The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Tuesday 12 May 2015

Session 4

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HEALTH AND SPORT COMMITTEE
15th Meeting 2015, Session 4

CONVENER

*Duncan McNeil (Greenock and Inverclyde) (Lab)

DEPUTY CONVENER

*Bob Doris (Glasgow) (SNP)

COMMITTEE MEMBERS

*Rhoda Grant (Highlands and Islands) (Lab)
*Colin Keir (Edinburgh Western) (SNP)
*Richard Lyle (Central Scotland) (SNP)
*Mike MacKenzie (Highlands and Islands) (SNP)
*Nanette Milne (North East Scotland) (Con)
*Dennis Robertson (Aberdeenshire West) (SNP)
*Dr Richard Simpson (Mid Scotland and Fife) (Lab)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Sarah Davies (East Lothian Young Carers)
Marjory Jagger (Skye and Lochalsh Young Carers)
James Marshall (Stirling Carers Centre)
Louise Morgan (Carers Trust)
Margaret Murphy (Edinburgh Young Carers Project)
Lois Ratcliffe (Edinburgh Young Carers Project)

CLERK TO THE COMMITTEE

Steve Farrell

LOCATION

The Robert Burns Room (CR1)

Scottish Parliament

Health and Sport Committee

Tuesday 12 May 2015

[The Convener opened the meeting at 09:46]

Decision on Taking Business in Private

The Convener (Duncan McNeil): Good morning and welcome to the 15th meeting in 2015 of the Health and Sport Committee. As I usually do at this point, I ask everyone to switch off their mobile phones as they can interfere with the sound system. You will, however, note that some officials and members are using tablet devices instead of hard copies of our papers.

Item 1 is to make a decision on taking business in private. I invite the committee to agree to take in private item 6 on today's agenda. Do I have the committee's agreement?

Members *indicated agreement.*

Subordinate Legislation

National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Amendment Regulations 2015 (SSI 2015/160)

09:47

The Convener: Item 2 is subordinate legislation; we have before us today six instruments that are subject to negative procedure. The first is the National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Amendment Regulations 2015. No motion to annul has been lodged and the Delegated Powers and Law Reform Committee has not made any comments on the regulations. As there are no comments from committee members, do we agree to make no recommendations?

Members *indicated agreement.*

Certification of Death (Scotland) Act 2011 (Authorisation of Cremation – Death Outwith Scotland) Regulations 2015 (SSI 2015/162)

The Convener: There has been no motion lodged to annul the regulations. The Delegated Powers and Law Reform Committee has drawn Parliament's attention to the regulations, and details are in members' papers. Members have no comments, so do we agree to make no recommendation?

Members *indicated agreement.*

Certification of Death (Scotland) Act 2011 (Application for Review) Regulations 2015 (SSI 2015/163)

The Convener: No motion to annul the regulations has been lodged. The Delegated Powers and Law Reform Committee has drawn the Parliament's attention to the regulations and the details are in members' papers. There are no comments from members, so does the committee agrees to make no recommendation on the regulations?

Members *indicated agreement.*

Certification of Death (Scotland) Act 2011 (Consequential Provisions) Order 2015 (SSI 2015/164)

The Convener: Again, there has been no motion lodged to annul the order. The Delegated Powers and Law Reform Committee has drawn the attention of the Parliament to the order and details are in members’ papers. As there are no comments from committee members, I ask the committee to agree that we make no recommendation.

Members *indicated agreement.*

Certification of Death (Scotland) Act 2011 (Post-Mortem Examinations – Death Outwith United Kingdom) Regulations 2015 (SSI 2015/165)

The Convener: There has been no motion lodged to annul the instrument, but the Delegated Powers and Law Reform Committee has drawn the Parliament’s attention to the instrument, and the details are in the committee papers. There are no comments from committee members, so does the committee agree to make no recommendation on the instrument?

Members *indicated agreement.*

Registration of Births, Deaths and Marriages (Scotland) Act 1965 (Prohibition on Disposal of a Body without Authorisation) Regulations 2015 (SSI 2015/166)

The Convener: No motion to annul the instrument has been lodged, but the Delegated Powers and Law Reform Committee has drawn Parliament’s attention to the instrument, and the details are in the committee papers. As members have no comments to make, does the committee agree to make no recommendation on the instrument?

Members *indicated agreement.*

Carers (Scotland) Bill: Stage 1

09:50

The Convener: Agenda item 3 is our main business today. We will have two evidence sessions on the Carers (Scotland) Bill, the second of which will be conducted by videoconference. Last week, we heard evidence that focused on adult carers; today, we will focus on young carers. As is normal, we will introduce ourselves. I am the MSP for Greenock and Inverclyde and the convener of the Health and Sport Committee.

Sarah Davies (East Lothian Young Carers): I am the director of East Lothian Young Carers.

Bob Doris (Glasgow) (SNP): I am an MSP for Glasgow and the deputy convener of the committee.

Mike MacKenzie (Highlands and Islands) (SNP): I am an MSP for the Highlands and Islands region.

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

Margaret Murphy (Edinburgh Young Carers Project): I am the chief executive of Edinburgh Young Carers Project.

Nanette Milne (North East Scotland) (Con): I am an MSP for North East Scotland.

Louise Morgan (Carers Trust): I am from the Carers Trust and am co-ordinator of the Scottish young carers services alliance.

Rhoda Grant (Highlands and Islands) (Lab): I am an MSP for the Highlands and Islands.

Lois Ratcliffe (Edinburgh Young Carers Project): I am a development worker at Edinburgh Young Carers Project.

Richard Lyle (Central Scotland) (SNP): I am an MSP for the Central Scotland region.

James Marshall (Stirling Carers Centre): I am the development manager at Stirling Carers Centre.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I am an MSP for Mid Scotland and Fife.

The Convener: I thank you all for your attendance this morning. We will go directly to questions.

Dennis Robertson: There is a perception that a great number of young carers have not been identified. There is also a perception among various groups that some young carers who are identified are given little support. Will the bill help to identify additional carers and will it help to provide the level of support that carers need?

Louise Morgan: The Government's response to the consultation said that the bill seems to contain plenty of measures that would help to identify young carers. I believe that legislation such as the act that I hope the bill will become will help to promote general awareness of carers and young carers.

One of our general concerns is about identification of young carers; one of the most substantial problems that we have in trying to overcome the difficulties in providing support to young carers is that we cannot support them unless we have identified them. Knowledge of the bill and the specific young carer statement will help to promote identification of young carers.

At the moment, the official Government figure is that there are 44,000 young carers in Scotland, but the Scottish young carers services alliance believes that the figure is much nearer to 100,000. That figure has come out of survey work that we have done in schools. However, we are happy to accept the Government's figure of 44,000, because it is a significant increase on the previous universally accepted figure of 16,701. I am content that the bill will help to promote identification of young carers.

Sarah Davies: We welcome the bill and think that it will improve identification of young carers. Our concern is about what will happen when they are identified. Will they be offered a young carer statement or not? At the moment they can have a young carer assessment, but we find that very few of those are done—in fact, it is almost impossible to get one. When someone asks for one, people do not know what they are. Whether young carers will receive a young carer statement is our main concern.

Dennis Robertson: I still wish to explore how we identify the young carers whom we are missing at the moment. I accept the Government figure, but there is a perception that there probably are more young carers providing care. The question is how we find out where those young carers are. Do we do that through the named persons or through guidance teachers? If we can get a statement, that is fine, but we need to identify the carer in the first instance. I am still a little cautious about our identification of our young carers, who play an extremely important role in families. They care for siblings, parents or whoever but they are not being identified. When they are identified, do we have the appropriate resources to meet their specific needs?

I acknowledge that most of the submissions say that we should have national guidelines as opposed to local guidelines. What are your thoughts on that?

