The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

EQUAL OPPORTUNITIES COMMITTEE

Tuesday 27 March 2012

Session 4

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EQUAL OPPORTUNITIES COMMITTEE

6th Meeting 2012, Session 4

CONVENER

*Mary Fee (West Scotland) (Lab)

DEPUTY CONVENER

*Stuart McMillan (West Scotland) (SNP)

COMMITTEE MEMBERS

*John Finnie (Highlands and Islands) (SNP)
*Annabel Goldie (West Scotland) (Con)
*Siobhan McMahon (Central Scotland) (Lab)
*Dennis Robertson (Aberdeenshire West) (SNP)
*Jean Urquhart (Highlands and Islands) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Florence Burke (Princess Royal Trust for Carers)
Alex Cole-Hamilton (Aberlour Child Care Trust)
Suzanne Munday (Minority Ethnic Carers of Older People Project)
Alex Murphy (Alzheimer Scotland)
Jack Ryan (Crossroads Caring Scotland)

CLERK TO THE COMMITTEE

Douglas Thornton

LOCATION

Committee Room 4

Scottish Parliament

Equal Opportunities Committee

Tuesday 27 March 2012

[The Convener *opened the meeting at 14:03*]

Gypsy Travellers and Care

The Convener (Mary Fee): Good afternoon and welcome to the Equal Opportunities Committee's sixth meeting in 2012. I remind everyone present, including members, to turn off all mobile devices. We have received no apologies for this meeting.

To my right are the committee members, opposite me is our panel of witnesses—welcome to them—and on my left are the clerking, research and official report staff. At the far end, we are supported by broadcasting and security. I welcome the observers who are sitting at the rear of the room.

I am the committee convener. I would like the members and witnesses around the table to introduce themselves. It might be helpful at this point if the witnesses could give us an insight into their involvement and work with the Gypsy Traveller community, but I ask you to keep it very brief so that we do not stifle the debate that we will have afterwards.

Stuart McMillan (West Scotland) (SNP): I am an MSP for West Scotland and deputy committee convener.

Dennis Robertson (Aberdeenshire West) (SNP): Good afternoon. I am the MSP for Aberdeenshire West.

Annabel Goldie (West Scotland) (Con): I am an MSP for West Scotland.

John Finnie (Highlands and Islands) (SNP): Good afternoon. I am an MSP for the Highlands and Islands.

Siobhan McMahon (Central Scotland) (Lab): I am an MSP for Central Scotland.

Jean Urquhart (Highlands and Islands) (SNP): I am an MSP for the Highlands and Islands.

Alex Cole-Hamilton (Aberlour Child Care Trust): I am head of policy at Aberlour Child Care Trust. We do not have a great deal of involvement with the Gypsy Traveller community per se, but we provide a range of services such as long and short-stay residential respite care for children with profound and complex disabilities, and in-home support and fostering support. We are here to offer some general comments on the issues affecting carers.

Jack Ryan (Crossroads Caring Scotland): I am the chief executive of Crossroads Caring Scotland. Like Aberlour Child Care Trust, we do not have a specific focus on the Gypsy Traveller community, but we are very experienced in carer issues. We provide short breaks for carers in their own homes. We have 42 services across the country and we support about 8,000 carers each year to allow them to have a few hours to themselves or one or two hours to do the things that we all take for granted.

Florence Burke (Princess Royal Trust for Carers): I am the director for Scotland for the Princess Royal Trust for Carers. I echo what my colleagues have said in that we are here really to talk about general carer issues. The trust supports carers through a network of 29 independent carer centres across Scotland. The one in north Argyll is a close partner in the pilot piece of work that the Minority Ethnic Carers of Older People Project—MECOPP—is carrying out with Gypsy Travellers. Each of the 29 centres supports carers of all ages and backgrounds in its locality.

Alex Murphy (Alzheimer Scotland): I am a service manager for Alzheimer Scotland, based in Glasgow. Like my colleagues here, we do not have a specific remit for Gypsy Traveller carers, but we have a wide range of experience working with carers of people with dementia across all groups.

Suzanne Munday (Minority Ethnic Carers of Older People Project): I am the director of MECOPP. We are the only dedicated minority ethnic carers organisation in Scotland and we specialise in supporting groups that are either historically or by default marginalised from mainstream services. We are managing and delivering the Gypsy Traveller carers project, which is funded by the Scottish Government.

The Convener: Members have a variety of questions for the witnesses. To start us off, I would like Suzanne Munday to tell us a bit more about the inconsistent approach to care across the country. We have heard from Gypsy Travellers before that services are patchy—depending on where you are, they can be really good or really bad. That links with issues to do with hand-held medical records. I invite Suzanne Munday to kick off the discussion by talking a bit about that.

Suzanne Munday: Is the question about carers in general or about Gypsy Travellers in particular?

The Convener: Gypsy Travellers.

Suzanne Munday: The project arose because the national carers strategy for Scotland recognised that there were still certain communities of carers about whom we knew very little. With the support of the equalities unit—through the race, religion and refugee integration fund—and the carers unit, plus additional funding from NHS Lothian, we put together a project with four members of staff. The project works in Edinburgh and the Lothians, which are treated as one site, in Perth and Kinross and in north Argyll. It has almost completed its first year, in which time it has gathered a lot of evidence on the nature and extent of informal care in Gypsy Traveller communities. We have identified and supported 60 Gypsy Traveller carers and the people who are in receipt of care.

The Convener: In what way have you supported those 60 Gypsy Travellers? Have you helped them to access services?

Suzanne Munday: Yes, we have. The project contains several strands, including the key strand of advocacy support, which involves enabling Gypsy Traveller carers to articulate their needs to providers or supporting them in a partnership approach and advocating on their behalf. We have provided a lot of healthy living activities for Gypsy Traveller carers, and offered a range of training opportunities for health and social care practitioners to raise their awareness of Gypsy Traveller issues. As you know, we are holding an event this evening to promote the project’s work.

The Convener: We know that support for caring is patchy across the country. Have you identified any areas in which there is good practice in the provision of care and support?

Suzanne Munday: No. To be fair, the project is the first of its kind in Scotland, so it involves a lot of learning not only for our organisation and for the communities, but for local authorities, health boards and the Scottish Government. It is viewed very much as a demonstration project.

The Convener: What do you know about the use of hand-held medical records? How widespread is it?

Suzanne Munday: The intent of using hand-held medical records was positive but, from speaking with colleagues who are involved in the project and those further afield, we have found that they have mixed reactions to it and are not aware of Gypsy Travellers using the records. The system has not done anything to address the underlying issue of the discrimination that Gypsy Travellers face in accessing general practitioners’ services. We know that families will travel for miles if they have identified a sympathetic GP, and we have evidence that some Gypsy Travellers have been turned away from GP practices.

The Convener: Is that happening across Scotland?

Suzanne Munday: Our evidence shows that it is happening across Scotland. It is probably just one or two practices—I am not saying that it is wholesale—but it is certainly a Scotland-wide issue.

Siobhan McMahon: I am interested in hearing from the other organisations, as Suzanne Munday has spoken about the support that her organisation provides.

Do you recognise that the Gypsy Traveller community is unique in its caring responsibilities? You do not have sole responsibility in that area, but how do you engage with that community? If you are not doing so at present, what are your plans for engaging in future?

Florence Burke: We have a network of carer centres, all of which are independent within our structure. The centres were set up independently so that they could respond to the needs in their local communities. The pilot in north Argyll is useful because it is an opportunity for the carer centre to reach out and engage.

With carers of all backgrounds, the first issue is to ensure that they are identified as carers by statutory partners such as GPs and health boards, and local authorities with regard to housing or site-related issues. They can also identify themselves as carers.

