That completes our lines of questioning. Do you want to add anything, minister?

Shona Robison: I do not think so. The discussion has been very helpful. We will follow up on the areas on which we said we would come back to you.

The Convener: Thank you. We will get back to you, too, on the timing of the debate on the carers strategy.

“All Our Futures: Planning for a Scotland with an Ageing Population”

11:09

The Convener: Agenda item 4 is evidence taking from the minister on a separate issue, which is the Scottish Government's strategy “All Our Futures: Planning for a Scotland with an Ageing Population”. The minister is accompanied by John Storey, branch head of the older people and age team in the Scottish Government. Welcome, John. Minister, would you like to make an opening statement?

Shona Robison: Yes, thank you, convener. I last updated the committee on 15 January. At that stage, the Scottish centre for intergenerational practice was in its infancy, and had not even received its first grant. Also, we were thinking about the national forum on ageing, and the see the person, not the age campaign.

Since then, we have implemented the major commitments of “All Our Futures” and we established the Scottish centre for intergenerational practice towards the end of 2007. It held a summer school in September and its first national conference in Perth on 1 October. We have set up the national forum on ageing: it has several manifestations, including the national forum on ageing futures group, which held a successful launch in the Scottish Parliament on 15 June.

We have run the see the person, not the age campaign to combat ageism, which I hope that many of you saw. It was about promoting positive images of older people, and its third phase was begun to coincide with UK older people's day on 1 October, using the fairly innovative and eye-catching wrinkly billboards. We have held seven regional stakeholder events, and we held a further event with older people from black and minority ethnic communities on 6 October, at which the Minister for Housing and Communities, Alex Neil, spoke. Finally, we made a commitment to report to Parliament, which we did last December.

That is a condensed version of our progress. I am happy to expand on anything that members want to hear more about.

The Convener: Thank you for your opening statement, minister.

Can you outline the main suggestions for change and improvement that were raised at the older people stakeholder events?

Shona Robison: I will let John Storey say a little more about that in a moment. I will just say that

900 people—quite a healthy number—attended the events, which were held in Glasgow, Inverness, Galashiels, Perth, Aberdeen, Dumfries and Galloway, and Edinburgh. The reports of the individual events, and a single report that covers the issues from all seven events, are on the Scottish Government older people website, if people want to examine the results in more detail. I am sure that John will give a flavour of the issues that came out of the events.

John Storey (Scottish Government Primary and Community Care Directorate): A number of points came out. There was nothing terribly new or different that people have not heard before, but we heard about the need to simplify forms and procedures. The cry from a number of the events was the need to put things into simple English. We heard that benefits and pensions should be paid as a right rather than having to be applied for and claimed using complicated claim forms. People wanted continuing action by the Government to tackle pensioner poverty, and they wanted working and learning opportunities to be available. Older people wanted to live life to the full, and they wanted to live in a safe environment without fear of crime, and with good lighting and pavements. Those were some of the main issues that arose from the seven events and they are the type of things that you might have expected to hear.

The Convener: I understand that the poor provision of information was raised during the events, along with the issue of transport difficulties, particularly for people who live in rural areas. How is the Government addressing those concerns?

Shona Robison: Those issues have been discussed at the older people's consultative forum, so they are not a surprise to me. We are keen to continue to do what we can to ensure that information is out there, and we are encouraging service providers to make information available. There have been a number of initiatives to ensure that people are aware, for example, of the energy assistance or the benefits to which they might be entitled. It is partly about getting the information out there, but also about how the information is provided. That brings us back to John Storey's point about the gobbledegook that you sometimes have to work your way through to understand what is being discussed, which I think we can all appreciate.

I ask John Storey to say a little bit about transport, which is an issue that we have picked up from the older people's consultative forum.

11:15

John Storey: Transport is always an issue, particularly in rural areas. The concessionary

travel scheme provides free bus travel to people who are over 60, but it is not much use to someone who lives on the road between Dundrennan and Auchencairn, for example, if no buses pass along it. That is a difficult issue to deal with, although when I spoke to the Scottish Government's bus adviser just the other week, he pointed out that in any area there are probably quite a number of resources and there might be a need to co-ordinate them. As well as established bus services—the commercial bus services—there are local-authority-supported services, school bus services and NHS provision of one kind or another, which takes people to hospital in particular. In addition, there are community transport facilities such as community group minibuses, which are often funded by the lottery. The bus adviser pointed out to me and one of my rural policy colleagues that in any area, there is probably rather more provision on the ground, including demand-responsive services, than one might realise. The interesting question that he threw out was whether there was some way of bringing those services together at local level.