Margaret Murphy: We have to start where the young people are. They are in schools—we should raise awareness in all schools. That could be done by having representatives of young carer organisations go into schools or by making guidance staff and headteachers aware that there will be young carers there, and providing them with support in identifying them. It might be that nobody at the school knows of the young people there who are young carers, because they may have no additional support needs, and might just be getting on with it.

Many of the young carer organisations across Scotland are trying to start where the young people are. That means raising awareness among staff across the schools, as well as doing pupil awareness sessions. It is partly about removing stigma. If a young carer feels that other pupils—their peers—are supportive of the needs of young carers and are aware of what young carers actually do, they are more likely to put their hands up and say, "I'm a young carer."

I do not believe that every young carer needs a specialist support service, such as a dedicated young carer agency. They can potentially survive quite well just by having acknowledgement that they are a young carer. Some flexibility at school might be all that they need. They have an opportunity to say that they are a young carer and to get the additional support in the school that they need, and that is what they are looking for.

We have to start at the school, and the school needs to be equipped to handle the situation. If many pupils come out and say, "I'm a young carer," how will the school deal with that? That requires giving schools knowledge about how to identify carers, and how to provide easy and flexible support and knowledge about what else is available in the area—including organisations such as ourselves.

We need to work with universal services, including youth projects. There has to be awareness within the projects to which young people go about what a young carer is and how we can identify and support them.

Louise Morgan: I totally agree with Mags Murphy—we have to go where the carers are. Where we see projects working in schools and delivering awareness raising, we know that the young carers there are receiving recognition for what they do, and any on-going support that they subsequently need.

10:00

We find that when young carers services lose funding and lose schools workers, we see a drop in the amount of support. Performance that we would already class as being young carer aware in supporting young carers in schools drops. We need to keep the momentum of presence in schools and make young carer workers available to young carers in them.

Mags Murphy made the point that not all young carers necessarily want to go to a service. That is definitely true. Maybe they do not have the time to go to a service or they may prefer to go home and have time to themselves. It is all about choice.

We should equip our schools' staff to know what to do when a young carer is identified, what other services they can signpost them to, and what support they can deliver in the school. Where that is done, it is normally done very well. I know that there are very good models for that in Stirling and Edinburgh.

I want to make a point about general practitioners, but if the committee wants to explore the schools aspect first, that is fine. We can come back to the part that GPs have to play in identification.

James Marshall: I want to pick up on the points that Louise Morgan and Margaret Murphy have made. Louise Morgan is totally right that we need to work closely with schools to equip them to support young carers in their daily lives. As an organisation, Stirling Carers Centre has a specific dedicated young carers education worker. That is one post and the person works with 47 schools in the Stirling Council area. In order to work closely with the schools, we identify in each school a young carers co-ordinator, who is almost a champion in that school. That person will be the link between us and the school for the young carers so that they have a point of contact in their daily lives.

Also, on identification, awareness raising in the schools is crucial, so we carry out a range of awareness-raising activities. We get young people to fill in an evaluation form at the bottom of which they can self-identify as a young carer. We find that that is how we can identify young carers at the earliest possible opportunity for early and preventative support. We tend to receive referrals from the likes of social services when a young person is at a crisis point.

As Margaret Murphy rightly said, it is imperative that we work where young people are and that we work with schools on identification of young carers.

Lois Ratcliffe: There is a middle step in respect of identification and support; the statement is the key. When a young person is identified, the statement—or what used to be the assessment—that is used to understand the young carer's needs will be critical in ensuring that the correct support is there for the young person.

To follow on from Louise Morgan's point, a lot of great work on identification, that could be rolled out, is happening in schools. The numbers in Edinburgh, certainly from the schools project that I know of, certainly show that.

GPs, hospitals and condition-specific units are key places to get young carers directly linked in at the earliest possible stage, especially given that the consultation looked at guidance through stages of caring. We can look at the terminal illnesses that young carers deal with; young carers are on a spectrum of caring, especially in relation to terminal illnesses. If we can, through those units, put in place an identification process to have them referred to professionals, that would help to identify the young carers who perhaps make up the majority of the hidden young carers whom we do not currently see in services.

Dennis Robertson: Is there a role for social media in identification and peer support? Could a dedicated Facebook page or a noticeboard for young carers be used? If they do not want to go to formal groups or carers forums, for instance, they may have a social media network that they can use. Would you support something like that? Is that available?

Lois Ratcliffe: As someone who works in a project with young adult carers who are 16 to 20 years old, I think that there is a need for what might be called virtual support. I sometimes have to respond via email to young carers in Edinburgh who have issues and are wondering where to go, so a modern interactive online service providing young adult carers with that kind of direct instant support would be vital. We are talking about people who are at crisis point and who might not want to come to the project, but who still want email communication. There is definitely scope for such a means of supporting young adult carers.

The Convener: Following on from Dennis Robertson's questions, I wonder whether we can get some idea of the good practice that is happening in certain schools or areas but not others. Sometimes the committee can help things along by identifying certain practices and challenges or areas where not as much is being done. Perhaps Louise Morgan, who mentioned the carer aware principle and how it is operating locally, can comment on that, and I see that James Marshall wants to comment, too.

Louise Morgan: There are perhaps two examples of good practice in schools at this morning's meeting. I do not know as much about what Sarah Davies is doing in East Lothian at the moment, but I know that in Edinburgh and Stirling there are shining examples of what can happen in schools. I do not want to steal James Marshall's thunder here, because I am sure that he will want to talk about this, but I know that in Stirling a young carer class has been developed as part of the curriculum in one of the secondary schools. I know the history of that development in Stirling, and it showed me that if that presence is not maintained, it will be lost. At one point, every school was on board, but when the worker was lost, the whole thing went to pot.

If I had a list in front of me, I would be able to tell the committee about other examples of good practice. I know that in Aberdeenshire a secondary school guidance teacher was seconded to the young carers service to develop resources that could be used throughout the schools in that local authority area, and I think that using someone from education in that way presents another model of how to do this.

The Convener: Is carer aware an accreditation, a badge that a school can get or whatever?

Louise Morgan: No. It allows us to know informally that we have visited the school in question and that the school has already received training. We do not yet have a carer aware badge or award, if you like, although the Carers Trust in England is looking into that and at different standards of young carer awareness in schools. That might be a route that people will want to go down. Generally, I have information about who works in schools and the schools where the approach has gone well, so if you want to visit any such service, please get in touch with me and I will put you in touch with those people.

James Marshall: I want to pick up on two points. First, with regard to the young carers class and the carer aware approach that Louise Morgan mentioned, I have already said that we work with all the local authority schools. As part of that work, the school will appoint a champion or young carers co-ordinator as well as sign up to a charter of action setting out various things that have been agreed to support young carers. That charter will then be displayed in the school’s reception areas for pupils, parents and the general public to see. It is not a badge as such, but it is a recognition of the school’s partnership with us and its commitment to supporting young carers.

One example of good practice that I want to mention is a high school in Stirling, which identified that it had a high number of young carers and that their caring roles were having a detrimental impact on their attendance and attainment. As a result, the school with our support as a young carers service established a dedicated class, which is now part of the school curriculum.

The idea behind that class is to give young people peer support, but it also builds their skills and experience. For example, one of the responsibilities of many young carers is to be the main cook for the household, so the school developed a lot of work around that. The outcomes for the young carers were increased attainment and attendance, and an increase in their enjoyment level in school. The young carers felt that the school was more aware of their caring role and that they could interact with the school at a higher level in relation to that role.

Louise Morgan: We had a national campaign a few years ago that was aimed at raising awareness about the younger young carer age group, and that group was highlighted at the young carers festival. Most of our services provide support to young carers who are aged eight and over, but we asked what was happening to those who are under eight and how we could begin to recognise those young carers.

