



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Public Petitions Committee

**Thursday 27 April 2017**

**Session 5**



The Scottish Parliament  
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - [www.parliament.scot](http://www.parliament.scot) or by contacting Public Information on 0131 348 5000

---

**Thursday 27 April 2017**

**CONTENTS**

	<b>Col.</b>
<b>NEW PETITIONS</b> .....	1
Risk-based Blood Donation (PE1643).....	1
Local Housing Allowance Cap (PE1638) .....	12
Independence Referendum (PE1641).....	15
<b>CONTINUED PETITIONS</b> .....	17
Group B Streptococcus (Information and Testing) (PE1592).....	17
Motorcycle Theft (PE1618).....	18
Sepsis Awareness, Diagnosis and Treatment (PE1621) .....	20
Local Authority Education Committees (Church Appointees) (PE1623) .....	21
Bus Services (Regulation) (PE1626).....	22
Ocular Melanoma (MRI Scans) (PE1629) .....	25
Nursery Provision (Funding) (PE1630) .....	26

---

**PUBLIC PETITIONS COMMITTEE**  
**8<sup>th</sup> Meeting 2017, Session 5**

**CONVENER**

\*Johann Lamont (Glasgow) (Lab)

**DEPUTY CONVENER**

\*Angus MacDonald (Falkirk East) (SNP)

**COMMITTEE MEMBERS**

\*Maurice Corry (West Scotland) (Con)

\*Rona Mackay (Strathkelvin and Bearsden) (SNP)

\*Brian Whittle (South Scotland) (Con)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Ali Hudson (NUS Scotland)

Philip Whyte (NUS Scotland)

**CLERK TO THE COMMITTEE**

Catherine Fergusson

**LOCATION**

The Adam Smith Room (CR5)



# Scottish Parliament

## Public Petitions Committee

*Thursday 27 April 2017*

*[The Convener opened the meeting at 09:30]*

### New Petitions

#### Risk-based Blood Donation (PE1643)

**The Convener (Johann Lamont):** I welcome everyone to the eighth meeting in 2017 of the Public Petitions Committee. I remind members and others in the room to switch their phones and other devices to silent.

Agenda item 1 is consideration of evidence on a new petition, PE1643, by Jack Douglas, the lesbian, gay, bisexual and transgender plus officer of the National Union of Students Scotland, on the introduction of individual risk-based blood donation in Scotland. Members have a copy of the petition and a briefing note. The petitioners have accepted an invitation to provide evidence on their petition, and I welcome from the NUS Philip Whyte, policy and influencing officer, and Ali Hudson, LGBT+ campaign representative. Thank you for attending this morning. You have an opportunity to make a brief opening statement of up to five minutes, after which we will move to questions from the committee.

**Ali Hudson (NUS Scotland):** Good morning. I am the bisexual representative on the outgoing NUS Scotland LGBT+ committee, which submitted the petition. I have had to step in at very short notice, so please excuse me if I read this off my device. Thank you for having us here.

The blood ban prevents gay and bisexual men from giving blood, in an attempt to reduce HIV transmission. It was brought in in the 1980s at the height of the AIDS crisis, when there was a lot of fear and uncertainty about how HIV spread and what could be done about it. Obviously, it is now 2017 and we understand how HIV spreads. We know how we can prevent it, and we understand how we can test for it very sensitively and very shortly after a person has been exposed. According to the Terrence Higgins Trust, the recent introduction of PrEP—pre-exposure prophylaxis—which can prevent the spread of HIV, has reduced the number of new infections among gay and bisexual men over the past couple of years. We are moving forward.

As it stands, the ban affects quite a large range of LGBT+ people, not just gay and bisexual men. It affects transgender people in that transgender

women are often classified as men. It is quite ambiguous about transgender men, who might be classified either as women or as men. Often, staff do not know how to enforce or interpret the rule, and it becomes complicated. The ban also affects women who have sex with bisexual men or with men who have had sex with men. That is another rule that is quite difficult to enforce, as it may not be clear whether a partner has disclosed that information. I will return to that issue later. The ban applies to LGBT+ people pretty much across the spectrum, regardless of their actual behaviours and their actual level of risk.

The ban is quite difficult to enforce, as compliance is relatively low compared with some other deferral periods and waiting times, such as those for piercings or dentistry work, which the Advisory Committee on the Safety of Blood, Tissues and Organs—SaBTO—has claimed can be more of a risk than shorter deferral periods.

We believe that, if the donation rules were based on an individual's risk, people would take the matter much more seriously and not decide whether something is scientific and valid and should apply to them on an individual basis, which is what seems to be happening in some cases at the moment.

The ban does not currently have that basis, because it is based on a statistical risk, given that we know that gay men are more likely to have HIV. However, that does not mean that any individual gay man is as likely as any other to have HIV. Nevertheless, a man who has had a negative HIV test and who is in a monogamous relationship with another HIV-negative man is currently banned from giving blood for a full year after the last sexual contact in the same way that a man who is having unprotected sex with unknown people is banned for a year.

The Scottish National Blood Transfusion Service is aware that, in the context of current testing techniques, it is not necessary to have a deferral period of a full year, and it is considering a reduction in the deferral period to two or three months from the last sexual contact. That is based on how long it takes for hepatitis B to be detected in the blood; HIV is not, in fact, the limiting factor—it can be detected earlier.

We are not advocating for the rules to be changed in a way that harms patients or puts them at risk. We want them to have access to the blood that they need without a risk of HIV transmission or of the transmission of any other blood-borne disease. We want a non-discriminatory, science-based approach to the policy. For us, that means introducing individual risk assessments whereby risky behaviours, not risky sexualities, incur the temporary waiting period, which should be as long

as is necessary for the detection of pathogens but no longer.

We have heard that more people are prevented from donating blood under individual risk assessments than under the current blanket one-year deferral period. That goes to show the discriminatory nature of the ban in that those people whose behaviours are genuinely risky but who are not LGBT+ are passing under the radar while LGBT+ people who are potentially low risk, on the basis of their own individual behaviours, are being prevented from giving blood essentially on the basis of a statistical prevalence that is outdated and founded mostly on prejudice rather than on science and logic.

We are asking for the matter to be looked into and for the best way to go forward and change the policy to be pursued.

**The Convener:** Thank you for that. Thank you also for stepping in at the last minute, which is appreciated.

The first issue that I will ask you about is the one that your petition identifies as the most worrying. In your petition, you say that the

“blanket ban is not based on up to date evidence and there has been no wholesale review of the system to take account of advances in testing and screening technologies.”

Our briefing material from the Parliament’s research team indicates that the 2011 review

“looked at the donor selection criteria including the sensitivity of testing procedures”.