The Convener: Is the Government taking any specific action to bring that issue to the fore and focus minds on it?

Shona Robison: We could examine whether we can do more. The issue was identified as a priority area for action in "All Our Futures", and we might be able to have another look at it as we take forward our work on reshaping provision for older people. At the moment, we are dealing with the high-level stuff, but we might be able to address that in the context of practical considerations such as how people get about in their communities and some of the barriers to their being able to access services. I am happy to take that away.

The Convener: That would be appreciated—it is quite a big issue.

Malcolm Chisholm: I welcome much of what the minister has said and the work that has been done on the Scottish centre for intergenerational practice, the anti-ageism campaign and other areas. I may have missed some of this and perhaps should have paid more attention, but to what extent are you trying to implement all of "All Our Futures" rather than just selecting bits of it and rejecting other bits?

Shona Robison: All of "All Our Futures" is being taken forward and, by and large, implemented. Within that, there are the six priority areas for action that we touched on earlier, including the establishment of better links between the generations. We have tried to focus on the biggest priorities and those on which people want action to be taken. The see the person, not the age campaign was a response to the need to break down barriers, reduce age discrimination and

change how people view older people in society. The feedback from older people has been pretty positive. A cultural change must take place, which will not happen overnight. Challenging how some people view older people is part of that process.

Malcolm Chisholm: Quite a big emphasis was placed on older people being able to continue to work for as long as they want to and on promoting flexible approaches to enable that to happen. Given the employment situation, that is particularly difficult to do at the moment, but to what extent is it being emphasised? A recommendation was made that the Scottish Executive—or the Scottish Government as it now is—should have a no-retirement-age policy. Can you say anything about that specifically or your employment work more generally?

Shona Robison: John Storey informs me that a no-retirement-age policy is in place. Otherwise, people would need to apply for permission to continue working after 65. I do not think that the UK Government has any intention of changing the statutory retirement age. I understand that the UK Government will look at the issue next year—by the sound of it, that will be post the election—so we will need to wait and see whether that happens. As things stand, all that we can do is to lead by example. I suppose that the Scottish Government having a no-retirement-age policy is as good an example as we can get.

My only observation, I suppose, is that it would be unfortunate if making such a change resulted in further pressures during the current economic recession. Certainly, some companies—I will not name them, but we all know which they are—have been rather good at promoting the benefits of having an older workforce to interface with the public, who often find that they have a more positive experience. However, we will need to wait and see whether any changes to the law emerge in future. As I said, that will not happen before the general election.

Malcolm Chisholm: Obviously, the challenge is to mainstream older people's issues throughout the whole Government. For example, older people should also be able to participate in learning activities. To what extent are the issues on the agenda of each of the Government's directorates? I am told that recently—I do not know whether this has happened yet—responsibility for older people's issues was moved into the equality unit. Will that encourage the issues to be mainstreamed more than if they continued to sit in the health directorates, or is that not the reason for the shift?

Shona Robison: I think that it will help to ensure that every part of Government plays its part. In health, we need to ensure that our policies deal with age discrimination and promote equality. I have indicated some of the big challenges

around that, such as in screening services. For example, we need to ensure that we have medical evidence on why a screening programme should have a particular age-related cut-off date. However, age equality is important for all parts of Government, so I hope that that will be an outcome of moving responsibility for age equality into the equality unit.

John, do you want to add anything on that?

John Storey: Time has moved on since "All Our Futures" was published almost three years ago. The Scottish Government is focused on its single purpose of creating an economically prosperous Scotland from which all Scotland can benefit, including older people and people with disabilities. If the different directorates are asked about their focus, they will say that their focus is on the single economic purpose rather than on "All Our Futures" or other policies.