How do we explain what being a young carer means? That is half the trouble. What do children think we mean when we say, “You are a young carer”? They may think, “Yes, I look after my goldfish.” It can be difficult for very young children to comprehend what being a young carer means when it sometimes means just being part of a family.

We had some money from the Scottish Government to develop two national mascots, which we called Eryc and Trayc. Each service in Scotland had mascot figures that they were invited to take out to primary schools to try to raise awareness in a way that was very young person friendly. People could say, “Here is Eryc. He is 10 years old, he looks after his brother and this is what he does. Here is Trayc,”—who has a different caring role—“she looks after her mum, but she is only eight.” The project was very much aimed at younger children.

Unfortunately we had only about a year of funding for that work. Again, the issue was sustaining something that could have made a big difference. Eryc and Trayc are still talked about, but we would like to look at how we could make such a campaign work better. I come from the age of the Tufty club, and Tufty was synonymous with crossing the road and road safety. Maybe I should not be at a young carers meeting. [*Laughter*.] There is a value in the recognition of mascot figures—people see the figure and immediately think of young carers.

Margaret Murphy: I want to go on from what James Marshall said. Good practice is definitely having somebody identified within the school as a young carers co-ordinator. That is key. Also key is the provision of some sort of toolkit for the schools and the school staff so that they can take some lessons or work on that with their class.

In Edinburgh, we have started to go into primary schools more. We work across all the secondary schools, but we find that we need to get into the primary schools. We have developed a toolkit specifically for primary school children and staff. The toolkit is designed around play session plans, and how to identify what is happening in the household, the child's role within the household, what the siblings are doing and who they care for. We are starting to explore that type of work and a lot of very young carers, for example of five and six, are being identified. We are bringing them into a main programme and providing fortnightly after-school clubs for them so that they can start socialising and interacting with their peers. We are also trying to get the families the support that they require. It is a bit like a pilot programme. We would be happy to provide the committee with any initial findings about how that is going.

Sarah Davies: We work with primary school-aged young carers and their families. When a child is moving into primary 6 or primary 7, we start looking at the transition to high school. We try to ensure that the high school is aware that they will have a young carer, that the family is aware, that the child has homework support and that their reading and writing is up to the standard of high school. Many young carers seem to slip under the radar so that it is only when they get to high school that they find that they have problems with reading, writing and maths. Transitioning to high school is a really important thing to consider and should perhaps be put in the young carer statement.

10:15

Rhoda Grant: I have a supplementary question on that before I move on to my main question. Everyone is talking about school education, but there are young carers who are pre-school. Louise Morgan mentioned the role of GPs, and it seems obvious to me that they are the one group who should be able to identify all carers. Could you comment on that?

Louise Morgan: I am afraid that what I will say is probably not very positive. When we consult young carers at our annual young carers festival, we ask them how much support they are getting from universal services such as education, health and social services. Young carers have said year on year that GPs are highly unlikely to be a source of identification or support to them. Most of them say, "My GP doesn't know that I'm a young carer."

I was reading the guidance on the Children and Young People (Scotland) Act 2014 and saw an example that said that, when GPs diagnose someone with a condition, they should ask about the children in the family and discuss with the patient what impact the condition will have on the children. At that stage, it may be the case that nobody knows what the impact will be, but GPs are supposed to start that conversation and to recognise that there could be children and young people in their patient's family who will become carers.

If we are asking GPs to perform that duty, we could hope to see a rise in the identification of young carers, but how long will that take? GPs may require training to realise that they are not identifying children and young people. GPs could be identifying young carers and looking at them being issued with a young carer authorisation card, which is an initiative within the health setting. There is a lot that could be done from a health point of view.

Lois Ratcliffe: That is a key stepping stone in identifying young carers. In Edinburgh, I have a great relationship with the Craigmillar GP practice, and I have often supported young people. It can depend on the individual GP who takes on a young person's case, as can happen across lots of areas, including in schools with teachers. There is a case to be made for young people who support someone with drug or alcohol issues. Young carers are often thought of as heroes, but when it comes to drug and alcohol issues the hero label can be taken away and a stigma attached to them.

The Edinburgh Young Carers Project looked at the schools training and continuing professional development that we are doing for teachers to see whether it could be tweaked slightly and provided to local GPs so that they would have the same knowledge and awareness. I also noticed that comments had been made about the possibility of GPs keeping a register of carers, if young carers wanted to identify with that, and that could be key to identifying hidden young carers.

Dr Simpson: May I ask a supplementary on that?

The Convener: Is it about GPs?

Dr Simpson: It is about the health services. The witnesses have mentioned GPs, but GPs' traditional role is diagnosis and treatment. Although they have a holistic role for their patients, they do not often have it for the whole family, and they do not have any social work in the practice. I wonder about the young carers who are caring for people with drug and alcohol issues, because that is a big group, and about their connectivity to drug and alcohol services. Has additional training been considered for the people who provide those services, which tend to be more connected? In Glasgow and in West Lothian, where I worked, there are integrated services. What about identification from that end?

Lois Ratcliffe: Margaret Murphy can probably answer that question better than I can, as I have been on maternity leave for a year. However, I know that, since I have come back, there has been talk about working with GPs. We have two drug and alcohol workers in our project who work with young carers, and one of them has come from a drug and alcohol service. Margaret Murphy will be able to tell you whether there has been any talk about that in the past year and whether we have delivered any training to drug and alcohol services.

Margaret Murphy: We are funded by Edinburgh council’s local drug and alcohol project and we now have funding for two drug and alcohol workers who work specifically with young people who care for a parent with problematic drug or alcohol use. We have been doing the work for about six years and we now have a bit of funding to extend and develop it. Over the past year we have found that about half the young people who come through our doors are affected by caring for a parent with problematic drug or alcohol use.

Because of the attached stigma, which Lois Ratcliffe talked about, a slightly different approach must be taken to those young carers. When we go into schools we raise awareness that those are issues that young carers can deal with, but the issue is also about the appropriate level of support that they require. It is not about someone being a hero because they are going home to care for their mum; it is rather about asking whether someone’s mum is an alcoholic or a drug addict. There is not that level of sympathy for or acknowledgement of the actual trauma.

We find that the problem with those young people is the trauma of the experience that they go through. Nobody knows how the effects of the trauma come out; they can be behavioural or lots of different things. We need to look at how that type of caring affects the young person, because there is a knock-on effect after it.

The mum of one of the young people whom we were working with was in recovery. All the support services around that family were happy because mum was doing a great job and was in recovery. However, the young person—the young carer—was very resentful. They said, “Mum, you have no idea. You can’t remember the life I had the past five years. Yeah, you’re in recovery, but you don’t remember what I had to go through.”

That is the type of trauma that those young carers experience. We definitely have to concentrate on that group of young people.

Sarah Davies: I agree with Mags Murphy. We also work with our local drug and alcohol partnership. These children are very traumatised and when their parents get better, the children get angry—it is as if they can relax. They have a go at their parents and that needs to be dealt with.

We have a training programme that we have used with the organisations in our local drug and alcohol partnership.

The Convener: I return to Richard Simpson’s basic point. The NHS has a care plan, I think—or it used to have—regarding services for those who have problematic lifestyles and addiction to drugs and alcohol, but it does not have a care plan for the carers.

Louise Morgan: No—not unless the young person has been identified as having a caring role within a family. It would be unusual. If a young person has been referred to a young carers support service, which can happen almost informally, that service will probably have some kind of support plan. However, that young person may not be on the social work service’s books.

The Convener: Some of us took an interest in this issue years ago, through our casework. There was that gap: social work services, the health service and the GP were there to support the person with the addiction, but there was no wider concept of a family of carers. That has not changed over the years, has it?

Louise Morgan: I do not think so. Saul Becker is the main researcher of issues faced by young carers in the UK and he found that when social work services had input into a family, children and young people in that family were more likely to be recognised as young carers and therefore have some support, which led to better outcomes at school and so on. Unless families have that support and young people are identified as carers, there is not necessarily anything there for them.

