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Tuesday 23 January 2024

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Scottish Parliament

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[The Presiding Officer opened the meeting at 14:00]

Time for Reflection

The Presiding Officer (Alison Johnstone): Good afternoon. The first item of business is time for reflection. Our time for reflection leaders today are Ben Kean and Mia Williams, who are Holocaust Educational Trust ambassadors.

Ben Kean (Holocaust Educational Trust): My name is Ben Kean, and this is Mia Williams. We are ambassadors for the Holocaust Educational Trust. We took part in the trust's "Lessons from Auschwitz" project as pupils from Ross high school in November 2023. As part of the project, we heard from a Holocaust survivor, took part in a one-day trip to Auschwitz-Birkenau and will be sharing what we learned with our school community.

We wanted to take part in the project, because it would give us the opportunity to remember individual stories of the Holocaust. Learning about the Holocaust is vital in understanding how genocide can happen. Walking in the same place that Jewish men, women and children walked to their death allowed us to reflect on what those people were forced to face. That is not an experience that one can get from sitting in a classroom or reading a book.

We also heard the testimony of Holocaust survivor Janine Webber BEM. Janine lost almost all her family in the Holocaust. She explained how, after escaping the ghetto, she and her younger brother were hidden by a farming family but that, after a few months, they were betrayed by the family's daughter. Janine escaped; her brother did not. Hearing survivor stories such as Janine's helps young people like us really comprehend the complexity of the Holocaust.

Mia Williams (Holocaust Educational Trust): After this experience, we both know that it is incredibly important to share the stories of survivors and the people who tragically lost their lives. In our next steps project, we have chosen to work with younger students and will present a lesson that will make them focus more on stories of Jewish families and who they were before the Holocaust.

This year's theme for Holocaust memorial day is "The Fragility of Freedom". That is important as we still see antisemitism and extremism today, including here in the United Kingdom, especially

following the massacre that was perpetrated by Hamas on 7 October 2023.

We are proud to continue the voices of the victims and will strive to do so for many years to come. We will ensure that people can still learn and remember the people who were so immensely brave in a time of terror.

We hope that, today, the Parliament will join us in remembering the survivors and victims of the Holocaust. I thank the Scottish Parliament for inviting us to share our reflections today. *[Applause.]*

Topical Question Time

14:03

WhatsApp Messages

1. Sandesh Gulhane (Glasgow) (Con): To ask the Scottish Government what its current policy is regarding the deletion or retention of WhatsApp messages by ministers. (S6T-01757)

The Deputy First Minister and Cabinet Secretary for Finance (Shona Robison): I refer members to my statement to this chamber on 31 October last year. The policy regarding deletion or retention of WhatsApp messages is set out in the Scottish Government's well-established and overarching records management policy, and supplemented by the mobile messaging apps guidance.

I reiterate that the Scottish Government does not routinely use WhatsApp for decision making or to provide advice to ministers. In the event that WhatsApp were to be used for such a purpose, the information would be retained for the corporate record, in line with existing Scottish Government guidance and policy.

Sandesh Gulhane: I declare an interest as a practising national health service general practitioner.

As a GP, I worked on the front lines during the pandemic. My priority was always to look after my patients' health. However, in contrast, during the Covid pandemic, the Scottish Government was joking about deleting its WhatsApp messages, with one official joking that

"Plausible deniability is my middle name".

We know that the shameful culture of secrecy came from the very top, with Nicola Sturgeon and John Swinney deleting all their messaging. The same Nicola Sturgeon stood at the daily briefings, with a pretence of moral superiority, while behind the scenes it is clear that the Scottish Government was mocking us, believing that none of that would ever come to light.

The Government is shameful. How can it be trusted by the people of Scotland? Will the cabinet secretary take this opportunity to apologise for that behaviour to the people of Scotland?

Shona Robison: First and foremost, it is important that the United Kingdom Covid inquiry is allowed to do its job in scrutinising all the decision making and the messages. It is for the inquiry to determine whether it has concerns about the application of the mobile messaging policy or its content, and we should allow the inquiry to get on

with that. That is one aspect of the many issues on which the inquiry is taking evidence and reflecting.

The important thing in all this, for those who worked on the front line and for the Covid bereaved families, is that lessons are learned from the pandemic to help us prepare better for the future. That is why the Government will fully comply with the UK inquiry and why we established a separate Scottish inquiry—we were the only part of the UK to do so.

Sandesh Gulhane: There was no apology there.

Deleting WhatsApp messages was not the only skewed priority from the nationalists during the pandemic. Extraordinary minutes from a Scottish National Party Government Cabinet meeting confirmed that the issue of

"restarting work on independence and a referendum with the arguments reflecting the experience of the coronavirus crisis"

was considered at the height of the public health emergency. That shows that, no matter how serious the situation is, nothing will stop the SNP trying to pursue its political obsession with independence. Perhaps that was among the reasons why all electronic messaging was deleted. Can the cabinet secretary look the public in the eye and tell people that campaigning for independence and another referendum was the right priority during the height of the pandemic?

Shona Robison: It is clear that the Scottish Government's focus was on the pandemic and on dealing with the issues of the day in relation to the response to the pandemic. Looking at all the information that has been provided to the inquiry will support that position.

I should say to Sandesh Gulhane that the inquiry should be allowed to interrogate the evidence that is put in front of it. It will interrogate the people who were core participants and who were at the front of leadership in the Scottish Government at that time, some of whom are no longer in office and some of whom are still in office. The inquiry should be allowed to do that in the same way as, when it was sitting in London, it interrogated some of the decision making, conversations and chat that happened across social media at the time.

Some of that is very uncomfortable—there is no doubt about that—but what is important and should be at the heart of the process is that lessons are learned about the decision making on the pandemic so that, if it happens again, as it might well do, we get the response right and are as fully compliant and front-footed as possible.

Jackie Baillie (Dumbarton) (Lab): Ken Thomson, the man who drafted the Scottish

Government's records management policy, was advising people on how to avoid complying with it. The national clinical director, Jason Leitch, who helped shape the Covid regulations, was advising the current First Minister on how to avoid the rules. Nicola Sturgeon, who promised transparency, has, alongside John Swinney and senior civil servants, deleted WhatsApp messages on an industrial scale. There were no lessons learned there, Deputy First Minister.

Whether messages were deleted nightly or weekly, it is clear that Jason Leitch wiped his messages completely and seemed to find the period during the pandemic all quite funny, judging from the messages that we have seen. That is not just a matter for the inquiry—it is a matter for the Scottish Government, too. If the Scottish Government agrees that Jason Leitch's behaviour was inappropriate, is it not time that he was sacked?

Shona Robison: As Jackie Baillie knows, Jason Leitch is not here to defend himself. I do not think that it is fair, in this chamber, to focus on any individual. The inquiry is the place where people should be interrogated, whether it be Jason Leitch or the former First Minister, who of course will give evidence, as will the current First Minister. It should be for the inquiry to interrogate the evidence, whether on messages, decision making or anything else.

The issue is not the frequency of deletion of messages but the importance of capturing any relevant information in line with records management policy. Whether that information is captured on a day-to-day, week-to-week or month-to-month basis, it is important that information on decision making and salient points are captured under the records management policy.

That is in line with the section 61 code of practice on records management, on which we consulted the Scottish Information Commissioner. The code of practice states that information should be kept only as long as it is needed and that, provided that that duty is met, the medium that contained the information can be deleted. What happened was in line with what was agreed with the Scottish Information Commissioner.

As I have said, the inquiry will be able to put all these questions to anyone who is in front of it. It is important that the inquiry be allowed to get on with its job.

Alex Cole-Hamilton (Edinburgh Western) (LD): The Deputy First Minister talked about lessons being learned as a result of the inquiry. Right now, tens of thousands of Covid bereaved families are looking to the inquiry for answers and lessons, but they might be forever denied those answers and lessons because, despite

assurances that were made to this Parliament and the national media, it seems that Nicola Sturgeon never had any intention of passing her WhatsApp messages—messages that would have shown the culture and calculation behind her pandemic response—to the inquiry that she knew was sure to follow. Perhaps that—the denial of justice for the bereaved families of the pandemic—is the biggest scandal in the history of devolution. Does the Deputy First Minister agree that, when Nicola Sturgeon has finished giving her evidence to the inquiry, she should come to this Parliament to explain herself?