Shona Robison: Further to John's comment about how things have moved on since "All Our Futures" was published, the Government now talks about its priorities as involving five strategic objectives. More and more, we are trying to ensure that the objectives within "All Our Futures" are aligned with those. Therefore, when officials are talking within Government, they think not necessarily in terms of "All Our Futures" but about how that policy relates to the five strategic objectives that they are working towards. We want to ensure that the policy is synchronised with those objectives. I hope that moving responsibility for age issues to the equality unit will help to do that.

John Storey: If it is possible, I will comment a little more on the issue of employment. It is interesting that anecdotal evidence in the business press suggests that, in the current recession, older people are not the first to be made redundant. In previous recessions, by comparison, older people tended to be the first to go. In addition, West Midlands Regional Observatory recently produced statistics that showed that older people are being retained in employment.

Another issue is the Heyday case, which Age Concern brought against the UK Government in the European Court of Justice. Age Concern argued that the setting of specific retirement ages by companies contravened equalities legislation. The European Court of Justice referred the case to the UK Supreme Court. That court opined fairly recently—in September, I think—finding against Age Concern and saying that companies could set a particular retirement age. However, its view was predicated on its awareness of the Government's review of the retirement age policy, which was originally going to happen in 2011 but has since been moved forward to 2010. I will be interested to see where that review and the review that the

minister mentioned go next year, but one certainly gets the feeling that the ground is shifting on the current retirement age of 60 or 65. One has only to read the financial press to realise that companies simply cannot afford to pay out pensions to everyone who retires at 60. After all, everyone is living much longer. When the retirement age was set at 60, people were dying at 62 or 65; now that people are living to 78 or 80, you cannot afford to maintain a retirement age of 60 or 65.

The Convener: Does the Scottish Government support the call for older people to have more control over health and care needs?

Shona Robison: Absolutely. We have introduced the concept of mutuality into the health service—although, given my earlier comments about jargon, I suppose that I should clarify what that means. It means that people, whatever their age, have to be true partners in their care; of course, with children, there will be parental involvement. Patients will be very much involved in decision making; there will be mutual respect between the patient and the health professional; and the days of simply telling people what to do and then sending them away should be long gone. People want more information and expect to have a say and to be given options. That is all to our benefit; given the older population that John Storey referred to, it is in society's interests for people to remain healthy as long as possible, and self-care and looking after one's own health represent one of the most effective ways of doing that. I absolutely subscribe to that concept.

We must ensure that the system sees that through. Of course, that will be a challenge to people who have worked in a particular way, in the medical profession or in some other profession. It is difficult to change to a different way of delivering services but, without a doubt, it needs to happen.

The Convener: You have presented a very good case for why it should happen, but my second question, which you have partly answered, is about what it actually entails for the Scottish Government. What kind of message do you need to send out, and how do you send it out?

Shona Robison: My comments do not apply only to the health service, but it provides a good example. Training front-line health professionals to see the patient as a partner in care is a good investment in time and effort, but we must ensure that when the person leaves the consulting room, the general practitioner's surgery, the nurse or wherever they have a lot of information about their condition, have a point of contact to discuss issues further—because, as we know, when someone gets a diagnosis, it might not be until the next day that they have 110 questions to ask—and are empowered and supported through self-management courses to be able to manage their condition.

The health service must see itself as helping to make all that happen, and the self-management fund in which we have invested has allowed a plethora of organisations supporting people with long-term conditions to set up self-management courses. Of course, most of the people who will take advantage of such courses will be from the older population. When one speaks to people who have been through the process about what they were like when they were first diagnosed and their situation now as a fully informed patient who knows how to manage their condition, it is like night and day. That has to be good for health professionals, because when the patient comes back to see the health professional there can be a better quality of discussion than would be possible if the patient was not informed. That is a concrete example of how the health service is changing to support the older population.

The Convener: That was helpful.

11:30

Marlyn Glen: There has been a 4 per cent increase in local authority expenditure on free personal and nursing care for self-funding residents in care homes, and there has been a 15 per cent increase in local authority expenditure on personal care for home care clients. Given those statistics and the recent predictions on population, what are the implications for free personal and nursing care?

Shona Robison: First, we are absolutely committed to the free personal care policy, as I am sure is the Parliament. The policy is one of the flagship policies that have stood the Scottish Parliament in good stead, in that it has demonstrated what the Parliament stands for.