The Convener: Is that reactive, or is it planned and preventive? In my casework experience, it seemed to be more reactive. Families got the services when the house burned down, rather than when they were just trying to manage things. If they were managing and showing some resilience, they were allowed to get on with things, but if the house burned down, there was a response. I am just confirming that there is a lack of planning.

Louise Morgan: The response tends to be more about crisis identification.

The Convener: That has not changed over many years.

Dr Simpson: I have one final point on the identification issue. At present a working group called DAISy—do not ask me why; I do not know what the acronym stands for—is trying to develop a single shared assessment tool for drug and alcohol addiction. I wonder whether that data collection system will include the identification of young carers. If not, that will be a very serious omission.

Lois Ratcliffe: It does not, as far as I am aware. You are quite right about that. Your initial question was whether training could be delivered to drug and alcohol workers and services. I think that that could be done easily, with minimal funding; we have the training in place for teachers, and it could be tailored relatively easily.

With regard to the working group DAISy, I am not the person to answer that question, but you make a relevant point. It is right that there should be something in that system to identify young carers in those families.

Dr Simpson: I am sure that the committee can write to ISD Scotland about that.

The Convener: We will have another supplementary from Nanette Milne, and then we will come back to Rhoda Grant, who started the discussion. That is round-table working.

Nanette Milne: Following on from what Richard Simpson said, do we have any idea of the scale of the problem? What proportion of young carers are affected by drug and alcohol abuse?

Margaret Murphy: In my project, I have seen an increase from one third to one half. I do not have figures for the whole country or across the city, but that is the situation in my experience.

Louise Morgan: From some of the surveys that we have done through the young carers services, it appears that the proportion is about one third. However, there is, again, an issue with people not declaring why they are caring in a family. That is one of the central points. They are presenting to services saying, “I’m looking after my mum who has depression” or something else, but the alcohol or substance misuse issues are left unsaid and are perhaps not uncovered until later when we get to know the family better.

The Convener: Okay.

Dennis Robertson: We need to be able to identify the caring role that a young carer has. We are drifting into a discussion on drug and alcohol abuse, which is very important because there is a need there, but caring is a complex area with multiple issues.

Do we need a register on types of caring roles? For example, is a carer looking after a mum who is depressed, or do they have a sibling with complex disabilities? What are the reasons why they are caring in the first instance? That is the information that we need to identify.

Rhoda Grant: I will move on to the support that is available to young carers in the bill. The bill is intended to stop pre-school-aged children from having a role as young carers. That is understandable, but I wonder why that provision ends when a child goes to school, as the child would still be very young at that point. Should we be looking at stopping the caring role for all children to allow them to learn and be educated, or is that simply not feasible?

Lois Ratcliffe: Again, I come back to the key research theories. We can relate the theory to practice and then—we hope—implement it as policy.

Jo Aldridge is another key theorist on young carers, and I have been communicating with her by email about a pathway that we are developing for young carers who come through our service. She suggests from her research that young carers often want to exit the caring role when it becomes too burdensome or when it becomes long term or disproportionate in relation to their age and maturity level.

Given that, I believe that, as part of our support and assessment—I am using the word “assessment” again—using whatever tools we have to assess caring, we need to understand whether the caring role is disproportionate in relation to a child’s age or maturity level, and we need to consider the amount of caring that it is realistic for a child to take on without hampering their childhood.

Some of the caring roles that young carers undertake can actually make them feel closer to their family and can have a positive impact by making them independent and giving them the ability to think outside the box and be creative. However, part of the issue, certainly for young carers who are at school, is about exiting the role when it becomes too burdensome, and we need the right measures to address issues and look at people individually.

Also, when it comes to young adult carers who are 16 to 20 years old, it is a matter of ensuring that caring is not the only or main outcome of living in a family that is affected by parental illness or disability. Quite often, young carers can be pushed into feeling that the only career option that is available to them is to continue caring or to go into a caring role or career. It is important to level the playing field so that they have other options, and part of that is about removing the majority of the caring responsibilities so that they can choose what works for them and a balanced lifestyle.

I think that I have made that point clear, so I will hand over to someone else.

10:30

The Convener: If no one else wants to comment, we will move on to some questions from Bob Doris.

Bob Doris: I listened with interest to what you said about the types of service provision that you would like to be put in place to support young carers. I apologise for making the discussion much drier by looking at the specifics of the bill, but it is the framework to support all that provision.

I take on board the point that how we identify young carers is important. The health service and GPs were mentioned, as were schools, and there are also wonderful youth group providers across Scotland who young people might open up and reveal their caring role to. There is a cross-society responsibility, but we need to consider the structure that we feed into once that is identified.

Assuming that we get that structure right—and you are feeding into that—we will have young carer statements. Under the Children and Young People (Scotland) Act 2014, there is also an obligation to produce a child's plan when there is a need for targeted intervention for the child's wellbeing needs to be met. Is the bill clear enough about when a young carer statement and services will be provided, whether they are of a general or specific nature, and when that snowballs into the provisions in the 2014 act on the child's plan? I am a little confused about that.

We have to get the infrastructure right, whether it is in the bill or in guidance. I know that this is the dry part of the morning's evidence session and that the key thing is service provision, but we have to get the structure right and channel young people as individuals through it to get the service provision. How do you see the young carer statement working and how will it interact with the child's plan and the obligations under the 2014 act?

James Marshall: For a lot of young carers, their caring role and its impact will be their only specific wellbeing need, so it is important that they have something that is tailored to them as a young carer. The young carer statement must interlink and fit in really well with the getting it right for every child assessment process and the subsequent child's plan. As I said, we agree that not all young carers have additional wellbeing needs that require a child's plan, but where a child's plan is in place it is important that the young carer statement is developed in addition to it so that there is a document with a specific focus on the young carer's needs as a carer.

We believe that the young carer statement should incorporate future planning of an emergency and anticipatory nature. I will give an example. We know that caring can often be a barrier to the young carer's future educational or employment aspirations. In order to ensure that we have the relevant support and services in place to alleviate those barriers and ensure that young carers can reach their full potential, we need to look at that future planning of an emergency and anticipatory nature.

The Convener: Thanks. Are there any other responses to Bob Doris's question or comments on James Marshall's response?

Louise Morgan: When we read about the provision of young carer statements, we certainly welcomed that. It sounds to us as if what young carers said in the consultation has been listened to and acted upon. The young carer statement is something that young carers themselves asked for. They distinctly said that a child's plan was not necessarily for them. One of the objections was the language of the child's plan: some of them felt much more responsible than a child might be.

My interpretation of the position is that the national strategy for young carers, which has run from 2010 to 2015, has said that all secondary schools must record young carers on their databases, so I would expect young carers recorded on a database in a school to be entitled to have a young carer statement.

That statement would be a light-touch one for many young carers, and it would be a recognition that they had a caring role. However—with regard to anticipatory planning—when a caring role that is currently okay for a young carer becomes more burdensome and has a more negative impact on their life, they should have a fast track back to support and services being brought in or being available to them.

In my view, the young carer statement and the child's plan are certainly not mutually exclusive. A young carer statement could be very helpful to a young carer when there is maybe a need for a full-blown child's plan, because they could be put on a kind of waiting list or warning list, should that be necessary and helpful for them.

Margaret Murphy: We need a bit of clarity in the bill on how the young carer statement will link to the child's plan. I think that we can all say how it should happen, but I do not think that there is the required level of clarity on guidance to ensure that it actually happens.

Bob Doris: That is really helpful. It is encouraging that you think that the young carer statement and the child's plan can dovetail and fit together very well but that a bit of clarity in the bill would be welcome.