Could you expand on the question of up-to-date evidence and on whether the advances in screening technology that you refer to have been made since the 2011 review?

**Ali Hudson:** Do you mean the 2011 SaBTO review?

**The Convener:** Yes.

**Ali Hudson:** I understand what you are talking about. Yes, there have been quite a lot of advances in the sensitivity of blood-screening techniques both before and after 2011. I am probably not the best person to explain this, but, following the Scottish National Blood Transfusion Service’s decision to review the policy, it does not now take a year for HIV to be detectable in the blood—it does not even take six months. The service says that it takes less than two months, and definitely less than three months, which is how long it currently takes for hepatitis B to be detectable in the blood.

It is pretty clear that blood-screening techniques are adequate for a reform, and they will not be the limiting factor. We are able to detect HIV in blood

fairly soon after someone has been exposed and with a high degree of accuracy.

**Angus MacDonald (Falkirk East) (SNP):** Did you examine assessment systems in other parts of Europe as part of your research prior to submitting the petition?

**Ali Hudson:** We did. The two main models in other parts of Europe that you might consider are those in Italy and Spain. As we know, Spain has not really had a system that is acceptable to patients in terms of risk, although I think that there has been only one transmission of HIV since the rule was introduced there in 2005. That case would have been detectable under current technology for screening blood, and it would have been detected in Scotland now, as all blood is screened. The situation is clearly not acceptable, but it is worth bearing in mind that the prevalence of HIV is quite a lot higher in Spain than it is in Scotland.

The introduction of the rule in Italy has been somewhat more successful. I am afraid that I am not that familiar with the particular policies that exist in Italy, but it seems that the risk level has not increased since the new rule regarding HIV transmission was introduced and that heterosexual people have been found to be unexpectedly HIV positive more often than LGBT+ people.

**Philip Whyte (NUS Scotland):** We are aware of recent evidence from Italy—it was published in 2013—that, as Ali Hudson has rightly pointed out, there was no increased risk as a result of the deferral period being removed and individual risk-based assessment being introduced. The bigger issue was the general prevalence of HIV among the population; in fact, since the system in Italy was reformed, an increased prevalence of HIV has been identified among heterosexuals.

I will come back to this, but I think that that strikes at the heart of the system. In the run-up to this meeting, there was some discussion about whether individual risk-based assessment could result in fewer people being able to donate blood. If the system were to include those low-risk men who have sex with men, the pool would—we hope—be bigger. The reason why some people have raised concerns about the pool becoming smaller is that that would allow us to start to identify high-risk behaviour among the heterosexual population.

As I have said, those are the general findings from Italy. All the Italian research says that HIV is now more prevalent among heterosexuals, which is no doubt due to the move to individual risk-based assessment. As Ali Hudson has rightly said, two cases of HBV have been identified in Spain since the move to its new system, but those were

not the result of men having sex with men. One case of HIV was also identified, which would have been caught at the time if the most up-to-date and recent testing standards had been in place.

**Angus MacDonald:** Thank you. I think that the Scottish Government has asked SaBTO to look at assessment systems in other parts of Europe.

Your petition calls for an evidence-based system that is based on an assessment of individual risk to determine whether someone is able to donate blood. Looking at that suggestion from a practical point of view, can you tell us how such a system would operate? Would it be any different in terms of the questions that potential donors would be asked or the testing processes that blood samples would be subject to?

**Ali Hudson:** Blood samples are already rigorously screened in Scotland, and that would continue to be the case. On the practical question of how the system would be put in place, we would have to go through a process of deciding how best that could be done. We think that it would be beneficial to have a kind of preliminary online screening that potential blood donors could do at home, because non-disclosure of certain stigmatised elements is a problem. For example, bisexual men or men who have had sex with men but who do not identify as being in the LGBT+ community might not want to disclose that they have recently had sex with a man, especially face to face with a member of staff and perhaps with friends or partners around them.

We feel that people would be better prepared if there were a two-tier screening process in which they first answered a series of questions, the answers to which would indicate whether they posed a high, low or medium risk. If they posed a lower risk, it would be appropriate for them to come in and, before they donated blood, speak to someone, give a history of their behaviour and be prepared for those questions. In essence, it would be a system in which the person's level of risk would be indicated by their answers to a series of questions. That is pretty similar to what we have now except that, instead of there being blanket deferral periods, the assessment would be based on individual behaviours.

**Brian Whittle (South Scotland) (Con):** I am interested in the possible unintended consequences of, and the confusion that may exist under, the current regulations. For example, your petition refers to

“trans women and non-binary people being unable to donate blood as well”

and adds:

“The ban also extends to women who have had sex with men, where those men have also had sex with men.”

Do you think that that particular issue highlights a lack of clarity in the regulations for service providers who manage the blood donation service?

09:45

**Ali Hudson:** Yes, I do. The University of Edinburgh recently held a panel and a Scottish National Blood Transfusion Service representative was there. She said that transgender women should be classified as women; however, when someone goes to donate blood, it is very much the case that they get what they get. It depends on how individual practitioners have interpreted the rules, because the rules are not clear enough. People are not necessarily aware of how the current rules ought to be applied, so people are being treated differently at different transfusion services.

We need to have very clear guidelines about who is affected by different assessment rules. If the assessment was done on an individual basis, it would be easy to take some of that ambiguity away immediately, because not all of that stuff applies to any one person.

There might have been another part to your question, but I am afraid that I have forgotten it.

**Brian Whittle:** Thank you—that was fine.

**Maurice Corry (West Scotland) (Con):** On the issue of risk, our briefing notes that an exception can be made for women who have had sex with men when those men have also had sex with men. The guidelines state that those women may be allowed to donate on the basis of an individual risk assessment. Is the individual risk assessment that is carried out in such cases the same type of individual assessment that you would like to see applied to men who have sex with men? If there are any differences, can you summarise those briefly for the committee?

**Philip Whyte:** That happens in very few circumstances. In the main, the deferral period for female partners of men who have had sex with men is broadly 12 months, with a few exceptions around the margins. That highlights that there is a bank of donors out there who may have engaged in very low-risk behaviour for whom an exception to the rule can be made. We are looking for that to be rolled out.

On the earlier point about different models, as far as I am aware, the process for female partners of men who have had sex with men is not hugely more detailed than the existing one. That raises the issue of what you are trying to find. At the minute, we know that, under the existing methods, compliance in Scotland and across the UK is broadly okay. Ultimately, however, across every

category of person, we are very dependent on that compliance and on honest answers.

As Ali Hudson said, the ideal for any class of individual, regardless of their sexual history, is a system that could much better identify low, medium and high risk and that could potentially introduce differentiated deferral periods on the basis of those risk levels. Female partners of men who have had sex with men would, broadly speaking, probably be in quite a low-risk category, and the same could apply equally to men who have had sex with men under the current system. As Ali said, we are trying to get such a system.