Secondly, services and how we deliver them cannot stand still and must change, for example through far closer integration of health and social care and through new models of support, in which home care services are based on reablement. Reablement means that someone who comes home from hospital gets a package of services and support that changes as the person changes. We have been bad at that. A person can come out of hospital and two years down the road be receiving the same package of support, with no effort having been put into enabling them to recover the independence that they enjoyed before they went into hospital.

There is suddenly a realisation that by focusing on reablement we can help people to get back to where they were—perhaps not 100 per cent, but pretty close to that. People want to be able to do as much as possible for themselves and can be helped to make their meals and do other things that they used to take for granted. The feedback

suggests that people want to do that and that services should provide the bits that people cannot do for themselves. That change in philosophy makes a lot of sense. The approach will mean that there is capacity to help more people and, I hope, do more preventive work with people—we are touching the edges of some of that. Reablement is a core theme of our work on reshaping older people's services.

If we can get all that right and redesign services to make them work far more effectively for people, as I believe that we can do, the free personal care policy will be more affordable, because we will use our resources more effectively and efficiently, as we need to do, given the financial backdrop. It is in all our interests to get that right, so that we can not only provide services that people need but sustain free personal care, which is a must.

Marlyn Glen: Thank you for that answer. What impact will the Equality Bill have on the Scottish Government's approach to planning for Scotland's ageing population?

Shona Robison: I will not get into consultation timescales again. [*Laughter.*]

We are working our way through what the bill means, to ensure that we have thought through its implications. It does not take much to make us think that the bill will potentially have an impact on any area of service delivery—and not necessarily just the obvious areas. I am closer to the health service, because of my portfolio, so it is clear to me that screening is one such area. It is clear that compliance with the Equality Bill will have pretty profound implications for how services are delivered.

The work is on-going. A lot of thought and attention is being given to what the Equality Bill will mean for each part of Government and what it will mean for service providers at local level, particularly health boards and local authorities. We need to work through all that at all those levels. It is a pretty profound set of proposals, I think.

Willie Coffey: How do we gauge the impact of campaigns such as the Scottish Government's see the person, not the age campaign? Do we test whether public perceptions are changing as a result of such campaigns?

Shona Robison: Yes. The attitudinal surveys give us a stark picture of how some people see older people in society—the views are not all positive. However, if interventions such as the see the person, not the age campaign are successful—as I hope that they will be—in challenging attitudes and changing minds, over time we will see a shift in attitudes to older people reflected in the attitudinal surveys.

It is interesting that, in some societies, older people are regarded differently, with deferential respect, because they are the elders in society. Children are brought up to think in that way, and that is the backdrop and the culture. We have a different culture, unfortunately. In the mass media—especially television and films—older people are often the butt of easy jokes that are made at their expense. We have a lot of work to do if we are to change such attitudes. The see the person, not the age campaign was a way of getting underneath people's views and getting people either to put themselves in the position of being an older person on the receiving end of that treatment or to recognise that they held those views and think about the negative impact that such views have. They were encouraged to think about whether they would want that attitude to be held towards one of their loved ones—a relative, or someone whom they knew.

The campaign was not the end of the story; it was a start in challenging the strongly held views that people have developed as a result of our cultural backdrop. It remains to be seen how we will be able to measure its success. John Storey may want to say something about how we may track some of the changes over time.

John Storey: Before we did the first advertising, we carried out survey work, which involved telephone interviews of around 1,000 people across Scotland and some focus groups, which were conducted by our advertising agency. That work suggested that ageism is not high among people's priorities—there are much more important issues—and that we should take a soft approach in our work. It suggested that we should not be telling people, "You must stop doing this"; rather, we should be encouraging people to see the person, not the age. That is where the campaign—in particular, the television advertisement—came from.

We have now completed three phases and have done some tracking after each phase. I hope to get the results of the final phase later in December. There is good buy-in. People recognise "see the person, not the age" as a slogan. We can measure that there has been some shift in attitudes, although it is fairly small. We recognise that, as the minister said, it will take time to change attitudes in this area—it will not happen overnight after one campaign.

Shona Robison: I am sure that we could share those results with the committee once we have the whole picture.

The Convener: That would be helpful, thank you.