Shona Robison: First of all, the Covid bereaved families are, of course, at the heart of this. That is why it is quite right that the inquiry should pursue any line of inquiry that it wants to, whether it be on mobile messaging or decision making. That is the role of the inquiry—it is why it was established. The Scottish Government established the Scottish Covid inquiry for there to be additional scrutiny of matters relating to Scotland that might not have been covered by the UK inquiry. Only the Scottish Government made such a decision.

The former First Minister has still to give her evidence. She has said that messages have been submitted to the inquiry. I think that we should allow the inquiry to take evidence from the core participants, including the former First Minister, and then to make judgments on what it has heard. I am sure that the inquiry will do that in a robust manner.

Graham Simpson (Central Scotland) (Con): Should the police not be investigating whether the activities of the message-deleting Covid cabal were in breach of the Inquiries Act 2005?

Shona Robison: It is, of course, for Police Scotland to determine whether it thinks that any laws have been broken.

As I have said very clearly, the records management policy is very clear about what should be retained and why. It states that any salient points, anything about decision making and anything of importance should be retained. The policy, which was developed in consultation with the Information Commissioner, also sets out when it is appropriate to delete messages. The policy is kept under constant review, and the Parliament would, of course, be made aware of any changes to it.

Any matters relating to the police are for Police Scotland, not for me.

Michael Marra (North East Scotland) (Lab): This is not only about the ministers and civil servants whom we watched on the television. When the First Minister asked officials to look into record keeping, did he discover that other officials

had also destroyed evidence? If so, how many destroyed evidence that would have been required by the inquiry?

Shona Robison: As I have said, the Scottish Government keeps policies under review and the information governance board will consider records management when it next meets this Thursday.

The First Minister asked the permanent secretary to ensure that all steps were being taken to meet the inquiry's requests and the Solicitor General for Scotland to satisfy herself that the Scottish Government had met all its legal obligations. That process has concluded and the First Minister has received the assurances that he required.

That confirms that, in responding to the UK and Scottish Covid inquiries, legal advice is being taken and acted on appropriately. However, as I have said, the policy is kept under constant review and a paper identifying areas for review has been tabled for discussion at the information governance board meeting this week.

Ardrossan Harbour (Irish Berth Closure)

2. Kenneth Gibson (Cunninghame North) (SNP): To ask the Scottish Government what its response is to the closure of Ardrossan harbour's Irish berth for safety reasons after corrosion was reportedly uncovered during an inspection by divers. (S6T-01740)

The Minister for Transport (Fiona Hyslop): I acknowledge the disruption and concern that the issue will cause for communities on Arran, on top of current weather disruption.

Peel Ports, as the harbour authority responsible for the port, advised CalMac Ferries to cease operations following routine inspection, which has impacted on the MV Alfred, which can operate only from the Irish berth. The MV Isle of Arran will remain the main vessel on the route while the MV Caledonian Isles is out of service for around five weeks for steel-work repairs.

I understand that MV Isle of Arran repairs are expected to be completed today and that updates on services for tomorrow are due imminently. The secondary route via Claonaig to Lochranza remains in operation. Trials to allow a freight-only service from Troon using the MV Alfred are to take place as soon as possible.

Kenneth Gibson: The MV Alfred is unable to operate from Ardrossan's Arran berth, despite that vessel supposedly bringing much-needed resilience to the route, which cannot happen if she is tied up in Ayr. I am pleased that there have been developments in respect of how the MV Alfred will be utilised in the coming days. We have

now found out that the MV Isle of Arran has had a mechanical failure, which has led to cancellation of all sailings to and from Ardrossan until at least noon tomorrow.

Does the minister appreciate islanders' frustrations at the lack of communication and urgency from the harbour operator, which has been less than forthcoming about the safety concerns identified by the divers, on top of issues with the CalMac-run ferry service? What information has Peel Ports shared with the Scottish Government and its agencies?

Fiona Hyslop: It is clearly the responsibility of Peel Ports as the harbour operator to conduct that communication. However, contact has primarily been between CalMac and Peel Ports. Transport Scotland has been in liaison with Peel Ports to impress on it the urgency of the issue and to understand the extent of the problem. On Monday, CalMac also met the Isle of Arran ferry committee to understand some of the issues and potential solutions.

The MV Isle of Arran was able to take on all the passengers that it needed to take on with the MV Alfred being unavailable over the weekend. However, we need to make sure that good plans are in place. Weather permitting, there will be berthing trials for the MV Isle of Arran after the repairs today. That will provide some certainty for the near future. However, capacity for additional freight and passengers will be needed in the coming months.

Kenneth Gibson: I thank the minister for that further response. Trying to get information from Peel Ports last week was like trying to get blood out of a stone. There is clearly a breakdown in trust locally with Peel Ports due to its lack of investment in Ardrossan harbour over decades. Does the minister agree that the current episode highlights the urgent need for the harbour redevelopment project? Given the seemingly endless delays, with the latest updated business case being due next month, is she able to provide any information as to when she envisages redevelopment work beginning on site?

Fiona Hyslop: I assure Kenneth Gibson that the Scottish Government remains committed to ensuring that the Arran ferry service is fit for the future. I recall him asking at First Minister's Question Time about the extent of the project because it was considering the Irish berth, which makes sense in relation to some of the most recent developments.

It is essential that the business case for the project be completed in order for us to have greater certainty about the project costs and the financial package that will be required. Work is ongoing on that, including the output of studies from

Peel Ports and North Ayrshire Council. We expect to discuss the business case work and options with the partners as soon as that is completed.

Katy Clark (West Scotland) (Lab): In a letter to the Ardrossan harbour task force in November, it was indicated that improvement works would not include replacement or strengthening of the Irish berth. Can the transport minister confirm whether the outcome of the business case for the redevelopment is still set to be delivered in February?

Fiona Hyslop: I hope that Katy Clark had the opportunity to hear my answer to Mr Gibson. The work on the business case continues. It includes the output of studies from Peel Ports and North Ayrshire Council, and we expect to discuss the business case work and the options with the partners as soon as it is completed. There are reports still to come in, as part of that.

On the concern about the extent of the business case, one of the reasons why we wanted to revisit the business case was to examine the scope of what would be required to ensure that there was a sustainable future to accommodate what would be required of the Ardrossan berths. I know that it was uncomfortable for the task force to receive that letter at the time, but it was realistic and appropriate to give that certainty, which, I am sure, everybody wants to see.

Housing Need

3. Paul O’Kane (West Scotland) (Lab): To ask the Scottish Government what its response is to the report by Homes for Scotland highlighting that almost 700,000 households in Scotland are in housing need. (S6T-01752)

The Minister for Housing (Paul McLennan): I welcome the consideration that Homes for Scotland has given to this important topic and look forward to discussing it soon.

The Scottish Government is investing £752 million through the affordable housing supply programme in 2023-24, including a £60 million national acquisition programme. I continue to work closely with local authorities to ensure that local housing needs are met.

The Scottish Government has also commissioned research into housing insecurity and hidden homelessness to improve our understanding of people who are homeless but who do not appear in Scotland’s official figures. The research will be completed by summer 2024.

Paul O’Kane: I thank the minister for that answer and I note his desire to engage with Homes for Scotland. The results of the extensive survey show for the first time that more than a quarter of households in Scotland are in housing

need. The headline covers 185,000 people struggling to afford their house, with 85,000 people living in houses that they cannot use because they are not adapted appropriately for people who have disabilities. The report unmask the day-to-day reality of people living in a house that is far from being a decent home.

Without accurate measurements and an understanding of the land supply that is needed, we do not stand a chance of meeting the targets that the Government has set. What will the minister do to take urgent action, in light of the report, to ensure that local authorities have the information that they need and that they can provide the Government with accurate land supply figures on which the Government can then act?

