



The Scottish Parliament  
Pàrlamaid na h-Alba

## Official Report

# EQUAL OPPORTUNITIES COMMITTEE

Tuesday 26 June 2012

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**EQUAL OPPORTUNITIES COMMITTEE**

**13<sup>th</sup> 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:**

Keith Brown (Minister for Housing and Transport)

Marion Gibbs (Scottish Government)

Jean MacLellan (Scottish Government)

Michael Matheson (Minister for Public Health)

Alastair Pringle (Scottish Government)

**CLERK TO THE COMMITTEE**

Douglas Thornton

**LOCATION**

Committee Room 4



## Scottish Parliament

### Equal Opportunities Committee

*Tuesday 26 June 2012*

[The Convener *opened the meeting at 14:06*]

### Decision on Taking Business in Private

**The Convener (Mary Fee):** Good afternoon, and welcome to the Equal Opportunities Committee's 13th meeting in 2012. I remind everyone to switch off their mobile phones and other electronic devices, please.

At the table with members and witnesses are the clerking and research team, official reporters and broadcasting services. Around the room, we are supported by the security office. I welcome the observers who are sitting at the back of the room.

I am the committee convener. I invite the other committee members to introduce themselves.

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

**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.

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

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

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

**The Convener:** I thank members for that.

Agenda item 1 is a decision on taking business in private. Are members content to take in private items 4 and 5, under which the committee will consider two draft inquiry reports?

**Members** *indicated agreement.*

## Having and Keeping a Home

14:07

**The Convener:** Item 2 is oral evidence from the Scottish Government in our having and keeping a home inquiry. I welcome our two witnesses and ask them to introduce themselves.

**The Minister for Housing and Transport (Keith Brown):** I am the Minister for Housing and Transport.

**Marion Gibbs (Scottish Government):** I am from the Scottish Government.

**The Convener:** Thank you very much.

Committee members may have a number of questions for you but, to kick things off, I want to ask a question about the evidence that we were given by young people. A number of young people have problems in getting benefits. If they are on a particular type of benefit—the disability living allowance was mentioned to us—they are refused throughcare support. We understood from the evidence of the young people that throughcare support is very important to them, and it seems bizarre that they would lose that element of support. Vulnerable young people are losing additional support that could help them to stay in their accommodation, find work and carry on. I am particularly interested in your views on young people losing support.

There is another issue that I want to raise, although I am not 100 per cent sure that you will be able to answer my question. Last week, I visited Kibble Education and Care Centre in my area, which looks after a number of very troubled young people. In the discussions on Friday morning, I discovered that a young person in Kibble who has been in looked-after care for a considerable length of time is approaching his 16th birthday. According to the guidance and regulations, when he reaches the age of 16, he will no longer be considered to be looked after, so he will no longer be eligible for funding from his local authority. Kibble deals with local authorities across Scotland. However, I was also told that guidance says that, if a young person who reaches the age of 16 is vulnerable and needs extra support, they should remain in looked-after care until they are 18. As far as I am aware, that is not happening. I am interested in whether you can do anything to ensure that that happens. Why is that not happening?

**Keith Brown:** Can I make general remarks before addressing your questions?

**The Convener:** Certainly.

**Keith Brown:** Thank you for the opportunity to give evidence on such an important issue. I will outline the Scottish Government's approach to preventing homelessness, particularly among young people. We have undertaken work to help to achieve the 2012 homelessness target, of which members will be aware, which is that all unintentionally homeless households should be entitled to settled accommodation. We have made progress on developing prevention and housing options approaches and we have undertaken work on the important issue of supported accommodation, which relates to the points that you just made.

Committee members might be familiar with the Infrastructure and Capital Investment Committee's recent report on the 2012 commitment. That committee recognised, as most people do, that a cultural change has taken place in homelessness services in Scotland, which now have a much more effective and strong focus on prevention. That change in approach is beginning to show in improved statistics.

We are fortunate to have the latest information to hand for the committee, because—by sheer coincidence—the homelessness stats for 2011-12 were published today. They are extremely encouraging. We have recorded a 19 per cent reduction overall in the number of homelessness applications and a 15 per cent reduction in the number of assessments. Crucially, youth homelessness fell by 16 per cent in 2011-12. The trend in the relevant figures for England in the past year has been upwards, which is attributed to welfare reform and other factors, whereas the figures have dropped substantially in Scotland. The reports that statisticians have produced point to the prevention measures—the hubs—as being key to that good news.

Like everyone else, young people have benefited from the drop in homelessness. However, we are not complacent, because the proportion of young people in the overall figures has remained at about a third in recent years. As a result, the joint Scottish Government and the Convention of Scottish Local Authorities 2012 steering group identified youth homelessness as a key issue at an early stage. The group recognised the importance of investment in and access to housing to address youth homelessness and agreed that a focus was needed on prevention, which I have mentioned.

The housing options approach and five local authority housing options hubs have been developed from the commitment to prevention. As members might be aware, the recent independent evaluation of those hubs was positive. That reinforces the reasons that have been given for the figures that were published today.

The housing options approach has brought particular benefits to young people through the use of mediation services and links to employability, for example. That is shown by the reduced homelessness figures in areas such as North Ayrshire, where the council uses mediation and has focused on prevention.

We are clear that supported accommodation should be available for young people across Scotland when they need it. That is why we set up a working group in 2010 to produce recommendations. We have now established an implementation group to take them to the next stage, and it will report in November.

Preventing homelessness and providing supported accommodation are not just housing issues, as your questions showed, convener. We are working hard to join up housing policy with policies such as those on getting our priorities right for every child, on care leavers, whom the convener mentioned, on young offenders and on youth employment, education and training.

I was at Edinburgh Cyrenians this morning, which does work on throughcare—the convener mentioned that. That organisation is focusing much more on the fact that accommodation is the first thing that is required. The chief executive told me that the focus in the past was on people getting jobs, but now Cyrenians has pushed the focus on to getting accommodation.

We recognise the importance of hearing young people's voices and of hearing about their hopes and aspirations. That is why the supported accommodation implementation group is holding two regional service user involvement events to inform its work. The first event will take place in Aberdeen and the second one is due to take place in Glasgow on 19 July.

14:15

A great deal is being done, not least in the areas that you have highlighted. I am certainly looking forward to the committee's report; after all, in the 10 or so years since 2003 when, as a local authority leader, I signed the commitment to homelessness, the focus has been on achieving the homelessness target. However, we now have to move beyond that and ensure that what we achieve this year is sustainable. We have a strong legislative framework for the young people who need it and a strong focus on prevention.

As we know, young people face challenges in the current economic environment, not least from the proposed welfare reforms. However, with the housing options hubs, we are already taking steps to mitigate what we believe will be the worst effects of those reforms. I recognise that, in what is an important transitional stage in anyone's life, a

period of homelessness can cause long-lasting damage.

We have much to be proud of in Scotland's approach to homelessness. In fact, the chief executive of Edinburgh Cyrenians told me this morning that he is getting non-stop visits from overseas visitors who want to see what we have done and find out how we have managed to achieve as much as we have without particularly enhanced resources. The homelessness target, which enjoyed cross-party support, indicates the type of country that we are and aspire to be. We must be proud of our commitment to our young people and their future and our aim of preventing homelessness where possible. Where young people become homeless, we are providing them with an early opportunity to access housing and support and to rebuild their lives without incurring any lasting damage to their future. We want to continue with that work.

On the two questions that you raised, we need to ensure that the system has no gaps that people at a particular stage in their lives can fall through. As far as my remit is concerned, I believe that we must ensure that we have a supply of housing and provide people with the correct advice at the appropriate time. It will, of course, be for local authorities to resolve some of the issues that you highlighted, but we must work closely with them to ensure that people do not fall through those gaps.

Do you wish to add anything, Marion?

**Marion Gibbs:** I think that those comments were fine. When I read the evidence, I came across the issue that the convener raised. However, when I spoke to some local authority people, they said that they were not aware of a particular issue with DLA and throughcare and I wonder whether another benefit has cropped up that has made things awkward. We have not come across that issue before now; indeed, our understanding was that throughcare carried on.

As the minister suggested, the situation at Kibble will depend on discussions with the local authority. Obviously, we do not want homelessness among young people to increase as a result of something elsewhere in the system.

**The Convener:** I appreciate that there should be no gaps in the system. However, gaps exist and, although a lot of work been carried out to plug them, more still needs to be done. We cannot allow young people to keep falling through these gaps and failing just because the support is not available.

**Keith Brown:** I do not disagree. However, although I realise that homelessness can be related to the provision of advice and benefits and although we must ensure that homelessness does not result from these kinds of situations, I have to

point out that it is others who provide advice and benefits for people at that transitional age. Some of the groups that we support which work with young people—post-16, I should say, rather than pre-16—try to provide a wraparound service, which I think is the best approach. For example, I met a young man this morning who was dealing with a number of issues and that kind of wraparound and indeed follow-through service was helping his situation. In the past, getting someone a tenancy was seen as the end of the process but, as most of the people who work in this field now know, tenancies themselves create challenges, as people such as ex-offenders, veterans, those who have been in care and younger people suddenly take on a whole host of responsibilities that they previously did not have. The issues facing young people who are 16 or under are for others to deal with.

**The Convener:** I now invite committee members to ask questions.

**Siobhan McMahon:** During the welfare reform debates that we have had in the chamber, I have raised the issue of the community care grant and the positive opportunity to do something with the social fund when it comes to Scotland. I have raised the point that it currently takes, or should take, seven weeks to get the grant processed, although sometimes, as we have heard in evidence, it can take 13 weeks. I have suggested to Alex Neil, Nicola Sturgeon and others that Scotland has the opportunity to ensure that the grant can be given on the same day that the young person gets the keys to their new tenancy. What is your opinion on that? Is it feasible? Could it be workable in the future?

**Keith Brown:** I have not seen your correspondence with Alex Neil and Nicola Sturgeon, but I will certainly have a look at that. It is important that we try to ensure that everything is in place at the appropriate time.

Another example is that people can apply for and get accommodation but they do not have the deposit at that time, and they have to apply for it through a process that may take four or five weeks. I am thinking particularly of veterans and in some cases ex-offenders. We are trying to address the issue of people being prevented from getting properly housed because they have to wait five or six weeks for a deposit that they know they are going to get, from whatever source. Similarly, I can see the benefit in people getting the community care grant at the same time as the tenancy, but I would have to see your correspondence and look at the issue in more detail.