The issue of identification is key for carer centres and other partners in raising awareness, and we hope to pick up on that across the network once the pilot is completed. We are keen to take what has been learned at the north Argyll centre and build on it across the network. This is a demonstration project and we are keen to know what happens. Certain black and minority ethnic projects have been embedded in carer centres in response to their communities’ needs; it is clear that people are prepared to develop such approaches in order to reach those communities and we see this as another strand of work and activity that we would undertake once we manage to shape best practice.

14:15

Alex Cole-Hamilton: Although we have not provided a respite care service per se to families in the Gypsy Traveller community, we have had contact through other services. Recently, our Scottish children and family assessment centre had referred to it a family with a young boy who had complex needs and was going to be rehabilitated back into the community, and we had to judge whether and how that should take place.

We need to understand all the factors in play. After all, carers across the board and from all backgrounds in Scotland face tremendous adversity in providing care, and the kind of day-to-day problems that people in any community experience are amplified by those caring responsibilities. The same is true in the Gypsy Traveller community, which, as we know, has to deal with various additional problems. We have heard about the transient nature of their lives and problems with medical records and, in that respect, it can be difficult to provide continuity and a particular standard of support. As I have said, we have dealt with those very problems, albeit through our assessment service.

Jack Ryan: Even everyday carers—in other words, folk who live in communities—can find it very difficult to access our services. The majority of them are provided via an assessment by social work departments and it can still take six or seven months for those in the system to be assessed, to have that assessment followed through and to be able to access a service. Not being established in a local community creates another barrier and simply reinforces the difficulties that are faced.

Alex Murphy: I am not aware of any development in Alzheimer Scotland specifically for Gypsy Traveller carers. However, as Jack Ryan made clear, you have to work hard to provide a greater degree of carer support across the different carer groups and to allow them to access services. For example, carers of people with dementia find it very difficult to access services, particularly in the post-diagnostic phase, on which there is very little information. That area needs a lot of work, but I suspect that any developments in that respect will help carers in other groups.

Siobhan McMahon: In trying to produce our strategy, we need to remember that Gypsy Traveller communities are tight-knit and can be very sceptical of the people who come in. As a result, it is helpful to hear that the pilot will be used to decide how to move forward on this.

Florence Burke: As most of Scotland is covered by a network of either carer centres or local carer services, I would hope that, if trust is built up locally with one group of Travellers, they will maintain that contact and trust with another centre or local service when they move into another local authority area. I know that it takes time to build up trust in the community, but the fact is that, irrespective of where those people are based, that network of support still exists. As members of the national carer organisations group, MECOPP and Crossroads Caring Scotland could jointly consider how to take forward the pilot in a way that delivers for Gypsy Travellers.

Suzanne Munday: It is not necessarily true that the whole Gypsy Traveller community is transient. A number of Gypsy Travellers have had to settle in housing in order to access services; in doing so, they have lost part of their cultural life and heritage and are very vocal in articulating as much.

Nevertheless, Florence Burke is absolutely right: trust is what underpins any relationship with a service provider. Our project has gathered evidence that mainstream service providers in the statutory sector have some of the most horrendous attitudes that can be found. For example, only last week, my colleague who manages the project was asked to write a letter to a provider confirming that the man whom we were supporting was indeed a Gypsy Traveller. In my work with MECOPP, I have never been asked to write a letter to confirm that somebody is of Indian Sikh or Pakistani Muslim origin, but we had to write a letter to tell that provider that that man was a Gypsy Traveller.

The second example arose when we were talking with a social worker in one of the areas in which we work about a particular client whom we were supporting. The social worker questioned what we said and remarked, “Oh, but we all know what they’re like. They are notorious for things like that.” That is the level of attitude with which we are dealing in the project.

Dennis Robertson: You have raised part of the point to which I was just coming. Many of the Gypsy Traveller people are not transient; some settle down and put down roots in a site or, indeed, in housing. That is partly to do with accessing services, but it is also sometimes partly to do with the fact that the people for whom they are caring become less ambulant and less mobile. However, you appear to be suggesting that there is still a huge cultural barrier and that barriers are put up unnecessarily, such as having to provide evidence that someone is a Gypsy Traveller, which is out of order.

Given that the community is sometimes transient, is there a way that we can ensure that, when a person has a specific need, they can be accelerated through the process—fast-tracked, to some extent? Would the Gypsy Traveller liaison officers in the local authorities be able to make appropriate referrals to, for example, Crossroads Caring Scotland or Alzheimer Scotland and would those organisations be able to respond to such referrals?

Jack Ryan: That would work. It would help a great deal. It would need a lot of action, commitment and a change in practice on the part of the local authorities. They aim for an equitable distribution of resource across their areas, so a special case would have to be made and clear guidance be given to them on that.

More often than not, the issue is the delay in getting the resources that are needed to undertake an assessment. Usually, if someone is discharged from hospital, that accelerates the process but, even if someone has been caring for somebody for many years, it could still take six or seven months for the local authority to recognise that and allocate the resources. Perhaps a special case needs to be presented.

Dennis Robertson: Even with hospital discharges, is it not the case that, because the person does not necessarily have a fixed address, appropriate support for respite might not be provided?

Jack Ryan: There is probably a good chance that that would happen. I do not have any evidence that it has happened, but I can see the likelihood.

Alex Cole-Hamilton: The case to which I referred was problematic because there was a dispute as to whether the child could be rehabilitated at home because there was no fixed address. We had to take all the factors into account. Aberlour operates respite care services around Scotland, so we see the disparate nature of provision of, or access to, social work and the varying ways in which different local authorities approach respite care, not only for the Gypsy Traveller community but for all communities. To answer Dennis Robertson's question, any fast-tracking would be based on locality and would vary from local authority to local authority.

Suzanne Munday: It is a matter of addressing the community's travelling lifestyle. We see huge potential for development in self-directed support, direct payments and establishing the principle of the portability of care, whereby the money is allocated to, and follows, the individual who is in need. That would go quite a long way towards enabling the families to purchase care when they needed it.

Dennis Robertson: Is the problem that the person will still require an assessment to establish their need and the level of self-directed support that they will get?

Suzanne Munday: Yes, of course. To access direct payments—or any social work service—you need an assessment of need. We are very interested in considering the discretionary element of existing policy and guidelines to enable direct payments to be used to employ a family member. As members of the travelling community tend to travel with their family, if the opportunity was there to use direct payments to pay for a family member to provide care and, if that person was travelling along with them, particularly during the summer months, we think that that would be a step forward.

Alex Cole-Hamilton: Although Aberlour is very supportive of the SDS agenda in terms of empowerment and patient choice—it is certainly part of the picture—it is not a catch-all. In fact, there are certain problems with SDS, particularly for parents providing round-the-clock care to profoundly disabled children. I was speaking to a mother this morning in Aberdeenshire who has a profoundly disabled son and says that several times she had felt almost bounced into the SDS agenda. She does not want a part of it; she is exhausted and does not have the time to consider budgeting, contracting or interviewing. She would just rather know that the care was there when she needed it.

Dennis Robertson: It does not take cognisance of the respite that is required to some extent either.

Florence Burke: With self-directed support, it is the same for Gypsy Traveller carers as it is for any group of carers. It is about the choices that are available to carers. Self-directed support and the financial payments that come with it should be based on someone's needs as a carer or as a family. The choices through SDS should be available to the Gypsy Traveller community in the same way as we are hoping they will be available to all carers in Scotland. SDS is probably a bit further down the line, given the issue that Dennis Robertson raised of how we begin to identify the Gypsy Traveller carers. The identification of such carers and their coming forward or engaging in some way is how we will begin to get them the information that they need. The centres find with all carers that the first point of contact is about giving them the information they require once they have been identified or have self-identified and then beginning to consider which package of support is flexible enough and tailored to their needs as a carer and to those of the household.