Paul McLennan: The Homes for Scotland report is based on a sample of just under 14,000 households that has been extrapolated to the whole of Scotland. The figure of 700,000 households includes much more than those who require a new home, as the member has said. The report recognises on page 15 that the conclusion should not be drawn that 693,000 new homes are required.

I meet representatives of Homes for Scotland regularly. The organisation is also a member of the housing to 2040 board. One of the key things that the board has been discussing is the use of data. I am sure that the report will come up and I will meet Homes for Scotland soon to discuss it. We will try to make progress on the recommendations and what the report says.

Paul O’Kane: That answer is another indication of a minister with his head in the sand. The report is stark. In the absence of an effective land requirement assessment, Homes for Scotland has gone out and done the work and it estimates that a quarter of a million households need a home. Instead of building them, the Government is slashing our housing supply budget. Housing starts are falling off a cliff. The housing association sector has already passed judgment on the Scottish Government’s budget by saying that it is an “act of surrender” and that

“the cut is a terrible blow to efforts to tackle child and family poverty.”

I say to the minister that the first step in solving any problem is to acknowledge that there is one. How much more evidence, and how many more reports and pleas from organisations will it take for the Government to accept that there is a housing emergency of its own making and that serious action needs to be taken now?

Paul McLennan: There were a couple of things in there that I have already mentioned, so I will come back to an earlier answer. We commissioned research into housing insecurity

and ending homelessness, which, as I said, will report in summer 2024.

I come back to the fact that we will still invest more than £500 million in affordable homes across Scotland. I have met most of Scotland's local authorities to discuss the funding package and ways in which we can work with them in that regard. I will continue to do so in the next number of months.

Miles Briggs (Lothian) (Con): Scottish Government figures have shown that the number of affordable homes being started decreased by 24 per cent in the quarter from July to September. No one in the housing sector now believes that the Scottish Government is on track to meet its housing targets. What review is being undertaken of the targets that the Government has set?

As Paul O'Kane has highlighted, they are really important in councils and housing associations meeting housing demands. Given the number of policies that have destabilised the housing sector—including the rent freeze, with many housing associations reporting that that has meant that they have had to completely look again at their funding packages for future development—what conversations are now happening with housing associations to ensure that projects take place?

Paul McLennan: There are two important points to remember; I regularly meet housing associations and local authorities and they have mentioned these to me. One is on the macroeconomic situation and where interest rates have sat and where construction inflation has been over the past number of years. The Scottish Federation of Housing Associations has said that the cost of borrowing is its biggest barrier. I hope that we will see a reduction in interest rates.

The other key issue is the reduction in the capital funding that we receive—a 10 per cent cut—which we have to manage. I urge Miles Briggs's colleagues in the United Kingdom Government to consider that and to support us more. I think that he is really genuine about the point that he has made.

Ivan McKee (Glasgow Provan) (SNP): I think we all recognise that the ultimate solution to this problem must be to increase dramatically the supply of new house builds. What work is the Scottish Government doing to increase house building across all tenures through the use of modern methods of construction, including off-site manufacturing?

Paul McLennan: The Scottish Government supports delivery of homes across Scotland using a range of off-site methods, from timber-frame construction to fully modular development, and we will continue to do so through our affordable

housing supply programme. We continue to support proven approaches that balance improvements with value—we have mentioned that before as part of rural housing action plans—and we work with the house building sector to deliver the homes that we need. I have met manufacturers of modular development in the sector and visited modular-build developments and will continue to do so.

Stephen Kerr (Central Scotland) (Con): Meanwhile, Edinburgh rent inflation is at 16 per cent and Glasgow rent inflation is at 14 per cent, which are the highest rates in the UK, including London. Why did the Scottish Government not learn the lesson of its own commissioned analysis on rent controls, which are contributing to homelessness? The report said that there would be an increase in homelessness. It also said that there would be a restriction in the supply of new housing. Why is the Government so tone-deaf to its own advisers?

Paul McLennan: I will come back to the specific point that Stephen Kerr mentioned. I am glad that he mentioned homelessness. A report was published last week by Crisis, which it commissioned Heriot-Watt University to work on. It said that the biggest impact on possible increases in homelessness has been the freezing of local housing allowance and the freezing of benefits. It mentioned those things as the biggest issue in the rise in homelessness. I wish that Stephen Kerr would take that up with his UK Government colleagues.

The housing bill will be introduced in due course. I engage with the private rented sector regularly on that. We need to build more homes, which I acknowledge. However, as I said, the biggest impact on homelessness is local housing allowance and the freezing of benefits. I hope that Stephen Kerr takes that back to his UK Government colleagues.

Point of Order

14:28

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): On a point of order, Presiding Officer.

Standing order rule 12.3, on committee meetings, says:

“A committee shall meet to consider such business on such days and at such times as it may from time to time decide, subject to any timetable specified in the business programme.”

Today, we have learned that the convener of the Rural Affairs and Islands Committee has cancelled the stage 2 consideration of the Wildlife Management and Muirburn (Scotland) Bill. This cancellation at the beginning of stage 2 of such an important bill will potentially delay legislation, with knock-on effects for the rest of the committee’s work programme and other current and forthcoming legislation.

A unilateral decision by the convener to do that, without consulting members, is an insult to the hard work of committee members, whose efforts are being undermined by the whims of a convener who is more interested in playing politics than in discharging the functions of his role. Will the Presiding Officer advise us on what action she and the Parliament can take to ensure that the committee meets tomorrow to consider this important bill at stage 2?

The Presiding Officer (Alison Johnstone): I am not aware of the circumstances to which you refer, Mr Fairlie, but that is a matter for the convener of the committee in the first instance, so I suggest that you take that up directly with the convener.

Breastfeeding

The Presiding Officer (Alison Johnstone):

The next item of business is a debate on motion S6M-11935, in the name of Jenni Minto, on celebrating and supporting breastfeeding in Scotland. I invite members who wish to speak in the debate to press their request-to-speak buttons.

14:31

The Minister for Public Health and Women’s Health (Jenni Minto): I am delighted to open this debate to celebrate and support breastfeeding in Scotland.

As the Minister for Public Health and Women’s Health, I am clear that improving the health of babies and young children is fundamental to underpinning Scotland’s overall population health. To enable us to do so, our ambition should be for every baby in Scotland to be breastfed. That is not to say that I do not believe that parents should have a choice about how they feed their children—they absolutely should—but those choices can sometimes be unduly influenced by external factors. For mums who either struggle to or just cannot breastfeed, there might be no choice at all, but those women who can breastfeed should be encouraged and supported to do so.

The United Kingdom has some of the lowest breastfeeding rates in Europe. Breastfeeding—the provision of human milk—is the most accessible and cost-effective activity available to public health and is known to prevent a range of infectious and non-communicable diseases. Despite recent welcome improvements in Scotland, the majority of babies are still wholly or partially formula fed for most of their first year of life.

The evidence about the benefits of breastfeeding for both mother and baby is clear and is about more than nutrition: the physical act of breastfeeding itself brings many additional benefits, and its contribution to the health and development of babies has lifelong impacts.

Meghan Gallacher (Central Scotland) (Con): I have been listening to what the minister is saying because I am really interested in this subject. In particular, take-up of breastfeeding tends to be lower in areas of high deprivation. Has the Scottish Government done any research on that? Is there a clear focus on ensuring that we are getting to the people whom we really need to get to?

Jenni Minto: I will come to that idea later in my speech. We have done more than just research; we have put things in place, including family nurse partnerships.

The evidence is strongest regarding the benefits of exclusive breastfeeding during the first six months of life. To fully realise the potential that breastfeeding has for our nation's health, we must listen to and act on that evidence. In November, I and my colleague the Minister for Children, Young People and Keeping the Promise launched the early child development transformational change programme in order to focus on driving change in children's earliest years. Nutrition and health are key pillars of that programme. According to the World Health Organization, breastfeeding—alongside the quality of a young child's diet—sets a trajectory for lifelong health and wellbeing.

