



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 23 November 2011

Session 4

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - www.scottish.parliament.uk or by contacting Public Information on 0131 348 5000

Wednesday 23 November 2011

CONTENTS

	Col.
TIME FOR REFLECTION	3689
CARERS AND YOUNG CARERS STRATEGY	3691
<i>Motion moved—[Michael Matheson].</i>	
<i>Amendment moved—[Dr Richard Simpson].</i>	
<i>Amendment moved—[Nanette Milne].</i>	
<i>Amendment moved—[Alison McInnes].</i>	
The Minister for Public Health (Michael Matheson).....	3691
Dr Richard Simpson (Mid Scotland and Fife) (Lab).....	3695
Nanette Milne (North East Scotland) (Con).....	3699
Alison McInnes (North East Scotland) (LD).....	3702
James Dornan (Glasgow Cathcart) (SNP).....	3704
Claire Baker (Mid Scotland and Fife) (Lab).....	3707
Bill Kidd (Glasgow Anniesland) (SNP).....	3709
Mark McDonald (North East Scotland) (SNP).....	3711
Siobhan McMahon (Central Scotland) (Lab).....	3713
Fiona McLeod (Strathkelvin and Bearsden) (SNP).....	3716
Nigel Don (Angus North and Mearns) (SNP).....	3718
Margaret McCulloch (Central Scotland) (Lab).....	3720
George Adam (Paisley) (SNP).....	3722
Bob Doris (Glasgow) (SNP).....	3724
Mary Fee (West Scotland) (Lab).....	3726
Dennis Robertson (Aberdeenshire West) (SNP).....	3727
Alison McInnes.....	3729
Jackson Carlaw (West Scotland) (Con).....	3731
Dr Simpson.....	3733
Michael Matheson.....	3736
BUSINESS MOTION	3740
<i>Motion moved—[Bruce Crawford]—and agreed to.</i>	
Paul Martin (Glasgow Provan) (Lab).....	3741
The Cabinet Secretary for Parliamentary Business and Government Strategy (Bruce Crawford).....	3742
DECISION TIME	3747
ACT OF SETTLEMENT	3754
<i>Motion debated—[Jim Eadie].</i>	
Jim Eadie (Edinburgh Southern) (SNP).....	3754
Hugh Henry (Renfrewshire South) (Lab).....	3757
Bob Doris (Glasgow) (SNP).....	3758
David McLetchie (Lothian) (Con).....	3759
John Wilson (Central Scotland) (SNP).....	3761
The Minister for Parliamentary Business and Chief Whip (Brian Adam).....	3762

Scottish Parliament

Wednesday 23 November 2011

[The Presiding Officer *opened the meeting at 14:30*]

Time for Reflection

The Presiding Officer (Tricia Marwick): Good afternoon. The first item of business this afternoon is time for reflection. Our time for reflection leader today is Lord Sacks, Chief Rabbi of the United Hebrew Congregations of Great Britain and the Commonwealth.

Lord Sacks (Chief Rabbi of the United Hebrew Congregations of Great Britain and the Commonwealth): Presiding Officer, I thank you for the privilege of sharing a reflection with the distinguished members of this great Parliament, and pray that in all your deliberations you are blessed with wisdom and success.

I do so with particular warmth, mindful of the three great blessings that Scotland has conferred on humankind: Adam Smith, the wisest of economists; David Hume, the most lucid of sceptics; and, thirdly, the great gift of the spirit—the single malt. As A E Housman said—and I am mindful of this:

“malt does more than Milton can
To justify God’s ways to man.”

These are tough times for Scotland, for Europe and for the world, and the turbulence goes deeper than the current financial crisis, the threat of economic recession and the political turmoil that is affecting several of the nation states of Europe. The tectonic plates of history itself are shifting.

They are doing so because of the cumulative, accelerating changes brought about by new information technology, from the web to smartphones to instantaneous global communication, which will transform our world as profoundly as did the invention of printing in the 15th century. Our world is changing and we cannot tell where that will lead. We can, though, surely say what we need to negotiate that change.

The key word is hope. Hope is often confused with another idea, namely optimism. They sound similar but actually they are quite different. Optimism is the belief that things will get better; hope is the belief that, together, we can make the world better. Optimism is a passive virtue, hope an active one. It needs no courage at all to be an optimist, but it takes a great deal of courage to hope. The great prophet Isaiah was not an optimist, but he was the poet laureate of hope.

Hope is born when we see ourselves as co-authors of our future, when we work together for the common good and for the sake of our grandchildren not yet born, and when we exercise our gifts of freedom and responsibility—twin testimonies to God’s faith in us. It is one of the noblest tasks of politics in an age of change to sustain a vision of hope, knowing that what none of us can do on our own, all of us can do together. Hope alone has the power to defeat the politics of fear.

May God be with you in all you do.

Amen.

Carers and Young Carers Strategy

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-01399, in the name of Michael Matheson, on implementation of the carers and young carers strategy.

14:33

The Minister for Public Health (Michael Matheson): I open the debate by acknowledging the huge commitment and support that is provided by Scotland's estimated 650,000 carers and up to 100,000 young carers. Unpaid carers provide tremendous support for their families, friends and neighbours, so I will use the debate to set out what the Government is doing, along with our partners, to support carers and young carers.

We are now into the second year of implementation of the carers and young carers strategy, which we produced jointly with the Convention of Scottish Local Authorities. The strategy provides clear direction and gives impetus to the progress that we want to see over the next five years. Our aim is to ensure that carers are identified early and supported in a timely way so that they can be sustained in their caring role. With that aim in mind, we have implemented a number of measures and continue to work on more within the strategy.

Carers tell us that it is often the small things that can make a real difference—for example, a general practitioner giving a carer time and being sensitive to the impact that caring can have on them. In order to address that, we have been working with the Royal College of General Practitioners in Scotland and other partners to produce guidance for all GPs in Scotland on identifying and supporting carers and young carers. I was pleased to launch the guidance recently at a GP surgery in Dundee that has given very strong leadership in its commitment to identifying and working with carers. It was clear from the carers whom I spoke to on the day that that approach was an important part of supporting them in their caring role. We now intend to roll out the guidance across the country.

We have also been working with health boards to provide carers and young carers with more support, and through the carers information strategies we have provided some £14 million up to 2012. The resources are giving real impetus to the undertaking of carers assessments and the provision of information and advice, carer training, workforce development and support for carers' health and wellbeing. A significant part of health board carers information strategy funding is going

to carers centres and young carers projects for essential work, amounting to about £2 million in the current financial year.

Recently, I was pleased to hear at first hand from the staff and carers at the Princess Royal Trust for Carers greater Pollok carers centre about how the carer information strategy moneys allocated by NHS Greater Glasgow and Clyde will fund training and support for parents of children with autism. For the parents to whom I spoke on the day, that has made a very significant change in their caring situation.

Health boards, along with partners, are also taking forward workforce development programmes, because we know that a well-informed, trained, and skilled health and social care workforce is essential to the improvement of the lives of carers and young carers, and we expect boards to continue that work.

We recognise that carers are often concerned about having plans in place for an emergency that may arise, or for the future when they are no longer around. That is why we have funded Enable Scotland to work in partnership with other organisations on the issue of emergency planning to ensure that we make further progress in addressing that area. Enable has researched the provision of emergency planning that exists across Scotland and has held a national event to consider how emergency planning can be further embedded, particularly in carer assessments. We want to see further progress in this area once we have the final report from Enable.

I also hear a lot from carers about the importance of access to regular, personalised, flexible short breaks. Such breaks continue to be one of the most important ways that we can support carers and the people they care for. Timely interventions maintain carers' capacity, reduce the need for paid service delivery to the cared-for person and keep carers healthy, reducing their own need for support. Most funding for short breaks will be provided through local authorities, and all local authorities have an on-going role in supporting such breaks.

In addition to local authority provision, we have provided further investment to the voluntary sector to provide short breaks. We provided £1 million last year and £1 million this year to Shared Care Scotland, which developed the short breaks fund with other national carers organisations. The fund has worked well: through it, 100 voluntary sector projects are supporting more than 6,000 carers, kinship carers and young carers to enjoy a break.

I want to challenge misinformation around the overall increase in respite that has been supported by the Scottish Government. Figures that we published in October show that provision of respite

weeks Scotland-wide increased by 10,600 weeks between 2007-08 and 2010-11, thus exceeding our target. The concordat commitment is at a national level and did not include any requirement for respite provision to increase in every single council area. That said, I am of course disappointed that nine councils should deliver fewer respite weeks in 2010-11 than in 2007-08. No doubt, members here today will wish to pursue that with the local authorities concerned, which may be in their constituencies.

Our priority has been to present comparable figures for each council area over time. A couple of areas were in effect double-counting for some of but not all their respite provision. We went back to the councils concerned for revised calculations. The recalculated figures show that our target on respite weeks was still met.

The respite figures provide the best estimate of the change in respite provision in Scotland over the past three years, but we aim to improve the consistency of data among councils and will work on that over the coming year. However, I recognise that we can do more to support short breaks. Members will be pleased to know that I will launch a £2 million short breaks fund for disabled children and their families next week to assist families in getting access to short, flexible breaks.

We also recognise the need to identify and support black and minority ethnic carers in a culturally competent and sensitive way. The carers information strategy funding is helping to do just that. We have funded a minority ethnic carers organisation to produce a BME audit tool, which will be published shortly. It will assist the statutory and voluntary services in both planning and delivering support to BME carers.

I have already mentioned young carers several times, as many of the developments support both carers and young carers, but I want to refer to some specific developments for young carers. With partners, we are working with the education sector, the national health service and social work services to support young carers. Young carers will be identified in the school census from next year, which should give us a clearer understanding of the number of young carers in our schools and allow teachers to be more aware of their particular needs. We have also funded the Scottish young carers services alliance to produce the Eric and Tracy website and characters to help identify primary-age young carers. I will shortly launch a toolkit for use in primary schools across Scotland in order to take that forward.

In going forward, it is important that we continue to respond to issues highlighted by our young carers. Access to appropriate information from clinicians for the person whom they care for has been identified as a key issue that young carers

would like to see addressed. As a result, we are funding six pilot areas for a young carers authorisation card. That is at an early stage and planning is still under way. However, NHS Dumfries and Galloway is likely to be the first area to launch the pilot early in the new year. We hope that the card will enable health professionals to better take account of young carers' knowledge about the person whom they care for and to share appropriate medical information with them at given times.

We have funded the young carers festival for the past four years—I know that some members in the chamber today have visited it. It would be fair to say that the festival was a bit muddy this year, but it remained a good, fun occasion, with a special appearance by McFly. The festival is a fantastic event that allows young carers to take a break and simply to be young people. I know from the many young carers whom I have met in recent months that they greatly value the young carers festival and that they wish to see it continue. I confirm to members today that, pending Parliament's approval of our budget, we will fund the festival in the coming year.

It is crucial that we do not address carers' and young carers' needs in isolation. The Government is pursuing a range of policies that carers and young carers can benefit from. Our policy on self-directed support, which will give individuals greater choice and control over their care, will benefit carers and the person for whom they are caring. Similarly, the Scottish strategy for autism, which I launched earlier this month with more than £13 million of new funding, is intended to improve the quality of life for individuals on the autistic spectrum and their families.

Given the importance of maintaining older people's independence at home or in a homely setting, we have made the commitment that at least 20 per cent of the change fund will be dedicated to supporting carers of older people to continue in their caring role. That amounts to more than £40 million over a three-year period. That is a significant level of investment that will have a real impact.

I also want to provide some reassurance that this is an area in which we expect the additional resource not to replace the existing resource that is being provided by local authorities and health boards for carers services. The new guidance that has been issued on the matter makes that clear.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I certainly do not doubt the minister's intention, but how is the Government going to monitor the situation to ensure that that happens? It is what happens out there that really matters.

Michael Matheson: We have 32 local delivery change plans in place. They must be signed off by the health board, the local authority and the third sector. When a bid is made for the money from the change fund, if the third sector or any other party is not convinced that the plan will deliver what it is intended to deliver, they do not have to sign it off. Clearly, questions would be asked by Government about why that had occurred, and the funds would not be released. It is important that all the partners are involved in making decisions about how the change fund is used. Clearly, the involvement of the third sector will give carers organisations an opportunity to be directly engaged in the process.

We have made progress in a number of areas in taking forward our carers and young carers strategy. We are doing that in partnership with a wide range of organisations. Carers are, of course, vital partners as we take forward implementation.

I have no doubt that members will want to highlight the areas where they believe that progress has been made and those where they wish further progress to be made. The Government is committed to implementing the carers and young carers strategy in the coming years.

I move,

That the Parliament acknowledges the commitment and support provided by Scotland's estimated 650,000 carers and 100,000 young carers; recognises the benefits to families, local communities, Scottish society and the economy that the important caring role brings; agrees that sustaining carers in their caring role results in positive outcomes for carers, the cared-for person and that it helps to shift the balance of care from institutional settings to the home; welcomes the progress that is being made with implementation of the Carers and Young Carers Strategy for Scotland 2010 - 2015, *Caring Together* and *Getting it Right for Young Carers*, and welcomes the Scottish Government's commitment to ensure that from 2012-13 onwards, at least 20% of the Change Fund spend for older people's services will be dedicated to supporting carers to continue to care for older people.

The Presiding Officer: I call Richard Simpson to speak to and move amendment S4M-1399.3. Dr Simpson, you have 10 minutes.

14:48

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I welcome this opportunity to open and close this important debate. My colleague Claire Baker will talk in more detail about child and student carers, as well as about kinship care. Mary Fee and Siobhan McMahon will give examples of where we think that there is a gap between the Scottish Government's aspirations and the present reality, and Margaret McCulloch will talk a bit more about carers' rights, and look at some of their effects on carers.

Debates such as this are crucial in demonstrating the problems that carers face in their daily lives, and how we, as elected officials, should do all that we can to highlight the issues and come up with solutions to protect and assist those who care and are cared for. They include Zoe Bojelian, a full-time parent and carer for her son, who suffers from complex medical needs and who communicated with us through assistive technology. He told us that he did not feel that he was an equal partner in care. He did not believe that that was a reality at the moment.

We need to deal in reality. I fully acknowledge the excellent and ambitious Scottish National Party strategy and implementation plan of 2010. It builds on Labour's previous plans of 2006, and extends them in a very ambitious way. I am concerned, however, that there is a gap between the rhetoric and the reality.

The minister has indicated that we have around 657,000 carers in Scotland, which means that approximately 14 per cent of households include a carer. Three quarters of those are single carers—there is just one carer in the household—and they most commonly care for a parent, although it could be for a spouse, a child or a sibling. Of those carers, 23 per cent will spend more than 50 hours caring for an individual, which is a lot longer than the European working time directive allows. They do all that work unpaid, with little in the way of financial support.

We have quite a lot of data, but it comes from the 2001 census, so I will ask the minister a number of questions to which he may care to respond. The Government's strategy indicates that "the views of carers' organisations will be taken into account in deciding what analysis tables will be produced for the General Register Office for Scotland 2011 Census."

What steps have been taken on that particular aspect of the data? How is that work progressing?

I welcome the minister's statement and the fact that he has launched the plan, but I have some questions for him about primary care and health professionals. We know that 28 per cent of households in the most deprived areas contain carers, as opposed to 13 per cent in the least deprived areas. Once again, I ask him whether we will ensure that the resources are directed to practices—such as the deep-end practices—that work in our most deprived areas.

How many primary care co-ordinators are now working with health boards? They are in place already in South Lanarkshire and the Borders, but has the programme been extended? What has been the Government's response to the welcome results that were published by the Moffat programme? The programme, which was sponsored by the Government, seems to have

been very successful and produced a number of recommendations.

Around 37 per cent of carers are over 60, and many of them will themselves be suffering from long-term conditions. As the minister said, the carers assessment, which was brought in by the Community Care and Health (Scotland) Act 2002, is a fundamental part of support for carers. Not all carers will seek it, but they must be offered it. Much of the research literature recognises that there are still barriers to that assessment—for example, middle managers are not keen to assess carers because the assessments will unveil even more need and create financial and support problems for them.

We know that 70 per cent of carers will hide the fact that their health is suffering. Indeed, a survey to be published next week suggests that 79 per cent of the Scots involved in it said that their health has been getting worse recently, and that their mental and physical health is suffering as a result of caring. That is a sad fact, but it therefore behoves us to ensure that assessments are carried out.

Many carers are isolated and experience poverty of opportunity and difficulties with the financial impact of caring. They may require additional heating or special diets, or they may need to refurbish a home that has been damaged by a child with autism. They also need to spend more on transport. A comprehensive assessment is therefore fundamental.

