The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Thursday 5 February 2015

Session 4

Thursday 5 February 2015
CONTENTS

Scottish Parliament

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[The Presiding Officer opened the meeting at 11:40]

General Question Time

Polypropylene Mesh Medical Devices

1. Neil Findlay (Lothian) (Lab): To ask the Scottish Government how many women in the last year have been treated with mesh, or tape, products to treat pelvic prolapse or stress urinary incontinence. (S4O-03991)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): In 2013-14—that is, to the end of March 2014—1,360 women had a mesh implant procedure for stress urinary incontinence, pelvic organ prolapse or both. Those mesh implants include biological and polypropylene mesh.

Neil Findlay: The answer that the cabinet secretary gave was not about the last year, but I understand why.

On 17 June last year, Alex Neil told the Parliament's Public Petitions Committee and mesh survivors that he was suspending the use of mesh for the treatment of those conditions. However, on 16 July, the deputy chief medical officer, Frances Elliot, wrote to health boards encouraging them to continue to recruit women on to clinical trials in which mesh would be fitted inside their bodies.

Why do the mesh survivors who have campaigned relentlessly on the issue feel that the former Cabinet Secretary for Health and Wellbeing completely misled them?

Shona Robison: I will meet some of the women who are affected on 23 February. I am very concerned that women have suffered complications following surgery, which is why we set up the independent review that the previous cabinet secretary announced on 17 June. All health boards that carry out such procedures have considered the request and almost all have suspended the procedures.

The review is analysing the number of people who have undergone the procedures in Scotland and the number of complications. From that information, we will be able to consider the level of underreporting. I will be able to give Neil Findlay figures beyond March 2014—I will write to him on that.

On clinical trials, the clinical community fully endorses medical research in the field as the most credible way to answer legitimate clinical research questions and improve the care of patients. Of course, women agree to participate in a clinical trial only when they are fully aware of the facts and associated risks. No one goes into clinical trials without the full information.

The acting CMO wrote to all health boards on 20 June requesting that they consider suspending mesh implant procedures, as Neil Findlay knows. That request to health boards was framed in the strongest possible terms, but it must be balanced against the wishes of women who, having fully considered the risks, prefer to continue with the procedure. Consultants are providing additional counselling and using the new patient information and consent leaflet that the expert group developed to ensure that any woman who wants to go forward understands the risks.

Those are difficult issues to balance. I hope that Neil Findlay understands that the letter to health boards was framed in the strongest terms but individual patient choice still remains.

John Scott (Ayr) (Con): The cabinet secretary will be aware of the growing number and size of successful compensation claims regarding mesh implants in America. As well as being concerned about the pain and suffering that the implants cause, is she concerned that, notwithstanding Alex Neil's instruction to health boards to stop the treatments, some health boards are still using mesh implants, which might leave Scottish health boards and, ultimately, the Scottish Government open to compensation claims?

Shona Robison: As I laid out in my previous answer, health boards have been given a very strong letter from the acting CMO about the suspension of the procedures, but individual patients, in discussion with their consultants and in full knowledge of the risks, can decide that they want to go ahead.

In relation to looking at the issue more fully, the regulation of medical devices, including implants, is within the remit of the Medicines and Healthcare Products Regulatory Agency, which is the United Kingdom body that is responsible for regulating all medical devices. It works with the European Commission on those issues and has responsibility for the regulatory framework. We follow the guidance in exactly the same way that other UK countries do.

Evidence is required before suspension is mandatory, and the current European Commission has not proposed a change to that. To an extent, that covers that issue. Should the situation change, the situation in Scotland would change, too. We would follow the advice that was given. Scotland has written to the European Commission to seek assurances that the results of the research that it is carrying out will be acted on swiftly.

As I said, I will meet some of the women affected on 23 February and will listen to their concerns. Obviously, if there is anything more that we can do, we will do it. I hope that that reassures the member.

2020 Heat from Renewables Target

2. Claudia Beamish (South Scotland) (Lab): To ask the Scottish Government what progress it is making towards meeting the target of 11 per cent of demand for heat being met by renewables by 2020. (S4O-03992)

The Minister for Business, Energy and Tourism (Fergus Ewing): The most recent United Kingdom data, upon which progress towards our renewable heat target is based, shows that in 2012 renewable heat generation equated to 3 per cent of Scotland's non-electrical heat demand, which is up from 1 per cent in 2009.

Claudia Beamish: I would like to focus on district heating. Colleagues on the Economy, Energy and Tourism Committee received evidence—which it highlighted in its report on the draft budget in January—that Scottish Renewables and others were concerned that Scotland was still "very far off" meeting its target for district heating. The committee wished to relay a plea for a step change in investment in renewable heat. I invite the minister to give his response to that plea and to say how many of the recommendations that the expert commission on district heating made in its report of November 2012 are being actioned.

Fergus Ewing: I acknowledge Claudia Beamish's interest in the matter. I will look at the evidence that was given to the Economy, Energy and Tourism Committee. We accepted all but one of the expert commission's recommendations and we are working to make progress with all of them. I chaired a meeting of the expert commission on 11 November.

We have a target of 40,000 homes being supplied with affordable low-carbon heat, and we are working very closely with local authorities, housing associations and the national health service to deliver district heating schemes. Retrofitting district heating to existing buildings is expensive, complex and logistically challenging, but we are making progress in Glasgow, Aberdeen and Wick. Like Claudia Beamish, I want to see a step change, so that in Scotland, as in Denmark, district heating forms part and parcel of the way in which we provide heating for people's homes.

Brain Cancer Survival Rates

3. Jackson Carlaw (West Scotland) (Con): To ask the Scottish Government what action it is taking to improve survival rates from brain cancers. (S4O-03993)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Scottish Government is committed to ensuring that people with brain cancer receive the best possible care. Early detection and appropriate, timely referral are key to improving survival rates. Through our £30 million detect cancer early programme and the refresh of our "Scottish Referral Guidelines for Suspected Cancer", we are working to increase the number of brain cancers that are detected at the earliest possible stage.

Jackson Carlaw: The cabinet secretary will know that survival rates from brain cancers are depressingly low—only 15 per cent of people with brain cancer survive. It is the biggest cancer killer in Scotland of those under 40 years of age.

Will the cabinet secretary join me in congratulating my colleague Cameron Buchanan, who is a brain cancer survivor, on the success of the recent gala dinner that he organised for the Brain Tumour Charity, which raised just short of £20,000, all of which will go to research? Perhaps the Cabinet Secretary for Finance, Constitution and Economy will double that before the day is out.

Will the cabinet secretary agree to contact health departments elsewhere in the United Kingdom with a view to jointly promoting and encouraging internationally further research into what, sadly, is regarded by the pharmaceutical companies as an orphan condition in research terms? That would allow us to look forward to genuine progress, through research, into improving survival rates for brain cancers and other cruel conditions such as motor neurone disease.

Shona Robison: I join Jackson Carlaw in congratulating Cameron Buchanan on the very important work that he has done on the issue.

Jackson Carlaw highlights the importance of research, and I would be happy to write to the other health departments in the UK about a co-ordinated approach. The chief scientist office recently announced funding of £225,000 for a research project led by Professor Anthony Chalmers at the University of Glasgow. The purpose of that project, which is due to start shortly, is to evaluate the clinical potential of a novel treatment strategy for one of the most common and lethal adult brain tumours.

I am sure that Jackson Carlaw will know that most cancer research in Scotland is not funded by the CSO but by Cancer Research UK, which does a huge amount of crucial work in the area. The CSO provides funding of around £440,000 a year to the Scottish cancer research network. Some

good work is happening in the area but obviously more can be done. I am happy to write to the other health departments to see whether we can co-ordinate further action.

Freight Transport

4. John Finnie (Highlands and Islands) (Ind): To ask the Scottish Government what steps it is taking to encourage industry to move from road haulage to rail freight. (S4O-03994)

The Minister for Transport and Islands (Derek Mackay): The Scottish Government is committed to encouraging the transfer of freight from road to more sustainable modes, including rail. That is why, in the current rail funding settlement to 2019, a £30 million Scottish strategic rail freight investment fund has been made available over and above the funding for the rail network as a whole and the separate freight mode shift grant schemes that continue to operate.

Taken together, that substantial package of investment and funding will help encourage growth in rail freight and support our vision for a greener and more efficient transport network.

John Finnie: The far north line carries nuclear fuel, unfortunately, but it is no longer able to cope with existing, or indeed potential, traffic. Oil tanks travel to Lairg only 75 per cent full due to restrictions on one of the viaducts, and lower-platform wagons to take higher containers have been banned due to track conditions. What is required is dynamic loop, faster points and improved signalling. Will the minister agree to press Network Rail to significantly improve line speed and capacity on the far north line?

Derek Mackay: Yes, I will. I will look into the specifics of the case. There are rail improvement works that, working with Network Rail, we will proceed with on the line. However, if further pressure is required, I will certainly apply it.

National Accommodation Strategy for Sex Offenders

5. Paul Martin (Glasgow Provan) (Lab): To ask the Scottish Government whether it will order a review of the national accommodation strategy for sex offenders. (S4O-03995)

The Minister for Housing and Welfare (Margaret Burgess): The Care Inspectorate and HM inspectorate of constabulary in Scotland are carrying out a review of how well the public are protected by the current multi-agency public protection arrangements for assessing and managing the risk posed by registered sex offenders in our communities.

The review will include an assessment of how effective the responsible authorities are in the discharge of their statutory duties, including adherence to national guidance such as the national accommodation strategy for sex offenders. When the review is completed later this year, a report along with appropriate recommendations will be published

Paul Martin: Since the murder of Mark Cummings over 10 years ago, the word “review” has been used on a number of occasions, and on a number of occasions, as a result of a number of reviews that have taken place, it has been recognised that sex offenders are disproportionately allocated housing in deprived areas, particularly in Glasgow. Is that still the case today?

Margaret Burgess: I appreciate and understand the member’s long-term concerns about the matter. Housing registered sex offenders in the community is an important aspect of the risk assessment process. The location and type of accommodation will always be determined by the circumstances of the individual offender and the risk that they may present to the community.

Roderick Campbell (North East Fife) (SNP): Current MAPPA guidance indicates that registered social landlords do not have to assess and manage the risks but must co-operate with those who do. Does the minister believe that current guidance is adequate in relation to social landlords?

Margaret Burgess: As the member indicated, registered social landlords have a duty to co-operate under MAPPA. Their role is to contribute to responsible authorities’ management of risk by allocating housing that has been assessed as manageable for released offenders. The extent to which the duty applies in practice will depend on the nature of the accommodation that any given landlord has available and the extent to which responsible authorities consider that such accommodation would help to manage the risk in any given case.

The Presiding Officer (Tricia Marwick): Question 6, in the name of Lewis Macdonald, has been withdrawn. The member has provided an adequate explanation.

Schools (Pupil Assessment)

7. Michael McMahon (Uddingston and Bellshill) (Lab): To ask the Scottish Government what plans it has for pupil assessment in schools. (S4O-03997)

The Minister for Learning, Science and Scotland’s Languages (Dr Alasdair Allan): We are committed to improving outcomes for all children and young people. In order to raise attainment, it is important to be able to

demonstrate success and identify challenges so that we understand where improvements need to be made. That is why, in schools, teachers already gather evidence on pupils' progress across a range of learning and why the Scottish Government and local authorities always look at good practice wherever we find it.

Michael McMahon: Does the minister agree that there can be no dispute about the significant difference in attainment between children in Scotland's most deprived areas and those in better-off parts of the country? We all want progress on closing that gap, which has existed for far too long. How does the minister intend to measure any improvements, especially among primary school pupils?

Dr Allan: I do not think that there will be any disagreement between the member and me about the importance of closing that attainment gap. One of the central aims of curriculum for excellence, and indeed of the Government, is to ensure that everyone has an opportunity to succeed and to fulfil their potential. Schools are always measuring their progress on closing the gap.

I have been in conversations with Education Scotland on the role of school inspections in this area, and there are many other activities. For instance, insight, the benchmarking tool, allows schools to make meaningful comparisons with one another of what they are doing to ensure that their policies and ours are all centred on closing the attainment gap wherever it exists.

Railway Timetabling (North-east Scotland)

8. Kevin Stewart (Aberdeen Central) (SNP): To ask the Scottish Government what discussions it has had with its partners about railway timetabling and capacity in the north-east. (S4O-03998)

The Minister for Transport and Islands (Derek Mackay): We meet regularly with Nestrans, the north-east of Scotland transport partnership, and other partners in the north-east to discuss a full range of railway issues, including timetabling and capacity. The next meeting with Nestrans is currently taking place.

Kevin Stewart: In 2013-14, north-east stations accounted for 3.35 per cent of Scotland's patronage, compared with 2.44 per cent in 2004-05. There has been significant growth at all eight stations, notably Portlethen, with 350 per cent growth, and Inverurie, with 290 per cent growth.

The Presiding Officer: Can we get a question, please?

Kevin Stewart: In the case of Inverurie, passenger numbers rose from 128,000 in 2004-05 to 500,000 in 2013-14.

The Presiding Officer: Come on, Mr Stewart, get to the question.

Kevin Stewart: Can the minister assure me that such growth will be taken into account when rail investment resources are allocated? Will he commit to looking at increasing station numbers, rolling stock and services in the north-east so that rail patronage can continue to grow?

Derek Mackay: I can give that assurance. We have accepted that there are demand issues with the current franchise, and that is why work is in place on capacity and crowding issues. We will do more of that with the new franchise. There are commitments on stations, journey times, reliability and new rolling stock. I am sure that that is the answer that the member seeks.

The Presiding Officer: The answer was a lot shorter than the question.

Chronic Migraine Disorder

9. Cameron Buchanan (Lothian) (Con): To ask the Scottish Government whether it plans to introduce new initiatives to help people with chronic migraine disorder. (S4O-03999)

The Minister for Public Health (Maureen Watt): All clinicians in national health service boards in Scotland are expected to be aware of and to adhere to guidelines that are published by the Scottish intercollegiate guidelines network, or SIGN. SIGN guideline 107, on diagnosis and management of headache in adults, which is from November 2008, provides clinical guidelines for the management of headache, including chronic migraine.

Cameron Buchanan: Is any new money being put aside for research? Is the Government aware of how widespread the disorder is and how often it leads to prolonged absence from the workplace?

Maureen Watt: The chief scientist office has responsibility for encouraging and supporting research into health and healthcare needs in Scotland. The CSO responds primarily to requests for funding research proposals that are initiated by the research community in Scotland. We are not currently funding any research project on the cause or treatment of chronic migraine, but we would welcome research proposals in the area, which would of course be subject to the usual peer and committee review.

Out-of-hours General Practitioner Services (NHS Lanarkshire)

10. Margaret McCulloch (Central Scotland) (Lab): To ask the Scottish Government what its position is on the review of out-of-hours GP services in NHS Lanarkshire. (S4O-04000)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Scottish Government is liaising with NHS Lanarkshire and is being kept abreast of progress on its review of out-of-hours services in its health board population area. We expect the outcomes of the review to be in line with any recommendations that arise out of the Scottish Government's recently announced national out-of-hours review, which is to be led by Sir Lewis Ritchie.

Margaret McCulloch: NHS Lanarkshire intends to make its out-of-hours service more centralised than its accident and emergency service. Is the Scottish Government concerned that that could lead to extra pressure on A and E from patients who present at emergency rooms when they would be better dealt with in a primary care setting?

Shona Robison: The consultation is on-going and it is important that the views of the public in Lanarkshire are listened to.

In the context of its review of the local out-of-hours service, we expect NHS Lanarkshire to come into line with any emerging direction of travel, findings and recommendations from the national out-of-hours review to which I referred.

It is important that any steps that NHS Lanarkshire takes on its out-of-hours service do not impact on other parts of the system. We will probe that very carefully indeed.

First Minister's Question Time

12:01

Engagements

1. Kezia Dugdale (Lothian) (Lab): To ask the First Minister what engagements she has planned for the rest of the day. (S4F-02577)

The First Minister (Nicola Sturgeon): Engagements to take forward the Government's programme for Scotland.

Kezia Dugdale: We all celebrate the dedication of the people who work in our national health service. Every Scot has a personal reason to be thankful for the care and compassion of the dedicated staff. Since devolution, there has been much progress, but there are problems in Scotland's NHS. Can the First Minister tell the Parliament whether the number of patients in Scotland who wait more than 12 hours in accident and emergency has gone up or down since 2008, which is the first full year for which figures are available?

The First Minister: There are challenges in our accident and emergency departments, as we have discussed in the Parliament before and as I am happy to discuss in the Parliament today. The Government is investing in our NHS to help it to deal with the challenges.

I am proud to say, on behalf of our hard-working NHS staff, that over this challenging winter period, nine out of 10 patients were admitted within four hours and 99.9 per cent were admitted within 12 hours. I readily say that, as long as any patient is waiting longer than four hours, we have work to do. That is why yesterday we proposed a budget that will increase health spending next year by £383 million. Perhaps Labour members will be able to explain today why they voted against the budget.

Kezia Dugdale: If it had been a budget worth voting for, we would have voted for it, but it did not stand up for our NHS.

The reality is that the number of Scots who have waited 12 hours in accident and emergency has increased by 170 per cent. We are talking about pensioners sitting in cold waiting rooms and hoping that they will get called next, and worried parents waiting hours for their child to get the treatment that they need. This is a full-blown A and E crisis on the Scottish National Party's watch.

Can the First Minister tell us whether the number of patients in Scotland who wait longer than eight hours in A and E has gone up or down since 2008?

The First Minister: I will answer that question precisely. In 2007-08, 0.16 per cent waited more than eight hours, and in 2014-15 it is 0.64 per cent—less than 1 per cent. That is too many people, but the Government is investing in our health service to ensure that we equip it to deal with such challenges.

Only a few weeks ago, Labour was saying that, over the past two years, 12,000 patients had waited more than 12 weeks for in-patient treatment in our health service. That is 12,000 patients too many—I have no issue with admitting that. However, under the last two years of the last Labour Administration, 267,000 patients waited more than 12 weeks.

I accept that we have work to do. We will always have work to do to support our NHS to deliver even better for patients. However, the simple fact of the matter is this: our NHS today is performing better against tougher targets than was the case under Labour in the past and is the case under Labour in Wales today. Perhaps that is why twice as many people in Scotland trust the SNP with our national health service as trust Labour.

Kezia Dugdale: If we were in the Welsh Assembly, that would have been a good response, but we are not.

Members: Oh!

The Presiding Officer (Tricia Marwick): Order. Let us hear Ms Dugdale. Order.

Kezia Dugdale: The First Minister is responsible for the Western general not the Royal Glamorgan and it is about time she took up that responsibility.

I asked the First Minister whether the number of people waiting for eight hours had gone up or down under the SNP. The reality is that it has gone up by 400 per cent. Let us think what that means. It means a worker having to lose the equivalent of a whole day as they wait in accident and emergency. It was 10,000 Scots in 2014 alone.

I will give the First Minister one more chance to give a straight answer. How many patients waited longer than four hours in accident and emergency departments before being seen in 2014?

The First Minister: I answered Kezia Dugdale's question—[*Interruption*.]

The Presiding Officer: Order. Let us hear the First Minister.

The First Minister: —absolutely precisely in terms of patients waiting for eight hours. In 2007 the figure was 0.16 per cent and in 2014-15 it is 0.64 per cent—[*Interruption*.]

The Presiding Officer: Order!

The First Minister: I do not deny that we have work to do in our health service. We have work to do in our accident and emergency departments. A record number of people were admitted to our hospitals through accident and emergency in December last year. The demographics of our country, and indeed of every part of the UK, mean that more people are being admitted to hospital in a sicker state and are requiring hospital stays. That is the reality that we are dealing with.

That is why, since the Government took office, the health budget has increased by £3 billion, almost three times the number of accident and emergency consultants are working in our national health service, and two accident and emergency departments that Labour would have closed if it had won the 2007 election have, together, treated almost 1 million patients.

Labour does not like to be reminded of its record and that of its Welsh counterpart. The reality is that people will judge the SNP's record on health and I am happy that they do so. They will also want to judge whether Labour can be trusted to run our national health service, so they will look either at Labour's past record in Scotland or at its current record in the only part of the UK where it is in government, which is Wales, and they will find that Labour cannot be trusted with our health service. They will choose to keep moving forward with our NHS under the SNP and not to go back to the bad old days of Labour.

Kezia Dugdale: The First Minister did not answer the question so I will give her the number. In the past year, more than 120,000 Scots waited for more than four hours in accident and emergency departments. That is enough people to fill Hampden park and Murrayfield and still have some left over.

The SNP's record on accident and emergency is one of failure. From this week's figures, we know that accident and emergency departments in Scotland are performing even worse than David Cameron's ones in England. The SNP claims that the NHS is a priority, but Nicola Sturgeon is the First Minister who gave up running the NHS to run the referendum.

The First Minister once said:

"a party that is now in its second term of office cannot avoid taking responsibility for its own failings."—[*Official Report*, 12 December 2001; c 4711.]

When will the First Minister live up to her own words and get a grip of the crisis in Scotland's accident and emergency departments?

The First Minister: I will give Kezia Dugdale some more facts. In 2013-14, 99,152 patients waited longer than four hours in our accident and emergency departments. That is not good enough. In 2006-07, the last year of Labour in government,

125,753 patients waited longer than four hours. Our NHS has still got work to do and the Government will support it, but we will not go back to the bad old days of Labour.