**Siobhan McMahon:** Again with regard to the community care grant, many organisations, such as Barnardo's, have mentioned that they are quite

concerned about the amount of money that the Scottish Government has put to one side to try to deal with the social fund. I think that it is £25 million, although I could be wrong on that. You mentioned in your opening comments that welfare reform is already hitting people in England and outlined what that means for the homelessness targets there. In what ways are you trying to mitigate the impact in Scotland, given that more vulnerable people might try to use the fund yet there seems to be a set budget for it? What will we do with the vulnerable people if the money runs out? What contingency plans are in place?

**Keith Brown:** That is a big issue. I did not try to give the impression that welfare reform is affecting only those in England, because there is no question but that it is affecting people in Scotland, even to the extent of affecting landlords' decisions to invest in housing stock. There is disquiet among landlords about the effect of the housing benefit reforms in particular, in two respects. One concerns the number of bedrooms, which you will know about, and the second relates to direct payments. People who might be living fairly chaotic lives will now receive their housing benefit direct, rather than having it paid to the landlord, and that may have consequences.

We are trying to mitigate the impact in several ways. First, we have undertaken a piece of work with the housing options hubs to look at what mitigation measures we can take. We will consider the effect first, and then look at what we need to do to mitigate that. Secondly, we have asked the five regional hubs to report back to us.

In particular, we have asked one prominent housing association to work with the Department for Work and Pensions to see what the impact will be. There is a joint project going on in Edinburgh just now with Dunedin Canmore, which is working with the DWP as it rolls out further aspects of the reforms to see what the effects are, so that we can quickly learn from that and try to apply those lessons elsewhere.

**Siobhan McMahon:** Obviously, the concern is that vulnerable people will be turned away. Are you saying that you are doing everything that you can?

**Keith Brown:** It is not a question of us simply accepting the welfare reforms: we have opposed them and have tried our best to argue for a different way forward. Nicola Sturgeon, Alex Neil and I have written to the relevant minister to say what we think the worst effects of the welfare reforms would be. Some of those issues have not been resolved. There is still the potential for some changes in relation to supported accommodation, for example. We have opposed some of the decisions that have been taken rather than just

accepting them, and we have looked at ways in which we can mitigate their effects.

It will take a bit of time to see exactly what the effects are, although we think that we know what some of them will be. I gave you some examples such as direct payments, putting young people together in accommodation and the configuration of the current housing stock around two-bedroom and three-bedroom properties, which makes things more difficult. We think that those are the pressure points, but, rather than just saying that that is what we expected, we are ensuring that mitigation work is going on around the country through the housing options hubs.

**Siobhan McMahon:** How will welfare reform impact on the 2012 commitment?

**Keith Brown:** There is a fair degree of trepidation in that regard, not just because of the welfare reforms but because of the recession. People have been climbing that hill for the past nine years and they are about to get to the top, and suddenly they are hit with welfare reform and the recession, both of which produce substantial pressures. That is why the figures that have been published today are all the more remarkable.

When I got this job last year, there were enough people around me—not Marion Gibbs; I did not intend to look at her—saying that there was a real problem in trying to meet the 2012 commitment. A huge amount of work has been done before and since I got the job to make sure that we meet it. If we do so before the end of the year, it will be all the more remarkable because it will have been done in the teeth of a recession that has put pressure on families, and in the face of welfare reform. Despite those pressures, we have managed to effect a substantial reduction in homelessness—I mentioned the 16 per cent reduction in youth homelessness—at the same time as the figures are rising in England, which is attributed in large part to the effects of welfare reform. If that is happening in England and we are undergoing the same welfare reform, we must be doing something radically different to achieve those improved figures and continue to progress towards the 2012 target.

**Dennis Robertson:** I have a supplementary on that. Do you accept that a young person who is allocated accommodation might require a community grant to get the essentials for that accommodation and that, if that grant takes several weeks to materialise, the tenancy could fail and the young person could be in a much riskier situation than they were prior to being allocated the accommodation?

**Keith Brown:** An awful lot of work has been done by the people who are involved in this area to make sure that the keys and tenancy are not



just handed over in that way. There are many different ways of doing that, such as making sure that the person who is taking on the tenancy has been given some financial education—an awareness of budgeting, and so on—that they might not have had before, which is vital to sustaining a tenancy. The community care grant is in Nicola Sturgeon's area rather than mine, but I accept that, if the absence of the grant and what it can do for people means that they are less prepared to take on a tenancy, that is not a good thing. I can see your point, but we are trying to make sure that people are as prepared as possible from day one when they take on a tenancy.

**Annabel Goldie:** I was interested in your earlier reference to North Ayrshire Council. The convener and I were very fortunate to be able to visit Quarriers in Saltcoats and meet some young people there. We were particularly struck by their candid accounts of what life had doled out to them, and we were impressed with the recognition of the role of intervention and subsequent mediation. It seemed to us that intervention could begin at school.

I realise that you have ministerial responsibility for housing and transport, but I am interested to know about the extent to which you are able to cross departments with your colleagues. There is an important issue here to do with peer education in schools. Some of those young people said to us that, had they understood what being homeless was like, they might have taken a different route. One young lady was honest enough to say that she had been so difficult and challenging at home that nothing would have affected her decision to leave, but I think that she was in the minority. The others were clear that the reality of homelessness was a far cry from their perception of independent living.

To what extent are you able to liaise with your colleagues in education and those who have responsibility for young people? There is work to be done at the educational level. It might be easy to say that it is up to the 32 local authorities to sort out, and I do not doubt their resolve and wish to sort it out, but the Government could play a useful role in giving a policy lead. I would like to hear your comments on that.

On the whole question of intervention with mediation, after we met the lady from North Ayrshire Council at Quarriers we thought that it was important for the council to come before the committee with evidence. We found the example in North Ayrshire inspiring and impressive. Mediation is essentially a council responsibility, but is there some sort of cross-departmental Government approach that could help?

**Keith Brown:** The education side of things is not quite as difficult for me because of the job that I had before I got this one. Curriculum for excellence includes the requirement for young people to come out of school with an understanding of financial management. When the issue has been discussed previously, it has usually been in relation to young people not falling prey to credit cards or other punitive credit facilities and ensuring that they understand what they are getting into with credit. However, the issue is wider than that and is about being able to manage a budget. Much more work is being done on that. As it has been some time since I did that job, I cannot say whether the work is being done at the same pace and to the same extent in all 32 local authorities, but it is being done. Local authorities have the ability to do that, and it is happening—I know, because I have seen it in some places.

14:30

At the very least, there is a recognition that we must prepare young people. However, the issue is not just about young people, as some people who come out of the armed forces and prison do not have that ability. Among the organisations that the Scottish Government funds and the partners with whom we work outwith the local authority sector, there is a good appreciation that we have to ensure that individuals understand budgeting and the necessity of paying rent. Those organisations cannot retrospectively provide an education, but they ensure that people have that understanding. In organisations outwith local authorities, there is a good appreciation of what is required to ensure that people have the necessary budgeting skills to sustain a tenancy. That is happening for people who are coming through the education system now, and support is available for those who have been through the education system and perhaps did not get as much financial education as they should have.

Annabel Goldie's example from North Ayrshire tends to describe the personalisation approach, in which the circumstances of the person drive the response. This morning, I heard about a young woman whose mother had died and who found it completely impossible to live with her father, but mediation was successful to the extent that they now inhabit the same place and get on as much as they have to. That was an example from Edinburgh Cyrenians, but many other groups, including Quarriers, realise that mediation has to be about the personal circumstances of the individual. Another good organisation is the Bethany Christian Trust, which provides services in Leith. In some ways, in the past few years, those third sector organisations have probably led

the rest of us towards the personalisation element in services.

The points that Annabel Goldie raises are well understood in the sector. It is true that the issues sometimes fall into different responsibilities in the Government but, by and large, the connections are made when they need to be. The third sector organisations certainly make the connections.

**Annabel Goldie:** So no Government proposals or new approaches are imminent or in the pipeline.

**Keith Brown:** Sorry, but in relation to what?

**Annabel Goldie:** I am interested in the Government's proactivity or dynamism in the field. I do not dispute for a moment that a lot of good work has been done and is going on but, given that we have all those separate people—local authorities, individual local authority departments and areas of Government responsibility—I have a slight concern about how you, as a Government minister, encourage methods that have proved to be successful. Is there proactive activity?

**Keith Brown:** Yes, we do that. When we provide grants to the third sector, we tend to support and work with the organisations. There are a number of forums, not least joint ones with COSLA, in which the third sector is involved. The sharing of best practice is pretty systemic. Those things are understood.

Marion Gibbs might want to say more on that.

**Marion Gibbs:** A few things come to mind immediately. Annabel Goldie mentioned how helpful mediation has been for North Ayrshire Council, as it has been in all councils. The minister talked about our housing options hubs, in which the local authorities and their partners are brought together so that they can share practice and understanding. They are all keen on mediation. It is one of the early ideas that has been put forward, as it is a quick win in many places and is really sensible and supportive stuff. In the hub for Lothian and Borders, because mediation training is fairly expensive, the local authorities that are involved—I think that there are five—got members of their staff to join together to undertake specialised training so that they could go back to the local authorities and promote that work, with a particular focus on preventing homelessness. That is a helpful way in which the hubs are enabling the sharing of understanding about the practical things that can be done on homelessness.

The other thing that comes to mind is our supported accommodation and implementation group, in which we have a number of Scottish Government departments as well as the voluntary sector, local authorities, COSLA and the Association of Local Authority Chief Housing Officers. The group tries to disseminate different

ways of thinking about homelessness. Mediation is not all about supported accommodation—how the whole picture is established is quite important, and the group picks up all of what we would call cross-cutting issues and the ways in which we can best learn.

We thought that the housing options hubs were a good model for other forms of activity in other subject areas. An independent evaluation was commissioned on that, which reported in March. It asked how we make such partnerships work, looked at how we can share good practice, and stripped out the housing and homelessness angle and just had the hubs as a method of working. The minister referred to the statistics this morning, but the picture is bigger than just the statistics. Where we see success coming through on the ground is a crucial indicator. It is about a package of different things that all come together.

**Annabel Goldie:** My final question—

**The Convener:** Stuart McMillan wants to ask a supplementary, first.

**Stuart McMillan:** My question is on the education element again. The minister mentioned the financial element of the curriculum for excellence. Prior to its introduction, had any external work been undertaken on how other countries provide that type of facility within the education system, so that we could introduce a system that is better than what exists elsewhere?

Also, is there any possibility that the finance element of curriculum for excellence could be extended to include homelessness?

**Keith Brown:** I mentioned curriculum for excellence specifically in relation to financial education and ensuring that young people are ready for what might hit them when they leave school. When curriculum for excellence was developed, quite a lot of research was done into provision in other countries. What happened then—it still happens to some extent, but it is some time since I left the education brief—was that private sector organisations provided specific courses, which tended to be towards the end of a student's school career. The Royal Bank of Scotland was heavily involved—I am sure that the computers all worked then—in providing advice and courses to young people who were about to enter the workforce. It was not systematic enough, and people could fall through the cracks. What we are seeing now is a bit more fundamental; we have to start a bit earlier. It is important that every child gets that financial education through curriculum for excellence.