Going back to the point about evidence, a lot of studies have been done on social technology and how to get people who might not answer honestly to do so. We favour some kind of initial self-assessment tool because female partners of men who have had sex with men fall into that category. Equally, someone who self-identifies as a heterosexual man may have had non-heterosexual sexual contact recently. There are studies that suggest that those who would define themselves as bisexual can be hesitant to do so because it would require them to be honest with their current partner about whether they have recently had same-sex contact. That was a very long-winded way of saying that such people fall into the low-risk category.

We want to see self-assessment extended right across everyone, but in a much more robust way. We would not expect to see the current system but with a reformed individual risk-based assessment; we need something more robust that gets to the heart of who is in the low-risk category of donor. Female partners of men who have had sex with men often fall into that low-risk category, which is why such exceptions can be made.

**Maurice Corry:** Okay. Thank you.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** I declare an interest, as I led the members' business debate on the issue that took place last year and I am supportive of the petition.

Good morning, Ali and Philip. The petition notes that the regulations could prevent

"many low-risk LGBT+ people from donating but could still allow high-risk cisgender heterosexual people to donate".

We know that there are some groups who are restricted from donating blood, such as injecting drug users and commercial sex workers, and that restrictions may also be put in place for people who have been exposed to an increased risk of acquiring a blood-borne virus. Do you think that an individual risk assessment approach should also apply to those groups of people?

**Ali Hudson:** Yes. As long as there is a robust approach that can actively identify the risk from a

given person, there is no reason why that should not be more widely used.

You mentioned injecting drug users and sex workers. I believe that, currently, both those groups have what is essentially a lifetime ban, as the deferral period is infinite. However, if someone has carried out one of those potentially quite high-risk behaviours—especially in the case of injecting drug use—first and foremost, they do not have a chance of suddenly contracting HIV 10 years down the line if, in the intervening period, they have had tests and have been HIV negative. It is fairly obvious that if, in those instances, people have behaved in a potentially risky manner but have not contracted a blood-borne disease, an infection is not going to come out of nowhere.

Secondly, the category of sex workers is a very broad one that can include people who—this is such an odd thing to say in front of a committee—have done non-penetrative sex acts for money; people who have had very little contact with bodily fluids from a customer or client; and people who are potentially at very low risk and who have practised safe sex or have had very little sexual contact with their clients.

It only takes a bit of logic to sort out some of those issues; other things will require much more research. Therefore, individual risk-based assessment could apply to high-risk groups.

**Rona Mackay:** I want to clarify something that you said in your opening statement and that you have said throughout, which is that you believe the current criteria for donations to be discriminatory against the LGBT+ community because we are not comparing like with like in the case of a promiscuous heterosexual person and a monogamous gay person.

**Ali Hudson:** Yes.

**Rona Mackay:** So you feel that the criteria are outdated and discriminatory.

**Ali Hudson:** Yes, they are both of those things. It has been clear for at least the last decade that they are potentially discriminatory and do not need to be applied in the way that they are, with a blanket deferral period. The Scottish National Blood Transfusion Service itself is aware of their being unnecessary and discriminatory, so there is no excuse for not looking into reforming them and not making some active changes.

**Rona Mackay:** Thank you.

**Maurice Corry:** Hello again. The petition is underpinned by a change in approach from a population-based or cohort-based assessment of risk to an assessment of individual risk. SaBTO has commissioned a sub-committee to undertake a further review of selection criteria and examine any new evidence. As part of that process, we

understand that a discussion paper was produced on individual risk assessment that highlighted issues including the gaps in evidence that would help to assess the risk of sub-cohorts within higher-risk groups; the difficulty of assessing an individual's risk without assessing that of their partner; and the prevalence rate within a cohort that is considered acceptable. We understand that the current review is expected to report this year. Have you, or any other organisation that is campaigning on the issue, been involved in any aspect of that review? Do you have any comments on the review?

**Philip Whyte:** The first bit of my answer will be relatively short. We have not done a huge amount of direct campaigning through NUS Scotland—we have been campaigning via our NUS UK counterparts, who have been running a similar campaign at UK level, and through the all-party parliamentary group on blood donation in the UK Parliament. Our engagement with the Scottish National Blood Transfusion Service has been through those channels in the main.

It is positive that the review is now starting to identify the issues that have arisen since the 2011 review. The disappointment with the 2011 review—and what has happened since—is that it mentioned individual risk-based assessments almost as a throwaway line. The Department of Health had commissioned the Health Protection Agency to undertake some research into compliance rates, which touched on individual risk, but SaBTO's report just had one line that said that if we introduced individual risk-based assessments, it would be too cumbersome a process.

We can compare the situation in this country with that in the countries that have moved to individual risk or have removed their deferral periods, and with that in countries that are still quite stringent with their deferral periods. The United States was relatively slow in removing the lifetime ban and introducing a 12-month deferral. The Centers for Disease Control and Prevention published guidance in 2014 that included a really robust risk-assessment tool to identify risky behaviours. There have been developments in Europe and across the wider world, even where deferral periods are still in place, that show that introducing risk-based assessment can be done. There have been advances in social technology and online technology, and there are ways of doing such assessment in a much more intrusive manner that can produce much more honest answers. Research that was done in Italy showed that the single largest reason for non-compliance or non-notification of so-called high-risk behaviours was simply that the individuals did not realise that they were high risk.

Moving to a more robust self-assessment tool allows individuals to question their behaviours, and it helps if they can do that in private. There is a huge issue around bisexuals not wanting to tell their current partner that they have had previous same-sex sexual partners. There is evidence to suggest that moving to self-assessment has become possible since the original SaBTO review in 2011. To cut a long story short, we have been working through our UK counterparts and through the all-party parliamentary group, which we had hoped would report earlier this year, but that has now been deferred.

**Maurice Corry:** Ali, do you have any comments?

**Ali Hudson:** I have lost track of the crux of the question. Could you repeat it?

**Maurice Corry:** I was saying that we understand that the current review by SaBTO is expected to report this year, and I wanted to know whether NUS Scotland or any other organisation that campaigns on the issue had been involved in any aspect of the review. Have you been part of it?

**Ali Hudson:** I have only recently become involved in the campaign, so I am not aware of anything other than what Philip Whyte has said about what NUS Scotland has been involved in. We have had some public meetings and encouraging discussions with the Scottish National Blood Transfusion Service, but we have not been involved in the research itself. There was an aim for us to be involved, but I do not know the status of that right now.

