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Official Report

EQUAL OPPORTUNITIES COMMITTEE

Tuesday 1 June 2010

Session 3

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EQUAL OPPORTUNITIES COMMITTEE
10th Meeting 2010, 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)
*Bill Kidd (Glasgow) (SNP)
*Christina McKelvie (Central Scotland) (SNP)
*Stuart McMillan (West of 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:

Eileen Dinning (Unison)
Dr Kevin Fellows (South East Glasgow Community Health and Care Partnership)
Dr Dermot Gorman (NHS Lothian)
Mhoraig Green (Convention of Scottish Local Authorities)
Dr Alison McCallum (NHS Lothian)
Colin McCormack (South East Glasgow Community Health and Care Partnership)
Linda McTavish (Scotland's Colleges Principals Convention)
Bill Ramsay (Educational Institute of Scotland)
Veronica Rankin (Educational Institute of Scotland)
Norma Wright (Her Majesty's Inspectorate of Education)

CLERK TO THE COMMITTEE

David McLaren

LOCATION

Committee Room 6

Scottish Parliament

Equal Opportunities Committee

Tuesday 1 June 2010

[The Convener *opened the meeting at 10:00*]

Interests

The Convener (Margaret Mitchell): Good morning and welcome to the 10th meeting in 2010 of the Equal Opportunities Committee. I remind all those who are present, including members, that mobile phones and BlackBerrys should be switched off completely because they interfere with the sound system, even if they are switched to silent mode.

Apologies have been received from Elaine Smith and Malcolm Chisholm.

The first item on the agenda is to welcome to the committee Stuart McMillan, who replaces Willie Coffey. I thank Willie for his contribution as a member of the committee. I hope that Stuart will enjoy working with the committee and I invite him to declare any relevant interests.

Stuart McMillan (West of Scotland) (SNP): Thank you very much, convener. I have no relevant interests to declare.

Migration and Trafficking Inquiry

10:01

The Convener: The second item on the agenda is the third evidence session on our inquiry into migration and trafficking. Today, the focus is on migration. The committee will hear from two panels of witnesses, the first of which will concentrate on education and the second on health.

I welcome our first panel of witnesses. Mhoraig Green is a policy officer with the Convention of Scottish Local Authorities strategic migration partnership. Veronica Rankin is an equalities officer and Bill Ramsay is a committee convener at the Educational Institute of Scotland. Norma Wright is assistant chief inspector at Her Majesty's Inspectorate of Education, and Linda McTavish is the convener of Scotland's Colleges principals convention.

We will go straight to questions. What difficulties does the school sector face in tracking migration patterns for planning services and enabling resources to be allocated to meet new areas of demand?

Norma Wright (Her Majesty's Inspectorate of Education): There are on-going issues around our being able to track the number of migrants in schools. The committee might be aware that two years ago, HMIE worked on the impact of educational migrants on Scottish education. At that point, one of the key questions that we asked the authorities was how many children and young people in their schools fell into that category. Authorities and schools explained the difficulties that they had which were caused by using census information from a long time ago. One relies very much on the people themselves to declare where they are from when they enrol their children in schools.

It is difficult to get information from other countries and even from prior schools in the United Kingdom, which makes it very difficult for schools to have up-to-date and relevant information. The tracking systems that are in place are not always fit for purpose.

The Convener: That is helpful.

Bill Ramsay (Educational Institute of Scotland): Let us take the example of a primary school teacher at the beginning of term, in August. In the preceding May or June, that teacher will have worked out a development plan for his or her class and the headteacher will have a whole-school development plan that is based on the number and range of pupils. Classes will have been made up by year group. If there are enough

pupils for two primary 7 classes, there will be a dialogue between the headteacher and his or her staff to decide who goes into which class. Some time in August or September, some new migrant pupils might arrive, who have also to be fitted in. That creates challenges for resourcing and planning for the school and the individual teacher. Although there are issues in that, there can sometimes be positives, too.

I will give members a real-life example to tease out the issue. A primary teacher friend of mine teaches in a small school in an area of multiple deprivation, which faces the challenges that the schools in that area usually have. The school had two young girls—they were in P6 or P7—from Africa, and French was the language that they tended to use. Although she had done no training in teaching English as a second language, that teacher was able, because she was an experienced teacher, to use the two girls to an extent as a resource—as well as to integrate them—to teach French in a way that she had never been able to do before. Those girls benefited from that, as did the other pupils in the class. She was able to use the girls as a resource. The girls, because they came from a migrant family, were relatively aspirational and knitted in very well in the classroom, so overall it was a good experience.

Such situations depend on the number of pupils who arrive and the experience that they bring to the school. They may well also bring problems, to a greater or lesser extent. My colleague looks back on the experience with those two girls as a fond memory because of how it enriched everyone in the class. Experiences will, however, vary.

The Convener: Two issues have already been identified. The first is whether people declare which country they are from on the enrolment form: if they are migrants, special requirements and resources may have to be put in place. Secondly, as Bill Ramsay said, a development plan might be in place, so although we are aware that huge positives can come from migrants being in a school, their presence may alter what was originally planned for at the beginning of term. The comments on that have been helpful. Would anyone else like to comment?

Mhoraig Green (Convention of Scottish Local Authorities): The message that we get from local authorities is that it is very difficult to respond to migration into classrooms because the situation can change throughout the year. As Bill Ramsay said, the planning is done at one point in the year and decisions about how much resource will be allocated to each local authority and each school are made at one point in the year but, because of the nature of migration into Scotland over the past few years, the school roll can change a number of times over the course of the year, which makes it particularly challenging to plan and deliver services. That comes back to Bill Ramsay's point about the cyclical nature of planning and the fact that resources tend to be allocated at one point in the year.

The Convener: Does COSLA get requests from headteachers or local authorities for provision and allowances to be made to cater for that?

Mhoraig Green: We have raised that issue with the Scottish Government but, as far as I am aware—someone closer to the ground may be able to inform me on the issue—the situation has not changed and the decision is still based on the figures that are presented in the schools census, which still seems to be the best source of information from the top down on how many people in Scottish schools might have additional language support needs, although it is limited in this area. The main source of that information is children being asked what is the main language in their homes. From that, it can be ascertained how many children do not speak English as their main language in their homes, but it cannot be ascertained what level of support the individual child needs. They might have very good English or very limited English; the response in the census is only an indicator.

The Convener: Although I referred to the schools sector in my original question, I would be interested to hear the college perspective.

Linda McTavish (Scotland's Colleges Principals Convention): I will go back in time, because the first big push in respect of migrants in the college sector was as a result of Glasgow's decision to be a resettlement centre for people coming into the UK. In that case, the colleges in Glasgow liaised with the Scottish Refugee Council, the Home Office and Glasgow City Council to try to plan services, but we did not know the number of migrants or their nationalities—they came through a variety of processes. The number has dropped considerably as new services and methodologies have been introduced at the border.

However, when we started to examine the number of migrants coming here for work from the EU accession countries, we found that migration affects a greater area of Scotland. We found that there was pressure in the college system throughout the Highlands, in major cities and in the uplands area of Scotland—places where migrants worked in the hospitality industry, agriculture, factories and service sector jobs.

We therefore considered people coming to colleges and asking for support with English. We tracked all the different bases that we would work with, such as local authorities, local economic

planning bureaux and—at that time—Scottish Enterprise's local network. Many councils were doing special reports on EU accession countries. There was pressure within the Scottish further education system, which we highlighted with the then Scottish Further Education Funding Council, just as we highlighted the pressure on Glasgow and the Glasgow colleges that was associated with the resettlement programme. We received support from the Scottish Government and SFEFC because of the pressures that we faced.

Some people say that Polish people are not here in numbers, but they are in our colleges in great numbers, so we still have major pressures. Colleges collect nationality data and those data are in the Scottish further education statistics, which the committee would be able to get from the Scottish Further and Higher Education Funding Council. That is one of the information fields that we need to supply. The number of nationalities in my college—Anniesland College in Glasgow—has grown over the past 10 years to 122. You will find other colleges in the Glasgow area with large numbers of migrants, but you will find that colleges such as Angus College, Elmwood College and Inverness College also have a range of nationalities. They are primarily economic migrants from the EU, but there will be dispersal throughout the country when migrants have leave to remain in the country and perhaps move with family groups.

The Convener: You talked about the accession countries. Did you mean the A2 or the A8?

Linda McTavish: I meant the first group of accession countries.

The Convener: Right. That would be the A8.

Linda McTavish: We should remember that the rules changed for the second group, so we have not had the same numbers. I have brought numbers on EU migrant workers in Anniesland College for members' interest. I now have 130 Polish students, one Romanian and five from Slovakia learning with me. Of course, 12 years ago, I would not have had any Poles, Slovaks or Romanians. More restrictions were put on migrants from the second group, but our economy is also in a different state from when the first group came in. The college also supports students with child care: some of the migrants get support from the funding that we have for child care and from hardship funds.

Some colleges experienced pressures in relation to the influx. However, because some had specialised in teaching English for speakers of other languages, there were staff to help to support the migrants. Also, through Scottish Government-funded refugee integration services, some colleges were contracted to provide training for other parts of Scotland that did not have traditions of dealing with such matters. Anniesland College, Stevenson College and a number of others provided first-level training for people who were dealing with language needs. The area that we worked with was the Highlands.

10:15

The Convener: That is helpful. Your submission said that the average age is 31; therefore, as you said, some people would need additional support with child care.

Linda McTavish: Yes.

The Convener: Of those, how many are entering further education for the first time and how many are people—from Poland for example—who are seeking to enhance an existing qualification so that it can be used in this country?

Linda McTavish: People from the accession countries have totally different educational backgrounds. Some of them are already quite well qualified, so they are able to get qualifications more quickly. At Anniesland College, I have a lot of students from Iran, Iraq, Afghanistan and Somalia. Other colleges in Glasgow will be the same. We often deal with adults who have no primary education or whose education as children was affected by war. Anniesland has a special programme for unaccompanied minors—16 to 18-year-olds—who are housed in Glasgow—they are here in Scotland on their own. The programme has been written about in the HMIE review. At any one time, we have about 60 unaccompanied minors, the majority of whom are from Afghanistan, Iran, Iraq and Somalia: we have students from the war areas in the world.

The Convener: So, they are coming here completely on their own.

Linda McTavish: Yes.

The Convener: How on earth are they getting here?

Linda McTavish: I would say by trafficking.

The Convener: Once you are aware of them, is there protection for them?

Linda McTavish: There is protection. You will hear in evidence that other parts of Glasgow would offer that—some committee members will know the details. We work closely with the refugee agencies and the social work department. At Anniesland, we believe that such students are one of our most vulnerable groups of students. In a sense, we have prioritised them above other foreign-language speakers because if they come in at 16, the school curriculum does not have an awful lot to offer. We can offer a language curriculum and a vocational curriculum. Does that

make sense? They are in an environment with other youngsters their age, so they can fit in. If any committee members want to see what we do, we would be happy to host a visit.