Another thing that I noted in my reading of the bill is the proposed reviewing of a young carer statement and a young carer plan. I am guessing, but I suspect that it is true that a young person may not wish to have a young carer statement or plan. They might not want to open up about their caring role or this, that and the other. Some will say yes to having a young carer statement and a young carer plan, which would be reviewed, but should there be provisions in place for a young person who says, “No, I don't want one” to be offered them again in three, six or nine months or a year? That would prevent the statutory body, which would be the local authority, ticking a box and saying, "Young person A was offered this; they refused it; statutory obligation done."

Should there be something in the bill about having to go back to the young person as they grow and get more mature, or get more significant problems or become more comfortable about acknowledging their young carer role? Ms Ratcliffe said that, depending on the type of caring role that they have, they might feel stigmatised in that role and that a variety of factors are involved. I am not sure that I have spotted anything in the bill that would ensure that the statutory body had to go back to a young carer who did not accept the initial offer. Do you think that there should be something along those lines in the bill?

Lois Ratcliffe: That is a complicated issue. If young people are given respect and allowed to say, "No, we don't want one" and as long as they have had full understanding and stigma is removed, it might be a bit patronising to go back to them in three months or so. However, one thing that would help with the young carer statement—I agree with James Marshall on this—is the emergency planning. I think that that will be a key part of the immediate support that a young person can have from a carer statement.

We need someone to be responsible for the carer statement. Currently, the carer's assessment happens on an ad hoc basis—for example, I have put in numerous requests but have been given no timescale for them. At the statement stage, it would help if an emergency plan could be gone through really quickly as part of the statement so that the young person would have something initially from that statement to work with in case of an emergency. It would also be useful if it could be made clear that the young person could have a review if they wanted one or changed their mind about not wanting one.

I guess what I am saying is that, first, the statement could be offered to young people, they could take it and part of it could give them an emergency plan. The second situation could be that a statement is offered and the young person does not want it but an emergency plan could also be offered as a matter of course that could say that, if the young person changes their mind or is in need because their caring situation changes, they could contact somebody and have a statement.

The young people should be given the option and the ability to request the review, instead of the onus being put on social services in three months, because I worry that that could be more damaging. I do not know what other people's views are.

Bob Doris: We can forget about the three-month figure—I am just wondering whether there should be a follow-up trigger somewhere down the line. I am not wed to three months, one year or two years; I am just floating the question whether there should be a review at some point.

Lois Ratcliffe: I completely understand that. Part of me thinks that we could empower the young person to request that, but I understand that that is complex. Louise is looking at me.

Louise Morgan: I was just going to agree with you. It would be complex, but perhaps, when you make the original offer, you could make it clear to the young person that the offer will remain open. I do not know how practical that would be for local authorities.

On the issue of some kind of trigger to review the circumstances, it would be quite dangerous to do that on a timeline basis because you could miss, for example, critical life events for the family. I am not quite sure how you would do it, but it would be great if young people could come back and say, "I would really like to take up that offer now."

The Convener: James, you have the final word on this.

James Marshall: I agree with Louise Morgan. I do not quite know how you would do this, but we are a big believer in empowering young carers, and giving them choices and the right to ask for a young carer statement.

The bill says that the statement will look at whether the support provided in the first place has resulted in positive outcomes for the young carer. We talk about a caring journey, and we acknowledge that young carers' caring role—the level of caring and the impact that that role has on them—goes up and down. Any review should also look at that and whether the young carer's needs have changed. It should look not just at whether they have obtained personal outcomes from the support that they have received but at whether they need additional support and whether that support needs to be retailored to meet their needs at the time.

Dr Simpson: I want to pick up on the emergency planning issue because I feel very strongly about it. When I met carers before the previous election, that was the main thing that they were concerned about. Indeed, at the time, the then First Minister said that everybody would have an emergency plan. I wonder whether an emergency plan should be specified separately. If someone accepts the need for, and accedes to, an assessment, the emergency plan would be included. However, people might accept that an emergency plan should be put in place, even without a full assessment or the provision of full support. The emergency plan could be separate, which would allow people to return to it. In my experience, carers often deny that they need support and feel that they are coping well, but they have a worry—"What would happen if?"—at the back of their mind.

Sarah Davies: We do a young carer's assessment with the young carers we work with, and we ask them what they do during an emergency. It has become clear that two emergency plans are needed. An emergency plan is needed in case the carer goes into hospital or is otherwise unable to care due to illness; and the child—particularly if they live in a single-parent family—needs an emergency plan in case the person they are caring for goes into hospital and they have no one to look after them. That is really important. We have two emergency plans in our assessments.

Lois Ratcliffe: Richard Simpson makes a key point. We have an assessment that we call a footprint. The idea is that we assess the young person's journey throughout the service, with a review every six months while they are with the service.

We do not have an emergency plan, although we give young people support numbers. An emergency plan in relation to the caring role could support the young carer to move away from caring responsibilities and services in the knowledge that they could access them again if need be. As James Marshall said, the caring role ebbs and flows and dips up and down. We do not want young people to become too dependent on services. Although some young carers could quite happily live without our services, they worry about accessing them again. An emergency plan could incorporate the fact that they could call up and be re-referred. That would support carers and help them to feel confident to go on without services. Am I making sense? It would make them feel less reliant on the services because they would know that they could access them. That is a big fear, because sometimes they struggle to get support in the first place.

Nanette Milne: I note that people are concerned about a copy of the young carer statement having to go to the named person. Can the witnesses comment on that? Should the provision stand, or should it be changed? What are the advantages and disadvantages?

Sarah Davies: We are concerned that it might put young carers off. It will depend on their relationship with the named person. The named person will be involved with the child's plan, and we might not know what is going on with that.

We work very closely with families and we take a holistic approach. It is important to work with the whole family. A young carer statement would be sent to the named person, but the parent would not see it. The gatekeeper of the information would be the young carer, who would decide whether the parent saw the statement. That puts far too much pressure on the young person. It might cause problems in the family or put the young carer off asking for a young carer statement.

I can understand why the provision is in the bill. I also understand that a young carer might not want the parent to see their statement. I wonder whether there is some way around the situation. When we do a young carer's assessment, we do not necessarily show it to the parent—we are led by the young carer. However, we have a family discussion about everything so that everybody feels that they are included. The provision seems very bold: the statement would go to the named person and that's that. That is worrying.

The Convener: Does everyone agree with that?

Margaret Murphy: I think that we agree. At a meeting with the alliance and a lot of young carers projects, we raised a similar concern. There could be a catch-22 situation. The information is shared with the named person, but the young carer might not want the school to know that they are a carer or might not have a positive relationship with their named person. I back up what Sarah Davies said. A few of the young carers projects were worried about the issue.

Louise Morgan: We highlight the issue in our written submission as one that was certainly a worry for many of the young carers projects that were involved in the consultation. Their opinion was that, if we are to empower young people, young carers should be the gatekeeper and decide whether the statement is made known to the named person. However, a young carer could very well be too young to make such a decision without realising the impact that it might have on their family. I am really not sure—further consultation with young people might be needed because that aspect of the bill has not really been put to young people.

James Marshall: I agree with Louise Morgan. There needs to be more consultation with young carers on the issue.

We have found the opposite in Stirling. We do an assessment and complete a single agency child's plan that is based on the support that is to be offered to that young carer. The key point is that we do things with the young person's consent, and the process is explained to them. The assessment is sent to their named person and discussed with their family so that everyone around the child is clear about and aware of the support that will be offered. The crucial point is that the issue is discussed and the decision is made with the young person's consent.

The Convener: Rhoda Grant and Dennis Robertson have supplementary questions. I remind everyone that we are now in the final 10 minutes of the session.