**Maurice Corry:** Do you have any general comments on the process?

**Ali Hudson:** I would like to see the outcome of that review. It will not be the only piece of research that is needed for the work to go forward. We must be realistic about the fact that good healthcare practices require a lot of research, and take time and often money, but they are also vital to our welfare and healthcare and to observing science-based and evidence-based medicine and policy.

10:00

**The Convener:** I think that you referred to this in an earlier answer, but I just confirm that, if not NUS Scotland, the NUS at UK level is involved in the UK Parliament all-party parliamentary group on blood donation, which is supported by the freedom to donate campaign. Is that campaign active in Scotland?

**Philip Whyte:** No—not as far as I am aware. Most of our work has been done with the Equality Network rather than the freedom to donate

campaign, which I think focuses primarily on matters at UK and Houses of Parliament level.

**The Convener:** Thank you for your evidence. It is fair to say that the very strong message is that this campaign is based not on anything reckless but on the desire to have a science-based approach to decisions around blood donation. Given the reluctance of some of our population to donate blood, we are very alive to that aspect.

I invite members to give their views on what action we should take on the petition. I think that we all agree that there is an issue here that we want to explore.

**Brian Whittle:** One of the interesting issues to come out of the petition is the fact that the heterosexual community's sexual behaviour does not seem to be taken into account in terms of the potential consequences for blood donation of promiscuity, which might involve HIV and so on. On the face of it, it looks as if there is a prejudice against some groups in this context. I think that, in the first instance, we should seek the Scottish Government's views on the action that the petition calls for.

**The Convener:** We can do that. Are there any other views?

**Angus MacDonald:** I agree with Brian Whittle's view that we should seek the Scottish Government's views. However, as Maurice Corry mentioned, the SaBTO review is expected to report this year, and I think that we should contact SaBTO and ask when it expects to report. I am aware that the Scottish Government has asked SaBTO to explore, as part of its current work on blood safety, whether an individual-assessment system can be put in place and to look at assessment systems in other parts of Europe—that is why I raised my earlier point.

**Rona Mackay:** I agree with my colleagues' suggestions.

**Maurice Corry:** I think that we should also seek the views of the Scottish National Blood Transfusion Service, which is critical for what the petition seeks.

**The Convener:** Yes. It would be useful to get an update on its views and on the views of the Equality Network and the Terrence Higgins Trust, which have also been involved in campaigning on the issue in the petition.

**Angus MacDonald:** It would also be good to get the views of the freedom to donate campaign.

**The Convener:** Yes. Those suggestions are a good starter for gathering some evidence. We will reconsider the petition when we get information from those bodies, and the petitioners will have an opportunity to respond to that evidence.

I thank the witnesses for attending the meeting, particularly Ali Hudson, who did so at short notice. We have had a useful evidence session.

10:03

*Meeting suspended.*

10:04

*On resuming—*

### **Local Housing Allowance Cap (PE1638)**

**The Convener:** We move to agenda item 2, under which we will consider two more new petitions. The first is PE1638, on "Local Housing Allowance (Bedroom Tax 2)", which was lodged by Sean Clerkin. Members have a copy of the petition and a briefing note. Members will note that the petition calls on the Parliament to urge the Scottish Government to bring forward a debate—*[Interruption.]*

I suspend the meeting.

10:04

*Meeting suspended.*

10:08

*On resuming—*

**The Convener:** I call the meeting back to order.

The petition calls on the Parliament to urge the Scottish Government to bring forward a debate on the issue of the bedroom tax, particularly the future changes to local housing allowance, which are referred to in the petition as "bedroom tax 2". In the petition, Mr Clerkin explains that he has been campaigning on the issue, but that there appears to be confusion about it and misunderstanding that the issue referred to is not the same as the bedroom charge or the spare room charge.

The petition goes on to explain that the action is called for because the petitioner believes that

"progressive Parliamentarians can come together to give a considered opinion on this measure which could have a detrimental effect on the lives of our most vulnerable citizens in terms of making many of them homeless."

It might be worth noting that, on 19 April, it was announced that the Chartered Institute of Housing Scotland, in partnership with the Scottish Government, has commissioned research on the local housing allowance cap in the social rented sector and the potential impact that that may have on people under 35 and social landlords. The research will include analysis of the potential gap between individual social landlord rent levels and the single shared room rate across Scotland. It will

also involve discussions with registered social landlords and local authorities on their opinion on the potential impact and mitigation approaches that landlords are planning.

Do members have any comments or suggestions for action?

**Brian Whittle:** It would be pertinent at least to wait to hear the outcome of that review.

**Angus MacDonald:** Convener, you referred to some confusion on the petitioner's part. However, there seems to be some confusion in the Scottish Parliament information centre briefing that we received as well. It states that:

"The Scottish Government has not indicated if it will seek to use its new social security powers devolved through the Scotland Act 2016 to change the UK Government's plans in Scotland."

The Scottish Government has not given such an indication because, quite simply, it cannot change the UK Government's plans; it can only mitigate them and support people and work around those plans. I just wanted to clarify, for the record, that the SPICe briefing perhaps suggests that the Scottish Government could take action that it cannot.

**The Convener:** An interesting issue here is the extent to which people get caught by this in the social rented sector. The briefing says that the rent levels in that sector are often below the level of the local housing allowance cap, so it would be interesting to get a sense of who is affected.

Another concern that comes out of the petition is about the presumption that anybody under 35 would be expected to share. I would be interested to know what the policies of housing associations and housing providers on that are, and the extent to which the tenancies that they issue to people under 35 are, in fact, shared. I think that the expectation would be in the opposite direction.

There are quite a number of housing organisations in the social rented sector whose advice we could ask on whether they have done any work and have evidence on the extent of sharing, and whether they see the issue that has been raised as a concern. All sorts of issues impact on housing associations as a result of the gap between housing benefit and rent levels; apart from anything else, it can affect the housing associations' ability to take in rent and to provide a service for their tenants.

**Rona Mackay:** It is definitely worth contacting the Scottish Federation of Housing Associations to clarify those points and to explore its reaction, because it is clear that there is an issue. Angus Macdonald is absolutely right that the briefing that we have received is slightly misleading, because

there is only so much that we can do about the bedroom tax at this stage.

We could also write to the Government to ask whether it is aware of the issue.

**Brian Whittle:** I agree that it is a good idea to contact the housing associations. My understanding of the bedroom tax and how it is has been imposed and applied has been changed by speaking to them.

**The Convener:** Some local authorities still have housing for rent. We could maybe contact them through the Convention of Scottish Local Authorities.

**Maurice Corry:** I declare an interest as a councillor on Argyll and Bute Council. I have had a lot to do with this matter in our council area. There is a problem in Scotland whereby not all local authorities have the same design of housing with regard to the number of bedrooms. I would call for a report from the Scottish Government or COSLA to see which areas have the type of housing that we are considering that is causing the problem.