Mark McDonald (North East Scotland) (SNP): With regard to the financial impact, does Dr Simpson share my regret that the carers allowance remains such a pitiful sum, and excludes many carers—particularly elderly carers—who do not qualify for it?

Dr Simpson: I agree with Mark McDonald on that, and I add that the Welfare Reform Bill will not help matters, because some carers will lose their allowance as people will be excluded from claiming disability living allowance. There will be more problems coming our way rather than fewer.

I have one specific health question for the minister. The carers strategy mentions encouraging carers to get the flu jab. We are currently in the flu season, but what has been done to promote the jab? I have seen nothing much in the way of advertising, and I know that many carers are not aware of it.

One of the fundamentals is that care should be personalised, and that carers and those who are cared for should be treated as equals in the process. I acknowledge that the Government has done a considerable amount to try to engage carers in various situations. Earlier this year, I asked the First Minister specifically about

emergency plans. I welcome the work that is being done with Enable Scotland in that regard, but we have a very long way to go.

I turn now to the issue of learning disability to demonstrate how we are failing. In 2008, the Scottish Consortium for Learning Disability showed that there were 7,793 adults with learning difficulties and autism who were known to local authorities in Scotland and living with a carer, representing about 48 per cent of the adults for whom that information was reported. We also know that 4,000 individuals with a learning disability are in specialist learning disability residential care. That is fine. However, at this moment—as we are debating—there are 1,000 individuals with learning disabilities in residential homes for the elderly where the average age is well into the 80s and where the care packages are not suitable for younger people with learning disabilities. Of those 1,000 people, 400 are aged under 65 and many—if not all—of them have been placed in those homes as a result of the failure to have effective emergency planning in place. Once they are admitted, they do not leave residential care. I ask that that be looked at carefully.

We are all agreed that much greater emphasis should be placed on anticipatory and preventative care for both the cared for and the carer. However, although that can be quite simple to do, it is not happening. We know from Audit Scotland that the opposite is happening. The threshold for community care packages is rising year on year, and people now have to be in serious need of care before they can get a care package. The opposite of what we all want is happening, driven in part by the budgetary problems. Will the change fund solve that? We will see. I welcome the change fund and the fact that 20 per cent of it is to be devoted to carers. However, the change fund is already in operation. Will it change next year, following next year's budget?

Another major issue that we all face is the integration of health and social care. The strategy tells us that carers should be represented on all the community health partnerships. I ask the minister what progress has been made on that. Will the charter of carers' rights be published next month, as was agreed?

Respite is a crucial element of care. The minister has answered some of the criticisms that I was going to make about double counting. I hope that the data is now being collected accurately, as that was not being done well. I praise the six local authorities that have increased their provision, but some local authorities have cut provision, which cannot be appropriate. If they had maintained provision, that might have been adequate, but we know that what is happening is not adequate.

There is a postcode lottery out there, which will be a real challenge for the Government.

Carer information on early diagnosis is critical. The Government has done quite a lot on that through the carer information zone, Care Information Scotland and the other things to which the minister referred.

Emotional support is also important, but we have a considerable way to go on that. At the moment, I am dealing with a case involving paediatric occupational therapy, on which I asked a parliamentary question. The waiting lists are up to 24 months for advice to a parent on occupational therapy issues, which is not acceptable.

The Presiding Officer: The member needs to wind up.

Dr Simpson: We acknowledge the Government's motion.

I move amendment S4M-01399.3, to leave out from "agrees" to end and insert:

"further acknowledges promises in successive carers strategies for increased respite hours, emergency carers plans, mutual and sustainable support, good quality information and for carers to be treated as equal partners in care and care planning, but notes with concern that respite care hours have decreased in around a third of local authority areas in the last three years and that figures are obscured by different counting methodologies such as counting overnight stays as more than two days' respite in some areas; further acknowledges the particular roles and needs of young and kinship carers and also welcomes the aspiration that, from 2012-13 onwards, at least 20% of spend from the Change Fund for Older People's Services will be dedicated to supporting carers to continue to care for older people, but notes concerns expressed by carers groups that this money must not be used to replace funding lost through local cuts."

14:58

Nanette Milne (North East Scotland) (Con): In recognising the enormous contribution that carers and young carers make to society and to the Scottish economy through the considerable sums of money that they save in undertaking services that would otherwise fall to the state, social care and the national health service to provide, we very much welcome this debate on the implementation of the carers and young carers strategies in the second year of their development. The central focus of the carers strategy for 2010 to 2015 is to identify, assess and support carers in a consistent way, taking account of their personal circumstances. I welcome the minister's progress report this afternoon.

In the few minutes at my disposal, I shall focus largely on young carers in the north-east of Scotland. However, I first highlight the concern that has been expressed to me by the Princess

Royal Trust for Carers that the outcomes sought in the strategy for adult carers are not always being achieved in reality, with disparity across the country, from local authority to local authority and even within local authorities, in getting support for carers and cared-for people.

In common with other political parties, we fully support the integration of health and social care services. The Government's recently renewed focus on delayed discharge and its commitment to ensure that, from next year, at least 20 per cent of the change fund spend for older people's services will be dedicated to supporting carers to continue caring for older people are very welcome. Nevertheless, there is real concern that caring families might feel pressurised to get relatives home before effective support is in place. We need to know that the Government will ensure that a shift takes place from acute care to community settings and that that will be evaluated properly.

Discharge with inadequate home care can lead to early readmission, which is demoralising for patients and costly for the NHS—I experienced that with an elderly relative a few years back. More focus is needed on older couples who look after each other, who often have little or no contact with the statutory services and are becoming increasingly frail. With proper support, such people can remain at home for longer and avoid unplanned admission to hospital or care homes. Emergency planning should be in place to ensure continuity of care for a cared-for person should their unpaid carer become ill or die. I welcome the proposals that the minister described on that.

Access to respite is another important issue for carers. As we have heard, the concern is that some local authorities might cut back on that as resources become tightly stretched. I was encouraged to hear the minister's acknowledgement of that concern and his on-going commitment to short breaks for families and carers, which chimes with our manifesto commitment.

Particular issues affect groups that support individuals who are affected by alcohol or substance abuse. Many young carers and kinship carers fall into that category.

That brings me to the Voluntary Service Aberdeen young carers project, which works in the city of Aberdeen and in Aberdeenshire. VSA began identifying and supporting young carers 11 years ago and has continued to develop that support. It has a hub that is known as its chill-out zone in the heart of the city, where a variety of identified needs can be met in one setting. There, young carers can let their hair down, meet their friends and chat about their problems and frustrations over a cup of tea or a can of juice. They get peace to do their homework and access

to computers, which they need but which might not be available at home. On occasions, they even have the chance to get much-needed sleep.

To raise awareness of young carers and the issues that affect them, the VSA project has worked directly with pupils in the school setting to deliver a personal and social education lesson, which has been developed and evaluated in a couple of local academies and has already identified previously unknown young carers. Other schools are interested and it is hoped that the PSE session will eventually be delivered to first and second-year pupils in every academy in Aberdeen.

Direct advocacy support is given in a variety of situations, which include dealing with education, health, family and social services, to ensure that the young carer has a voice and is listened to and involved in all support plans. Homework-cum-respite groups are run weekly to support primary and secondary-age carers, who are helped by a part-time education support worker.

A part-time male support worker acts as a role model and supports all young carers. That has resulted in male young carers seeking advice and support, and the number of them who are involved in the project has increased. Another part-time worker works with 17-year-old carers to plan for the continuing support that they might need as young adults. A pilot substance misuse post is in place to target children and young people who are carers as a result of parental substance misuse—it is hoped that the pilot will be developed. Group work, one-to-one support and partnership working with community groups, social work trainees, the local authority and the NHS all take place. School holiday activities are provided, as are two respite breaks—one for older young carers at Easter and one for primary-age carers in the summer.

All that—it is a lot—is managed by Mary Drever of VSA, who has a dual role as manager and support worker and works tirelessly for her young carers. Her working team is small, but it provides a variety of services to meet needs. Only one post is full time.

The strategy is working very well in Aberdeen city, and enormous strides have been made since I first met Mary Drever seven years ago and brought a group of her young carers to visit the Parliament. Young carers from Aberdeen have also visited at least two young carers festivals; I welcome the Government's continued commitment to funding for the festival. There are still issues with equity of provision in rural Aberdeenshire and still more support is needed, but it is so far, so good in the north-east.

As far as I can gather, the young carers strategy appears to be working better than the strategy for older carers. The Government must set out how it

aims to fulfil its vision for all carers. We are encouraged that progress is gradually being made, but there is still a great deal to do.

I move amendment S4M-01399.1, to insert at end:

“; however acknowledges that this is a work in progress, and calls on the Scottish Government to put carers ahead of targets by clarifying how it will achieve the vision and outcomes contained in the strategy.”

15:04

Alison McInnes (North East Scotland) (LD): If we asked for a show of hands from members who are either carers or who know of someone close to them who is a carer, we would have an almost 100 per cent result. That is not surprising because, as we have already heard from the minister, there are more than 650,000 unpaid adult carers and more than 100,000 young carers in Scotland, each one of whom provides valuable support. In one way, that is great. After all, if people who have long-term illnesses, disabilities or other health problems are being looked after by their friends or family, they are being looked after properly in their own home by people who know them well and really care for them. Without those carers, many people would have less fulfilling lives and the cost to the state would be immense, so it is in everyone's interests that they are supported.

We are all quick to acknowledge the invaluable work that carers do day in and day out, week after week, but carers tell me that, although it is nice to be valued, they do not need gold stars or plaudits; they need proper help, support and respect. A carers' rights charter is overdue. The carers strategy promised that a charter would be in place by December, but the year 1 progress report tells us:

“The Scottish Government will shortly commission the production of the Carers Rights Charter from the voluntary sector.”

I hope that the minister can tell us why it has been stalled and agree that it is time that the Government got on with delivering it.

The Social Care (Self-directed Support) (Scotland) Bill will be introduced shortly and, among other things, will enable self-directed support for carers. However, the extension of rights to carers in the draft bill is not as strong as it could be as, in its current form, the bill gives only a discretionary power to local authorities to support carers. The organisations that represent carers have said that they are keen to see the power expressed as a duty on councils. The bill will be an opportunity to give carers a right to be recognised and supported and I ask the Government to reconsider its approach.

The carers strategy has our broad support and I acknowledge the progress that has been made, but there is still so much to do to translate worthy sentiment into reality. What is it like for carers today? For too many, it is a life of poverty, isolation, frustration, ill health and depression. Many people give up an income, future employment prospects and pension rights to become a carer. Many carers also work outside the home and have to juggle jobs with their responsibilities as carers. The majority of carers struggle alone and do not know that help is available to them. Carers tell us that access to information, financial support and breaks is vital in helping them to manage the impact that caring has on their life. Carers tell me of their anger and frustration that the care of their loved ones by the NHS or other home care workers is not as good as it should be.

It is time for carers to be recognised as equal partners in care. They are experts who understand their loved ones and they can work with professionals to ensure that the personalised care that each individual needs brings them the best quality of life.

My amendment asks Parliament to recognise

“that access to short breaks is a vital part of the Scottish Government’s preventative approach”.

Regular breaks from caring are essential to carers if they are to continue in their caring role. The benefits and cost savings of short breaks are clear. Carers are half as likely to suffer mental health problems if they have a break. A 2009 report demonstrated that, if effective short breaks were delivered to all disabled children in England for whom short breaks were appropriate, the potential saving to the state could be in the region of £174 million per year.

Some people are being offered only a few hours’ break each week, while people in similar situations in other areas are given more hours, so the approach to needs assessment is inconsistent. There is a worrying lack of accessible respite in rural areas, with the respite hours being reduced because of the time that has to be spent travelling to the service. Lack of suitable respite, choice and flexibility and a lack of involvement with carers and service users in planning short breaks are other issues. More and more breaks are offered only as emergency relief, which means that carers cannot access respite that could prevent crisis situations.

When carers and their families are forced to struggle on until they can no longer cope, the pressure increases on local services because crisis situations often result in hospitalisation. I urge the Government to work with local authorities and health boards to introduce a short-break entitlement for those who are in greatest need.

Carers who have significant caring responsibilities should be entitled to a guaranteed minimum number of hours of respite care.

As well as ensuring equality of access, short breaks should be innovative, personalised and flexible, so that they meet carers’ needs. Carers and service users should be partners in the planning of short breaks, and the focus should be on early intervention and prevention. Because the average cost of a week’s stay in hospital is more than £3,000 while a care home place costs around £600 a week, it is clearly in everyone’s interests to prevent crisis situations from developing.

The continuation of the change fund is welcome. A great deal of excellent work is undoubtedly funded through the reshaping care change fund pilot, but the mid-year review of funding allocation has given cause for concern. The analysis shows that only 18 per cent has been allocated to preventative and anticipatory care and 19 per cent has been spent on hospital and institutional care, which essentially means that we are investing in other ways of providing existing services.

The commitment on dedicating at least 20 per cent of the change fund to supporting carers is to be welcomed, given the increase in demand that carers organisations are experiencing. Last year, the Princess Royal Trust for Carers supported some 54,500 unpaid carers through a network of 29 carers centres. However, there are still questions about the extent to which that money will reach community-based support projects and benefit carers on the ground. Organisations such as the VSA and the Princess Royal Trust for Carers play a vital role in helping carers to manage the impact of caring on their lives, and they must be fully involved in the change fund plans when they are considered.

I move amendment S4M-01399.2, to insert at end:

“; recognises that access to short breaks is a vital part of the Scottish Government’s preventative approach, and calls on the Scottish Government to ensure that the development of a carers rights charter, in partnership with the voluntary sector, is not subject to further delay.”

15:11

James Dornan (Glasgow Cathcart) (SNP):

The minister made it clear in his speech just how much the Scottish Government recognises the debt that Scotland owes to its carers and the huge role that they play in the economy and the wellbeing of the country. I was particularly delighted to hear him talk about short breaks and the £2 million fund that has just been announced. The carers and young carers strategy is all about ensuring that our carers are recognised as equal partners in care, that they are fully engaged in the planning and development of the delivery of care,

and that they are not disadvantaged in any way by virtue of being a carer. That is a bold vision, but it is the right one.

There are around 657,000 carers in Scotland, which is an eighth of the entire population. That is a huge number that surprises us until we start to think of all the people we know who look after their mother, husband, wife or child without thinking about it or recognising that they are a carer. In my family, an elderly relative was looked after by her daughter. It was only when someone in the care home in which that relative eventually ended up described her daughter as a carer that she recognised that she was indeed a carer. I am sure that that is not an uncommon story.

Through their sacrifices, carers save the public purse a massive £10.3 billion each and every year, which is almost the equivalent of the entire NHS budget for Scotland. What would we do without them?

That is why we must get the strategy right, and I believe that the Government has done that, although it will not be without its challenges. The number 1 challenge is to ensure that the partners play their roles. Let us consider the change fund, for instance. I understand that ministers cannot demand that local authorities reach agreement in a particular way, but the challenge now is for those local authorities with their partners to revisit their local carer strategies, adapt them as and when necessary, and fully involve the third sector throughout the process. I am pleased that the Scottish Government said in its report that it will produce a list of key points that local strategies should address to assist local government and its partners, not least because the feedback that I have received from concerned organisations is that Glasgow City Council has proved reluctant to engage in any meaningful dialogue with third sector partners. I have also been made aware of real concern that a substantial proportion of the £7.9 million that has been made available to Glasgow through the change fund has been used on statutory services that perhaps should already be provided. Those are vital services, but that is not what the money was meant to be spent on; it was meant to ensure that carers throughout the city had greater resources available.

How the change fund is used and how it makes the lives of Scotland's older people and carers better should be of great concern to all elected members in Glasgow, no matter what party they are members of. I know that that greatly concerns carers themselves, who already think that they have not always been consulted properly when it was being decided how the money should be spent. Given that, will the minister reaffirm in his winding-up speech—I know that he has already touched on this—what he can do to ensure that

there is clear accountability for how the change fund is being used and how he can ensure that the promise that has been made to carers about 20 per cent of the change fund money being made available directly to unpaid carers will be delivered on the ground through local organisations?

I am extremely fortunate to have in my constituency the fantastic Princess Royal Trust Glasgow south-east carers centre, which is run by Julie Young and her small but perfectly formed team from the Castlemilk office. They currently receive just less than £300,000 from the local authority to deliver the services that they provide. From that, they generate an incredible £3.26 million in social return and investment. Therefore, for every £1 that Glasgow City Council gives that centre, it gets a return of approximately £11. That is important, but from my visits to the centre I can vouch for the most important role that it plays being in giving hope and support to some of those in our society with the heaviest burdens to carry. On my most recent visit to the centre, I met more than 20 carers who were there to tell me their stories. Some of them were heart-rending, yet not once did I hear any self pity or any sense of people asking, "Why me?" Time and again, they told me, "We wouldn't have made it without this place."