Stuart McMillan: Has MECOPP engaged with the Scottish Government on the bill that is coming into the Parliament and on the issues that have been raised today?

Suzanne Munday: Yes. We sit on the SDS implementation group and a number of the sub-groups, too.

Stuart McMillan: On the question of site provision and how that affects individuals, we heard in a previous session about the lack of sites, the poor quality of some of the sites and how that affects individuals, particularly carers. In her opening question, Mary Fee asked about the level of site availability in the country. Are there any examples of good-quality sites that provide assistance to people in the Gypsy Traveller community who act as carers in their families?

Suzanne Munday: I will take that point back to my colleague and respond to you after the committee session. To my knowledge, no specific site puts in aids and adaptations for Gypsy

Travellers who are carers. Equally, when aids and adaptations are sought within a caravan on a site, we face attitudinal problems. In a recent example, a family had applied for aids and adaptations for somebody with physical disabilities for whom they were caring and the occupational therapist refused to acknowledge that the family might know what aids and adaptations would be better in the caravan environment than the professionals. The sense was that, if they were given the money for the aids and adaptations, they would not spend it on the aids and adaptations.

Stuart McMillan: I do not know whether this is a legitimate question, but I will pose it. Have there been any discussions between MECOPP and the caravan manufacturers about what aids and adaptations could successfully be implemented? That information could be provided to occupational therapists, the national health service and social work departments for future use and reference.

Suzanne Munday: No, but that is a good idea and I will take it back.

Stuart McMillan: Thank you.

14:30

The Convener: I have a supplementary question, which, again, is probably for Suzanne Munday. We heard from the Gypsy Travellers who were here that there are certain cultural sensitivities around who does the caring when people get social work services. For example, a woman would need to be the carer for a young girl who was doing swimming therapy. Can you give us some examples of where cultural sensitivities have been taken into account in other ethnic minority groups?

Suzanne Munday: More broadly, our work with black and minority ethnic communities has developed the idea of cultural competency. That was built on the work that was done under the fair for all Health Department letter. We have worked across Scotland to train health and social care practitioners in the idea of cultural competency, particularly to ensure that the single shared assessment identifies the specific needs of black and minority ethnic carers and looks at ways in which to address those needs.

For example, in a south Asian household, it would be unusual for a young female member of the household to perform personal care tasks for an older male member of the household. A son or a brother-in-law might provide that aspect of care. In hospital settings, there is a focus on ensuring that gender requirements are met, particularly in relation to health issues of a sensitive nature, either for men or for women. A lot can be learned from our work with BME carers.

Annabel Goldie: Your final report makes it clear that, in some cases, significant barriers have been overcome and a level of engagement has been achieved between the carer, the family, the environment and the provider of services, and MECOPP explains how it has been an important facilitator in achieving that.

However, it strikes me that, given the mobility pattern of the Gypsy Traveller life, a lot of what has been created and built up could be lost when the family moves on, for very natural reasons, to another destination. I wonder whether it would be possible to compile a simple log—which would remain with the Gypsy Traveller family—that would narrate what services were provided when the family was at its previous location. The next provider of services would then have some guidelines on what had been happening, and perhaps a better idea of the level of support that was required, rather than needing to get over the barrier of re-engagement and to reinvent that support every time.

Suzanne Munday: I suppose that the log that you suggest would be similar to the hand-held medical records. In order to access a social work service, the person goes through an assessment, which is usually based on the single shared assessment. If there was a mechanism for one local authority to accept another local authority’s assessment, I could see that such a log would be helpful but, at present, every time somebody goes into a new local authority area, they have to go through the assessment process again in order to receive services. As my colleagues have said, that can take weeks and months.

Annabel Goldie: I was struck by the section of the report that is devoted to the engagement of social work departments, which makes it clear that there are some issues. What I am driving at is that we could surely begin to address those issues by having basic empirical information recorded. The next social work department would be told, “This is what the previous social work department was doing, and this is where it had got to. This information should help to inform you about what is required.” The moment mobility intervenes, it seems that a relationship that has been struck up in one location is away. That is a waste of the Gypsy Traveller family’s time, because they have invested trust in the people whom they are dealing with, and it does not help service providers, who start with a blank sheet each time they are asked to intervene. We are missing an opportunity.

Suzanne Munday: Communities tend to travel in the summer months. When they are static, they might build up the relationship that you describe. They might then travel for X months, but they will return to their starting point. There might be a gap in interaction, but the skills, knowledge, expertise and relationships are not lost. As communities move on, they leave the social workers more skilled, and I hope that the opportunity could be taken to use those skills in developing relationships with new Gypsy Traveller families who come into the area. However, I take your point that it seems to be a waste of time that, every time people move, they have to start from scratch again.

Dennis Robertson: The single shared assessment can move, but it is worth bearing it in mind that an assessment is carried out at a time and place. The day after that, another assessment might be needed.

The issue does not lie with single shared assessments, because people can take assessments with them in their folders. Assessments would be applicable, and can generally be regulated, for up to three years. The issue is the care plan and providing the service after the assessment.

An assessment only identifies the need. The issue is what is done thereafter. Perhaps there is sometimes confusion about that. It might be worth hearing from Alzheimer Scotland and Crossroads Caring Scotland about the fact that the care plan, not the assessment, provides the service.

Annabel Goldie: I seek clarification. My impression from reading MECOPP's report is that many of these terms are jargon to Gypsy Traveller families. They do not know what they have had or what the outcome is, but they know that they sought help and that, after a great deal of difficulty, something was put in place.

My point is that, unless circumstances change dramatically, some fundamental needs will endure, so why do we have to keep imposing the strain on Gypsy Traveller families of reinforming the next authority of where they are, what has happened and what they got the last time around? Why can we not have far greater continuity to minimise tensions for families, instead of putting up a bureaucratic wall every time they move?

Suzanne Munday: We have examples of families who have travelled and have had to have a new assessment of needs. I take Dennis Robertson's point that the assessment establishes the need for services and that the care plan delivers services, but some families have had to have another assessment of needs when they have moved from one local authority area to another.

Jack Ryan: Dennis Robertson is dead right to say that a single shared assessment can travel with a person. As I said, not many Gypsy Traveller families use our services but, in general, carers and families who move from one authority area to another can find that although their recognised level of need means that they get X hours of service in one area, when they move to the next authority, they are no longer eligible for that level or they are eligible for more. There is still a patchwork around the country, so I can see how that would be exacerbated for the Travelling community.

The most common type of complaint that we hear is that people cannot get something that they had in, say, Dumfries and Galloway now that they have moved to Aberdeenshire. Often, people move to be closer to family because they are becoming more frail. It is ironic that, by moving, they suddenly find that they no longer qualify for support that they got elsewhere, even though the single shared assessment stands.

Alex Murphy: I echo what Jack Ryan said. Once an assessment has been done, it is regularly reviewed, which keeps the care plan on track.

If someone moves to another authority, they will find that the assessment goes back to the start of the process because the new authority might not have the resources. It depends on whether the service that was given in one authority exists in the authority to which people move.

Stuart McMillan: Over the past five years the level of ring fencing of local authority funding has been reduced. Local authorities can now allocate resources as they see fit, because they know about the issues that affect their area, instead of the resources being allocated by diktat from whichever party or parties are in power in this Parliament.

Given the points that have been made so far, I am trying to understand—that is probably the best word—how that approach matches up with delivery in local authorities. I may be wrong, but from what I have heard so far it sounds as if the panel is advocating that there should be more direction or diktat from the Government to local authorities to ensure that service provision is of an equal standard across the country. Is my perception accurate?