Collective efforts across whole systems are needed to deliver on our ambitions to improve child health outcomes. In recent years, Scotland has seen a noticeable and positive shift in the rates of breastfeeding at birth and beyond, both among younger mothers and among those from more deprived areas, whose rates were historically low. We now have our highest recorded rate of breastfeeding at age six to eight weeks, which stands at 47 per cent. That is evidence that breastfeeding inequalities are reducing. That amazing achievement has been driven by the collective efforts of infant feeding teams across our national health service and their third sector partners to focus on what works best. I congratulate everyone involved, especially the mothers themselves.

Thanks to those efforts, alongside our additional investment of £9 million over the past five years, we now know what can and is making the difference that we want to see in Scotland. That investment has had some tangible long-lasting impacts, for example in NHS Ayrshire and Arran, where a peer-support project has been integrated into the local infant feeding offer, and in NHS Lothian, where targeted interventions were tested in one locality with low breastfeeding rates and were then successfully scaled up.

We also continue to invest in our national donor milk bank, which is the only one of its kind in the UK, so that it can innovate, expand and continue to provide a safe supply of breast milk to some of our sickest and smallest babies. I am grateful to those who continue to provide donor breast milk to support that work.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): Will the minister take an intervention?

Jenni Minto: I would like to make progress.

Using human milk as a bridge to breastfeeding means that Scotland is following international best practice. Protecting, promoting and supporting breastfeeding is a fundamental principle of the World Health Organization's "International Code of

Marketing of Breast-milk Substitutes". The code provides robust and clear direction to all countries on how to achieve that.

I am clear that regulation has, and continues to have, a clear role in protecting all parents from the impacts of inappropriate marketing and the promotion of infant formula. The code also prevents the free distribution of infant formula. It has been shown in many countries, including the UK, that such tactics seriously influence infant feeding choice. We have seen over many years—indeed, decades—how the marketing of infant formula has influenced parents' choice. The most recent *Lancet* series on breastfeeding sets out clearly where those influences can cause harm. Those marketing practices undermine parents' confidence in understanding their babies' feeding behaviours as part of normal development. They also undermine breastfeeding.

Regulation on marketing—as opposed to alternatives, such as voluntary codes—remains the best way to achieve the desired approach consistently and equitably, and in the best interests of babies. Giving a child the best start in life can be seriously affected by today's cost of living. We know that many families are struggling with the cost of infant formula, and I welcome the recent interventions to review the marketing of that product and the lowering of price. The cost of infant formula, which is the only other nutrition apart from breast milk that babies can be fed, has in some cases increased by 25 per cent over the past two years.

The Competition and Markets Authority and Glasgow MP Alison Thewliss, among others, have made the case for change. The CMA's report stated that families could save up to £500 by buying cheaper formula options. I note that the costs of some infant formulas have recently come down, which is welcome, but they were already too high, leading to some families being unable to make formula feeds safely.

All babies should be fed safely and responsibly, and feeding choices should be fully informed, supported and free from harmful commercial influences. That brings me back to my overall ambition to improve the health of babies and young children as a fundamental underpinning of overall population health and a human right. Scotland will be the first UK nation to incorporate the United Nations Convention on the Rights of the Child into domestic law, thereby ensuring that we are a country that respects, protects and fulfils children's rights. Protecting those rights means thinking differently and acting differently. That should include how we support the choices that women make on how long they want to breastfeed for.

One of the barriers relates to how new mothers are supported to return to the workplace. NHS Scotland has worked with breastfeeding experts to develop its new “Once for Scotland” guideline on breastfeeding and return to work, which was launched in November 2023 and has been welcomed by the sector. Although those rights are already enshrined in law, they are not always acted on in ways that make a difference. That can have an impact on decisions about how long babies are breastfed for, and even whether they are breastfed at all.

We know that, due to the on-going pressures on all families because of the cost of living crisis and the pressure to put the needs of their employers before the needs of their families, some mothers are returning to work earlier than they might otherwise have done, and that is influencing their infant feeding choices. The new NHS Scotland guideline is an exemplar of how employers can act positively to consider the needs of women as mothers first, and to support their breastfeeding goals. I would like all employers to look at the guidelines and focus on the action that they could take to make a difference.

I return to my points about culture and societal norms. Normalising breastfeeding is much harder than it should be. The debate is not about breastfeeding versus formula feeding; it is about gaining a deeper understanding of how infant feeding choices are made and, most importantly, how they should be supported.

However, making a difference takes more than supporting individual choice. It takes action by communities, senior leaders, businesses and organisations to gain the knowledge and understanding to change societal norms and culture around breastfeeding. It is about breastfeeding being visible in areas that pregnant women and new mothers visit regularly. I am pleased that, on my home island of Islay, the bookshop is breastfeeding friendly.

Tess White (North East Scotland) (Con): I admit that progress has been made. However, the Royal College of Midwives has said that midwifery is in crisis, due to turnover. In order to improve the culture, does the minister recognise that we need to do something to help our midwives?

Jenni Minto: It is clear that the Scottish Government recognises that, and that it has helped to increase the number of midwives. Yesterday, I spoke to two in my constituency. It is clear that, to enable mums and families to have the best start, we need to ensure that we have the right number of midwives. Through investment, the Scottish Government has helped to increase those numbers over the past few years.

Hollie McNish’s “Embarrassed”, about her experiences of breastfeeding her baby, is a stark poem, which, it could be argued, calls out some elements of society. I will quote a few lines:

“I spent the first feeding months of her beautiful life
Feeling nervous and awkward and wanting everything
right
Surrounded by family ’til I stepped out the house
It took me eight weeks to get the confidence to go into
town
Now, the comments around me cut like a knife
As I rush into toilet cubicles feeling nothing like nice
Because I’m giving her milk that’s not in a bottle”.

That powerful poem has made me look at things, and conversations that I have had since reading it have emphasised the powerful words that Hollie used. I recommend that everybody read it.

Scotland should and can do better. That is why, in 2019, we launched our national breastfeeding friendly Scotland scheme. Despite there being laws to support breastfeeding in public—including Scotland’s world-leading legislation on the issue—we still hear too many stories of mothers being stopped from feeding their babies, or feeling uncomfortable in doing so openly.

Rachael Hamilton: Will the minister take an intervention?

Jenni Minto: I am sorry; I must continue.

Seeing other women breastfeeding in communities, and hearing breastfeeding being discussed and promoted as part of a normal life that children experience when they are growing up, will also make a difference. At our recent national breastfeeding celebration event, I announced that, following a successful pilot, the early learning modules of the breastfeeding friendly Scotland scheme had been launched. Those resources will help to embed the normalisation of breastfeeding to our youngest children through play and learning, to support intergenerational behaviour change.

I am fully aware that there is more to do. Bringing all our learning, evidence and practice closer together can make even more of a difference. That is why we will work closely with our stakeholders to set out our route map for the future. There will be a focus on consistency and equity for evidence-based practice and support that is both universal and targeted. That will be developed around the 2018 becoming breastfeeding friendly review, and we will set out progress on those recommendations and the learning from our national improvement programme, which we aim to publish in the spring.

We will also be clear on how we will use data to measure progress over the coming years and how we can continue to share learning and innovation between cross-sector partners.

We know that mums and other new parents welcome and value support from their peers, especially for infant feeding. To better understand the reach and impact of peer support, we will review that across Scotland over the next two years. That process will be informed by new parents who have used such services or tried to access them and by our service providers.

We are clear that we remain committed to the UNICEF UK baby friendly initiative, for which all settings—maternity and community—in Scotland are accredited, and we continue to use those standards as a foundation for continuous improvement. Those standards are built around core aspects of infant feeding care, including skin to skin, the mother-baby bond and helping parents to respond to feeding cues.

Public Health Scotland’s “Off to a Good Start: All you need to know about breastfeeding” and the Parent Club website have great accessible information.

I want breast milk to be seen as the normal nutrition for babies and all new parents to have the information and support that they need to provide safe and responsive infant feeding, and I am determined to make that happen.