The Convener: That would be helpful—there is clearly a wealth of information there. For the avoidance of doubt, is there any problem with you asking for information about the country of origin?

Linda McTavish: I am required by my funding council to list the country of origin for the further education statistics. People will tell us their country of origin because we are a safe place for them. They come to us to learn and they see that the skills that we offer will give them access to jobs. We have been doing it since about 2001. Like other colleges, ours has changed to respond to the situation. We are talking about vulnerable students, whose place in Scottish society we feel particularly anxious about.

Hugh O'Donnell (Central Scotland) (LD): Before I go to the main thrust of my questions, I want to recap some of the previous comments. My questions are probably for the EIS and possibly for COSLA. First, how consistent is the role of P6 to secondary 2 co-ordinators in data gathering and transfer throughout the 32 local authorities? Secondly, do we have a consistent approach to pre-school to P1 co-ordinators, who are identifying families in which there are language issues? Is that information being introduced early enough? My questions are founded on the early intervention strategy that we have in all areas. Will someone fill me in on where they are with that?

Bill Ramsay: The problem is that we simply do not have much of that kind of information. As I said earlier, that lack of information and, indeed, cutbacks are making planning increasingly difficult. From time to time our members end up—

Hugh O'Donnell: Winging it.

Bill Ramsay: Exactly. Sometimes people just turn up at the school doors and, because of the immediacy of the situation, schools have to come up with solutions themselves. As a result, support and interventions tend to lag behind. I am sorry that I am unable to give you overall figures. As I said, however, the information does not exist, certainly at school level, so the planning process itself tends to be an immediate thing and can often be very ad hoc.

Hugh O'Donnell: Your observation about statistics tends to confirm the anecdotal evidence that I have heard from P6 to S2 co-ordinators and pre-school to P1 co-ordinators, who feel that those roles are diminishing and that they are often a bolt-on to someone else's role.

Norma Wright: The really good thing about pre-five and early years education is that children's services work together. For example, as part of their contact with very young children, new babies and all the rest, health people can pick up on other young—or even older—children in the house who are not yet in school. They do a really good job in alerting their education colleagues to such situations and in working with them to get those children into the system.

Another feature of early years education is that a lot of really good work is going on across the country in assisting mothers, in particular, with their language development. In that respect, best practice can be found in the bigger cities where the people involved have years and years of experience. In trying to get children into school and, indeed, to find out about these people's backgrounds, we need to bear in mind the parents' experience of education in the country where they lived previously: there might have been a very different education system in which children were simply brought to and left at school. We have to help new families who come to Scotland to understand the Scottish education system and to ensure that they feel that they can come into the schools and be very open with us.

As others have pointed out, families and just the kids themselves can simply appear at the school door. Interpreting and translation services are key to being able to converse with parents about where the children are from, the languages that are spoken at home and so on, and all local authorities try their best to make such services available; indeed, where they are used, they are used well. As I have said, in early years education, that kind of thing is picked up fairly quickly.

Hugh O'Donnell: For teachers in the primary sector, which Norma Wright and Bill Ramsay have referred to—although I guess that it also applies to the secondary sector—are there any opportunities for continuous professional development to enhance the teacher's ability not just to communicate but to teach English to primary school children? We have heard about one very positive example, but is there consistency? Are there any trends in such opportunities for teachers?

Bill Ramsay: The situation varies. Just over a year ago, I attended a conference at the University of Strathclyde on English as an additional language, which was very good in some ways because it was made up of EL specialists and teachers.

Often, the Scotland-wide conferences to which I go wearing my EIS hat are full of folk such as quality inspection officers and—I mean no disrespect to Norma Wright—inspectors, and classroom teachers are thin on the ground. However, at that conference there were more than 100 EL specialists. As Bill Ramsay the EIS

representative—as opposed to Bill Ramsay the modern studies teacher—I looked at what authorities the representatives at the conference came from, how many people had come from each authority, and so on. I spoke to people during the breaks about their experiences in small authorities, big authorities and all the rest of it. Glasgow City Council is the model that people look to, and the support that is provided in Glasgow is on a scale and of a quality that small authorities cannot provide. In Glasgow, there are dedicated teams of people and reasonable CPD. In smaller authorities, the EL team is made up of half a dozen teachers who are only part seconded, so they are doing it only two or three days a week. They have some CPD opportunities but nothing like they would get in the bigger authorities. The picture is very mixed and Glasgow is seen as the model to follow.

During the week of the conference, the *Times Educational Supplement Scotland* ran some articles about cuts in EL provision. So, we got people showcasing good work and talking about the good CPD opportunities that are available in different establishments, but the sword of Damocles that was mentioned in the *TESS* that week was hanging over people's heads; they were wondering whether that good provision and good practice would be sustained the following year, which is the problem that we are now running into. Good practice and CPD opportunities were being developed, and people from smaller authorities were, to some extent, buying into the CPD opportunities in the bigger authorities. Now, we are running into a problem because of the cuts that are being made within education services in local authorities, and EAL is an area that, politically, it is easier to cut. There is no empowered group of parents from a primary or secondary school to present a political challenge to the people who are making the cuts, so provision is very much under threat at the moment. Patterns are starting to develop and the CPD budgets are starting to shrink.

Hugh O'Donnell: Thanks. I think that that has answered both my questions in that area.

Marlyn Glen (North East Scotland) (Lab): I was interested to hear your answer. From an equalities perspective, you paint a scenario that is shocking and totally unacceptable. You have talked about specialist teachers. Is there, or—before we talk about cuts—has there been, a place for whole-school training? All the pupils need to go to lunch and go out and play, so the whole school is involved. Is there any provision for whole-school training?

Bill Ramsay: As I mentioned earlier, in some schools that have faced immediate challenges, demands have arisen that have sometimes been met and sometimes not been met. In some establishments, EAL is a whole-school issue rather than a specialist issue. In those circumstances, support may have been brought into the schools, but the picture is very patchy.

Veronica Rankin (Educational Institute of Scotland): I want to say something about early intervention in the whole school, which is sometimes missing. There are other duties that local authorities and schools must take into consideration, such as the race equality duty and the duty to do equality impact assessments. It is not just about the provision of English as an additional language; it is also about culture and race equality.

As Norma Wright mentioned, early intervention is—when it works—exceptionally good at picking up those issues. When early intervention does not work, that is when crises can arise. I should emphasise that we have some really good people in the public sector, some of whom are under the cosh just now because of current circumstances. The attitudes to education and the role of women that are brought to schools are also important issues that need to considered quite carefully by schools, social work and health authorities. Early intervention has mostly been a very positive experience in schools.

On the issue of CPD, there can be a problem if the CPD is considered just as a course. In many respects, a whole-school approach needs to be taken to what is a very exciting CPD opportunity. Central to making that successful is to give teachers throughout the school and the associated professionals with whom teachers work—

10:30

The Convener: Sorry, can you confirm that by CPD you mean continuing professional development?

Veronica Rankin: Yes. CPD was the other aspect that was asked about in the previous question.

The teachers and the associated professionals need to be given time for such CPD. It is best if the specialist teacher can talk to people throughout the school so that everybody can raise their game. The principles underpinning additional support for learning and the curriculum for excellence should apply to all children, but that type of ethos will be under attack when cuts are applied across the public sector. As a union, we are very worried about that.

The Convener: We are about to move on to the issue of the curriculum for excellence.

Norma Wright: On the importance of CPD and EAL services, we found in our task that EAL

specialists play a key role not just in directly supporting children and young people with EAL but in advising and supporting the whole school so that all staff know what kinds of strategies work well in enabling such children and young people to make the necessary progress. There is absolutely a need for a whole-school approach.

These situations are not new and will not go away—this is how Scotland is and Scotland wants to embrace it—and school staff are whole-heartedly in favour of that. However, many staff feel that they have not been sufficiently equipped to meet the needs of those children, so there is a need for staff development. Such development must recognise that the class teacher's role is to meet those needs and the class teacher must be well equipped to be able to do that.

For example, the City of Edinburgh Council has a highly effective EAL service that sees its role as being to support staff in schools and advise them on how best to support such pupils. The EAL support staff do not see themselves as coming in with a magic wand. Rather, their role is to ensure that all staff can take up that responsibility. Let me also make a wee plug for the Scottish Association for Teaching of English as an Additional Language, which has done sterling work over many years in trying to provide additional support for staff.

One of our key findings was that we definitely have a staff development issue that needs to be addressed. Given that this is the way of the world, we need to ask whether initial teacher education, although it has many demands on it, provides enough training on that aspect.

Linda McTavish: Colleges also require such support for all staff, including reception, janitorial and cleaning staff. We need to deal with the whole-college environment. Education needs to provide a safe place for learners. I want to stress that point.

We use translation services to reach people, but we also use other students to help us with other adults. The Scottish Qualifications Authority has developed a lovely range of professional development certificates, so we have tackled the issue while also giving people qualifications. Some people work with asylum seekers. The committee might wish to look at how that SQA suite responds to Scotland's needs. We offer the new qualifications within the Scottish credit and qualifications framework—rather than those that might be associated with language schools—as well as a higher in ESOL. Big numbers of people are going through that.

We use paired teaching, which sometimes involves an ESOL specialist being paired with a specialist in a vocational area. Colleges work within the Scotland's Colleges network of professional associations, but there are also extremely strong teacher networks. The ESOL network includes college staff and staff from the community, because there are community teachers who are not part of a big school or a big college. We need to support the development of that.

The Convener: Can you say what ESOL stands for?

Linda McTavish: In colleges, we talk about English for speakers of other languages.

The Convener: It is good to use the same terms. That way, we will know exactly what we are talking about.

Linda McTavish: We are talking about the same qualification.

A range of needs is being identified. CPD is required not just in relation to the teaching of English but across the board. We need to raise awareness of a variety of cultures and traditions.

I think that the committee will find that colleges that have been working in this area have had to provide support for a wider range of staff, especially staff on the front line who deal with students. That includes teachers and other support staff. It is likely that Unison will speak to the committee about that later on.

There are examples of good practice, but it is right to say that the pressures on funding will be difficult for everyone.

Veronica Rankin: I have brought with me a document that the committee might be familiar with because it has been around for a while. "Learning in 2(+) Languages", which is available on the Learning and Teaching Scotland website, was developed by the Centre for Education for Racial Equality in Scotland and the Scottish English as an Additional Language Co-ordinating Council. It is a fantastic resource, but I am not sure how widely used it is throughout Scotland.

The Convener: When was it published?

Veronica Rankin: I believe that it was published in 2004.

The Convener: It would be useful if you could pass that to the clerks so that we can have a look at it in more depth.

Veronica Rankin: It deals with culture as well as English as an additional language, and it goes through the different stages of the development of English.

The Convener: I am conscious that we have reached only question 2, but Mhoraig Green has a brief comment.