While Labour criticises an accident and emergency performance of 90 per cent in Scotland, it seems to want to defend the performance of its Government in Wales of 81 per cent. I have been reading all week that Labour wants to make the NHS a central issue in the next election. I say this to Labour: bring it on.

Prime Minister (Meetings)

2. Ruth Davidson (Glasgow) (Con): To ask the First Minister when she will next meet the Prime Minister. (S4F-02576)

The First Minister (Nicola Sturgeon): No plans in the near future.

Ruth Davidson: This week, we found out that the police in Scotland have stopped and searched hundreds of children under the age of 12. Of our youngest children, aged nine and under, 159 were stopped. In London, which has millions more people and higher crime, the number was just 19. Everyone in the chamber has nieces, nephews, children or grandchildren. How does the First Minister feel about children as young as five being stopped by the police? Primary school children are being approached by uniformed officers asking to search them, and the children do know whether they are allowed to say no. How does she feel about that?

The First Minister: First, it is clear that stop and search of children is an issue about which many people will have concerns. When the police search children, it is generally to ensure that they are safe; we understand that a proportion of the searches are because drugs or weapons may have been concealed by others on very young children. [*Interruption*.]

The Presiding Officer: Order.

The First Minister: The number of children who are being stopped and searched has reduced dramatically. The Scottish Police Authority has asked Police Scotland to provide a full explanation of the figures that we have seen this week, and the matter will be discussed at the next public board meeting of the Scottish Police Authority.

I am grateful to Ruth Davidson for raising what I think is an important issue. I have spoken to the chief constable about stop and search and I can advise Parliament that following a six-month pilot in Fife, he is now considering whether the practice of non-statutory or consensual stop and search should be completely ended. I welcome that.

Of course, we need to ensure that the public can continue to be properly protected if that practice comes to an end. I have therefore asked Police Scotland to consult the Scottish Police Authority and Her Majesty's inspectorate of constabulary in Scotland on the way forward. I have asked that the Cabinet Secretary for Justice be updated before the end of March, and I give an assurance that Parliament will also be kept fully updated.

Ruth Davidson: I thank the Presiding Officer for that full answer. [*Interruption*.] I mean the First Minister. Sorry.

I am not afraid to say that stopping and searching children makes me feel uncomfortable. I believe that the police do a tough job and should be supported, that all prisoners should serve their full sentence and that some should never get out at all, but there is something different about young children being targeted in this way.

It is not just me. Outwith the conversation that the First Minister has just described with the chief constable, in June the assistant chief constable, Wayne Mawson, came to Holyrood and told MSPs that searching children younger than 12 is "indefensible" and that it would be scrapped. It has not been scrapped yet, and hundreds of children have been searched by the police on our streets since that appearance.

How can that happen? How can a senior ranking officer come to Holyrood and tell Parliament that officers are regularly doing something that even the police consider to be "indefensible", and then walk out of the front door and carry on regardless? Is that acceptable?

The First Minister: I said in my original answer to Ruth Davidson that the Scottish Police Authority has asked for a full explanation of the very circumstance that she outlined. I hope that she will welcome that. As I also said, the issue will be discussed in detail at the next board meeting of the SPA, which will be held in public later this month. That is an important assurance for Parliament on the issue that she has raised. It is also worth noting that the number of children who are being stopped and searched has reduced significantly.

The wider issue is important. Stop and search, as I hope all members would agree, can be and often is a vital tool that the police have at their disposal to keep us safe. It has, however, been expressed not just by politicians but by the Scottish Human Rights Commission that use of consensual non-statutory stop and search raises concerns. Those are the issues that the chief constable is acknowledging, and that is why there will now be consultation about bringing the practice to an end. I hope that members across the chamber will welcome that.

I want to end this answer by picking up on something to which Ruth Davidson alluded. Our police do a sterling job and they do a tough job. They put their lives on the line every time they put on their uniforms and go out to keep the rest of us safe, and we should all thank them for the job that they do.

Michael Russell (Argyll and Bute) (SNP): Will the First Minister seek an urgent opportunity personally to ask the leader of Argyll and Bute Council, Councillor Dick Walsh, to accept the bid for Castle Toward of £850,000 that the South Cowal Community Development Company has lodged? That bid will lead to 100 jobs being created in the area, but it will fall in a week's time unless the council chooses to get out of the way of the community and stops obstructing it in its desire to own the premises.

The First Minister: Under the community right-to-buy legislation, the decision on whether to accept the bid lies with Argyll and Bute Council, but there is no doubt that the community in south Cowal is highly supportive of the buyout and the potential that it has to create new jobs.

Last week, the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights asked the council to consider the new valuation of the estate and to extend the right-to-buy deadline to allow time for further discussions, which I know was welcomed by Mr Russell. I encourage the council to negotiate constructively with the community body and to use the extension that is now agreed in order to find a solution that will secure the future of an important community asset.

Rhoda Grant (Highlands and Islands) (Lab): The First Minister will be aware of the crisis in Moray schools. There are 70 vacant teaching posts to cover, as well as high levels of sick leave. I understand that Keith grammar school has no English teachers at all, that others have had to close due the lack of teachers and that council officers are now routinely returning to classrooms in order to keep schools open. That is due to a lack of teachers—

The Presiding Officer (Tricia Marwick): Can we just get a question, please?

Rhoda Grant: What is the First Minister doing to address that and to ensure that there are adequate numbers of teachers to provide education to the children of Moray?

The First Minister: We are happy to work with individual councils to help them with recruitment issues. Councils that face particular recruitment challenges have the ability, if they so choose, to pay higher salary levels than the national levels. We are also taking steps to increase the number of teachers in training and to ensure that probationer teachers can go to areas that have particular difficulties recruiting.

On teacher numbers, the Government has on the table—right now—£51 million that is available to councils if they agree to maintain teacher numbers. I hope that every member will tell councils across Scotland to accept that deal, take the money and allow us to ensure that we keep teachers in our schools in order to give the best deal to our children.

Cabinet (Meetings)

3. **Willie Rennie (Mid Scotland and Fife) (LD):** To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S4F-02580)

The First Minister (Nicola Sturgeon): Matters of importance to the people of Scotland.

Willie Rennie: I am looking for clarity from the First Minister on what she has just said about the stop and search policy. It was quite clear that the senior police officer who came to Parliament in June said that stop and search of under-12s would be stopped there and then. I have it here, from a freedom of information request, that the policy would end from June. However, since then, more than 350 young children have been stopped and searched.

The First Minister referred to the pilot in Fife, which was for over-12s. Can she give absolute clarity that, from today, there will be no more stopping and searching of children under the age of 12?

The First Minister: I take this opportunity to say that Willie Rennie has raised this issue consistently. It is important to recognise that.

Let me be clear: it is the position of Police Scotland that police do not carry out consensual stops and searches on children under 12.

As the figures show, there will be circumstances in which stop and search is carried out, which is what the Scottish Police Authority has asked Police Scotland to explain. I do not want to prejudge that explanation, but it will be discussed in public at the next board meeting of the Scottish Police Authority.

Willie Rennie is absolutely right about the wider issue. When I referred to the Fife pilot I was not talking about under-12s; I was talking about the policy of consensual stop and search more generally. The chief constable has indicated to me that he wants to move to a situation in which the practice of consensual stop and search is ended completely for everyone, which I welcome.

There is a process of consultation that needs to be gone through with the police authority and Her

Majesty's inspectorate of constabulary for Scotland. It is important that that process takes place and that we ensure that, as that change takes place, the police are no less able to protect the population, as we expect them to do.

I hope that, given his interest in the subject, Willie Rennie will welcome that development.

Willie Rennie: If that is the outcome, I certainly welcome it. I am grateful that the First Minister has responded as she has. The chief constable had better have a good explanation for why, for six months, there has been continued stopping and searching of under-12s, and I hope that she demands that explanation.

Liberals cherish policing by consent. We have been very concerned about the extent of the use of consensual stop and search—more than 400,000 instances in the past year alone. There is one solution that is in the First Minister's hands. England has outlawed consensual stop and search, as it is called—it is not very consensual, in my opinion—so she could make a law in this Parliament that there is to be no more consensual stop and search in Scotland. We would not have to wait for the chief constable; she could make the decision. Is that something that she will consider?

The First Minister: I am happy to give consideration to that, but Willie Rennie, who knows the parliamentary legislative process as well as I do, will understand that going down that route is likely to take longer than the process of consultation that I have just spoken about. There may be an argument for doing what he suggests, in order to take a belt-and-braces approach, and I am happy to give that consideration, but what I have shared with Parliament today is the desire of the chief constable to move to the position to which Willie Rennie wants to get.

We have heard in this chamber criticisms of Police Scotland—I think that it is fair to use that word, although they are not all criticisms that I would agree with—about lack of consultation and about certain aspects of operational policing. It is right and proper that Police Scotland now consult its partners in the Scottish Police Authority and in Her Majesty's inspectorate of constabulary for Scotland, but there is no question but that that is the direction of travel that they want to go in.

On the first part of Willie Rennie's question, about stop and search of under-12s, I have already outlined the action that the SPA is taking, and I am sure that all members will have the opportunity to scrutinise that in due course.

Dementia Sufferers and their Carers (Support)

4. Roderick Campbell (North East Fife) (SNP): To ask the First Minister what support the Scottish Government provides to people with dementia and their carers. (S4F-02578)

The First Minister (Nicola Sturgeon): We have a three-year strategy to improve dementia care in hospitals. In addition to funding for dementia drawn from existing national health service board allocations and, indeed, local authority allocations, the Scottish Government part-funds an Alzheimer Scotland dementia nurse consultant in each territorial NHS board. To date, around £300,000 has also been invested in training more than 500 dementia champions to support healthcare staff, and we invest £500,000 each year in education and training for the dementia workforce, to support services in delivering high-quality, effective care to people with dementia. Our dementia strategy includes a commitment to earlier identification of people who need palliative care, and we are developing a strategic framework for action for palliative and end-of-life care, which is due to be published in the spring.

Roderick Campbell: I congratulate Tommy Whitelaw on his British citizen award for his campaigning work on issues surrounding dementia. I also refer to the recent Marie Curie Cancer Care report, which makes it clear that end-of-life care for dementia sufferers is far from universal. Although I welcome the First Minister's comments, I would be grateful for further clarification as to what steps the Scottish Government can take to address the issue.

The First Minister: I second Roderick Campbell's congratulations to Tommy Whitelaw, who, I am proud to say, is a good friend of mine. He has done sterling work to raise awareness of dementia and of carers' issues, and I am sure that the whole Parliament will want to congratulate him on his British citizen award. [*Applause*.] I also note, as an important contribution on the issue, the Marie Curie Cancer Care report that Rod Campbell referred to.

As I indicated in my first answer, we are developing a palliative and end-of-life care strategic framework for action, which is intended to further improve the delivery of palliative and end-of-life care for all, across all health and care settings. It will be published in the spring. The right to end-of-life care in the dementia standards, which were published in 2011, includes the right to good-quality, dignified and compassionate palliative and end-of-life care in all settings. Wherever possible, people have the right to die in a place of their own choosing and in a way that respects previously expressed wishes, and it is important that we ensure that that right is afforded to those with dementia, as we seek to do for others.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I welcome the First Minister's attention to end-of-life care for people with dementia, but I wonder what her response is to the comments this week from one of our foremost exponents of best care for those with dementia, who described hospitals as "dangerous places" for such patients. I ask that in the light of Health Improvement Scotland's finding that 50 per cent of the records that it examined in its elderly care inspections contained no record of cognitive assessment. A freedom of information inquiry by Labour has shown that, in almost all health boards, there was no linkage between the cognitive assessment—when one was done—and boarding out, which is particularly dangerous for patients with dementia. What powers will the First Minister give to Health Improvement Scotland to ensure that those patients are not put at that additional risk?

The First Minister: Healthcare Improvement Scotland already inspects older people's services in hospitals, and it is important that it continues to do that.

Richard Simpson raises some very important issues. Professor June Andrews, whose work he referred to, does fantastic work on dementia care and is a recognised expert in her field. She has raised important issues around care for people with dementia in hospital settings that the Scottish Government is aware of and is working through, so that we can pick up and respond to the points that she and others have made.

I remember discussing the issue with health boards a lot when I was health secretary and I know that my successors in that post have done so as well. When somebody with dementia is admitted to hospital, a range of issues arise for them that do not arise for other patients. We have a duty to ensure that our hospital settings do not make those people's conditions or circumstances worse, but are responsive to their particular needs. I assure Richard Simpson that we will continue to work hard to ensure that the level of care for people with dementia is continually improved.

Accident and Emergency Services (Targets)

5. Jenny Marra (North East Scotland) (Lab): To ask the First Minister when the Scottish Government will introduce its accident and emergency target to see 98 per cent of patients within four hours. (S4F-02581)

The First Minister (Nicola Sturgeon): The Scottish Government's aim for 98 per cent of emergency patients to be treated, admitted or discharged within four hours remains in place.

Jenny Marra: I am surprised to hear that, given that last week the First Minister downgraded the target to 95 per cent.

It is a confident Government that has nothing to hide, and it is in the interest of patients and the public that we know how our health service is performing. It is a pretty bad situation when David Cameron publishes accident and emergency statistics four times as often as the First Minister does. Will she agree, in the public interest, to publish weekly accident and emergency information?

The First Minister: The A and E target has not been downgraded. Scotland is the only part of the UK that has a target of 98 per cent. We have said that we need to get health boards performing sustainably at 95 per cent as an interim target, and then take them to 98 per cent. [*Interruption*.] I do not know what Labour finds to disagree with about that, because it shows our level of ambition for the performance of our hospitals.

On the frequency of the publication of A and E stats, I want us to be as open as possible with the public. We are now moving to monthly, instead of quarterly, publication of our A and E stats, and I can tell the chamber today that I have asked officials to look at the possibility of moving to weekly publication.

We have nothing to hide. Our health service and A and E departments are working under pressure—we all know that—but this Government is determined to support them in making the improvements that people have a right to see.

Voter Registration

6. Rob Gibson (Caithness, Sutherland and Ross) (SNP): To ask the First Minister what steps the Scottish Government is taking to encourage voter registration. (S4F-02585)

The First Minister (Nicola Sturgeon): As Rob Gibson will be aware, today is national voter registration day, which makes the question particularly timely. I take this opportunity to encourage all those in Scotland who are not registered to vote to sign up and make their voice heard.

In summer last year, the Scottish Government undertook a consultation exercise that sought views on how we can improve the quality of democracy by encouraging wider engagement and participation in elections. Since then, of course, the record registration and participation levels in the referendum have demonstrated the huge appetite for participating in the democratic process. Our programme for government sets out a commitment to build on that success by using the lessons from the referendum and the consultation findings to continue the process of making voting more meaningful for people across our communities.

Rob Gibson: BBC's "Sunday Politics" stated last weekend that 590,000 Scottish voters have yet to be transferred to the new register, which is due to be published in March. What influence can the Scottish Government bring to bear on the Electoral Commission in Scotland to modify the extremely unhelpful language in its letters to potential voters and to help electoral registration officers ensure that the huge numbers of people who registered before the referendum also register to vote in May and for the Holyrood election next year?

The First Minister: The Scottish Government works closely with the Electoral Commission. My officials meet it regularly. I am sure that it will pay attention to the terms of Rob Gibson's question today—I will certainly make sure that they are relayed to the commission.

The commission has of course confirmed that no voter will be removed from the register before May's general election. However, we understand that the commission will report on the progress of the transition to individual electoral registration following the publication on the register on 2 March. I am sure that we are all concerned that the register should be as complete as possible. I welcome the commission's assurance that any report on progress towards IER will take full account of the risk of any voter being removed from the register in advance of the 2016 Scottish Parliament elections. I will ask to be kept updated on that as we move towards the next election and, in turn, I will ensure that Parliament is kept updated as well.

Bruce Crawford (Stirling) (SNP): I have stayed in the same house for more than 20 years, but I have just been removed from the register. I just hope that the commitment that has been made by the Electoral Commission can be followed through so that no one is removed from the register in 2015. Obviously, I am dealing with my own situation, but can we make sure that the Electoral Commission is told that the letters that it is sending out should be much more succinct and much more focused on the issues involved?

The First Minister: I cannot help hoping that Mr Crawford's wife is not trying to tell him something after his 20 years in the same house. However, he raises an important point, and the important part of the answer is that the Electoral Commission has given an assurance that no electors in Scotland, or indeed elsewhere in Great Britain, will be removed from the registers ahead of the United Kingdom Parliament election in May.

There is an issue that will arise in terms of the 2016 election depending on when the deadline for IER transition is set. Currently, it is set to be December 2016. If that continues to be the case, no elector would be removed before then, which would cover the Scottish Parliament election. However, if the option is exercised to bring the deadline forward to December 2015, the issue of the Scottish Parliament election would arise. That is why the assurances that we are getting from the Electoral Commission are so important.

This is a vital issue. Particularly after the referendum, we want to see as many people as possible vote. I can assure everyone that, given some of the recent polls, I definitely want to see as many people as possible vote in the general election, and it is absolutely vital that they get the chance to do so.

European Antibiotic Awareness Day

The Deputy Presiding Officer (John Scott): The next item of business is a members' business debate on motion S4M-11602, in the name of Jim Eadie, on the Royal Pharmaceutical Society in Scotland and European antibiotic awareness day. The debate will be concluded without any question being put.

Motion debated,

That the Parliament congratulates the Royal Pharmaceutical Society in Scotland on increasing awareness of the issue of antimicrobial resistance; notes its efforts to draw attention to the need for new antibiotics to avoid a situation where simple infections and infections as a result of routine surgery become fatal; welcomes its support of the European Antibiotic Awareness Day on 18 November 2014; considers the raft of resources made available to healthcare professionals in primary and secondary care by the Scottish Antimicrobial Prescribing Group (SAPG) to have demonstrated an impact through the decrease of 6.5% in the number of prescriptions for antibiotics in 2013-14; commends healthcare workers for their results to date; further notes the significant challenge that antimicrobial resistance continues to present worldwide; welcomes the SAPG's focus this year on the cooperation between the Royal Pharmaceutical Society in Scotland, Community Pharmacy Scotland and Pharmacy Voice to distribute a resource pack to all community pharmacies in Scotland, including a patient self-help guide to treating infection; acknowledges the role that healthcare professionals, patients and the public play in preserving the effectiveness of antibiotics; notes the opportunity for MSPs, healthcare professionals and members of the public to sign up to become an antibiotic guardian via the website, antibioticguardian.com to ensure that current antibiotics continue to remain effective; further notes that it has been 30 years since a new class of antibiotics was last introduced despite growing numbers of infections becoming resistant to current antibiotics; notes calls for governments, academic research communities, pharmaceutical companies and other stakeholders to work collaboratively to develop a new funding model to incentivise the development and appropriate use of new antibiotics, and wishes the Royal Pharmaceutical Society in Scotland every success in its future efforts in dealing with this challenge.

12:33

Jim Eadie (Edinburgh Southern) (SNP): I am grateful to colleagues in all parties who have supported the motion in my name and I welcome the opportunity to open today's debate on European antibiotic awareness day, which took place in November last year, and to pay tribute to the valuable work undertaken by the Royal Pharmaceutical Society in raising awareness of the issue of antimicrobial resistance. The issue is important not just for individuals but for healthcare professionals and society as a whole, presenting, as it does, a major global health challenge.

Antimicrobial medicines include antibiotics and antifungal and antiviral treatments. Resistance arises through naturally occurring mutations. Overuse and misuse of antibiotics is thought to be a major cause of resistance, and that is facilitated in many countries by their availability to be bought over the counter without prescription. However, even where that is not the case, as in the United Kingdom, prescribing practices vary immensely.

Not completing antibiotics courses and prescribing doses that are too low, or prescribing for too short a period of time, allow stronger and more virulent bacteria to flourish and encourage the development of resistance. Resistance to antifungal and antiviral medicines is now also beginning to appear.

None of us should be in any doubt about the scale of the problem. The global impact of antibiotic resistance must not be underestimated; its effect on human health has been compared to the effect of climate change on human health. The emergence of infections that are resistant to drug treatment is a growing public health problem. If antibiotics are not used responsibly, we could face a situation in the future in which we simply do not have effective cures for infections.

In April 2014, the World Health Organization stated:

"Without urgent, coordinated action by many stakeholders, the world is headed for a post-antibiotic era, in which common infections and minor injuries which have been treatable for decades can once again kill".

That is the scale of the problem that we face.

Across the European Union, 25,000 people a year die from infections that are caused by multidrug-resistant bacteria. It has been estimated that, by 2050, antimicrobial resistance will affect 10 million more people annually worldwide.

The inappropriate use of antibiotics can have serious public health risks. Antibiotics can disrupt the natural intestinal bacteria that we all have and allow organisms such as Clostridium difficile to flourish, with potentially severe consequences for patients.

Without effective antibiotics, many routine treatments will become increasingly dangerous. Setting broken bones, basic operations and even chemotherapy rely on access to antibiotics that work, and many procedures that currently allow people to live active lives for longer, such as hip operations, might become too risky to undertake. Organ transplantation would be severely compromised without the ability to treat secondary infections.

The World Health Organization estimates that the average human lifespan is extended by 20 years through the use of antimicrobials. Between 2000 and 2010, the global consumption of antibiotics in human medicine rose by nearly 40

per cent. Over the past 30 years, a new infectious disease has been discovered almost every year, whereas only two new classes of antibiotics have been introduced.