I commend the motion to Parliament.

I move,

That the Parliament welcomes that, across Scotland, breastfeeding rates have risen and that inequalities in breastfeeding rates have reduced in the past few years, in line with additional funding provided by the Scottish Government of over £9 million; notes that there continues to be a need for a cross-sectoral approach to support, promote and protect breastfeeding; agrees that mothers’ experiences should be continuously improved and supported through evidence-based practice; recognises that parents should be free to feed their babies where and when they need to, including in public spaces, and be supported to do this through businesses embracing the national Breastfeeding Friendly Scotland scheme; agrees that Scotland should continue to embed the UNICEF UK Baby Friendly Initiative across its maternal, neonatal and community settings, throughout the NHS and core nursing and maternity education curriculum; further agrees that infant feeding services should be recognised as a vital service and integral to optimising infant feeding support across the NHS and its partners; recognises that third sector and voluntary peer support remain pivotal to babies being breastfed in the first few weeks of life and beyond, and agrees that breastfeeding has a role in supporting the economy, and gives all children the best possible start in life.

The Presiding Officer: Members may wish to know that we have a fair amount of time in hand this afternoon and that, if possible, they will receive time back for any interventions.

14:45

Tess White (North East Scotland) (Con): The benefits of breastfeeding are well known, but the

difficulties in establishing and sustaining it for mother and baby are not widely recognised. For many new mothers, breastfeeding can feel like an unexpected battle, especially after childbirth. Mothers are overjoyed but on their knees from exhaustion. There can be a poor latch, not enough milk, too much milk, thrush, blocked milk ducts, tongue-tie, mastitis, cluster feeding or infant weight loss. Something that is supposed to be natural can feel like anything but.

A mother shared with me that the problems that she experienced as she tried to breastfeed felt like her

“first failure as a mum”.

Another mum told me that she cried every time feed times came around, as she was told by hospital staff that “Breast is best.” She felt that she was failing when her baby did not latch or feed properly.

I worry that an unintended consequence of promoting and celebrating breastfeeding is that new mothers who cannot or do not want to breastfeed can feel a sense of shame. Policy makers and health practitioners need to be sensitive to that, because feeding a baby means so much more than policy guidance and Government targets.

Most new mothers will require some level of support to successfully establish breastfeeding. That support will often come from midwives, following the baby’s birth. They can advise on attachment and position, and assess the baby for a tongue-tie. However, midwives are increasingly called away from essential time supporting infant feeding to cover acute care.

Community midwives are also very important in supporting maternal and infant physical and mental health in the crucial first days. Postnatal care is often called “the Cinderella service”—something that midwifery services strive to provide but often struggle to deliver because the capacity simply is not in place.

The Royal College of Midwives is clear that midwifery services in Scotland face some real challenges. That is why the Scottish Conservatives’ amendment emphasises the importance of staffing. Demographic and societal changes are putting increasing pressure on workforce demand, and the Scottish National Party Government is failing to step up to the challenge. Meanwhile, the retention of experienced midwifery staff continues to be an issue. Many want to leave the profession altogether because they worry that they cannot deliver the required quality of care.

The figures are striking. Globally, if almost all mothers breastfed, 823,000 infant deaths and

20,000 maternal deaths from breast cancer could be prevented. If Scotland is to realise the ambition to support women with their feeding journeys, it is vital that the resources are in place. Without those resources, the risk is that new mothers will feel the pressure to breastfeed without the interventions to succeed. That will impact not only on breastfeeding rates; it can have a damaging impact on maternal mental health.

Although midwives are a crucial source of support for mothers who want to breastfeed, peer support services have done much to help new mums as they establish breastfeeding, which can take several weeks. Breast buddies Angus is an amazing peer support group that provides weekly support sessions, local WhatsApp group chats, antenatal classes, one-to-one support by text and phone, and a private Facebook group. It provides the targeted support and community spirit that so many mothers miss during the isolation of early motherhood. It is in those initial days and weeks that it helps so much to have someone else say, "Me too" or "That's completely normal".

Cara Jamieson is one of the group's wonderful volunteers who help countless mothers across Forfar, Montrose, Carnoustie, Arbroath, Brechin and Monifeith to navigate their feeding journeys. She says that the support network struggles to secure reliable funding from year to year. Like so many other third sector organisations that work alongside public services, it is desperate for long-term funding to help it to survive.

Cara has also shared her concerns about the centralisation of specialist infant feeding support services in Dundee. A new mum in Montrose who has a baby with a suspected tongue-tie must travel an hour each way to be seen at Ninewells hospital. Mothers who are recovering from caesarean sections must not drive, but accessing such specialist support by public transport takes up to two hours each way. I have regularly raised with the SNP-led Scottish Government the geographical disparities in specialist healthcare services, especially those supporting maternal mental health. Such postcode lotteries can act as a barrier to accessing care. Services must be delivered as locally as possible if we are to ensure that no mum is left behind.

There are other obstacles, too. For babies who require tongue-tie divisions, waiting list times can vary. Even a few days can feel like an eternity for parents whose baby is struggling to feed and is losing weight. Interventions to support feeding in the interim, including cycles of breastfeeding, pumping and combination bottle feeding, can be physically and emotionally exhausting for a mother who is in postpartum recovery.

Scottish Labour's amendment is right to highlight the massive concern that

"health visits for mothers and babies are being reduced due to staffing pressures".

That is happening in Angus, in my region, where health officials contacted parents to say that there would be no scheduled reviews between the three-month check-up and when children are aged between 13 and 15 months. There are very real concerns for the wellbeing of babies and families there, who will be left without support for a year.

We must recognise that breastfeeding is usually established in the first month to six weeks after the baby's birth, so resources need to be available in that crucial window to support mothers who want to try it. So many mums want to persevere, but they find that they just cannot. That is why it is so interesting that, at the time of a health visitor's first visit, when the baby is around 10 to 14 days of age, fewer than half of babies—37 per cent—were exclusively breastfed.

The drop-off rate for some mums can stem from embarrassment or anxiety about feeding in public. I share the aspiration that feeding should become normalised so that no one is worried about being judged. One mum shared with me that she was so nervous about feeding her baby in public that she sat on the floor of a nearby women's toilet—another reason, I add, why preserving women's spaces is so important.

Important, too, is the language used by health practitioners and by wider society. Women are not "chest feeders"—a term that I note has been incorporated into the NHS's own guidance for managers and employees on breastfeeding in the workplace. That is wrong.

Breastfeeding can contribute to a beautiful bond between mother and baby. Its health and economic benefits are proven, but breastfeeding can be difficult, painful and exhausting. Pregnant women and new mums need to know that they are not alone, that it is not always a smooth journey and that support is in place to help them to navigate it. It is also important that we support midwives. The Scottish Government must ensure that support continues and that it meets the rising complexities in care and increased levels of demand.

The Deputy Presiding Officer (Liam McArthur): I invite Ms White to move her amendment.

Tess White: I move amendment S6M-11935.2, to insert at end:

"; recognises the benefits of breastfeeding to both the child and the mother, as well as the challenges that mothers can face as they try to establish breastfeeding, and acknowledges the importance of ensuring that midwifery is sufficiently staffed to support postnatal care and infant feeding as well as acute care."

14:54

Carol Mochan (South Scotland) (Lab): I have a personal interest in this important topic, having many years ago trained as a dietician and met many mothers and babies over the years. It is also an area that Labour members before me have championed, and I cannot speak about breastfeeding in the Scottish Parliament without mentioning the world-leading legislation that was introduced to the Parliament by my friend Elaine Smith. The Breastfeeding etc (Scotland) Act 2005 makes it illegal to stop a mother feeding her baby under the age of two by breastfeeding or bottle feeding in premises where the public have general access. I am absolutely sure that that legislation has contributed to the improved rates of breastfeeding that are mentioned in the Government motion.

I start in agreement with the Government—I emphasise that Scottish Labour fully supports its initiatives to improve breastfeeding rates in Scotland, and I agree that closing the inequalities gap is paramount. Breastfeeding plays a big part in improving health over an entire life. I will take the intervention from Rachael Hamilton.