The issue was identified when Lord Freud produced his report. I attended a briefing on that and challenged him on the question of which authorities he had looked at. I discovered that no overview had been taken of the problem. The City of Edinburgh Council, Dumfries and Galloway Council and Argyll and Bute Council were in a similar position, because they did not build one-bedroom houses—they built two-bedroom houses. That meant that the situation was unfair. We need a root-and-branch review to get the facts.

10:15

**The Convener:** That is a question about the bedroom tax itself. The separate issue is the effect of the local housing allowance cap. The cap already operates in the private sector and, although I might be wrong, my sense is that its policy purpose is to encourage private landlords to charge reasonable rents and not to bump up rents when there is high demand because they think that the public purse will pay for that. The issue is whether people in the socially rented sector are being caught by an unreasonable local housing association cap—a local area cap might capture different pressures on housing in different areas. For example, in some bits of Argyll there will be massive pressure and in other areas there will not be, so rent levels may be different. It would be worth exploring that.

**Maurice Corry:** We need to dig into it, convener.

**The Convener:** The other suggestion is that we write to the Association of Local Authority Chief Housing Officers, rather than writing directly to the

Convention of Scottish Local Authorities, although there is nothing to stop us flagging up the issue to COSLA if it wants to respond. At this stage, it would be interesting to tease out some of the technicalities of the issue and what has caused it.

The petitioner flags up the underlying issue about the question of the approach that is taken to people under the age of 35, which does not feel as if it has any match with the way in which people live their lives. I am not sure whether work is being done on the implications of that approach. If sharing is not possible or very few shared tenancies are offered, it is inevitable that there will be a gap between the rent that the tenant is expected to pay and the housing benefit that they can access, and that may raise questions about their ability to move to certain areas, whether it is for work or for whatever other reason.

The petition raises quite a lot of issues and we would certainly want to come back to it. We will try to get some evidence on the detail. This is an opportunity for the Scottish Government to highlight the fact that it has mitigated the bedroom tax through investment in discretionary payments and to explain what it is looking at in terms of what it can do, what it is restricted in doing and the impact on it of the broader policy. Is that agreed?

**Members** *indicated agreement.*

**The Convener:** We will return to the petition when we get responses from those we have agreed to write to.

### Independence Referendum (PE1641)

**The Convener:** The final new petition on the agenda today is PE1641, by David Robertson, on a future independence referendum. The petition calls on the Scottish Parliament to urge the Scottish Government not to seek a second independence referendum until after 2020. Members have a copy of the petition and a briefing note, along with copies of written submissions on the petition from two members of the public. Members may wish to note that the petition was published and opened for signatures prior to the debate in the Parliament on 28 March.

The question for us to consider today is what action it might be appropriate for us to take on the petition. For example, given that we have recently debated the issue of a second referendum—and I think that we know what the Scottish Government's position is—would members wish to seek the Scottish Government's views on the issue? Do members have any comments?

**Angus MacDonald:** As you say, convener, I think that we know the position of the Scottish Government. With that in mind, I would be minded to close the petition under rule 15.7 of standing

orders. Given that the Scottish Parliament has voted to hold an independence referendum once the terms of Brexit are clear, in my view it would be undemocratic and completely unsustainable to block the will of Parliament.

**Brian Whittle:** Through gritted teeth, I have to agree that it is not within the committee's remit to go against the will of Parliament.

**Rona Mackay:** I agree that we should close the petition; it has been superseded.

**Maurice Corry:** I agree that we should close it.

**The Convener:** The thing that strikes me about the petition is that the issue is exercising people in Scotland—whatever side of the issue they are on—and for us to pursue the petition would simply expose what we already know. We know the Scottish Government's position and the position of the main Opposition parties, and we know that the country itself is divided. A decision by the committee to close the petition would not undermine the significance of the petitioner's view or the views of those who have responded to the petition and have taken a contrary view. The issue will exercise the people of Scotland and beyond for some time to come.

Things have certainly moved on since the petition was lodged. The Parliament and the UK Government have both taken a view on the matter. I want to emphasise that we are closing the petition not because that we think that the issue is unimportant, but because the matter will be debated in the Parliament and across the country, regardless of our view as a committee. We recognise that closing the petition is not to close the debate.

Do members agree to close the petition under standing orders rule 15.7, on the basis that the issue has recently been debated in Parliament and will continue to be debated in the country?

**Members** *indicated agreement.*

**The Convener:** I thank the petitioner for lodging the petition and for creating an opportunity for members of the public to make their views on a highly topical issue known to the Parliament. I have no doubt that the public will continue to make their views known on the matter.

## Continued Petitions

### Group B Streptococcus (Information and Testing) (PE1592)

10:21

**The Convener:** The next item is continued petitions, on which we are taking no further evidence. The first continued petition on the agenda is PE1592 by Shaheen McQuade on group B streptococcus information and testing. Members have a note by the clerk and the submissions that we have received.

We decided to defer our consideration of this petition until the UK National Screening Committee published its report on the evidence in relation to screening for group B strep. That report has now been published. Members will see that its key findings are summarised in the clerk's note and a link to the full report is also provided. The report's conclusion is that it does not recommend screening for group B strep. I understand that the Scottish Government is represented on the committee and that relevant stakeholders, including Group B Strep Support, were involved in the review process.

Do members have any comments or suggestions for action?

**Rona Mackay:** I would like to write to Dr Sue Payne, who was the Scottish Government observer. I understand everything that has been said by the UK National Screening Committee, but it would still be worth getting Dr Payne's view before we take any further and decisive action.

**Brian Whittle:** It seems that there is still an unanswered question, so perhaps Rona Mackay's suggestion is correct, although I am not convinced that there is anything else that we can do.

**The Convener:** We have been struck by the power of the petition and the courage of the petitioner in raising the issue, given her tragic experience. It appears that the clinical view is that screening would not be beneficial. However, we could take up Rona Mackay's suggestion and ask for further information to give us absolute confidence in the decision.

**Rona Mackay:** Dr Payne was involved and we do not know her view, although we have all the other views here. From the petitioner's point of view, it would be courteous to ask for Dr Payne's view, even if it does not change anything.

**Maurice Corry:** I agree.

**The Convener:** Does the committee agree to take forward that suggestion?

**Members indicated agreement.**

**The Convener:** When the response comes back we can reflect again on what we want to do. We thank the petitioner for the work that she has done to highlight the issue.

### Motorcycle Theft (PE1618)

**The Convener:** The next petition is PE1618 by Carl Grundy on behalf of Riders Club Edinburgh on combating motorcycle theft. Members have a note by the clerk and the submissions that have been received.