What was your second point?

**Stuart McMillan:** It was about inclusion of a homelessness element. I know that you are no

longer an education minister, but could you make representations to the Cabinet Secretary for Education and Lifelong Learning for that to be considered?

**Keith Brown:** Yes. I think that there is such work going on at the moment.

The convener mentioned the impact of knowing what homelessness entails. I am not saying that homelessness ever sounds like an attractive option, but it could be an option that young people are much more concerned to avoid. I will find out exactly what is being done, and I will pass a note to the cabinet secretary on the issue that you have raised.

**Annabel Goldie:** When you are passing a note to the cabinet secretary, could you ask him whether young people at school are taught how to cook, these days?

**Keith Brown:** I will ask him, although I know that the answer is yes. I have been to enough schools in my time to know that young people are being taught how to cook. In most schools that I have visited, the food was very tasty.

**Annabel Goldie:** It must be a vast improvement on my day, when the food neither looked appetising nor tasted good.

**Keith Brown:** One thing that has vastly improved since your day and my day is the facilities. There are some fantastic facilities throughout the country for learning how to cook. I take the point about sustaining a tenancy, and people being able to look after themselves in that way.

**Annabel Goldie:** Absolutely. Our impression is that many of the young people who end up homeless are coping with a variety of rather chaotic circumstances in their life, and some of them do not have a clue how to cook, and tend to buy pre-made, expensive meals, which does nothing for their budget.

**Keith Brown:** I mentioned the Bethany Trust. Through the trust, before people move in to their own tenancy, they are placed in shared accommodation, with people from the trust also present. As part of the preparation for the tenancy, each person takes their turn at preparing the food—including vegetables and fruit—and cooking. That practice is reflected among many—but probably not all—other providers.

**Annabel Goldie:** We have heard distressing tales about young people being referred, in emergencies, to mainstream hostels—which are usually adult environments—because they were the only available option. Will the Scottish Government ensure that there is an adequate provision of supported accommodation throughout the country, and that there are appropriate support

mechanisms in place? I think we all agree that a young person's ending up in a mainstream hostel is not terribly good news.

**Keith Brown:** No, it is not—but it is also true to say that temporary accommodation is sometimes the best solution for young people and the general population. It is not always because that is all that is available; for various reasons—not as a permanent solution, obviously—it is sometimes the best solution and one that the people want. The ideal is to have supported accommodation where it is required, so work on that is on-going. We have considered the matter and are now looking at implementation of supported accommodation, which should get us to the position whereby it is available to all those who need it.

I return to Marion Gibbs's point about the hubs because it touches on a few other subjects that have been raised. The idea is that the various partners will consider the individual needs of a young person who is looking for supported accommodation, and will work with each other—registered social landlords and others—to ensure that they get the right solution. Sometimes that solution is temporary accommodation.

Last year, when the hubs had been operating for about six or seven months, I went to a catch-up seminar on how they are working out. Today has reminded me that one of the chief executives whom I met there said that the housing situation and how people deal with homeless applicants has been transformed. He felt—the chap has been dealing with homelessness for 25 years—that the situation had, in the past, been very much a box-ticking exercise to show that a person had been dealt with, rather than its necessarily being about finding the accommodation that the person needed. The process has been stood on its head and now it really is about finding the right solution for each individual. He had also spoken to a person who provides front-line services in Glasgow who had said to him that her job had been pretty unsatisfying previously, but has been transformed.

To complete the circle, the hubs seminar that I attended was almost like a cheerleading rally, such was the enthusiasm that was shown by people who have been working in a tough job for a long time, and who have seen a major change in how the work is done. It is great, and important, that the people who are delivering the service feel that it has improved. The obvious test is that we ensure that the people who are receiving the service also feel that it has improved, but we are on the right lines in that.

**John Finnie:** Our inquiry is called “Having and keeping a home”, which presupposes that there are homes to have. You have talked about the

configuration of the existing supply. On future supply—you have talked about investment from the private sector—as matters stand, we have families with children of both genders in two-bedroom houses although they should, ideally, be in three-bedroom houses.

With the house building that is taking place, what cognisance is taken of the growing demand for single-room accommodation?

**Keith Brown:** We have a programme—on which we made a manifesto commitment—to make available 30,000 affordable homes for rent by the end of the parliamentary session. That is a tough commitment to meet, given our resources—as you know, the capital budget has been cut by a third. Within that 30,000, 20,000 of the homes should be for social rent, and 5,000 should be council houses, so we have a major council-house building programme for the first time in a generation.

Last year, when I got this job, I was told that we needed to find around £630 million to deliver the programme. We have found that money, albeit that we were initially £10 million short. However, the cost has increased to around £710 million.

14:45

I mention those figures to show that we are trying to sweat every pound in order to maximise the number of available houses. The monies were initially disbursed through the innovation and investment fund, which was a one-year deal that fell between the spending review periods. We are now in a three-year period and the disbursement of the monies is dealt with by local authorities through their strategic housing investment plans. Those plans must take cognisance of future demand for houses. I do not deny that there might be substantially more demand.

Also, if houses are being built, lots of people are being employed, paying taxes, and receiving wages rather than being paid benefits. That is also true of transport. Both are very labour-intensive things to invest in. There is no question but that we would like to do far more than we are, but we believe that what we have put in place will help us to achieve our manifesto commitment.

I will also mention future proofing, which is not something that John Finnie specifically raised. We are looking towards future trends in housing. In most of the housing developments in which the Scottish Government has been involved, I have seen downstairs en suite bathrooms, level shower rooms and ramps being incorporated, which means that people will not have to move accommodation in their later life. There is a lot of recognition of future needs, but we would like to do more.

**John Finnie:** Has any adjustment taken place or any advice been issued to local authorities or housing associations regarding the impending housing benefit situation, in which we will see, in effect, attacks on people who are in single occupancy of two-bedroom houses? On the numbers level, there appears to be an attraction to having three-bedroom houses as family houses. There are competing demands. Is that reflected in any adjustment to engagement with local authorities?

**Keith Brown:** It is a kind of iterative process whereby we are in relatively constant discussion about our monies and contributions with local authorities and RSLs, who have a responsibility to put together the strategic housing investment plan. There has also been substantial discussion about what they think will be the likely effect of the welfare reforms. As members will probably know, many councils have had their eye on the issue.

For example, a person who is getting older and lives in a three-bedroom house, in which they had lived with their family, might not want to move to a one-bedroom house as they may have people stay with them regularly. They might prefer to move to a two-bedroom house, which was prohibited by allocations policies in the council that I was involved in. My impression is that many councils are now being much more flexible and thereby relieving the pressure on three-bedroom properties.

We are also discussing with councils the need for one-bedroom houses. Through the national housing trust, we see that in the markets for those types of properties, demand is not being met as we would like. There is no doubt that it is difficult for young people to get the finance to buy their own houses, which is a real problem. However, the Scottish Government is involved in initiatives such as mortgage guarantees to make sure that there is adequate supply for young people who want that type of accommodation.

**John Finnie:** I declare that I am a director of the Highland Homeless Trust. I am going to ask about the level of engagement between the hubs and the third sector. Siobhan McMahon mentioned the community care grant. In my locality, a third sector organisation fills a breach there and assists with provision of furnishings, although I have no doubt that we will get the money in due course. Can you assure us that there is maximum engagement with the third sector?

**Keith Brown:** That is certainly the intention. Marion Gibbs has been working very closely with the hubs. It is fair to say that things are different in different areas. In staffing a new initiative, it is not unreasonable to expect that some people will take to things more quickly than others. The important thing is that those others learn from the best.

**Marion Gibbs:** It is important that the third sector is involved. We have been working with local authorities and other partners—RSLs, mainly, but also the voluntary sector. Each hub engages with the voluntary sector in a different way. Some voluntary sector organisations provide a bit in admin or back-up support. As well as sitting at the table, they can make comments, which has been quite helpful. It is valuable to get the view of the third sector.

The Scottish Government funds a number of national co-ordinators who are based in third sector organisations. The committee will be particularly interested in our furniture reuse co-ordinator, who is involved in furnishing new tenancies. The national co-ordinators encourage growth in such areas. Our service-user involvement co-ordinator plays a critical role, and we also have an employability co-ordinator. Although they are funded by the Scottish Government, they are based in third sector organisations, which means that we can get the benefit of the energy and encouragement of that sector, which also gives us a slightly different view on things.

It is quite right to point out that the hubs are all developing slightly differently, depending on the local circumstances and context, but they all have an eye on the potential that exists for development with the voluntary sector, and we try to encourage that and make connections whenever possible.

**John Finnie:** Could you share more information about the co-ordinators with the committee in a letter?

**Marion Gibbs:** Certainly.

**Jean Urquhart:** That answers a wee bit the question that I wanted to ask about the hubs, but I have another question about them. Last week, we heard evidence that painted an extremely positive picture, but which, from our experience with councils, seemed almost too good to be true. How will you measure the success of the hubs? I understand that there are not hubs everywhere. How will you promote the hubs? Are we right in assuming that housing associations will be partners in the hubs? How do the hubs link with community partnerships?

**Keith Brown:** Marion Gibbs will be able to deal with some of those questions. How do we measure the hubs' success? As Marion said, we cannot go solely on the figures, but they are quite important. The figures that were produced three months ago were astoundingly good, so people started to ask questions. Moray Council and Aberdeen City Council, in particular, had extremely good figures. On my request, officials went to look at the three top-performing authorities

to get underneath the figures. We have since found out nothing that causes us to doubt them.

Shelter expressed some concern about the fact that there had been such a dramatic improvement. In such circumstances, it is right to go and check on what has happened, so we did that. Fairly dramatic improvements were evident three months ago and today's figures are equally dramatic, not just because they represent such an improvement, but because they do so at a time when the situation in England, which is going through the same welfare reforms that we are going through, has gone in the opposite direction. That has been attributed—by the statisticians, and not by the policy makers—to the hubs. If the committee gets the chance to see the full report, it will see that one of the headlines in it is that the improvements are attributed to the hubs. That is one measure of their success, and we will continue to use that measure right the way through this crucial year.

Although we must ensure that the hubs continue to develop and evolve post-2012, we should not rush past what is happening now. If we can, as we hope to, achieve the 2012 target, that will be a huge achievement on the part of local authorities and others across the country, and we should recognise the effort that has gone into that. For natural reasons, the measurement of the hubs' success this year will be closely aligned with the figures on our efforts to get everyone through the gate to achieve the target.