Rachael Hamilton: My intervention is about the breastfeeding act that Carol Mochan mentions. I breastfed three children but never in my time saw anyone use that act to protect their breastfeeding of their child under two. Is it time for us to have an awareness campaign to make sure that women are aware of the act? It has disappeared, in a sense.

The Deputy Presiding Officer: Carol Mochan, I can give you the time back.

Carol Mochan: Thank you very much for that intervention. It is a very good point—time passes and we perhaps forget some of the legislation that has been passed when we could be making sure that people in our communities are aware of it. Funnily enough, I was at a women's group earlier today over lunchtime, and I spoke about the 2005 act and how we make legislation work for people in their communities, so that intervention is relevant to me today.

To go back to speaking in general terms, children get one chance at childhood, and it is incumbent on us all, whether we are family members, members of the public or politicians, to do what we can to get it right for every child. From when a child is born, we should ensure that they have the chance to flourish and improve their health and wellbeing over their entire life—I think that all members agree that we should encourage that. At that wonderful moment, we also have the chance to improve the life of the mother. The long-term health benefits of breastfeeding are well documented. It is an amazing opportunity, and the

Government must ensure that its approach to breastfeeding champions that fact.

It is clear that improving breastfeeding rates in Scotland would help to improve the health of babies and mothers and reduce inequalities in health, which is why this is such an important debate. Because there is such strong evidence that breastfeeding benefits both mother and baby, there is great value in the Government committing to invest in policies that support and promote it.

Public Health Scotland is clear that breastfeeding provides the best nutrition for babies and young children and supports children's health in the short and long term. We have heard that breastfeeding reduces children's risk of gut, chest and ear infection and leads to small but significant improvement in brain development. Breastfeeding benefits mothers' health, with strong evidence that it reduces the risk of breast and ovarian cancer and some evidence that it may also promote maternal health and healthy weight and reduce the risk of type 2 diabetes.

The benefits of breastfeeding for both baby and mother are recognised across the world, and it is important to note that that includes high-income countries such as Scotland. At times, that can be questioned. It is perhaps easier to understand the benefits in less developed countries, but western society can overlook the fact that there are clear benefits. UNICEF UK is absolutely clear that increasing the number of babies who are breastfed could cut the incidence of common childhood illnesses, which would not only benefit that individual but could, it estimates, save the NHS across the UK up to £50 million each year. It is interesting that breastfeeding rates in comparable western countries, with similar population sizes and demographics, show that it is possible to dramatically increase rates with political will and a supportive breastfeeding culture. That means that continued investment and commitment from the Government is entirely sensible.

Comparing results can be difficult as many nations across Europe gather details in slightly different ways, but analysing the approach that is taken in countries with positive changes in rates helps to establish what can be done to introduce breastfeeding friendly initiatives. Over the past decade, UNICEF UK has complimented Scotland on its work in this area, highlighting marked improvements in breastfeeding rates, and particularly the rise in breastfeeding at six months—one of the studies that I looked at showed a rise from 32 per cent in 2010 to 43 per cent in 2017. Those results highlight the positive impact of national infant feeding strategies across Scotland, including supporting maternity and community services in Scotland to achieve baby-

friendly accreditation—I will come back to that later in my remarks.

The latest figures show that two out of three—66 per cent—of babies born in Scotland in 2022-23 were breastfed for at least some time after birth, while 37 per cent were being breastfed at 10 to 14 days. However, it is thought that the increase in that figure was mainly due to mixed breast and formula feeding.

Although all improvements are welcome, we need to acknowledge that progress is slow and merits strong scrutiny from the Government to ensure that it is committed to on-going improvement. We also need to make sure that the data is easily accessible and user friendly. It is not easy to find like-for-like figures, but such information would be helpful when we are trying to support such initiatives and work constructively with the Government on the issue.

Current guidance recommends that babies should receive just breast milk for the first six months—we have heard that sometimes we are not very good at achieving that—and that solid foods should be introduced after that but that children should continue to be breastfed up until their second birthday or for as long as the mother and baby wish. In Scotland, we have some of the lowest breastfeeding rates in the world and we know that many women are stopping breastfeeding before they want to. We have a responsibility to make sure that that does not happen. As legislators, we must ensure that women have a real choice to breastfeed should they wish to do so.

As I have mentioned before, there is good evidence that interventions can work to improve breastfeeding rates. That is why Scottish Labour lodged its amendment today: to highlight the need to ensure that women have all the levers in place to support breastfeeding. Health visitor services are key to that. We are hopeful that the Government will see the amendment in the way in which it is intended: to nudge it to make commitments to support vital health visitor services across Scotland. Scottish Labour is concerned by reports that health visits for mothers and babies are being reduced due to staffing pressures. The amendment calls on the Scottish Government to guarantee that families are able to fully access the service.

I spoke to several women in preparation for today's debate and every single woman mentioned to me that there was strong support in the hospital but an absence of support once they got home. If we want to support women to breastfeed—particularly to exclusively breastfeed—we need to have longer-term support, which is something that health visiting guarantees. I acknowledge that a more comprehensive

approach is needed, as mentioned by the minister and Tess White. If we do not accept that, in reality, there are funding restraints and that sectors such as the NHS and the third sector are being stripped of funds, we are not doing the debate justice. To make such initiatives work, we need to have in place good training and provision for our health service workers and longer-term funding for the third sector.

I am conscious of time, so I will close by reiterating Scottish Labour's support for a real choice for mothers to breastfeed. We support the legislation that is in place in Scotland and the schemes that are aimed at ensuring that breastfeeding is embedded in our communities and businesses across Scotland. We hope that the Scottish Government will address the issues that are raised in today's debate to make breastfeeding a reality for all the mothers and babies who wish to breastfeed and would benefit greatly from it.

I move amendment S6M-11935.1, to insert at end:

“; is concerned by reports that health visits for mothers and babies are being reduced due to staffing pressures, and calls on the Scottish Government to guarantee that every family is able to fully access the Universal Health Visiting Pathway, which consists of 11 home visits to all families, including eight within the first year of life and three Child Health Reviews between 13 months and four to five years.”

15:04

Alex Cole-Hamilton (Edinburgh Western) (LD): I am grateful for the opportunity to speak for the Liberal Democrats in this important debate, and I thank Jenny Minto for securing chamber time for it.

We have come a long way in this country in terms of our approach to breastfeeding, which was laid out in the Breastfeeding etc (Scotland) Act 2005. That legislation represented a step change in our attitudes and society's attitudes to breastfeeding, which until then was still shrouded in stigma and was, at times, regressive.

Even after that legislation was passed, I came up against that stigma personally, when my wife and I went to a bar with our newborn son, Finn, some 15 years ago—a couple of years after the 2005 act was passed, or a little bit later. We were going to have some food with friends, so we rang up the bar and asked whether it was okay to bring a child in, and it said that children were welcome until 8.30. That was until Gill started to breastfeed Finn. We were made so uncomfortable that a member of staff suggested that the advice that we had been given was wrong and that we had to leave. We phoned the bar again later and were advised that there was nothing wrong with the

advice that had been given originally. We could see that we had just made waiting staff feel uncomfortable.

Breastfeeding has an important role to play in children's health outcomes. We know, for instance, that it helps to protect children from a range of infections and illnesses such as asthma, diabetes, obesity and heart disease. We also know that it has a role to play in protecting mothers from ovarian cancer and breast cancer. There are, of course, all the added financial advantages to families, who can save on the cost of formula.

We should be proud of the distance that we have travelled in this country. It is a point of pride that we were the first country to legally protect breastfeeding in that legislation back in 2005. It was taken through Parliament by Elaine Smith of Labour and backed by Liberal Democrat-Labour coalition votes. The 2005 act made it a criminal offence to deliberately prevent someone from or stop them feeding a child under the age of two in a public place in Scotland.