Rhoda Grant: I understand the reasons behind people's concerns, given the details that might be in a young carer statement, but surely the named person—who is normally the child's headteacher, if they are in school—should be made aware when a child has a caring role. Young people tell me that if their school is unaware, they are expected to have their homework in on time, to turn up on time and to be turned out the same as everybody else. At the very least, the school should be informed that a person is a young carer and that it needs to make exceptions, allow them to carry out their role and support them in doing so. The school might not know about the detail of what is going on at home or the support that a child is getting, but surely it needs to know about all of that.

The Convener: I ask Dennis Robertson to ask his question. The panel can then respond to both supplementaries.

Dennis Robertson: I agree entirely with Rhoda Grant. However, I go back to James Marshall's point. Is it a question of trying to ensure that we provide the most appropriate information and understanding to our young carers so that the named person does not become a threat to them? They should not be a threat; they should be an enabler—the measure should empower them and is intended to support them. As Margaret Murphy said, we have a toolkit, and perhaps the named person is part of the toolkit.

James Marshall: On Rhoda Grant's point, we developed the process for sending the information to schools because a headteacher contacted us and told us that she was unaware of the number of young carers in her school. We were supporting young carers outwith school and she wanted to know how many she had in her school so that she could provide appropriate support on a daily basis. That led to our sending the plans on, and we have seen a positive response to that.

The point has been made that it comes down to working with the named person and equipping them to be able to raise awareness of young carers' issues. As I said, it is also about working with young carers to ensure that they are aware of the role of the named person and the linkage there.

Louise Morgan: I am wearing two hats. I hear from the majority of young carers services in Scotland, and sometimes there is a bit of a divide. To answer Rhoda Grant's point, services would certainly encourage young carers to make their school aware that they are a young carer because of the support that could be made available to them. Nevertheless, some young carers still say that they do not want their school to know because it is their family's business. There are pushes and pulls in relation to what people want, but there is also responsibility if people know that someone is a young carer. That information will not necessarily be publicised, but we can take responsibility for looking at what happens when things do not go so well for young carers. I can see the tensions within that.

Another difficulty is that, although the named person approach has been in operation in Highland for some time, we have not seen it work in practice nationwide. The young carer statement is also a new idea and it is difficult to predict how it might work. I am not sure how many young carers will not want their named person to know about the statement.

Sarah Davies: I think that it would be beneficial for high school headteachers to know that young people in their school are young carers. We would certainly encourage young carers to let us tell them or let them know in some way.

One thing to note about the named person and the young carer initially getting a copy of the young carer statement is that a lot of parents feel very bad about the fact that their child is a young carer and, if they are kept out of the loop, that will just make them feel marginalised. A lot of those parents have mental health problems, and it could make them feel that they are not worth while. It could also be the case that the child is caring not for the parent but for a sibling. I think that the process needs to be looked at so that we can work out what would be best for the young carer, the family and the school. Everybody needs to be happy and work together, rather than feeling that they are being left out in some way.

Lois Ratcliffe: It does not need to come down to a duty. Empowering the young carer would get the best possible results, and that comes down to professional practice. For example, if there was a child protection issue involving a young person who came to a service, the service would tell them who in their family would need to be told. As part of that process, the service would let the young person understand why that needed to be done and what the result would be. The difference with the named person issue is that the young carer should be able to choose to say no, but the process will still rely on professional practice. The professional who is preparing the young carer statement should support them to understand that what is happening should be a positive thing.

The bill should contain not so much a duty as some encouragement. It should at least encourage the young person to share information with the lead person, whoever they might be; it should be the young person's choice, but they need to see that such a move is in their best interests. The professional is delivering the service, but, as I say, the choice should always be the young person's. The concern is that, if the information is shared without the young person's consent, that young person might disengage with and lose trust in the process and their relationship with the support service might break down. That is the risk with making such things mandatory—that would be the case whether we were talking about young people or adults.

Nevertheless, I think that what has been said is right. Sharing knowledge and awareness will help, but I do not think that it should be mandatory to do so.

The Convener: That was a good question from Nanette Milne, and it led to a good discussion that the committee can take into consideration.

As committee members have no more comments or questions, I thank the witnesses on behalf of the committee for their attendance and participation. All of your written evidence will be important to our consideration of the bill as it progresses, and we look forward to working with you as part of that process.

I suspend the meeting for a changeover of witnesses.

10:56

Meeting suspended.

11:03

On resuming—

The Deputy Convener (Bob Doris): The observant among you will have noticed that our convener has left, so I will be convening the remainder of the meeting. The point that I am trying to make is that I am not Duncan McNeil.

Item 4 is the second of today's evidence sessions on the Carers (Scotland) Bill. We will hear evidence by videoconference, so I ask members to avoid interrupting the witness and one another and to speak clearly when asking questions. I welcome Marjory Jagger, the manager of Skye and Lochalsh young carers.

Marjory Jagger (Skye and Lochalsh Young Carers): Thank you. It is good to be here.

The Deputy Convener: It is a pleasure to have you, and for once the technology is working, which we like. We will go straight to questions. As previously agreed, the first question is from Mike MacKenzie.

Mike MacKenzie: Could Marjory Jagger outline for the committee any special challenges that she feels are presented to young carers in her area by virtue of the fact that they are in the Highlands and Islands and in a predominantly rural area? That is a general question. Secondly, could she say whether the bill has any implications for young carers in rural areas?

Marjory Jagger: On the impact of rurality and the geography, if a young carer goes on a respite break to Inverness, the nearest city, that requires a six-hour journey there and back. Respite can be for just three or four hours in a day, but that journey is classed as a day trip. Our biggest concern is about the cost of the transport and how it affects our service delivery. It reduces our ability to deliver a more flexible service, because respite is the key thing that young carers say makes a difference to them—particularly respite within their own peer group.

In the past, many young carers have said that they do not access funds so much for their individual needs, because they feel quite isolated when they go away for a break. They would rather have the support of other young carers—so that they can support each other, learn from each other and be with trusted adults. There is an additional cost in taking groups away, as opposed to supporting young carers just to access funding for going away.

Another issue that affects us more in Skye and Lochalsh is confidentiality for young carers in small communities, where people tend to be very interested in other people's business. Confidentiality is a priority for young carers. It is a question of who the lead person is in their lives and of the trust that they have in them. It can take a long time to build that trusting relationship with the family as well as with the young carer.

Mike MacKenzie: Thank you—I am very grateful for that.

The Deputy Convener: Dennis Robertson is next—only because he caught my eye first—and I will take Rhoda Grant after that.

Dennis Robertson: Good morning, Marjory. I will follow on from what Mike MacKenzie was asking. I hope that this pertains to both rural and urban settings. My question concerns a young carer taking part in local activities and just being a young person growing up, whether in a small community or in an urban area. They might want to go to scouts or guides; they might want to play football, go to youth groups and that sort of thing. Is there a need to offer support, even on a temporary basis, to enable young carers to go and be children and to enjoy the activities that other children and young people enjoy?

Marjory Jagger: Yes, we certainly promote that, although we find that a barrier for a significant number of young carers is that they feel that they underachieve in those activities. They might not be able to commit to regular attendance, so they perhaps cannot achieve their badges to the same level and at the same speed as their peers. They often feel a bit overwhelmed by that and disengage from their activities. That is when we find them engaging with us to say that they want young carer services so that they do not feel the same level of underachievement in their community.

Dennis Robertson: Could the bill be improved to enable that to happen? How do we empower those young people to live the lives that other children and young people live in their communities? What do we need to do under the bill to make that happen?

Marjory Jagger: I am not sure whether this can be done under the bill, but young carers consistently tell us that they are made to feel that they are underachieving. They believe that, if caring were a protected characteristic under equality law and they had positive discrimination, they would not feel that they had to measure up against their peers, who they feel are at a much higher attainment level. They feel that that sort of support would be more empathetic to their needs.