Police Scotland has provided a supplementary briefing, outlining the relative increase in thefts and also explaining the action that it is taking to address the issue. VisitScotland has also provided a submission and notes that it is not aware of theft having any impact on motorcycle tourism in Scotland.

We have also received a submission from YouthLink Scotland. It considers that the police have adequate powers to tackle the issue but provides some useful information on how youth work organisations may be able to assist the police in addressing the issue.

Do members have any comments or suggestions for action?

**Maurice Corry:** Police Scotland has the powers to deal with the issue. In VisitScotland's submission, it is clear that there is no question of there being an effect on tourism. Therefore, I propose that we close the petition under standing order rule 15.7 on the basis that the stakeholders consider that Police Scotland has adequate powers in relation to motorcycle theft and that there are already measures in place to deal with the wider social issues.

In closing the petition, the committee might wish to make Police Scotland aware of YouthLink Scotland's suggestion that they work together to resolve the issue, if there is one. However, it is in Police Scotland's powers to deal with it and there is nothing more that we can do.

**The Convener:** What struck me was that, if those people were stealing cars instead, would Police Scotland make the same judgment about having a no-pursuit policy?

**Rona Mackay:** That is a good point.

**Brian Whittle:** It struck me that it is not just a Police Scotland issue, and that a more multidisciplinary approach seems to be being taken. You are right, convener, that they would be more likely to be pursued if they were stealing cars, but that is probably because it is easier to pursue a car than a motorcycle.

Another thing that struck me is that it seems to be more prevalent in the Edinburgh area than in the rest of Scotland. Is there a council issue here?

**The Convener:** It might just be a cultural thing among the perpetrators at a local level.

I hear what Maurice Corry said about closing the petition and I suspect that that is the right thing to do, but I am interested in the views of other members.

I recall that in our meeting with the petitioners—the fact that we met in private says something in itself—they said that they had tried a lot of things. They had tried to engage with the young people who were involved and they understood the level of risk. The petition was an expression of their frustration so, in closing the petition, we could acknowledge and recognise that frustration, and encourage them to bring it back to our attention at a later stage, if they feel that there is no change.

**Rona Mackay:** By them bringing the petition, which is fairly longstanding, the issues have been highlighted and, if all parties work together to try to lessen the problem, that will have been worth while. As you say, convener, if nothing improves, they can bring it back.

**Brian Whittle:** I am discovering that one of the frustrations in this committee is when we find ourselves in a position in which we are not able to think of anything else that we can possibly do to help, and this petition presents us with one of those situations. I do not feel that there is anything else that we can do.

**The Convener:** The petitioners had already thought of all the things that we are now reflecting on.

Looking at the evidence, the police are between a rock and a hard place when it comes to the question of pursuing a young person who is reckless enough to steal a motorcycle. The option of pursuit, which could put people at risk of harm, must be balanced against the option of not pursuing, which risks there appearing to be no consequences as a result of stealing a motorcycle, because the person who takes the motorcycle will not be chased. That is the dilemma.

As there are no contrary views, does the committee agree to close the petition?

**Members indicated agreement.**

**The Convener:** In closing the petition, we recognise that there are significant unresolved issues, but we hope that the police will be alive to the concerns of the petitioners and will work on a cross-agency basis with organisations to ensure that they deal with the issue.

We thank the petitioner for bringing the petition. Members will recall that we met the petitioner

informally to discuss the issue, which clearly has a significant impact on those who are affected by such antisocial behaviour. We hope that, through our highlighting of the issue at a national level with our consideration of the petition, Police Scotland might be able to forge stronger links with local youth organisations to effectively tackle it. We recognise the dilemma for everyone.

### Sepsis Awareness, Diagnosis and Treatment (PE1621)

10:30

**The Convener:** The next petition is PE1621, by James Robertson, on sepsis awareness, diagnosis and treatment. Members have a note by the clerk, along with submissions by the Scottish Government and the petitioner.

The Scottish Government indicates its support for a public-facing campaign to raise awareness of sepsis and provides some thoughts on how that might be achieved. It also appears to be confident that there would be no unintended consequences, which was a concern that was expressed by some health boards. The Government does not consider that a staff-facing campaign is required, and it provides its rationale for that position.

The petitioner welcomes the Scottish Government's support for the public awareness campaign, but raises specific questions in relation to the view that a staff-facing campaign is not required. They are set out in part 1 of his submission.

Do members have any views on what action to take on the petition?

**Rona Mackay:** I note an interest, in that the petitioner is my constituent.

I think that we should take forward the petitioner's questions about the Scottish Government's response. Basically those questions ask for more detail about the continuing work on the awareness and management of the Scottish patient safety programme—what it would entail and how its impact would be measured. He is seeking more detail on where sepsis is included in the life support training programmes and undergraduate training programmes across the country. It would be helpful to know what is being taught in relation to sepsis in the early stages of staff education and about the consistency of that teaching among health boards.

I think that that issue is vital to the awareness campaign, so I propose that we write to the Scottish Government to ask it the questions that the petitioner is asking.

**The Convener:** Is that agreed? Are there any other suggestions?

**Angus MacDonald:** I am pleased that the Scottish Government supports the awareness campaign, but the petitioner has raised a number of questions that require further clarification, as Rona Mackay highlighted.

The salient point in the Scottish Government's response is its highlighting of the point of the UK Sepsis Trust that a similar awareness-raising exercise in England has not resulted in extra workload for health boards. As we have read in the submissions, that has been a concern of a number of health boards in Scotland, but the situation in England suggests that there has not been an increase in workload. That is a salient point that should be on the record.

**The Convener:** Absolutely—I agree. If there are no other comments, will we write to the Scottish Government, as suggested by Rona Mackay? We will have an opportunity to further reflect on the petition once we get a response.

*Members indicated agreement.*

### **Local Authority Education Committees (Church Appointees) (PE1623)**

**The Convener:** The next petition is PE1623, on unelected church appointees on local authority education committees. It was lodged by Spencer Fildes on behalf of the Scottish Secular Society. Submissions by the Scottish Government and the petitioner have been circulated to members, along with a note by the clerk.

The Scottish Government identifies the number of responses that it received on its education governance review and says that it will publish its findings in due course. In response to our question on any assessment it had undertaken in respect of the public sector equality duty, the Scottish Government advises that such an assessment was not a requirement at the time that the legislation was instructed, but that is something that it will seek to undertake on any policy proposals that arise from its governance review. The Government adds that it intends to consider any of the petitioners' proposals that are not addressed through the governance review.

The petitioners broadly welcome the Scottish Government's response but contend that it will not be possible to establish whether any proposals that emerge from the governance review address the issues that have been raised until they have been assessed.

Do members have any comments or suggestions for action to take?