Beyond that, we must continue to improve the services and to ensure that the hubs learn from each other. I mentioned the seminars that the hubs hold. At the seminar that I was at, people from the different hubs around the country were involved in a very lively discussion. They are obviously learning from each other. How can we continue to measure their success? One suggestion that I have heard is that, rather than wait for people who have issues that might result in their presenting as homeless to come to them, they should go out into the community to find people before they present as homeless.

Those are the ways in which we will judge the success of the hubs. This year, we will look closely at the figures.

**Marion Gibbs:** I will add a bit to what the minister said. In measuring the success of the hubs, we are also trying to capture all the important activity on prevention. Our statisticians are trying to build a model of that. Although the statistics show that the number of homelessness presentations is going down, an awful lot of prevention activity is going on that is helping many more people. We need to put together information on that. Each local authority gives us such information, but we do not have a national picture, so we want to focus on that.

The focus up to now has been on getting closer to and meeting the target, but we want to move on, post 2012, to prevention work. That is related to the point about some, but not all, housing associations being formally involved in some, but not all, hubs and their activities. However, there is a role for all housing associations in looking at the tenants and families who rent their stock and assessing where they can take early action, as the minister said, to prevent homelessness. They can get involved, for example, in tenants' financial budgeting or with mediation services when there are family breakdowns. Housing associations can do a range of things and have been doing so for a long time.

As I said, some housing associations are formally part of hubs—for example, Glasgow Housing Association is an active member in Glasgow—but we can grow that aspect and get people to understand what is involved. We have a different dialogue with housing associations now; it is not just about asking them how many homeless households they have housed, but is more about asking what we can all do together on prevention.

You said that not everyone is involved, but 31 of the 32 local authorities are members of hubs. There is a lot of access in that regard, which is important. The hubs operate quite differently, but the vast majority of local authorities have successfully stayed involved.

You also mentioned community partnerships, which differ depending on where they are in Scotland, but we are doing a lot of work around the health and homelessness standards. We are involved in quite a lot of activity around that because it sits with the health agenda and not just the homelessness agenda. However, we need to continue work on that, because people become homeless because of mental health issues, for example, so we want to develop our approach to that.

**Jean Urquhart:** My final question is about housing people who are homeless in the area that I represent, which is the Highlands and Islands. The homelessness problem can be different in rural areas. In my experience, people who are assigned a house in a community because they are homeless are often not from that community, which can cause huge problems—they can be resented by the community. How do the hubs deal with that problem? Two extremely good books have been written about priorities for housing need, about what has happened in terms of cultural changes and so on, and about how much that is taken into consideration when dealing with the homelessness problem. I suspect that urban areas also have similar problems, but it is one of the biggest issues that we deal with in small communities.

**Keith Brown:** The hubs try to prevent homelessness by finding the right housing solution for people, which is sometimes done through one of the hub partners finding them accommodation. However, that is not always the case. It is surprising the extent to which we do not have to find people accommodation if proper support and advice are given. However, that tends to be determined by the housing association's or the council's allocation policy. They have rightly tended to concentrate on need rather than on always accommodating people in the place where they want to be. The allegation is often made that people from outwith an area have an advantage over people from the area, but it is important that the allocation is made on the basis of need.

Local connections are important and people will gain points if they have local connections. We have said that veterans should not have to prove a local connection because it is difficult for them to do that for obvious reasons, and there is a different category for people who are coming out of custody. Such decisions tend to be taken according to the allocation policies of the housing association or the council.

15:00

**Jean Urquhart:** I am not suggesting for a minute that such people should not get a house, but not everybody sees the result as being fair and people can continue to be homeless because they do not stay. It seems to me that the community that a young person goes into is just as important as their learning how to cook and how to maintain a house. There are homeless people whose stay in certain areas becomes short term, so we must put that right rather than question their right to the house. I absolutely accept that those who are in greatest need should get houses.

**Keith Brown:** I acknowledge the constraints under which councils and housing associations operate because of the stock that they have. They will often try to ensure, if possible, that a young person goes to a place where other young people already are, and similar approaches are taken for other categories of applicants. They have an eye on that, but are often constrained by the stock that is available to them. Some also operate choice-based allocation systems whereby they must also have regard to individuals' choices.

I take Jean Urquhart's point; if it is possible for councils and housing associations to do that, it is right that they should. It is important not to get into a social engineering role, but in ensuring that a tenancy is sustainable it is perfectly legitimate for them to take such action. Many authorities do, but constraints sometimes do not allow them to do it as much as they want.

**Marion Gibbs:** It is an allocation issue, in a sense. We have a code of guidance on homelessness that goes alongside the legislation, which talks about trying to get sustainable solutions. It is not just about putting people into accommodation; it is about looking at their social networks, their family connections and all of that. In rural areas, that can be a huge challenge because of the geography, which may mean that the issue of what accommodation is available comes into play.

We have just finished a consultation on the new duty around housing support, which means that every homeless household will be assessed to see whether they have a need for housing support. It is then up to the local authority to ensure that that support is provided. That might help with issues around new tenancies and sustaining them and the tensions that can grow around that. For people who are accessing housing support, there will be an angle in there as well, which will help in trying to iron out some of the problems. As you know, people sometimes have to be moved away from their home area because of other people in the area. The onus is therefore changed to making it about trying to settle people in and make the tenancy sustainable for them.

**The Convener:** Three committee members have brief supplementary questions on hubs, but before I invite Dennis Robertson to ask the first I would like clarification of something that Marion Gibbs said about the hubs. Did I pick you up correctly—are 31 of the 32 local authorities members of hubs? If so, which local authority is not? I was under the impression that they were all part of the hubs.

**Marion Gibbs:** Stirling Council started off being a member of a hub but decided that it did not want to continue in that role. We have had conversations with the council about that. It is pursuing the housing options approach to prevention, and its figure for assessing homeless applicants as being in priority need is 100 per cent, which has been one of our indicators. It is not as though Stirling Council is not doing any work on that; it just did not feel that it would gain much from going down the hub route. Our door is always open if the council wants to talk to us about that.

**The Convener:** Does Stirling Council involve itself in joint partnership working? Does it access services and support from the local authorities that are in the hub that it would have been in?

**Marion Gibbs:** That is what we try to encourage. In the seminar that the minister referred to—we hope to run another similar one—there was a bit about trying to get that happening. At the moment the inter-hub activity—the sharing of practice and the development of that

relationship and that trust—is more developed. We hold the national seminars to showcase activity across the piece so that people working in the area can understand what is happening in other hubs.

I attend quite a lot of the individual hub meetings so I can provide that bridge—I can say that another hub is doing something particularly good in the private rented sector and it might be worth doing that. We also have a series of activities that are a smaller-scale version of the national seminars—we call them the lead seminars. Representatives of the hubs come together and the mornings are set aside for sharing good practice. We held one earlier this month. People get an opportunity to discuss what is happening and what they can promote in their own areas. We recognise the value of the partnership working within the hubs. We want to capture that and extend it into the rest of Scotland so that best practice is shared.

**Dennis Robertson:** The majority of young people who are homeless do not choose to be. There are usually mitigating circumstances as to why they become homeless. In the past, the stereotypical approach has generally been that it was the young person's fault. However, on the majority of occasions it has probably not been that young person's fault.

How confident are you that young people know where to go when they become homeless? Also, how confident are you that they will have a positive experience when they get there?

**Keith Brown:** To take the second point first, I do not want to rely too heavily on the figures, because it is a question of each individual's experience. However, the figures indicate that we are tending to have more and more positive outcomes—although as I said earlier, young people still comprise that same third of what is admittedly a reducing number of people. Overall, we are tending to get a positive outcome.

On your point about—

**Dennis Robertson:** Sorry to interrupt, minister, but a positive outcome is different from a positive experience. When someone knocks on that first door and enters it, what is the experience like? Are people still pointing fingers or do they accept that the young person requires help and welcome them with open arms so that the experience is positive? I accept that the outcome tends to be positive and I welcome that, but is the experience positive?

**Keith Brown:** The only way to get a definitive answer on that is to ask as many people as possible who have been through that experience what it has been like. Certainly the people I have spoken to have said that it has been a positive experience—I was speaking to two young people

today about it and I have spoken to others in other parts of the country. We may see people because they are satisfied with the process—perhaps if somebody is dissatisfied with the process we do not hear much more from them.

The people who provide advice services and staff the hub services believe that they are doing a far better job than they were previously, which is a positive indication. I cannot give a definitive answer, but certainly the circumstantial evidence seems pretty positive.

On the point about whether we are making people aware of where the different services are, it is hard for the Government to ensure that that happens. A multitude of agencies are involved and we do not want to control them to that extent. We look to the fact that if people present with that need, they are known to the agencies—the agencies involved should be signposting to each other when that is the right thing to do.

The worry would be if somebody just did not know where to go and did not present. In that circumstance, they would not get a solution and the likelihood is that they would be rough sleepers or people in a difficult situation. However, that is not my impression. Most people who want assistance are able to get that service and they seem to be able to identify where to go. They might go to the wrong place in the first instance, but they are quickly sent to the right place.

**Dennis Robertson:** That is fine—thanks.

**Siobhan McMahon:** Please excuse my ignorance, minister, but with regard to your comments on the success of the hubs and the various figures I was wondering whether there had been any changes in the criteria, the definitions or how the numbers were calculated.

**Keith Brown:** No, there has been no change to the definition. Such a material change might affect the outcome and the only way you can have consistent figures is to use the same definition.

**Siobhan McMahon:** Have you been able to compare this year's figures for the hubs with previous years' figures or is this the first year that the hubs have been in operation?

**Keith Brown:** This is the first full year for the hubs. As a result, we have not been able to compare figures for previous years; however, the definition of homelessness has not changed in that time.

**Annabel Goldie:** Surely the very term "homelessness" is negative and denotes a negative experience. Should we not, as I suggested in a previous evidence session, try to make a more positive switch by calling these people "home-seekers"?

**Keith Brown:** I listened to those comments on the radio and my view is that the term describes the situation. In any case, when we discussed this issue before we came into the room, Marion Gibbs mentioned certain constraints on the use of the term "homelessness". Perhaps she will say something about that.

**Marion Gibbs:** The legislation contains a particular definition for homelessness, which is used to trigger the rights-based element as well as for comparison purposes as time moves on.

However, your main point is more about language and the stigma attached to the term "homeless". Interestingly, in our housing options work, we found that local authorities often rebrand their homelessness services as housing options services. If the term "homelessness" is used, a person might be self-selecting; however, if the term "housing options" is used, they might take a more positive approach, use such services earlier and, instead of thinking that everything has broken down, be able to have a discussion about what they are able to do. As we know, the closer you are to the point of crisis, the fewer options you have, because you do not have any more time.