Rhoda Grant: Hi, Marjory. I refer back to an answer that you gave earlier about lack of privacy and lack of confidentiality in rural areas. Does the fact that, in rural areas, people in schools or support groups such as yours and other people who deal with young people will often know their family circumstances make it easier to identify young carers?

Marjory Jagger: In certain smaller schools certainly, people are more aware more quickly. We find that most referrals come through families. Because of the community network, we find that families are in the same clinics together and attend similar appointments. They talk together and perhaps share the young carer service.

Our other big referrers are young carers themselves, who share information with their peers in school. They will recognise other young carers probably more quickly than any professional will. They are very good at supporting and advocating for young carers and taking them along to find out more information or taking them to their guidance teacher and acting as a peer support in that way. We find that that is probably the most effective approach, as the young carers do not feel that the service has been pressured on to them. They come towards us for the service, so they engage and build trust with us very quickly.

Rhoda Grant: That is interesting.

I want to ask about the role of pre-school carers and the bill. The aim is that there should be a duty to stop the caring role for pre-school carers. Should that be the case for children in school? Indeed, is it feasible to stop altogether the caring role of pre-school children?

Marjory Jagger: I honestly do not believe that it is feasible at all to stop that role. The risk is that they would become hidden young carers rather than coming forward for support.

You will find that pre-school young carers can quite often become the fetchers and carriers for people with a disability—for people who are in a wheelchair, for example—or they can be the emotional supports for adults with mental ill health. It is very difficult to measure that level of support, but it has an impact. Those young carers will do that naturally—they have almost grown into that role—and they will see providing that support as part of their natural family dynamics. If they felt that they would be judged on that, it is more likely that we would start to shut down at a very early stage youngsters coming for support and families accessing support. It is more important to have recognition that that role exists and is developing and is likely to develop further as people mature. Early intervention work would be more beneficial to the young carer and their family.

Rhoda Grant: Thank you.

Nanette Milne: In our previous session, concerns were expressed about a copy of the young carer statement having to go to the named person. Is that a problem? You have spoken about confidentiality. Do you see that as a particular problem in your part of the world?

Marjory Jagger: No, I would not say that. We have been in operation for 15 years now and no young carer or family has ever declined permission for us to inform a school that there is a young carer in the family. The key to that is that the family and the young carer both see benefit associated with that. As long as that benefit is promoted and is realistic, they will see that it is in their best interests to do that. Families will look at the best interests of the young carer.

The other issue is how much information is disclosed. The carer in the family would be much more comfortable with looking at the impact of the caring role on the young carer rather than disclosing how many hours they perceive they care for in a day or a week and what particular tasks they do. They would perhaps see that as an invasion of privacy, but they would be able to recognise the impact of the caring role and, with guidance, I think that most professionals would recognise its impact.

Nanette Milne: Thank you. That is very helpful.

The Deputy Convener: I want to ask a question that is similar to one that we asked previous witnesses. Can you give examples of good practice in your area in which services and support for young carers exist? Obviously, there is a structure behind the bill, but the policy intent is to improve the position of and support for young carers across Scotland. Are there good examples that you can put on the record?

11:15

Marjory Jagger: A few years ago, we set up a flagging system that we agreed with general practitioners, because, again, there were certain confidentiality issues that GPs were aware of such as how young carers might be identified and how families might be approached. We shared with the young carers in our membership the benefits of practices knowing that they were young carers, and the parents and young carers now sign consent forms for their notes to be flagged in GP practices. No matter which practice or clinic they present at, there is an automatic flag in their notes that identifies them as young carers who might benefit from additional time or from discussion about the caring issues in their lives, instead of having only the physical symptoms that they have presented with looked at.

The Deputy Convener: That excellent example brings us back to a comment in the previous session about the need to improve partnerships with GPs and the wider NHS.

In the previous session, we also discussed the benefits of peer support for young carers. However, you have said that that can be more of a challenge in your area, given the distance that people have to travel in order to get around the same table. Have you had any opportunity to roll out any services or support using the information technology, social media and multimedia platforms that we have at the moment, or does more work need to be done and more progress made in that area?

Marjory Jagger: In all the years that we have been monitoring this matter, young carers themselves have kept telling us that the biggest influence in their lives is face-to-face contact and that face-to-face guidance, support and information work best for them, because that allows them to enter into a discussion. They know where that discussion is going to be held and that action plans can be developed from that.

On the other hand, social media have generated more concerns than opportunities, because a number of our young carers have been targeted online in inappropriate ways. Some young carers are very vulnerable, and virtual relationships can seem very appealing, because they can maintain them without leaving the household. However, we try to promote the message that they should connect with people whom they know and trust, because, unfortunately, we have had predators targeting young carers.

The Deputy Convener: Thank you for putting those comments on the record and highlighting some of the dangers, because they provide a balance to the opportunities that social media present and make it clear that such opportunities should not be pursued at the expense of good-quality face-to-face contact.

Dennis Robertson wants to follow up on that.

Dennis Robertson: Connectivity can sometimes be a problem in some of our more remote and rural areas, but do you acknowledge that face-to-face contact through technology such as Skype, for example, is useful in dealing with barriers such as the distances that need to be travelled and the cost of that travel? If the technology and the equipment are available, could such contact not be handled through something like Skype?

Marjory Jagger: That kind of technology has been more useful as a stepping stone towards the ultimate aim of regular face-to-face contact with young carers. The fact is that it gives us only a limited ability to really get to know a young carer. The observational work that we do with them allows us to recognise when pressure is starting to build up and anxiety is starting to increase, and you do not tend to see such things in virtual communications.

Also, the respite breaks that we offer young carers are not just about having a break and having fun. That is one element, but we also observe their personal safety levels, risk-taking behaviours and peer integration levels. Through that kind of work with the young carer, we can develop action plans, and we also have the evidence to encourage them to engage with that plan, see the benefits of that engagement and motivate them to achieve their potential.

Dennis Robertson: I acknowledge what you say. I accept that there could be predators who target vulnerable people on social media, but we could set up private pages to enable peer-to-peer support. Would that be useful?

Marjory Jagger: That might be a stepping stone to fuller support. It should be explored for some young carers, particularly those who do not need support from specialist services, to see whether it would be of benefit to them. However, for a lot of young carers in rural areas, connectivity is an issue. Quite a lot of them do not have coverage in their areas. A lot of young carers in our area do not have land lines because of the cost. They have mobile phones that they just use in emergency circumstances, unless they are in an area where they have connectivity, which is usually the central areas.

Dennis Robertson: I accept all those points. We need to improve on that and ensure that there is connectivity as a lifeline for people.

The Deputy Convener: You make an excellent point about getting the balance right with technology. I am a city MSP for Glasgow, and if young carers in Glasgow can get face-to-face meetings, I completely understand why, in terms of equality of service, you are keen to ensure that young carers in your part of the world can get them as well. You are absolutely right to be persistent about that. I see opportunities for technology, but it should not displace the equality of service that you seek.

I have a question about how the bill handles the transition from young carers to adult carers and the support around that. The bill sets out that a young carer statement will remain in place after the person's 18th birthday until such time as an adult carer support plan is put in place. I am interested to know whether you believe that that is an important provision. This is also an opportunity for you to make some more specific comments on how transitions are handled at present in your part of the country.

Marjory Jagger: The young carer statement is a positive move. At present, child's plans are targeted at the top end of young carers—those who are more vulnerable. A recent audit that we did shows that 70 per cent of our young carers who we believe would benefit from a child's plan have one in place, but that means that 30 per cent do not. There is also quite wide use of level 1 forms, which register some additional responsibilities. They say that young carers are coping well and they give initial recognition that there are additional support needs. We find that, if a child goes on to get a child's plan, they step down from that. Once they come off the child's plan, if it is decided that it is no longer required, we do not believe that the level 1 form is sufficient. The young carer statement will provide much more security and stronger support for young carers.