Although we have come that distance, there is still work to be done to ensure that every mother has the support that they need to make the best and most informed choice for themselves and their baby. A recent infant feeding survey found that 65 per cent of babies born in Scotland were breastfed for at least some time after birth, and that 46 per cent of babies are still being breastfed after the six-to-eight-week mark.

What is notable about that survey is that mothers living in more affluent areas are more likely to breastfeed than those in deprived areas. That is a health inequality. We can see that there is also a disparity when we look at how health boards are performing in supporting mothers to breastfeed. Government must give health boards the support that they need to close the gaps, with a particular emphasis on those less-affluent areas. We cannot have a postcode lottery when it comes to giving children the best start in life.

It is also important to say that the decision whether to breastfeed is always solely the mother's. Women must be given all the information about the benefits of breastfeeding and be provided with all the advice and in-person support, if needed, to help them to breastfeed, if they so choose. However, that support must always be support—never pressure.

Having a child is a life-changing event. For many people, sadly, that change is not as straightforward as they had assumed it might be or as we would wish it to be for them. The postpartum period is a very vulnerable time for new mothers, and some women find it more challenging than others to feed their baby.

Breastfeeding can also become more difficult because of infection or mastitis. It is therefore vital that, when we talk about the benefits of breastfeeding, we do so in a way that does not stigmatise any mother who is unable to breastfeed or chooses not to.

There are cultural aspects to breastfeeding as well.

It is vital that any mother who struggles with postnatal depression is given all the support and care that they need to cope. It is deeply concerning that only 14 per cent of Scottish health boards met a UK-wide standard that was devised by the Royal College of Psychiatrists for specialist perinatal mental health support. That is an issue that I have raised in the chamber before.

Scottish Liberal Democrats were proud to be the first party in this Parliament to set out a comprehensive and dedicated strategy for improving the detection and treatment of maternal mental health issues to bolster our perinatal mental health offer, and it was gratifying when the Government adopted much of that blueprint. However, despite the good work that has been done in that area and the good progress that has been made, there sadly continues to be a postcode lottery for perinatal mental health services in Scotland. Women across Scotland cannot afford the Government resting on its laurels on the issue.

Protecting mothers and giving newborn babies the best possible start in life has to be an absolute priority for everyone in the chamber—not just the Government, but the entire Parliament.

The Deputy Presiding Officer: We move to the open debate.

15:10

Stephanie Callaghan (Uddingston and Bellshill) (SNP): I am delighted to speak in today's Scottish Government debate on celebrating and supporting breastfeeding. Breast milk is the perfect source of nutrition for babies, and I am lucky enough to have fed three babies. We will hear much about the health benefits.

In the middle ages, breast milk was deemed to possess magical qualities, and that was not far from the truth. The motion is right to welcome the rise in Scotland's breastfeeding rates, the Scottish Government's targeted investment of £9 million and the support from infant feeding teams and family nurse partnerships, which is beginning to address the stark inequalities that exist for some groups. However, we need much more than that—we need a radical shift in thinking and actions.

Ambition is key and, for the long term, we should aim to double the current breastfeeding

rate so that 94 per cent instead of 47 per cent of babies are breastfeeding at six to eight weeks old. We should look for creative ways to inspire many more young women to successfully nurture their babies for the first six months of life with breast milk only, as is recommended by the World Health Organization. We must do more to tackle social attitudes towards breastfeeding mums of all ages, in the recognition that women's breasts are first and foremost for nurturing children.

That is a huge challenge, but it should absolutely be our ambition, because breastfeeding rates in other countries demonstrate that achieving that is entirely possible, as we have heard. The Scottish Government has a commendable history of investing in children's wellbeing—from the Scottish child payment to prenatal care and the 1,140 hours of early years education. The baby box initiative is also noteworthy, and I hope to hear, from the minister, more detail about its role in normalising breastfeeding.

Rachael Hamilton: I note with interest the member's reference to the baby box. What is in it to support women to breastfeed?

Stephanie Callaghan: I hope to hear the detail on that. I asked a parliamentary question about that and the minister confirmed the position.

Not too long ago, most of our grannies embraced breastfeeding but—sadly—the huge surge in popularity of modern formula brought a significant shift in infant feeding practices. The decline in breastfeeding resulted in a profound loss of knowledge that had previously been shared across families and communities, and the network of support that so many mothers relied on for breastfeeding success disappeared in a short time. I acknowledge the role of artificial formula milk, but it should not be normalised as a convenient like-for-like alternative to breastfeeding, because it is not.

Beyond the well-established nutritional and physical health benefits of breastfeeding, a growing body of research highlights its far-reaching psychological effects—for example, breast milk stimulates cognitive, social and emotional brain development in our babies and children, and those advantages last a lifetime. The benefits are not confined to our children; breastfeeding mothers often report lower levels of anxiety and stress, and clinical evidence backs that.

Breastfeeding has qualities that make it really magical. The very first feed after birth is rightly hailed as a baby's first vaccination—it is an injection of immunisation from the mum. When a mum or child is sick, breast milk adapts to provide specific antibodies to combat the illness. Morning breast milk has increased cortisol, so that it acts

like an energy drink to wake up a child and, in the evening, melatonin rises and acts as a sleeping potion, which helps to develop a baby's circadian rhythm. Best of all, when mums breastfeed, the love hormone oxytocin is released, which induces a strong sense of love, calm and connectedness between mums and babies.

I know from my work as a breastfeeding peer-support volunteer that many mums look forward to making the magical breastfeeding connection with their baby. Although a tiny number of mums cannot physically breastfeed, many mums feel as if they fail.

Most often, that stems from a lack of intensive support in the crucial early hours, days and weeks post birth. However, until we rebuild our multigenerational network of family and community knowledge, mums will still require the assistance of health professionals and volunteers to overcome challenges such as low milk supply, mastitis and latching issues.

Meghan Gallacher: I commend Stephanie Callaghan for her work on breastfeeding. I want to mention my experience in relation to health visitors. My daughter has not had all of her health visits. The health visiting service is so understaffed that it is unable to fulfil all the milestones in a baby's journey. Does the member find that concerning? What can we do to encourage more people to become health visitors, to ensure that we have the support in place to help mums to breastfeed?

The Deputy Presiding Officer: I can give you the time back for that intervention, Stephanie Callaghan.

Stephanie Callaghan: I think that that is a little bit off topic, but we definitely need to work really hard to do that.

Not every mum will succeed at breastfeeding, but there is no need for guilt, because our best will always be good enough. Social acceptance also has a key role to play, and mums need to feel that it is okay to feed their baby wherever and whenever they are hungry. I urge employers to play their part by joining the breastfeeding friendly Scotland scheme. It is quick and easy to become a supportive space for breastfeeding mums.

Breastfeeding groups are vital, too. They provide a safe environment where mums can observe others feed and swap tips on suitable clothes for covering up during feeding. Let us face it: no mum wants their post-pregnancy belly on show. Witnessing the progress of mums who were struggling to feed one week but thriving the next is a big boost to confidence, and sharing challenges honestly with volunteers or other mums can sometimes be easier than doing so with busy health professionals.

Presiding Officer, I could talk about breastfeeding all day. Much of my passion comes from personal experience, but it is also to do with the mountains of irrefutable evidence showing that breastfeeding gives our babies and children the very best start in life. That is certainly worth celebrating and supporting.

I will finish with Keith Hansen's words in his contribution to *The Lancet* breastfeeding series, which encapsulate the extensive health, nutritional and emotional benefits that breastfeeding provides to children, mothers and wider society. He said:

"If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics."

The Deputy Presiding Officer: Thank you very much, Ms Callaghan. I remind members that we have a bit of time in hand, so anyone taking interventions should get the time back.

15:17

Rachael Hamilton (Etrick, Roxburgh and Berwickshire) (Con): Today's debate focuses on the important topic of breastfeeding. Colleagues from all parties have recognised its importance in their speeches and have been sharing their vital personal experiences; indeed, we have just heard a very good speech in that regard. I, too, want talk about my personal experience, as bringing life into the world is one of the greatest experiences and joys, and I feel very lucky to have done so. It is a very exciting time but, as others have recognised, it can bring a whole host of challenges for many mothers, including breastfeeding.