Alex Cole-Hamilton: If I may say so, the cost of the end of ring fencing for provision for disabled children can be measured in what was colloquially referred to as the missing millions. The sum of £340 million was made available south of the border for a strategy for disabled children in England and Wales. A Barnett consequential of approximately £34 million came north as a result of that and, because of the presumption against ring fencing, it went straight into the grant-aided expenditure of local authorities. Local authorities were not made aware that that new money was for funding for children with disabilities or for a strategy for children with disabilities. As a result, it went to filling potholes and delivering other local authority services.

The end of ring fencing has caused problems in the past for provision for carers and meeting their considerable needs, particularly those with children with profound disabilities.

Stuart McMillan: I would not suggest that local authorities were not aware of that issue, because I am sure that, in discussions, the Convention of Scottish Local Authorities would have raised it on behalf of local authorities. I therefore do not fully accept the argument that local authorities were not aware of the issue.

You touched on the point that local authorities might have spent the money on other things. I dare say that local authorities may have thought that the option that they chose was, for want of a better phrase, a better way to spend the resources that were allocated to them, because they know exactly what needs to be done in their area.

The Convener: I have a follow-up question. We have heard previously that Gypsy Traveller sites are often in very poor locations, and often on the boundary between local authorities. Does that make it even harder for Gypsy Travellers to access care because both local authorities say that they will not provide care? Does it become a bargaining process between the two authorities?

Suzanne Munday: I am about to embarrass myself as I will show that I have no knowledge of geography at all. I think that one site in the Lothians straddles East Lothian Council and Midlothian Council. As far as we are aware, the issue has been worked out between the local authorities and does not present any problems.

Jean Urquhart: You mentioned support provided by your project in Edinburgh and the Lothians, Perth and Kinross and north Argyll. What was that support, and how did the project come about? Did you invite all local authorities to support the project, or did you target those areas because there are more Gypsy Travellers in Perth and Kinross, for example, than in other areas?

14:45

Suzanne Munday: We were very fortunate to recruit to the post a colleague who had substantial experience of working with Gypsy Traveller communities, so we took our steer from her. She already had very good relationships with the local authorities that we had identified. Because it was only a one-year project at that point, we felt that reviving existing relationships was the most pragmatic way to go. That said, the carers centre in north Argyll has been very helpful, and there has been positive feedback about the work that the two workers are doing and how it is building the capacity of the Princess Royal Trust for Carers itself.

In Edinburgh and the Lothians, we were able to attract additional funding from the board of NHS Lothian specifically to look at the mental health needs of the Gypsy Traveller community and carers within that community.

There were a number of pragmatic reasons why we focused on sites in those local authority areas, and we are hopeful that the project will be funded for three more years. We will discuss whether to work with another local authority once we know that the future of the project is safe.

John Finnie: Inevitably, our questions are going to be directed towards Suzanne Munday, although my next question is also for Alex Cole-Hamilton. It relates to the shocking life expectancy figures for Gypsy Travellers and the impact on the likelihood of people surviving long enough to be diagnosed with Alzheimer’s or dementia. Is there much experience of dementia sufferers in the Gypsy Traveller community? What particular challenges are associated with that?

Suzanne Munday: We work with a handful of carers who care for a family member with dementia. One of the key issues is a lack of information about dementia, because in Gypsy Traveller communities there are issues around literacy and the ability to access information via a computer or the internet. If someone cannot get access to information straight away, they are at a disadvantage. That can impact on people’s ability to spot tell-tale or warning signs, which means that an illness might not be diagnosed until even later on. Alex Cole-Hamilton has said that even in the absence of such issues it can take quite a while to get a proper diagnosis. That lack of information and awareness around certain health conditions in Gypsy Traveller communities is one of the fundamental barriers.

You are right that there is very low life expectancy among Gypsy Travellers. Some figures that I saw recently said that life expectancy for Gypsy Traveller men was between 55 and 58 and that going beyond that age was remarkable. Perhaps we do not see many people with dementia because they do not survive into older age and develop dementia.

John Finnie: What about the mobile lifestyle of the carers? I appreciate that there are some settled Gypsy Travellers. Is that issue likely to come up in your project? Will you examine its implications?

Suzanne Munday: We could certainly discuss it, but there are a lot of contributory factors. I was involved in work on the dementia plan and strategy for Scotland. We looked at a host of preventative health measures that might reduce or delay the onset of certain types of dementia. For example, we considered issues such as a healthy and active lifestyle, mental stimulation and physical activity. We know that all those things are not so well established in the Gypsy Traveller community, so there is a whole area of health promotion and prevention work to be done in that community.

Alex Murphy: On the diagnosis of dementia, I manage a service for younger people with dementia and that group is perhaps similar to the group that has just been considered because it is a small group—there are not many of them—and there may be similar needs in the sense of getting information to people. It is important to get information to people not only at the pre-diagnostic stage or when they are going through diagnosis but immediately at the post-diagnostic stage. There are lots of horror stories about people being given the diagnosis and basically being told "Goodbye now. You've had your diagnosis." On-going support is needed after diagnosis.

The literacy aspect is interesting. Often, what is needed is one-to-one verbal support: people need to sit down with somebody, talk through the diagnosis and what might come next and try to plan for the future. Written information is not always necessary—support can be provided verbally. It is important to build in something at that stage so that, as Suzanne Munday said, people can get information pre-diagnosis on healthy lifestyles and the signs would alert them to a possible diagnosis of dementia, as well as advice on where to go next. That feeds into the issue that we discussed earlier about the supply of services in different areas.

As I said, there are similarities because of the small numbers involved. In Glasgow, we provide a service for younger people, but in more rural or remote areas the numbers are very small, so providing that specialism becomes an issue.

John Finnie: As it is unlikely that a diagnosis would be made following one visit, is continuity of contact with a health professional important?

Alex Murphy: To get a diagnosis, someone would have to go through a number of tests, and other causes of the symptoms would have to be ruled out. Very often, people are told to begin with that they have depression or some other condition, so those things must be ruled out before a diagnosis of dementia is reached. There are real difficulties in getting a diagnosis anyway, but the time that it takes exacerbates the problem.

Dennis Robertson: Would it be possible for health checks to be done on sites—especially established sites? The health board could go in every six months or so and do a health check for the Gypsy Traveller people on site. Should we consider that?

I have a follow-up question. In the view of your organisations, what are the barriers for the people who access your services, and do you have a solution? I like to ask a direct question. [*Laughter*.]

Alex Cole-Hamilton: The issues that affect carers in the Gypsy Traveller community in terms of access to healthcare or provision to meet their needs are much the same as those that affect carers across the board.

In many cases, primary healthcare is not geared towards the needs of the profoundly disabled children with whom we deal. When children have to go into hospital, the amount of pressure that is put on their parents to stay and provide the care that they were providing at home is unbelievable. Frankly, that is because hospitals do not have enough NHS staff who are trained or geared up to deal with that profound level of complex needs.

I am sure that the Gypsy Traveller community and every other community in Scotland face the exact same issues in that regard. The situation that I described is compounded by the fact that when a child is taken into hospital, which may be for many months, there is a material impact on qualification for disability living allowance. The child is viewed as no longer being in the parents' care, despite the fact that the hospital is asking the parents to stay and provide the round-the-clock care that they would provide at home.

Dennis Robertson: My point is whether you think that we could pilot an exercise in which health services went into the community to do a health check. Such a preventative step could help to identify potential health issues or people with a disability, a mental illness or whatever. People in the community are not accessing healthcare, and many are turned away from their GPs, so we have to look at ways of trying to bring the health service to them.

Florence Burke: I do not know—I am not an expert on the community—but there is an issue around perception. The community may view it as something that people have to have done to them or that we are taking to them. In order to build up trust between certain communities and health professionals, any approach would have to be handled very sensitively and over a long period of time.