Although we will keep the current definition of homelessness in statute and the really important rights-based safety net associated with it, the language is changing slightly to reflect a more positive experience and—I hope—to allow us to find different outcomes, solutions or options, which will include the homelessness application, if that is required. It is almost as if we are changing the terms of the debate in order to engage with people earlier rather than at the point of crisis.

**Annabel Goldie:** Forgive me, minister, but I had meant to ask you another question earlier. We are envisaging a situation in which young people in care move out and perhaps go into supported accommodation in a Quarriers-type set-up or get a tenancy. However, might adult fosterers not be able to play a role for some young people? Has the Government done any work on that?

**Keith Brown:** What do you mean by "adult fosterers"? Do you mean fostering children past the age of 16?

**Annabel Goldie:** Yes. I am talking about giving a young person a home with responsible adults who are happy to support them. However, the young person would also have the in-between option of supported accommodation, which, although provided conscientiously, is not completely suited to everyone—and, certainly, that young person would not be able to contemplate taking on a sole tenancy.

**Keith Brown:** I know that some young people are in accommodation with adults present in a supportive role—I was going to say "with adults



supervising”, but I am not sure that that is the right term. However, I cannot say that I am aware of the kind of scheme that you have mentioned. Are you, Marion?

**Marion Gibbs:** Not quite. This is not really my area, but colleagues who work in the field have told me that certain young people who are going through various looked-after options look for a supportive landlord or landlady-type arrangement. However, we are talking about a placement in a home, rather than some arm's-length thing. I guess that we might be coming back to your earlier point about the way in which things kick in at the age of 16.

15:15

**Annabel Goldie:** That is something that the Government might want to pursue in relation to the hubs in order to see whether there is any merit in that option.

**Keith Brown:** We try to deal with it through mediation. Rather than dealing with the issue through the hubs, we would have to develop a different approach with social work. I will consider the issue with colleagues. There might be obvious reasons that have not occurred to me about why it should not be done, but we will certainly examine the issue and get back to you with what we are able to find out.

**Stuart McMillan:** Training and employment are areas of concern for someone who is homeless. Earlier, we touched on the situation of someone who has got out of homelessness by securing a tenancy, and the issue of how that is funded. We have seen the figures for youth unemployment, which is a challenging area for the Government and the whole country. Has the Government undertaken any work to try to link in more with people who are homeless and improve their opportunities and their future in terms of training and employment?

**Keith Brown:** Work is being done by the Government and, perhaps more relevantly, by the organisations that I mentioned before. Today, I heard about two cases in which young people had had accommodation provided and had found work—in one case, voluntary work—that led on to part-time work with the charity that had helped them to find accommodation. Having that accommodation had a stabilising effect. In one case, the young person had managed to accumulate substantial arrears but was unaware of the various benefits that would help him to address those arrears. Third sector organisations got involved and appeared in court on the young person's behalf. Eventually, virtually all the arrears had been paid back and, after their home environment had stabilised, the young person

went on successfully to enter employment. Such work is going on across the country.

As is the case in relation to the housing stock issue that was raised earlier, there are limitations. The general employment situation is one of the big constraints that we have. The Government has made a commitment to give people the opportunity to train, stay in education or take up an apprenticeship—for people between the ages of 16 and 19 there is a guarantee in that regard—but the idea of jobs being provided is different. The job situation has its own difficulties. Through Angela Constance's portfolio, the Government is investing a substantial amount of money—around £9 million—in that area, including funding for the continuation of community jobs and social enterprises that provide employment opportunities for young people. I will not say that it is not an issue, but the biggest constraint at the moment is the availability of jobs.

Everyone recognises that unemployment can scar someone for life, just as homelessness can. Sustaining a home without a job can be as difficult as sustaining a job without a home. People recognise the link between the two.

**The Convener:** I thank the minister and Marion Gibbs for coming along to give evidence to the committee.

15:19

*Meeting suspended.*

15:23

*On resuming—*

## Gypsy Travellers and Care

**The Convener:** Agenda item 3 is oral evidence from the Scottish Government in our Gypsy Travellers and care inquiry. I welcome our second panel and ask the witnesses to introduce themselves.

**The Minister for Public Health (Michael Matheson):** I am the Minister for Public Health.

**Jean MacLellan (Scottish Government):** I work for the Scottish Government in its adult care and support division and am here to take questions on carers issues.

**Alastair Pringle (Scottish Government):** I am from the patient focus and equalities branch of the chief nursing officer, patients, public and health professions directorate of the Scottish Government and am here to take questions on health.

**The Convener:** I will give a bit of background before I open up the session to questions from committee members.

The Equal Opportunities Committee has carried out a number of Gypsy Traveller inquiries. It seems that, every couple of years since 2001, there has been yet another inquiry into Gypsy Travellers and various issues. It is now 2012, and no real progress seems to have been made despite the numerous previous inquiries.

The committee decided to carry out two inquiries into specific issues that affect Gypsy Travellers: care and accommodation. It seemed to us that they were the most pertinent issues that Gypsy Travellers had. It is clear that there is a lot of crossover between the two. Accommodation affects the care of Gypsy Travellers and their care affects their accommodation. That crossover in our inquiries has thrown up a lot of very interesting aspects of Gypsy Travellers' lives. We have had a number of sessions with Gypsy Travellers. Representatives of the Minority Ethnic Carers of People Project have been in, and we have had an awareness-raising session with Gypsy Travellers.

Before I hand over to members, I want to ask about hand-held records. In 2001, it was recommended that hand-held records be rolled out across national health service boards. We have heard evidence from a number of Gypsy Travellers that the use of hand-held records is patchy across Scotland. Some Gypsy Travellers have their own hand-held records, some local authorities do not use them at all, and their success seems to be patchy. Given the nature of

the Gypsy Travelling lifestyle—Gypsy Travellers travel around the country—it seems that, if every Gypsy Traveller held their own record, it would go with them wherever they were. Their health record would follow them. What are the panel's views on the benefits of hand-held records? What can be done to ensure that they are rolled out across the Gypsy Travelling community?

**Michael Matheson:** A considerable amount of work went into the creation of hand-held health records. That work was undertaken by the national resource centre for ethnic minority health, which is now part of NHS Health Scotland's equality team. Hand-held records came about as the result of a piece of work that NRCEMH did in which it looked at how the health service responded to the needs of Gypsy Travellers. A range of things came from that work and a range of things has been taken forward as a result of it. One issue that was highlighted was access to health records, and that led to the development of hand-held patient records.

It would be fair to say that the use of hand-held patient records has been very patchy. The previous census showed that there were around 1,500 to 1,600 Gypsy Travellers in Scotland. When the hand-held records were produced, there were requests for more than 1,000 of them to be used by local health boards. However, that does not necessarily mean that they were used. Evaluation work on their use was undertaken in 2009, but the feedback on the extent of their use and their success in being used was very limited.

As a result, we have looked at whether we could do more to improve consistency in the use of hand-held patient records, whether there are problems with them that act as barriers so that they are not used in some areas, why there is good practice in one health board area and not in another and what lessons can be learned from that, and we have asked the equality unit in NHS Health Scotland to undertake a stocktake of what each board is doing, how widely each board is using hand-held records, what the benefits are when boards use them, what the barriers are to those that do not use them, and what we can do to encourage their greater use. NHS Health Scotland has started that work, which will give us a much more thorough and detailed insight into the pros and cons of hand-held records.

As the minister who is responsible for looking at issues around health inequalities, I think that there is clearly value in consistent health information transferring from one board to the next. Before asking boards to make more use of hand-held records, however, it might be better to look at whether there are problems with the present arrangements that we could address to make the hand-held patient record system better. If we can

make the system better, will that increase its use? If so, we can look at how to proceed. It would be fair to say that more progress could have been made, but now that NHS Health Scotland is looking at the issue in more detail and evaluating it more thoroughly, we should get the information and evidence that we need to decide what action we need to take to get health boards to make greater use of hand-held records.

15:30

**The Convener:** Thank you minister. Does anyone else want to come in on hand-held records?

**Dennis Robertson:** I have one point. The Gypsy Travellers were involved in the creation of hand-held patient records, so I do not think that the design of the records is the barrier to usage. What might some of the barriers be? I do not think that it is the records themselves, given that they were mainly designed by the Gypsy Travellers themselves, albeit in conjunction with others.

**Michael Matheson:** I suspect that there are a number of barriers. It might be worth looking back in time to when use of those records started. A range of awareness events were held to make health professionals and Gypsy Travellers aware of the scheme. Members of the Gypsy Traveller community were involved in running those events to increase awareness and understanding of the purpose of hand-held records.

Barriers might be caused by staff turnover in health board areas. New staff who are addressing the needs of Gypsy Travellers might have less awareness of the records. Also, as I am sure we all know, individuals can be creatures of habit. They get into the way of taking a particular approach and, when something new comes along, they might not necessarily decide that that is the way they want to go. Some Gypsy Travellers might not be aware that they have the option of having hand-held records, and some might choose not to take that option; that is always an individual's right.

There is a variety of possibilities and NHS Health Scotland needs to evaluate that thoroughly. That will involve exploring the issues with health boards, with health professionals who use the records, with Gypsy Travellers, and with other stakeholders, to try to identify the barriers. We then need to look at possible reasonable measures that we could take to address the issues.

You are right to say that Gypsy Travellers were involved in designing the system. It might need to be tweaked a bit. If so, let us look at doing that and see whether we can increase its use.

**The Convener:** Minister, what is the timescale for NHS Health Scotland to do that work?

**Michael Matheson:** I have not fixed a timeframe, but I hope that it will take months rather than years to see what lessons we can learn. I am conscious that this problem has been on-going since 2001. If we are to continue to use hand-held patient records, we must be sure that they are being used. If they are not being used, we need to find a better option. I hope that the evaluation will take months rather than years. It will be complex because of the number of different stakeholders who are involved in the process. Dealing with them can prove to be challenging.

**Alastair Pringle:** Health Scotland has already convened a group of people to scope that piece of work. It is important to reflect on the point that the hand-held record is only one of a range of approaches that health boards have been taking. There are also outreach and anticipatory care work programmes, which means nursing staff going into encampments. We are also linking people with named general practitioners and dentists. We want to ask Health Scotland to look at a range of activities, of which the hand-held record is only one.

There is a range of barriers to people using a hand-held record; those may be to do with literacy or someone's expectations of the health service. Similarly, there is a range of reasons why people do not turn up, for example, to an anticipatory screening appointment, or a keep-well clinic in their area. Given the nature of the Gypsy Traveller community, we need to develop a basket of responses rather than focus on only hand-held records or anticipatory care. There is a range of approaches that may or may not be successful and we need to evaluate them thoroughly before we make any clear recommendation.