For a variety of reasons, antimicrobials are difficult to develop. Potential treatments can be difficult to formulate as medicines and can be expensive because of the cost of individual clinical trials for each therapeutic area in which the antimicrobial will be used. Furthermore, there is little incentive for pharmaceutical companies to develop medicines that are used for only short periods of time to treat and cure infections.

In November last year, I was pleased to host a seminar in Parliament on behalf of the Royal Pharmaceutical Society in which the Scottish Government's healthcare associated infection medical adviser, Professor Alistair Leonard, outlined the Scottish Government's strategic objectives in the area. They are to improve the knowledge and understanding of antimicrobial resistance; to conserve the effectiveness of existing treatments; and to stimulate the development of new antibiotics, diagnostics and novel therapies.

The Royal Pharmaceutical Society recently published a scientific guide entitled "New Medicines, Better Medicines, Better Use of Medicines", which recommends educating the public and patients on the use of antibiotics and their place in therapy; encouraging further development of antimicrobial stewardship by healthcare professionals to maintain the effectiveness of current and any future antimicrobials; and supporting the discovery and development of new antimicrobials or treatment methods by developing new financial incentives.

Antimicrobial stewardship means prescribing appropriately and conserving the antibiotics that we currently have using the evidence-based guidelines that have been developed by specialist teams. Only today, the recommendations of the review on antimicrobial resistance, which was chaired by the economist Jim O'Neill, were published in "Tackling a global health crisis: initial steps". That United Kingdom-wide initiative has attracted a range of clinical and technical input, including from Professor Mark Woolhouse, who is professor of infectious disease epidemiology at the University of Edinburgh. Among the recommendations are the setting up of a global innovation fund of around $2 billion and the training of a new generation of scientists in that field of study.

New approaches to developing antimicrobials are urgently required to make that more attractive and to promote innovative research, such as on therapies to boost immune systems and on using specific viruses that kill bacteria without producing resistance or damaging human cells. Scotland is well placed to encourage that type of research and to work with industry to develop better and safer medicines through innovative research.

We must reduce prescribing to the lowest and safest levels. I am thinking of the need to minimise the overuse of broad-spectrum antibiotics. In secondary care, prescribers should review prescriptions daily and should consider whether antibiotics can be safely stopped or changed from a broad-spectrum antibiotic to a narrow-spectrum antibiotic, which has less potential to allow resistant Clostridium difficile infections to develop, thus improving patient safety in hospitals.

Success depends on sustainable change. More awareness is needed among patients and the public about the seriousness of the challenges that we face if we are not to return to an era in which infections are untreatable.

All healthcare professionals must work in partnership with their patients to discuss when antibiotics are necessary and when they are not required. Healthcare professionals are ideally placed to point out the alternatives that may be available, and pharmacists have a specific role to play in that regard. Specialist pharmacists play a leading role in stewardship to ensure the appropriate prescribing of antibiotics as part of a multidisciplinary approach through the Scottish antimicrobial prescribing group. Much has already been achieved by antimicrobial pharmacists, working with national health service board antimicrobial management teams, to influence hospital prescribing.

The Scottish Government, Healthcare Improvement Scotland, Community Pharmacy Scotland and the Royal Pharmaceutical Society supported European antibiotic awareness day with a resource pack comprising a poster, patient information leaflets and self-care information sheets, which were distributed to all community pharmacies in Scotland. In addition, a self-care guide from the Royal College of General Practitioners has now been adapted for use by community pharmacies. The guide is designed to manage patients' expectations of illness duration and highlights potentially serious symptoms that warrant further review.

Only through Governments, academic research communities, pharmaceutical companies and other stakeholders working together in Scotland, across the UK and internationally will we raise awareness of this important issue and develop the new funding models that are necessary to incentivise the development and appropriate use of new antibiotics. In doing so, we will be saving and improving the lives of millions of people, not just here in Scotland but across the world. What better endeavour could there be than that?

12:42

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I congratulate Jim Eadie on securing this important debate.

The World Health Organization estimates that the average human life has been extended by 20 years through the use of antimicrobial agents. We now know, however, that they are a major potential threat to public health and patient safety. The central message of European antibiotic awareness day, which is mentioned in the motion, is that antibiotics must be used responsibly to preserve their effectiveness for future generations.

The central scientific fact underlying all this concerns naturally occurring mutations resulting in antimicrobial resistance. Bypassing scientific language, the message has to be that we must not misuse or overuse antibiotics. On overuse, I am told that 55,000 people take antibiotics every day in Scotland and that up to 50 per cent of them are for conditions that would get better without them.

I am also told that a European survey has indicated that 52 per cent of people in the UK do not realise that antibiotics are ineffective against viruses. The percentage is even higher in other European countries. That is an alarming statistic. The first task, clearly, is to educate the public not to demand antibiotics when they are not required. We will come on to the responsibilities of health professionals in a moment.

A further issue is that, when antibiotics are prescribed to patients, they must complete the course, otherwise stronger bacteria are encouraged to flourish. As is alluded to in the motion, MSPs have a role in publicising some of that. The motion refers to antibioticguardian.com, which I have visited. Others in the chamber may have done so, too. I hope that all MSPs will visit the site, make their own pledge about not overusing antibiotics and put that post on their Twitter and Facebook pages, as I have done today.

Health professionals have an equal if not greater responsibility in all of this. I was interested to read again the antimicrobial resistance strategy and social action plan from 2002, when I was Minister for Health and Community Care. Among other things, the strategy referred to the importance of "Prudent Antimicrobial use" and to the need for greater coverage of that in the undergraduate and postgraduate medical curricula.

I think that there has been some progress. Figures for last year show that there have been as many as 276,000 fewer antibiotic prescriptions in primary care, so I imagine that that is progress, but I have been surprised to read of the extent of the problem in secondary care. "The Scottish Management of Antimicrobial Resistance Action Plan 2008" says:

> "It is known that a significant proportion of current antimicrobial usage in hospitals is not 'prudent'".

Again, that could be due to excessive or inappropriate use.

Jim Eadie gave the example of Clostridium difficile: the point is that if a broad-spectrum rather than a narrow-spectrum antibiotic is used, it can destroy benign bacteria in the gut and encourage the development of C difficile. Also, of course, we all know about MRSA, which operates in a related way. The public are very aware of those superbugs, but they might not be aware of the relationship between those superbugs and the inappropriate use of antibiotics.

I must mention, as Jim Eadie did, the Royal Pharmaceutical Society, for its work in general and for the guide that Jim Eadie referred to in particular. Jim Eadie also highlighted the three main points in the "New Medicines, Better Medicines, Better Use of Medicines" guide. I will not repeat the words but clearly much of it is to do with educating the public and health professionals.

The final point that the RPS emphasises is the importance of supporting the discovery and development of new antimicrobial agents; the RPS also talks about developing new financial incentives for that. I am not entirely clear about what that might involve but it is a striking fact that so few antibiotics have been developed over the past few decades. There are financial reasons for that—people only take antibiotics for a short time and so on, so it might not be the most attractive investment for pharmaceutical companies—but that aspect of the subject is also one that we should remember today.

I thank Jim Eadie once again for introducing the debate and I hope that all MSPs will do what they can to promote awareness of this important issue.

12:47

Nanette Milne (North East Scotland) (Con): I thank Jim Eadie for highlighting the vital role that the Royal Pharmaceutical Society plays in Scotland and also for raising our awareness of European antibiotic awareness day. I commend this annual awareness day, now in its seventh year, which is marked on 18 November. The key message from the initiative is worthy of repetition—namely, that antibiotics must be used responsibly to preserve their effectiveness, not just for people now but for the generations that follow.

The various leaflets and posters that are produced highlight the simple fact that common infections such as coughs, colds, sore throats and earache should not be treated initially by the use

of antibiotics. Indeed, despite the fact that antibiotic prescribing for those conditions rose by 40 per cent between 1999 and 2011, antibiotics were effective in only about 10 per cent of cases. Coming from a medical background and having a husband who is a retired general practitioner, I am all too aware that there are instances in which prescribing medicines for such conditions seems to be the "easy" option, but that culture has to change.

NHS Scotland has supported other UK-wide activities on 18 November, such as the antibiotic guardian campaign, which is a grass-roots initiative that asks people from the healthcare professions and ordinary members of the public to read up on the facts and figures regarding antibiotics and to share that information with others. It is alarming that 25,000 people across Europe die each year as a result of infections that have become resistant to antibiotics. That is one of the biggest threats facing us today, as Jim Eadie indicated, and is caused by bacteria fighting back against antibiotics.

Community Pharmacy Scotland has supported the campaign with the promotion of resource packs to its 1,250 community pharmacies throughout Scotland, giving invaluable advice on where and when antibiotics should be used and letting people know that pharmacies often have a dedicated healthcare team who can advise on the right type of treatment for minor ailments without necessarily resorting to the use of antibiotics.

Community Pharmacy Scotland also plays a pivotal role in the Scottish antimicrobial prescribing group—SAPG—which acts as the umbrella organisation for pharmaceutical healthcare in Scotland, bringing together other bodies such as the RPS in Scotland and Pharmacy Voice. That joined-up approach helps to foster greater understanding of the use of antibiotics by healthcare professionals, and I was pleased to read that there has been a significant decrease in their unnecessary prescribing in the past two years. I endorse the general ethos of SAPG, which is making the best use of antimicrobials to manage infection so as to ensure optimal outcomes and minimal harm to patients and wider society.

Although there are approximately 160 varieties of antibiotics available in seven different categories, one of the problems is the difference between broad-spectrum and narrow-spectrum antimicrobials—the former covering all manner of infections and the latter targeted at specific bacteria—and the importance of using the right drug for a specific infection. The rapid spread of multidrug-resistant bacteria brings us closer to the point at which we might not be able to prevent or treat everyday infections or diseases, which would have a devastating impact, as Jim Eadie said. It would make routine procedures such as setting bones, hip replacement, heart surgery and even chemotherapy dangerous, because all those procedures rely on effective drugs to prevent or treat infection.

Worryingly, only a handful of pharmaceutical companies now invest in antibiotic development, which has resulted in a call for all stakeholders to work together to develop a new funding model to incentivise the development and appropriate use of new products. One such drug that was brought to my attention just last week is the narrow-spectrum drug fidaxomicin, which I understand is the first in its class to be introduced in the past 50 years. It has been approved for use against C diff in adults and has already benefited nearly 14,000 patients across Europe and more than 4,000 in the UK. The development of such narrow-spectrum drugs that are effective against specific organisms would make a significant contribution to combating antimicrobial resistance; hence the need to incentivise the development of new products.

Time precludes me from saying more, so I will close by reiterating my thanks to Jim Eadie for alerting us to the urgent need to combat antimicrobial resistance if we are not to return to an era in which infections are untreatable, as they were in the dark ages of my very early childhood before antibiotics were available.

12:52

Roderick Campbell (North East Fife) (SNP): Like others, I thank Jim Eadie for bringing a debate on such an important subject to the chamber today.

Moving on to a history lesson, in 1877 Louis Pasteur was the first to observe that some types of bacteria obstruct the growth of others. However, it was not until the great Ayrshire biologist, pharmacologist and botanist, Sir Alexander Fleming, returned from holiday in September 1928 to find his Petri dish contaminated with a strange mould that significant progress was made. It was as if the mould had secreted something that inhibited bacterial growth. It transpired, of course, that he had found Penicillium notatum. That discovery created a revolution in the treatment of infections that enabled the successful treatment and prevention of many illnesses that had previously been virtually untreatable. As we know, as a result of his endeavours Fleming went on to be jointly awarded the Nobel prize in physiology and medicine in 1945.

One of penicillin's great successes was in treating trauma injuries and illnesses sustained by soldiers during the second world war. In many of those cases, penicillin stopped what previously would have been an almost certain decline to

gangrenous wounds and inevitable amputational septicaemia, at the very least, which can be fatal. As a result of that experience, penicillin was subsequently used to treat a multitude of infections. Even for people unfortunate enough to have an allergy, there was the development in due course of erythromycin and other non-penicillin-based antibiotics, for which many in my family have a great deal of use.

Progress has been substantial, and a very good example of that has to be tuberculosis. At one time, TB threatened the masses, but as a direct result of antibiotics and an inoculation programme it has been virtually eradicated, at least in the western world. However, there has recently been an upsurge of TB in the world's population, which is partly due to overenthusiasm for the use of antibiotics and their inappropriate and incorrect use at times. It cannot escape the attention of anyone that it is becoming increasingly the case that conditions that were previously successfully treated are no longer so successfully treated.

For the science enthusiasts among members, there can be no better micro example of the process of evolution than the development of bacterial resistance: antibiotics attack the offending bacterial infection and brilliantly defeat the dominant bacteria, but that leaves other bacterium that were previously outcompeted; despite their previous weaknesses, the remaining bacteria are unaffected by the antibiotic and become dominant, so they are not only resistant to the treatment but have no bacterial competitor—hence superbugs. Natural selection—survival of the fittest—has left us with ever evolving strains of bacteria, such as MRSA. We were warned of that, of course: Sir Alexander Fleming spoke of the dangers of resistance in his Nobel prize speech back in 1945.

Where do we go from here? One way is to continue to evolve drugs, not quite outcompeting but at least reacting to a changing common enemy. However, developments in new antibiotics have been few and far between, apart from the recent discovery by a US scientist, published in the journal *Nature*, which has been described as a game changer, with experts believing that the antibiotic haul is just the tip of the iceberg.

Raising standards of health in the population clearly creates a population that is less susceptible to infection, but there will always be people who are unfortunate enough to require medical attention, so we have to be particularly mindful of the elderly and sufferers of diseases—such as HIV and AIDS—that make them particularly susceptible to infection. Therefore, with others, I am pleased that the Scottish antimicrobial prescribing group has demonstrated an impact through the decrease of 6.5 per cent in prescriptions last year.

Jim Eadie has already referred to the World Health Organization report. Its opening was a bit more graphic:

"global surveillance of antimicrobial resistance reveals that antibiotic resistance is no longer a prediction for the future; it is happening right now, across the world, and is putting at risk the ability to treat common infections in the community and hospitals."

We have a real problem, which the debate has done well to highlight. I thank Jim Eadie once again for bringing it to the chamber.

12:56

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I reiterate thanks to Jim Eadie for bringing this important debate to the chamber and for describing antibiotic awareness day, which is important; the programme of signing up as antibiotic champions, which is an interesting development—we will see how it proceeds—and the work of the Royal Pharmaceutical Society and Community Pharmacy Scotland, to which Nanette Milne also referred.

On community pharmacy, in Scotland, we have a unique approach in the minor ailments scheme. It is currently restricted to those who were previously eligible for free prescriptions. That is a bureaucratic matter that the new health team needs to address, as it is regrettable.

When I was a student, we had major concerns about rheumatic heart disease arising from staphylococcal or, usually, streptococcal infection in the throat. Therefore, we used antibiotics. Sometimes, we sprayed them around the place. We now know that that was not a good course of action.

There is undoubtedly pressure from patients on general practitioners. We should recognise that general practitioners are under massive pressure and, therefore, it is difficult for them to take the time to explain to a patient that their condition is probably viral. They do not have diagnostic tests that they can apply on the spot. That is an area of research that we need to develop because, if we had such tests, we might be able to distinguish more readily between upper respiratory tract infections that are bacterial and require treatment to prevent rheumatic heart disease and infections that are viral.

General practitioners have made attempts to introduce methods such as delayed prescribing, in which they give the patient the prescription but ask them not to take it for two or three days and take it only if the condition worsens. There is some evidence that that is useful and helpful.

Roderick Campbell mentioned tuberculosis. The three traditional treatments for tuberculosis—streptomycin, para-aminosalicylate sodium and isoniazid—have been a great advance, but we now have resistant tuberculosis. The minister is probably aware that I have asked a number of questions about the development of techniques to ensure that TB does not become a significant problem among certain populations, such as the homeless and some refugees who come from very difficult situations into our country. We need to ensure that that situation is taken care of.

Tuberculosis is something that every student who entered university used to be X-rayed for at the beginning of their course. I am not in any way advocating a return to such global screening, but we need to keep a close watch on the issue. We debated it as part of our consideration of the Public Health etc (Scotland) Bill in the previous parliamentary session. In South Africa, people with resistant TB are locked up until their treatment has been successful, and that is sometimes extremely difficult.

We live in an era in which it is recognised that antimicrobial resistance is extremely important. Anything that the Government can do by way of publicity, as part of its winter resilience programme, to advocate the non-use of antibiotics would be welcome.

Jim Eadie and others mentioned specialist pharmacists, who have played an enormous role in the hospital setting in ensuring that junior doctors do not misuse antibiotics. The reduction in the use of broad spectrum antibiotics has contributed to the significant reduction in the number of cases of C difficile, which the Government should be applauded for. However, we are now falling behind England in what we are achieving on C difficile. Fidaxomicin, which was approved by the Scottish Medicines Consortium, has only just gone on to the protocols of many hospitals. We are considerably behind England in its use—Public Health England, the equivalent of Health Protection Scotland, issued guidance on that 18 months ago, whereas HPS did so only three months ago. We cannot continue to be behind other countries.

I have two brief final points. First, there is a whole new science around what is called the microbiome. Every one of us has billions of bacteria in our gut. The good bacteria are absolutely essential to our liver. We live in a symbiotic relationship with the bacteria in our gut. We treat them with disrespect at our peril, because that can lead to all sorts of problems.

My final concern is about an area on which it is not for the Minister for Public Health to reply. It relates to the use of antibiotics in veterinary medicine, which we need to look at very carefully. Fifty years after the Swann report, that is still a significant issue.

13:02

The Minister for Public Health (Maureen Watt): I, too, congratulate Jim Eadie on securing the debate and setting out the stark situation. I welcome the work that the Royal Pharmaceutical Society in Scotland and the Scottish antimicrobial prescribing group are doing to heighten awareness, and I thank all the members who participated in the debate, and whose contributions ranged from Rod Campbell's history lesson to Nanette Milne's and Richard Simpson's sharing of their professional knowledge of the subject.

In 2008, this Government recognised the importance of raising awareness of resistance to antibiotics and the need for specific actions and advice to provide all healthcare professionals and the public with information on what we need to do to prevent an increase in such resistance. That is why we set up SAPG, which is a national clinical multidisciplinary forum.

European antibiotic awareness day is a major public health initiative that has been held annually since 2008. It aims to encourage responsible use of antibiotics and to tackle the global issue of resistance to them. I commend the contribution of the Royal Pharmaceutical Society in Scotland to the EAAD campaign. It has supported EAAD from the outset through the media and communications to pharmacists, and for the past two years it has been greatly involved in planning the Scottish activities.

During the 2014 campaign, RPS Scotland, in partnership with the Scottish Government, SAPG and Community Pharmacy Scotland, was central to our self-care leaflets initiative. Those leaflets support pharmacists in providing patients with specific advice about symptoms of respiratory illness, as well as facilitating referral to a GP if required. Their primary aim is to promote community pharmacies as the first port of call for advice and treatment for winter illnesses, which are typically caused by viruses, and to reduce patient expectations of receiving antibiotics as the first line of treatment. That approach has attracted interest from Public Health England, which is looking to replicate it.

Each year, SAPG organises distribution of EAAD support packages to each NHS board. Those are tailored and disseminated to hospitals, GP practices, care homes and other healthcare providers. Community pharmacies receive their packs as part of their year-round support for national public health campaigns.

As Jim Eadie highlighted, an important component of that annual campaign is the antibiotic guardian initiative. Anyone can sign up to be a guardian—I am pleased that Malcolm Chisholm has done so—from healthcare professionals, veterinarians and farmers to members of the public. SAPG promotes sign-up to the initiative and all communications about EAAD. Many staff who work in antimicrobial stewardship have used the antibiotic guardian logo signature strip to promote the initiative.

To date more than 12,000 people have signed up across the UK. On signing up, the guardian chooses an action pledge to support the overarching aim, which is to ensure that antibiotics work now and in the future. Public Health England will shortly be sending an evaluation questionnaire to all guardians who have consented to follow-up. That will help to measure, and to confirm, whether guardian pledges were kept.

Planning for the 2015 campaign will commence in the spring; I encourage members to play their part locally in raising awareness. What better way is there to do that than to become an antibiotic guardian?

As has been mentioned, since 2008 infection, prevention and quality improvement teams have achieved a significant reduction in C difficile rates and in prescribing of high-risk antibiotics through the introduction of local and national prescribing indicators. The latest SAPG annual report, which was published in January this year, shows that there was a 5.4 per cent decrease in the number of prescriptions for antibacterials in primary care GP practices. Also, the use of broad-spectrum antibacterials associated with higher risk of C diff was reduced by 12.7 per cent in primary care settings.

Those figures are encouraging; however, further work linking C diff cases with morbidity and mortality, and prescribing data is being carried out to help our understanding of the epidemiology of disease in the community and to identify areas for further reduction measures.

As members who have taken part in the debate have mentioned, resistance to antimicrobials continues to pose a serious public health threat globally. The loss of effective antimicrobials undermines our ability to fight infectious diseases and to manage the infectious complications that are common in vulnerable patients. A key challenge is the fact that few new antimicrobials have been developed.