Like several other members, I have had the pleasure of spending time with a couple of carers in my constituency. I decided to do that because, although I had met carers, those who need the support of carers and those who represent them, and had even spoken in the chamber about carers, I still had not seen for myself at first hand what their day-to-day existence is truly like. I accept that we cannot find that out by spending just one day with a carer, but what an eye-opener it was. Spending time with Linda Stoddart and Linda Hamilton was immensely humbling and informative and a surprisingly entertaining experience. Meeting those two intelligent, successful women, who put the care of their loved ones first, was remarkable. Their decision involved putting their career on hold, accepting the inevitable drop in household income and often seeing less of the rest of their family, as well as accepting that their social life would be massively curtailed and that precious me time would be a luxury. It was a huge price to pay, but both those remarkable women accepted it.

That is the what the reality of life can be like for a carer. I was blown away by the sacrifice that the two Lindas had made. They play extraordinary roles in our society that require 24/7 commitment, dedication and a charitable spirit. However, I was most struck by the fact that they do not view their role as a service, but instead see it as the natural and obvious thing to do when someone so close to them requires the support that only they can

provide. It is heartwarming to find that a sense of loyalty to one's fellow human beings is alive and well. In their case, it is a family loyalty, but we all know people in our society who care for friends, neighbours and others.

Scotland's army of carers are a shining example of all that is good about this country, which is why it is important that we do what is right for them and ensure that we get the strategy and the change fund right—we owe that to them. This is not the time for party politics. I ask members please to support the carers and the motion.

15:16

Claire Baker (Mid Scotland and Fife) (Lab): I welcome the opportunity to take part in this debate on carers. My family chose to be carers—they made a positive decision to take on the responsibility of looking after an elderly relative in their home. Young carers often do not have a choice, however, and I will focus my remarks on young carers.

It is essential that Scotland's young carers are supported and given the same opportunities as their peers to reach their full potential. The price of caring for a loved one should not be a young person's childhood, their access to education and their right to achieve their full potential. Caring is a huge responsibility that involves complex emotions and relationships. For some young carers, it can be overwhelming and can impact negatively on their health, education and ability to do well at school, as well as on their freedom to socialise and share experiences with their peer group. We must do all that we can to provide support and opportunities for children and young people for whom caring is a part of their life and family.

The young carers strategy was welcome as a way to progress the agenda for young carers. The issue now is all about implementation and ensuring that there is no gap between the rhetoric and the reality. We cannot expect overnight changes, but we must be mindful that, although a five-year strategy is perhaps deliverable, five years in the life of a child or young person is a long time and so progress must be further prioritised. The sooner much of the good work that is identified in the COSLA report that was published in August is turned from a pilot into a service that can be embedded in schools, the NHS and communities, the better.

This week, the Education and Culture Committee visited St Benedict's primary school in Glasgow as part of our inquiry into the educational attainment of looked-after children. We went to see the Place2Be project, which is run by a charity that works in schools to improve children's confidence and wellbeing. Only a small

percentage of children in the school are looked after, but the project was overwhelmed by the desire of children to have a safe, welcoming and supportive environment to discuss their worries and fears. We are rethinking the way in which our schools support the health and wellbeing of children. That type of highly accessible and universally provided service reduces stigma and supports children to cope with their life outside school and to focus on their learning when they are in school. That is a valuable approach for all children, but it also goes some way towards supporting young carers in education, so we should extend it.

It is estimated that there are more than 100,000 young carers in Scotland, but fewer than 4,000 of them are supported by dedicated young carers services. The young carers strategy identified young carers as being very much a hidden population; they are not recognised by services that could support them and often do not recognise themselves as young carers.

The COSLA report this year highlights the groundwork that is being undertaken throughout Scotland to address the situation by improving identification of young carers and information sharing, both in the interests of the young person and by increasing their engagement in care decisions, as the minister highlighted in his discussion of the pilots that some NHS boards are running.

That is only part of the solution. We need to ensure that once young carers are identified and they look to access services and support, those services are available. We cannot ignore the financial pressures across the public and voluntary sectors, but we need to build capacity and sustainability into services. That need is perhaps most acute in mental health. Self-help resources have been developed with a toolkit to follow, but we all know that child and adolescent mental health is a Cinderella service with long waiting lists that does not adequately address the needs of too many young people.

The Government's motion gives a financial commitment on carers of older people, but can the minister provide more detail on whether the Scottish futures fund will deliver for young carers? What is the outcome of discussions with COSLA and the NHS on their contribution to the fund?

In the previous session of Parliament, serious concerns were raised about the £34 million that was allocated for disabled children and their families. Although the money was passed to local authorities, there was a lack of evidence that it always reached the families and children it was intended for. In his opening statement, the minister recognised that there are similar issues in the delivery of respite care. Today's announcement of

£2 million for a fund for short breaks for disabled children is welcome, but the Government needs to ensure that there is a secure delivery mechanism so that the money for vulnerable children reaches them.

Finally, I will mention young adult carers and the challenges of transition to adulthood. Through the fair to care campaign, the National Union of Students Scotland's women's campaign is focusing on the particular problems faced by student carers. We all know that financial difficulties impact on students' studies. Student carers can be forced to choose between student funding and carers allowance and, due to caring responsibilities, do not have the same opportunity as other students to find part-time work. At university or college it can be difficult to access non-financial support such as counselling, but the pressure of caring means that they may need additional support. There is a need for institutions to be more responsive to the needs of carer students and for the student support system to recognise student carers' responsibilities.

I will close with a comment on kinship carers. Alongside the clear need for services, there is the reality of the poverty faced by kinship carers, most commonly grandparents who are struggling on low incomes and face rising prices and increasing pressure on fuel costs while they try to meet the needs of a child or children. There continues to be a postcode lottery of financial support for kinship carers. I appreciate that the situation is complex and interacts with the benefits system, but there is a continuing need for the Scottish Government to take the lead with local authorities and the United Kingdom Government to resolve this frustrating and unacceptable situation.

There is much consensus on the issue. Although the Labour amendment challenges the Government on the progress that is being made, we can unite around the challenge that must be met.

15:23

Bill Kidd (Glasgow Anniesland) (SNP): First, I declare an interest as co-convenor of the current cross-party group on carers, having been a deputy convenor of the group in session 3 of the Parliament.

During this period, I have learned a great deal about the range of people who carry out the role of carer and the range of caring that they perform. I have also been very impressed by the genuine concern across the parties in the chamber on the issue of carers. It is not just something that we debate every six months or year; it is something that members make an effort to promote as an issue of concern.

I have learned a great deal more about the range of people who are carers, because there are around 657,000 carers in Scotland and we all know at least one person, friend or relative who carries out this vital role—we may live next door to these people. However, how often do we take the time to think about the carers we know, who are part of a large, generally hidden army of decent, caring Scots who are obviously not in it for the money? Do we just, unthinkingly, say, "Ach, that is just your mother looking after your father between visits from the district nurse"?

Although it is that, it is an awful lot more than that as well. Carers range from the more than 100,000 children and young people who provide emotional, physical and practical support to a relative at the same time as coping with all the normal and everyday issues surrounding growing up that we have all had to manage; to the more than 250,000 people who balance necessary paid work—very necessary paid work in most cases—with being an unpaid carer for a loved one; and on to the pensioners caring for adult children and grannies caring for grandas. The role of carer falls mostly—although by no means exclusively—to women, which results in low incomes and limited career prospects for them.

Four weeks ago, we had the latest meeting of the cross-party group here in the Parliament. I am pleased to say that the minister was in attendance—it was the first time that a health minister had appeared as a guest at the cross-party group. The minister spoke about the Government programme and the carers and young carers strategy and answered a range of questions from a varied group of carers and carer organisations. He was roundly welcomed as he addressed the issues raised and listened seriously to those gathered there.

The 10,600 extra respite weeks and the commitment to a guarantee of 20 per cent from the change fund to support carers were very much welcomed by all in attendance at the group, as was the commitment to continue to consult carers organisations in the on-going development of the carers strategy.

However, let us remember that, at the moment, we in this Parliament can deliver only part of the solution. It is my belief that in this place we should stand together to campaign for an urgent review of carers allowance, which is the lowest of the earnings-related benefits as it is paid at less than jobseekers allowance. I was on jobseekers allowance a number of years back and I know that it was low enough. Anything lower than that is barely worth claiming, except that people have to claim it if they are stuck in the position of being a carer with no other opportunity for income.

If Westminster continues its intransigence over the situation, we will need to have the powers over benefits brought to the Scottish Parliament to enable us to make the decisions here, instead of constantly fighting a rearguard action against carer poverty in Scotland. In the meantime, however, we must ensure that the commitments made on delivery through local authorities are evaluated. I ask the minister to tell us in his summing-up how the Scottish Government can ensure that the third sector, in its attempts to deliver on the rights under the carers and young carers strategies, is not stymied by some of the councils in this country. The minister mentioned that in his opening speech; I would like him to do so again in his closing speech. I know that this is not in the minister's gift, but I just thought that I would throw it in anyway: I would like penalties to be considered for councils that receive money that is intended for carers but redirect it to other council priorities, which is a real shame.

I am very pleased by the steps towards carer proofing change fund resources, which is very much to be welcomed.

It has been said before, but it bears saying again: who cares for the carers? Let it not be said that this Parliament fails to answer that question. Let us support the full implementation of the Scottish Government's carers and young carers strategy. Let this Parliament stand together on the side of carers.

15:28

Mark McDonald (North East Scotland) (SNP):

I very much welcome the strategy and the strong statement of intent that it contains. It is clear from what the minister has said, and indeed from the increase in respite, the announcement on the change fund and today's announcement on short breaks, that that intent is being backed up by action.

I have heard others across the chamber say that we are not there yet. I would point out that we are one year into a five-year strategy. I know that the Government is good, but if it were to achieve everything in a five-year strategy in the first year alone, it would be doing one hell of a job. The minister has quite rightly acknowledged that there are still challenges to be faced.

In my speech, I will focus on what is essentially a tale of two carers. Over the summer, thanks to the work of Lynn Williams of the Princess Royal Trust for Carers and Lucy Whiteman of VSA Aberdeenshire, I shadowed a carer for a day. I shadowed Stephanie Chalmers, who cares for her son Connor in Turriff in the north-east. Connor is 10, he has cerebral palsy and he requires 24/7 care. During the course of the day, I did what I

could to help Stephanie, whether by pushing the wheelchair into the car, helping feed Connor his lunch or joining him in playing his Xbox, which is an interest that we share. The day drove home to me the strain that parent carers often feel and highlighted the fact that, sometimes, it is the little things that help to make a difference and assist people.

I will highlight two points today. I could highlight a myriad, but I will focus on a couple that we perhaps do not often consider.

The first point is that carers often have to locate support networks themselves because the NHS and local authorities do not readily highlight them to them. Such networks can be highly beneficial because people share their experiences and a camaraderie forms. We need to change our attitude and provide that information to carers, rather than leave them to seek it out on top of doing everything else.

The other point relates to something that is key for Stephanie and her husband and by which I was quite surprised. For Connor to go to the toilet they require a hoist, but the only disabled toilet in the north-east that has a hoist is in Union Square in Aberdeen. I wrote to the Government about that and am pleased that it is reviewing the building standards regulations to ensure that such facilities are more prevalent.

Little things like that make a big difference to carers, particularly their physical wellbeing. Although he is 10, Connor is a big boy. As he grows older, he will get bigger and it will become more difficult to do simple things such as take him to the toilet.

The second carer I will mention is my mother. I have said in previous debates that she was a carer. She cared for my grandmother, who suffered from dementia and passed away in early October. I saw at first hand the work that my mother did to care for my grandmother.

The two impacts of caring that have been brought home to me are the health impacts and the financial impacts.

If Connor does not sleep, Stephanie and her husband do not sleep; if my grandmother did not sleep, my mother did not sleep. We sometimes forget that caring is often a 24/7, 365-day-a-year role. No night shift comes in to let carers go away. Although respite care is crucial, it is only a part of the overall solution. We must ensure that we do everything possible to protect carers' physical and emotional health and wellbeing because, if we do not, they will become tomorrow's cared-for. I know that the minister and the Government are aware of the need to support carers in that way.

I touched on the financial impacts in my intervention on Richard Simpson. Bill Kidd touched on them as well. The carers allowance is, to be frank, a joke. In essence, it is blackmail, because the United Kingdom Government knows that carers will not give up caring for their relatives, because they do it for love and that will prevent them from downing tools no matter how hard it gets. It is almost as if it is saying that it knows that they will not give up, so there is no impetus for it to give them a better deal. That is shameful.

The Parliament should unite and say that enough is enough. It is time that the UK Government examined carefully the fundamental role that carers play and exactly what the impact on the health service and social care would be if they were to down tools.

At the moment, many people who care do not even qualify for the carers allowance. We spoke about young carers. If someone is in full-time education, they are excluded from claiming the carers allowance. If someone is in part-time education and their course lasts for more than 21 hours a week, it is classed as a full-time course. Therefore, young carers are, in effect, discouraged and dissuaded from going into further education if they want to be able to claim some kind of financial support once they turn 16. Before they turn 16, no financial support is available to them. We must change our mentality, because 100,000 young carers are doing without. We need to consider that situation carefully and reflect on how we can change it.

The other week, I attended the reception for Tommy on tour. Tommy Whitelaw, a carer, walked across Scotland collecting stories from carers who look after loved ones with dementia. I met him when he was in Aberdeen and my mum wrote to him to tell her story. At the reception, a DVD was shown in which carers told their stories of what it is like to care for a loved one with dementia. It was extremely moving and I encourage everyone to watch it. If anyone wants, I will gladly send them the link, because it makes for powerful viewing.

The Scottish Government has the right intention and the action to back it up is happening. I look forward to working with the Government over the next four years to ensure that the strategy is fully implemented.

15:34

Siobhan McMahon (Central Scotland) (Lab): When I read the Government's carers strategy, one passage immediately stood out:

"Carers are ... fundamental to strong families and partnerships and to resilient and cohesive communities. The lives of carers and the cared-for are closely intertwined, but they are not the same."

I fully agree with that statement, which places great emphasis on ensuring that carers receive sufficient support and respite to live their own lives. [*Interruption.*]

The Deputy Presiding Officer (John Scott): I suspend the meeting until the sound gets sorted out.

15:35

Meeting suspended.

15:44

On resuming—

The Deputy Presiding Officer: If members are sitting comfortably, we will begin again. I invite Siobhan McMahon to resume at an appropriate place in her speech; we will be generous with time. Of course, the debate will have to be truncated thereafter, due to the loss of time, so members should accept that they will have less time for their speeches. I also ask members to tap their screens and press their request-to-speak buttons again.

Siobhan McMahon: Thank you, Presiding Officer. I apologise for breaking the system.

A recurrent problem with Government strategies is the glaring contrast between the words on the page and the reality on the ground. Indeed, the Government concedes in the carers strategy that

"policy developments have not always resulted in real improvements in carer support".

That is not good enough. Words are empty unless they are translated into action. As Benjamin Franklin said,

"Well done is better than well said."

I will give an insight into the reality on the ground by sharing with members my recent, sobering glimpse into the life of a carer, whom I shall refer to as X. X is the primary carer for her infant son and her ageing mother. Her son has a range of physical and mental health issues, which are best described as severe and complex and include recurring respiratory infections, frequent viral infections and a communication disorder. The problems first manifested themselves when the child was six months old, shortly after X became the primary carer for her mother, who has vascular dementia, diabetes and pernicious anaemia. X has two other children, who are aged 10 and four, and she works from home on a part-time basis, having been forced to resign a full-time post to care for her mother and son. Her partner is self-employed and works long, unpredictable hours.

For X, it is not simply a matter of being present for her mother and son. The time that she spends

with them is physically and emotionally draining. Despite the difference in age, there are strange parallels between the care required by her mother and that required by her son. When she is with her mother, X must tend to the physical, mental and social needs of a person whose mind has long since left her. She must also shop for her mother and ferry her to and from hospital appointments. When she is with her son, she must again contend with a complex range of physical and mental requirements. Her son, like her mother, must be taken to and from hospital appointments, and he also struggles to communicate his mental and physical needs. He cannot be reasoned with or coaxed or cajoled as other children can be. Amid all that, X is left with little time for the rest of her family. She tells me that she tries to ensure that they do things together like a normal family but that neither her son's nor her mother's condition and behaviour are normal. For X, normality is a perpetual cycle of pervasive anxiety, stress and exhaustion.

How can we help X and others like her to escape that cycle? A useful and practical innovation would be the introduction of carers cards, which would be presented when the cared-for individual was admitted to hospital. A carers card would contain a brief description of the patient's condition, thus removing the obligation on carers constantly to reiterate the position, which is an experience that many carers find stressful, depending on the circumstances of admission.