Transition into adulthood is an important time, but there has been a major gap there for a long time. It needs to be closed, and the provisions in the bill are a useful way of doing that. However, I also flag up the need for transition when young carers are going through bereavement. We often work with young carers for 15 months after bereavement because they are losing from their lives not just a person they love but their purpose and their role within the family. Some of them are also losing their home, their school or their friends. We believe that more intense support should be in place for them.

It is also important that some transition support is in place for those young carers who go into local authority care, again because they are not just losing the family. They may still have a connection with their family, but they are losing their caring role, and that can create an additional bereavement process for them.

The Deputy Convener: Thank you for putting on record something that the committee has not looked at in relation to transition planning. We have not looked into the impact on someone of losing a loved one for whom they had been providing care, although we have taken evidence on emergency planning and anticipatory planning. If someone has a loved one with a life-shortening or terminal condition, the local authority, the health board and others need to plan to provide support such as bereavement counselling. You estimate that about 70 per cent of young carers in your area have been identified. Is there much evidence of such anticipatory planning going on?

Marjory Jagger: The issue for us is that it is difficult to quantify, because there will always be some hidden young carers out there. That might be because of family culture, as there are Travelling families in the area, or because some young carers are home educated, so they are not picked up by schools or seen by school nurses or many service providers, especially if they have never registered in school. We see them as vulnerable young carers, because they do not get monitoring or support mechanisms through other services to the same level.

The Deputy Convener: I asked two separate questions, but I was not as focused as I could have been. Your answer is helpful on the identification of young carers. It is a strength that you have managed to identify 70 per cent of young carers and I suspect that what you are doing in your area is better than what we are doing in other parts of the country. Maybe some of the work with GPs and flagging might explain that. I know that you are keen to identify every young carer, but you appear to be doing well.

I asked about something that is difficult to quantify, so I am not looking for numbers. Are you aware of whether, for young carers who have a loved one with a terminal condition, any planning takes place to ensure, before what is tragically inevitable happens, that support is put in place to anticipate their need for bereavement counselling and additional support? Does that happen?

Marjory Jagger: That certainly happens in the Skye and Lochalsh area. I should clarify the 70 per cent figure that I mentioned—I apologise if I was not clear about that. I was saying that 70 per cent of the young carers whom we have identified and worked with and who we believe should have a child's plan have such a plan in place. I did not mean that we have identified 70 per cent of young carers in our area. I do not think that we could give any sort of figure for that, because the total number is unknown. I apologise for that.

The Deputy Convener: I think that it was my misunderstanding, but thank you for correcting me, which gives certainty on that point. I appreciate that.

I will not ask about this again, but I do not think that we have explored transition and anticipatory planning for young carers whose loved ones have a terminal illness. Is there evidence of that taking place?

Marjory Jagger: Yes. We do pre-bereavement support, which starts about a year in advance. If we are fortunate enough to engage with the family and young carer in time, we work with them to prepare such things as memory boxes and make positive memories for the young carer, so that any special wishes that they have can be accommodated to allow them to achieve things in the family before the death occurs, and we help them to achieve those aims if at all possible. Young carers are given opportunities, particularly through creative art, to give messages to their mum, dad, brother or sister that they may have problems verbalising at home. They can create those messages in a safe environment and then share them. That has made such a difference that in some cases the parent has asked for those possessions to be put in their coffin with them when they die. We cannot overvalue the difference that that makes to the whole family.

The Deputy Convener: I will give Marjory Jagger the final word, but I want to check whether any members have further questions—Dennis Robertson is indicating that he does. This is the last opportunity for members to catch my eye.

11:30

Dennis Robertson: I fully endorse what Marjory Jagger said about memory boxes for loved ones. How many carers are supporting young siblings rather than parents? That relates to bereavement, too.

Marjory Jagger: Consistently, for a number of years, the majority of young carers have been supporting mothers. Those who are supporting fathers make up about 20-odd per cent of the total number. The group of carers who are supporting siblings is smaller, because parental support is usually in place in that situation, so children are not as often the primary carer in providing sibling support. However, children are often the primary carer in supporting the adult or adults in the family.

We have had 19 young carers who were supporting more than one person in their family, which could mean both parents or a parent and a sibling. The impact of that is sometimes not recognised, and nor is the impact on carers when the carer has a condition, disability or chronic illness. That can be addressed through assessing additional support needs, but the young carer element is underrecognised and the impact is therefore not really addressed.

We find that, although all the schools know that they have young carers and know who those carers are, only 20 per cent of those children are recorded on the pupil database as having additional support needs as young carers. We hope that the young carer support statement will help to address that issue.

Dennis Robertson: One question came to mind while you were talking. Are we aware of young carers in the Travelling community?

Marjory Jagger: We are not aware to the level that we should or would like to be, but people from the Travelling community have come to us. They tend to be those who have settled in the area, even for a short period. Trust has been built throughout that community by us having one or two members who were previously Travellers and who are now settled but still have the networks and connect with other Travellers. If they see the benefit of the service, they will help to promote referrals to it.

Dennis Robertson: Travellers always say that they are Travellers, even if they become static.

Marjory Jagger: Yes—because of the culture, they still class themselves as Travellers.

The Deputy Convener: There have been no other bids from members to ask questions. As I said, I will give Marjory Jagger the last word. Do you have any thoughts about, reflections on or hopes for the bill? Would you like anything in the bill to be changed? You are welcome to put anything on record before we close the evidence session.

Marjory Jagger: As we are a small independent charity up in Skye and Lochalsh, access to funding is the issue for us. We get about 30 per cent of our funding through local authority support. For the rest, we have to fundraise, make applications and produce reports as well as delivering our services, which reduces our capacity.

Under local authority service-level agreements, support is on an annual basis. That does not allow us time for planning, and we are always having to look at contingency plans in case funding is reduced. The funding has been standing still for a number of years, which is in reality a reduction for us.

We would like more equity of service provision across Scotland and particularly across the Highlands, which are very rural. There are only two specialist young carer services in the

Highlands: one at Skye and Lochalsh and one in Sutherland. There is a huge identified need to put more resources into the Highlands and start services that would make a significant difference to the lives of these vulnerable but—they are difficult to describe adequately—very special children, who do not ask for much but give so much to others.

The Deputy Convener: I am glad that I gave you the opportunity to put all that on the record. It will be important when we look at our evidence on the bill.

All that remains is to thank you, on behalf of my fellow committee members, for your excellent evidence and for taking the time to give evidence to us.

Marjory Jagger: Thank you.

The Deputy Convener: It was a pleasure.

Petition

Mental Health Legislation (Inquiry) (PE1550)

11:35

The Deputy Convener: Agenda item 5 is consideration of petition PE1550 by Andrew Muir, on behalf of Psychiatric Rights Scotland, which calls on the Scottish Parliament to urge the Scottish Government to set up a public inquiry into historical cases of abuse of people detained under the Mental Health (Scotland) Act 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

The petition was referred to us by the Public Petitions Committee at the end of March so that we could consider it during our scrutiny of the Mental Health (Scotland) Bill. That committee also wrote to the Scottish Government to seek its views on the petition. The Scottish Government's response was received yesterday afternoon and circulated to the committee.

Members will have seen the clerk's paper, which recommends that we consider the information in the petition and the Scottish Government's response in scrutinising the bill at stage 2, following which the petition will be closed. Before I seek members' agreement to that approach, I ask them whether they wish to make any comments. There being no comments, do we agree to look at the issues raised in the petition during our stage 2 scrutiny of the bill, after which the petition will be closed?

Members *indicated agreement.*

The Deputy Convener: As previously agreed, the committee will now move into private session.

11:37

Meeting continued in private until 12:12.

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e-format first available
ISBN 978-1-78568-542-2

Revised e-format available
ISBN 978-1-78568-556-9

Printed in Scotland by APS Group Scotland