A key area of work in the effort to tackle the threat of global antimicrobial resistance was the setting up of a UK five-year AMR strategy, which was launched in September 2013. The UK and Sweden led the development and adoption of a new World Health Organization resolution on AMR, which provided a mandate for the development of a WHO-led global action plan by May 2015. Through the UK strategy, we are working with the WHO and member states to develop the plan, which will take the "one health" approach. This Government works closely with the UK Government and the other devolved administrations to drive forward that work, which is aimed at slowing the development and spread of antimicrobial resistance. The first annual report, which was published in December 2014, showed that good progress had been made.

The Scottish Government is fully committed to supporting that strategy and related initiatives in order to maintain focus on, and pace in, achieving further reductions in healthcare-associated infections, and to ensure appropriate antibiotic prescribing and vigilance against resistance to antibiotics. To tie in with that work, the Government, through the Scottish HAI task force, set up an expert group on controlling antimicrobial resistance in Scotland—CARS for short—which is chaired by the Scottish Government's chief medical officer. The purpose of the group is to oversee Scotland's antimicrobial resistance strategy and to support delivery of the UK AMR strategy. CARS will build on and maintain the momentum that has been generated by the Scottish management of antimicrobial resistance action plan, version 2 of which was published last July and which is available at the back of the chamber. CARS will produce a delivery plan that focuses on the seven key areas of the UK strategy. It will develop outcome measures and publish an annual report on progress that aligns with the UK strategy.

In NHS Scotland, in 2015-16, an AMR public awareness campaign will be developed and delivered by NHS Health Scotland, with input from other key agencies. The Government is committed to supporting that important work through the Scottish HAI task force.

Scotland has established itself as a leader in antimicrobial stewardship and is recognised worldwide as having an exemplar antimicrobial stewardship programme. Through the work of organisations such as the RPS, the SAPG and other key stakeholders, huge inroads have been made in ensuring adherence to local prescribing guidelines in hospital and primary care settings. However, continued efforts are required to sustain that and to improve the situation further. I thank Jim Eadie for bringing the debate to the chamber.

13:11

Meeting suspended.

14:30

On resuming—

Local Government Finance (Scotland) Order 2015 [Draft]

The Presiding Officer (Tricia Marwick): The first item of business this afternoon is a debate on motion S4M-12242, in the name of John Swinney, on the draft Local Government Finance (Scotland) Order 2015. Members who wish to take part in the debate should press their request-to-speak buttons now.

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): Today's local government finance order seeks agreement to allocation of revenue funding to local government for 2015-16 to enable local authorities to maintain and improve the vital services on which communities across Scotland depend. It also seeks agreement to the allocation of additional funding for the current financial year, since the 2014 orders were discussed and approved at this time last year.

The 2015-16 local government finance settlement is a single-year settlement. That is necessary because the Scottish Government can allocate funding only once we know what our budget settlement is from the United Kingdom Government; on this occasion, we are aware of our budget only for the forthcoming financial year.

In 2015-16, the Scottish Government will provide councils with a total funding package that is worth more than £10.85 billion. That includes revenue funding of almost £10 billion and support for capital expenditure of more than £856 million. Today we seek Parliament's approval for distribution and payment of £9.8 billion out of the revenue total of almost £10 million. The remainder will be paid out as specific grant funding, for which separate legislation already exists, and other funding will be distributed later.

I will bring a second order before Parliament once councils have set their 2015-16 budgets, to pay the £70 million to compensate all councils that freeze their council tax again in 2015-16, for the eighth consecutive year. I will use the second order to distribute the funding for the discretionary housing payments, amounting to £35 million for next year, which will enable the Government to mitigate fully the effects of the United Kingdom Government's bedroom tax, and any other changes that may be required.

Yesterday, in the budget debate, I advised Parliament about the approach that the Government is taking in relation to the number of teachers who are employed in our schools. The Government has been clear and consistent in our commitment to maintain teacher numbers in line with pupil numbers as a central part of our priority to raise attainment. Over the period 2011-12 to 2014-15, we will provide to local authorities additional funding of £134 million specifically to support them in maintaining teacher numbers. As I explained yesterday, despite specific and sufficient funding being available to maintain employment of teachers, the number of teachers declined slightly last year and the ratio of pupils to teachers rose slightly.

In discussion with the Convention of Scottish Local Authorities, I have offered to suspend the penalty for 2014-15 that I was entitled to apply as a result of the fall in teacher numbers, as well as to provide a further £10 million next year on top of the previously allocated £41 million to support employment of teachers. That £10 million is the amount that was put to me by COSLA as being necessary to deliver the commitment. At this stage, COSLA has been unable to agree to what I consider to be a fair and generous offer of Government support to deliver a good outcome for our education system. As a result, the Government feels that it has no alternative but to make that funding available on a council-by-council basis if—and only if—councils are prepared to sign up to a clear commitment to protect teacher numbers. Individual councils that share our ambition to maintain teacher numbers will have access to a share of the planned £41 million and of the further £10 million to help them to deliver on their commitment. However, failure to deliver will result in clawback of funding.

The most important change to the figures that I announced in December is the distribution of the £343 million in respect of the council tax reduction scheme. The only addition to the total figure is the £869,000 resulting from the Government's decision to legislate to ensure that local authorities can take no further action to recover ancient community charge—or poll tax—debts.

The 2015 order also seeks approval for the changes to the net increase of £146.5 million in 2014-15 funding allocations that were either held back from the 2014 order or added to fund a number of agreed spending commitments that have arisen since the 2014 order was approved. They include £68.6 million representing the agreed 20 per cent hold back for the council tax reduction scheme; £27.5 million for the teachers induction scheme; £16.5 million for the free school meals in primaries 1 to 3 policy; £15 million for looked-after children; £12 million for discretionary housing payments; £5 million for the national teachers qualifications policy; and £3.5 million for workforce

development resulting from the Children and Young People (Scotland) Act 2014.

I should also explain that the total revenue funding to be paid out to councils in 2015-16, but which is not included in the order, includes £86.5 million to be paid directly to criminal justice authorities; £70 million to fund the council tax freeze; £35 million for discretionary housing payments; and £27.6 million for the teachers induction scheme. The £70 million to fund the council tax freeze will be added to the individual local authority settlement totals when I introduce the local government amendment order for councils that have budgeted to freeze the council tax in 2015-16.

Members will be aware that my Budget (Scotland) (No 4) Bill statement yesterday included changes that will impact on the 2015-16 funding, both for the total local government financial settlement and for the distribution of the amounts that are included in the local government finance order that is under discussion today. As a result of our decision to match the UK Government's cap on business rates poundage, the increase will be limited to 2 per cent, which reduces our business rates income by £11 million. However, as I explained yesterday, I have allocated a compensating amount from the associated Barnett consequentials to match that reduction in income. The practical effect of that is that I will reduce the distributable non-domestic rates amount by £11 million in the amendment order and will increase the general revenue grant total by the same amount. The redistribution of those sums will ensure that all 32 local authorities receive exactly the same total funding as is set out in the order before Parliament today.

Although it is not part of today's order, the overall package for local authorities includes support for capital funding in 2015-16 of more than £856 million, which delivers on our commitment to maintain local government's share of the overall capital budget.

I turn to business rates and to our continuing delivery of the most competitive business tax environment in the United Kingdom. For example, support under our small business bonus scheme is at a record high, with more than 96,000 business properties now benefiting. In December, I confirmed that we will continue to match the English poundage rates for 2015-16, which reaffirms the Government's commitment to maintaining the competitive advantage that has been enjoyed by Scottish businesses since 2007.

Our extensive package of business rates reliefs also continues. It will be worth about £618 million in the forthcoming financial year and offers enduring support for Scottish businesses. The Community Empowerment (Scotland) Bill proposes the power for councils to offer further rates reliefs in their local authority areas if they choose to do so.

As confirmed previously, the public health supplement will conclude at the end of the current financial year. Looking ahead, we will continue to use the time before the 2017 revaluation to make further improvements to the business rates framework, based on our 20-point action plan and our current consultation on the appeals system, and responding to the important feedback that we receive from ratepayers.

In summary, the total funding from the Scottish Government to local authorities next year amounts to more than £10.85 billion. With that in mind, I move,

That the Parliament recommends that the Local Government Finance (Scotland) Order 2015 [draft] be approved.

14:38

Jackie Baillie (Dumbarton) (Lab): Local government is key to delivering social justice and tackling inequality. If we care about preventative action—and I believe that, across the chamber, we do—the services that are provided by local government, such as education and social care, absolutely need investment, yet it is probably the only major spending portfolio to experience a real cash cut in its budget.

In 2010-11, local government received 38 per cent of the Scottish Government budget. Today, it receives 32 per cent. That is 6 percentage points less, and members will have heard me explain before that that equates to a £1.8 billion cut if it was applied today. The Joseph Rowntree Foundation has said that local government spending in Scotland will have fallen by 24 per cent in real terms this year.

I know that John Swinney is a master at spinning figures, but transparency suffers as a consequence. He tells us that local government's share is increasing—he certainly did during the discussion on the budget—but he does not include the whole budget and he stills counts the resources for fire and police that were transferred out two years ago. The Scottish Parliament information centre confirms that—contrary to what the cabinet secretary claims—local government's share has, indeed, fallen. The Joseph Rowntree Foundation tells us that there is a cut, local government tells us that there is a cut and Unison tells us that there is a cut. Only John Swinney pretends that there is not.

Make no mistake, the cuts that the Scottish National Party has presided over are not just austerity; this is austerity plus from the SNP Edinburgh Government. In October, the cabinet

secretary wrote to every council to tell it that the Scottish Government had experienced cuts of 10 per cent from the United Kingdom Government. That was absolutely accurate, but if we apply his assumptions to local government, we see that he did not tell councils that the scale of the cuts that he would pass on to them would be even greater still. The cut in Renfrewshire is 17 per cent, in Edinburgh it is 20 per cent, and in West Dunbartonshire it is 22 per cent. Local authorities in every part of Scotland have received austerity plus even more cuts from the SNP.

There are 4,275 fewer teachers in Scotland because of the SNP. The SNP committed to maintaining teacher numbers, so that is a considerable failure on its part. John Swinney is only now attempting to put a sticking plaster on that failure, and concedes, as his starting point, a worsening of the pupil to teacher ratio and a reduction in teacher numbers. That strikes me as an incredible lack of ambition for Scotland's parents and children. Labour is committed to maintaining teacher numbers, but Mr Swinney needs to give education enough money for that to happen.

John Swinney makes a fundamental mistake in playing politics with the issue of teacher numbers. I remind him about Renfrewshire Council when it was run by the SNP, under the control of none other than Derek Mackay, the former Minister for Local Government and Planning, whom I do not see in the chamber. When Derek Mackay took over that council in 2007, teacher numbers were 1,853. When Labour took control five years later, it inherited 1,598 teachers—the SNP and Derek Mackay had removed 255 teachers from local schools. Since then, Labour in Renfrewshire has not just maintained teacher numbers but increased them, albeit marginally. Actions speak louder than words, and it is clear that, in this case, the SNP in local government and the SNP in the Edinburgh Government are cutting teacher numbers.

If we are agreed that we want to maintain teacher numbers—we are agreed on that—we need to ensure that there are sufficient resources for that to happen. Local authorities face an average of a 20 per cent reduction in their budgets, and the scale of the Scottish Government's response needs to reflect that challenge.

I am conscious that discretionary housing payments have been reduced by the UK Government this year. There will be less available for local authorities to help some of the most disadvantaged people in our community. I always listen carefully to what the cabinet secretary has to say. He said that the Scottish Government's position is to provide sufficient funds for full mitigation of the bedroom tax. Although I do not believe that we should constantly be making up for the proposition that has been put to us by the Conservative and Liberal Democrat Government, John Swinney did say that there would be full mitigation, so there is a shortfall in funding to some of our most hard-pressed local authorities to help the most disadvantaged in our communities. I would be interested to hear whether he intends to provide additional resource to help those local authorities and the people across Scotland who need that assistance.

We are in agreement that there is a structural problem with the financing of local government, so I very much welcome the cross-party commission on local government funding. However, there is an urgent need to help now. Although we will vote in favour of the order this evening, we will do so recognising that the amount that is available to local authorities is in substantial decline and that that position needs to be reversed.

14:44

Cameron Buchanan (Lothian) (Con): As the Scottish Government's budget was approved yesterday, it is of course welcome that the order on the money to be distributed to local government is before Parliament. It is important that all members and the public are kept well informed of local government finance orders, because every detail matters to the communities that Scotland's councils serve. I imagine that all members present are aware of the financial difficulty facing many local authorities at the moment, which heightens the importance of Parliament debating local government policy at length.

On that point, the debate gives us the chance to consider some of the on-going issues relating to local authorities' finances and how their relationship with the Scottish Government is influencing them. It is very important that we give some context to the debate about the local government finance order. Ultimately, what matters is what the public get from their local authority.

With that in mind, the financial situation at the City of Edinburgh Council is an example worth considering. The council currently needs to find £138 million of savings in its budget for 2017. It has consulted the city's residents to gauge which services are considered to be essential and which might have funding withdrawn. I therefore wonder why the City of Edinburgh Council's funding has been reduced on a like-for-like basis from £746 million to £739 million and would welcome clarification of that. It seems to be the only council that has had its funding reduced.

I will not go into the detail of the council's decisions, which are a matter for it, but its situation

is not unique in Scotland, so Parliament would do well to consider such a context in our consideration of the funding that is being provided by the Scottish Government. In my opinion, the Scottish Government and local authorities have a duty to be as transparent as possible regarding financial choices and they need to ensure that decisions on spending are clear for all to see. Councils as well as central Government must be accountable to the taxpayer.

That said, responsibility applies both ways. In particular, those who owe tax to councils should have to pay it. Councils depend on those taxes to fund the services that local residents need. However, the Government is planning to remove the debt that local authorities are owed and to offer as compensation only a tiny settlement, which completely ignores potential knock-on effects for future tax payments to local authorities. When councils are facing substantial budget difficulties, the Government is choosing to support people who have avoided paying their tax. Hard-working taxpayers should not be forced to subsidise other people's tax avoidance and local authorities should not be left to suffer the financial consequences when people avoid paying tax, if they expect their debt to be cancelled by a future Government. We cannot ignore that context while considering the order that is before us.

Finally, I would like to use this opportunity to draw attention again to a crucial aspect of local government policy, which is how exactly local authorities are funded. In previous debates, we have discussed how there is broad agreement that the current model of council funding through council tax, Scottish Government grants, fees, business rates and other income needs to change. As yet, a crucial decision on how to reform that has not been reached. I emphasise my hope that a sensible and fair solution can be reached.

Accordingly, I express my hope that, when it comes to local government, Parliament continues to focus on the real issues that affect councils every day. With that in mind, it is in the context of pressing financial difficulties, exacerbated by the Government's policy on community charge debt, that we should consider the order before us, as well as any future review of how local government is financed. We will, however, support the motion this evening.

The Presiding Officer: Thank you, Mr Buchanan. We move to a very short open debate. Speeches should be of four minutes.

14:48

Kevin Stewart (Aberdeen Central) (SNP): I am glad to debate the local government finance order this afternoon. I am extremely pleased that we will have the council tax freeze for the eighth consecutive year, which will give the average household a saving over the period 2008 to 2015 of £900 in their pocket. That will be welcomed in households across Scotland.

Beyond that, we are seeing once again delivery of the most competitive business environment in the UK. Some 96,000 businesses throughout the country will benefit from the small business bonus.

I have to say that, compared with its counterparts in England and Wales, Scottish local government is doing quite well. The difference lies in the drastic cuts that we see south of the border, while in Scotland, although the Scottish budget has risen by 6.4 per cent since 2007-08, the Scottish Government has increased local government's share of that budget by 8.9 per cent.

Yesterday, the Labour Party voted against £330 million of further investment in schools for the future, against extending childcare for all three and four-year-olds and vulnerable two-year-olds, against the council tax freeze, and against the most competitive business tax regime in the United Kingdom. Since the budget vote yesterday, a number of Labour politicians have taken to social media and the newspapers to say that they will have a war over teacher numbers. The money to hold those teacher numbers is being provided; all that councils need to do is spend that money to ensure that teacher numbers are maintained. If they choose not to do that and there is a war, that war will be on teachers, pupils and parents. That is what bothers my constituents, including the parents at Broomhill school, who have been on at me about teacher numbers this week.

Rhoda Grant (Highlands and Islands) (Lab): Will the member give way?

The Presiding Officer: I am sorry, Ms Grant, but there is no time.

Kevin Stewart: Parents across the country are concerned.

Instead of talking about a war over teacher numbers, councils throughout the country should take the money from Mr Swinney and ensure that it is spent on maintaining teacher numbers across the nation.

I am pleased to see once again that Aberdeen will benefit from the settlement, with an extra £10 million in the next financial year. I am always a little bit parochial in that regard.

In such debates, I always make an appeal—not to the cabinet secretary but to COSLA—to have a look at the local government funding formula, because a change to it would benefit Aberdeen and the north-east of Scotland even more.

I will support the order.

14:52

Alex Rowley (Cowdenbeath) (Lab): The comments of the convener of the Local Government and Regeneration Committee are so far removed from reality that I do not want to waste any of my four minutes speaking about them, to be honest.

Yesterday, I was really disappointed when the Deputy First Minister, John Swinney, decided to turn this into a political argument with local government. I have spoken to local council leaders today and I think that they are equally disappointed in terms of moving forward.

There is an important concern that I hope that the Deputy First Minister will address. I found out today that 12 out of the 28 council leaders at the COSLA meeting last week were Labour leaders. Therefore, it was not simply about Labour in local government; there were genuine concerns across all parties in local government. I understand that one of the genuine concerns that they wanted to discuss with Mr Swinney was their ability to meet the teacher recruitment numbers.

Last week, Angus Council in the north-east was one of the councils that talked about having to send pupils home because of the recruitment problem. I spoke to my colleagues in Fife this morning. There is a major problem in Levenmouth in Fife, and the director of education in Fife is advising Fife Council that there are major problems with recruiting teachers in a number of areas.

When I ask council leaders what the issue is, they tell me that the Scottish Government got its preparation wrong and they talk about the national planning process that is in place. The Scottish Government's failure to plan properly could—to use Mr Swinney's words—result in councils being penalised, with moneys that need to go into education being taken off them. Mr Swinney needs to address that issue; he needs to talk to councils.

I hope that council leaders and education spokespersons across Scotland will contact and meet Mr Swinney. I am certainly asking them to publish all the figures that they have on teachers and education budgets because major cuts are being made education budgets right across Scotland.

The issue that I have with John Swinney's budget is that it fails to look at joined-up working. One of the strategies that Mr Swinney has been pushing for some time is one that came out of the Christie commission, which talked about the need to change the way in which we deliver public services and to look at investing in prevention. John Swinney's budget fails to do that.

Local government is on the front line when it comes to tackling inequality and poverty. As Audit Scotland and Unison point out, the cuts that are being made mean that there is more pressure and less opportunity. They say that four out of five of the 50,000 jobs that have been cut in the public sector are local government jobs, and many more are in the pipeline. Services have been salami-sliced, which has increased pressure on the remaining staff to deliver services with fewer resources.

Mike MacKenzie (Highlands and Islands) (SNP): Will the member take an intervention?

The Deputy Presiding Officer (John Scott): The member is in his final minute.

Alex Rowley: Audit Scotland and Unison point out that if we are to tackle inequality and poverty, we need to be at the heart of communities, putting in place training and skills programmes that give people the opportunity to get a job.

This morning, the deputy leader of Fife Council told me that Fife Council has a science, technology, engineering and mathematics strategy in place because it recognises the need to do more to give young people job opportunities.

The Deputy Presiding Officer: You must finish.

Alex Rowley: She continued by asking what the point is of having a STEM strategy if the council cannot recruit the teachers in mathematics and so on to teach the STEM subjects. That is the real problem, and I hope that Mr Swinney will address it, go back to local authorities—

The Deputy Presiding Officer: The point is made.

Alex Rowley: —and apologise for politicising the issue.

The Deputy Presiding Officer: I call Mr Swinney to wind up the debate—I beg your pardon. I call Alison McInnes, who has up to four minutes.

14:56

Alison McInnes (North East Scotland) (LD): I will be brief. On Tuesday, I asked Fergus Ewing why Aberdeen City Council's funding allocation was below the funding floor. He just recited the script that the finance minister has used for the past three years—that the Government made an adjustment three years ago and nothing more needs to happen. I have had to listen to John Swinney say for the past three years that it is important to him not to look again at the settlement.

That complacency and neglect completely ignores the situation with the North Sea oil and gas industry, which has changed in the past three years. It does not help us to react to decisive shifts in the economy. All the emergency meetings and renewed strategies and the summit meeting are supposed to show how serious we all are about oil and gas in North East Scotland. They are supposed to mean action, but the Scottish Government has let the region down by failing to fulfil its promise on city council funding.

The north-east's local economy is of national importance. Aberdeen City Council has important work to do to help the industry that drives that economy. The settlement does not recognise the work that our partners in Aberdeen city need to do. In December, we showed that the city was short-changed. We look at the figures today and see that it has been short-changed by £16 million under the Government's plans.

The Scottish Government should admit today that that is the case. The promise of a funding floor has not been met. Aberdeen was promised at least 85 per cent of the national average and we have not got it. SNP ministers and their MSP supporters boasted about that funding floor; Maureen Watt even put it on her website. Now she is a minister and she is voting for less than 85 per cent.

For Aberdeen, the funding has not followed the flannel. The funding floor simply does not exist and, in this year of all years, Aberdeen City Council needs a decisive commitment from the Government, but we will not get it today.