We need to focus on respite services, which would be of great benefit to my constituent and the many carers who face similar challenges in their daily lives. I welcome the minister's announcement of £2 million for the short breaks fund, but I wonder how it will be managed. As the minister might know, Barnardo's Scotland, which is heavily involved in the delivery of short breaks in Lanarkshire, thinks that there should be a clearer definition of "short break". Carers who work with Barnardo's Scotland regard short breaks as a lifeline that enables families to stay together and think that the service is invaluable in enabling them to cope with family life.

Linda Fabiani (East Kilbride) (SNP): I am aware of X and I am glad that Siobhan McMahon has raised her case. Does the member agree that sometimes the intention to help people does not work out? For example, respite care for the elderly person is often offered at a different time from the respite care for the young person, because respite care comes through different parts of social work and the health service. If there were a bit more co-ordination, the respite care for both people could be offered at the same time and would offer true respite for the carer.

Siobhan McMahon: I could not agree more. Those problems will develop as we go forward in life, as challenges face us.

Local authorities must view the provision of short breaks as a priority. They must also ensure that the breaks are tailored to individual need, as recommended in the personalisation agenda.

Other members will no doubt highlight discrepancies between respite targets and figures, and inconsistencies in care across local authority areas. However, the carers strategy stipulates that carers themselves must be much more involved in the care process, and I know that, were I to ask X whether she receives sufficient respite, the answer would be an emphatic no. Forget about the figures—that is the reality, and it is the only evidence I need.

In Lanarkshire alone, there are more than 87,000 carers. Between them, they provide help and support that are equivalent to about £1.4 billion annually. Were it not for the input of those selfless individuals, we would not be living in a civilized society. I will end with another excerpt from the carers strategy:

"We owe it to Scotland's carers not only to get the laws and guidance right, but also to make sure that words are translated into action on the ground."

I could not agree more—so when do we start?

The Deputy Presiding Officer: I am sorry about the interruption. I call Fiona McLeod, who will have a very tight six minutes. Others may have to reduce their speeches.

15:50

Fiona McLeod (Strathkelvin and Bearsden) (SNP): Last Friday, I was at the Carers Link East Dunbartonshire annual general meeting. In the past year, Carers Link East Dunbartonshire has identified and supported 285 new carers and has directly supported 689 carers. Each of those carers saves East Dunbartonshire Council £17,242 per annum. That is a total saving to the council of £11.9 million per annum. In saluting the workers at Carers Link East Dunbartonshire, where I used to work, as I should have said to begin with, and carers across East Dunbartonshire, of whom I am one, I want to look at two areas of the carers strategy: carers' rights and carer training.

The carers' rights charter, when it comes, will be very welcome, as it will enshrine the mantra, which we often hear, that carers are equal partners in the delivery of care. Like Alison McInnes, I am pleased that that mantra will have a legislative underpinning in the forthcoming self-directed support bill. If the bill ends the situation in which direct payments can be made to carers only in

exceptional circumstances, and such payments instead become the norm, we will be able to tackle carer poverty for the first time. As Bill Kidd said, carers live in poverty. We cannot directly address the £59.35 per week carers allowance—that pittance from the UK Government, to receive which someone has to be caring for 35 hours per week—but with direct payments to carers we can help them out of poverty.

With direct payments to carers, we will ensure also that we place carers at the heart of commissioning services and that they have access to appropriate training. Above all, we will acknowledge the reality that carers are doing the caring already. For most of those who are cared for by unpaid carers, be those carers family members or friends, that is who they want to be cared for by, not by the paid care workforce.

The evidence shows that, if we train our unpaid carers, not only are they able to give better care to those they care for, it is better for the carers' own confidence, ability and health. I make a suggestion to the minister that I have made on many previous occasions and will continue to make. Local authorities and health boards should include carers in their care workforce training, especially in medication management, and moving and handling. I was pleased to see in the carers strategy that the Scottish National Party Government has given £281,000 to carers organisations and that the NHS boards will be asked to make a training offer to carers, because that underlines the fact that carers should not be paying to be trained to do their caring. Carers save Scotland more than £7 billion per annum.

I love Siobhan McMahon's idea of a carers card, which I was going to suggest in an earlier debate on the back of the young carers card, which I welcome. I am not a wee, shy carer, as I am sure most members will agree, but there are often times when I am admitting my mum into hospital when I would just love to have a card to hand over that would show that I was a carer and would list her conditions. She has certain conditions that I cannot refer to in front of her, because she does not appreciate that she has them. Obviously, I will not mention them on the record.

I know that I am short of time, Presiding Officer, so I will not go into detail about two local problems in East Dunbartonshire that I wanted to raise, but I will put them on the record. The Labour-Tory administration in East Dunbartonshire Council has decided that, for someone to get care from the council, their need has to be severe or critical, so the council has done away with supporting carers and those who need care in a preventative manner. Further, I heard just recently that it is being considered that respite transport costs will have to be met by those getting the respite. I

welcome the minister's announcement of £2 million for short breaks for carers. I hope that East Dunbartonshire Council will think again about introducing transport costs for those accessing respite.

It is difficult to sum up in six minutes all that I have learned as a carer over the past 22 years, but I think that what we have heard in the chamber today will show that personal testimony in this area is powerful and instructive. I thank all those MSPs who have shadowed carers. Tommy Whitelaw has been referred to, and I urge members to look at his on-tour blog, which had me in tears—I had to run out of the committee room. He did it to me again last Friday at the Carers Link East Dunbartonshire annual general meeting, when he showed his blog again, and again I was out in tears. I also refer members to Kris Rodden, a young man of 28, who I went on a walk with on Sunday to raise awareness of dementia and to raise money for Dementia Awareness.

15:56

Nigel Don (Angus North and Mearns) (SNP): I would like to look at the issue in the context of the fact that my wife and I are now both carers for an extremely elderly relative. I acknowledge that our life is very simple, for reasons that I will explain, but I will tease out from that some issues that I do not think have been mentioned in the debate.

The first reason why our life is relatively straightforward is that the lady in question still has some mental capacity, albeit that she has a very poor short-term memory. She also accepts her limitations, which means that she is not particularly argumentative. She also does not have any particularly significant recurring medical issues, which I have to knowledge is unlikely for someone who is 96. There are of course some issues for her, because old age does not come alone.

Equally, we live in a new and therefore relatively warm house. There are also two of us. My wife and I share the responsibility, which makes life a lot easier, and we are still fit and pretty able. We get a great deal of help from Angus Council and, of course, the free personal care is greatly appreciated. Equally, we get some respite care and, to be fair, money is not a particular issue for us, as I think members would have expected. However, let me reflect for a few moments on the situation if any of that was not the case, because I recognise that it is not the case for many carers.

In particular, I acknowledge that our experience of our local health service is that the staff recognise the need to talk to us as well as to the elderly relative who cannot remember what was said 30 seconds ago. They understand the need to communicate with the carer as well as with the

patient. Equally, they understand the need for a home visit, partly because Wendy and I both work but possibly also because it is not very far for them to come and that is a much better way of operating.

I also note that there are two of us, but I am pretty sure that, where there is only one carer, it is desperately difficult. The carers I have spoken to—I will come on to some of them in half a moment—often speak about a sense of isolation, and say that they are busy doing what they have to do, that they feel that they have to keep doing it and cannot leave the person they are caring for and that therefore they are all on their own and nobody else knows or understands. Sometimes, it just does not occur to them to tell people and to get some help. Because there are two of us, that makes it fine for us, but those who are working on their own need to understand that there is support. It may be that one of the most important things that we need to do as a society is to ensure that they understand that there is support available of one sort or another.

Like others, I have seen e-mails from folk who think that the services that they receive as carers are, frankly, not very good. Some of them are grudging, and some of them have a take-it-or-leave-it attitude. In our experience in Angus, the professionalism, the charm and the good humour of the staff are the most obvious thing that comes across to me. I recognise that our elderly relative is probably more placid than some, but that does not alter the fact that an elderly person who has a very short memory, if any, is a desperately difficult person to deal with. Those who can do that, day in, day out, with good humour and often under considerable time pressure because they are always travelling around need to be praised for that.

It will not surprise members to learn that we have to pay for respite. That really is not a problem. However, I recognise the comments across the chamber that more respite is a good thing. However difficult it might be to arrange it, carers need time to get the brain back in gear—me time—and time to get on with some of the things that they cannot do with the distraction of having someone else there who makes demands on their time. I should say, however, that some of the respite care that is available is better than that. When our elderly relative has gone into the care homes—she has been in one in Angus and one in Aberdeen—it seems, frankly, like she has had a holiday. Her time in those places has been hugely stimulating. Again, I pay tribute to the professionalism of the staff, who seem to have given her an extremely good time, and members will appreciate that we had a good time as a consequence of the respite.

I welcome in particular the work that has been done by the Angus Carers Association, which is managed by Katie Webster in Arbroath and is an organisation that I have something to do with. It supplies free services, including emotional support, training for carers, relaxation therapies, counselling, leisure and exercise opportunities, support groups and a sitting service. That latter service is probably the most important, because it is the equivalent of respite. The group says, “You can come here and have time with a group doing anything you like and, for the couple of hours that you are out of the house, we will have a trained person there with the one you love, so that you get some time out.”

Fundamentally, this issue is about joined-up action, adequate funding and the personal touch that carers provide. Of course, the more we can do to act earlier and in a preventative way, the better.

16:03

Margaret McCulloch (Central Scotland)

(Lab): I welcome this opportunity to speak in the debate on the Government’s strategy for carers, especially as carers’ rights day will take place on Friday 2 December. The theme for the day will be money matters, and the purpose of this year’s awareness day is to ensure that carers have all the information that they need to access the benefits and support to which they are rightly entitled. Money matters because carers should not be penalised or denied opportunities to learn, work or develop their own interests as a consequence of their commitment to others. On carers’ rights day, I will be hosting an information fair for carers and their families in Central Scotland, with the kind support of East Kilbride shopping centre. The response and the good will towards the event from constituents in the community, and even online, has been overwhelming and totally positive.

Caring can, and should, be a rewarding experience, but it is costly in many ways. According to Carers UK, eight out of 10 carers have become financially worse off since becoming a carer, and long-term carers are, on average, more likely to find themselves living on means-tested benefits. Demands on time and on finances place carers in a difficult position that has only been compounded by rising household bills and anxieties over the job market. Too many carers do not claim the benefits to which they are rightly entitled. Many others do not even think of themselves as carers, and therefore miss out on support that could make a material difference to their lives.

Receiving carers allowance can help to protect state pension entitlements, which is a real benefit for those who are unable to work due to their

commitments and have therefore been unable to pay national insurance contributions. The allowance is also a gateway to extra entitlements such as the carer premium for income support and jobseekers allowance, and an increased pension credit.

Of course, it is not just about benefits: there are plenty of other means of assisting carers, from practical support into employment to aids and adaptations at home, which can be a help for carers as much as for those for whom they are caring. The physical demands of lifting, bathing and dressing someone day after day can affect the health of carers, especially old carers who may be frail themselves.

A report by Carers Scotland entitled “Sick, tired and caring: the impact of unpaid caring on health and long term conditions” found that 96 per cent of respondents reported that caring had had a negative impact on their health and wellbeing. Health complaints ranged from exhaustion and back and shoulder pain to anxiety and depression, and many of those who were surveyed reported that they had more than one health condition that was either caused or made worse by their caring. As I indicated, home adaptations are crucial. Carers Scotland has also suggested that training should be made available to carers to help them to stay safe and keep well as they tend to whoever they are caring for.

That point is included in chapter 14 of the carers strategy, and I would be interested to hear in the minister’s summing up—further to his earlier remarks—about how plans for the training of carers are progressing. When will the Scottish Government be in a position to offer training to all carers? Will that training include management of the carer’s personal health, as the carers strategy says that it should? Will training be accessible to black and minority ethnic communities and those for whom English is not a first language?

Carers Scotland has made a number of other good points, and I commend its report to anyone who seeks greater insight into how the demands of caring can unfortunately affect a carer’s health. The sample that was used was modest, but the experiences of respondents are real and very telling. Members may wish to note that a new report with a much larger sample will be published in the next few days.

I will read out an extract from the Carers Scotland report that I think is relevant to the debate, which brings together some of the most significant strands of the issue: finance, health and the need for compassion and support from those in power. It states:

“As is well established, poverty and disadvantage are closely linked to poor health outcomes and, amongst carers, recent research identified that many carers face a

simple choice between heating and eating with more than 53% reporting cutting back on food and 60% on heating.”

Someone’s status as a carer should not be a barrier to secure employment in a decent job or even meaningful education and training. There is much in the Government’s strategy that I am happy to applaud, but we must ensure that warm words translate into action, because too often before that has not happened.

There are very few people who choose to be a carer. Some do so but, for most, the responsibility is thrust upon them. Some carers experience hardship and some experience poor health—

The Deputy Presiding Officer (Elaine Smith): The member must conclude, please.

Margaret McCulloch: —but they are all to be praised for the service that they give and the sacrifices that they make.

The Deputy Presiding Officer: I call George Adam, who has a maximum of six minutes.

16:08

George Adam (Paisley) (SNP): Thank you, Presiding Officer—I will try to be as succinct as possible in order to let other colleagues in. I see that members are laughing, but I promise that I will.

As has been mentioned today, 657,000 Scots are carers, and no doubt every one of us knows individuals who care for someone. In my area of Renfrewshire, there are 24,087 carers. I know that members are fed up with hearing about my personal circumstances—I just heard one of my colleagues say that—but I look after my wife, who has multiple sclerosis. I am technically her carer, but she would probably say that I have difficulty caring for myself. Luckily, I have a support mechanism in my family that enables me to do the job that I do. I am here partly because of that support, and partly because my wife Stacey Adam will not allow something as trivial as multiple sclerosis to prevent her from gaining any of the objectives that she wants in life.

However, other people who have to work in the private sector or in the public sector do not have that support mechanism. In my constituency, Lynn Williams—who has already been mentioned a couple of times—works for a caring organisation, but she is able to do that only because her employer is extremely flexible in allowing her also to care for a member of her family.

It was an SNP manifesto commitment to have a carers kite mark for employers. I was extremely interested in that, and I know that the minister is working with officials on a scoping paper for discussion with carers interests, which he will produce at a later date. We need to ensure that all

third sector and private sector employers look at that. Most carers want to work, and it is only because of their circumstances that some of them can no longer work.

As the minister has said, it is important that we get all these things right. I have every confidence that we will and that we will progress with the implementation of the carers strategy. I will go through some of the recommendations of "Caring Together". It is important that we develop a carers' rights charter and implement measures to identify carers better. A lot of carers are invisible and people do not know about them because, as has been mentioned, it is natural for families to take up the burden; they do not see it as a burden—they are just looking after their family member.

It is also important that we improve the quality and uptake of carer assessments and support plans; that goes back to what I mentioned earlier. Renfrewshire Carers Centre and carers centres elsewhere have been mentioned, and it is extremely important that we ensure that carers are represented on community health partnerships, as that will be a way for them to help to design the packages and what is available for carers in their areas.

"Getting it Right for Young Carers" recommends that we put in place measures to help professionals in education. I particularly liked the minister's announcement of the pilot areas for the young carers authorisation card. I know that he has already identified one area, but there are at least 24,000 carers in Renfrewshire and I wonder whether he has thought of Renfrewshire as a place to pilot that measure for young carers as well.

One of my constituents, Sandra Webster, is a young woman with two autistic sons. She also has a daughter in sixth year who, last week, was brought in front of the headmaster and accused of being a truant because she was helping her mother. The school knew about her position, as did the local authority and her MSP. We should not get ourselves into such situations. That young woman is trying to get academic qualifications while helping her mother, who has admitted that she could not do anything without her daughter being there.

During the election campaign, we visited Renfrewshire Carers Centre and met the carers there. I was confident in the SNP manifesto and told people, "We're dealing with your lives. You are the individuals who are dealing with this on a day-to-day basis. Yes, I have problems in my life, but I'm not in your shoes and don't have to live your life. I will do all that I can as your representative to get your points across."

The most important element in the debate is the human element. We can shout at each other from opposite sides of the chamber—although we have not done that today—but we must remain focused on the people who are living with these issues: young people, older people and family members. I always mention my personal circumstances because they have made me the man that I am, but I am not the important person in this debate—none of us is as important in this debate as the individuals who are dealing with these issues or the outcomes that we achieve from the debate. I want to live in a Scotland in which people attain everything that they can. I believe that, after today's debate, we can work together to achieve the goals that we have set for Scotland's carers.