**Maurice Corry:** First, I think that we should seek from the Scottish Government an update on its anticipated timescale for the publication of its findings from its education governance review,

which will apply to the local authorities as well. Subsequently, we should have clarification on whether the Government will carry out any equality impact assessment on policy proposals from that review. Thirdly, we should have clarification on whether the Government's reference to the Scottish Secular Society's proposals relate to what is called for in the petition or to the society's response to the consultation. It is also important that we refer the matter to COSLA for its views.

**The Convener:** Okay. We got some information from COSLA in response to our initial search for evidence.

Do members agree that we write to the Scottish Government as suggested? I was quite interested in the idea that the public sector equality duty does not apply to legislation that we have already passed—I was quite intrigued by that. That seemed to me to be saying, "Well, that was before we thought about the equality question, so we don't have to include it." I suppose that the question for the Scottish Government concerns the point at which it looks at things that have been done in the past to see whether they match up, and whether the governance review affords the Government the opportunity to consider that issue.

**Rona Mackay:** I agree. We need clarification on the points that Maurice Corry raised. After we get a response, we can decide how to take the petition further.

**The Convener:** Okay. Are we agreed on the action to take?

*Members indicated agreement.*

**The Convener:** Again, we thank the petitioners for their on-going interest in the question.

### **Bus Services (Regulation) (PE1626)**

**The Convener:** The next petition is PE1626, on the regulation of bus services, which was lodged by Pat Rafferty on behalf of Unite the Union. Eight written submissions have been provided to members, along with a note by the clerk, which includes an update from SPICe on the UK Bus Services Bill.

The Scottish Government does not support the petition's call for an inquiry into bus regulation, after confirming its intention to introduce a transport bill in this session of Parliament. It suggests that the core of the bill will be the provision of bus services and therefore considers that its consultation on the bill will allow people to comment and to contribute to developing bus policy.

The Scottish Association for Public Transport considers that a new framework for public transport is required and has provided some

suggestions about how that can be achieved. Scotland's regional transport partnerships have said that there is

"clearly a need for greater public sector involvement"

and, along with Strathclyde Partnership for Transport, identifies statutory quality partnerships as one of a range of potential options for achieving that aim.

The petitioner has welcomed the comments offered by some respondents and has offered some of his own comments, which are directed at the Scottish Government. In response to the Government's view that

"the ownership of the means of delivery is less important than the outcomes delivered",

the petitioner says that the

"deregulated commercial model is diverting money away from service delivery."

The petitioner has also identified in his submission a number of areas on which he seeks clarification from the Scottish Government.

Do members have any comments or suggestions for action on the petition? We previously took the view that there was definitely an issue here, but the question is whether we conduct an inquiry or ask the relevant committee to do so. Alternatively, would stage 1 consideration of the transport bill afford the opportunity for the petitioner's questions to be raised?

**Brian Whittle:** That is the question that I was going to ask. How will the transport bill afford us an opportunity to consider the petitioner's points?

**The Convener:** It depends on what the transport bill's provisions are. If the bill is drawn too tightly, it might not be possible for amendments concerning bus regulation to be produced by, for example, the Scottish Co-operative Party's people's bus campaign—I should declare an interest as a member of that party—or by the other campaigns that we have heard from. The question is whether the transport bill will allow the debate that the petitioner seeks, with all stakeholders and, indeed, the general public being given the opportunity to submit written evidence and so on. However, my concern is that we do not yet know what provisions will be in the transport bill and given that, I do not want to close the petition at this stage.

**Angus MacDonald:** I agree that we should not close the petition, in light of the Minister for Transport and the Islands announcing a few weeks ago the intention to have a transport bill. Indeed, I think that I saw the news first in the *Sunday Post*, and I was particularly encouraged by the suggestion that local franchising could be

introduced, which would, in effect, allow local authorities to become bus operators. I welcome any legislation that makes it easier for councils to develop services, and I think that that would go quite a long way towards providing what the petitioner is looking for. We will have to wait and see the detail, but it could be a solution to a big problem.

**Brian Whittle:** Bearing that in mind, would it be pertinent to write to the Scottish Government to ask how widely it intends to throw the net for the consultation?

**The Convener:** We can write to the Government to ask whether it has any sense of the provisions in and the timescale for the bill and about the work—consulting and so on—that it is doing in preparation for it. We can highlight the further issues that the petitioner has flagged up in his additional response and ask for a response from the Government.

I am struck by the gap between the evidence of those who think that there is a problem—they suggest that there seems to be a long-term decline in the use of buses, their frequency and so on—and the evidence of those who think that there is no real problem. Moreover, does the Government's comment about

"the ownership of the means of delivery"

being

"less important than"

the delivery of the outcome mean that it is closing off the franchising option? If so, that would be quite disappointing, given what is happening in other parts of the country. My view is that the substance of the petition remains to be considered, and we would be looking for some reassurance from the Scottish Government that that had been dealt with.

**Rona Mackay:** As we are still in the early stages, it is perfectly valid to pose the petitioner's questions to the Government. We might or might not get full answers to all those questions, but it is worth asking them.

**The Convener:** I want the committee to keep this in mind: if the bill is some way down the line and there is something that we can do to inform its shape and the thinking behind it, we should do it. However, if the bill is to be introduced soon, that will not be the case. There will be a different process, and the relevant committee will be the one to undertake it.

**Angus MacDonald:** One would certainly hope that the bill would be introduced soon. Given the timescale for getting legislation through Parliament, the process would have to start fairly

soon for it to be completed by the end of the session.

**The Convener:** Do we agree to write to the Scottish Government to ask about timescales and to flag up the further response from the petitioner? That would allow us to make a judgment on whether it would be relevant for us to provide further information on bus provision through our own activities.

**Members** *indicated agreement.*

### Ocular Melanoma (MRI Scans) (PE1629)

**The Convener:** The next petition is PE1629 by Jennifer Lewis, on magnetic resonance imaging scans for ocular melanoma sufferers in Scotland. The eight written submissions that we have received on the petition have been circulated to members.

Cancer Research UK and Macmillan Cancer Support Scotland did not consider themselves able to offer a view on the action called for in the petition. In her submission, the petitioner suggests that

“this serves to reinforce our contention that clinicians and oncologists alike are often unaware of the particulars of our disease”.

According to the submission from the Royal College of Ophthalmologists, ultrasound is, in line with national guidelines, the accepted mode for surveillance in England, and it notes that MRI should be used for high-risk patients or where an abnormality is indicated by ultrasound. The petitioner argues that that demonstrates how definitive MRI scans are considered to be. She also points out that the current guidelines are under review and adds that it would be helpful to seek the views of medical, rather than ocular, oncologists.