14:58

John Swinney: I will address the last point that Alison McInnes raised, because it has been raised frequently. In responding to her point, I will also answer Mr Buchanan's point about the City of Edinburgh Council, because the two are linked. When this Government became the first Government ever in Scotland to do anything to tackle the underfunding of Aberdeen City Council, we introduced an 85 per cent floor.

Alison McInnes: I have Mr Swinney's figures, but the research from SPICe has shown time and again that Aberdeen was above the floor year on year during the years when we were in government. We did not need an 85 per cent floor, because the settlement was always above the floor.

John Swinney: The problem for Alison McInnes is that the difference in funding for Aberdeen City Council versus the Scottish average has been a persistent problem that, I am afraid to say, her Government did absolutely nothing to resolve. We were the first Government to resolve it.

For the forthcoming financial year, if I had done nothing about the issue, Aberdeen City Council would not be getting an extra £11.3 million. The council is getting that extra money because the amount of money that is going to Edinburgh will reduce as a result of changes in the distribution formula. For example, Edinburgh got £22.9 million out of the 85 per cent floor money last year but will now get £13.7 million, which answers Mr Buchanan's point.

All that I would say to Alison McInnes is that it would be nice if she welcomed the fact that the Scottish Government acted to address the funding situation in Aberdeen, which was such a campaigning priority of my late colleague Brian Adam.

Jackie Baillie raised the issue of the share of local government funding and its pattern, and Alex Rowley also spoke about that. I would take their contribution more seriously if they had come with budget proposals yesterday and offered more money for local government, but they did not. Jackie Baillie and all her colleagues came here and told me that they would be so good this year, that they would not have a big shopping list of all the things that they normally come with and that they would be incredibly disciplined.

Jackie Baillie: We did not have such a list.

John Swinney: They managed that approach until the last stages of the debate, when the list, which was to be only about health, actually became about health, local government and colleges.

If I give Labour members the benefit of the doubt and say that the only thing that they demanded in the budget process was more money for health, they shoot their argument in the foot by saying that there should be more money for local government. On Thursday afternoon—just a day later than and not even 24 hours after we voted on the budget—they are arguing for more money for local government, which is a request that they did not bring to Parliament yesterday.

Alex Rowley: Will the cabinet secretary give way?

John Swinney: Of course I will give way to Mr Rowley.

Alex Rowley: We are arguing today for local government to have more teachers. Does Mr Swinney accept that there are not enough teachers, that he has got the planning wrong and that local authorities in many areas across Scotland are struggling to find teachers?

John Swinney: Yesterday, I announced that an extra £10 million would be available to fund teacher posts. Where did that figure of £10 million come from? I did not dream it up; it was put to me

by the Convention of Scottish Local Authorities. Being a reasonable man, I thought that if I offered to pay that £10 million, I might get an agreement from COSLA. However, I was unable to get that.

Yesterday, I went through carefully with Parliament my regret that I could not get a deal with local government. We have worked hard over the years to get agreements, and local government has been very fairly treated by the Scottish Government's financial arrangements.

The Labour Party supports what we have done on health expenditure. In fact, it would like us to go further, and that was its position yesterday.

The Deputy Presiding Officer: You should draw to a close, please.

John Swinney: I will do so, Presiding Officer.

If we take health funding out of the equation, the local government share of the total budget available to the Scottish Government is going up under this Administration.

Alex Rowley: What about the teachers?

John Swinney: Mr Rowley shouts, "What about the teachers?" I am putting £10 million into the settlement to support the funding of teachers. I encourage him, rather than shouting at me from a sedentary position, which is most unlike him—it is normally reserved to Jackie Baillie to do that sort of thing—to do something constructive and encourage his local authority colleagues to accept the deal that I have offered.

Ending Female Genital Mutilation

The Deputy Presiding Officer (John Scott): The next item of business is a debate on motion S4M-12241, in the name of Alex Neil, on working in partnership to end the practice of female genital mutilation.

15:04

The Cabinet Secretary for Social Justice, Communities and Pensioners' Rights (Alex Neil): On behalf of the Scottish Government, I am pleased to open this debate on the important issue of working in partnership to end the practice of female genital mutilation.

The Scottish Government considers female genital mutilation to be an unacceptable practice and, of course, it is illegal. It is a form of child abuse and violence against women and a violation of the human rights of women and girls. It is a specific form of violence under the guise of culture and religion, and it has no place in the Scotland that we all want to create. It is gender based and, as members know, often closely linked to other forms of violence against women and girls, such as forced marriage, which became a criminal offence at the end of September last year. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors.

The World Health Organization estimates that between 120 million and 140 million women from 29 countries worldwide have been affected by FGM and that, every year, another 3 million girls become at risk of the procedure, which partially or wholly removes or injures their genitalia for non-medical reasons.

What about Scotland? The Scottish Refugee Council's report, "Tackling Female Genital Mutilation in Scotland: A Scottish model of intervention", which was launched last December and funded by the Scottish Government to the tune of more than £20,000, goes some considerable way to achieving an understanding of the scale of the issue in Scotland and to identifying how, by working collaboratively, we can prevent and, I hope, eradicate it. The report has adopted a well-rounded approach to the gathering of data to identify populations that are potentially affected by female genital mutilation in Scotland, with figures indicating that, between 2001 and 2012, just under 3,000 girls were born in Scotland to mothers from countries that practice FGM.

The debate is timely, as it comes the day before the international day of zero tolerance for female genital mutilation—a day when the world will take a stand against child torture, the heinous physical

abuse of women and a practice that has no place in society but, unfortunately, still affects far too many women across the globe today.

Last week, I was able to hear at first hand about the important work of London-based FGM organisations such as Equality Now in tackling FGM throughout the United Kingdom. Indeed, I am delighted to show Scotland's commitment to tackling FGM by announcing that the Women's Support Project will tomorrow launch Scottish Government-funded awareness-raising materials. My colleague the Minister for Housing and Welfare will attend the launch.

In our discussions, the Scottish Government and Equality Now agreed to share good practice across the UK because we are doing some things in the field that it is not doing but would now like to consider and vice versa.

The Scottish Government has provided almost £50,000 funding to the Women's Support Project to develop a range of materials. They include, first, a Scottish DVD that outlines the law, child protection and prevention work in communities, and services for women and girls who have experienced FGM; secondly, information leaflets for practitioners that highlight key points, good practice, resources and services, and a standardised training package and risk-assessment tool; and, thirdly, an FGM statement that sets out the law in relation to FGM in Scotland, which individuals can show to family friends and/or relatives when travelling abroad to remind them that FGM is a serious offence in Scotland and the UK and that there are severe penalties for practising it.

Raising awareness and promoting understanding are vital in addressing the complex issues of FGM, and I welcome the launch and the focus that it brings on this important issue.

The debate provides the opportunity to highlight the excellent work that is being done across Scotland with our partners and to set out to members our proposals for tackling FGM in the coming year within the communities that are potentially affected by the practice.

I pay tribute to the wide range of third sector organisations that continue to campaign against FGM and to provide specialist support services. Those organisations include DARF—Dignity Alert and Research Forum—which I visited this morning and which is doing excellent work with minimal resources; Roshni; the Scottish Refugee Council; Saheliya; and, of course, the Women's Support Project. Their campaigning over many years has helped to raise awareness of, and influence and shape our understanding of, the practice of FGM.

I want to take a moment to reflect on what has been accomplished over the past year. Between 2012 and 2015, £34.5 million has been allocated to tackling violence against women, including FGM, and in the past year the Scottish Government has allocated more than £140,000 directly to work to tackle FGM. That compares very favourably with the £370,000 that the UK Government has committed to a community engagement initiative and community projects across England to help end FGM and honour-based violence, including forced marriage.

Working with partners and education authority staff, colleagues in Education Scotland have produced a learning resource that authorities and headteachers can use to raise awareness of FGM in schools and early years settings. Last May, we published updated national guidance for child protection, which is used by all children's services in Scotland. It provides advice on how to respond if there are concerns that a child may have been subjected to, or may be at risk from, FGM. Police colleagues have produced "Honour Based Violence (HBV), Forced Marriage and Female Genital Mutilation Standard Operating Procedures" to provide all officers with the necessary understanding and skills to deal appropriately and consistently with HBV incidents.

It is equally important that we work with communities in all areas of intervention. A point that was driven home to me when I visited DARF this morning is that we should not tackle the issue by treating it as purely a criminal justice issue but work with communities and give them the facilities and the support to be able to change attitudes and culture from within. That is preferable to assistance being handed down from people in authority such as us.

I turn to our next steps. Following on from the Scottish Refugee Council's report, we will be exploring how we can take forward interventions under the five Ps: policy, prevention, protection, provision and participation. By having a baseline of Scotland-specific data, we can ensure that what we are doing in Scotland to tackle FGM is right for our communities here.

Our work in relation to those interventions will be facilitated by the multi-agency FGM short-life working group, on which the Scottish Refugee Council, among other key stakeholders from the statutory and third sectors, is represented. The group, which will report later this year, will make recommendations on the best way forward to prevent and eradicate FGM, which will be aligned with the Scottish Government's policy of preventing and eradicating violence against women and girls as set out in "Equally Safe", which was published in June last year. It will ensure that what we do nationally is informed by expert opinion in relation to the overarching themes of the SRC report.

If we are to banish FGM to history, we need to understand why practising communities sustain traditions that are so unacceptable, so how we discuss FGM is important. The practice must not be tolerated but, equally, we must be conscious of how we engage with minority communities on such sensitive issues. Standing up to FGM in Scotland is about much more than what is on the statute book. We have to build capacity to engage with communities that could be affected and to raise awareness among those who work with, but who may not belong to, those communities.

We need to work with organisations such as DARF to support engagement with affected communities to educate people about the realities of FGM and the law in Scotland, and to tackle the pressures that many women in practising communities face. I was delighted to meet DARF this morning. Those pressures often come from the most immediate family members, which makes it much more difficult to resist them.

In raising awareness, we are supporting what the motion calls the girl summit in July this year. I think that the invitations for the summit have gone out just today from Glasgow City Council and UNICEF. The summit will be held on 9 March 2015 in Glasgow, and the theme will be ending violence against women. Both Lord McConnell, the former First Minister, and Nicola Sturgeon, the current First Minister, will speak at the summit, along with the Lord Provost, and the will give their support to the campaign and these policies. Child and early forced marriage and FGM will be addressed by that event in March.

The Government will vote for Ken Macintosh's amendment. I think that it is important that we try to speak with one voice on the issue in the Parliament. In doing so—and in recognising that the amendment says that we are disappointed that there have been so few prosecutions—I inform the chamber that, since 1 April 2013, when Police Scotland became operational, there have been 23 referrals or child welfare concerns made to the police by partner agencies about FGM, which have initiated an interagency referral discussion for 25 girls. In all 23 cases, the referrals related to concerns that the girls were at risk of having FGM performed on them. Those concerns have been fully investigated and no criminality has been found. Cutting had not taken place in any of the referred cases, and all referrals have now been fully investigated. In supporting the amendment, I do not want to give the impression that we are being critical of the police. The work that Police Scotland is doing in the area is very helpful and almost revolutionary in the context of what happened before and what happens in other jurisdictions.

All that I have outlined is intended to strengthen our response to FGM and to complement measures that are already in place. Those measures include working closely with police, health professionals, social work and education to share good practice and promote awareness of the prevention of FGM; continuing our support to voluntary organisations that provide support to victims of FGM; and, most important, engaging with people from potentially affected communities. Without that genuine and effective commitment to the participation of affected communities in work on the issue, we would fail to understand the true levels of potential risk faced by women and girls in Scotland today. If we do not work with the communities, we will run the risk of further marginalising the community voices that are the most effective advocates for change.

The desire, drive and determination to rid our society of this intolerable act of violence against women and girls has united and still unites the Parliament. Together with the stakeholders, we are making a difference. Only by working together will we be able to achieve our goal of eradicating the scourge of FGM in our communities.

I move,

That the Parliament notes that 6 February 2015 is International Day of Zero Tolerance to Female Genital Mutilation (FGM); condemns female genital mutilation as an unacceptable and illegal practice, a form of child abuse, violence against women and a violation of the human rights of women and girls; supports the Scottish Government's commitment to tackling and eradicating this intolerable behaviour from Scottish society through working together with partners across the public and third sectors; welcomes the launch by the Women's Support Project of the FGM training and public education resources on 6 February 2015; further welcomes the publication of the Scottish Refugee Council's report on FGM in Scotland, *Tackling Female Genital Mutilation in Scotland: A Scottish Model of Intervention*, in December 2014; acknowledges the positive developments made through partnership across Police Scotland, NHS Scotland, education, social services, voluntary and third sector organisations with the establishment of the Female Genital Mutilation Short-Life Working Group; commends the valuable contribution that voluntary and third sector organisations, such as Dignity Alert Research Forum, the Women's Support Project and Scottish Refugee Council, make to the shaping of Scotland's approach to FGM; notes the Scottish Government's commitment to fund a programme of work to tackle FGM in Scotland and protect those women and girls at risk of harm from this human rights abuse, and supports Lord McConnell's proposed Girl Summit to be held in Glasgow on 9 March 2015 to mark International Women's Day on 8 March 2015.

15:18

Ken Macintosh (Eastwood) (Lab): I thank the cabinet secretary for lodging the motion and giving the Parliament this opportunity to mark the international day of zero tolerance of female genital mutilation.

It is right that all of us in the chamber—indeed, all Scots—speak up against that brutal and barbaric form of child abuse to ensure that we tackle FGM as we would all forms of violence against women and girls. We must try to change behaviour while sending out a clear and strong message that it is a criminal act that will merit severe punishment.

Just this week, we discovered that one in three people in the United Kingdom does not fully understand the term "female genital mutilation", with one in five young people admitting that they had never heard of it. Whether it is called cutting or, as previously, female circumcision, FGM can lead to infection, abscesses, infertility, physical and emotional trauma and even death. Our levels of ignorance may be worryingly high, but it has been estimated that up to 125 million women and girls, mainly in pockets of the middle east and Africa, are affected by this painful and violent abuse of their bodies and rights.

We are perhaps less clear about how many women and children living in Scotland are affected or at risk. It is thought that the figure could be as high as 3,000. At the very least, we need to give that vulnerable group the voice that they desperately need. I am pleased that members on all sides of the chamber can stand united in condemnation and in offering what we can on prevention and protection.

We should welcome the multi-agency approach and the difference that I am sure we all hope it will make in raising awareness. Of course, one difficulty is that so few women are willing to talk about the issue, let alone report it. The National Society for the Prevention of Cruelty to Children has shared with us some of the information that has emerged from its helpline and support services. Many of the young girls who contacted ChildLine, for example, said that they were exposed to FGM when they were abroad and that they felt deceived by their parents, who made the arrangements. They said that, if they had known why they were being sent on the trip, they would have tried to prevent such a painful and distressing procedure. However, they also said that they felt powerless to stop it in the face of their families' cultural beliefs.

In most cases, those young girls then lived with the pain and upset and did not even go to the doctor, for fear of getting their parents into trouble. We are talking about girls of school age, who more often than not are refugees in Scotland and therefore potentially socially isolated and not in a position to challenge the brutality of this abuse. They cope by themselves with unimaginable and horrific injuries. Their communities tell them that the procedures are not only religiously, culturally and socially acceptable but necessary and will make them more marriageable by discouraging promiscuity.

We support the Scottish Government's commitment to removing this behaviour from our society and ensuring that FGM is treated as the criminal act that it is. We recognise, as I am sure the cabinet secretary does, that despite the Government's best efforts there have so far been very few prosecutions. Last year, there were 14 possible cases. The cabinet secretary updated us on the figures and said that there have been 23 referrals and 25 girls have been identified as being potentially at risk. However, there have been no prosecutions.

We know that health professionals, teachers and the police face a tough challenge in gaining the appropriate evidence to prove that girls and women are at risk. In June last year, representatives of Police Scotland gave evidence to the Equal Opportunities Committee. When asked if they felt that they had enough resources to tackle female genital mutilation in Scotland, they said:

> "We do not understand the problem and the extent of FGM in Scotland ... and until we increase the level of reporting and fully understand the prevalence of female genital mutilation in our society in Scotland, it will be difficult to say whether we have sufficient resources."—[*Official Report*, *Equal Opportunities Committee*, 19 June 2014; c 2013.]

That is why Labour's addendum to the motion calls on the Scottish Government to review its investment to ensure that it is effective. I assure the cabinet secretary that that is certainly not intended to be critical of the police—far from it, as it is aimed at working towards supporting long-term and sustainable community development in at-risk communities.

Christian Allard (North East Scotland) (SNP): I just have a point of information, as a member of the Equal Opportunities Committee. The member missed out the point that was made when we took that evidence that, at present, the funds are sufficient. Of course, if we needed to do a lot more, more money would be needed but, at present, the funds are sufficient.

Ken Macintosh: Absolutely.

That leads me on nicely to my next point, which is that work has been done even since then. We need to build on the excellent work of the Scottish Refugee Council and others in assessing the extent of FGM in Scotland and identifying the at-risk communities. The SRC estimated that, in 2011, just under 24,000 men, women and children living in Scotland were born in one of the 29 countries that have been identified by UNICEF as FGM-practising or FGM-affected countries. The largest community in Scotland that is potentially

affected by FGM is the Nigerian one, with around 9,500 Nigerians living here.

If we are truly to eradicate FGM from Scotland, we need to work with community leaders, educators, young men as well as women, and religious and cultural leaders throughout the country, and we need to strengthen all forms of engagement with at-risk communities. Although one-off engagement events and consultations are important in informing communities about health services and so on, the key to long-term change is to support and resource proper community development, building up sustainable relationships that are based on trust.

There is strong support for the SRC's finding that the work sits in the equally safe framework, which addresses gender-based violence against women and girls. As with other forms of violence against women, such as forced marriage and honour-based violence, which the cabinet secretary mentioned, our criminal justice system needs to recognise the approach and ensure that investigations are focused on the victims.

As the cabinet secretary said, there has been good work in the rest of the UK, from which we could learn. For example, there are efforts to support women-only health clinics, to provide a supportive environment in which women who are affected or at risk can come forward to seek help.

The SRC made a number of recommendations, to which I hope that the cabinet secretary will respond. For example, it called for clear national direction on the role of front-line professionals in the prevention of FGM. The SRC said:

"relevant professional bodies and agencies should develop training on FGM for frontline staff",

including general practitioners and staff in maternity services and schools. The cabinet secretary also referred to the issue. The SRC went on to say:

"Statutory and voluntary agencies developing training and guidance for professionals should use and value the expertise of specialist NGOs".

My Labour colleagues and I were unsure about the conclusion that a girl born to a mother who has suffered FGM should be the subject of a child intervention order. I ask the minister whether it might be better to regard the issue as a child protection issue and to proceed in the way that happens when there has been domestic violence, supporting the mother, who is also a victim, as well as protecting the child.

FGM affects communities in nearly every part of Scotland and is most concentrated in our cities of Glasgow, Aberdeen, Edinburgh and Dundee. Every year, more than 350 girls are born into at-risk communities in Scotland—that is, they are born to mothers from an FGM-practising or FGM-affected country. The problem will be with us for many years to come.

Despite the efforts of campaigning groups and members of this Parliament, and notwithstanding the passing in this Parliament of the Prohibition of Female Genital Mutilation (Scotland) Act 2005, public awareness of female genital mutilation remains low in Scotland. All members have a responsibility to increase awareness and do much more to put a stop to this brutality in Scotland.

The Scottish Government must show national leadership by ensuring that all forms of FGM are recognised as abuse and violence against the human rights of women and children. We must engage constructively with at-risk communities in challenging the cultural and moral attitudes that are associated with the practice of FGM. In eradicating the practice, we must eradicate the perception that FGM is a rite of passage for young women.

Today the Parliament has the opportunity to show international solidarity by condemning female genital mutilation and ensuring that we will do what we can do in Scotland to protect all women and girls from FGM.

I move amendment S4M-12241, to insert at end:

"; is disappointed that, despite these efforts, there have been so few prosecutions, and calls on the Scottish Government to review its investment to ensure that it is effective and supports long-term sustainable community development in at-risk communities".

15:27

Jackson Carlaw (West Scotland) (Con): I welcome the debate and thank the cabinet secretary for bringing the subject to Parliament, and for his commitment to working in partnership with a number of agencies in Scotland to tackle the shocking and abhorrent practice of female genital mutilation. Scottish Conservatives completely agree that partnership working is the key to fighting the practice. I welcome the comments and announcements that the cabinet secretary made in his opening speech.

I acknowledge that Jenny Marra and Hanzala Malik have been steadfast in giving the issue attention. The Scottish Government gives the matter high priority, and a change in our approach to tackling FGM is an advance for which those members can claim a measure of deserved credit.

Scottish Conservatives and members of other parties in this Parliament are united in our commitment to ending FGM in the United Kingdom and to ensuring that all girls have the right to live free from violence, coercion and the lifelong physical and psychological effects of FGM.

It is clear that it will take increased partnership between the police, education services, health services and children's agencies if we are decisively to put an end to the shaming headlines of recent years about Scotland being thought to be something of a soft touch. The BBC investigation in 2013 revealed concerns that young girls were being brought to Scotland to undergo FGM because Scotland was viewed as a country that did not take the issue as seriously as I believe that it now does.