Mhoraig Green: I just want to make the committee aware that COSLA published a migration policy toolkit last month, which is based on the premise that migration to Scotland is a positive thing and that local authorities are looking to welcome migrants into their areas.

There are two relevant policy themes in the guidance. One is education for children in schools—the EAL provision that we have discussed—and the other is ESOL for adults. To return to the idea of CPD, we are saying to local authorities that those are two key areas that they need to be looking at and developing if they want to encourage migrants to settle in their areas. However, in the context of limited resources, it is up to local government what it does with its resources. Difficult decisions will have to be made.

Hugh O'Donnell: I have a suspicion that this is another question that will take longer to answer than it does to ask.

We are all well acquainted with the progress of the curriculum for excellence. Where does it fit in as far as the promotion of inclusion and integration of migrant children in the school system is concerned? More critically, when we have evidence of good practice, how is that good practice disseminated? Is that process potentially at risk as a result of the various financial issues that have been mentioned?

Bill Ramsay: The dissemination of aspects of the curriculum for excellence is a big issue across the board. The communication aspects are one of the problems and, in that sense, there are real challenges and issues. Focusing narrowly on your question about dissemination, I would not hold my breath at the moment, because there are issues across the board. I would argue that the engagement process is not as far ahead as some folk in the political community would like to think. It exists, but we have a long way to go.

On the other hand, the philosophy of the curriculum for excellence has huge potential. If we consider two of the four capacities—the confident individual and the effective contributor—the potential that migrant children can at times bring to the classroom is very significant in terms of engagement and active learning. It is quite remarkable.

If the committee will indulge me for a moment, I will give an example. It came from Dr Geri Smyth, who is a lecturer in education at the University of Strathclyde. She is a specialist in the area and has done a lot of work in it. An example that she described to me sums up the potential that exists. There were three African girls—different ones this time—in primary 2, primary 3 and primary 7. French was the primary 7 girl's normal modus operandi, and she had just finished her first essay in English. She took it to the primary 2 girl and reinterpreted it into French for her benefit. When Geri asked why she was doing that, the older girl said, "Because she doesn't have English yet." That "yet" shows the positive attitude of these girls. It was not a matter of whether they were going to learn English. It was a matter of when.

The story went a bit further, because the third girl, who was in primary 3, also had no English at that time, or very little. Again, the older girl translated the story that she had written in English, this time into Lingala, which Geri had never heard. Again, Geri asked why the girl was doing that, and the answer was that that was the language of the younger girl. That phenomenal intellectual interaction between the three girls is a high-order model of the philosophy of the curriculum for excellence. I can hardly think of a better example of cognitive learning. The potential is there.

I return to the example that I gave earlier of the primary colleague who had no EAL training but who used the two girls as examples and they became the teachers. Again, that took place in an area of multiple deprivation. The girls were teaching the other pupils in the class French; the kids were becoming the teachers. The work that takes place in such environments is positive. EAL teachers know that in their bones, and they are frustrated about what they can do and what they can contribute in the current context. They know the potential because they see it every day and, as a group of teachers, they are committed to taking it forward.

Hugh O'Donnell: I am done.

The Convener: Thank you for that. The points that you raised about the curriculum for excellence, the role of EAL teachers and what they can do to promote learning are now on the record and are therefore of added value.

Christina McKelvie (Central Scotland) (SNP): Good morning, panel. We have covered some of the nuts and bolts of education, but what I am looking for is a brief overview of the current situation in education for children who are seeking sanctuary and children who have refugee status. I am particularly interested in the benefits of immediate integration and the challenges and benefits of the support services for unaccompanied children.

10:45

Linda McTavish: The group that I spoke to you about—our 16-plus learners—is made up of all those unaccompanied children about whom you were speaking, who need a lot of support. The numbers in the group change because as you know, when people are 18, sometimes they do not get the right to remain and are taken from us. We

always have issues in the college about young people being sent back to where they came from.

We are trying to prepare the young people for Scottish society. We have always argued that, if they are here and there is a chance of their remaining here, we should do early work to prepare them for life in Scottish society. Some of them aspire to go into higher education, if they have that kind of background, but others need to prepare for work. We give them a range of learning tasters because English cannot be taught for 10 sessions, five days a week; they need to do other things and to learn through doing—I see some people around the table nodding at that. In the group of 16 to 18-year-olds I am speaking about, I have more young guys than young women.

In the college, we offer vocational areas in which the young people can work, such as electrical engineering, care and first aid, but we also offer core skills. One of the things that we have been looking at that might tie in with the curriculum for excellence is the piloting of new awards, such as the John Muir award, which is an environmental award. We take people out into the countryside, as if to say to them, "Yes, you're here in Scotland and learning English, but you also need to know about Scottish society." We also work with them though citizenship education because some aspire to be citizens of this nation. We are trying to give them roots in their language learning and vocational areas so that, when they leave us, their next step is a positive one.

We work with the agencies and the local authority, as well as with agencies that support refugees. I am a board member of the Bridges Programmes, which is an organisation that arranges placements in different industries for people who have various skills but who are not allowed to work, to help them to make adjustments. That is part of the refugees into teaching programme. People who work with such big numbers in this area are also involved in a whole variety of other areas, but we need to remember that our roots are in education—it is about learning. We need to ensure that we are working with the other agencies and that, as is the case for any other kid in Scottish education, learning is a platform from which they can take their next positive steps.

Veronica Rankin: I was interested that Christina McKelvie mentioned "sanctuary", which I believe is the new word. It is about making children and young people feel safe. That is a special thing that schools can do because they can be a safe haven for all children, not just children of asylum seekers or families who have migrated here for work. It is about the school's ethos, what the school does in the community and how it relates to that community.

Good practice includes things such as buddying schemes for migrant children who are matched up with someone. There is also a range of support networks and a lot of work can be done with teachers in school to support such young people. Above all, the anti-racist work that has developed in schools is extremely important. Although there might be support networks, one little comment about someone's culture in the playground can destroy all that work. For unaccompanied children, the multi-agency approach comes into play whereby social work and health care services are identified.

The one thing that can make asylum seekers feel safe is the abolition of dawn raids and the fact that children are not going to be imprisoned in detention centres any more. That is particularly important in making people feel welcome.

We are also involved with rights, and it is good to see teachers coming through and battling for their qualifications, which might be lost somewhere. The General Teaching Council for Scotland has done some important work to help teachers to track down their qualifications because they can provide a good role model for young people in schools. The EIS is also involved in the Show Racism the Red Card campaign. One of our competitions one year was about welcoming new Scots across the board. That was not just for a wet Friday afternoon; it was good curriculum for excellence work being done in schools. The idea of sanctuary is important, and it conveys a sense of safety and welcome.

Mhoraig Green: I will give a bit more context about unaccompanied asylum-seeking children. It is the responsibility of local authorities to look after them. Unlike adult asylum seekers who arrive anywhere in the UK and are then dispersed, unaccompanied children are the responsibility of whichever local authority they happen to turn up in. The majority of such children in Scotland are still in Glasgow, but there are a number dotted around in other local authorities. Those children have specific care needs because they are very vulnerable, often having been through traumatic experiences. It can be quite a challenging task to look after them.

For a number of years, the previous UK Government looked into setting up specialist centres, which would be in local authorities that were expert in the care of unaccompanied minors. The idea was that there would be one specialist centre in a region to which all unaccompanied children in that region would be moved. For example, because the majority of unaccompanied children are in Glasgow, it would be likely that the centre in Scotland would be in Glasgow. A range

of different services, including the ones that Linda McTavish has spoken about, has grown up there, and they are good services. The idea was that all children who came to anywhere in Scotland would be moved to that specialist centre.

That model ground to a halt because the UK Government realised what the costs of delivering would be. At the moment, the UK Government reimburses local government for the costs of providing care to children. However, it realised that the add-on services that children were getting were quite significant, so the process ground to a halt. One of the big sticking points was the costs of supporting children into adulthood that local authorities take on.

The second part of Christina McKelvie's question was about the benefits of the Scottish Government's approach to integrating people from the moment they arrive, particularly asylum seekers and refugees. The anecdotal evidence that we have heard is that it makes a difference. COSLA is part of a network of migration partnerships from around the UK, and the message that we are getting is that integration seems to be more effective in Scotland than it is elsewhere. That seems to be because of the additional resources that the Scottish Government makes available to asylum seekers; in other parts of the UK, it is more difficult to access resources for asylum seekers. One of the key areas in which it is easier to get resources is in English language teaching for adults, which is significantly underresourced in England, whereas, for the past three years, the Scottish Government has made £9 million of additional resources available for that service in Scotland, which makes a big difference.

Another point to make is that the influx of children, particularly asylum-seeking children, into Glasgow has made the continuation of services viable in some areas. We have also heard that it can raise the level of educational attainment, which comes back to what I was saying about the intellectual exchanges between children from different cultures. We are getting the message from our local authority members that that really seems to benefit schools.

Christina McKelvie: We have looked at the curriculum for excellence as an ethos for delivering education, but we are also interested in the support mechanisms that are available. Is additional support for learning used in these contexts? How effectively does it support a young person in the school environment.

Norma Wright: It was certainly an important addition that the Education (Additional Support for Learning) (Scotland) Act 2004 recognised the needs of young people with English as an additional language, as well as a range of other vulnerable young people. HMIE is conducting a review of the implementation of the act and we will have further information on that. Authorities are availing themselves of their rights under the legislation. I suppose that the question is whether the resources are there and how effectively needs can be met within the existing resources.

Veronica Rankin: There is a slight problem, because ASL is statutory but it has been linked into the curriculum for excellence and getting it right for every child through the code of practice. The feedback that we get on additional support for learning is that it is patchy across the country. When we get feedback on the cuts that are being made, it is about additional support for learning. I appreciate that not all additional support for learning involves having another body attached to a child, but we are seeing cuts in the numbers of classroom assistants and support for learning in schools, which are damaging, particularly when they affect children with social, emotional and behavioural difficulties. Some children who come into the country may well have SEBD. It is not just about support with English; it could be about a range of additional support needs. The issue is quite complex, particularly now that EAL is well sited within the additional support for learning provision.

Linda McTavish: We have had to use funding from the European social fund to support provision across colleges. Migration is recognised for funding purposes. Anybody who comes in as an economic migrant can receive the same range of services as any Scot, including access to bursaries. The situation for asylum seekers in Scotland is very different from the situation for asylum seekers in England. In Scotland, they can study free on full-time ESOL courses and they can study part-time on any other vocational courses. They can apply for travel costs but not bursaries. If they have leave to remain and they are 16 to 18, they are also eligible for educational maintenance allowances. One of the things that we look at is pressure on places. We might have the set-up, but we might also have pressure on places. There might be disproportionate pressures in some areas, depending on migration patterns.

Christina McKelvie: Your answers sort of pre-empted my next questions.

Linda McTavish: Sorry.

Christina McKelvie: That is absolutely fine. We are having a good conversation. I was going to ask how further and higher education have responded to migration, but you have answered that.