**Michael Matheson:** The stocktaking that NHS Health Scotland will undertake and other activities to which Alastair Pringle referred will take longer to do because of the complexity of the issue. However, I hope that work on hand-held records will be done in a shorter timeframe.

**The Convener:** We heard about the suggestion of having so-called open-house practices in which a number of GP practices share medical records for Gypsy Travellers. Would you like to see that happening more widely?

**Michael Matheson:** It is important to ensure that our health services are open and accessible to everyone, whether Gypsy Travellers or otherwise. We are always looking within NHS Scotland to see how we can improve patient access to the health service in general. Some of that is around information sharing between different health professionals or between social

care and health professionals. We will always consider and try to encourage general practitioners and others to use ways of improving patient access and information sharing.

**Jean MacLellan:** My knowledge is more about the care side of things. I noted that in your introduction, convener, you referred to the link between care and accommodation, and you have been talking about health records and access in that regard. I know that the committee is concerned about access to assessment and care packages.

A good, on-going aspect of practice is the independent living movement in Scotland. Work is going on in that area to ensure that portability of care becomes a reality, although that will take some time. For example, it would mean that a Gypsy Traveller moving from area to area could take their care assessment and care package information with them to the next local authority. There would be limitations on that regarding resources and local authorities' flexibility, but it is an evolving aspect of good practice in the care rather than the health dimension.

**Dennis Robertson:** Do you expect a roll-out of portability of care in the way that you described for the wider population? Or will it be specifically for the Gypsy Traveller community?

**Jean MacLellan:** It will be for the wider community.

**Dennis Robertson:** That is fine. I just wanted to be clear about that.

On the issue of accommodation, there are various sites in Scotland for Gypsy Travellers but we know that there are not enough. The existing sites seem to be located in areas that are not particularly desirable, whether they are under pylons, next to rubbish dumps, or whatever. With regard to that, my stereotypical idea of Gypsy Travellers and some of the myths about them were certainly taken care of in the awareness session that we had. However, the sites are not adequate or fit for purpose in many ways and we seem to have known that for some time. We do not seem to have done enough on investment or relocation. Will the minister comment on that?

**Michael Matheson:** Each local authority must determine where it wants such sites to be located and what facilities they should have.

Around two years ago, there were particular issues in Aberdeen and Aberdeenshire, where the local authorities faced challenges to do with illegal encampments. The then Minister for Housing and Communities, Alex Neil, instigated a working group to try to address some of the specific challenges that the two councils faced. A number

of the group's recommendations were taken forward to try to address some of the issues.

In the past couple of months, we had a meeting of a group of stakeholders on the issues of sites and illegal encampments. The aim was to consider how to spread more widely the elements of good practice in some local authority areas in addressing those issues. The first meeting of the group took place a couple of weeks ago. From that, there has been a recognition that we need to do more on the guidance that is issued to local authorities and to look at some of the good practice that could be utilised in other council areas. We will work with COSLA and the other stakeholders to consider how the good practice that exists in some local authority areas can be used in other areas.

**Dennis Robertson:** The evidence that we heard in the round-table meetings was that there is no good practice, so I would be interested in hearing where you believe there to be good practice. We certainly have not been made aware of it. We have a real concern that, on most sites, the facilities are inadequate and that many sites are not fit for purpose, which has an obvious impact on people's health. We should bear it in mind that, although we have fixed pitches, there are not enough. Also, some people are transient, but there are certainly not enough sites around the country for people who wish to travel, although many Gypsy Travellers do not travel and some of them are in houses.

I am interested to hear where good practice is taking place, because that was not evident in what we heard. I certainly cannot recall any evidence of good practice.

**Michael Matheson:** The good practice that I am referring to was raised in the discussion that took place at the stakeholders meeting, which involved Gypsy Travellers, local authorities, the police and others. They recognised that local authorities are taking an inconsistent approach to the provision of fixed-pitch sites and to dealing with illegal encampments. The meeting considered the experience in some areas. Some of the work that has been done since the group that considered issues in Aberdeenshire has identified areas in which a more progressive approach has been taken to dealing with the issues. We need to ensure that the benefits can be achieved by councils in other parts of the country, which is what the new working group is considering. It aims to ensure that the more beneficial approaches in some parts of the country are utilised in other parts of the country.

One thing that might come from the process is that there is a need to look at the existing national guidance for local authorities. That is the subject of a petition that is before the Parliament's Public

Petitions Committee. The petitioner was a member of the group that had the initial discussion on the issues. I understand that a couple of the points that have come from that are about considering whether we need to refresh the existing national guidance and whether some of the good practice—which the committee might not have heard about, but which I believe was mentioned in the group—can be spread more widely and taken on by other local authorities.

**Dennis Robertson:** I am not being discourteous. I am probably talking about an interpretation of good practice by the Gypsy Traveller community, although others might believe that good practice takes place. To be fair, there is a great deal of willingness to ensure that improvements are made, but I return to the point that there are probably insufficient sites and pitches for people. I hear what you say about it being in the hands of the local authorities to address that, and I am glad that you are perhaps looking to the national guidance to see whether there might be some movement with reference to that. There is insufficient accommodation for our Gypsy Traveller community, which results in illegal campsites.

**Michael Matheson:** Those are all valid points. If the group produces proposals that can assist us in developing future guidance for local authorities, to help them to understand what they should be doing, we are open to that. That is what the working group is looking into.

15:45

**Annabel Goldie:** I have a few questions about healthcare and access to GP services. We heard interesting evidence about the benefits that can be derived from healthcare initiatives, and providing funding for those seems to have a direct effect. One witness who quoted personal research said that, over a 12-year period, there had been an increase in the life expectancy of Gypsy Traveller men from 55 to 61 in the group that he worked with. This may touch on something that Mr Pringle said earlier. Are there specific plans to provide more funding for some of those projects, which seem to be directly beneficial?

**Michael Matheson:** There is absolutely no doubt that Gypsy Travellers suffer from greater health inequalities than other members of society. Some of the work that we have done through our keep well programme has been about closing down those inequalities. The programme is not specific to Gypsy Travellers but is about closing down health inequalities per se, although it includes Gypsy Travellers.

Health boards have been tasked not only with continuing to mainstream—as they are doing—the

keep well checks, but with focusing on those who are hard to reach. I am talking about those groups who may not engage with the health service, which we know is an issue among Gypsy Travellers, and who may not present early enough for the right preventative treatment to be given. We are trying to ensure that minority groups such as Gypsy Travellers are among those on whom boards are focusing in trying to close down health inequalities. Some boards have succeeded in doing that, and the programme has had a range of benefits for the country as a whole. It is important that it is focused on those who may not engage with services, so that they get the opportunity to have the keep well health check.

**Annabel Goldie:** I am encouraged by that. You talk about an NHS that is open and accessible. However, the evidence that the committee has heard so far from the Gypsy Traveller community suggests that they regard the NHS as anything but open and accessible. It has emerged that Gypsy Travellers are slow to place their trust in people, although they benefit from establishing a relationship with an individual.

That brings me to the question of GPs. We heard evidence that Gypsy Travellers had been refused access to a GP when they turned up at a health centre, which raised issues about how we can get rid of the healthcare inequalities to which you referred. The Gypsy Traveller population in Scotland is estimated to be approximately 15,000 and their travelling patterns are fairly easy to predict and map. Is there any proposal to prepare a map of their travelling patterns showing the locations of GPs who are prepared to be consulted by Gypsy Travellers?

**Michael Matheson:** I think that there are 1,500 Gypsy Travellers in Scotland, not 15,000—that is according to the count that took place in January 2009.

**Annabel Goldie:** I am sorry, minister, but

“The Gypsy/Traveller community estimates its numbers at more than 15,000”

in Scotland.

**Michael Matheson:** The last count that we have is 1,590.

**Annabel Goldie:** That raises an enormous question. If there is such a divergence in the estimates of the size of the Gypsy Traveller population, surely that needs to be addressed.

**Michael Matheson:** You are right. The most up-to-date information that we have is from 2009. Information from the most recent census will be available in 2012 and will give us up-to-date figures for the number of Gypsy Travellers.

Your point about access to services is important, particularly with regard to GP and primary care services, as Gypsy Travellers can experience difficulties in accessing them. Often, if an individual is unable to access a GP service, their first port of call is an accident and emergency department. That is not always an appropriate route and it does not necessarily lead to a good use of the health service's resources.

The idea of mapping out Gypsy Traveller-friendly services has a level of merit. My concern about that approach is that there might not be a uniform pattern of such services across the country, and individuals might not be in close proximity to a particular service. We have tried to ensure that we mainstream the provision of care, because we believe that anyone, irrespective of their background, ethnicity or place of residence should be able to access healthcare services. That is probably a better approach to the provision of health services in Scotland.

We need to do more work on identifying why there are problems with particular GP practices. NHS Health Scotland will consider certain issues. We know that there are some practices, such as some in Aberdeenshire, that have been proactive in the work that they have done with Gypsy Traveller communities, although they have had to continually refresh their approach—as some of the evidence that you received from NHS Grampian suggests, following the initial burst of action with the Gypsy Traveller community, the work must be refreshed because of people moving and the changing nature of the locations that they can be in.

It is a challenging area. I would like to identify practices that are not engaging in the way in which they could be and find out whether there are courses of action that we could take to assist them. We want to pass on lessons from the experience of the practices that are engaging effectively in order to address issues or concerns that they might have. We want our approach to result in a much more consistent service across the country rather than having a select number of Gypsy Traveller-friendly practices.

I understand that people are concerned that there are GP practices that might not be as open to the Gypsy Traveller community as they should be. We need to examine the barriers and see what we can do to address them.

**Annabel Goldie:** I am interested in your response. How do you find out which practices are not treating Gypsy Travellers?

**Michael Matheson:** Part of the approach involves a consideration of where we know that Gypsy Travellers spend a certain amount of time—areas with existing sites and places that are

used as temporary encampments. We will work to see whether there is work that we can do with GPs in that locality.

Part of the dialogue that NHS Health Scotland will have will involve speaking to the Gypsy Traveller community to find out whether there is a pattern to the areas where there is a particular problem, to identify what the barriers are and to find out what could be done to deal with those issues. If some of those issues cannot be addressed easily in those communities, consideration will have to be given to whether there are wider issues that we must address. We must look at the areas where the Gypsy Traveller communities often tend to be and see what we can do with the practices in those localities.