As Ken Macintosh and the cabinet secretary said, there are yet to be any prosecutions for FGM in Scotland, even though Police Scotland has investigated a number of cases. That is not due to any failing on the police's part—it simply underlines the particular challenges of secrecy within the communities that commit this crime. I note, too, what the cabinet secretary had to say a few moments ago regarding the number of cases that are referred and investigated. I accept the argument that prevention of FGM must be the priority, but I believe that it is equally essential that, where appropriate, prosecutions are seen to take place, in order that they act as an effective deterrent to those who would mutilate girls, and to those girls' families.

That view is supported by the Scottish Refugee Council, as has been said—I suspect that speeches this afternoon will prove to be somewhat repetitive—which has called on the Scottish Government to ensure that the criminal justice system's response is perceived as being effective, and that anyone who is found to have subjected a child living in Scotland to FGM will face robust criminal sanctions. A prosecution in Scotland might help to ensure that these brutal criminals have nowhere to hide. However, it is arguable that that will happen only when attitudes and the community culture start to change, in conjunction with the community education initiatives to which the cabinet secretary referred.

Figures from police forces across the UK reveal that dozens of suspected FGM offences have been reported over the past few years, but only a handful of arrests have been made, with the first FGM prosecution in the UK ending yesterday in the acquittal of the accused doctor. We must learn lessons from that UK trial, which the acquitted doctor has labelled a show trial, and in which it emerged that the alleged victim never supported the case. What is clear is that the doctor was not adequately prepared for the circumstances that faced him, and that the hospital had failed to pick up on the woman's medical history. The case simply illustrates how difficult it is to pursue the issue, even though we are all committed to pursuing cases, where appropriate.

I welcome the cabinet secretary's announcement today that there will be a girls summit in Glasgow in March 2015. Last year, alongside the Home Secretary, the Prime Minister held a girls summit at which he set out his and his Government's commitment to ending FGM and childhood forced marriage. He said that both should be stopped worldwide within this generation.

At the summit, David Cameron also announced a number of new policies and funding to protect the millions of girls who are at threat from FGM at home and abroad, including new police guidance, new legislation that will mean that parents can be prosecuted if they fail to prevent their daughter being cut, a consultation on proposals to introduce new civil orders that are designed to protect girls who are identified as being at risk of FGM, new legislation to grant victims of FGM lifelong anonymity, and a new specialist FGM service that will include social services to proactively identify and respond to issues. At the time of the Prime Minister's announcement, a Scottish Government spokesman said that the Government would consider the policies closely to see which could be applied in Scotland; I would appreciate a discursive response from the cabinet secretary on how that review is progressing.

The cabinet secretary has already outlined in his speech the welcome launch by the Women's Support Project of FGM training and public education resources. Our education services have a vital role to play in the fight against FGM, so I draw attention to the National Society for the Prevention of Cruelty to Children, which has argued that fundamental to the issue is detailed child protection training for teachers in schools in areas where girls are identified as being at risk of FGM. I ask the cabinet secretary to implement that as a matter of urgency in Scotland.

In conclusion, I emphasise Scottish Conservatives' support for ending FGM in Scotland, and our commitment to bringing that about. Although we believe that the Labour amendment is possibly unnecessary, we will support it, and we offer our support for the Government's motion this afternoon, which promotes work in partnership across Scotland. In so doing, we repeat our call that the necessary action be taken to support Police Scotland in securing prosecutions where appropriate and in stopping anyone in the future carrying out FGM in Scotland.

The Deputy Presiding Officer: We move to the open debate. We are tight for time today, so I confine members to six minutes.

15:34

Sandra White (Glasgow Kelvin) (SNP): I thank the cabinet secretary for instigating this debate, and I welcome the amendment—the addendum, as Ken Macintosh called it—from the Labour benches.

I know that it has been said before, but I must reiterate it by stating at the beginning of my contribution that female genital mutilation, or FGM, is child abuse. We need to realise that. There are no medical reasons for carrying out that horrendous practice. It does not make childbirth safer or enhance fertility; rather, is used to control female sexuality and it causes severe and long-lasting damage to the victim, both physically and emotionally. As members have already said, it must be eradicated. I hope that we can eradicate this heinous crime.

I want to thank the many agencies that are working with communities that could be affected by FGM. To put the issue in context, as the cabinet secretary and Ken Macintosh have already mentioned, the number of children born in Scotland to mothers who have come from FGM-practising countries has increased significantly. The cabinet secretary gave us the numbers. That is why it is so important that we continue to work on a partnership basis with all concerned in those communities.

I am a member of the Equal Opportunities Committee now, and was a member six or seven years ago when the committee inquired into FGM and visited agencies in the Glasgow region to speak to families there. We also had the families come in, in private, to speak to us at the Equal Opportunities Committee. Listening to the evidence from those women was quite horrendous, and our hope was that we would be able to eradicate the practice. However, as has been said, it is not a short-term issue—it will take time, unfortunately, not only to eradicate the practice but to educate people from those communities in order to stop them committing what I see as being horrendous crimes. As was said all those years ago, and as has been said again, people in those communities may see FGM as a custom or rite of passage, or there may be a religious aspect to the practice. We have to continue to mention to people that it is nothing but child abuse and that it has to stop.

The Scottish Refugee Council report, "Tackling Female Genital Mutilation in Scotland: A Scottish model of intervention", is a good example of the work that is being done by agencies with the Scottish Government and others. The five key themes are participation, policy, prevention, protection and provision of services. As Jackson Carlaw said, we need to build up trust not only within the communities but with agencies, so that they can work together, in particular in education, where the getting it right for every child policy may have a role to play, and in the medical profession, so that all the agencies that work together on the ground can ensure that we build with those communities a positive relationship that is based on trust. Otherwise, they will not deliver the key aims of getting into those communities to stop those heinous crimes and to prevent participation in that criminal act.

I mentioned education. It was brought to our attention that teachers may notice that children have been missing for a time because they have gone abroad. If the children in question are from one of the communities in which FGM is practised, that should be picked up. In the medical profession, there may be cases in which women do not want to be medically examined. We must ensure that they have interpreters when they go into hospital for any reason, and especially when they give birth. There must be a way of finding out when they give birth whether the mutilation has taken place previously, so that the child can be protected.

I know that it is a difficult subject to speak about and deal with, but that is why it is so important that we do deal with it and do talk about it. I know that one of my colleagues, Margaret McCulloch, is going to explain more of the medical aspects, so I will not go into that, but some of the terminology and the descriptions of what happens to young girls are absolutely horrendous. FGM is child abuse and violence against women.

The lack of prosecutions has been mentioned, and we have heard about the case that was dropped south of the border. FGM cases are difficult to prosecute. There might be a jury, but is the evidence sufficient? It is difficult for the child herself. It is very difficult for a person to come forward and say that it has happened to them. It is something that happens within the family, and for someone to turn on their family—or for their family to turn on them—is very difficult for anyone, no matter what age. It is very difficult for a child.

I thank the cabinet secretary very much for bringing forward the debate. I hope that we can push things forward to eradicate this heinous crime.

15:40

Margaret McCulloch (Central Scotland) (Lab): Since we last debated the international day of zero tolerance for FGM, the Equal Opportunities Committee has continued to scope the potential for an inquiry. As convener of that committee, I held a number of confidential meetings with those who work directly with victims. Today I want to take a step back and explain FGM: what it is and

why it happens. I also want to share some of my own thoughts.

UNICEF estimates that more than 120 million women and girls worldwide live with the consequences of FGM, mainly in 29 African countries, where the practising population is high, and in areas such as Kurdistan, Iraq and Egypt. Mass migration and cross-border travel bring opportunities, but they mean that policy makers here must confront unfamiliar challenges such as FGM. The people I met are keen to stress that there are different forms of FGM, and the World Health Organization has defined four distinct categories, which I will explain to the chamber.

Type 1 mainly involves the partial or total removal of the clitoris. Type 2—excision—involves partial or total removal of the clitoris and partial or total removal of the labia. Type 3—infibulation—involves the narrowing of the orifice and creating a seal by cutting and repositioning the labia, with or without cutting the clitoris. Type 4 covers all other procedures, including pricking and burning and some of the most extreme and disturbing forms of FGM.

Needless to say, there are no health benefits from any of the procedures; they serve only to injure and harm. FGM causes physical pain, bleeding, shock, infection and, in the longer term, abscesses, cysts, adhesions and neuromas. Type 3 FGM can cause further complications such as reproductive tract infections and incontinence. Many women who are cut experience chronic pain and recurring infections for the rest of their life. They can also experience depression, terrifying flashbacks, vivid nightmares and post-traumatic stress. According to the WHO, death rates among babies during and immediately after childbirth were higher for those born to mothers who had undergone some kind of FGM.

FGM primarily occurs up to the age of 15, mainly in girls aged between 5 and 8. Adult cases often involve restoring type 3 after childbirth or a husband forcing his wife to be cut as a condition of marriage. FGM is most often carried out by someone who has no formal medical training. In those cases, there will be no anaesthetic and it will typically be done with a knife, scissors, razor blades or even bits of glass. It is estimated that 3 million girls are cut every year and often they are forcibly restrained.

FGM has no basis in religion; it is a cultural practice rooted in patriarchy and gender inequality. It can be seen as a prerequisite of marriage in societies where marriage is a woman's only means of achieving status and economic security. There is a widely held belief in practising communities that FGM can preserve a girl's chastity before marriage and her faithfulness afterwards. Without being cut, a girl can become an outcast. Pressure on young girls to undergo FGM can come from those closest to home.

The most extreme case of FGM brought to my attention by organisations working here in the UK concerned a girl who resisted being cut. After years of avoiding the procedure, she was taken by force, held down and subjected to one of the most extreme forms of type 4 FGM, in which she was cut and mutilated. That individual's story is so distressing that I cannot share all the details with the chamber today. I have heard similar stories of girls being subjected to the most distressing and disturbing violence by the people they know.

The challenge before us is to eliminate this cruelty against women and children. We must play our part internationally, but we must also recognise that in Scotland there are victims needing support and there are women and girls at risk. We need to build the capacity to reach women and children in affected communities to ensure that they can be protected. We have to develop best practice, training the health, social work and education professionals to recognise the signs and work sensitively with those affected.

We also need to work with affected communities to tackle the reality of FGM and the effects that it has on women and girls. This is abuse and all abuse is unacceptable. Let us also be clear that a strategy of persuasion and prevention must not conflict with a principle of zero tolerance; it must not preclude prosecutions.

FGM is an abuse of women, of girls, of their bodies and of their human rights. It is a crime. It is a violation. It is abhorrent and it must be stopped.

15:46

Kenneth Gibson (Cunninghame North) (SNP): I thank the cabinet secretary and the Scottish Government for bringing this important issue before the chamber today on the day before the international day of zero tolerance for female genital mutilation.

This is an issue that I have long been concerned about. Indeed, I first lodged a motion in this Parliament condemning the practice some 14 years ago. FGM is an abhorrent, primitive and almost unspeakable form of violence towards girls and women, as we heard so eloquently from Margaret McCulloch just a few moments ago. It is also an especially pernicious form of child abuse, as many members have commented.

UNICEF estimates that half of all girls subjected to FGM are under the age of 5, while most of the remainder are under the age of 14. I know that members across the chamber are united in condemning an antediluvian practice that does so much harm to both the physical and psychological

health of millions of girls and women around the world.

However, some members might be surprised to hear how prevalent the practice is in some communities that are relatively close to home. Members might expect to hear about instances of FGM being inflicted on girls in pockets of the middle east and sub-Saharan Africa. What about Birmingham? In 2013, the *Sunday Times* magazine reported that Birmingham Heartlands hospital had handled some 700 cases of FGM over the course of the preceding 27 months. In 2012, the Royal College of Midwives stated that up to 66,000 women in the UK may have endured the agony of FGM.

If FGM is being carried out in such numbers so close to home, that is absolutely shocking and I know that members will share my disbelief. The Birmingham figures are deeply disturbing. If FGM is being inflicted upon so many girls in these islands, how prevalent is it here in Scotland in the communities that we are elected to represent and serve?

"Tackling Female Genital Mutilation in Scotland: A Scottish Model of Intervention", the Scottish Refugee Council report produced in conjunction with the London School of Hygiene and Tropical Medicine, provides useful policy recommendations, but it does not shed any light on how prevalent the practice might be in Scotland, nor does it claim to. In fact, the report explicitly states:

"At the time of writing there were no published studies looking at the scope of FGM in Scotland."

I recognise, as other members have today, the sensitivity of this issue and the challenges in gathering this kind of data. Nevertheless, I hope that research will be carried out in the near future. It will not be possible for our society to gauge the extent of this problem and comprehensively address it if we cannot define its scope.

The Scottish Refugee Council report indicates that 24,000 women in Scotland were born in FGM-practising countries. Those women live in every local authority area, yet we are not able to reasonably deduce how prevalent a practice it is. All that we can infer is the number of girls and women who might be at risk, which, in reality could be very different from the number who are actually subjected to FGM.

For its part, I welcome the actions of the Scottish Government in addressing the issue, some of which the cabinet secretary outlined today. I hope that ministers will continue to prioritise the issue as more research is conducted and evidence comes to light.

In the meantime, the Scottish Refugee Council's report offers useful insights into policies that have been implemented in several other European countries to combat FGM. Perhaps there is some scope for replicating in a Scottish context what has worked elsewhere.

When François Mitterrand was elected president of the French Republic in 1981, he created a new ministry of women's rights. That move is credited with ensuring that FGM stayed relatively high up the policy agenda following a number of FGM-related deaths in France in the early 1980s. The Scottish Refugee Council report noted that there has been relative success in France after public information campaigns raised awareness of the criminality of FGM. That may partly explain why France has a relatively high number of convictions for FGM-related offences.

The Scottish Government already has ministers with responsibilities for issues of particular importance to women. Those responsibilities are spread across several portfolios. I have every confidence that the cabinet secretary, among others, will continue to ensure that the issue is prioritised.

I recognise the importance of appropriate engagement with communities with the largest number of potentially affected girls and the need for sensitivity in dealing with the problem if we want to make progress in addressing it. However, the desire to show sensitivity should never do anything to reduce the vigour with which we pursue the issue. Quite simply, FGM can have no place in modern Scotland.

During the Commonwealth games in Glasgow last summer, Scotland sent a bold and unequivocal message to the rest of the world, particularly to areas in which the persecution of and violence against individuals on the basis of their sexual orientation are still commonplace. The pride flag that flew in front of St Andrew's house throughout the games was a positive gesture towards valuing equality.

Before we can have any credibility in speaking out against FGM in other parts of the world where that despicable practice is prevalent, we must ensure that we are doing all that we reasonably can to eradicate it at home. As a global citizen, part of Scotland's contribution to the world is through the positive example that it sets for other nations and societies.

FGM is not just a women's issue, of course. Speaking as a son, father and brother, I do not want a society in which FGM is permitted or ignored, and I certainly do not want a society in which some women from some of the minority communities feel that they do not have the protection of our society. Let us strive to lead the

fight against FGM by our own example in Scotland.

15:51

Alison McInnes (North East Scotland) (LD): It is a crying shame that, in 2015, girls around the world are subjected to such brutal abuse. It is all the more shaming that it is happening to girls who were born in our country.

It is hard to bear and to hear that young girls are in pain, isolated and frightened, and that women are living with the daily consequences of FGM, including difficulties with menstruation, pelvic and urinary tract infections, and painful intercourse. For some, there is infertility, and for others, there are difficulties with childbirth and an increased risk of stillbirth or haemorrhage, not to mention the psychological consequences of such a trauma.

It is hard to hear that teenagers fear for their younger sisters, but despair of their parents changing long-held views. However, we must hear such things because, hard though that is, it is nothing compared with the burden that those girls and women carry. We all have to face up to that and demand an end to it. We must speak up for those girls and women around the world until they are confident enough to break the cycle and assert that they will not allow their daughters, sisters, nieces or grandchildren to be cut.

The World Health Organization estimates that 140 million women and girls in the world have been subjected to FGM, but until recently it has been considered a minority issue. Now at last there is a tidal wave of change to end that damaging practice within a generation.

We know that there is a lack of data, but the Scottish Refugee Council tells us that it thinks that, in 2012, 363 girls were born in Scotland to mothers who had been born in an FGM-practising country. It advises that there are potentially affected communities in every local authority area and that the largest groupings are in Glasgow, Aberdeen, Edinburgh and Dundee.

Other people have talked about the lack of prosecutions. I understand the difficulties in bringing prosecutions, but we must understand the powerful message that successful prosecutions could send. We must robustly pursue criminal convictions but, as the Scottish Refugee Council says, that strong criminal justice message must be accompanied by investment in behaviour change interventions with affected communities—in particular with key community leaders, young people and men. It has never been more important to seek the active involvement and participation of the at-risk communities.

I press for a focus on three issues. First, there should be a focus on what can be done in communities to empower young girls and women to challenge, to refuse, to be strong enough to seek help and to feel safe when asking for help. We know that the issue is complex and emotional and we should not underestimate the tensions between family tradition and the wish to change. That struggle is faced by many FGM survivors, who know the harm that they have suffered but are unwilling to break with the culture that condoned it. Peer education is therefore central. One woman recently explained:

"Deciding not to get my daughters cut was a tough decision to make. Going against tradition can be difficult. First you need to convince yourself that the decision that you are making is the best one. You need to know the facts in order to do that. Once you have been trained in FGM and the consequences, you can make the courageous decision to go against tradition."

Secondly, what support is there for victims who have already been mutilated and are living with the mental and physical scars? England has specialist clinics in major cities. Does the Government have plans to develop centres of excellence in Scotland?

Thirdly, there is a pressing need for training and guidance for professionals—particularly general practitioners, maternity services and school staff. The Scottish Government and local authority leads should provide national direction and, from that, local direction on clear child intervention responses when an FGM survivor gives birth to a girl. However, the Scottish Refugee Council does not think that that should result in an automatic child protection referral. Local authorities and health boards across Scotland should develop a network of named professionals who have expertise in FGM. They must ensure that clear referral pathways are in place. Some concern has been expressed about the automatic child protection referral, so we need clear guidance on that.

I congratulate the Government on the developments that the cabinet secretary outlined and on the vigour with which it is pursuing the issue. I associate myself with the praise that Alex Neil gave to the wide range of third sector partners. Like other members, I think that the Labour amendment is unnecessary, but we will support it.

At the end of the day, we are talking about a girl's ability to make decisions about her own life and body. We must do all that we can to ensure that every girl in Scotland has that autonomy.

15:56

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): The very idea of FGM

appals most people. We shudder at and reject the 5,000-year-old traditional, brutal and often unclean surgery that is carried out on young girls. It is intolerable and obscene and it is undoubtedly child abuse. In some places, that abuse takes place with the active consent of some mothers. Alison McInnes talked about educating and working with mothers; that is very important, because going against a tradition is tough.

Sitting in critical judgment of the practice will get us nowhere and achieve no liberation for those who are suffering at the end of a scalpel. Condemning it from a white, westernised, liberal, modern social democracy fails because it does not take the wider context into account. The Scottish Refugee Council's report, of which we have heard a lot this afternoon, provides an excellent understanding of the background from which we need to carefully and sensitively seek to bring about change.

I pay tribute to the refugee women's group, which has done amazing work on the issue in a number of areas during the past few years. I have had the privilege of working with the group on some of that.

The authors of the Scottish Refugee Council's report point out that FGM is an emotive and complex issue and, as such, it cannot be tackled by simply slapping our answers on the back of another culture's issue. The council estimates that many thousands of men, women and children who were born in one of the 29 countries that UNICEF identified in 2013 as FGM-practising countries are now living in Scotland.

I welcome the cabinet secretary's awareness of the commitments and recommendations in, and his commitment to, the five Ps approach. That has been worked on for a number of years to bring it to the stage that it is at. I am sure that the Scottish Refugee Council and the women's group will have been pleased to hear that.

The council tells us that one of the largest communities that could be affected is that of people from Nigeria, with 9,458 people resident in Scotland. The national FGM prevalence rate in Nigeria is relatively low at 27 per cent, compared with 98 per cent in Somalia.

Throughout Scotland, such communities are having children of their own. We have no data currently to give us an overall picture of how many mothers have undergone FGM, and nor can we measure the likelihood of the 363 girls born here over the past year, whom we have spoken about in the debate, finding themselves victims of FGM.

However, we clearly have a responsibility to build on compassion and healthcare, and to work with and not against communities where FGM is practised. Policy makers and service providers need to ensure that everything that we do is shaped and driven by the experiences, needs and views of the communities affected. That means that interventions need to carry the support of the communities involved, not their resentment. We need to work to build change from within, because only by doing that will we shift the mindsets that have remained unchanged during 5,000 years of tradition.

We need to have in place a strong criminal justice message, but it needs to be accompanied by investment in behaviour-changing interventions in the affected communities. We need to look towards particular segments in the communities—key community leaders, young people and men. Without a genuine and effective commitment to the participation of affected communities in work on the issue, we will not only fail to understand the true levels of the potential risks faced by women and girls in Scotland today but run the risk of further marginalising the community voices that are the most effective advocates for change.

We have a duty to ensure that NHS Scotland is providing the right healthcare provision to survivors of FGM so that we remove any danger of insensitive or judgmental responses and have instead a culturally competent reaction. We need to be careful, too, not to stigmatise the victims.