Linda McTavish: I have been talking about the situation in Scotland's colleges, which involves non-advanced further education, higher national certificates and higher national diplomas. There is

a difference, depending on the category and on what people are allowed to have. Through the Scottish Government refugee integration forum, you have changed and facilitated things. There are some outstanding successes where people have gone through the system and gained employment, for example through apprenticeships. I support what everybody else has said: migrants' aspirations are really high. There can be a halo effect of such aspirations across other parts of the college.

Christina McKelvie: It motivates other people to get involved.

Linda McTavish: Absolutely.

Christina McKelvie: It motivates people from asylum-seeking communities and from the local community.

Linda McTavish: Schools and colleges cannot do things on their own. They have to be connected to their communities. They support their communities and their communities support them. We now have settled communities within Scotland. You will find that you get support from different community organisations. Does that make sense?

Christina McKelvie: Yes.

Linda McTavish: We have been talking about COSLA, but church associations and tie-ups with different church groups have also helped. Things have changed since the days when I used to have places at the college where people could get clothes from because there was no other support for them. The jigsaw services are starting to come together.

11:00

Christina McKelvie: As we all know, one of the bright, shining stars is one of our Glasgow girls, who has a moving story on display in the Parliament right now.

Linda McTavish: Absolutely, and she once came to me through our student presidency. Also, downstairs in the Parliament, there is a picture of a group of early migrants to this country being taught in one of the old college buildings. I am pleased to say that they are now all being taught in a new building, thanks to the decisions of the Parliament.

Christina McKelvie: I have a final question about the UK Borders Act 2007 and its interventions, which are—

Linda McTavish: Challenging.

Christina McKelvie: The 16-hour rule is a challenge. The Scottish Government has been—

Linda McTavish: The 16-hour rule affects everybody, including asylum seekers. It is about the number of hours for which someone can come to college without their benefits being affected. That is a general issue that I hope the Parliament will take up.

Christina McKelvie: One of the issues that you have experienced with your 16-plus group is about age assessment and the serious challenges around that. Also, there is the impact on people's education of their having to sign on when they should be at college. How do you support people in that situation?

Linda McTavish: Those are aggravations that we could do without. You have heard some of the stories. We are being featured in a very positive light in a "Panorama" programme about what we do. Age assessments are very crude, and there are big gaps in them. Even Scottish girls mature at different times in their lives. For us to think that all asylum seekers will mature to a norm is a wee bit naive. The age assessments are a major problem and have a big impact.

Christina McKelvie: You said earlier that people come to the college and feel safe in disclosing information to you. How under threat—

Linda McTavish: We have worked over a period of time to ensure that they feel safe.

Christina McKelvie: How under threat is that information from the UKBA?

Linda McTavish: We are okay with the information. We try to look after our students just as we would look after any student. That is what we have to do.

Christina McKelvie: I did my social work qualification at Anniesland College, so I know how you look after your students.

Linda McTavish: Well, there you are. Thank you very much.

The Convener: I think that you really must clarify that. What do you mean by saying that you are "okay with the information"?

Linda McTavish: We ask for information on people's nationalities and they understand why we need it. We use it for statistical purposes, to help people in their language quest; it is not used to tell people that they cannot come to the college because they come from a certain country. Word of mouth is stronger than any official bit of paper or website. When people come to colleges, they know how they will be looked after. We ask them for their nationalities to help them in relation to their language learning—we ask what kind of alphabet they are used to and what their schooling system has been. That is what I meant by that.

The Convener: I take it that only selective use is made of that information—is that what you are saying?

Linda McTavish: We can disclose information only to certain bodies. The information that we have is shared with the funding council under the further education statistics.

The Convener: It would be worth while if you provided the committee with some examples of the outstanding successes that you have had at the college—not today, though, as we are running way over time.

Linda McTavish: We will do a trawl for you and give you some stories.

The Convener: I always feel that such information makes issues come alive much more than any statistics.

Linda McTavish: Absolutely.

The Convener: That would be very helpful.

Stuart McMillan: What have been the particular benefits and positive impacts of increasing the number of non-European Union students as well as the number of EU students in the further and higher education institutions in Scotland? Have there been any disadvantages?

Linda McTavish: I will tell you about the disadvantages first, then mention the advantages.

First, because we are funded under the student unit of measurement methodology, there is pressure on the system for places, and colleges and local boards are having to make decisions in response to that. Secondly, I hope that it is not heresy to say this but, with regard to EU and non-EU students, Scottish students are still a wee bit insular in their thinking, even with the curriculum for excellence. It is very positive that classes have a variety of people, because it helps us to celebrate multiculturalism, learn about other people's cultures and traditions and see the contributions that they make to the world of knowledge, learning and living in general. You can challenge racism and poor attitudes to other people and societies by, for example, putting on events such as food evenings, where you can taste different cultures' food; by celebrating new year in different cultures; and by using the world cup to have a celebration of football. In fact, I know people from all the nations that are playing in the event.

We need a living curriculum; after all, we have to face these issues even with the food that we offer in refectories. Amazing things, though, are happening. Our bilingual students are proving to be a major asset by, for example, helping travellers from a variety of backgrounds to reach their final destinations, and that kind of work is helping them to get jobs in travel and tourism. Colleges also have the student mix to deal with international business and other social subjects. Finally, we must not forget people's wealth of experience and talent in art, wood working and music, which add a richness to teaching in those areas in colleges.

Does that make sense?

The Convener: Yes. You have given us some excellent examples.

Veronica Rankin: Anniesland College is usually the first to invite me along to its CPD days to provide equality training. Those days are always very special occasions, particularly given the number of lecturers—mainly members of the EIS—who are prepared to turn up and engage very positively not just with the negative side of the legislation but with the multiculturalism in the college. I should point out that the work that was done on asylum very early doors has also proved to be very positive.

Stuart McMillan: Those responses were very interesting, particularly the comment about the insularity of Scottish students. As a student, I was based in Dundee, but I also studied in France, Germany and Sweden. I have jotted down the nationalities of some of the folk I studied with: French, Swedish, Irish, English, Sudanese, people from Cameroon, Iranian, Dutch, German and Spanish. I have also known some Scots, someone from China, someone from Finland, a Pole, a couple of Czechs and folk from Pakistan. I was not really the norm. I know some folk who were offered the chance to go to a foreign country—they had the chance to go to Amsterdam in Holland—and study their topic in English, but they did not take it up because they did not want to leave Scotland. I found that frustrating and quite sad. There is certainly a cultural barrier in Scotland that we have to try to target and get over.

I have a supplementary question that stems from my time studying in Dundee. Even though they were going to be in the city for up to four years, one particular group of folk tended not to mix with anyone else and, give or take one or two exceptions, stayed predominantly within their own community. I thought that that was quite sad as well, because they had a wonderful opportunity to learn more about Scotland and the United Kingdom and to learn the English language better. One reason for that might be that the university simply allocated one of its student accommodation blocks to people from that community. I do not know whether that approach is still taken by the university. It might even be the norm across the further and higher education sector.

Linda McTavish: People come to Scotland from a variety of countries. Anniesland College, like other colleges and higher education institutions, does its own recruitment work abroad. Sometimes, that brings in students from only one nation. Perhaps that is what Dundee University

did; I do not know. Also, the sending country might impose certain regulations. We currently have a young woman from Saudi Arabia—that is good, as we only used to get young guys—but she has her brother with her, as her protector. You have to be receptive to the different traditions of people who come in. In my college, like others, there is a mix of people.

We bring in more students under European treaties and arrangements than we export. As Stuart McMillan noted, there are advantages to studying abroad, and I would like more young Scots to do so, but the fact that our schools and colleges are becoming much more multicultural than they were when I went through the system, for example, enables us to do a lot of positive work.

Norma Wright: The work that is being done in Scottish colleges should be the thing that changes the whole culture. There are wonderful examples of Scottish children not being insular. Their perceptions are being changed as a result of being involved in the richness that exists for people who are part of a multicultural society and environment.

The report "Count Us In: A Sense of Belonging" and websites such as those of HMIE and Learning and Teaching Scotland contain a lot of examples of really good practice across the country. Staff development packs are available to inform people how best to prepare for issues that will arise and to ensure that we are much more open.

There is a two-way process, which involves not only people coming in but Scots going out.

Marlyn Glen: We have had a great deal of helpful information, which has answered many of the questions that I was going to ask.

Are you satisfied that there has been sufficient progress in the provision of EAL training in the further or community education sector for adult migrants, or is there a need for a new study of supply and demand in relation to EAL?

Linda McTavish: We are likely to keep examining that issue with regard to the numbers of people who are coming in, the numbers of people who are appropriately trained and the age profile of the cohort of teachers. Under the most recent refugee integration recommendations, there was support for EAL, but the Scottish Parliament should be keeping an eye on that issue.

When people migrate across various boundaries into Scotland, especially when they do so on their own, there should be local services and local access points with trained staff who can meet their needs.

11:15

Mhoraig Green: Some such services have been put in place through the additional money that the Scottish Government made available for ESOL provision—we are now in the third year of a three-year pot of money. Some of that money went to colleges, some went to local authorities for community provision and the Scottish Government retained a pot centrally to fund the national ESOL panel. The panel did quite a bit of work on issues such as professional development standards for ESOL teachers in colleges and in local authority community learning and development partnerships. It also considered frameworks for curriculums and funding principles—how decisions are made about who to fund when resources are limited. The national panel's work has ended; it published a range of papers that are all available on the national ESOL panel website—the ESOLScotland website. Looking at those papers would be useful.

The funding for provision finishes at the end of this financial year, so we are interested in what will happen beyond then. English-language classes for adults are key to people's integration into Scottish communities. Last year, we worked with the Scottish Government to review how the additional resources were being used. The review considered not the quality of provision but the partnership working between colleges and local authorities to find out whether best value was being obtained from the resources. A range of recommendations was made. We found strong examples of partnership working between colleges and local authorities when they got together to examine need across the board in an area, to plan provision and to ensure that routes of progression were available from different providers. For example, shared initial assessment tools ensured that, no matter who someone approached for ESOL provision, the same tests were applied to judge that person's level, which allowed them to take that piece of paper to any number of providers to show what level they were at and the provision that they needed. The review's report is available on the ESOLScotland website and might also be worth looking at.

Norma Wright: Community learning development is important. Some of the very good practice that we saw involved family learning projects. It must be borne in mind that some people—especially women and particularly women from some cultures—will not follow a traditional route. As we know and as research shows, it is important that parents support their children's language, so we must reach mums. Some family learning projects have been extremely helpful in tooling up some people with the English language.

Linda McTavish: Many women's classes are in communities, because some women will not come to colleges. We must take the learning out of the college. I support what has been said.