16:14

Bob Doris (Glasgow) (SNP): Members across the chamber agree on the need to recognise carers' role further in Scottish society. We have spoken about respite care, on which the SNP Government made progress in its previous term. That progress was substantial, but we recognise that it is still not ample. I could spend the next few minutes comparing different Administrations' records, but I will not. George Adam rightly reflected the debate's useful tone. It is important that, although the minister said that the target for respite weeks had clearly been met, he did not shirk the challenge of the nine local authorities that did not do what they should have done. It is important to have clarity about that and a focus on where changes must happen.

I have scribbled out a whole bit of my speaking notes about Jackie Baillie's comments on respite care in the press in the past week or so. The best thing that I can say is that I praise the Labour members who are present for showing what constructive opposition is all about.

We have identified that things are going quite well in some areas of Scotland but are rather poor in other areas. My local authority area, Glasgow, is one of the poorer areas, as Glasgow City Council has presided over a 3,000-week reduction in respite care provision. I do not say that deliberately to lay the blame at the council's foot. The reasons why some local authorities have not met their targets could be many and varied. However, political leadership to deliver for carers must be not just national but local. Every local authority must have such leadership. Perhaps my local authority has not had that leadership in the past.

I will say a bit about how the older people's services change fund links to the wider preventative spend agenda and to carers. Demographic changes account for a huge amount of the challenges that carers face in relation to

primary care issues currently and in dealing with family members' long-term needs. When the budget is shrinking and cuts are being made, it is still important to look at the bigger picture and to use the money that we have most effectively to change the structure of the support that is available and to improve standards for people who are cared for and carers' life experience.

I am delighted that the change fund for the elderly will be £80 million in 2012-13 and that £80 million and £70 million will be available in the subsequent years. I am particularly delighted that 20 per cent of the fund will be targeted on carers for the elderly. I want to think about what that should mean and how a quality outcome from that can be proved. I know that that is difficult to determine, other than through how an individual carer's quality of life has improved, which is powerfully important. However, can we expect referrals to acute services in the NHS to reduce because those who are cared for are better supported at home? Can we expect speedier in-patient discharges, as those who are at home are more able to care for loved ones when they leave hospital? Is that a tangible outcome that we can measure?

Richard Simpson touched on the following issue. When an elderly loved one eventually moves to residential accommodation because they cannot be supported in their own home, will that happen later, after they have had a better quality of life for longer? Can we gather evidence to prove that the change fund money has been well spent? That brings us back to using money to drive change and not just to fill the gaps of overstretched services—many members have talked about that. Monitoring outcomes is important, as is the link to self-directed support.

I wanted to say quite a bit about kinship care. I am delighted that comments on kinship care have moved on and that we all support the agenda. I tell newer members that a bit of a bun fight took place over kinship care—Labour said, "The SNP ain't doing enough," and we said, "Labour didnae do anything." The debate is no longer about that; it is now about all of us working together to deliver in kinship carers' best interests. We must deal with what can be a postcode lottery. Supporting kinship carers is not just about the money. It is about giving them access to local psychological services and supporting the cared-for person as well as the carer. Without adequate psychological support, a carer's anxiety for their cared-for child, for example, can be quite stressful.

We should acknowledge that kinship care payment is a benefit. Through local authorities, the Scottish Government is funding a benefit that will impact on universal credits, perhaps personal

independence payments and other benefits. We will have to monitor the effects of that very closely.

I finish off as we have all done by congratulating members on the consensual tone of the debate and for not shirking the challenges that lie ahead.

16:20

Mary Fee (West Scotland) (Lab): Today's debate on the carers strategy is perfectly timed, as it was only two weeks ago that members, including myself, debated a motion on rehabilitation and enablement. During that debate, I discussed the importance of the carer's role and I welcome today's opportunity to expand on that.

A few years ago, my aunt was diagnosed with dementia. As her carer, I truly understand the pressures of balancing the carer's role with a job and a family. Carers are selfless and altruistic people who thoroughly deserve all the support and guidance that can be offered to them.

In these tough financial times, I recognise that a carer is a genuine asset in our society. They are assets that save our health and social care services millions each year. However, no matter what the cost is, we must repay those people who spend their lives caring for others with more than just gratitude.

It is estimated that there are approximately 650,000 carers in Scotland. A year ago, the BBC published an article that estimated that there are around 700,000 younger carers in the UK, with around 100,000 in Scotland. The hidden army of carers can never be counted accurately for many reasons, and I hope that the carers and young carers strategy and the debates that will follow will start to correct that.

One of the reasons for an inaccurate count is the fear, embarrassment or stigma that some carers, particularly young carers, must feel when they tell someone that they have to care for a loved one who has certain issues upon which society would frown, such as substance abuse or imprisonment. A few years ago, I read about the case of a boy in his early teens who had to take care of his mother and young sisters when his father was imprisoned. As a result, the boy's childhood was absent and his education and development suffered significantly. In that case, it was not known for almost a year that that young boy cared for his family. We use the phrase "early intervention" in a number of circumstances. In such cases, it is essential to identify the carer as soon as possible.

One of my biggest concerns regarding the rights of carers is about respite or short breaks. Is there a difference between paid and unpaid carers and the level of breaks that they receive? Breaks from

care are essential for the carer's health and wellbeing, and for helping them to sustain the level of care that they provide. The Scottish Government has provided the third sector with an extra £1 million to provide more breaks for carers. That is crucial, given the funding crisis that faces many third sector organisations. I have been very vocal on that issue since May.

Barnardo's Scotland is a great example of an organisation that provides valuable services to carers and the cared for. Like me and other members, it is concerned about short breaks, particularly about what is meant by the term "a short break"; a clearer definition of terms is needed.

Greater emphasis is needed on local authorities providing short breaks that have value and importance. Recent research has shown that the level of respite care and short breaks has been decreasing in approximately one third of councils. That is mentioned in the Labour amendment.

One measure that could help the resourcing of respite and short breaks is the uniform collection of data. Some local authorities count a day break and a night break as two periods of respite. If we can measure accurately, we can improve upon the amount of respite with which carers are supported. I was pleased to hear the minister's remarks about emergency planning and I look forward to the publication of the Enable Scotland report and real improvements in the provision of emergency care.

I will finish by talking about carers' rights, particularly in the proposed self-directed support bill. The carers' rights that are already enshrined in law will be enhanced by the carers rights' charter, and when it is created, it will consolidate all existing laws and set out key principles for support to carers and outcomes. I hope that that will correct the current focus on outputs from local authorities so that there is more effort on outcomes. Many in the third sector have raised that issue.

I would like to finish with a comment by a carer who knew that we were having this debate. They said:

"As a carer myself currently working through a difficult and bureaucratic system this is a personal plea ... life as a carer is tough, emotionally draining, and sometimes just plain awful. And I have honestly struggled these last few weeks—but I remain hopeful. We are a caring nation; today's debate is critical and an important stepping stone in ensuring that policy and intention become reality on the ground, and help make the lives of unpaid carers and young carers, the lives of those they look after, the best that they can be. They deserve nothing less."

16:25

Dennis Robertson (Aberdeenshire West) (SNP): I echo many of the sentiments and

comments that have come from all members. I think that Dr Simpson said in his opening remarks that this is a crucial debate. It certainly has been.

Members have shared many personal stories. Perhaps I should say to my colleague George Adam that I never get tired of listening to him and his personal issues; the only thing that I get tired of is Renfrewshire at times.

I agree with the sentiments that have been expressed by my colleagues from the north-east about VSA and the Princess Royal Trust for Carers.

We all have examples. Indeed, I will probably want to share a couple of examples in a few moments, but first I want to raise the issue of carers in rural and remote areas of Scotland, who probably have a slightly different approach to their care. They do not have the same support or the infrastructure that many people in our towns and cities have. Staying at home often means a higher additional cost for them because of the type of housing that they are in. That is an added expense that many of them can ill afford. Their day out will often involve taking the person whom they care for to a medical appointment, and that can sometimes account for three or four hours. There is the time that they will take to get the person ready, the journey time, the time for the medical appointment, and the time for the return journey. I congratulate Grampian NHS Board on applying postcodes to ensure that people who are given hospital appointments are often not given them early in the morning. That at least gives the person who is looking after someone some time in the morning to get them ready to go out.

Our carers have compassion, they love the people whom they care for and they are to be respected, but they need to be listened to. Often, they are not asking for very much. We have already heard that the carers allowance is a pittance. That is a disgrace, and the UK Government needs to consider that seriously, but carers sometimes simply need someone to talk to and share a few precious moments with so that they can explain how they feel about their frustrations, which they often experience on a daily basis. Sometimes those frustrations move to feelings of guilt, but carers should not feel guilty. They are right to be frustrated and they are sometimes right to be angry, but they do what they do out of love and compassion, and they deserve our respect and to be listened to.

We have heard many personal tributes, and I would like to share one. This is not about a person in my constituency; rather, it is about a young man who is ages with me. I know him because I went to school with him. He went into hospital because of a stroke, and was put into a ward that was full of people who were much older than he was—some

were 20 or 30 years older. His situation was not recognised. He was blind, had significant hearing loss, and with his stroke, he had no speech. The nursing staff did all that they could to communicate with him, but it was left to his wife and young daughter to engage and provide the additional care that he greatly needed.

The only thing that they wanted to do was to get my friend back to his own home, but it was inadequate for his needs. It had to be adjusted before he could return home. His family went through a period of about six months to try to get his home fit for purpose so that he could go home. That was six months out of a young man's life during which his family had to visit him in hospital and care for him, not just to allow the nursing staff to do other things, but to give him the continuity and compassion that sometimes only families can provide. We must recognise that issue. We need to try to ensure that, when people are in need, we have the appropriate assessments and care plans.

I welcome the Government's initiatives. As has been said many times, we must integrate health and social services. They must work together not just to benefit the patient or service user, but to ensure that our carers are cared for.

16:31

Alison McInnes: The debate has been an important one in which members from all parties have given voice to carers' concerns. I hope that the Government has listened and will take action. The SNP must deliver on its commitment in its 2011 manifesto, in which it said:

"We owe it to Scotland's carers not only to get the laws and the guidance right, but also to make sure that words are translated into action on the ground."

Siobhan McMahon was right to highlight that commitment.

We have heard many heartfelt stories about carers and the difficulties that they face. Those come on top of the testimony of Tommy Whitelaw to MSPs in the Parliament building a couple of weeks ago. Although I was unable to attend the event, I read his comments later and, like Fiona McLeod, I found them extremely moving.

Bill Kidd reminded us that we all know carers—they are our neighbours, friends, colleagues and family members. Fiona McLeod talked about the power of personal testimony. I have close personal experience of the challenges and frustrations that carers face in trying to get the right support, as my father has become a full-time carer for my mother after her stroke. I pay tribute to my father for the way in which he has taken on that role so late in life.

Many have rightly praised the role of carers support groups such as the Princess Royal Trust for Carers, which plays a vital role in helping carers to carry on. Those groups face growing demand and funding pressures. The three quarters of a million carers and young carers in Scotland provide valuable support that is worth an estimated £10.3 billion to the Scottish economy. As many members have said, it is therefore in everyone's interest to ensure that they are supported in their vital role. That is even more pressing given Scotland's ageing population. However, carers still face too many hurdles and frustrations.

The tragic thing is that we know what needs to be done. The strategy is clear on that and it acknowledges that

"There is a strong case based on human rights, economic, efficiency and quality of care grounds for supporting carers."

It goes on to state:

"Without the valuable contribution of Scotland's carers, the health and social care system would not be sustained. Activity should focus on identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis."

I agree, but the difficulty lies in turning the strategy and fine words into reality and upping the pace of change.

Many issues that must be tackled have been discussed, including providing better respite, properly supporting young carers, particularly in rural areas, and addressing the health needs of older carers. We have also heard about particular issues that affect groups such as carers who support individuals who are affected by alcohol and substance abuse, as well as issues to do with older carers and even emergency planning for carers. Proper working together across health board and council boundaries is essential if we are to make progress.

It would be helpful if the minister were to explain in summing up the debate what parameters his Government will set in its agreement with local authorities as part of the draft budget. Last year, there was an expectation that local authorities would make progress on implementing the carers and young carers strategy. How has that been evaluated and what will the Government require of local authorities from 2012 onwards as part of the national local government agreement?

Nanette Milne rightly highlighted the concerns around the recent announcement of a renewed focus on delayed discharge. She recognised that that has raised questions about whether proper consideration has been given to the impact and increased burden of care that might arise from hospitals pushing for discharge for people when

both the individual and unpaid carers and families are not ready.

I ask the minister to ensure that carers are recognised as equal partners in care. Professionals in health and social care must change their attitude towards carers. Too often, carers are left with the feeling that they are expected to be grateful for what is offered and that when they challenge the way things are done they are considered just to be troublemakers. Will the Government commit to work with local authorities and health boards to introduce a short break entitlement for those who are in greatest need?

In my earlier contribution, I highlighted the vital role that organisations such as VSA and the Princess Royal Trust for Carers play in helping carers to manage the impact of caring on their lives. It is essential to draw on their knowledge, and they must be fully involved when change fund plans are considered. Many carers organisations, which are experts in identifying and working with carers, are still not getting to the table or are there only in a tokenistic way as partners consider their change fund plans. I am pleased to hear that the minister has issued guidance, and I am keen to hear how he will monitor compliance with it.

There are lots of challenges, but getting it right will mean that thousands of carers will be able to lead more balanced, healthier lives and there will be a reduction in crisis intervention costs.

16:36

Jackson Carlaw (West Scotland) (Con): I begin by apologising to the minister for my late arrival in the chamber. No discourtesy was intended. I suppose that I should say that I was late for my appointment. At least I was not one of those no-shows that bedevil the national health service.

Plus ça change, plus c'est la même chose—it is nice to be back, contributing to the health debates. Dr Simpson is in the seat where I expected to find him. Mr Matheson, who used to occupy the lofty seat in the rear that Mr Robertson is in, has bounced down into the ministerial chair at the front. I look to my left, and there is the empty seat once occupied at this time of the afternoon by Ross Finnie and his sotto bass contribution.

In so far as I did hear the majority of the minister's speech, I welcomed what he had to say, particularly the announcement of a £2 million fund for short breaks. He also made interesting remarks on the young carers toolkit, the young carers authorisation card and the commitment to the young carers festival.

Dr Simpson then fulfilled what I expected of him with a well-understood and thoughtful contribution.

He asked a number of questions, all of them worth while, and I hope that the minister will find the opportunity to return to many of them in his reply to the debate.

My colleague Nanette Milne gave examples of best practice in Aberdeen, and I picked up a quote from Alison McInnes. She said that it is nice to be valued, but that what carers are looking for is

“proper help, support and respect”.

She asked particularly about the timetable for a carers' rights charter, and I hope that the minister can say something about that.

Alison McInnes also spoke about rural respite, as opposed to respite elsewhere, and emergency relief. I have just had another of my little interludes in the national health service. It is always fascinating to take in what is going on, and in fact I pay tribute to many of the improvements that I saw compared with when I was there on another occasion.

When I was in hospital, I asked the staff about the pattern of admissions, and I was struck to hear about the significant increases in admissions at weekends. I was told by consultants that many care homes take advantage and, when they do not have staff, suggest that there is a sudden deterioration in the condition of people who they are looking after and have them admitted to hospital. That is not appropriate when homes are being paid for care. For individuals, however, such admissions can be the result of failure on our part. People feel the need for relief from a desperate situation, which is exactly why the £2 million fund for short respite care is essential. At times, many people find that their only option is to see whether the care can come from the national health service.

James Dornan said that it is important that individuals who are involved in caring must be involved in the decisions about how the change fund is spent. That point was powerfully made, as was his point identifying the £10.3 billion that those who volunteer save the state from having to pay. It is impossible to contemplate any alternative to ensuring that people who care on a voluntary basis are properly resourced.

Claire Baker made a substantial and well-directed contribution on young carers. She mentioned young carers so often that in my notes I abridged it to YCs, but then realised that that could cause me all sorts of difficulties later in the debate—if only we had several thousand of those on our side of the chamber, but those days are long gone.

Bill Kidd talked about our knowing people who carry out caring roles. We often say that there are fewer people in society who volunteer but, in the

era of caring, there have never been more people who are volunteering. We have to recognise that we are in the salad days of voluntary caring. In 10 or 20 years' time, given the huge increase in lifespan extension and dementia, more and more individuals in families will find that they know carers or are involved in caring. Although the challenges are huge, these are really still early days in that regard.