Taking that all together, what we need in order to drive forward is a meaningful, well structured, multidisciplinary hub service in Scotland, as Alison McInnes indicated, that has clear links to named professionals. Front-line staff should be carefully and sensitively trained to carry out inquiries about FGM, and pregnant women in the risk groups will need to be identified and supported. Criminal justice and child protection procedures must be enacted effectively and fairly, but for that to work, professionals from all sectors need to have a clear and accessible risk assessment with reporting guidelines.

As we know, tomorrow is the international day of zero tolerance for female genital mutilation. It is a timely reminder that Scotland is home to many women and girls who are survivors or at risk of that brutal and intimate violence. However abhorrent and violent the practice is, we must look at ways of changing behaviour, attitudes and traditions, as we are doing across wider domestic violence and abuse issues. However, I emphasise to the cabinet secretary that we must bring the affected communities along with us in making any change. We cannot force it on them but must work with them, and I ask the cabinet secretary to do that.

The Deputy Presiding Officer: Before I call Patricia Ferguson, who will be followed by John Mason, I inform members that we have gained a little bit of time, so there is an opportunity for

members to make, shall we say, supported interventions.

16:02

Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): As colleagues have said, it is entirely fitting that we debate the issue of FGM on the eve of the international day of zero tolerance of FGM. I, too, thank all the organisations and individuals who have raised their voices about FGM and worked hard to support those who have been victims of it or who think that they might be in the future.

FGM is of course an abhorrent practice that is both physically and psychologically damaging, and it must not be tolerated. However, it is a practice that is clouded in secrecy. Within communities and within families it remains a secret, not to be spoken of. Sometimes the victims are embarrassed to seek help, sometimes they want to protect a family member and often they are simply too afraid to make the secret known, so they live with the fear and the shame, with the discomfort and the pain, and often with the knowledge that their own family members were complicit in inflicting a terrible ordeal on them.

In some cases, girls are taken on holiday to meet family members only to find that the real reason for their visit is for the family to inflict FGM on them. Many women and girls report that their female family members actively participated in the process, often holding them down while they were cut, so they live, too, with the betrayal of the people who should be most concerned with their care and welfare.

That secrecy and that fear make it hard for agencies to identify and support the victims of FGM and to prosecute the people who encourage or inflict it, but we must recognise that we have to do more to get over those difficulties.

Campaigners have suggested that, following the girls summit that the UK Government organised last year, the number of women and girls contacting them to ask for help quadrupled. I hope that tomorrow's event and the girls summit that the lord provost of Glasgow, Sadie Doherty, has organised will have a similar effect in shining a light on the practice and that, as a result, women and girls will find the courage to raise their voices and speak out about it.

However, we have to ask ourselves critically whether we are prepared for a possible quadrupling of people identifying themselves as victims or possible victims. Are all the systems in place to support them? Do the organisations that are best placed to help have the resources that they need to provide that help and support? Do the practising communities have the support that they need to make a difference and make a vital change? As the Labour addendum amendment tries to suggest, co-ordination of all that is vital. The hidden nature of the crime demands not only that resources be provided but that they be carefully targeted. We, too, must continue to try to do whatever we can to persuade the practising communities that FGM cannot carry on.

I notice that, at the girls summit, the UK Government launched a declaration against FGM that it asked faith leaders to sign. I understand that, to date, 350 faith leaders have signed that declaration, which asserts that no religion condones the practice. I wonder whether the Scottish Government might also consider organising such a declaration, as we clearly need the support of community leaders in the fight to eradicate FGM. We need those people to lead the way in their communities and, crucially, as Christina McKelvie mentioned, we need the men in those communities to support the mothers and the women who make the decision not to allow the practice to continue into the next generation.

We do not know the scale of the problem in Scotland, but we know that a prevalence study that was published by Equality Now—an organisation that the cabinet secretary mentioned—and City University London identified that approximately 60,000 girls aged from birth to 14 have been born in England and Wales to mothers who have themselves undergone FGM. That is a shocking figure, but we must presume that the figure in Scotland will be roughly proportional. However, we need more research to allow us to understand fully the scale of the problem here, so I welcome the cabinet secretary's commitment to a baseline study.

Those of us who live and work in areas where there is a high concentration of asylum seekers know that there are young women and girls who are affected by the practice living in our communities—there must be. The possibility of FGM being carried out on a young woman or girl should be part of the monitoring and assessment process that is undertaken when asylum claims are processed, because policies have to be consistent on the issue if they are to be effective.

As the Labour amendment says, it is a disappointment that there have been so few prosecutions to date, although it is perhaps understandable. Perhaps more needs to be done to co-ordinate the response of the agencies to cases of abuse, so I warmly welcome the partnership approach that the Scottish Government is taking. However, we must always be vigilant and constantly look to see what else will make a difference.

As the cabinet secretary will be aware, the UK Government has recently consulted on mandatory

reporting of FGM. It is interesting that the British Medical Association briefing that we were all sent on the issue makes it clear that the BMA does not support that. I was initially surprised by that stance and asked the BMA for more information, which it provided. However, I must confess that I am not convinced by its argument, which seems to suggest that doctors should make a decision based on the circumstances of the individual case. Doctors would not hesitate to report other forms of abuse, so why should FGM be treated any differently? It is also interesting that the BMA's stance seems to run counter to the approach of the midwives' organisations, which think that all cases should be reported. I mention that because I would be genuinely interested to know whether the Scottish Government has had any discussion about, or given any consideration to, mandatory reporting as a policy option.

In this debate, we have heard FGM described as child abuse—it is—but I would go further and say that it is akin to torture. We must make it clear that we will support anyone who is a victim of FGM or fears that they might be. We must offer them our understanding, our compassion and our support, but our determination to help those women and girls must be matched by our determination to act against the perpetrators. We must be united in saying that FGM is not tolerated in this country.

16:10

John Mason (Glasgow Shettleston) (SNP): I must start by saying that I do not find female genital mutilation the easiest topic to speak on. We have already had a number of very moving speeches on the subject. Perhaps the fact that it is not easy to talk about is one of the problems, so I am pleased that we are having the debate and I felt that I should attempt to speak about it.

I am grateful for the different briefings that we have received for today's debate, and I am especially grateful for the report by the Scottish Refugee Council, which a number of members have mentioned.

When the Equal Opportunities Committee started to look at the issue of FGM, I was struck by the lack of information about the situation in Scotland. That continues to be the case. We have had some information given to us on a confidential basis, but a lot of that seems to be second hand, informal and uncertain.

One of the aims of the SRC report or scoping study was to find out what we could learn from our European neighbours. Immediately, it becomes apparent that the French and the Dutch adopt slightly different approaches. From what I can understand, the French model involves compulsory medicals for all girls. That has the advantage of even-handedness, but it might not fit well with how we do things here, which involves respecting ethnic minorities and allowing them to operate a bit differently. I think that Christina McKelvie referred to that. France has had some high-profile criminal cases, and that seems to have had more impact than merely stating that FGM is illegal. I think that the Netherlands emphasises prevention, with the relevant professionals being highly trained in spotting danger signs.

It has been made clear to the committee—although we are only beginning to look at the subject—that one of the high-risk times is when young girls travel abroad, as has been mentioned. I understand that the Dutch and the Catalans try to tackle that by issuing Government certificates that say that the parents will be in trouble if FGM is carried out while the girl is away. The hope is that extended family members in the home country will take that seriously, not least because the transfer of money from Europe could be halted.

I understand that that idea has been used on a smaller scale in Scotland. It involves the parents signing a certificate that says that they will not allow FGM to be carried out. My gut feeling is that I am more comfortable with that approach than I am with what some might see as the more heavy-handed and intrusive French approach. However, I note the argument that, if we had to choose between regular physical checks on young girls and the potential for FGM to be carried out, most of us would be pretty clear about which is worse.

Something that has interested me and which I would like to know more about is how some African and middle eastern countries have reduced the prevalence of the practice in their countries. I do not think that the SRC study concentrated on that, but it strikes me that, if we want a sustainable long-term solution, the answer must lie in the home countries. Just as controlling immigration is best done by allowing people to have a decent life in their own country rather than by putting up a fence around the UK or Europe, if the prevalence of FGM is reduced in Africa or the middle east, that will almost inevitably have a knock-on effect here.

First, we can learn from countries that are tackling FGM seriously. Secondly, perhaps we can consider helping them if finance or improving literacy would be beneficial. I had a quick look at a report on the situation in Kenya, which is one of the countries in which some improvements have been made, where

"The estimated prevalence of FGM in girls and women (15-49 years) is 27.1%",

which is a reduction from 37.6 per cent in 1998 and 32.2 per cent in 2003. That strikes me as being quite a significant reduction.

As I say, I looked only briefly at the report, but it is interesting to look at the history of FGM in Kenya. The report talks about attempts being made

"to persuade communities to abandon FGM, first, by Christian missionaries and colonial authorities in the early 20th century and later by Western feminists in the 1960s and 1970s. These attempts were largely considered to be western imperialism and something imposed on communities by outsiders."

It says that Kenya's first president, Kenyatta, was

"a strong proponent of the practice"

but that

"During the UN Decade for Women in 1976-1985, the Kenyan government participated in a series of conferences"

and the

"movement to eradicate FGM continued"

since then.

We are told that a

"National Action Plan for Accelerating the Abandonment of FGM"

was taken forward between 2008 and 2012, and the report lists some of the interventions that have been made in Kenya that seem to have had an impact. Some of them have been mentioned already. They include a

"Health risk/harmful traditional practice approach ... Addressing the health complications of FGM ... Educating traditional FGM ... practitioners ... Alternative rites of passage"

and so on.

At one of our committee meetings, the point was raised that there is probably greater prevalence of FGM in Glasgow than in Edinburgh, although Edinburgh has perhaps moved further ahead in the support and help that is being given. I wrote to the director of social work in Glasgow about that. As has been mentioned, there will be an event tomorrow and a DVD will be launched in line with the Women's Support Project.

Because we are looking at the subject both in this debate and in the Equal Opportunities Committee, some members—including me—have received emails suggesting that male circumcision should also be restricted. However, I think that that is a completely different issue, as male circumcision has been practised safely for thousands of years. I suspect that some of the motivation behind people raising that issue is criticism of Jews and, potentially, Muslims and other groups. We need to stay focused on what we are looking at today, which is FGM, as it is of a completely different order of concern.

I hope that we can all agree on the importance of tackling FGM. We need to continue to seek facts on the situation in Scotland and must continue to use all means to reduce the prevalence of FGM. If that includes some high-profile prosecutions, that is all well and good, but if the prevalence of FGM can be reduced without prosecutions, I would welcome that.

16:17

Hanzala Malik (Glasgow) (Lab): I welcome the debate. I have had serious concerns about the subject for a number of years and I have attempted to look at it in as much detail as possible.

Scotland made FGM illegal in 2005 but we have had no prosecutions. That is hardly surprising, as FGM is rarely discussed in the communities, let alone reported. It is a very difficult and complex practice that has existed for thousands of years. In an interview, a community activist stated that the nature of the subject is so private that many girls from practising countries are not even aware that FGM exists and that many are at risk when they visit practising countries. I commend the Scottish Government for its efforts to tackle such a serious and complex issue. I feel that the scoping work by the Scottish Refugee Council and the improved multi-agency co-ordinators are a good foundation on which to build.

I have a lot of experience of working with the minority communities in Scotland. One of the major issues is that, in order to achieve real change, the communities themselves have to decide to change. The practice of FGM is rooted in some communities, but I have had the honour of meeting both men and women from those communities who are actively and passionately working against FGM.

The organisations that are commended in the motion for their valuable contribution in tackling FGM in Scotland have all stated that the key to long-term change is in reassuring communities and supporting them to address the issue. That means having a much longer-term strategy for investment in community development.

Many public bodies, including the Scottish Government, hold one-off engagement events or consultations. Although those are important in informing communities about health services and so on, they have a limited impact. Let us imagine that I am a Somali woman living in Glasgow—I know that that is a little difficult—and I get a flyer inviting me to a talk on FGM. I probably will not go, because I do not call it FGM in the first place. Even if I knew what it was, why would I want to

attend? It does not sound very exciting to me, or to anybody else for that matter. However, if I attend a group where the people who I am comfortable with happen to talk about the issue, I will be more willing to listen, discuss and perhaps even share my experiences.

I am the convener of the cross-party group in the Scottish Parliament on the middle east and south Asia, which has held round-table discussion groups on FGM, which were followed by a report. I will give an example of progress on FGM by the Kurdistan Regional Government in Iraq. The figures that are emerging from the Kurdistan region give rise to cautious optimism on FGM, as some local communities have reduced the rate from 73 to 60 per cent, which is a huge difference in that part of the world. The Kurdistan Regional Government has passed a law making FGM illegal. It should be congratulated on that, because it was a difficult decision for it to make. I would commend any Government that makes that decision.

The problem is complex. Some refugees have sought asylum in the UK because they have been persecuted for campaigning against FGM in their countries. It is important that the debate is sending out a clear zero tolerance message against FGM. More important, it is absolutely critical that the Scottish Government engages with the communities. If we just leave the Scottish Refugee Council and various statutory organisations to do the job, it will not happen. Sometimes, we are perhaps guilty of underestimating the power of the communities. I believe that funding community groups and assisting them in the process would be more advantageous and would provide the real results that we are looking for.

We should always bear in mind that it is the communities, not us, that will do the work. However, unless we support them in that, they will not succeed. It is absolutely critical that we support those communities in undertaking those duties. I, along with the Parliament, wish them the very best in that.

16:23

Christian Allard (North East Scotland) (SNP): Yesterday morning, I had a visit by a group of students. They were young women who wanted to understand better how the Parliament works. I am pleased that, last night, they tweeted two words about their visit: “happy” and “progressive”. It is always good if we can say that the Parliament is a happy one. However, although the speeches in the debate have certainly demonstrated how progressive this modern Parliament is, we cannot be in a happy place when debating female genital mutilation.

As a member of the Equal Opportunities Committee, I find it difficult to call this unacceptable and illegal practice by its abbreviation, FGM. Ken Macintosh told us that many people in Scotland do not understand what FGM is. Maybe one reason for that is that we use the abbreviation. I ask the cabinet secretary to reflect on that. We might want to call it what it is, if we want people more easily to understand what we are talking about so that we can tackle the problem. I encourage everyone to use the full term: female genital mutilation.

The Equal Opportunities Committee did a lot of work on the issue and members talked about the issue a lot, in public and in private. We all looked forward to the publication of the Scottish Refugee Council’s report, “Tackling Female Genital Mutilation in Scotland: A Scottish model of intervention”, which will help our committee.

I thank the Scottish Refugee Council and everyone who participated in making the report relevant in the context of the situation across the world as well as the situation in Scotland. I also thank the Cabinet Secretary for Social Justice, Communities and Pensioners’ Rights for bringing the debate to the chamber.

Partnership is key—it is the best word to use in the debate. Partnership working is the best way to tackle female genital mutilation in Scotland, as the Scottish Government and the SRC recognise. Partnership must include, right from the beginning, the communities that are affected by the terrible practice of female genital mutilation, if there is to be long-term behaviour change. The SRC report acknowledges that communities must be involved at strategic level, in prevention, in data gathering and in protecting women and girls from female genital mutilation.

When I say, “communities”, I point out, as all other members have done, that the role of men must not be overlooked. Men should not be excluded; they should be regarded as part of the solution that will end this unacceptable and illegal practice. However, victims should always be at the centre of the debate—not on the front pages of newspapers but fronting approaches to tackling female genital mutilation.

We heard today, as members of the Equal Opportunities Committee had already heard, that different countries have different approaches. John Mason talked a lot about France, and Jackson Carlaw talked about what is happening in England and Wales. I have no problem with that, but although we can learn a lot from what is happening abroad, I strongly believe in a Scottish solution for a Scottish problem. Let us not forget that we are talking about our own, Scottish communities. Wherever people come from and whether they are the first, second or third

generation to be here, they are part of our community. We have to reflect that when we are legislating to eradicate the problem.

I want to apologise to the media. During our evidence taking and discussions in the Equal Opportunities Committee, we thought that the media might not talk appropriately about such a sensitive issue. I had to change my mind. The Scottish media, in particular, is well equipped to tackle the issue. In the context of the historical cases of sexual abuse of children over the years, the media has made a good contribution in explaining the issues to people and lifting the veil of secrecy on what has been happening out there.

Western nations have to understand that other countries can regard what happens here as being just as bad as the practices that we condemn. Christina McKelvie talked about that. Let us remember that we needed a New Zealand High Court judge to come and lead the inquiry into historical child sex abuse in England and Wales. That should give us a bit of perspective.

I encourage the media to talk about the issue without targeting particular communities. The issue is what is important. We live in one world, with many communities. It can be important to challenge people who are isolated from their communities—in this globalised world, people will become more and more isolated. We need to understand that better.

On the Labour amendment, I welcome the cabinet secretary's clarification. I am not disappointed that there have been so few prosecutions. I trust Police Scotland and the Crown Office and Procurator Fiscal Service to investigate first and then bring cases to court. Some people think that legislation on such an unacceptable practice as female genital mutilation means that people will automatically be brought to court to be prosecuted. I disagree. Good legislation must be used first as a preventative measure and as a deterrent. As I say, I trust Police Scotland in that regard. The example in England demonstrates exactly that cases cannot be forced into court by political pressure.

I am more concerned about prevention in the communities that are affected by female genital mutilation and care for the victim. That is why I thank the Scottish Refugee Council for its report and the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights for bringing this debate to the chamber.

Tomorrow is the international day of zero tolerance of female genital mutilation. Female genital mutilation is a human rights violation that affects an estimated five girls each minute worldwide. The United Nations Secretary-General Ban Ki-Moon said:

"Health systems and health professionals are essential to the wellbeing of societies. They provide credible, scientific and unbiased information that can help people protect themselves from violations of their rights."

I believe that this progressive Parliament and this Government will bring this nation to a better and happy place.

16:30

John Finnie (Highlands and Islands) (Ind): I am a fan of international days. They bring about a worldwide focus on issues, and what issue could be more important than the one that we are discussing? I warm to the word that Kenneth Macintosh used: "solidarity", which is entirely appropriate in this instance.

I welcome the references in the motion to the Women's Support Project and the short-term working group, and I welcome the funding. I thank all the organisations that were actively involved in that sensitive work and I especially thank those that gave us briefings.

The Scottish Refugee Council's report says:

"Because of the limitations of global and Scottish data, we do not seek to definitively quantify the nature and extent of FGM in Scotland, referring throughout our report to 'communities potentially affected by FGM in Scotland'."

There have been many references to that dearth of hard facts. Of course, the condemnation that is implicit in the motion is not conditional on numbers. Indeed, the Equal Opportunities Committee heard last year from one survivor who said that the issue

"is not a matter of numbers but a matter of need"—[*Official Report, Equal Opportunities Committee*, 30 January 2014; c 1803.]

I think that we would all agree that one case is one case too many.

I commend the convener of the Equal Opportunities Committee, who has grasped the issue and has been diligently meeting groups and showing the support of the Scottish Parliament. I very much enjoyed her speech.

I do not intend to mention nationality, countries or religions, because I think that this is an issue for us all to address if we want to understand the challenges. One of the reports uses the term, "informant", which indicates the level of secrecy and sensitivity around the issue.

Effective interventions are terribly important. One of the private briefings that we got said that women presenting are unlikely to identify themselves as survivors. They are likely only to understand community-specific terminology, which frequently means, for example, "purification" or "cutting", and they are unlikely to be willing to talk about "female genital mutilation". They are unlikely

to understand that their health issues are a direct result of female genital mutilation, due to the normalisation in affected communities, which is to say that all the women whom they know have the same problems. Furthermore, mothers and carers rarely know that female genital mutilation is illegal or harmful, and may say that they are opposed to it, even though they are not. That shows the scale of one of the challenges that we face.

Clearly, prevention is the key, and education is the key to prevention. As we have heard from others, there are challenges in respect of terminology, but discomfort about discussing the issue, for whatever reason, is not going to help prevention. We must talk about the issue, because we need disclosure from individuals, communities and professions.

Protection is also vital, not only for those who are at imminent risk, but for survivors and their loved ones. An often-missed aspect is the psychological damage that has been visited on individuals and their families. There is a need to protect and support familial and community relationships, which are, we must acknowledge, inevitably going to be strained by the involvement of third parties, however well-meaning they may be.

We also need to protect the communities from backlash from groups or individuals who misunderstand the issue. We must understand what is needed to provide protection: I suggest that it is not always money and that provision of services and ways of ensuring participation are important, too. As ever, I make a plea in relation to the unique nature of issues around access to such services in rural areas. The NHS will have procedures in place, but studies have shown that issues around geographic isolation are often compounded for visible ethnic minority groups in rural areas. I am sure that that will be borne in mind by the supporting groups.

We were asked what is required and who can tell us, and one of the answers in the report is:

> "Policy makers and service providers should ensure that policy and practice development across all areas of work is shaped and driven by the experiences, needs and views of communities affected by FGM".

None of us would take issue with that. It is important that it is done by and for the communities that are affected by female genital mutilation, rather than being done to them.

There is a key role for the police. As a former police officer, I know that practices have changed drastically in relation to such things as domestic violence and sexual crimes. Likewise, it is important that the Crown Office and Procurator Fiscal Service and social work services can run joint investigations that are child centred, with outcomes for victims being at the forefront of everyone's deliberations. Having said that, I do not want to suggest anything other than that I whole-heartedly believe that FGM is a violent act against women and must be stopped. It is a further expression of deeply entrenched gender inequalities, like forced marriage and honour-based violence.