There is always the danger that if people say no to something like that, they may be excluded from other support that is available. Health boards could say, "We offered the health check and the answer was no, so we will skip that bit and move on to something else". How would such an offer be developed and packaged? Who would take it forward? Are there Gypsy Traveller champions or ambassadors in the community? I am not an expert, but an approach that involved such people would be much more beneficial.

One thing that is on offer to carers is the flu jab. I do not know whether there are cultural issues with inoculations in the Gypsy Traveller community, but flu jabs are on offer to all carers. That approach might be a way of introducing something that is seen as a benefit and a right for the carer community across Scotland rather than something that is specific to the Gypsy Traveller community. It might be a way of beginning to address health issues and potentially building trust.

The Convener: Does Jack Ryan want to come in on that as well?

Jack Ryan: No. I was going to make pretty much the same point.

The Convener: Alex Cole-Hamilton indicated that he wanted to speak. Has your point been covered?

Alex Cole-Hamilton: It has been covered very well.

Dennis Robertson: The question about what the barriers are is being avoided. What do the witnesses perceive to be the barriers?

Alex Murphy: I can speak about dementia, about which there is a lack of knowledge in society in general, but also among healthcare professionals at times. The health improvement, efficiency, access and treatment—HEAT—targets that were introduced a few years ago have done a good job in trying to identify people with dementia at an earlier stage. That is an important development, but the case remains that there is a lack of knowledge and skills among many people who work with and come across people with dementia. One thing that has come out of the national strategy for dementia is the promoting excellence framework, which aims to increase people’s skills and knowledge levels.

That lack of knowledge is a barrier because, when health professionals do not know about conditions, it is obvious that they will not be trained to tackle them properly. A specific example might be frontotemporal dementia, which is a rarer type of dementia that is more common in the younger age group. Not many health professionals—including even psychiatrists and neurologists—know a lot about it, so it is hardly likely that people on the front line of health organisations will know about it.

Suzanne Munday: I want to pick up Alex Murphy’s earlier comments about carers having similar needs. I concur with that, but the responses in meeting those needs may be markedly different. A concern that has come across clearly in our project from people in the Gypsy Traveller community is that they feel that they are being pathologised because of their lifestyle. In essence, they feel that they are being blamed for the health problems that they have. That is very different from how carers in the mainstream or majority community feel.

The Convener: Have any studies been done on the reasons behind the low life expectancy of Gypsy Travellers?

Suzanne Munday: I cannot name those studies off the top of my head, but there are a number of them. I think that they have tended to be based mainly in England rather than Scotland, but we could certainly send the committee what we have.

The Convener: That would be helpful. Thank you.

Stuart McMillan: To raise awareness of carers’ needs and health needs in the Gypsy Traveller community and to try to get a wider and better understanding of all the issues, particularly the health issues, would it be feasible for one NHS board to work closely with a site and start to build up a relationship with the people on it and those who manage it? Could that be used as a case study, with the information then disseminated across all the other health boards and areas in which there are sites? Would that be feasible?

Suzanne Munday: Yes, it would. Once we have confirmed what our funding will be from 1 April, we will develop annual work plans. That is a really good idea, which I would be happy to take forward.

Stuart McMillan: What about local authority areas in which there are no sites? I know that there are a few authority areas in the west of Scotland in which there are no sites. How can we try to help where there are no sites?

15:00

Suzanne Munday: What a good question. I am no expert on this but my sense is that, although certain local authority areas have no sites, there might be Gypsy Travellers in housing or in roadside camps that they have set up because no site was available. It can be very difficult to engage with the Gypsy Travellers in those camps, because they are there illegally and will be moved on very quickly. As for the population that has settled in housing stock, we would be able to establish relationships with that community based on our current practice.

Stuart McMillan: Thank you.

John Finnie: To pick up on Stuart McMillan’s point, I know that, in my area, NHS Highland provides a general practitioner and other medical support for the homeless population in Inverness. The analogy might be unfortunate, but it shows that there is a precedent for trying to reach hard-to-reach people, including substance users whom some practices are not prepared to treat. Of course, the challenge for medical practices should be to deliver care, but they are commercial businesses beyond the reach of boards and that level of direction. Of course, I am happy to refer people to the right place if they want to get in touch.

The Convener: As we know, Gypsy Travellers have been subjected to very negative stereotyping. Because of her work with MECOPP, Suzanne Munday should be able to provide some background, but I wonder whether the other witnesses can tell us what, if anything, their organisations are doing to raise awareness among Gypsy Travellers of what they do and among their staff of how to deal with Gypsy Travellers.

Jack Ryan: I have to hold my hands up and say that we do not do anything specific for the Gypsy Traveller community. Much of our work is reactive, for example we respond to referrals, which come predominantly from local authorities. We focus on that activity because budgets are finite and given the way tendering works, we have to follow that purse. However, that does not mean that we do not provide support, for instance to people who are resident in a community home. The problem is that they would not necessarily be identified to us as being part of the Gypsy Traveller community. We provide training on BME carers and issues in BME communities but not specifically on the Gypsy Traveller community.

Going back to the question of barriers, I think that one barrier is that not enough is known about how local authorities can help those communities to access our services or how they can be seen as part of the wider community. Instead, they are seen as a temporary problem that will move to someone else's backyard next month.

Alex Cole-Hamilton: The same is very much true of Aberlour Child Care Trust. The issue falls under the organisation's promotion of equality and diversity policy and there are a number of interfaces where we might well come into contact with the Gypsy Traveller community. Our business is about building family and parental capacity and supporting families and small children who, whatever their background, face adversity. The case that I mentioned earlier was resolved successfully because of the strength of family ties around the small boy in question. We would treat that family much the same as we would treat any family but with an understanding of the particular factors that affect that community.

Florence Burke: As I said at the start, the trust and the network of carers centres exist for carers of all ages and all communities. However, I will take away from this discussion two things with regard to the particular group that we are discussing. First, in our annual statistical survey of the centres, we ask about the number of carers and the communities that they come from; however, we do not ask specifically about Gypsy and Traveller carers and I think that we will add that to the survey.

We hope that the work that is being carried out in partnership with MECOPP in north Argyll can be transferred to the other carers centres and taken further. The trust is also part of the carers week group, and the theme for this year is "in sickness and in health". An annual survey is carried out in the run-up to carers week, which is looking specifically at carers and, before I left the office, I saw a response to it from Gypsy and Traveller carers. Therefore, we have specific information about their health needs, which we can share with the committee and the project.

As Alex Murphy said, part of equality is in diversity, but we are not picking up what is there in enough detail. The pilot is a good example of how we can all learn from that.

Alex Murphy: It is the same for Alzheimer Scotland. We do not have a specific remit for carers from Gypsy Traveller families, but having heard the evidence today, I will take the issue back from the meeting.

Suzanne Munday: I would like to return to the removal of ring fencing, which has had an impact on marginalised communities in Scotland. Although I agree, in principle, with devolving budgets to the local level, that works only for those who have a seat at the local table. A lot of communities are perhaps invisible, less articulate or hidden and their voices are not heard, so resources are not channelled towards those groups. Carers in the Gypsy Traveller communities are a prime example of that.

I get quite frustrated when I speak to providers and they say that their services are available to all, because that is blatantly not the truth. That is where training and awareness raising must come in. We must begin to look at why people are not accessing services rather than assume that, because they do not access services, a need does not exist. As part of our project, we are committed to sharing the learning Scotland-wide. In the current economic climate, staff training budgets are being hit and there will often not be the funds to bring in specialist training to skill up social workers, health practitioners and voluntary sector colleagues. That is also an issue that needs to be considered.