The minister will have welcomed the unsolicited applause from Mark McDonald, which he frequently gives ministers for their progress to date. I say to Mark McDonald that my experience as a father is that older siblings having Xboxes usually means that the younger ones get squeezed out, so I hope that young Connor does not get deprived as Mr McDonald gets carried away with his co-ordination skills. He made a sensible point about public disabled toilets—not just the facility existing but what it is capable of delivering. The points that he made about his family experiences and his experiences with Stephanie and Connor Chalmers and 24-hour care were consistent and telling. I absorbed his comments on the carers allowance. He was right to be bullish and I will reflect on what he said. I have heard Mr McDonald make a number of speeches now; he makes powerful contributions. I say to him, however, that in health matters it will pay to err on the side of appealing to the reasonable and consensual in making his arguments, because in this Parliament doing so has led to progress being made in a number of areas in relation to health motions.

Siobhan McMahan made one of the longest contributions that we have had in the open part of debates. That was of course totally unintended and unexpected. Like Mark McDonald, she illustrated her speech with personal testimony, as did Nigel Don, George Adam, Mary Fee and Dennis Robertson, who rounded off the open-debate speeches with a plea on behalf of the individual carer.

I might have said that I was missing Ross Finnie, but perhaps I am missing less Mr Robertson's predecessor, who would have tended to rumble on a little bit at this stage in the debate.

I thank Fiona McLeod for saying that we have a Conservative council in East Dunbartonshire. That was a healthy anticipation of next May's election result.

16:42

Dr Simpson: I acknowledge the excellent and ambitious SNP strategies and implementation plans of 2010, which are the basis for much of the debate. Of course, they built on Labour's previous

plans and the additional funding that was provided in the previous session of Parliament.

I do not intend to be very critical, but we need to be very wary of a gap between our aspirations and the reality that carers face, much of which came across today.

This has been an excellent and compassionate debate and there has been surprisingly little repetition, which I think shows the scope of the challenge that we face. We have heard a number of helpful suggestions from throughout the chamber, such as from Fiona McLeod on training and the possibility of cards for adult carers. Mary Fee drew our attention to hidden carers, including carers with a parent in prison, which nobody else mentioned. Families Outside is trying to address that issue—it is an area that needs to be looked at.

The identification of carers is obviously the starting point. Carers often hide themselves, but the Moffat programme showed that we can identify them if we set out to do so. As I said in my opening speech, I hope that the minister will tell us whether the recommendations of the progress report on that programme will be accepted.

In my opening speech, I gave some facts. I want to add that 70 per cent of our carers have already been caring for more than five years, so caring is not a short-term thing. Long-term commitment is vital.

Bill Kidd reminded us that there are more women carers. We know that women are being most affected by benefits cuts, wage freezes and public sector job losses. Many of the women who work and are carers are under much greater pressure than their male colleagues.

Mark McDonald and Fiona McLeod said that the carers allowance is too low, as did other speakers. In the current time of austerity, SNP colleagues often remind those of us in the Labour Party that when we say that an amount of funding is too low, we must say where the money would come from. Perhaps the SNP members will reflect on that when they next criticise us for calling for improvements.

I welcome the initiatives in primary care and the health board information initiatives, but I reiterate the fact that there needs to be a focus on deprived areas where there are substantially more households with a problem.

Claire Baker talked a lot about young carers, as did a number of other speakers, and referred to the fact that many of them are supporting people with drug, alcohol and mental health problems. They support not only adults but carers. The childhood that they lose cannot ever be replaced, so what we do for young carers is important.

Nanette Milne gave some examples of good support, but there is concern about sustainable funding and some of the care support workers for young people are on very short-term contracts. I ask the minister to examine that.

The minister said that the next school census would include identification of young carers. That will be welcome, but I hope that he will go further and require general practitioners to ensure that it is recorded on the notes if a patient is a young carer.

The minister referred to the Scottish young carers services alliance website, the toolkit and the young carers authorisation card pilot. Those are all welcome, as is the support for the young carers festival. I particularly welcome the support for carers of disabled children, and I hope that we are better at delivering that than we were when we received £34 million of Barnett consequentials in the previous session of the Parliament. The Labour Party heard many tales of people not getting the care that they needed.

Students were referred to as another group of hidden carers. However, as Mark McDonald reminded us, many are not eligible for even the derisory carers allowance. As Claire Baker said, education institutions and their support systems need to recognise the additional strain that such individuals are under when they study.

Bob Doris and Claire Baker acknowledged that the delivery of kinship care is crucial. I am sure that the whole Parliament would support the representations of the Cabinet Secretary for Health, Wellbeing and Cities Strategy on integrating benefits and allowances and resolving some of the complexities around that—Jackson Carlaw was nodding at that in the Health and Sport Committee yesterday—but the problems are added to by the postcode lottery way in which local authorities apply allowances. How we address that is a difficult matter, as is the change fund. Bill Kidd suggested punishment for local authorities that do not use funds for the intended purposes. We used to call that ring fencing and I am sure that he does not want to return to that. Nevertheless, we need to find a mechanism that holds local authorities to account more than once every four years at the ballot box.

The change fund is clearly important to the way in which we move forward. The fact that 18 per cent of the current funds are spent on preventive measures and 19 per cent on acute care merely illustrates the fact that we are still not shifting the balance in the way that we want. Despite reassurances from the minister and others, I hear that funds from the change fund are being used to replace jobs that have been cut. The minister said that the third sector will sign off all delivery change plans, and we will hold him to that. We will also

ask the third sector to hold the health boards and local authorities to it on his behalf, because that is crucial.

A number of speakers referred to carers' rights. Margaret McCulloch, George Adam and Mary Fee all said how important it was to clarify and consolidate those rights and marry them up to patient rights. If, as Alison McInnes reported, action on carers' rights is to be delayed, I hope that the minister will make that clear in his closing speech and explain why the delay is occurring, because those rights are important.

Personalisation is clearly important, and a number of members spoke about treating people as equal partners.

The debate has been consensual. Siobhan McMahon, Nigel Don and others gave us many examples of caring. Nigel Don said that having two carers is a huge advantage, and I concur with that.

There are problems in rural areas that require special attention.

Delayed discharge is important. There is no doubt that there is pressure on family members to take people back into the community when they are not fit. I have experienced that. In fact, a social worker recently informed me that the Government had issued a directive that people had to try being cared for in their own homes first. I reminded him that that had to be done only if it was safe and if the person desired it; it was not a directive from the Government. He also said that there was a Government quota on admissions to care homes. That, too, was incorrect. Social workers must tell the truth, even if they are faced with difficulties.

The Government's aspirations are clear and we share them but, if we are not able to translate those aspirations into reality, we shall be letting carers down. None of us would wish that.

16:50

Michael Matheson: This has been a constructive debate and I welcome the tone in which it has been conducted. There is general recognition that, in the first year of the strategy's implementation, progress has been made. However, I am in no doubt whatsoever that being a carer is demanding. It is in no one's interests to delude themselves that everything out there is fine and perfect for carers. That is not the case.

The strategy seeks to put in place measures that will help to support carers in their difficult task. Some members have shared their experience of progress. Nanette Milne referred to the VSA project up in the north-east—and I believe that she mentioned the chill out zone—which is helping to support young carers in their difficult role. Progress has been made in recent years to help

support the development of that kind of work—doing which is exactly why the strategy has been put in place.

I do not want anyone to go away after listening to or reading this debate with the idea that the Government thinks that everything is perfect for carers. Progress has clearly been made, but there is certainly more for us to do.

In his opening remarks, Richard Simpson said that some carers do not feel that they are equal partners. He is right. Too often, the carer's role is not recognised in the way that it should be by the professionals who work with families. That is why, through the self-directed support strategy—and the self-directed support bill—we intend to give carers a much clearer role in the personalisation of care arrangements. We will address the issue raised by Fiona McLeod—that of exceptional circumstances in direct payments. In the bill, it is not intended to allow that kind of exceptional circumstances to continue. It will allow the cared-for person and the carer to have much clearer control over the way in which care arrangements are managed. That will ensure that the care arrangements are much more suited and tailored to their needs.

Almost every member has mentioned the importance of short breaks for carers. I much prefer the term “short breaks and respite”, because I always think that short breaks give someone a period of respite. We need a definition that allows flexibility for periods of respite or short breaks, to take a person's needs into account. Barnardo's is keen to tighten the definition, but other carers organisations are not keen, because it might restrict the nature of a short break that might help in supporting an individual family. There is a balance to be struck in the definition, so that we do not exclude particular forms of short break that could benefit individuals.

Linda Fabiani: While Siobhan McMahon was speaking, I intervened on the issue of flexibility. Short breaks and respite are fine, but if someone is caring for two different people—if someone looks after one of those people for a couple of days a week, and then looks after the other person for a couple of days—there is no respite for the carer. They have no time for themselves and perhaps for the rest of their family. Can the minister give Siobhan and me some comfort by saying that flexibility will be considered?

Michael Matheson: I will put my old care manager hat back on. In that situation, you would try to have short breaks running in parallel for those individuals. That might involve someone going into a particular establishment, or it might involve other carers coming in to support an individual. There is no point in organising a short break for someone who is caring for two

individuals if it does not allow anyone to get the benefit. That will be for a care manager to co-ordinate, and not for Government to direct.

A bit like Mark McDonald, I was brought up in a house in which my mother was a carer for 12 years, while my grandfather stayed with us. I know from that and from my experience as a care manager that it has always been challenging to ensure that people who are carers get as many short breaks as they would like. There has never been a time when carers have always been able to get as many short breaks as they would like, and I recognise that it is important that we provide them with as much support as we can at the most appropriate times.

Richard Simpson, Nanette Milne, Dennis Robertson and others mentioned the importance of the integration of health and social care. It is extremely important that the system operates in a joined-up fashion and that we do not have carers repeating themselves time and again to different professionals in order to access the services that they require. That is a key reason why we as a Government have attached such priority to taking forward the integration of health and social care. A great deal of work and thought have gone into that, and we hope to be in a position to make further announcements on the detail of how that integration will operate in the coming weeks and months.

Several members raised issues around the change fund. Bill Kidd, James Dornan and Richard Simpson all welcomed the decision whereby 20 per cent of the change fund will be used to help support carers. I should say that that does not mean that 20 per cent of that fund will go to carers organisations; the money will be used to support services that will help to support carers, directly or indirectly. We need to look at things holistically so that we ensure that we provide as much support as we can for carers, particularly those who are elderly.

The important thing here is to ensure that everyone who is involved in making care arrangements and all the partner organisations are signed up to the change fund plans for each of the local authority areas. That is why the local authority, the health board and the third sector all have to be signatories to the change plan before it is submitted to Government for us to consider whether it should be allocated funding. The new guidance that we have issued for the forthcoming financial year makes it clear that we expect the money that is used to help support carers and services that can assist them to be in addition to what health boards and local authorities presently provide.

Some members mentioned issues to do with Glasgow City Council. I have offered to meet the

council to discuss self-directed support, the concerns that exist about the way in which the change fund is operating and the difficulties that some third sector organisations are having in taking it forward. I hope that the council will take up that offer.

Several members asked about our commitment to a carers' rights charter. That work is at a highly advanced stage, and we hope to be able to make an announcement on it shortly. We are working to ensure that the charter is tailored to fit with the patient rights charter and the dementia charter and to work in a co-ordinated, joined-up way. Taking a little extra time to ensure that we get the detail of it correct will be time well used, but I hope to be in a position to make an announcement on it very soon.

Points were made about emergency planning. Richard Simpson emphasised the situation of those who care for people with a learning disability. That is exactly why we asked Enable Scotland to undertake a piece of work for us. It has issued an interim report, on which it is building. Once we have its final report, we will look at what measures we must put in place to ensure that there are better emergency planning arrangements for carers. In addition, we are looking at the outcomes from "The same as you?" report to see how we can build on it. That might take the form of a same-as-you mark 2 process, which we could take forward next year.

Finally, several members have raised the issue of young carers and education. George Adam mentioned the experience of one of his constituents. One reason why we have introduced the programme to help support teachers is to ensure that they have a greater awareness of the difficulties that some young carers can have. They might be late for class or not get their homework in on time because they are caring for someone. That programme will continue.

It has been a welcome debate, and I am thankful for the many constructive speeches that have been made. The chamber can be left in no doubt that this Government is committed to working with carers organisations and carers to ensure that they receive the support and assistance that they need to perform the extremely valuable role that they play in our communities in Scotland.

Business Motion

The Presiding Officer (Tricia Marwick): The next item of business is consideration of business motion S4M-01403, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Wednesday 30 November 2011

2.30 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Scottish Government Debate: Public Sector Pensions

followed by Business Motion

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 1 December 2011

9.15 am Parliamentary Bureau Motions

followed by Scottish Labour Party Business

11.40 am General Question Time

12.00 pm First Minister's Question Time

2.15 pm Themed Question Time
Infrastructure and Capital Investment;

Culture and External Affairs

2.55 pm Scottish Government Debate: Lord Carloway's Review of Criminal Procedure

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 7 December 2011

2.30 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Scottish Government Business

followed by Business Motion

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 8 December 2011

9.15 am Parliamentary Bureau Motions

followed by Scottish Government Business

11.40 am General Question Time

12.00 pm First Minister's Question Time

2.15 pm Themed Question Time
Education and Lifelong Learning

2.55 pm Scottish Government Business

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business—[*Bruce Crawford.*]

The Presiding Officer: There are two requests to speak against the business motion. The standing orders state that there can be only one speaker for and one speaker against a business motion. In accordance with rule 8.11.3, each speaker is permitted to speak for a maximum of five minutes.

17:00

Paul Martin (Glasgow Provan) (Lab): I rise on behalf of the Scottish Labour Party to oppose, again, the business motion in the name of the Scottish National Party Scottish Government, in respect of the business that is proposed for Wednesday 30 November.

Members will be aware that the motion proposes that the Parliament debate public sector pensions on the proposed day of action. It must concern the people who will take action throughout the country that a Con-Dem-SNP pact has been formed today to manufacture such a debate, perhaps as a ploy to give SNP members dispensation to attend the Parliament on that day.

Members: Rubbish!

The Presiding Officer: Can we please hear the member?

Paul Martin: Presiding Officer, can I say to SNP members: "Dream on"? They might have staked their claim to be supporting men and women during the recent Scottish Parliament elections, but next Wednesday their hypocrisy will be exposed. The failure of SNP members to oppose the erosion of workers' rights will never be forgotten.

As I said last week, we continue to hope that the dispute can be resolved. I repeat what I said last week: the SNP Government has a role in dealing with the dispute; it has a role in looking at ways in which it can resolve it. I repeat that Mr Swinney is in a position to reverse increases in the employee contributions to national health service, teachers', police and firefighters' pensions.

Again as I said last week, the dispute is on a scale that has never been seen before in this country. Union members took their decision after a great deal of consideration and negotiation. It is now time to decide whose side they will be on on 30 November—[*Interruption.*]

The Presiding Officer: Order. Can we hear the member, please? There is too much noise in the chamber.

Paul Martin: We will support the men and women throughout the country and we will be fighting to protect their conditions. We make no apologies for that. I ask members to oppose the business motion in the name of the Scottish Government.

17:03

The Cabinet Secretary for Parliamentary Business and Government Strategy (Bruce Crawford): I do not want to go over all the points that I made in the similar debate last week, but some points require to be re-emphasised.

First, let me be clear: as I said last week, this Government fully respects the rights of employees who might choose to withdraw their labour on the day of action that is planned for 30 November. We have sympathy with the substance of public sector workers' concerns about the United Kingdom Government's attack on their pensions. We think that the UK Government's approach to pension reform is wrong. It is the wrong decision, at the wrong time. We are urging the UK Government to reconsider and we will continue to do so. The decision is wrong because it is nothing more than a naked cash grab that does nothing to address the long-term sustainability of pensions. Let me also be clear that the Scottish Government is committed to public sector pensions that are affordable, sustainable and fair.

On the action that is planned for 30 November, I recognise that there are two competing arguments for the Parliament to consider: first, members' positions on not crossing picket lines at the Scottish Parliament when public sector workers take industrial action; and secondly, the principle that we were put here in a privileged position when we were elected to the Parliament to represent all our constituents' views. We have a public duty to do just that by discussing the issues that matter to the people of Scotland.

Patrick Harvie (Glasgow) (Green): I am grateful to the cabinet secretary for giving way. Last week Parliament agreed to hold business on 30 November. I do not like that, but it has happened. The business motion we are discussing now specifically schedules a debate on the pensions issue. Does the cabinet secretary not understand that members who take the view that it is wrong to cross a picket line in these circumstances represent an important strand of opinion in that debate? Why is he specifically scheduling this debate at a time that excludes that important strand of opinion?

Bruce Crawford: I will respond by quoting Mr Jim Sillars from *The Scotsman* of 21 November. He said:

“A Parliament is not an office or a factory. It is the heart, soul and the instrument whereby civic society gains its democratic legitimacy for the protection of free speech and rule by the ballot box.”