**Annabel Goldie:** We heard from one GP that it seemed a perfectly workable practice for a GP who was attending to a Gypsy Traveller patient and who knew that they would leave imminently for another area to alert the Gypsy Traveller to a GP in the place to which the Gypsy Traveller was going and to communicate with that GP to say that the patient would be coming to them and what the issues were. Is there anything that the Scottish Government can do to facilitate the element of co-operation that already exists among GPs?

**Michael Matheson:** That is a good example of the type of co-operation that should be taking place. Where such co-operation is not taking place, we need to identify what we can do to help to facilitate it. I would not like to give the committee the impression that there is an easy solution, because it can be extremely challenging to address issues to do with the health service and the way in which it traditionally interacts with patients.

From our side, we must engage with the Gypsy Traveller community to ensure that when its members engage with the health service, they continue to keep in touch with it. I understand that, in some health board areas, part of the challenge can be to do with the fact that someone who requires in-patient treatment and has been put on the list to get that treatment moves without notifying the health service that they have moved. That means that when they move into another health board area, they have to go back on the waiting list. There are communication complexities when individuals move. This is a two-way process. Gypsy Travellers who link in to the health service must ensure that they keep it informed as and when they move so that GPs, if they are willing and able to, can pass on information to a practice in the area that they move to. That is why some of the stocktaking work that NHS Health Scotland undertakes will allow us to identify whether there are specific measures that we, as a Government, can take to assist in addressing those issues.

**Annabel Goldie:** I think that the committee is slightly bewildered about why a GP would refuse to see a Gypsy Traveller.

**Michael Matheson:** That is a very good question. I think that that is unacceptable. If the committee took evidence from such a GP, they would give you their explanation. I, too, would like to know why that is the case and what we can do to address the situation. Do they refuse to see Gypsy Travellers because their list is full? Do they do so because of previous issues that they may have had with Gypsy Travellers, as a result of which they have decided to take a particular approach? We need clear answers to those questions. We need a clearer understanding of what is happening if we are to address the situation effectively and to make provision for the support and assistance that may be required at Government level to address it.

**Annabel Goldie:** The minister will be aware that a GP with more than 30 years' experience of working with Gypsy Travellers gave evidence to the committee. I think that the committee was universally impressed by that gentleman's commitment and the extensive knowledge that he had of the Gypsy Travelling community. I would like to think that the Scottish Government could short-circuit the process by talking directly to someone who knows what he is talking about. I think that he could quickly and effectively inform the Scottish Government about the extent of current deficiencies and how better measures could be put in place, which I think could be done with relative ease.

**Michael Matheson:** I will ensure that NHS Health Scotland contacts him to discuss his professional experience and his suggestions about how we can address some of the issues.

**Annabel Goldie:** I have not asked about the centralisation of services. The example of midwifery was pointed out to us. Previously, if a female Gypsy Traveller had a good relationship with a GP, that GP could make a general assessment of her health, including if there was pregnancy. The centralisation of midwifery services has meant that that local facility is no longer available. Has any scoping work been done on the consequences for the Gypsy Traveller community of centralised health services?

16:00

**Michael Matheson:** Each board will provide maternity and midwifery services in its area in the way that it considers to be most appropriate. The decision about how services should be provided to individual patients and the most appropriate support from midwifery services is ultimately one for clinicians.

That will be more challenging in parts of the country in which there has been some centralisation of services. That is why it is all the more important to ensure that when someone presents to a GP and may require midwifery services those services are planned in a way that addresses those issues, and that an expectant mother is aware of those issues and what can be done to address them. That may mean trying to organise the provision of more outreach work by the local board, which can shape the work to help to support Gypsy Travellers. Some Gypsy Travellers, for their own reasons, may choose to go to that in-patient facility. However, that must be an informed choice and we need to ensure that services locally recognise the unique issues that may arise in the case of a Gypsy Traveller who is more distant from a central service.

**The Convener:** Before I bring in Jean Urquhart with a supplementary question, I have a question about community pharmacies.

As you know, community pharmacies provide a successful and important minor ailment clinic service throughout Scotland—there are community pharmacies all over the place. Recently, I had a discussion with community pharmacists who said that they would be more than happy to provide a minor ailment service to Gypsy Travellers. The problem is that, in order to access that service a person has to be registered with a GP, and a number of Gypsy Travellers are not registered with GPs.

Could an initiative or scheme be considered whereby Gypsy Travellers could access minor ailment services through community pharmacies without being registered with a GP?

**Michael Matheson:** I am sure that it is not beyond the wit of man to find a way in which we could address that issue. NHS Health Scotland can look at that issue as part of its stocktaking exercise on how our health service is responding to the needs of Gypsy Travellers.

You make a valid point—as I am sure that members appreciate, the role of community pharmacists and the nature of the services that they provide has changed dramatically in the past five or 10 years. I suspect that that will continue to be the case and that, because of the skill set that pharmacists can contribute to that area, our community pharmacists will increasingly become a point of focus for initial support and assistance for individuals. I will ensure that NHS Health Scotland considers that as part of its stocktake.

**Jean Urquhart:** My question was answered fairly comprehensively in your response to Annabel Goldie. I felt outrage when I heard about doctors turning away Gypsy Travellers, and I wondered why it was happening. Since then I

have discovered that other groups fall into that category. I appreciate hearing that the minister feels that there is work to be done throughout Scotland.

We had evidence from Dr McNicol that there had been some money for investigating further what Gypsy Travellers needed. It would be essential to meet him, because of the culture and needs of Gypsy Travellers, which there is something quite special about. We might rethink how we deliver health services to Gypsy Travellers. It may be that not every doctor will be able to appreciate that culture—because it is quite different—and the kind of services that Gypsy Travellers need.

That difference needs to be recognised, because it is not just like somebody else coming in with a sore throat or a sore head. There is so much to the Gypsy Travellers' lifestyle and culture, and it should be recognised that some of that might well deliver poorer health, but not all of it. Their story is quite complicated and it needs to be heard before we can make a judgment on their medical service.

**Michael Matheson:** That is why it is important that we evaluate where things are working well, and good work is being done on how we can learn from good practice in other areas. That is why I am keen for the stocktake to consider the barriers and whether we can take action to address them.

In the past, the Royal College of General Practitioners has done some work with GPs on working with Gypsy Travellers. Some of the evidence that the committee received from NHS Grampian demonstrates that it would be wrong to try to find a one-off solution. We will have to revisit and re-evaluate the issues to see how effective our solution is, and to take on board the comments and changing nature of Gypsy Travellers and their needs. The initial input can have a good outcome but things can dwindle off, and we need to ensure that health boards and GP practices continue to update and progress the work that they are doing in the area.

I would not like to give the committee the impression that we will ever reach uniformity across all GP practices; they are all in different circumstances and they have different needs and demands placed on their time. If there is a clear number of areas in which there are barriers that can be addressed, we should look at doing that. People should not be denied access to GP services when it is reasonable that they should have that access.

**Stuart McMillan:** Are the British Medical Association or the RCGP involved in the stocktake exercise?

**Michael Matheson:** NHS Health Scotland is leading on it, but a range of stakeholders will be involved in the discussions; I expect those to include medical professional bodies. To be honest, I am more interested in hearing about the experiences and issues of those who are at the coalface. We might have to engage with some of the professional bodies in addressing some of the issues that might arise from the stocktake and ask for their assistance in addressing those issues with their membership. We could look at their suggestions for solutions to some of the issues that might arise.

However, my personal priority is for NHS Health Scotland to focus on what is happening at the coalface, the experience of the staff who are working at that level, and the issues that have to be addressed to deal with some of the difficulties that Gypsy Travellers are experiencing.

**Stuart McMillan:** I whole-heartedly agree. It is imperative that we should learn about the issues from the coalface. Getting a wider understanding of the overarching issues that affect GP practices and why they do not universally take on patients from the Gypsy Traveller community means that it is important to liaise with the British Medical Association and general practitioners.

**Michael Matheson:** One of the things that a health minister does is to have regular contact with professional bodies, including the RCGP and the BMA, which are always keen to raise their issues with the Government. Such bodies will, of course, be part of any wider discussion that takes place but, as I said, I am conscious that the real learning will come from coalface experience and using that to the best of our ability to address the problems.

**Siobhan McMahon:** A number of witnesses have told us about the problems that they have faced in trying to get adaptations for their home. Some spoke about the length of time for which they have had to wait for things—for example, 18 months for a shower or 11 months for steps.

One council official told us that there was a difference between how grants are processed for those who are in a fixed house and those who are in a caravan or chalet. Scottish Parliament information centre research shows that there is no specific Scottish Government guidance on how grants can be accessed by someone who owns a mobile home but rents their pitch from the local authority or another body.

Given that there are guidelines for homeowners, those who rent their fixed home and those in housing association accommodation, does the Government have any plans to issue guidance for those who live in mobile homes? That could remove the barrier of people thinking that they are



being stigmatised when the fact is that there are currently no guidelines.

**Michael Matheson:** As a former occupational therapist, I know that this is a very challenging area for local authorities and health services. The type of adaptation that may be made to a traditional bricks-and-mortar property does not always lend itself to a mobile home, so some of those options are not always available to people in mobile homes. That can make some issues quite challenging to deal with.

There are clear building regulations for adaptations in a bricks-and-mortar home that must be complied with in order for local authorities to take the work forward. It can be quite challenging to apply those to mobile homes. We have an independent adaptations working group that is currently looking at guidance on the provision of adaptations by local authorities and health services. The group is considering a range of issues around accessibility, the way in which services are provided and how we can improve the available guidance for local authorities. The group is due to report in September this year, which should assist us in considering whether we can do something more to provide local authorities with guidance in that area.

As I am aware from my previous professional experience, providing guidance can be challenging because the environment that people are seeking to adapt may be quite difficult. Adaptations may be needed for only a limited period at a particular location, and if someone then moves, the adaptation may need to be recreated in another area. There are questions around whether adaptations can be made on a temporary or portable basis, or on a permanent basis. Such questions can make seeking to provide those services quite challenging for local authorities.

Once we have the report from the independent adaptations working group, the Government will be able to consider what further action we can take forward to assist local authorities in relation to guidance on adaptations.

**Siobhan McMahon:** I accept what you say. However, the stumbling block at present is not just whether people can get the adaptation but whether they can gain access to the grant in the first place. Authorities must also take the advice of the person who requires the adaptation. We heard about a woman who told the installers that if they put the adaptation elsewhere, she would still be able to get into her second bedroom; that was not allowed, and she is now waiting on her second application to allow her into her second bedroom.

There is also the issue of respite care. We heard from a witness with a disabled daughter who was entitled to and allocated respite care.