John Finnie: It is unfortunate that ring fencing has been mentioned because I see it as a complete red herring. Previously, when there was a ring-fencing regime, someone either had a seat at a table or they did not. If they did but no longer do since ring fencing stopped, that should have been subject to challenge by the people from all parties who have the task of scrutinising the local authority. It is about assessed needs and priorities, and we would all probably have different priorities even within our groups. You are right to say that local authorities see some easy hits, but I do not think that the link with the removal of ring fencing—which is about empowering local authorities—is a good one.

The Convener: Suzanne, do you want to come back in on that?

Suzanne Munday: Gosh, no thank you.

Alex Cole-Hamilton: I would like to return to our discussion about the missing millions in order to answer Stuart McMillan's earlier point. I sit on the coalition for Scotland's disabled children and we did quite a body of work to track down the progress of that money from Westminster, through the Scottish Government and into the local authority block grant. We contacted local authorities and asked them whether they were aware of it, but in many cases they said that they were not or that there was no extrapolation of how much they should receive based on the number of disabled children in their populations. Many excuses and reasons were given as to why the Barnett consequentials from the English spending did not lead to commensurate funding of a strategy for disabled children in Scotland, their families and the carers who support them, but the matter was never satisfactorily explained. That is often held up as an example of a casualty of ring fencing, showing that it can be problematic.

A service that was delivering parenting capacity to vulnerable families throughout Scotland had to close, because it was in receipt of money from the youth crime prevention fund. When we went from having one customer—the Scottish Government—to having 32 local authority customers, only 15 local authorities ever got back in touch to talk about whether they wanted the service again, which made it unsustainable. There can be casualties of the approach to ring fencing.

Florence Burke: An old boss of mine always said, "Never have just two points when you can have three." I will take away a third point from the meeting. As part of the carers strategy, we are involved in a working group with NHS Education for Scotland and the Scottish Social Services Council, which is looking at staff training on carer awareness. I will certainly take the issue of Gypsy and Traveller communities back to the group's discussions, because although we are talking about equalities, access and other issues, the specific issue that has been mentioned can be considered.

Annabel Goldie: This is a question for Suzanne Munday—it is a positive comment. It seems to me that one of the most constructive initiatives has been MECOPP's programme of awareness training for service providers, which has vastly improved providers' understanding of the particular and individual characteristics of Gypsy Traveller communities and seems to have gone a long way towards reassuring Gypsy Travellers that not everyone is hostile towards them and giving them the confidence to understand that there is a significant body of opinion that wants to help. Given the programme's success to date, do you hope to continue making that positive contribution to breaking down barriers and facilitating better mutual understanding?

Suzanne Munday: Yes. The next three-year work plan says that we will look to roll out the programme and target even more local authorities in Scotland.

On the general issue about carers training, the Princess Royal Trust for Carers has done an awful lot to raise awareness about carers' issues throughout the statutory sector. The value of the Gypsy Traveller training, according to participants' feedback, is that people have previously had little or no opportunity to engage with the Gypsy Traveller community. When there is no contact and a person's information comes only from the media, it is easy to make assumptions about a particular community.

Florence Burke: I support that. In training sessions we can hear from training professionals, but the effect is strengthened when we hear the voice of an individual carer who is talking about their circumstances, whether they are an older carer or a parent carer of a child with a long-term disability. I agree that the voices of Gypsy and Traveller carers would add a great deal of weight.

Stuart McMillan: Are there examples of a more positive outlook on the part of non-Gypsy Traveller communities in an area where there is a site, as opposed to an area where there is no site?

Suzanne Munday: I would have to take that question back to my colleague Michelle Lloyd. However, on a related issue, when Gypsy Travellers are in housing we have a lot of evidence of their disguising their identity for fear of discrimination and reprisals by neighbours. Gypsy Travellers are having to hide their identity.

Stuart McMillan: What awareness-raising activity would you like to take place, particularly in areas where there is no site, to try to combat the impression that people have and the reality that some people have to face?

Suzanne Munday: There would be tremendous value in delivering the training to every local authority and health board in Scotland. Whether that should be done through continuing professional development or through the skills and knowledge framework can be debated.

15:15

The Convener: Do members have any further questions? Dennis?

Dennis Robertson: Just the one. I think we were in slight danger of moving a little off the topic earlier, but do you see the move towards health and social care integration as a positive step towards taking away some of the barriers for Gypsy Traveller people and as a stepping-stone towards greater awareness within the profession?

Suzanne Munday: I hope that you are not looking at me.

Dennis Robertson: I can look right around the room if you wish, Suzanne.

Suzanne Munday: I have just barely got my head around the health and social care integration agenda—

Dennis Robertson: It is early days.

Suzanne Munday: It is very early days. I can see where value could be added through joint training, which is always very useful. Having one point of contact, rather than having to deal separately with the health sector and the social work sector, providing a more seamless package of care, could be a great benefit. As I have said, it is very early days for my knowledge and understanding. I am being honest.

Florence Burke: It is a thorny subject, but it comes back to the fact that it does not matter what structures are in place if people have not been identified or identified themselves as carers. We can have the best system and process, but people will not be able to engage with them or to access the support if that has not happened. We need to get the identification right first, then we can look at the structures that support it. That goes for carers across the board.

Dennis Robertson: Would you accept, though, that the integration is there because of health being allied to social care? It might enable people to access the service more seamlessly.

Florence Burke: I think that in theory the structure should be there and it should be far more seamless, but we still need to see the practical nuts and bolts of what that would look like. My colleague gave evidence to the integration group and we must consider what it looks like for an individual as they travel through the process and the structure.

Jack Ryan: It would be difficult to say that it would definitely make a difference to the travelling communities, but for communities as a whole, in the current situation, with separate health boards and social work departments, the breakdown comes on hospital discharge. One of the things that has disappointed me most is that in the 14 and a half years in which I have been involved in the sector, I have not seen any real improvement in what happens to people. Someone is discharged from hospital and the services go in for the first two or three days, and then there is a gap and people are left on their own. It would be good to get a closer link that helps people. The outcomes for individuals are what counts and I can only guess that a single unified system would help the Traveller community. People want one body to relate to; they do not want the NHS interested in them on a Tuesday and the social work department by the end of the week. There is a gap in such situations, a change of files and so on. All those things lead to confusion and a potential breakdown in service, so integration must be a good thing.

Alex Cole-Hamilton: To answer Dennis Robertson’s point, removing barriers goes beyond the integration of health and social care and into such things as community planning, the drafting of single outcome agreements and the setting of targets and priorities at a local level. It is not just about the health and social care needs of a person or carer, whether they are in the Gypsy Traveller community or the wider community, but about educating local authority planners about what they can do at a local authority level to deliver real and demonstrable change.

Siobhan McMahon: On a point of clarification, Jack, you were talking about your organisation’s awareness of Gypsy Travellers and about how you do not give out specific information to employees at present. You said that you had a BME strategy, and a few others have said that. Are Gypsy Travellers included in that, given that they are an ethnic minority?

Jack Ryan: Yes, they are. The policy is there and we do the training, but on the question of having a direct strategy because we have said, “There is a community whose needs we are not meeting,” I will be honest with you: we do not have that as a specific agenda. We do have such an agenda for the BME communities in certain parts of the larger cities. They are identifiable and, again, we depend considerably on what is referred to us. We actively prepare our staff to meet the needs of those communities—in fact, we recruit staff so that we can meet those needs—but we do not identify the Gypsy Traveller community and gear ourselves up to work in it.

Siobhan McMahon: You commented on your BME strategy. Do you go out and target other specific groups?

Jack Ryan: Yes.

Siobhan McMahon: You do. So you have a strategy for other groups but just do not have one for Gypsy Travellers at this point in time.

Jack Ryan: That is right.

The Convener: Committee members have no more questions, so I invite the witnesses to make closing comments on anything on which we have not touched or anything that they will take away from the meeting. I am more than happy to bring them in, but they should not feel obliged to say anything.