I have not always agreed with Jim Sillars’s view, but on this occasion I think that he is absolutely correct.

We respect the position that the Labour Party and the Green Party have taken, but we cannot agree with them. I will not be drawn into an argument with the Labour Party on this issue when its chosen target is the Scottish National Party. The real target is the UK Government in London: it is what we should be attacking.

Members: Hear, hear.

Bruce Crawford: We will not fall into that trap and the Labour Party does the workers of Scotland a disservice by trying to achieve that.

As I said last week, it is clear that the UK Government does not speak for Scotland on this matter and therefore it is even more important, to answer Patrick Harvie, that this Parliament does so on 30 November. In a debate on that day we have the opportunity to say loud and clear from this national Parliament of Scotland, “You are wrong and it is time to think again.” The Parliamentary Bureau and not the SNP Government—although I am pleased that we put this to the bureau—decided and agreed on Tuesday to debate public sector pensions on the afternoon of Wednesday 30 November. I recommend that business to Parliament.

The Presiding Officer: The question is, that motion S4M-01403, in the name of Bruce Crawford, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, Brian (Aberdeen Donside) (SNP)
 Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)

Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Finnie, John (Highlands and Islands) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Goldie, Annabel (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (North East Scotland) (SNP)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McLetchie, David (Lothian) (Con)
 McMillan, Stuart (West Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (SNP)
 Walker, Bill (Dunfermline) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)

Eadie, Helen (Cowdenbeath) (Lab)	Wednesday 7 December 2011	
Fee, Mary (West Scotland) (Lab)	2.30 pm	Time for Reflection
Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)	<i>followed by</i>	Parliamentary Bureau Motions
Findlay, Neil (Lothian) (Lab)	<i>followed by</i>	Scottish Government Business
Grant, Rhoda (Highlands and Islands) (Lab)	<i>followed by</i>	Business Motion
Gray, Iain (East Lothian) (Lab)	<i>followed by</i>	Parliamentary Bureau Motions
Griffin, Mark (Central Scotland) (Lab)	5.00 pm	Decision Time
Harvie, Patrick (Glasgow) (Green)	<i>followed by</i>	Members' Business
Henry, Hugh (Renfrewshire South) (Lab)	Thursday 8 December 2011	
Johnstone, Alison (Lothian) (Green)	9.15 am	Parliamentary Bureau Motions
Kelly, James (Rutherglen) (Lab)	<i>followed by</i>	Scottish Government Business
Lamont, Johann (Glasgow Pollok) (Lab)	11.40 am	General Question Time
Macdonald, Lewis (North East Scotland) (Lab)	12.00 pm	First Minister's Question Time
Macintosh, Ken (Eastwood) (Lab)	2.15 pm	Themed Question Time
Malik, Hanzala (Glasgow) (Lab)		Education and Lifelong Learning
Marra, Jenny (North East Scotland) (Lab)	2.55 pm	Scottish Government Business
Martin, Paul (Glasgow Provan) (Lab)	<i>followed by</i>	Parliamentary Bureau Motions
McCulloch, Margaret (Central Scotland) (Lab)	5.00 pm	Decision Time
McMahon, Siobhan (Central Scotland) (Lab)	<i>followed by</i>	Members' Business
McNeil, Duncan (Greenock and Inverclyde) (Lab)		
McTaggart, Anne (Glasgow) (Lab)		
Murray, Elaine (Dumfriesshire) (Lab)		
Park, John (Mid Scotland and Fife) (Lab)		
Pearson, Graeme (South Scotland) (Lab)		
Pentland, John (Motherwell and Wishaw) (Lab)		
Simpson, Dr Richard (Mid Scotland and Fife) (Lab)		
Smith, Drew (Glasgow) (Lab)		
Smith, Elaine (Coatbridge and Chryston) (Lab)		
Stewart, David (Highlands and Islands) (Lab)		

The Presiding Officer: The result of the division is: For 81, Against 36, Abstentions 0.

Motion agreed to,

That the Parliament agrees the following programme of business—

Wednesday 30 November 2011

2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Scottish Government Debate: Public Sector Pensions
<i>followed by</i>	Business Motion
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Thursday 1 December 2011

9.15 am	Parliamentary Bureau Motions
<i>followed by</i>	Scottish Labour Party Business
11.40 am	General Question Time
12.00 pm	First Minister's Question Time
2.15 pm	Themed Question Time
	Infrastructure and Capital Investment;
	Culture and External Affairs
2.55 pm	Scottish Government Debate: Lord Carloway's Review of Criminal Procedure
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Decision Time

17:08

The Presiding Officer (Tricia Marwick): There are four questions to be put as a result of today's business. The first question is, that amendment S4M-01399.3, in the name of Richard Simpson, which seeks to amend motion S4M-01399, in the name of Michael Matheson, on the implementation of the carers and young carers strategy, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Helen (Cowdenbeath) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stewart, David (Highlands and Islands) (Lab)

Against

Adam, Brian (Aberdeen Donside) (SNP)
 Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)

Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (North East Scotland) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (SNP)
 Walker, Bill (Dunfermline) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Abstentions

Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McLetchie, David (Lothian) (Con)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)

Scott, John (Ayr) (Con)
Smith, Liz (Mid Scotland and Fife) (Con)

The Presiding Officer: The result of the division is: For 39, Against 64, Abstentions 14.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S4M-01399.1, in the name of Nanette Milne, which seeks to amend motion S4M-01399, in the name of Michael Matheson, on the implementation of the carers and young carers strategy, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
Baker, Richard (North East Scotland) (Lab)
Beamish, Claudia (South Scotland) (Lab)
Bibby, Neil (West Scotland) (Lab)
Boyack, Sarah (Lothian) (Lab)
Brown, Gavin (Lothian) (Con)
Carlaw, Jackson (West Scotland) (Con)
Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Dugdale, Kezia (Lothian) (Lab)
Eadie, Helen (Cowdenbeath) (Lab)
Fee, Mary (West Scotland) (Lab)
Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
Fergusson, Alex (Galloway and West Dumfries) (Con)
Findlay, Neil (Lothian) (Lab)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Goldie, Annabel (West Scotland) (Con)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Renfrewshire South) (Lab)
Johnstone, Alex (North East Scotland) (Con)
Johnstone, Alison (Lothian) (Green)
Kelly, James (Rutherglen) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
Macdonald, Lewis (North East Scotland) (Lab)
Macintosh, Ken (Eastwood) (Lab)
Malik, Hanzala (Glasgow) (Lab)
Marra, Jenny (North East Scotland) (Lab)
Martin, Paul (Glasgow Provan) (Lab)
McArthur, Liam (Orkney Islands) (LD)
McCulloch, Margaret (Central Scotland) (Lab)
McGrigor, Jamie (Highlands and Islands) (Con)
McInnes, Alison (North East Scotland) (LD)
McLetchie, David (Lothian) (Con)
McMahon, Siobhan (Central Scotland) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
McTaggart, Anne (Glasgow) (Lab)
Milne, Nanette (North East Scotland) (Con)
Mitchell, Margaret (Central Scotland) (Con)
Murray, Elaine (Dumfriesshire) (Lab)
Park, John (Mid Scotland and Fife) (Lab)
Pearson, Graeme (South Scotland) (Lab)
Pentland, John (Motherwell and Wishaw) (Lab)
Rennie, Willie (Mid Scotland and Fife) (LD)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
Smith, Drew (Glasgow) (Lab)
Smith, Elaine (Coatbridge and Chryston) (Lab)

Smith, Liz (Mid Scotland and Fife) (Con)
Stewart, David (Highlands and Islands) (Lab)

Against

Adam, Brian (Aberdeen Donside) (SNP)
Adam, George (Paisley) (SNP)
Adamson, Clare (Central Scotland) (SNP)
Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
Biagi, Marco (Edinburgh Central) (SNP)
Brodie, Chic (South Scotland) (SNP)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burgess, Margaret (Cunninghame South) (SNP)
Campbell, Aileen (Clydesdale) (SNP)
Campbell, Roderick (North East Fife) (SNP)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Constance, Angela (Almond Valley) (SNP)
Crawford, Bruce (Stirling) (SNP)
Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
Dey, Graeme (Angus South) (SNP)
Don, Nigel (Angus North and Mearns) (SNP)
Doris, Bob (Glasgow) (SNP)
Dornan, James (Glasgow Cathcart) (SNP)
Eadie, Jim (Edinburgh Southern) (SNP)
Ewing, Annabelle (Mid Scotland and Fife) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
Finnie, John (Highlands and Islands) (SNP)
FitzPatrick, Joe (Dundee City West) (SNP)
Gibson, Kenneth (Cunninghame North) (SNP)
Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lochhead, Richard (Moray) (SNP)
Lyle, Richard (Central Scotland) (SNP)
MacAskill, Kenny (Edinburgh Eastern) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
Mackay, Derek (Renfrewshire North and West) (SNP)
Mackenzie, Mike (Highlands and Islands) (SNP)
Mason, John (Glasgow Shettleston) (SNP)
Matheson, Michael (Falkirk West) (SNP)
Maxwell, Stewart (West Scotland) (SNP)
McAlpine, Joan (South Scotland) (SNP)
McDonald, Mark (North East Scotland) (SNP)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
McLeod, Aileen (South Scotland) (SNP)
McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
McMillan, Stuart (West Scotland) (SNP)
Neil, Alex (Airdrie and Shotts) (SNP)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Robertson, Dennis (Aberdeenshire West) (SNP)
Robison, Shona (Dundee City East) (SNP)
Russell, Michael (Argyll and Bute) (SNP)
Salmond, Alex (Aberdeenshire East) (SNP)
Stewart, Kevin (Aberdeen Central) (SNP)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Urquhart, Jean (Highlands and Islands) (SNP)
Walker, Bill (Dunfermline) (SNP)
Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
Wheelhouse, Paul (South Scotland) (SNP)
White, Sandra (Glasgow Kelvin) (SNP)
Wilson, John (Central Scotland) (SNP)
Yousaf, Humza (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 53, Against 64, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S4M-01399.2, in the name of Alison McInnes, which seeks to amend motion S4M-01399, in the name of Michael Matheson, on the implementation of the carers and young carers strategy, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Helen (Cowdenbeath) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McLetchie, David (Lothian) (Con)
 McMahan, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)

Against

Adam, Brian (Aberdeen Donside) (SNP)
 Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (North East Scotland) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (SNP)
 Walker, Bill (Dunfermline) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 53, Against 64, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S4M-01399, in the name of Michael Matheson, on the implementation of the carers and young carers strategy, be agreed to.

Motion agreed to,

That the Parliament acknowledges the commitment and support provided by Scotland's estimated 650,000 carers and 100,000 young carers; recognises the benefits to families, local communities, Scottish society and the economy that the important caring role brings; agrees that sustaining carers in their caring role results in positive outcomes for carers, the cared-for person and that it helps to shift the balance of care from institutional settings to the home; welcomes the progress that is being made with implementation of the Carers and Young Carers Strategy for Scotland 2010-2015, Caring Together and Getting it Right for Young Carers, and welcomes the Scottish Government's commitment to ensure that from 2012-13 onwards, at least 20% of the Change Fund spend for older people's services will be dedicated to supporting carers to continue to care for older people.

Act of Settlement

The Deputy Presiding Officer (John Scott): The final item of business today is a members' business debate on motion S4M-01191, in the name of Jim Eadie, on the Act of Settlement. The debate will conclude without any question being put.

Motion moved,

That the Parliament welcomes the proposed reforms to the laws on succession for the monarchy announced at the Commonwealth Heads of Government Meeting (CHOGM) in Perth, Australia, which will remove discrimination on the grounds of gender and also ensure that in future the monarch will be free to marry a person of the Catholic religion; views with deep disappointment and incredulity the fact that these reforms stop short of ending the bar on a Catholic becoming monarch; believes that the discrimination contained in the Act of Settlement 1701 has no place in modern society; welcomes the work of all groups and organisations tackling discrimination in Edinburgh and across Scotland, and affirms its view that participation in any aspect of national life should not be disbarred on the grounds of religion.

17:14

Jim Eadie (Edinburgh Southern) (SNP): I thank each of the 31 MSPs who signed the motion in my name and I am grateful for the genuine cross-party support that underpins the debate. I record my appreciation to Labour and Liberal Democrat members, as well as to Scottish National Party colleagues, for their support.

We return this evening to a subject that MSPs have debated before. Back in 1999, it was one Michael Russell who initiated such a debate in the fledgling Scottish Parliament. On that occasion, our Parliament was unanimous in its support for a motion that stated that religious discrimination should have no part in a modern society.

I recall that one of the most eloquent agitators for change in that debate was the Conservative MSP and former minister Lord James Douglas-Hamilton. I recall, too, the spirited efforts of Norman Hogg, the former Labour MP for Cumbernauld and Kilsyth, who raised this matter at Westminster.

The impetus for the debate is, of course, the agreement that was reached at the recent Commonwealth heads of Government meeting in Perth, Australia. That agreement will see amendments to legislation in the United Kingdom and 14 other legal jurisdictions that will allow future monarchs to marry a person of the Catholic religion and will remove the current gender discrimination relating to the line of succession. Both changes are welcome.

However, as the motion states, it is a matter of disappointment that the changes will not go further

and sweep away the discrimination that prevents a Catholic from ascending the throne. In fact, the announcement raises the question, if we can find a way to resolve the discrimination against women, and if we can find the will to resolve the discrimination against those who are married to Catholics, why cannot we find the will and the way to end the discrimination against Catholics themselves? I believe that there is a way, if only the United Kingdom Government can summon the political will. The UK Government has an opportunity to act decisively, but it has chosen to act half-heartedly, which is a matter of deep disappointment.

As a nation, we oppose discrimination. We believe that no one should be denied the opportunity to participate in society because of their race or ethnicity, their disability, their gender or sexual orientation, their age or their religion. That principle should inform all the work of the Scottish Parliament and the Scottish Government, as well as that of the UK Parliament and the UK Government.

John Mason (Glasgow Shettleston) (SNP):

The member makes the point that the UK Government is unwilling to go down that route. Does he agree that if we were to move towards complete separation of church and state—as I believe we should—that would remove the problem, because the problem is with the Church of England?

Jim Eadie: I will come to that issue as I make progress with my speech. The member makes a fair and reasonable point that will, I am sure, carry support from across the chamber.

For me, the issue is straightforward. A society that, on one hand, opposes discrimination should not, on the other hand, enshrine discrimination in its very constitution and at the very heart of its national life. It might well be true that the Crown is now reduced to being a ceremonial part of the British constitution, but as Cardinal Keith O'Brien has said, the legislation that we are debating not only is "arcane" but

"causes offence and is hurtful".

As long as we have a monarch as the head of state, the issue remains as pressing and as significant as it would be if we had a bar on a Catholic becoming our head of state through election as president.

The motion seeks to maximise agreement across the chamber, to build consensus and to reaffirm the will of the Scottish Parliament on the issue. Previous Governments have asserted that the issue is too difficult and complex to deal with, requiring, as it would, changes to various pieces of legislation. That argument has never been convincing. Robert Blackburn, who is a professor

of constitutional law at University College London, has written that

"this complication would hardly bother the government's legislative draftsmen".

Professor Blackburn argues that reform measures such as the Constitutional Reform Act 2005, which transformed the office of Lord Chancellor and the position of the law lords, were far more complex, as are the annual finance acts, which he argues are worse in terms of detail and comprehensibility.

The argument about complexity has always been weak, and now that the UK Government has announced two significant changes, which will require amendments to at least eight significant pieces of legislation, that weak argument becomes entirely obsolete. Nevertheless, the UK Prime Minister refuses to go further and to end the discrimination for fear that allowing Catholics and other non-Anglicans to succeed to the throne would conflict with the sovereign's role as supreme governor of the Church of England, as John Mason said. That strikes me as being the most absurd case of putting the cart before the horse. What is the more important role: head of state or head of the Church of England? Are we to say that discrimination at the heart of our constitution must be tolerated, for fear that doing away with it might interfere with the working of the Church of England? Surely it is possible to protect the status of the Church of England while at the same time removing this unjustifiable barrier.

We all understand that the matter falls outside the legislative competence of the Scottish Parliament, but while this Parliament does not have the legislative power to act, it has a political responsibility to lead. It also has a democratic duty to reflect the values of our society and our communities. I believe that by speaking out against the provisions in the Act of Settlement, we are reflecting the values of the vast majority of Scottish society. There is widespread support among members of our religious communities, including the Church of Scotland and the Hindu and Muslim faiths, for ending the discrimination that the act contains.

Very recent polling shows that a clear majority of the Scottish public are in favour of repeal, and that support for repeal is even stronger in Scotland than it is elsewhere in the UK. There have been many welcome changes since the Act of Settlement, including Catholic emancipation, universal suffrage and votes for women. We should not allow one of the last vestiges of discrimination to remain in place.