Veronica Rankin: I agree absolutely about getting out to the community. However, we do not want what happened in the 1970s and 1980s, when the burden of translation services was put on the shoulders of women who just happened to be here. The main languages that were involved then were Urdu and Punjabi. Eventually, women were brought into the school sector in Glasgow as assistants, although they were not given the status of teachers or permanent contracts. I do not know whether people remember that problem. We must be careful about how we use women—we do not want to end up using them to replace professionals. I think that HMIE would agree with that.

Norma Wright: Absolutely.

Bill Kidd (Glasgow) (SNP): I have a couple of questions about access to employment and job openings—the issues relate mostly to refugees but also to economic migrants who come to Scotland. The Scottish Refugee Council has told the committee of the difficulties for refugee and migrant workers in having their existing competences and qualifications recognised here. That means that they frequently have difficulty in gaining employment that they are perfectly capable of doing and are qualified for. The Scottish Government has commissioned the Scottish Credit and Qualifications Framework Partnership to conduct a scoping exercise on the issue. I will ask two quick questions—the questions might be quick, but I do not know about the answers. I do not mean that badly, by the way—I have just thought about what I said.

What are the barriers to recognising the education and qualifications of non-EU and EU migrants that mean that they cannot easily find employment? What steps can the relevant bodies such as the SQA take to aid the establishing of equivalence of education, qualifications and skills for people from non-EU and EU countries?

Linda McTavish: We welcome the scoping exercise, which is imperative, and which Anniesland College was involved in a bid to run. It is about recognising qualifications and that the standards that have been set in Scotland for certain jobs have been reached, and about ensuring that a joiner or woodworker who has come from Afghanistan, Iran or wherever has construction skills that will allow them to work in our health and safety environment. That is why we need a system in Scotland that recognises such skills. Things are well defined for professional groups, such as medical and dental groups, but it has been far more difficult for people to get into vocational areas in which there are no professional associations. That is why people are given tasters in the Bridges Programmes projects.

Employment is far more difficult to access now. When we started, with the economic upturn, the economy was desperate for people to come in and plug the gap. Many economic migrants took jobs that the Scottish working population perhaps did not see as desirable, so they started at a different level. It is well documented that many people went into areas, such as food processing and fish work, in which it was difficult to find workers.

On looking at migrants' qualifications, Scotland as an international society must have good systems in place so that employers understand equivalent education, qualifications and skills when they are selecting staff. That is important for everybody.

Veronica Rankin: We can only really comment on our work with the rights project for teachers, of which I know that the GTCS has been very supportive—it has been at rights meetings. The project is based in Jordanhill and involves explaining standards in depth. Obviously, it exists to maintain standards.

I was a bit perplexed the last time I talked to the teachers. Some of them who had got their qualifications and had been registered were finding it difficult to get a job because of their accent. I remember my college days when I was told to drop the Weegie accent; I think that I have a really posh Glaswegian accent. We might have to address that matter in the context of employment and recruitment practices. I agree with Linda McTavish. Accessing employment is very difficult nowadays. However, the GTCS is being helpful with registration.

Hugh O'Donnell: Veronica Rankin touched on an issue around translations and professionals. Given what has been said about the employment situation, it strikes me that a number of teachers who are out of their probationary year, for example, are struggling to get employment. Is there a danger that the professional bodies will become resistant to supporting equivalence in order to protect their own agendas? Could the idea of British jobs for British workers—that is not a particularly helpful phrase, but you can see what I am getting at—spill out into vocational areas? Is there any sense of that happening?

Veronica Rankin: The professional bodies would be in breach of their legislative responsibilities if they did that. I am not picking that up in the GTCS. In fact, I would be horrified if I was—I am sure that you would, too—and that would certainly be worthy of an investigation. I do not know whether Bill Ramsay has anything to add.

Bill Ramsay: As far as I am aware, there is no such undercurrent in the teaching profession. I believe that the undercurrents come from the media, as the committee will have heard many times. As a modern studies teacher, I did equality courses for well on 12 years in my secondary 2 classes, although I moved out of the classroom last year. Thousands of kids went through the courses with me. It is possible to spot certain agendas that start to creep in from certain sections of the media, but children tend to be pretty resistant to that—often more so than adults.

Hugh O'Donnell: Thank you for that—that is what I wanted to get on the record.

Linda McTavish: We have some nice case studies of young people gaining modern apprenticeships in prestigious companies such as Rolls-Royce and BAE Systems after attending 16-plus courses. They achieve that because of their talent, their skills and their work ethic. It is very positive.

The Convener: I thank the witnesses for what has been a fascinating and hugely informative session. You have a wealth of experience on the complex issue of migration. If we were not aware of the issue previously, today's evidence session has made us understand clearly that the term "migrant" covers many people and positive contributions.

I suspend the meeting briefly to allow the next panel of witnesses to take their places.

11:27

Meeting suspended.

11:33

On resuming—

The Convener: The second panel of witnesses will focus on health. I welcome Colin McCormack, head of mental health, and Dr Kevin Fellows, clinical director, both from the south-east Glasgow community health and care partnership; Eileen Dinning, secretary of the Unison women's committee; Dr Alison McCallum, the director of public health and health policy for NHS Lothian; and Dr Dermot Gorman, who leads the international and migrant health programme in NHS Lothian.

We will open with a general question. How has the national health service responded to trends in migration in Scotland?

Dr Dermot Gorman (NHS Lothian): Since the A8 countries came into the European Union in 2004, the NHS has responded as we would to any group of 80,000 or 100,000 people mostly in their 20s and 30s coming to live in Scotland. They have the health needs that we expect of that group but they also come from a different health and social care background. Those are the two aspects that come into play with that group.

Living on this side of the country rather than in the west of Scotland, I have less experience with refugees and asylum seekers. They come from a much larger variety of countries with different health needs and backgrounds, but the health service deals with them too and, as is well recognised, is learning from elsewhere in Britain and Europe about dealing with those needs. We are dealing competently with trends in migration.

Dr Kevin Fellows (South East Glasgow Community Health and Care Partnership): I have worked in Govanhill part time as a clinical director and part time as a general practitioner for some 22 years, during which I have noticed a lot of changes.

Govanhill has always had a black and minority ethnic population of approximately 22 to 24 per cent. In 2000, several hundred asylum seekers came to our practice. By 2005-06, we were dealing not only with the 27 different languages that the asylum seekers brought with them, but with quite a different population, as people from the accession states began coming to this country.

As in many other areas in Scotland, there were a number of Polish people, but the patients we saw from eastern European countries, such as Slovakia, were quite different. The majority were of Roma origin, and presented different challenges to those presented by the asylum seekers.

Your question was about how we responded to that. The answer is quite lengthy; I am not sure how much of it you want to hear just now.

The Convener: We are trying to tease out the issue, so you are welcome to add to what you said.

Dr Fellows: Quite a different response was needed. When the asylum seekers came, there was a package of support for the new arrivals—the new Glaswegians, as we call them. The EU Roma, as we call them, came here of their own free will, predominantly as economic migrants, but they were not quite what we expected. They were not robust in looking after themselves or being able to speak up for themselves in a foreign country. They did not always have legitimate employment or good accommodation, and were, in many cases, impoverished and destitute.

Our response in caring for those people has therefore been quite different. A different burden has been placed on social care, health care and education with regard to the Roma community than has been the case with the asylum seekers,

the BME population or even the third and fourth generation Irish contingent in our area.

We responded by setting up a multi-agency group called the practitioners group, which included people from health, social care, education, fire safety, the police and voluntary organisations. The group began by trying to understand what the problems were and demystify some of the issues.

When the Roma community first arrived, we were not even sure what they were entitled to. We had heard that they were not to be a drain on public resources, and so we sought clarification on what they were entitled to in terms of health care. We were told that we should get a copy of a one-way travel ticket to the country, or that they should provide us with a utilities bill; those things were just not going to be forthcoming.

We heard stories of overcrowding—which is still the case—with two-bedroom flats containing 10 or 12 children and two or four adults. It became apparent that we were facing a difficult situation. The multi-agency group, working with Oxfam and other charities, began to tackle the issues. Although the accommodation in which those people live in Govanhill is often poor, perhaps with only one source of running water, and there are problems such as overcrowding, infestation and possible exploitation, it is better for them than being back home, so their priorities are quite different.

In 2007, we brought over two workers from Slovakia. We tried to build a bridge between patients who come from a group of people with a history of persecution and a mistrust of authority, and health and social care services that are quite different from those that are available in their own country. So we had the practitioners group and the two Roma workers. Later, we developed what we call a hub approach, according to which practitioners and more senior people meet up to share information and work together. Since April this year there has been a daily meeting in the hub, in Govanhill, with agencies represented and able to tackle the various issues that come forward. That, in a nutshell, is what we have done.

The Convener: That is useful to hear about. Because they access the health service, you have contact with a group of migrants who might otherwise remain under the radar, but they are coming to the fore and are being identified because of their health needs.

You mentioned A8 migrants. If they came in 2004, some of them have been settled here for six years. Is the main issue now the provision of services for those who have settled and are having children? They might be coming into the health service now via their children.

Dr Gorman: Yes. In Lothian, 480 children were born in each of the past two years to women who were born in Poland, which is about a third of the Scottish total. There will indeed be issues in that regard. In the early days, some people were arriving and having babies shortly afterwards. As you hinted, the population is now becoming a bit more established. From what we have heard from the Polish consulate, the numbers in Lothian might be going down a little bit, but they are relatively stable. There is not a huge number of people going back, as we might read in the press in relation to England and parts of Ireland.

Health needs are largely as we would expect in that group. There are particular issues around communication and with people not being familiar with the services that we have, particularly in primary care. There are several flights from our airports to A8 countries, and people can access care in their home country as well as in ours. That presents practical challenges for our staff's understanding and in relation to the different expectations of the migrants as patients and the concepts that they have of their own health.

As the population of migrants becomes more established, there might be fewer problems with the English language. We put a lot of effort into working with our staff on cultural competency and understanding. We are well aware of many of the issues that people from A8 countries have. In the health service, a number of people from those communities are among our staff, and they are a very valuable source of staffing for the care sector throughout Scotland, as you will realise.

The Convener: Does anyone wish to add to that point?

Eileen Dinning (Unison): I should say that I am in no shape or form a health professional, although I might be a hypochondriac on occasion. I am increasingly thinking that it might have been useful if one of my colleagues, who is not just a full-time officer for Unison but a health care professional, was also here today. My focus is purely on the rights of migrant workers. Our members work not just in the health service but in other areas of social care in the public sector.

The Convener: Anything that you can add to the developing discussion from that perspective will be very worth while. I am sure that you will be able to comment on health and care issues that come up.

Marlyn Glen: We have heard some interesting information from Dr Fellows about what happens in Govanhill. It sounds reactive. Are there any proactive responses? Are there any needs assessments, local or national, of migrant health needs?

11:45

Dr Alison McCallum (NHS Lothian): Our approach is to seek to reduce health inequalities so that the gap narrows and people can achieve their potential. That requires high quality, universal, targeted and tailored services. For us, it means understanding that migrants to the country need to be what I would call socialised into using the health service. Other countries have a tradition of doing that through women's and children's services. In Scotland, we did not need that tradition to the same extent as other parts of the UK or Europe until recently.