Jack Ryan: One of the things that would help Crossroads Caring Scotland would be to map the journey of individuals within the communities—perhaps we could talk to Suzanne Munday about that. At the moment, we tend to talk about them almost as a homogeneous group, which they clearly are not.

It would be interesting for our learning and our experience of supporting individual families to hear the stories of how they move from one community to another. We know the experience of carers and cared-for people in general who move from one authority to another and are no longer able to qualify for certain services. It would be interesting to hear more about how moving affects a much more transient group and whether there is anything that we or authorities should do to use that learning. It could be that we need to act on the point that was made earlier about whether something might be transferable with the family to the new authority area.

If I was moving a member of my family somewhere else in the country, there would be a planning process of perhaps two or three months. We would be buying a house, so we would consider all the things that we would need to get in place. That does not strike me as something that happens in the Gypsy Traveller community, but perhaps we can take some lessons from that and transfer them into that community.

The Convener: On the committee's behalf, I thank the witnesses for attending. We have had a useful and informative evidence-taking session, and it will certainly help us in our work with Gypsy Travellers.

Draft Budget 2012-13 and Spending Review 2011 Scrutiny

15:23

The Convener: Agenda item 2 concerns scrutiny of the draft budget 2012-13 and the spending review.

Members are invited to note the Scottish Government's response to our report and to consider whether to seek oral evidence from the Equality and Human Rights Commission on its equality impact assessment process. We are also invited to consider whether to undertake a survey of a selection of public bodies, asking them the questions that are set out in paragraph 9 of paper 2. If we intend to do that, we should consider which public bodies to include in the survey. A number of bodies are suggested. We could write to the Cabinet Secretary for Finance, Employment and Sustainable Growth explaining our approach and reassuring him that the intention is not to depart from the wider approach but to scrutinise how it works in practice. We could also write to the Finance Committee asking to be kept abreast of its work. It is open to members to decide which of those recommendations we wish to follow—all, one or none.

When I read through the Government's response to our report on the draft budget, a number of things came to my mind. Paragraph 60 of our report talked about modern apprenticeships. A lot of work has been done on modern apprenticeships, but I am not sure how many people who come from an ethnic minority or who have a disability are applying for them and being successful. No specific records of that seem to be kept. It would be useful to find out whether anything is being done to track who applies for modern apprenticeships and what support is provided for disabled people and hard-to-reach groups. As far as I am aware, no specific work has been done on that, so that would be useful.

Paragraph 111 of our report stated that the current ethnic minority representation is 1 per cent of the public sector workforce. I am concerned about the lack of data collection. The committee should push for more data to be collected on ethnic minorities.

Dennis Robertson: Douglas Thornton will keep us right on this, but did we not specifically ask for that?

The Convener: My view is that we should push for more. I accept that there has been a response.

Annabel Goldie: Sorry, convener, but the Scottish Government said that its target is 2 per cent across all grades, which is fairly ambitious. I am not clear what we are saying. Do we think that that is not enough?

The Convener: Targets have been set, but my concern is about how we know that the Government is meeting the targets and what it is doing to ensure that it meets them.

Siobhan McMahon: I would like to know what the definition is, because I do not believe that the 1 per cent figure reflects ethnic minorities. I believe that it reflects those of colour, but not white ethnic minorities. The Government says that the targets will be reviewed using data from the 2011 census, which used new criteria. I think that the figure is low as a result of the Government not collecting the data correctly.

Annabel Goldie: I do not have a problem with your suggestion, convener. Obviously, the census information, which Siobhan McMahon mentions, will be helpful, but we do not have it yet. Does the clerk know when the data is likely to be published?

Douglas Thornton (Clerk): We do not know.

The Convener: I am told that it will be this summer.

Annabel Goldie: Siobhan McMahon is right. That would give us a fairly concrete basis on which to look at things.

The Convener: I have picked out a couple of other points, one of which is to do with the reducing reoffending change fund. I would like to know how the fund will be targeted to help women offenders and to prevent them from reoffending, given that women are viewed differently in the justice system. In a couple of weeks—on 17 April, I think—the report of Elish Angiolini’s commission on women offenders will be launched. It will be interesting to find out what actions the Government will take specifically through the change fund to target women offenders.

Dennis Robertson: Is there a prospect that Elish Angiolini might have recommendations on that in her report?

The Convener: That is a possibility.

Dennis Robertson: Therefore, is it not worth waiting for that report? There might be a recommendation on the issue.

The Convener: Yes, that is a possibility. The report is being launched on 17 April.

John Finnie: The Government’s response to our paragraph 16, which was on preventative spend, suggests that we co-ordinate with the Finance Committee. That is compelling because we do not want duplication of effort. Any accommodation that can be reached to acquire the information that both committees want for minimum effort would be welcome.

Siobhan McMahon and I had a brief discussion in advance of the meeting about the terminology and the need to be clear that we compare apples with apples. Perhaps on occasion we should even specify what we mean by a term or get clarification from the Government of precisely what it means by a term that it has used.

15:30

Dennis Robertson: I think that we need to adopt and adhere to the terminology that the Government uses. We need the Government to give us its definitions so that we are all comparing apples with apples, as it were. If there are two or three different definitions, the Government might respond to only one. To provide clarity, would it be best for us to find out the Government’s definitions and use them?

John Finnie: It is important that we work to the same definitions. To that end, if there is a glossary of terminology, it would be handy to have it.

The Convener: That will be explored.

Stuart McMillan: On Elish Angiolini’s report, it would be worth while for the committee to return to the issue further down the line, once the report has been published and we have had a chance to digest it. We should not take a decision today, but wait until we are better equipped to do so.

The Convener: Yes, because that is only a couple of weeks away.

Stuart McMillan: Indeed. I agree wholeheartedly with the point about working with the Finance Committee. There is no point in our chasing information if the work has already been done by another committee.

Siobhan McMahon: On the recommendation that we write to the Cabinet Secretary for Finance, Employment and Sustainable Growth to say that our approach is not moving away from the wider perspective, our paragraph 102 stated clearly what we are trying to do, so I am not sure what a letter of reassurance would add. I have read the paper twice and, to be honest, I cannot imagine why we got such a response from the Government. To me, there is no departure from anything in what we stated in our report. We simply want to scrutinise further, and the Government should welcome that approach. I am not sure that a letter of assurance is needed.

A further frustration is the delay with the equality duties. Continuously throughout the document, we are told that everything will be answered once we have the equality duties. I do not know how many times I have asked for them. I have now been told that we will have them later this month. Although that is great, we have had two consultations and now we have a big document that tells us that all will be right with the world once the duties have been published. It would be great if they can be published.

The Convener: By April into May, we should be looking at them.

Siobhan McMahon: March has extended itself, then. Okay.

The Convener: These things often happen. They are late, but they are in the process.

Stuart McMillan: The Government's final sentence in response to our paragraph 102 states:

> "This would be a departure from the wider perspective advocated over recent years by the Committee."

I am the only member of the committee who was also a member of the previous committee. I was on that committee for just one year, so I am not aware of what was advocated in the previous session regarding the approach to the budget. Would it be worth while for a short paper with the relevant information to be provided to all committee members?

The Convener: Does the clerk have any knowledge of that?

Douglas Thornton: I think that the Government's interpretation of the committee's paragraph 102 focuses on the words

> "what spend they have allocated to addressing the needs of equality groups"

as being specific, or away from the notion of mainstreaming. I think that, when the Government mentions

> "the wider perspective advocated over recent years",

it is referring to mainstreaming.

Stuart McMillan: Can we have further clarification of that, perhaps in writing?

The Convener: Yes. That would be helpful.