Bill Kidd: John Storey talked about the legality or otherwise of age discrimination in work. The

Scottish Government's equality statement said that, in the context of the recession, older men are among those groups that are most at risk of becoming long-term unemployed or inactive. What impact is the recession having on older people in employment and those who are not working? Does the Scottish Government have specific support programmes for older men?

Shona Robison: What John Storey said about the recession was interesting—in some ways it might be counterintuitive, although welcome nevertheless. However, there might be some evidence that the younger people in the workforce are the first out the door. That could point to a problem elsewhere that is equally as concerning.

On support for older men, a number of programmes—from Jobcentre Plus in particular—have focused on getting people with long-term limiting illnesses, who have been out of the workplace for some time, back into employment. Some of those programmes have been around for a while, although I do not have figures to hand to demonstrate how successful they have been. Many of them are run through UK Government departments.

Initiatives that are further upstream include keep well, which delivers a service in the most deprived communities that targets the 45 to 64 age group of men who are less likely to engage with the health profession about their illnesses. It is a good and effective intervention. People are called in proactively for a health check and at that point are signposted to numerous services that can help to deal with their fitness level, smoking, alcohol intake and debt issues.

Part of the service is about identifying employment opportunities, which can help to build confidence in someone who has been out of the labour market and has a range of other issues in their life. The first stage is building their confidence so that they are able to consider going back into the labour market, and providing training opportunities. Keep well is a good way of getting in contact with the people who are the hardest to reach and other things can then flow from the health check. I have spoken to people who used to have no confidence in their ability to do anything, and it is remarkable to see the transformation in them after they have been through the process. The programmes put confidence back into them.

Several things are happening in a variety of settings, but I highlight the keep well initiative, through which the health service is making a difference in reaching people who would not otherwise be reached.

Christina McKelvie: At the Scottish older people's assembly that was held here in October, 300 participants compared their experiences. Will

you give us an insight into what the assembly achieved and how you see it being used in the future?

Shona Robison: The Scottish older people's assembly was organised by the older people's consultative forum and supported by Age Concern and Help the Aged, which were involved with the mechanics of making it happen. Although we provided the funding, I was keen to allow those organisations to structure and give flavour to the event. It was very much for older people and they set the agenda.

The report of the event was discussed yesterday with officials. I have not discussed it yet, although I will at my next meeting. It was important symbolically to have older people coming together to talk about their issues of interest. The next question is where it should go from here. What were the outcomes? What type of future events might be useful? We have talked about some specific issues today. Any future events that take place might be more focused on specific issues, such as transport—which has been mentioned—age discrimination and access to public services. There are a range of issues that could give focus to such an event. Although, by its nature, the first event was going to be broad, there was a feeling that we would want future events to be more focused on specific themes. I am happy to write to the committee to keep it informed of my discussions with the forum and its conclusions about where it wants to go.

11:45

The Convener: We very much welcome that. Is there anything you would like to add?

Shona Robison: I do not think so.

The Convener: It remains for me to thank you on behalf of the committee. The session has been long, but we are grateful to you for giving evidence on the carers strategy and "All Our Futures".

Shona Robison: Thank you.

Work Programme

11:46

The Convener: Agenda item 5 is consideration of and formal agreement on the various additions to the committee's work programme that were discussed at our away day on 17 November. The clerks have prepared a paper, which members have in front of them.

I draw members' attention to paragraphs 3 and 5, which note the decisions that were taken as a result of our discussions at the away day. Paragraph 3 lists a number of things that we have undertaken to do, such as to distribute our report on female offenders to various parties and to seek views on the report—including the view of the Scottish Government—and on the Government's response before the plenary debate that we hope to hold in February. We hope that that will lead to a better debate.

We undertook to consider whether the issue of mainstreaming could be discussed at the Conveners Group. The best forum for such a discussion might be a Conveners Group away day, given the number of issues that regularly crowd the group's agenda.

Finally, we thought that it would be good to ensure that we always allow time in our meetings—especially during an inquiry—to review the evidence that we receive while it is fresh in our minds. It is good to take a few minutes to go over that evidence and note the key points.

Bill Kidd: I was not at the away day. Was there any discussion of who we would seek views from? Would it be the people who took part in the round tables and so on, and people who made written submissions?