The Scottish Government submission advises that the policy of the Scottish ocular oncology service is in line with the national guidelines, but it adds that there is

“variation amongst the four UK centres as to which is the most appropriate form of surveillance to adopt”,

and suggests that that is down to lack of evidence. OcuMel UK suggests that MRI is “the scan of choice” for the centres in Liverpool and Southampton, and that appears to be supported by Professor Ottensmeier as well as by Dr Iain Wilson, who refers to MRI as being the “gold standard” for identifying metastases.

Do members have any comments or suggestions for action?

10:45

**Brian Whittle:** Given what you have said, convener, it would be pertinent to write to the Scottish Government in order to understand what steps are in place and what support there is for further development.

**The Convener:** Would it be appropriate to write specifically to the chief medical officer for Scotland?

**Rona Mackay:** Yes.

**Maurice Corry:** There is also the question of establishing that the Scottish ocular oncology service must work together with other UK centres. There are centres in Liverpool, Sheffield, London and Southampton. Having done a wee bit of research on this, I have seen that standards definitely differ, and a lot of evidence points to the centres that I mentioned setting the gold standard. The Scottish service could learn a lot from them, so we should encourage the Scottish ocular oncology service to look at an interchange with UK-wide services.

**The Convener:** When the petitioners came to the committee, they had quite an impact on us. The thing that struck me was that, if your cancer is a rare one that affects only a few patients—“orphan” was the term that was used to describe it—it can be difficult to make an impact and get research done or to get people to understand the specifics of your condition. As I understand it, it is not just the eyes that are affected; there might be developments in other parts of the body, which I presume is the purpose of having an MRI scan.

We all agree that there is more for us to explore, particularly to address the petitioners’ contention that a cancer, if rare, might not be properly screened and identified. We could pursue that with the Scottish Government and the chief medical officer and, as Maurice Corry has suggested, see what plans the Scottish ocular oncology service has.

Is there anything else that we could usefully do?

**Rona Mackay:** That would be a good starting point.

**The Convener:** In that case, that is the action that we will pursue to address the concerns highlighted by the petition.

### Nursery Provision (Funding) (PE1630)

**The Convener:** The final petition on today’s agenda is PE1630, by Fiona Webb, on nursery funding for three-year-olds. As members will see, we have received a number of written submissions since our previous consideration of the petition.

The Minister for Childcare and Early Years has provided clarification on how the eligibility

requirements operate and has noted that, although the starting points of funded early learning and childcare create differences in the amount of free provision that a child may access, the Scottish Government does not consider that that disadvantages children. Members will see from the minister's submission that the Scottish Government recently consulted on its policy in that area, and it has yet to provide its own response to the consultation.

Reform Scotland supports the petition, noting that in its estimation only 50 per cent receive the full two-year entitlement. Unison does not support the petition, because it does not consider it to be child centred; instead, it cites recent research that supports a supply-side funding scheme. Children in Scotland and the parenting Across Scotland group have also emphasised the importance of taking a child-centred approach to the issue. Voice Scotland and COSLA have noted the challenges of meeting the existing arrangement and the increase in funding that would be required from the Scottish Government to support the petitioner's call for action.

Do members have any comments or suggestions for action on the petition? It is just happenstance with regard to when a child is born that determines whether they get two years of nursery funding. If the issue is one of cost, I simply note that we would not make statutory provision that said, "It's too expensive to educate everybody at five, so we'll just educate half of you." That might be a flippant way of looking at it, but I am not sure that this is a question of cost if what we are talking about is an entitlement. After all, we have already said that all children should have access to that childcare. However, I am also mindful of what Unison and other groups have said about how the terms work.

**Rona Mackay:** The argument over the cut-off point for eligibility is a long-standing one. I am not sure what to think.

**Brian Whittle:** I am trying to be impartial. Obviously there has to be some kind of framework if there is to be a cut-off point. Given the amount of debate in the committee papers, I am certainly not of a mind to close the petition. One step forward might be to ask the Scottish Government about the timeframe for providing a response to its consultation. As Rona Mackay has said, this has been a long-standing debate in Parliament, never mind the committee, and I would therefore be loth to close the petition at this point.

**The Convener:** But what are we looking for? The feeling seems to be, "We think that there is an issue here, and we do not want to let it go", but we need to look at the practicalities and so on. For instance, the statement that 50 per cent of children do not get their full two-year provision is quite

striking, but does that mean that youngsters should just come into the system on their birthday? In realistic terms, how manageable would that be for an early years centre?

**Brian Whittle:** There needs to be a cut-off point. For example, children do not enter primary school just on their birthday. The parameters are much tighter in that respect.

**The Convener:** They still get a full year.

**Brian Whittle:** Not really.

**The Convener:** If we are going to argue about entitlements, we could say that—

**Brian Whittle:** You do not come in—

**Rona Mackay:** You can say that children can start at four and a half or five and a half.

**The Convener:** But if they go to school at five and a half, are they entitled to stay on until seventh year at the other end of the system?

**Brian Whittle:** I do not think that they are entitled to nursery care until they are five and a half.

**The Convener:** I think that, technically, they are.

**Brian Whittle:** Are they?

**Rona Mackay:** They are until they go to school, I think.

**The Convener:** I think that they are entitled if they get their entry deferred.

**Brian Whittle:** The debate will rumble on. I think that there is enough evidence to at least go back to the Scottish Government to ask for the timescales for concluding this.

**The Convener:** Do you mean concluding its broader look at this?

**Brian Whittle:** Yes.

**The Convener:** Just to clarify, what is the view that we are asking the Scottish Government for? It is currently in the process of delivering on the extra hours, and that in itself is quite challenging.

**Rona Mackay:** Perhaps we should ask it to clarify its view on eligibility.

**Brian Whittle:** The policy is out to consultation at the moment, so we could at least get some understanding of the timeframe for the Government's response. That would be helpful.

**The Convener:** Okay.

**Maurice Corry:** I am happy with that.

**The Convener:** So in recognising that there are issues around this petition, do we agree to ask the Scottish Government about its timeframe for

providing the response to the consultation on its early learning and childcare policy?

**Members** *indicated agreement.*

**The Convener:** That completes consideration of all the petitions in front of us today. I thank the committee, and I close the meeting.

*Meeting closed at 10:53.*



This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

---

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

---

All documents are available on  
the Scottish Parliament website at:

[www.parliament.scot](http://www.parliament.scot)

Information on non-endorsed print suppliers  
is available here:

[www.parliament.scot/documents](http://www.parliament.scot/documents)

For information on the Scottish Parliament contact  
Public Information on:

Telephone: 0131 348 5000

Textphone: 0800 092 7100

Email: [sp.info@parliament.scot](mailto:sp.info@parliament.scot)

---



The Scottish Parliament  
Pàrlamaid na h-Alba