However, given the ethnic differences of Gypsy Travellers, the family wanted her sister to attend her instead of male carers. That request was refused. Can such issues be looked at? I understand that that is one unique example, but it is to do with culture and ethnicity, and we should ensure that we do not put up barriers to respite care that should not exist.

16:15

**Michael Matheson:** Just to be clear, are you talking about someone who was on a respite break and a member of the family wanted to make their meals?

**Siobhan McMahon:** They were going to help with the care, to clean, to assist with swimming and so on. The person concerned was female, and the family wanted the sister to go with her.

**Michael Matheson:** When a local authority undertakes an assessment—this applies as much to Gypsy Travellers as it does to everyone else—it must assess whether care arrangements are ethnically appropriate. If an individual has specific ethnic issues with regard to the care they are provided with, that should form part of the local authority social care assessment. Social work departments are responsible for carrying out assessments, putting together the care plan that results from that assessment and considering how to address the individual's care needs, and ethnic issues should form part of that process.

What might be a challenge in certain areas is having a service that understands and addresses a person's specific ethnic issues. If there is, say, a large black and minority ethnic community in an area, the local authority will have to pursue with service providers in the area the provision of culturally appropriate services. That is not so much a matter for national guidance; it is more about the assessment process and service delivery. After all, the service that an individual gets is tailored to meet their needs appropriately. As I have said, social work staff do that when they carry out assessments.

**John Finnie:** I want to make a couple of comments about some of the issues that have been raised and then ask a number of specific questions. Picking up on Siobhan McMahon's last comment, I note that although the Equality Act 2010 protects the ethnicity of Gypsy Travellers it also presupposes that the people who deal with them understand that. That might not always be the case, and I think that there is an awareness issue to deal with in that respect.

As for lifestyle, I think that we either value diversity or we do not. Everything that we have been told devalues the diversity and lifestyle of Gypsy Travellers, many of whom have been told

that all their problems would be sorted if they moved into a house. Such an approach is not helpful; it does not help, for example, with aids and adaptations or continuity of treatment, which, given their lifestyle, is already a challenge.

Although we received some information about life expectancy, which Annabel Goldie touched on, I understand that there has been no official research on the matter other than that carried out in Ireland, which showed that a man's life expectancy is 11 years less than that for a woman. However, other research shows that Gypsy Travellers who live in houses—of course, their ethnicity does not necessarily mean that there is a mobile element to their lifestyle—have the poorest health.

With regard to what we heard about the number of Gypsy Travellers in Scotland—and the difference between 1,500 and 15,000 is certainly significant—I was interested to note that the minister took his figure from the census. Surely that raises issues about how people classify themselves. Nevertheless, the brutal question is: how can we evidence whether we are meeting the needs of the Gypsy Traveller community?

**Michael Matheson:** The truth will always lie in whether individuals in the community feel that their needs are being appropriately met.

**John Finnie:** But the Government must require evidence that those needs are being met.

**Michael Matheson:** The real test is not what happens in a study but what a person's experience reveals. Some of the evidence that the committee has received from individual Gypsy Travellers and others shows that they do not feel that their needs are being appropriately met. If individuals are saying as much, I do not need an academic study to tell me the same thing. We need to address specific concerns, identify the various barriers and see what we, at a national level, along with partners in local government and elsewhere can do to tackle those barriers more effectively.

However, I will not pretend that that can be done in a short time. Unfortunately, some of the barriers faced by Gypsy Travellers might be the result of individual personal prejudice. As we know, that problem might take considerable time to address; nevertheless, we must address it where possible.

We also need to ensure that we know about issues such as barriers that inhibit Gypsy Travellers with identified needs from accessing services, so that we can find the best way of addressing those needs. We need greater consistency in the way in which local authorities and health boards provide services to Gypsy Travellers.

**John Finnie:** I assure you that I am all for practical examples rather than academic studies. However, in my home town of Inverness, comparative studies on life expectancy can be done even for parts of council ward areas. It will be challenging to do studies for the Gypsy Traveller community if we do not even know the numbers.

**Michael Matheson:** It may be helpful if I come back to the committee on the point about comparative data. I will find out whether any research has been done—other than the Irish study that was referred to—that might assist the committee's consideration. I am not aware of any off the top of my head, although I know that we will have census data that has been captured from a number of sources. However, I will check whether any studies have been undertaken in Scotland or other parts of the UK that have comparative data on life expectancy that might be useful to the committee. Clearly, such information would be useful for our thinking about what we need to do.

**John Finnie:** I may have a few more questions on lifestyle issues.

You used the term “mainstreaming”, which in itself might be regarded as offensive by the Gypsy Traveller community because it suggests that one size fits all. This committee is familiar with the term because it is often used in areas that we consider. Mainstreaming can be regarded as positive in the context of equality and treating everybody the same. However, we must also acknowledge difference.

You talked about what would happen if a Gypsy Traveller did not get treatment at a GP practice. I know from my experience as a director of the Highland Homeless Trust that homeless people face similar challenges in relation to GPs—indeed, that happens to such an extent that NHS Highland provides a doctor specifically for homeless people. In general, if people do not get treatment from a GP, they go to a hospital accident and emergency department, such as the A and E department at Raigmore hospital, where they can be asked whether they have had the condition for more than three days. If the answer is yes, they will be told to go and see their GP.

**Michael Matheson:** We can have mainstreaming that recognises difference. It is about ensuring that, irrespective of individual differences or where someone is in the country, people receive the required care and attention from our health service when they present themselves to it. I do not want mainstreaming to mean that one size fits all; it is about having a person-centred health service that meets the needs of each individual who presents to it with their own particular circumstances and health needs, whether they are a Gypsy Traveller or not.

We need to identify the barriers or inhibitors in the system that prevent people from initially engaging with services or continuing to use services—we have talked about the example of someone being unable to access a GP—and we need to address those barriers so that people get the service that they require.

**John Finnie:** What if the barrier is simply prejudice on the part of a GP? What sanction can be taken in that case?

**Michael Matheson:** I do not want to get into talking about what the barrier might be.

**John Finnie:** What if it were prejudice?

**Michael Matheson:** If it were, we would need to address that with the GP. It may be about addressing a misinformed view of Gypsy Traveller culture to ensure that Gypsy Travellers' issues and needs are appropriately addressed. We have a range of different services in the NHS that can do that.

If the issue of prejudice presents itself, we must address it effectively. However, such issues must be addressed not only by Government but by professional bodies, which have an important part to play in ensuring that their members recognise areas of prejudice that may exist in their practice. The Government is more than happy to work with professional bodies to address such issues. We already do that with healthcare staff in a number of areas in the NHS in Scotland.

We must be clear about what the barriers are and determine the most effective method of addressing them. One of the best ways of addressing some of the issues can be peer-to-peer input, whereby GPs who are providing a service or engaging positively share their experience with GPs who are not doing that. We must identify and be clear about the barriers before we can start to think about the most appropriate ways in which to address them.

**The Convener:** What assessment—if any—has been done of the impact of self-directed support on Gypsy Travellers? What steps will be taken to ensure that Gypsy Travellers are able to access self-directed support appropriately?

**Michael Matheson:** The issues around self-directed support are the same issues that exist within social care in general and relate to access to services. Self-directed support is not a new form of social care; it is just a hierarchy of options that individuals are given after a social care assessment has been undertaken.

Gypsy Travellers must be able to access the type of social care provision that they require. They should be given the same options as everybody else. Those options are to receive a direct payment, to direct the local authority in

relation to who provides their care, or to receive a traditional care package to be provided by the local authority—or to have a combination of all three of those. If the Social Care (Self-directed Support) (Scotland) Bill is passed, it will provide people with that legal right irrespective of whether they are a Gypsy Traveller.

The point that you raise highlights some of the challenges around portability. Self-directed support can be a useful way of addressing some of the cultural issues that individuals may experience, as a result of which they may feel that a service does not suit their needs. They may choose self-directed support as a way of bringing in a service to meet their individual needs more effectively and in a way that they are more comfortable with. Along with COSLA and others, we are working on portability to ensure that if a Gypsy Traveller who has a self-directed support package moves into another local authority area, they will be able to take that package with them. The same care provider may not be able to provide the service in that local authority area, but that is another matter. It is a difficult technical area because there are different charging policies in different local authority areas, and different services are provided in rural and urban areas. The difference in the mechanisms that are used by different local authorities can also create difficulties.

It is a complex area that will take some time to address, but it is a long-standing issue. I am sure that Dennis Robertson will recognise from his previous career that the portability of care packages between local authorities has been an issue for decades, partly because of the complexities involved. A working group is looking into the area, which will give us the opportunity to address some of the issues that Gypsy Travellers, like anyone else, may experience if they choose a self-directed support option.

**The Convener:** Thank you very much, minister. Do committee members have any very brief questions?

**Dennis Robertson:** I have two points. First, I understand the point about adaptations. It brought to mind the minefield that exists around procurement and everything else. One size sometimes fits all within the procurement mentality. I sincerely hope that we are moving away from that.

Secondly, we keep referring to GPs but I wonder whether we really mean GP practices and the wider aspects of medical care, including practice nurses. Should there be a greater awareness among the profession of the needs of the Gypsy Traveller group? Would you encourage awareness training within the various boards?

**Michael Matheson:** Given some of the evidence that the committee has received from Gypsy Travellers, there is clearly a need to raise awareness and understanding. NHS inform has a role to play in working with different professional groups to raise their awareness and understanding around some of the issues. I do not want to pre-empt the stocktake that NHS Health Scotland is undertaking, but I suspect that awareness raising is likely to be one of the issues that is highlighted. We will then have to work out the best way to take that forward to ensure that GP practices have a greater awareness. Practices in particular areas where there are Gypsy Traveller communities will have experience in that field. GPs from those practices may have an important part to play in addressing some of the misconceptions that other GPs may have around Gypsy Traveller issues.

16:30

To return to the earlier point about the number of Gypsy Travellers, I want to clarify the figures for Annabel Goldie. The figure of 1,590 Gypsy Travellers relates to those living on registered sites—that is why there is such a variance in the figures. I understand that part of the difficulty in quantifying the population is its transient nature. We get confirmed figures for the snapshot of time that we have to carry out the census. However, people often move on and potentially they can be double counted.

**Dennis Robertson:** So those figures would not include people living in houses who are Gypsy Travellers.

**Michael Matheson:** I believe that in the last census in 2010, an additional element was introduced to try to capture information on Gypsy Travellers who are resident in permanent properties. Part of the difficulty in being able to come to a clear figure is because the exercise has to be done within a limited timeframe. People can move in that period of time, so it is difficult to come up with an accurate figure.

**The Convener:** As there are no further questions, I thank the minister and the witnesses for coming to give evidence.

16:32

*Meeting continued in private until 16:47.*

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