I support the need for a national action plan. Many of the papers talk about behavioural change, but that takes time. I mentioned domestic violence and sexual crimes in our own communities and the different approach that is now being taken to that, so it is entirely possible to tackle FGM too. I noted the earlier comment about women's support groups and the need to update materials that contain references to English laws and procedures, so I am happy to be reassured by the cabinet secretary that materials and videos will reflect that need. Although I note what Christian Allard said about Scottish solutions, I think that collaboration is hugely important. I know that that was not his suggestion.

The key with young folk is the application of getting it right for every child. We have heard about the brutality and the great pressure that women are placed under. We have heard about the secrecy, so it is important that we do not drive the problem underground. Women who spoke to us privately were adamant that they wanted action to be taken.

This has been a helpful debate and I hope that it will allow us to make progress.

The Presiding Officer (Tricia Marwick): We move to the wind-up speeches. I call Nanette Milne.

16:36

Nanette Milne (North East Scotland) (Con): Unsurprisingly, it has been a consensual debate that indicates Parliament's commitment to working towards eradication of female genital mutilation, and its support for the Scottish Government's partnership approach to tackling the problem.

I first heard about the abhorrent practice of FGM when I was a member of the Equal Opportunities Committee, which took evidence during stage 1 of the Prohibition of Female Genital Mutilation (Scotland) Act 2005. That legislation came 20 years after the practice that was euphemistically known at the time as female circumcision was outlawed by the Westminster Government. I have to say that I was quite shocked to learn, on this very date last year, when I was preparing for Jenny Marra's debate to mark the international day of zero tolerance for FGM, that there had not been a single police report, prosecution or conviction within the UK for such brutal assaults

on young women and girls from certain ethnic communities.

It small comfort that there have now been a number of investigations by Police Scotland into potential cases of FGM, as well as the recent trial in England that was referred to by Jackson Carlaw, but as yet there have been no prosecutions here. However, FGM is almost certainly still going unpunished and many young lives are at risk of being indelibly blighted by a barbaric practice that, unfortunately, is still deeply embedded in the culture of those communities that sanction and perform it as a rite of passage to womanhood and marriage.

There is clearly no disagreement in the chamber, nor should there be, that FGM is quite unacceptable in a modern civilised society, and that it must be tackled and got rid of. Indeed, we have heard some moving speeches from members about their concerns for the victims of FGM in some of Scotland's migrant communities.

Detection and eradication of FGM is more easily said than done because, as we know, the practice is difficult to run to ground, because it is kept private within the communities where it is practiced. Because it often involves family members including parents and grandparents, statistics are hard to come by. Because of that, and because of a lack of information on the influence of migration on the practice of FGM, the welcome and recently published report by the SCR, supported by the London school of hygiene and tropical medicine, which has been frequently quoted today, does not definitively quantify the nature and extent of FGM in Scotland. Rather, it refers to communities in Scotland that are "potentially affected by FGM".

It is estimated that there are such potentially affected communities living in every local authority area in Scotland, with the largest, as we have heard, being in the cities of Glasgow, Aberdeen, Edinburgh and Dundee. The number of children born into such communities in Scotland has increased over the past 10 years.

However, without further qualitative research and better data gathering, particularly across statutory services and among potentially affected communities, the actual problem in Scotland will be difficult to quantify, given the complexity and emotive nature of FGM.

It is interesting that the Scottish Refugee Council's research also looked at what is happening across the European Union and found that, despite having similar statistical challenges to Scotland, EU nations appear to have been successful in tackling FGM and in supporting women and girls within their borders to resist and recover from it. That gives us the opportunity to draw on best practice across Europe and in the UK—as Alex Neil mentioned in his opening speech—in developing and taking forward a Scotland-specific approach to intervention. There is clearly the will to build on all the valuable work that we have heard about this afternoon, by bringing together the Scottish Government, Police Scotland, the NHS, education, social and child protection services and voluntary and third sector organisations that work with children and young people and their families.

In his opening speech, Jackson Carlaw listed some of the policies that the Prime Minister announced and indicated funding for at the girls summit, which he and the Home Secretary hosted lasted summer, aimed at protecting the many girls at home and abroad who are at risk of FGM and childhood forced marriage. Of course, we welcome the Scottish Government's commitment to fund a programme of work to try to achieve protection for women and girls who are thought to be at risk in Scotland, and we look forward to the proposed girls summit that is to be hosted in Glasgow next month and attended by Lord McConnell and the First Minister. We hope to hear some policy-specific announcements come from that event, along the lines of those that were proposed last year by David Cameron.

There is no doubt that we are all committed to the eradication of FGM in Scotland, but to achieve that we must find a way to overcome the centuries of culture that influence the communities that practice FGM, which is bound to take time. It will involve working together with those communities across Scotland, as the cabinet secretary said, in a sensitive and culturally acceptable way, involving all the many statutory and third sector organisations involved in protecting the very vulnerable girls and women who may be at risk of violation by those of their compatriots who are willing to carry out FGM.

Action must not stop at protecting those who are at risk, as a number of members have said. The message must also go out to the perpetrators of the crime of FGM that their practice is illegal and will be punished. Those people need to be found and dealt with by the courts, and to achieve that Police Scotland must be supported to bring forward prosecutions as a deterrent to those who persist in carrying out such barbaric procedures in violation of their victims' human rights.

I commend the Government's motion and the amendment in the name of Ken Macintosh, both of which we will support at decision time.

16:42

Rhoda Grant (Highlands and Islands) (Lab): The debate is timely and welcome, as it comes the

day before the UN day of zero tolerance for female genital mutilation. The whole chamber has united around condemning this barbaric act. The debate has been sometimes very difficult and sometimes very moving, and many members have agreed that we need to continue the on-going good work and ensure that we outlaw this barbaric act.

Our amendment seeks to be helpful rather than critical, and many of our members have pointed that out. Some members suggested that the amendment is not important, but I believe that it is. Let me explain why we felt the need to lodge it and what it means.

We welcome the Scottish Government's funding of information initiatives and the like, but our amendment asks it to review how that funding is used and to review its impact. Would it be more effective to use the funding to equip and build community groups, some of which are already in place, which could then be used as vehicles to engage with and inform the communities involved?

Such groups can build trust and put across and enforce messages in a way that one-off events cannot. Hanzala Malik made the point that FGM is a taboo subject and, often, a one-off meeting to discuss it is unlikely to attract the target group of people whom we want to influence. However, if information is delivered through a trusted grass-roots community group, it is much more likely to gain traction. Such vehicles can be used to deliver information on other issues, as well.

That is not to say that good work is not already going on. The women's support project, the Scottish Refugee Council and the like, which have been mentioned, are doing excellent work, but we need to create and sustain grass-roots organisations for women in the vulnerable communities involved.

John Finnie said that interventions need to be by the community rather than done to it by outside groups. If we build that community resilience and use it to change and influence cultural norms, that can also mean that more children at risk will be reported and protected.

Patricia Ferguson made the really good point that it is critical to build support in communities. If we are to succeed—we all hope that we will—in changing the cultural norm, there needs to be trusted support in the community to provide the medical and emotional interventions that people will need. All that our amendment asks the cabinet secretary to do is review how we put messages out and look at adopting best practice. Rather than being critical, we are being helpful.

The only point that has been ever so slightly contentious is about child protection. I truly believe that every girl born in Scotland to a woman who has undergone FGM should be considered a child at risk. FGM is violence against women and girls and it must be tackled as such. A child at risk has to be protected.

When a mother has been abused in this way and gives birth to a girl, we must see that as a sign that protection is required. It must be recognised that the mother has faced abuse and her daughter is now at risk. Support and protection must be given in a way that recognises the trauma of the mother—a number of speakers made that point—and the pressure that she will be under from within her community to have the same procedure carried out for her daughter. The mother may require medical intervention—in physical and mental terms—possibly before the birth, and that has to be delivered in a way that is sensitive to her needs.

Christina McKelvie made the point that intervention has to be non-stigmatising, non-judgmental and supportive. However, if someone has suffered abuse, that is not a defence for perpetrating that abuse against their child. While we support the mother, we have to protect the child.

Patricia Ferguson talked about the BMA's concerns about mandatory reporting. If a child arrived at a GP's surgery covered in bruises, the GP would have no thought of not reporting that. We must take the same zero-tolerance approach to FGM to protect children in the future.

A number of members spoke about the health implications for women. I do not think that anyone could help being moved by the stark speech that Margaret McCulloch made, when she talked through all the forms of FGM and the impact that they have on people afterwards, such as the problems that women face giving birth, which can lead to complications for them and their child, with many children dying because of those complications. For many such women, natural childbirth is absolutely impossible. We need to look at how we address in our mature population the implications of and problems caused by FGM that has already been carried out.

A number of members talked about the legislation that has been in place for many years. Until very recently, there had not been a single prosecution in the UK and, as we all heard, the most recent one has failed. That is probably because of the nature of FGM and because it is so hidden.

We are not criticising the police, because they need information from other agencies and the public to allow them to intervene. If we consider that, in 2012, 363 children were born at risk of FGM, yet there were only 25 police investigations, we know that we are not catching an awful lot of people. It could be that child protection is in place

and is working, but I do not think that we can demonstrate that in any way. We need to know what is happening, because the practice is secret and is not reported. That is where our disappointment lies; it is not with the police and the authorities that should be prosecuting cases.

John Mason talked about approaches in other countries and the need to target the countries where the practice is culturally acceptable. If views there change, we can make a change to the people who move to our country, if they believe that the practice is unacceptable at home. This is not just an issue for us; it requires community change on a much greater scale.

A number of members talked about cultural differences and the services that are available to women. Some of those services for women should be staffed by women, in recognition of cultural concerns.

More training is needed. The case that fell yesterday did so because of a lack of training for medics. As a number of members have said, all front-line staff should be trained in how to deal with the matter, to ensure that women who appear at health services are given the proper support that they require. The same applies to publicity.

FGM is not a religious practice; it is about controlling women's sexuality. Although women practise it, the pressure is often exercised by men and wider society. Men expect purified brides. The practice makes sexual contact painful and difficult and therefore ensures chastity. It is violence against women and girls. It is a controlling and barbaric practice.

16:50

Alex Neil: The debate has been very good, and every speech has been very good. In particular, I pay tribute to the convener of the Equal Opportunities Committee, Margaret McCulloch, for her speech and for her commitment to the subject as the convener of that committee. I know that that entire committee agrees on giving the issue priority, which it obviously deserves.

I welcome the four ladies in the public gallery who have listened to the entire debate. They are all from third sector organisations that deal with the issue. I hope that they feel that there has been a clear message from across the chamber that we are all determined to tackle the issue head-on.

I think that there is cross-party consensus at the core of the debate that the way to tackle the issue is to work with the communities, not to tell them, as John Finnie put it. Hanzala Malik also said that it is about working with the communities, enabling them and empowering them to deal with the issue.

John Mason made a point about the tremendous progress that has been made, particularly in Kenya, where the levels and incidence of FGM have been substantially reduced not just in recent years but over a sustained period of decades. Kenya has managed to make that progress by following that very strategy. The demand for change was generated from within the communities in Kenya; change was not imposed on them. Indeed, as John Mason said, when white settlers, as it were, went out and tried to impose a solution, it was counterproductive. We can learn a lot from what has happened in Kenya over the years about what we should do in Scotland and what is at the core of a successful strategy.

Although the short-life working group did not get a lot of mentions after I mentioned it in my speech, it has a big role to play in taking forward the agenda and advising the whole Parliament how to take forward the SRC report and recommendations and how we can take forward other issues that have been raised in the debate. For example, Patricia Ferguson raised the issue of mandatory reporting. Currently, if anyone is aware of FGM having taken place, they are legally obliged to report it. The question of why FGM is not being reported is one of the issues that the short-life working group should legitimately be able to address, as well as the questions of why there have been no prosecutions in all the time that FGM has been illegal in Scotland and what we can do to rectify that.

I want to say something more about the short-life working group's remit and objectives. Essentially, there are four parts to its remit, the first of which is to review work that is currently under way across different sectors in Scotland to tackle FGM. That will include—although not exclusively—health, education, justice, social work, local authorities, communities and the third sector. The second part of the remit is to identify and agree what more needs to be done to take into account the recommendations of the intercollegiate report "Tackling FGM in the UK" and the recommendations from the SRC research project. Thirdly, we need to agree actions on how progress and success can be measured, and fourthly we need to facilitate the work required including the implementation of any new legislation to protect those who are at risk of FGM.

I expect the short-life working group to report during 2015. Once we have that report, before the Government makes any final decisions on what to do about its recommendations, I am keen to come back to Parliament to have another full-scale debate on the subject of the report and its recommendations. If we can move forward together on its recommendations and conclusions on a cross-party, consensual basis, it will send a loud and clear message about the determination

of the Scottish Parliament to take the issue seriously, to do something about it, and to adopt any ambitious proposals that are made.

We are co-operating with the UK Government because there is a loophole in the UK legislation. As everybody in here knows, and many have remarked, FGM became unlawful in Scotland in 1985 and it is punishable by up to 14 years in prison. My officials have co-operated with Westminster to close a loophole in the law in relation to the success of the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The change will come into effect later this year and will extend the reach of the extraterritorial offences in the act to ensure that a person who is not a permanent UK resident can still be tried in the Scottish courts. I am not suggesting that that will suddenly lead to a massive increase in the number of prosecutions, but I think that all members will agree that the right thing for us to do is to co-operate with our friends at Westminster to close that loophole.

Let me say a word or two about prosecutions and the legality. Only last week, a doctor in Egypt was convicted for practising FGM. As we know, yesterday there was a case south of the border in which the accused was found not guilty. Other than that, there have been no prosecutions across the UK. Although there have been no prosecutions in Scotland, I make it absolutely clear and beyond any doubt that anyone who is aware of FGM taking place has a legal as well as a moral duty to report it. There is never an excuse for this kind of abuse. Those who are at risk will be protected, and those who choose to perpetrate such crimes will rightly face the full force of the law for their actions.

As has already been mentioned during the debate, Police Scotland now has a proactive agenda for seeking out where FGM is taking place and working with the communities on the issue. The police have also made it absolutely clear that they will investigate all reported incidents and that strong legislation is in place to prosecute cases of FGM. Anyone aiding or carrying out FGM, either here or abroad, faces the prospect of up to 14 years' imprisonment. Perhaps we need to make it more generally known in the relevant communities that anyone who is found guilty of those offences could face that length of prison sentence. I hope that knowing that would be a deterrent to those who are still practising FGM in Scotland.

We do not underestimate how difficult it is for someone from a practising community to come forward. If it was easy, people would be more likely to come forward and there would probably have been prosecutions already. The fact that there have been no prosecutions tells us that it is difficult, which makes our work in raising awareness and bringing about attitudinal change by working with those communities all the more important. If we can persuade people that FGM is wrong in principle, the issue of prosecutions would not arise in the first place. Certainly, one of the key lessons that I learned from my discussion this morning with DARF is the need to work in particular with the young women and young men in the communities concerned in order to change attitudes and get the cultural change that we need.

I make it absolutely clear, as the First Minister has already done, that we do and will take this issue very seriously and that we will take forward the agenda when the short-life working group reports this year. We will come back to Parliament and seek joint agreement across the Parliament for any additional action that is recommended, because we are determined as a Parliament and a Government to eliminate FGM from the face of Scottish society.

Decision Time

17:00

The Presiding Officer (Tricia Marwick): There are three questions to be put as result of today's business.

The first question is, that motion S4M-12242, in the name of John Swinney, on the draft Local Government Finance (Scotland) Order 2015, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
Adamson, Clare (Central Scotland) (SNP)
Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
Allard, Christian (North East Scotland) (SNP)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Baker, Richard (North East Scotland) (Lab)
Baxter, Jayne (Mid Scotland and Fife) (Lab)
Beamish, Claudia (South Scotland) (Lab)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Biagi, Marco (Edinburgh Central) (SNP)
Bibby, Neil (West Scotland) (Lab)
Boyack, Sarah (Lothian) (Lab)
Brodie, Chic (South Scotland) (SNP)
Brown, Gavin (Lothian) (Con)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burgess, Margaret (Cunninghame South) (SNP)
Campbell, Roderick (North East Fife) (SNP)
Carlaw, Jackson (West Scotland) (Con)
Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Constance, Angela (Almond Valley) (SNP)
Crawford, Bruce (Stirling) (SNP)
Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
Dey, Graeme (Angus South) (SNP)
Don, Nigel (Angus North and Mearns) (SNP)
Doris, Bob (Glasgow) (SNP)
Dugdale, Kezia (Lothian) (Lab)
Eadie, Jim (Edinburgh Southern) (SNP)
Ewing, Annabelle (Mid Scotland and Fife) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
Fee, Mary (West Scotland) (Lab)
Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
Findlay, Neil (Lothian) (Lab)
Finnie, John (Highlands and Islands) (Ind)
FitzPatrick, Joe (Dundee City West) (SNP)
Gibson, Kenneth (Cunninghame North) (SNP)
Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Renfrewshire South) (Lab)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
Johnstone, Alison (Lothian) (Green)
Keir, Colin (Edinburgh Western) (SNP)
Kelly, James (Rutherglen) (Lab)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lamont, Johann (Glasgow Pollok) (Lab)
Lochhead, Richard (Moray) (SNP)
Lyle, Richard (Central Scotland) (SNP)
MacAskill, Kenny (Edinburgh Eastern) (SNP)
MacDonald, Angus (Falkirk East) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
Macintosh, Ken (Eastwood) (Lab)
Mackay, Derek (Renfrewshire North and West) (SNP)
MacKenzie, Mike (Highlands and Islands) (SNP)
Malik, Hanzala (Glasgow) (Lab)
Marra, Jenny (North East Scotland) (Lab)
Martin, Paul (Glasgow Provan) (Lab)
Mason, John (Glasgow Shettleston) (SNP)
McAlpine, Joan (South Scotland) (SNP)
McCulloch, Margaret (Central Scotland) (Lab)
McDonald, Mark (Aberdeen Donside) (SNP)
McDougall, Margaret (West Scotland) (Lab)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
McLeod, Aileen (South Scotland) (SNP)
McMahon, Michael (Uddingston and Bellshill) (Lab)
McMahon, Siobhan (Central Scotland) (Lab)
McMillan, Stuart (West Scotland) (SNP)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
McTaggart, Anne (Glasgow) (Lab)
Milne, Nanette (North East Scotland) (Con)
Murray, Elaine (Dumfriesshire) (Lab)
Neil, Alex (Airdrie and Shotts) (SNP)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Pentland, John (Motherwell and Wishaw) (Lab)
Robertson, Dennis (Aberdeenshire West) (SNP)
Robison, Shona (Dundee City East) (SNP)
Rowley, Alex (Cowdenbeath) (Lab)
Russell, Michael (Argyll and Bute) (SNP)
Salmond, Alex (Aberdeenshire East) (SNP)
Scott, John (Ayr) (Con)
Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
Smith, Drew (Glasgow) (Lab)
Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
Stewart, Kevin (Aberdeen Central) (SNP)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Urquhart, Jean (Highlands and Islands) (Ind)
Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
Wheelhouse, Paul (South Scotland) (SNP)
White, Sandra (Glasgow Kelvin) (SNP)
Wilson, John (Central Scotland) (Ind)
Yousaf, Humza (Glasgow) (SNP

Against

Hume, Jim (South Scotland) (LD)
McInnes, Alison (North East Scotland) (LD)

The Presiding Officer: The result of the division is: For 99, Against 2, Abstentions 0.

Motion agreed to,

That the Parliament recommends that the Local Government Finance (Scotland) Order 2015 [draft] be approved.

The Presiding Officer: The next question is, that amendment S4M-12241.1, in the name of Ken Macintosh, which seeks to amend motion S4M-12241, in the name of Alex Neil, on ending the practice of female genital mutilation, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S4M-12241, in the name of Alex Neil, on ending the practice of female genital mutilation, as amended, be agreed to.

Motion, as amended, agreed to,

That the Parliament notes that 6 February 2015 is International Day of Zero Tolerance to Female Genital Mutilation (FGM); condemns female genital mutilation as an unacceptable and illegal practice, a form of child abuse, violence against women and a violation of the human rights of women and girls; supports the Scottish Government's commitment to tackling and eradicating this intolerable behaviour from Scottish society through working together with partners across the public and third sectors; welcomes the launch by the Women's Support Project of the FGM training and public education resources on 6 February 2015; further welcomes the publication of the Scottish Refugee Council's report on FGM in Scotland, *Tackling Female Genital Mutilation in Scotland: A Scottish Model of Intervention*, in December 2014; acknowledges the positive developments made through partnership across Police Scotland, NHS Scotland, education, social services, voluntary and third sector organisations with the establishment of the Female Genital Mutilation Short-Life Working Group; commends the valuable contribution that voluntary and third sector organisations, such as Dignity Alert Research Forum, the Women's Support Project and Scottish Refugee Council, make to the shaping of Scotland's approach to FGM; notes the Scottish Government's commitment to fund a programme of work to tackle FGM in Scotland and protect those women and girls at risk of harm from this human rights abuse; supports Lord McConnell's proposed Girl Summit to be held in Glasgow on 9 March 2015 to mark International Women's Day on 8 March 2015; is disappointed that, despite these efforts, there have been so few prosecutions, and calls on the Scottish Government to review its investment to ensure that it is effective and supports long-term sustainable community development in at-risk communities.

Meeting closed at 17:02.

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