The Convener: I think that it would be more general than that. The report was circulated more widely than to the round-table participants. Obviously, they would be included, but a range of other people would be made aware of the opportunity to feed in to the Government's response and to the report itself. The report has been widely circulated and seems to have been well received. Do you want to add anything, Terry?

Terry Shevlin (Clerk): The committee forwarded its report on female offenders to everyone who gave evidence. There were five or six evidence sessions in our inquiry. Also, the committee went to Cornton Vale and over to Northern Ireland, so the report was forwarded to those concerned with those visits. Also, at Hugh O'Donnell's suggestion, we forwarded it to various social work departments throughout Scotland.

As for the people who would come to give evidence in January or February, that would be for the committee to decide, perhaps nearer the time. First, it has to be agreed that there will be a plenary debate on female offenders. We then need to decide when that will be held. Working back from there, the committee will probably want to decide who should come along. Off the top of my head, I guess that the committee must have had 20-odd witnesses. It would not be feasible to have all of them sitting round a table, but I could draw up a shortlist of who would be the best participants.

The Convener: Yes, that is how we aim to carry that forward. Is everyone in agreement on paragraph 3?

Members indicated agreement.

The Convener: We turn to paragraph 5, which indicates that we decided to consider a paper on post-legislative scrutiny. When we considered the acts to look at, we were conscious that they would need to have been in place long enough for us to be able to see how they had bedded in and how they were playing out. It was therefore suggested that we consider the Vulnerable Witnesses (Scotland) Act 2004, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Community Care and Health (Scotland) Act 2002. We will also consider the research carried out by the Equality and Human Rights Commission on how the Scottish Parliament's equal opportunities powers are being used.

We wanted to consider an options paper on a possible inquiry into trafficking and the economic impact of migration, focusing on devolved issues; to ask the Scottish Government for copies of responses to its consultation on forced marriage, then consider whether that would be a relevant topic on which the committee could hold a round-table discussion; to invite an update from Fergus Ewing MSP, Minister for Community Safety, on the Scottish Government's progress on its work on religion and belief relations just to see where we are with that, because it is quite some time since we have looked at it; to request an oral evidence session with the Minister for Housing and Communities on the Scottish Government's progress on the public sector disability duty and to sweep up any outstanding recommendations from our predecessor committee's report on disability and our follow-up report; and to consider the Scottish Government's response on the issue of spent convictions for prostitution. Do we agree on the content of paragraph 5?

Members indicated agreement.

The Convener: Bill Kidd was not at the away day, but he has made a good suggestion, which is that future annual reports should include a section

that summarises the activities that each committee member undertakes when they become responsible for one of the equality strands and meet with various groups. That would be a welcome addition. The practicalities of that suggestion can be considered nearer the time of the next annual report's publication. Do we agree in principle to that idea?

Members indicated agreement.

The Convener: That concludes discussion of our work programme.

Meeting closed at 11:52.

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

Members who wish to suggest corrections for the archive edition should mark them clearly in the report and send it to the Official Report, Scottish Parliament, Edinburgh EH99 1SP.

The deadline for corrections to this edition is:

Wednesday 9 December 2009

PRICES AND SUBSCRIPTION RATES

OFFICIAL REPORT daily editions

Single copies: £5.00

Meetings of the Parliament annual subscriptions: £350.00

WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

Single copies: £3.75

Annual subscriptions: £150.00

Published in Edinburgh by RR Donnelley 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.

And through other good booksellers

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, Subscriptions and standing orders
business.edinburgh@blackwell.co.uk

Scottish Parliament

All documents are available on the Scottish Parliament website at:

www.scottish.parliament.co.uk

For more information on the Parliament, or if you have an inquiry about information in languages other than English or in alternative formats (for example, Braille; large print or audio), please contact:

Public Information Service

The Scottish Parliament
Edinburgh EH99 1SP

Telephone: 0131 348 5000

Fòn: 0131 348 5395 (Gàidhlig)

Textphone users may contact us on **0800 092 7100**

We also welcome calls using the RNID Typetalk service.

Fax: 0131 348 5601

E-mail: sp.info@scottish.parliament.uk

We welcome written correspondence in any language.