We have undertaken needs assessment of people who attend accident and emergency departments and we found that use by the migrant population is similar to that of the general population, but that there are lower levels of general practice registration because of a difference in the way in which the systems work, and that there are slightly different patterns of health service use and response. We have worked with the Polish consulate and NHS Health Scotland to ensure that there is appropriate information to welcome people to Scotland and tell them how to use services. We have also worked with the Polish churches to help us to understand people's needs. We know that a larger percentage of Polish people smoke compared with the percentage in our local population, and we know that highly qualified people are still working more in manual labour.

We know from research that has been done around the world that it takes people five to six years to go from having simple conversations to being able to have a conversation in a health-type consultation. When we looked at accident and emergency departments, we found that, although 30 per cent of people were confident in their English, less than half of attendees understood all of the conversation and one in seven did not understand any of it. There is an issue about people's ability to access the right interpretation every time, particularly in emergency situations.

A number of years ago, we did some work with the south Asian population in Lothian on maternal and child services. That identified a range of things that we needed to do to make our services more culturally competent. Because we have put those things in place, the things that we identified with the A8 migrants were of a lesser degree. Staff were concerned about how to learn about other health systems so that they could better help people to understand about consent and how to take advantage of the ways in which the health service is organised for people's benefit.

We do not have the size of Roma population that the west of Scotland has, but we can learn from how that population has been served well in other countries. We have looked at not just our own link workers, but how we bring communities together by ensuring that there are appropriate, trusted third parties for advocacy. We have worked to ensure that we are not making such services difficult to use, given that we draw advocacy workers from the majority population. We are ensuring that we provide and apply the same quality of care to our traditional population and incoming Traveller population, which has traditionally had lower life expectancies even than that of our next most deprived population.

In Lothian, we are lucky to have a group of general practitioners and community staff who are committed to working with deprived populations and people who are homeless or new to the country—they embrace them, pick them up and enable them to carry on doing their job—as well as a range of health care staff who have worked in resource-poor countries and are therefore able to apply solutions that might not occur to people with a narrower range of experiences.

It will probably be more helpful if I send you some written evidence on the range of needs assessment work that we have undertaken, which has included a range of specialists and primary care staff across the piece.

Similarly, we have worked with partner organisations to look at drug use and with the police, for example through the rather badly named silver security group, which brings together community leaders from a range of minority communities—new and old—to talk about how we can work together better.

Marlyn Glen: It sounds as if lots of things are going on. Are they all local initiatives, or is there some central guidance or co-ordination across Scotland? I would not like to think that everyone was reinventing the wheel.

Dr Gorman: A lot of experience is being shared around Scotland through public health networks and health service networks in general. As well as doing needs assessments, we change what we do. For example, we have marketed stop-smoking services heavily to the Polish community and have started two stop-smoking classes in the Polish language. We have appointed Polish staff to work in genito-urinary medicine, which is an area in which demand is quite high, and in maternity care. We are using Polish volunteers in the best buddies support programme for breastfeeding. Breastfeeding rates in the A8 countries are extremely high—much higher than in Scotland. Unfortunately, some Polish mothers might be adopting Scottish tendencies, so we are employing Polish people to help maintain a high breastfeeding rate among Polish mothers. A lot of that learning is shared around the country.

Colin McCormack (South East Glasgow Community Health and Care Partnership): I have a general observation to make about needs assessment. I know that the committee is concerned about migrant communities, but there are always two sides to the issue. Regardless of the expertise that exists with different communities, it is always worth reminding ourselves that no single group is homogenous in its needs. I think that that is acknowledged, but it is always worth reminding people at practitioner level. I have the responsibility for leading on equalities, as well as on mental health, in the CHCP, and that is a refrain that we want to hear, because it is important, given the different needs that exist.

There are two sides to the issue. I am not thinking of mental health in particular, although that is my inclination, given my job. The first is the straight communication issue. We will talk a lot about translation and so on. In south-east Glasgow, we are constantly reminded of our local BME population, which has been here for generations—my downstairs neighbour came over from India in 1948, for example—and the communication issues that its members face. I am talking about not just literacy but means of communication—such as the internet—and all the access issues around that, which I know will be a concern to the committee. Sometimes communication issues are not purely about language; they are to do with how people access information.

I am always reminded of the example of psychological literacy. We push cognitive behavioural therapy and other such therapies, but that is not necessarily how people, especially those in some of our more deprived communities, will articulate their mental health needs. There is an issue about that notion of communication. I think that we are way behind in that regard, although I know that the Scottish Government has been looking at mental health services for deaf people in Scotland. There is a range of issues on which, if we get stuff right by learning from the vibrancy of migrant communities—it was interesting to listen to education colleagues talk about the positive aspects of that—real benefits will be achieved for the whole service.

The other side of the communication issue is cultural understanding. We have been working with the primarily south-Asian population that has been in south-east Glasgow for years, which still faces significant issues to do with transcultural understanding of health problems, not just mental health problems. The extent of those issues is indicated by the fact that there is no word in Urdu for depression, which many Government and good practice campaigns focus on. That raises access issues. In a rather long-winded way, I am trying to make the point that if we get the practice right across the board, real benefits will be achieved. We always tend to say that there is equality-sensitive practice and there is bad practice, but there is nothing in between. We should be striving for equality-sensitive practice.

Stuart McMillan: The panel has already touched on some of the issues that I want to raise. Do migrants' needs differ markedly from those of the indigenous population? Do asylum seekers and refugees have an impact on particular health services, because of their specific needs? I am thinking of both health issues and migrants' religious and cultural backgrounds.

Eileen Dinning: All that I can do is quote from Scottish Government research that showed that demand on public services is lower than expected and that there is no additional pressure on the NHS. I am not sure how true that is, given the evidence that I have just heard from colleagues on either side of me. When I researched the issue, I tried to expand the focus beyond the role of migrant workers who are employed specifically in the NHS. I was struck by the implications of migration for many other Unison members and people who work in the public sector. Its impact is not restricted to health, but affects local government and other agencies. I was also struck by the fact that we are just starting the process of gathering information and deciding what to do with that, to make the system work effectively.

There are other issues that I would like to raise with the committee. I understand that Unison has given evidence on issues relating to trafficked children. That evidence came from many of our social work professionals. The health service is not separate from other public services—there is a great deal of crossover. I do not know whether those comments are helpful.

The Convener: They are. We have been given an overview. However, as Dr Fellows made clear, experience on the front line in the health service will provide us with further information on the migrant population that will help us with our inquiry.

Dr McCallum: Staff in primary care and community services, in particular, have difficulty dealing with refugees, asylum seekers and A8 migrants. They are uncomfortable about complying with the requirement to assess the needs of the person who is in front of them, to treat them and often, because there are infectious disease issues, to provide preventive interventions to their family and close contacts. We have been relatively fortunate in that, on the occasions when issues relating to people's status have been raised, they have always had conditions that did not present the doctor or nurse concerned with a

conflict between UK regulations and the requirement to do the best for that person.

Any link with entitlement and provision at the time of presentation would be unhelpful, as it would cut across the work that we do with socio-economically deprived populations, as well as black and minority ethnic populations and new migrants, to explain to them what they are entitled to, what their rights are, and what expectations we have of them and they can have of us.

12:00

The Convener: You are almost going into an area that we will explore in our next question. The current question was specifically whether there were any marked differences in needs. I am thinking about the Romanian example, because standards seem to be so poor and they might have health issues that you would not normally see in Scotland.

Dr Fellows: I was talking about Roma people, not Romanians; in fact, the majority of them are from Slovakia.

The Convener: My apologies.

Dr Fellows: Some asylum seekers have been tortured and suffer psychological trauma. A lot of additional work is done in connection with mental health and the preparation of reports on leave to remain in particular.

Anecdotally, there is among the asylum-seeking population a higher number of people with HIV—that is certainly the case in our practice. For the Roma population, medicine and registering with GPs are not always a priority, so we get late bookers for antenatal care and babies with low birth weight. There are environmental issues around infections, such as skin infections, infestation and poor sanitation. There are cases of non-intentional harm, such as children who have fallen out of windows. We hear of children under five who have been left unsupervised by adults. There are problems with older siblings of 11 and 12 looking after younger children. There are incomplete immunisation records. There are some cases of excessive use of alcohol, but they are not necessarily noticeable in our area—

The Convener: I wonder why.

Dr Fellows: The biggest problem in our practice is that of people who do not attend appointments. It is not untypical for a large family not to turn up, having booked an afternoon to register with the practice nurse with a translator present. That is a great waste of resource. We think that there are high numbers among that population with learning and physical disability. There are higher numbers of referrals to social work from health staff. Those are the main things.

I have an example of a family that you might like to hear about. A couple and their nine children, who are aged between one and 12 years, moved into a two-bedroom flat. The father was working and waiting on child benefits, and the mother was pregnant and had missed antenatal care both in Slovakia and now here in Scotland. I will tell you about some of the things that have happened in the year since they arrived. On one occasion, the entire family presented with head lice. The mother was found to be hepatitis B positive, so all the children needed to be investigated. The children and the mother have missed GP and hospital appointments. There were concerns about the progress of the pregnancy. The baby was delivered and cared for in the special care baby unit. In January this year, the family were referred to social work because they were destitute. There was difficulty getting them registered with the GP practice because they missed registration appointments and then moved. In May, the young baby presented to the GP practice with breathing difficulties and was admitted straight to the sick children's hospital by ambulance. Again in May, this destitute family was referred to social work for food parcels. The health issues are obvious, with hepatitis meaning that the family had to be screened, and head lice. There was late presentation and a lack of initiative in seeking a solution, compounded by overcrowding. Their poor attendance levels reflected a low priority and a different culture with regard to keeping medical appointments. For caring staff, the issue is how to deal appropriately with destitute people who have no food and who are not supposed to be a drain on public resources.

The Convener: I suppose that it is only by getting such information that we can start to delve down and see where there needs to be more support. For example, who reminds them of appointments and how do we ensure that they attend? If they are left alone, the problem will get worse. You seemed to indicate that from the experience of that family.

Hugh O'Donnell: I have a quick question for Dr Fellows. I think that I speak on behalf of the committee when I say that when our proceedings are monitored by the media, they will pick out particular aspects. I ask you to clarify something for me for the record. You just told a story about a Roma family. What percentage of the Roma population in the area does that family represent? Is it less than 1 per cent? I have a follow-up point, too. If memory serves, you referred to a high incidence of HIV. Could you quantify that in percentage terms? I do not want to see headlines in tomorrow's newspapers indicating that this immigrant group is bringing vast amounts of HIV into Scotland.