Dennis Robertson: With reference to the apprenticeships, are you looking to equate a percentage of the 25,000 with the black and ethnic minority population or hard-to-reach groups? Are you looking to say that a certain number should be guaranteed an apprenticeship through the scheme?

The Convener: I do not know whether I would go that far, but I would like an assurance that support is available and that adequate consideration is given to ethnic minority groups. I would like to know how many people from such groups have been successful in getting and completing a modern apprenticeship.

Dennis Robertson: Some of the hard-to-reach group when it comes to getting back into employment are people who have sensory impairments or who are deaf or hard of hearing. Quite a high percentage of working-age people in that group do not get back into the employment market.

The Convener: That should not preclude them from getting into the modern apprenticeship scheme.

Dennis Robertson: It is about having the infrastructure to support them through the apprenticeship scheme.

The Convener: Being from a hard-to-reach group should not be a barrier to people getting into the modern apprenticeship scheme.

Siobhan McMahon: I think that you should go further than that in what we ask. It may be well and good for people to have an apprenticeship, but where are they doing that apprenticeship? Are they getting an apprenticeship for something that exists in their own workplace? Is it something new? Is it their first? Is it something that they can go forward with, particularly if they are female? How do we count that? It is important that we go further and ask what the apprenticeship is, rather than just ask whether they have got one.

John Finnie: I add a word of caution. We do not want to appear to have a hierarchy in that regard. The position either fits the criteria for a modern apprenticeship or it does not. I posed a question recently about the efforts that are made to encourage black and ethnic minority groups to access apprenticeships. Douglas Thornton will be able to access the minister's response; it was not particularly comprehensive, but it may inform the discussion a bit.

Siobhan McMahon: I do not want to create a hierarchy at all. It is about what we discussed with regard to unions and females coming in, and how we create stereotypes around apprenticeships. The point is whether we are getting around that. Is more information on apprenticeships getting to the people who need it?

Annabel Goldie: We have specifically raised the issues of race and gender with regard to modern apprenticeships. I think that Siobhan McMahon has made a good point: it is very easy to slot stereotypes into a modern apprenticeship and say, "That's great. That person has got a modern apprenticeship." Up to a point that is great, but it does not necessarily address the issues of race and gender.

The Convener: That is true. Does anyone else have any comments?

Stuart McMillan: I have just one. In paragraph 9 of paper 2, the final bullet point states:

> "Identify any instances where specialist services/programmes have been closed/reduced in the interests of mainstreaming".

I suggest replacing "closed/reduced" with the word "altered", because some things may have improved. However, I do not know what the answer is.

John Finnie: Clearly, Remploy falls into that category, does it not?

The Convener: It does. Yes, quite clearly Remploy sits in there.

Can we be clear on what we want to do? On the reducing reoffending change fund, Dame Elish Angiolini's report will be published in a couple of weeks. It would seem sensible to wait and see whether something is included in that for women offenders, so we will do that. I think that we should press for more information on modern apprenticeships. Do we have general agreement on that?

Members *indicated agreement.*

The Convener: On the specific duties with regard to the equality impact assessments, do we wish to wait to see them?

Dennis Robertson: I think that it is important that we wait to see them, because the timeframe is fairly short. Seeing them would inform us as to whether we need to do anything more.

The Convener: Do you mean that we should not wait?

Dennis Robertson: No, I think that we should wait until we get the duties.

Annabel Goldie: Some information will be forthcoming that I think would help the committee.

Siobhan McMahon: If the duties have been drawn up, can we not ask the Equality and Human Rights Commission about them?

The Convener: Yes, so we should not wait. We will do that.

Douglas Thornton: It probably would be useful to ask for that information now so that the committee has it when it is asked to scrutinise the matter. The committee will be asked to scrutinise it quite quickly—in the space of one or two meetings.

Annabel Goldie: What form will the new duties take? Will they be set out in a statutory instrument?

Douglas Thornton: Yes, that is right.

Annabel Goldie: Okay. Will the committee have a locus in considering that?

Douglas Thornton: Yes, it will be an affirmative instrument.

Annabel Goldie: Right. I did not understand that.

The Convener: Are we happy with the rest of the recommendations as they are set out in the paper?

Siobhan McMahon: Why do we have to write to the cabinet secretary to reassure him that we are not taking a different approach? Our paragraph 102 set that out clearly.

The Convener: We can change the wording. We do not have to reassure the cabinet secretary. The letter can be about modern apprenticeships and nothing else.

Stuart McMillan: We are here to scrutinise what the Government is doing, so we do not have to use the word "reassure". If it would be helpful to write back to the cabinet secretary to explain what we are looking to do, that would be fine.

The Convener: We do not have to do any reassuring.

Annabel Goldie: It is semantics. We can just write and say that it is our job to scrutinise how the Government's approach works in practice.

The Convener: It provides greater focus to look at a specific issue rather than generalities. We will not reassure the cabinet secretary.

Annabel Goldie: We should just state the fact, which, as Stuart McMillan says, is that we are here to scrutinise and that is what we are doing.

The Convener: The suggestion is made that we undertake a survey of a selection of public bodies, in which we ask them the questions that are set out in paragraph 9. Paragraph 10 suggests that we ask those questions of Scottish Enterprise, Highlands and Islands Enterprise, Skills Development Scotland, VisitScotland and Transport Scotland. Are we happy to do that?

Members *indicated agreement.*

Stuart McMillan: We should ask those questions, but with the amendment that I suggested earlier.

The Convener: Yes, we will do that.

Annabel Goldie: I am not trying to be difficult. I am not unhappy with that, but it struck me that the biggest employers are the NHS and local government, albeit that they are not structured on a national basis. The suggested organisations are employers, but they are not significant employers; they just happen to be in the public sector. There is no reason why we should not write to them, but I am much more interested in what goes on in the NHS, which is a massive employer. However, that is down to individual boards.

The Convener: Douglas Thornton will check what information we have on NHS boards.

Annabel Goldie: I am perfectly happy with the five bodies to which it is proposed that we write.

Jean Urquhart: I think that the idea of hearing from the NHS is a good one. There are different boards, but we could hear from different boards about their approaches. Will we ask just about women, or about ethnic minorities as well? The suggestion in our paper only mentions women.

Annabel Goldie: It relates to our inquiry on women and work.

Jean Urquhart: Okay.

15:45

The Convener: The response to paragraph 25 says a bit about what NHS Scotland is doing.

Annabel Goldie: But that is about how the NHS deals with its patient client base. I am interested in knowing what approach it adopts to the employment of women.

The Convener: Okay. We will include the NHS in the survey that we undertake.

Stuart McMillan: Looking ahead to our women in work inquiry, equal pay has been an issue for some years and people have taken councils to court. Bearing in mind our inquiry, as part of the proposed process, or separately from it, could we ask all the local authorities what the current situation is as regards outstanding equal pay claims?

Annabel Goldie: I do not have a problem with that. Equal pay was certainly quite an element of my constituency mailbag a year or a year and a half ago, when it was a big issue in the west of Scotland. I do not know what the current position is.

The Convener: It would be useful to do that. I know that local authorities have been trying to get through equal pay claims as quickly as possible. I was a member of employment tribunals. My recollection is that, last January, there were nearly 7,000 unheard equal pay claims involving local authorities in the tribunal office.

John Finnie: Job evaluation is a live and a fraught issue. It has been quite difficult for the trade unions and local authority employees because of a court case in England, which I think the trade unions felt made their position on collective bargaining vulnerable, as you may be aware. I think that there is a lawyer in England who probably has the vast majority of those 7,000 cases. I mention that because I do not know what information we could get back, but there would be no harm in asking.

The Convener: It would be worth asking.

Are we happy to follow the recommendations and to ask that additional question?

Members *indicated agreement.*

The Convener: Thank you very much for your attendance.

Meeting closed at 15:48.

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