In 1999, this Parliament spoke with a clear and unequivocal voice to call for the repeal of the Act of Settlement. Even with the changes that the UK Government has proposed, the discrimination at

the heart of the act will remain in place. I believe that that is unacceptable. Now is the time for our Parliament to reaffirm its commitment to equality. This is our opportunity to restate our view that participation in every aspect of national life should be open to all, regardless of religion. I trust that that is a principle on which we can all agree.

17:21

Hugh Henry (Renfrewshire South) (Lab): I thank Jim Eadie for giving us the opportunity to discuss this significant and fundamental issue, and I echo the comments that he made at the end of his speech. There should be no position in modern British society that prevents anyone from participating in it. Institutional barriers to any religion should have no place in 21st century Britain.

Jim Eadie criticised David Cameron, but I will give credit where credit is due: David Cameron has made at least some progress on what has been a centuries-old problem. As Jim Eadie said, it is time that we eliminated all forms of discrimination and prejudice, irrespective of who is affected or the positions to which someone may aspire.

It is interesting for us in Scotland, when we are having a topical debate about sectarianism, to see that we still have this remnant from history. A symbolic and potent aspect of anti-Catholic bigotry and prejudice still remains. It is important to ensure that no institution is associated with discrimination against any citizen.

Jim Eadie referred to some of the history behind the act and to the influence of the Church of England. It is absurd that the Church of England still feels it necessary to have the monarch of the country as its head. I cannot understand why it does not have the confidence to be a proper church, like other religions, and to have its own form of worship with its own religious individual as head of the church. It is an absurd historical relic that the monarch or the head of state of this country should be the head of the Church of England.

There is an argument—whether or not we call it disestablishment—for removing the monarch from their position as head of the Church of England. The debate is not about whether we are for or against the monarchy, which is a moot point. It is about the specific issue of anti-Catholic discrimination, which still exists whether or not there is a monarchy.

Alex Salmond has said that he still wants the Queen and her successors to be monarch in an independent Scotland. He has spoken eloquently—and correctly, as I support him on this—about removing this aspect of anti-Catholic

prejudice. However, what would happen in an independent Scotland if this relic still remained and the Queen remained as head of the Church of England? Would Alex Salmond still want the Queen to be monarch of an independent Scotland? However, that is a debate for another day.

I do not think that there is any convincing argument for this historical relic or for institutional discrimination to remain. Its removal is long overdue. We have made a slow, small step towards that, but we have not fundamentally changed the situation. I will finish on one other aspect of it. If, under the changes that have been made, the monarch is allowed to marry a Roman Catholic and that person wishes to bring their children up as Roman Catholics, what will happen when the oldest child—now that either a male or a female can ascend the throne—comes of age and ascends the throne? Will that child have to abandon their religion simply to become the monarch, or will the Roman Catholic person whom the monarch marries be forced not to bring their children up as Catholics? As Jim Eadie says, the law is absurd and change is long overdue.

17:26

Bob Doris (Glasgow) (SNP): I commend Jim Eadie for bringing the debate to the Parliament at a timely juncture, while the matter is being discussed in other places.

Reform of the institutionalised discrimination that is the Act of Settlement has been a long time in coming. Let us not forget that that piece of legislation predates the country in which it applies and that it exists for the self-described purpose of ensuring the Protestant succession to the throne. One could be forgiven for feeling some hope at the prospect of reform when Prime Minister David Cameron announced changes to, as he put it,

“some of the out-dated rules—like some of the rules of succession”

that

“just don’t make sense to us any more”,

and said

“this way of thinking is at odds with the modern countries that we have become.”

Sadly, we are perhaps not as modern as David Cameron would like us to be. The Westminster Government will not deliver the far-reaching reforms that are required, nor will it analyse in a meaningful way the place that the monarch has in society and their relationship with all citizens—importantly, with the taxpayer.

Instead, Westminster ultimately has disappointment in store, as far as I am concerned.

I take on board what Hugh Henry said about progress still being progress but, as a Catholic, I see the reforms as disappointing. Not only do they fail entirely to address society's concern about the monarchy's arcane rules of operation; they are dressed up in a language that pretends that they are doing so. I am no monarchist, but I accept that the monarchy exists. To put it bluntly, if we want equal rights in relation to the monarchy, we either support equal rights for Catholics or we do not. We cannot have a partial human right—we have it or we do not. The reforms will mean that Catholics across the UK or wherever will not have equality of status with people of other faiths, and that is just wrong.

Neil Findlay (Lothian) (Lab): I do not mean to have a personal dig at Bob Doris, but could he advise me whether he supports his party's current policy that the Queen would be the head of state in an independent Scotland?

Bob Doris: I will not be drawn into the detail of that because of the short time that I have left. In an independent Scotland, where the Queen would be the head of state and the same relationship would still exist, it would be for the people of Scotland, not the rest of the UK, to decide Scotland's future relationship with the monarchy. We are currently powerless to make that decision. The difference between me and Mr Findlay is that I would let the Scottish people decide, whereas he would give that responsibility to another place. I find that unacceptable, but I take his comment in the spirit in which it was intended. It is important to realise these things as factual.

I note that the Scottish Parliament has come together as one before to say that the Act of Settlement is wrong and should be repealed. Personally, I do not believe that there should be such a relationship between the state and a church. We should have a secular Government—that is important to me.

I will touch lightly on the bill that the Parliament is considering to deal with sectarianism and discrimination. The Act of Settlement does not directly impact on that, but we all stay in communities. It would be wrong to say that people do not ask why the country in which we live bars Catholics from being the monarch or marrying the monarch. I am not saying that people aspire to that, but the situation is symbolic for many people and has been so for generations. Until the Act of Settlement is completely repealed, we will not achieve integration and equality in society.

17:30

David McLetchie (Lothian) (Con): I have a strong sense of *déjà vu*. As Jim Eadie said, the subject was raised in the Scottish Parliament's

early days, back in December 1999. We debated a motion that Michael Russell lodged in his first incarnation as an MSP and an amendment lodged by Tom McCabe, who I very much regret is no longer a member or able to give us his wise counsel. As other members have said, the motion and the amendment were unanimously approved.

As Jim Eadie said, the debate was notable for what turned out to be an award-winning speech that my good friend Lord James Douglas-Hamilton delivered. He powerfully advocated the case for reforming the succession to the Crown, for ending the statutory discrimination against persons of the Roman Catholic faith that prevents them from becoming the monarch and for ending the ban on the monarch marrying a Roman Catholic. Those who did not witness that speech will be interested to know that it asked whether Tony Blair was more right-wing than the Duke of Wellington and enlightened us on the duel that the iron duke and Lord Winchilsea fought in 1829 over Roman Catholic emancipation.

From the motion and some speeches today, it would be tempting to think that the issue is simply a matter of repealing the Act of Settlement, which is an act of the English Parliament prior to the union of 1707, as was the Bill of Rights of 1688, which followed William and Mary's succession to the throne. However, taking such a view would be an error, because the succession is enshrined in the act of union—technically, that means the acts of union of 1706 and 1707, which the old English and Scottish Parliaments passed.

The acts of union state:

"all Papists and persons marrying Papists shall be excluded from and for ever incapable to inherit possess or enjoy the Imperial Crown of Great Britain and the Dominions thereunto belonging or any part thereof".

There is nothing to be particularly proud of in that reiteration, but let us not forget that many jurists regard the acts of union as fundamental law. That view has been expressed by, among others, the late Professor Neil MacCormick and Professor T B Smith, under whom I had the privilege of studying law at the University of Edinburgh. The view was also the basis of the famous ERII case of *MacCormick v Lord Advocate* in 1953.

Some might simplistically think that the union of the Crowns and the union of the Parliaments were two separate measures, but the fact is that the union of the Parliaments was partly motivated by a desire to secure a unified Protestant succession to the throne, which is why the acts of union contain the express statement that I quoted. SNP members should not look bemused; I am afraid that those are the facts.

As a party, the SNP must address the fact that any dissolution of our parliamentary union will

require resolution of the succession. Of course, that assumes that an independent Scotland would have a monarchy—Neil Findlay raised that point—and a unified Crown with the rest of the United Kingdom, which the First Minister appears to favour.

The progress that Her Majesty's Government has made on dealing with discriminatory aspects of the succession on the grounds of gender and religion is welcome. It was fairly acknowledged in Jim Eadie's motion and generously noted in Hugh Henry's speech. That stands in marked contrast to the singular lack of progress that was made at Westminster in the 12 years after this Parliament debated the Act of Settlement.

Let us not underestimate the complexities of going further, however desirable that would undoubtedly be. As Hugh Henry and John Mason pointed out fairly, the whole issue is tied up with the established nature of the Church of England, of which the monarch is head. It requires the untangling of more than 400 years of constitutional history as well as the assent of Parliaments throughout the Commonwealth. I agree that the issues are not impossible to resolve, but they require a co-ordinated and sustained effort in a number of jurisdictions. We should encourage further progress.

17:35

John Wilson (Central Scotland) (SNP): I congratulate Jim Eadie on bringing the debate to the chamber. In 1999, Michael Russell was able to say that 77 members signed his motion on the Act of Settlement, which gave him the support of 70 per cent of members that day. Although the motion that we are debating today did not receive the same level of support, the issue that Jim Eadie has brought to our attention is not about who the monarch wants to marry; it is a wider issue about a 300-year-old act that is still being imposed on Scotland and the rest of the UK and about meaningful discrimination against Roman Catholics which, as other members have said, relates to other debates in Parliament to address some of the worst aspects of sectarianism in our society.

David McLetchie was right. We can download the speeches from 1999 and see that Lord James Douglas-Hamilton gave an award-winning speech, in which he raised some very important points. He asked whether there should be legislation that blatantly discriminates against a Christian religion. That comment and the rest of his speech should be read by every member so that they are aware of the issues that were being discussed in 1999 and which we are still trying to resolve 12 years later.

The current position is quite clear. The heir to the throne can accede to the throne if he or she marries someone of any faith, or even an atheist, but not a Roman Catholic. Jim Eadie is correct in his assertion that the proposed reforms for the monarchy that were announced at the Commonwealth heads of Government meeting in Perth, Australia do not go far enough. It is worth noting that, although Parliament discussed the matter 12 years ago, we are still no further forward in resolving the issue. Do we continue to support a 300-year-old piece of legislation or should we introduce legislation that is fit for purpose in a modern, 21st century society?

In a multifaith Scotland, tackling discrimination of any kind should be a top priority. I place on the record my appreciation for the approach that Michael Russell took in 1999 to bring the issue to the chamber in that year so that Parliament could discuss it and get its views on the record. We still have to take the debate forward. David McLetchie is right that we might have to revisit and review the Act of Settlement as part of the vote on independence that we will have later in the parliamentary session, and then draw up legislation that is fit for purpose in the 21st century.

In a modern Scotland, meritocracy should be the key principle, not intolerance. We should embrace modernity, not an outmoded way of institutionalised thinking that is now more than 300 years old. I commend Jim Eadie for his motion.

17:39

The Minister for Parliamentary Business and Chief Whip (Brian Adam): The Government welcomes Jim Eadie's motion. It is telling that, so soon after its revival in 1999, the Parliament made a clear and unanimous call for the removal of all religious discriminatory provisions in the Act of Settlement. David McLetchie eloquently made his point about a number of acts that were enacted in the English and Scottish Parliaments at that time. I am delighted that he continues to support changes to the Act of Settlement, and I hope that some day he might wish to change the acts of union of 1706 and 1707.

Since 1999, the Parliament and successive Governments of Scotland have held firm to the view that all religious discriminatory provisions in the Act of Settlement should be removed. Nobody could doubt Scotland's desire to make clear its commitment to eradicating religious discrimination.

This debate affords us the opportunity to consider the UK Government's announcement on 28 October that certain religious discriminatory aspects of the rules that apply to the royal succession would be removed. The Scottish

Government welcomes the move, as agreed by all the Commonwealth heads of Government, to end male primogeniture and the ban on any future monarch being married to a Roman Catholic, but it is a pity that it did not go all the way. The step is significant and it reflects the modern world, but as Jim Eadie's motion says, it is indeed a "deep disappointment" that the ban on a Catholic becoming the monarch is to remain.

The Prime Minister revels in painting a warm and rosy picture of a first-born female descendant one day becoming Queen, but that picture quickly fades for those who realise that the child cannot do so if she chooses the Catholic faith. A future monarch can marry a Catholic, but they cannot share their Catholic partner's faith. Hugh Henry rightly pointed out the challenges around how the offspring of such a union might be brought up in terms of their faith. Indeed, if changes are made in an independent Scotland, there would be challenges around how the repeal of the Act of Settlement would affect that. As I say, a future monarch can marry a Catholic, but they cannot share their Catholic partner's faith, and such a couple could never expect their heirs to enjoy that freedom.

The UK Government told us previously that the complexity of constitutional statute and its application across the Commonwealth were a barrier to the reform agenda. Mr McLetchie repeated that, but he did not say that such complexities are insurmountable. That appears to be the UK Government's current position, which is unfortunate. It is now clear that change can and will happen; indeed, it has happened in two thirds of the problem areas of the act. Nothing is impossible. Many things in this world can be classed as difficult, but the real barrier is a lack of will to drive change.

The Prime Minister sought to dismiss the idea of a Catholic becoming monarch on the ground that

"the monarch must be in communion with the Church of England because he or she is the head of that Church."

As the First Minister made clear in response to the Commonwealth heads of Government announcement, however, the interests of the Church of England could perfectly well be protected without recourse to outdated and religiously discriminatory 18th century legislation. It is a fact that a solution could be found if people chose to look for one.

The Scottish Government has made it clear that, whatever Scotland's constitutional future, Her Majesty the Queen would remain the head of state in Scotland. In doing so, we have signalled that an independent Scotland could abolish discrimination on the ground of religious belief in relation to the succession to the throne. That seems to me to be

a fairly fundamental principle. It is a position that speaks of fairness, inclusion and respect for a multicultural Scotland in which bigotry and religious discrimination have no part.

It is certainly frustrating to debate matters over which the Scottish Government has no control, but I welcome the opportunity that Jim Eadie's motion has given to reaffirm that the Government values Scotland's diverse faith and belief communities, all of which enrich Scotland socially, culturally and economically. They also play an important part in supporting their communities and developing cohesion among and between Scottish communities.

Sectarianism is never acceptable or excusable. It has blighted Scotland for far too long, and the ambition of the Scottish Government and all members is to eradicate it.

The Government's Offensive Behaviour at Football and Threatening Communications (Scotland) Bill sends a strong message that bigotry and prejudice have no place in a modern, diverse and multicultural Scotland. In times of great change and uncertainty, we must be vigilant and resist any attempt to single out and make scapegoats of minority faith groups and communities as a result of the pressures of society as a whole. We are committed to ensuring that Scotland values diversity and recognises a multicultural society as one that is vibrant, successful and energetic.

Our aspiration is for Scotland to be a place where people from all backgrounds can live and raise families in peace and where people of all faiths and ethnic backgrounds can follow their religion or belief and, vitally, achieve their potential. The Government will therefore not tolerate discrimination, harassment or abuse because of the colour of someone's skin, their ethnic origin or their cultural or religious background. Such behaviour has no place in Scottish life.

The Government is actively involved in promoting and supporting interfaith harmony. We fund a range of organisations and projects that work to encourage, promote and develop relationships that are based on mutual respect and understanding among and between people of differing faiths and those of none. Some examples, with which Mr Eadie will no doubt be familiar, are the festival of spirituality and peace, which provides a significant contribution to the Edinburgh international festival, and the Scottish Inter Faith Council and Edinburgh Inter-Faith Association, both of which work tirelessly to promote interfaith relations, which includes working with young people and in schools, and to deliver Scotland's interfaith week.

The Scottish Government is committed to creating a modern and inclusive Scotland that protects, respects and realises human rights for all. By working together, we can make Scotland a safer, stronger and more inclusive society to which we can all fully contribute and from which we can all fully benefit.

Meeting closed at 17:46.

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

Members who wish to suggest corrections for the revised e-format edition should e-mail them to official.report@scottish.parliament.uk or send a marked-up printout to the Official Report, Room T2.20.

Available in e-format only. Printed Scottish Parliament documentation is published in Edinburgh by RR Donnelley and is available from:

All documents are available on
the Scottish Parliament website at:

www.scottish.parliament.uk

For details of documents available to
order in hard copy format, please contact:
APS Scottish Parliament Publications on 0131 629 9941.

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@scottish.parliament.uk

e-format first available
ISBN 978-0-85758-985-9

Revised e-format available
ISBN 978-1-4061-7863-0

Printed in Scotland by APS Group Scotland