Dr Fellows: I will deal with the second question first. I said that, anecdotally, in our practice, I had noticed that there were numbers of people with HIV. I cannot quantify the numbers across the population—public health colleagues would perhaps know more about those figures. I cannot give you a precise figure, but I noticed that for a small percentage of the population.

You asked about the percentage of people who are in—I am trying to remember how you phrased it—very poor housing and that kind of situation. I spoke to the child protection officer and asked them to tell me about cases that illustrate the things that are happening in our community, and that was one of the cases. There are other cases too, and overcrowding is unfortunately relatively common.

The difficulty with measuring numbers is that these people move frequently, and one of the main problems has been that of identifying how many of them live in the area. We now measure the people who register with GPs under that grouping—that is, non-English speaking Slovakians or Romanians rather than Europeans. Although we know that about 1,800 are currently registered, we suspect that there are more; we think that the population in our area is between 2,000 and 3,000. I do not know whether that answer is sufficient clarification.

Hugh O'Donnell: Kind of. I was just keen to ensure that we did not have a situation in which the media did things with the entirely legitimate information that you have provided that did not reflect exactly what you were saying.

Dr Fellows: If we are talking about asylum seekers, the main problems are to do with mental health and the problems that they had in their previous countries. There are also some patients with HIV.

Hugh O'Donnell: Thank you for that clarification.

Bill Kidd: Some families have a chaotic lifestyle. They can come from anywhere in the world—including here, obviously—but whether they are Roma or from anywhere else, are such families being referred through public health and GPs for social work assessment? What difficulties does that present to a social work department that does not necessarily have the interpreting resource, the cultural knowledge and so on to deal with such situations?

Colin McCormack: I am obviously speaking about the Greater Glasgow and Clyde context. The construct is mixed, and it is worth reminding the committee that there are variations in how health and social services are managed. The Government recently published a report on community health partnerships across Scotland. Although they call themselves different things, about half are fairly well integrated. Certainly in Glasgow city, East Renfrewshire and Inverclyde, we have integrated community health and care partnerships. I manage both the health and social work resources in my mental health service, and the same is true of my colleagues.

As a CHCP management group, we sit around the table as joint health and social work services and we try to minimise the referral-on stuff, if you like. As I am sure that the committee is aware, there are challenges, but the staff on the front line work very well together, regardless of some of the issues about structure. Information is well shared at that level through communication.

Kevin Fellows mentioned the equally well test site that we have in Govanhill, which is Government funded. We are taking a neighbourhood management approach. The hub that Kevin referred to is practical.

There is a daily meeting at which practitioners and managers sit around the table and names are named in relation to both needs and problems—in inverted commas—for particular individuals, families, closes and households so that those issues can be picked up. There are challenges in that. I was at a hub meeting just a week or so ago, and there were challenges in relation to the statutory demands on different agencies to work together on antisocial behaviour, child protection and adult support and protection. Also in the mix are the dangers of racism, hostility and blaming the communities—I think that that is what Hugh O'Donnell was referring to. It is a heady mix when you look at the response to either a small group or a case.

I know that the question was about social work but I am trying to emphasise something that was stressed by Eileen Dinning earlier and by education colleagues before us, which is that all the needs that Kevin Fellows described are wide, original public health needs but they are also environmental needs.

A lot of the problems that we have in Govanhill are with landlords. They are the guilty people in some cases, if I can say that. People do not choose to live in infested households; I am sure that they would prefer to live in clean, sanitary conditions with decent facilities. There is an issue about how we, as police, fire, social work and health services, sit together. The hub in the equally well test site is very much about us doing that. It is hard, as we have different issues, but we must sit down and ask, "How do we get this right?" We are clearly led by legislation—the paramount concerns are those from the "It's everyone's job to make sure I'm alright" review, the getting it right for every child programme and the child protection

stuff. However, it is challenging to put that in a community and migrant context.

Stuart McMillan: You mentioned some of the smaller local authorities in the NHS Greater Glasgow and Clyde area, including Inverclyde Council and East Renfrewshire Council. In other parts of the country—in the likes of the Highlands—there are smaller authorities where services are disparate. How is the joined-up approach operating? Are any hub approaches taking place elsewhere in the country? I know that you cover only the NHS Greater Glasgow and Clyde area, but are there any other examples that you know of? Migrants who come to Scotland live not just in Glasgow and Edinburgh, but throughout the country.

Colin McCormack: I would have to reflect on that before I gave you an informed answer on what is around. I am sure that my colleagues will know more. Nationally, in the context of mental health services, we have considered sharing information in working with NHS Health Scotland. For the record, we need to be careful to ensure that all the local authorities in the NHS Greater Glasgow and Clyde area are treated equally, and we share information across the board in that context. Quite often, we get singled out in south-east Glasgow because of our demographic, to which the Roma have added. Therefore, there tends to be a concentration on such areas—as well as other areas in Edinburgh and Glasgow, as you say—and an assumption that there are no problems elsewhere. However, I imagine that the problems of isolation and racism are greater in a rural Highland community, where migrants are not surrounded by familiar people and family. The families, friends and support networks that sustain mental health and wellbeing do not exist in those areas. In mental health services, we attempt to network nationally in that regard. NHS Health Scotland, led by the work with Dale Meller, has set up regional networks. Some good work is being done around that.

Eileen Dinning and I were talking about this before the meeting. There is a lot that we do not know, and it is all right to say that. As colleagues have said, we can learn from other countries. In some cases, England and Wales are probably much more experienced than we are. We could do with more learning, as there is a lot that we do not know. We stress the fact that costs are an issue, particularly in rural areas. All parliamentary committees will be sick of service providers saying that they need more money in the current economic climate; nevertheless, the costs are direct and additional. Mindful of Hugh O'Donnell's earlier comment, I suggest that those costs can be interpreted by the media as another excuse for racism and hostility. How we pitch that and get it right is a consideration for us, too.

The Convener: I think that it can be done only from data and information that indicate the scale of the problem, because otherwise it appears out of proportion.

12:15

Christina McKelvie: I was going to ask about the barriers to accessing services, but some of those questions have been answered. How are you raising awareness about how people can access your services? Are there areas of confusion or tension when migrants seek to access health services? We spoke about the particular challenges that female migrants face in accessing antenatal care. As a point of interest, Hugh O'Donnell and I are on the cross-party group on asylum seekers and refugees, and there were two wonderful presentations at its meeting last month. One presentation, which was in conjunction with compass, was on an online and DVD service that is not language based but visually based, which is very helpful. The other presentation was from the refugee women's strategy group and was on research and guidance in relation to violence, domestic abuse and how to access services. What barriers have we missed so far, and what steps have you taken to raise awareness?

Colin McCormack: NHS Greater Glasgow and Clyde substantially funded that DVD.

Hugh O'Donnell: You got in your plug. [*Laughter*.]

Colin McCormack: I have spoken an awful lot, so I will pass over to colleagues.

Dr McCallum: The barriers to access tend to be common, so the socioeconomic pattern of do not attends among the settled population is the same for the BME community and for new migrants among the BME community. It is a case of taking all the available research on what works and putting in place interventions to overcome those barriers.

We have identified such interventions, including doing attendance support work—which is for our established deprived population—in one of our GP practices; providing text and telephone reminders; enabling people to attend services at times that suit them; knocking on doors for the keep well programme and providing interventions in that way; and using NHS 24 to provide additional attendance support. All those things work.

We know for the settled Roma population in the fenland and Cambridge area in England that if all those measures and, for example, advanced access in general practice are introduced, the do not attend rate goes down dramatically and attendance at accident and emergency for things

that would be better dealt with by an experienced general practitioner also goes down. We have not got there yet, but we are in the process of putting all those things in place.

On interpretation and translation, although we started out developing the DVD on how to use the NHS in Scotland for a range of language groups—I am sorry, but I have lost my train of thought.

The Convener: The DVD—

Dr McCallum: It relates to what I was saying before that, as that was just an aside. I am sorry, but I have lost my train of thought.

Dr Fellows: The two bilingual Roma workers from Slovakia we brought over have been a bridge between the community, statutory services and the health service. We have appointed what we call an EU health visitor team, with one full-time health visitor and two health support workers, one of whom is Slovakian and is bilingual. The bilingual workers are probably the most effective at improving access and communication. Conversational language is certainly still a problem with the Slovak Roma locally in GP surgeries, at the dentist and at the pharmacist. It is very difficult when people go in with minor ailments: the pharmacist does not know their entitlement, and are sometimes faced with someone just pointing to a part of their body. Obviously, that is not appropriate. Language is currently the biggest barrier and bilingual workers seem to be the way forward.

Christina McKelvie: I want to ask about something that was mentioned earlier. There are challenges in relation to victims of torture, post-traumatic stress disorder, mental health concerns—I am thinking of the horrific events at Red Road—the effects of a dawn raid or the fear of a dawn raid and detention, and the impact on care. There is also the intermittent—what is the word I am looking for?

Hugh O'Donnell: Uncertainty?

Christina McKelvie: Yes, but I am talking about when someone's programme of care is interrupted because of a prolonged detention, after which the person is released again. What impact might such a situation have on individuals from the asylum-seeking group, the sanctuary-seeking group and refugee communities?

Colin McCormack: An organisation in east Glasgow, Positive Mental Attitudes, worked with compass—members are obviously familiar with that service for asylum seekers. I was asked to launch that work, and the Glasgow girl's DVD was shown. That made me think about what we commonly say about how to deal with anxiety and uncertainties. Cognitive behavioural therapy is the common therapy, whereby you get people to think about what is going on and put it into perspective. It struck me that that does not apply to a lot of asylum seekers who live with such uncertainties. There is no answer to what they endure on a day-to-day basis and the effect that it has on their mental health and wellbeing and that of their immediate family, particularly their children, given the unimaginable psychological stress that must be put on them. I know that the committee is not looking for headlines, but what they have to endure is approaching abuse in terms of good mental health care. The major issue is how we can expect health and social care professionals and other agencies to provide assurances and support to help people cope on a day-to-day basis. There is no therapy; it is just an unimaginably difficult situation in which to live. We should not caricature it as a mental health problem, because we would all be the same in such circumstances.

The flip side is the ability to cope with the real difficulties that a lot of asylum seekers have. I have nothing like the expertise of Anne Douglas and her colleagues, who told you about compass. There are significant transcultural issues around how illness is understood, described and conceptualised; what treatment is appropriate; why some people engage and some do not; the experience of compulsory admission to hospital; detention; and cultural misunderstandings. There is a raft of issues that make things exceptionally difficult in mental health terms.

I said earlier that people can learn lessons. That is true in physical health care, too. There is a notion that mental health is a wee bit blurry and physical health is nice, clear and straightforward, but that is not the case. People describe things in very different ways. I echo the earlier point that that is true for other forms of communication difficulties, such as sensory impairment and so on. There is a lot from which we can benefit.

I am mindful of Hugh O'Donnell's point about the dangers in how we present things. The success of an equality-sensitive approach is that it benefits everyone if we get things right.

Eileen Dinning: Given that equality impact assessments play such a crucial role in the new public sector duty, I wonder whether it would be worth looking at how the equality issues that Colin McCormack has flagged up have been addressed in equality impact assessments, which must be completed every three years and reviewed annually. That would be a very big exercise, but the committee might want to consider that issue as well.

The Convener: I think that you will find that the committee is very aware of equality impact assessments. Having just completed our post-legislative scrutiny of the Mental Health (Care and Treatment) (Scotland) Act 2003, we intend to run

with that issue for a number of reasons, not least of which is Colin McCormack's point about the findings that have been unearthed in other studies and inquiries. Those comments are useful in reinforcing points that we were already considering and that we seek to take forward.

Christina McKelvie has finished her line of questioning, so we will move on to a question from Hugh O'Donnell.

Hugh O'Donnell: Colin McCormack and others have referred to the huge need for interagency and interdepartmental working. The UK Government's Department of Health is currently consulting on entitlements for migrant workers, asylum seekers and refugees. What input, if any, have you made to that consultation?

In the issues that we have touched on—in particular, on dealing with entitlements—is it the case that the left hand does not quite know what the right hand is doing? Do people think they know, when they do not, what others are doing? We have considered the issue over a long period and have heard how local authorities face major challenges in working out people's entitlements. Do local authorities work on a case-by-case basis for fear of creating a precedent? You will be more familiar with the scenario than I am.

On the wider issue, to what extent are services joined up, particularly in respect of the UK Border Agency and other funding sources?

Dr McCallum: As the Scottish directors of public health group is linked to the UK Association of Directors of Public Health, we always have an opportunity to comment on UK consultations. We would normally feed in our experience through both the Scottish Government public health directorate and the UK association. We have not yet completed our response to that consultation—we are thinking about it very carefully.

Colin McCormack: I would need to check where our organisation is in responding to that consultation. I have not responded personally to it.

I cannot remember who made the point earlier—it might have been our education colleagues on the previous panel—but I agree that entitlement decisions should not cut across at the point at which people are assessing, caring and delivering. That is really important. As focused and caring professionals, practitioners always find that really difficult. Social workers and health professionals give similar feedback about the requirement to make financial assessments in other situations, such as in dealing with older people. However, given the needs of the group that we are talking about, it is immensely problematic if those things are mixed up.

We are very aware of the politics. When we held a common unity day in Govanhill as a kind of celebration of cultures on the street—it was attended by local elected members, including Frank McAveety, I think—anyone who, like me, had a shirt and tie on received some very direct representations from some of our local residents. Those representations—which were, I might say, not for quoting on the record—concerned perceptions about support for the Roma community, towards which there is great hostility even in other non-white cultures in Govanhill. We recognise that the situation is sensitive, but the scenarios on the front line, and those which Kevin Fellows described, are not untypical. We need to remind ourselves that people such as the Roma have come from atrocious conditions and atrocious persecution, so it is bad that that also happens here.

12:30

It is the same with asylum seekers. At the asylum seekers DVD launch—I think that it is actually on the DVD—somebody who had come from a war zone said they are more scared walking around Glasgow than they were there. That is headline-grabbing stuff, but it is real, so we should not get mixed up in entitlements and the consequences. We should certainly look to the media to say that asylum seekers are human beings and have desperate needs and that, regardless of our culture, religion or spirituality, we should reach out and support them. Let us think about entitlements later. I do not mean that naively, but let us try to remove it from the clinical and care decision making.

Hugh O'Donnell: It would be helpful if the organisations that are contributing to the consultation could provide electronic links to their final responses to it so that we get an idea of what is going on.

Colin McCormack and Kevin Fellows made several references to accommodation. Were you talking about private landlords and not social rented accommodation?

Colin McCormack: Yes.

Hugh O'Donnell: Thank you, that is all I needed.

Colin McCormack: There is a minor exception to that, in that there can be difficulties with any families—I am not talking about Roma families—moving into all sorts of accommodation, and the housing associations tend to be included in that. As I am sure the committee knows, there has been widespread press coverage of such issues, particularly in Govanhill. They are complex issues but they primarily concern private landlords.

Hugh O'Donnell: I was happy with your "Yes."

The Convener: The final area of questioning concerns migrant workers in the national health service.

Stuart McMillan: How many migrant workers work in the NHS in Scotland? What benefits have they brought to the NHS and Scotland?

Eileen Dinning: I do not know whether we have a figure. The health boards may have that information because, under 2006 regulations that came into force in 2008, they are required to check on migrant workers' status and documentation. I sat and read the regulations yesterday, on the bank holiday, before I came here and do not know how many times I read them. The annual checks will not be without cost to the public sector. I foresee that, if there are procurement issues—there will be procurement issues in the health service and the wider public sector—the implications will increasingly follow on into the private sector as well. I made a specific note about that.

Last year, a *Guardian* report estimated that more than 400,000 migrant workers were working in health and social care throughout the United Kingdom. I do not have figures for Scotland, but it might be worth your while asking for them. However, speaking from a Unison perspective, if some of the most extreme proposals for dealing with immigration, refugees and asylum seekers in this country had gone through, much of the health service would have collapsed, to be frank, because many of those people—certainly the qualified nurses—would have been sent home. Migrant workers are the mainstay in many private sector care homes and do a lot of work.

It is also worth remembering that, whatever a migrant worker's status, if they are in employment, then they pay income tax and council tax, and they make a contribution, however large or small, to the Scottish economy. We should not forget that.

Stuart McMillan: You touched on my next question. Are any professions in the NHS particularly dependent on migrant workers?

Eileen Dinning: The nursing profession certainly is, and a considerable number of migrants also work in ancillary posts. I do not know whether the committee intends to speak to or take evidence from Unison's overseas nurses network, which was established a number of years ago. The network came into being because a lot of nurses had been brought over from the Philippines by unscrupulous private recruitment agencies, which were effectively receiving the nurses' full salaries and deducting their fees and costs for rent.

I assume that one issue that has come out of the committee's inquiry is that when migrant workers come to this or any other country, a substantial proportion of their salary goes back home. There are cases in which workers have been ruthlessly exploited by the banks—surely not—and financial agencies, which apply different charges for transferring money between this country and other countries. Do not quote me on that, but I have heard stories along those lines. The overseas nurses network would be able to give you more information. It would be worth your while to pursue that.

We have just begun to form a picture of where the migrants are. We have a migrant workers participation project, which reported at the end of last year. I intend to roll that out in Scotland—as sensitively as possible, because we have to be sensitive in this area—to establish the type of professions in which Unison migrant workers are employed and how they got there.

We are aware that there has been massive abuse in the private care home sector. When I phoned my colleague Bridget Hunter this morning, she reminded me that it was the lobbying by Unison and other unions, and by migrant workers, that persuaded Malcolm Chisholm, who was then Minister for Health and Community Care, to introduce the practice of ethical recruitment. That is now the practice throughout the NHS in Scotland—I think that Colin McCormack would back me up on that. It is not as prevalent as it should be in the private sector, but we would certainly be looking for it.

The Convener: We have a written submission from the overseas nurses and care-workers network, which is useful to our inquiry.

Would anyone like to add anything?

Dr Gorman: We know that the minority ethnic workforce in NHS Lothian is around 5.6 per cent, which is broadly similar to the proportion of the general population.

Bill Kidd: I will follow on from Stuart McMillan's questions, but from a slightly different angle. Are there any particular barriers to employment in the NHS for migrant workers ? What steps need to be taken to ensure that migrants' qualifications are recognised in the health sector?

From evidence from our education colleagues earlier, we know that the Scottish Government has commissioned the Scottish Credit and Qualifications Framework to conduct a scoping exercise on the issue. Are your boards involved in that? How might it help to address the barriers to employment for migrant workers?

Dr McCallum: I cannot answer on the scoping exercise, but I would be happy to find out about it and come back to you.

We have a health care academy in NHS Lothian, which enables people to get into employment in the health service. Migrant workers who were not able to work at the same level as they did where they were previously have come in, progressed through the ranks and come out the other side as health professionals. That approach seems worth while, and we would like to have the resources to expand it.

There is a potential issue when we want to recruit people with particular skills and expertise. Even with those who are wholly competent from a language point of view, there is still quite a lot of red tape involved in getting the best person for the job. We are talking about people who may be a regional or world expert in their field and from whose talents we in Scotland would want to benefit.

Colin McCormack: Eileen Dinning is right—we do our best. However, speaking for our board I think that we could do better in having a more diverse workforce, but in reality that is difficult to achieve. If we look at structures and who the managers are, the situation is not great. There are also gender issues and issues to do with age and sexuality. Without beating ourselves up about it, I think that we could do better.

Again, we can emphasise the value of people. I am thinking again of our south Asian population, who have been here for 30, 40 and 50 years. People who can speak the language and, probably more important, who have an understanding of cultural norms and expectations are invaluable, but it is rare that we can provide that. In south-east Glasgow I have one counsellor who speaks Urdu—and that is not from want of trying to recruit others. The problem for her is that she is more popular than is fair.

Dr Fellows: In east Pollokshields, which is adjacent to Govanhill, there is a high BME population. In 50 per cent of the population, English is the first language; in the other 50 per cent, it is not. Therefore, bilingual GPs, receptionists and pharmacists are essential for communication. I would hesitate to go too far, because there has to be a balance between people being able to speak the language properly and our being certain of their qualifications—we should remember the case of the out-of-hours doctor that came to light some months ago. There is always a balance, but such people are essential in our area.

The Convener: I have one final question, being mindful that we are considering trafficking as well as migration. Is late presentation of pregnancies purely because people are not aware of the available antenatal care, or is there anything more sinister attached to it? We have heard of the Chinese trafficking problem that there seems to be in Scotland and the rest of the UK and how the people who are involved are very adept at moving on as soon as they are identified.

Colin McCormack: We talked about this and were mindful of the sensitivities. Basically, we do not know. That is as much as we can say without being misleading. We have anecdotal concerns—I do not want to go into them, as they are highly anecdotal, but there have been concerns expressed at hub meetings. We do not know, and the police do not know either. We need to look into it.

Dr Gorman: Late presentation of pregnancies is very much not linked to trafficking. As I mentioned earlier, there is a trend for A8 migrant men to come here to work and their wives join them later on, when they might be a number of months pregnant. In such cases, the women present at a late stage. There is nothing sinister in that, but it is an issue, nonetheless.

Dr McCallum: When we have concerns about any pregnancy, we use all the joint health, social care, voluntary sector and police provision that we have in place.

The Convener: Thank you very much for those last answers; indeed, for all your answers. There was a balanced approach in them, which is necessary when we are dealing with the issue. It would be misleading to say that there is never an impact on the health service; equally, it would be misleading to say that there is a disproportionate impact. The evidence that you have provided today helps us to look more closely at where there is an impact and what can be done to improve the situation. Thank you very much for coming to give evidence.

12:45

Meeting continued in private until 13:01.

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