As I said earlier, I breastfed my three children. It had its ups and downs: I lurched from euphoria to exasperation; I put a lot of pressure on myself and felt judged; and I felt the stigma of feeding in public, as some members have described. I worried all the time that my baby was hungry—I worried, too, that they had had too much.

I had mastitis, and very large refrigerated cabbage leaves became my best friends. I felt very awkward—[*Interruption.*] The Presiding Officer does not understand that, ladies—he is frowning. Presiding Officer, you buy a giant cabbage and put it in the fridge. Once it is cold, you peel off the leaves one by one and then you—well, I will leave it to your imagination what you do with those leaves next.

I struggled with learning the basic skill of breastfeeding and latching on. Some midwives and health visitors were helpful—some were not. Some of us have slightly forgotten to talk about the mother's health today, but the fact is that, to succeed at breastfeeding, mothers must also look after themselves nutritionally and emotionally.

They must be able to get plenty of rest, but that is sometimes not the reality.

By the time that I had cracked breastfeeding—and there were a lot of cracks—I had to return to work. Members will never believe this, but I went back to work when my eldest was 12 weeks old and my middle daughter 14 weeks old, so by the time that I had got to grips—

Alex Cole-Hamilton: Will the member take an intervention?

Rachael Hamilton: Yes.

Alex Cole-Hamilton: I am grateful to Rachael Hamilton for taking my intervention, and I am loth to interrupt her speech, which I am enjoying very much, as it is bringing back a degree of nostalgia about my early days of parenthood. I recall being taught to help my wife to achieve the latch that the member describes. Does she recognise that fathers can be part of the breastfeeding journey and can support their wives in more than just moral ways, but sometimes in technical ways, too?

Rachael Hamilton: I totally agree that paternal support has to be recognised and can be encouraged. Awareness of that will, I hope, filter out of the chamber today. My husband was not helpful in that regard, but he was very good at making a nice cup of tea at about five in the morning.

As I said, my eldest daughter was 12 weeks old when I went back to work and my middle daughter was 14 weeks. I am digressing slightly here, but I could not believe it when, after requesting part-time hours, I was told that I was not allowed to have them because, if I had that, the men in the organisation, who represented about 95 per cent of the staff, would also have to have part-time hours. As far as I remember, I did not notice any of my male colleagues breastfeeding at the time. Thankfully, the Government has updated employment conditions for maternity leave and has improved flexibility, which is really important when it comes to the health aspect for women who are bringing up children and breastfeeding.

A few days after giving birth to my third daughter, I became really unwell. Eventually, after six weeks, I was diagnosed with a very painful condition called rheumatoid arthritis, which I have talked about in the chamber before. It meant that I had to get help from my parents. I had to move in with them, and they had to help me pick up Willa so that she was in the position for breastfeeding as well as help with all the other things that go along with having a newborn.

Preparing for this speech reminded me of that experience. When I thought about it, I saw that the challenges that I faced were perhaps similar to the challenges of being a single mother, having a

disability, having other illnesses, having a caesarean with no help at all or having twins or triplets. In those situations, it is almost impossible to look after yourself without support or to eat and sleep well and, therefore, it is impossible to give breastfeeding your best go.

Why did I choose breastfeeding? It was possibly for the same reasons that others chose it, but a question remains as to why one in three babies in Scotland are not breastfed at all, despite its being free and convenient, which was attractive to me, and despite its having huge health benefits, as my colleagues have mentioned. There is a vast disparity between breastfeeding rates in the most affluent areas and those in the most deprived.

The minister mentioned that breastfeeding rates have been climbing in Scotland, but it is vital to understand why they are not higher. The levers that we have to change that where possible are important, and I hope that the minister will take away action points on that from today's debate. We need to ask what is preventing women from breastfeeding, other than the basic things that I have highlighted. We should also note that, for many women, it is difficult—it is an emotionally taxing experience and, as has been highlighted, it is not easy for everyone.

My experiences of midwives and health visitors were mixed but, of course, most of them work round the clock and are fantastic. They are supportive and do an incredible job, and their support, advice and encouragement can make all the difference. The minister will recognise, and will be the first to admit, that there is more work to be done, but it is the grass-roots organisations that are pulling out the stops to support women with breastfeeding.

Yesterday, I visited the charity Berwickshire Swap at its industrial unit in Eyemouth. The team, which is led by Lianne Drummond, runs a sustainable children's clothes swapping service across the Borders and responds to families in need with emergency clothing parcels. The organiser, Lianne, told me that, at all the swap events, there is a quiet area where women can breastfeed, which is fantastic. It also helps address the issue of social isolation, and the women can chat with one another about some of the problems and issues that they might have. Of course, breastfeeding is a very natural thing to do, so why should they not do it?

Breastfeeding in the Borders, which has 30 volunteers, is another incredibly important support service. When I tried to intervene on the minister, I was going to make the point that, as well as the paid individuals whom she highlighted in her speech, there are people who provide support off their own bat. There are many such people across

all our constituencies and regions, and we should give them credit.

Yesterday, Julie from the breastfeeding in the Borders service told me that, in 2022, it helped 344 women through one-to-one support, which is fantastic. Indeed, local mums have said that

"It's such a valuable resource ... You are amazing, keep doing what you are doing"

and that it is an

"Incredibly supportive service",

so well done to Julie and the breastfeeding in the Borders service.

As others have said, we clearly need more public acceptance of breastfeeding. In the 2017 Scottish maternal and infant nutrition survey, nearly a quarter of women said that they felt uncomfortable about breastfeeding in public.

Do you want me to close, Presiding Officer?

The Deputy Presiding Officer: Yes, I think that you need to conclude.

Rachael Hamilton: We all know the benefits of breastfeeding, so it is vital that not just women and mothers but everybody celebrates and supports breastfeeding in Scotland.

The Deputy Presiding Officer: Thank you, Ms Hamilton, particularly for the personal tutorial elements of your contribution.

15:26

Karen Adam (Banffshire and Buchan Coast) (SNP): I am having flashbacks to smells of sour milk and cabbage, so I thank Rachael Hamilton for that.

I am delighted to take part in this debate on a subject that is very close to my heart—no pun intended. Today, I am, of course, speaking as an MSP, but I am also speaking as a mother who breastfed six children in very different circumstances. Each experience was unique. Although I loved it, it was sometimes fraught with significant—and painful—challenges.

Before I begin, I emphasise that I have the utmost respect for the varied choices and circumstances of all parents. Some face medical, physical or personal issues that make breastfeeding difficult or impossible. It is vital to remember that the ultimate goal is the child's health and wellbeing; we must all embrace the "fed is best" principle. What matters most is that children are nourished, loved and cared for, whether through breastfeeding, formula feeding or a combination of both. In Scotland, we must strive to create an inclusive society in which everyone feels supported, irrespective of feeding choices.

In reflecting on my own journey, I cannot help but recognise how different each experience of postpartum motherhood was for me, particularly my first time as a mother, aged 16, in 1991, and my last, at the age of 36, in 2011. The societal landscape around breastfeeding and maternal support underwent a significant transformation over those two decades, but so did I, as an individual.

Navigating the challenges of breastfeeding as a young mother, aged 16, was daunting. The support and messaging around breastfeeding were different then, and advocating for myself, as a young person, in the face of those challenges was not always easy. I was more vulnerable, less informed and heavily reliant on the support systems around me. That is the reality for many first-time mothers, especially those in non-supportive environments, so the role of professional support in those formative stages cannot be overstated.

That experience starkly contrasted with my journey at age 36, when I found myself being more confident and assertive. The societal messaging around breastfeeding had evolved, and so had the support structures. More important, I had evolved, too. I was better equipped both emotionally and intellectually to advocate for my needs and those of my child.

The needs of each of my children were different, and my body responded differently each time. From feeding for three months to doing so for as long as two years with another of my children, what stood out was the incredible support that I received from midwives, health visitors and those in my circle.

Stephanie Callaghan: After feeding your baby for three months, did you find it a bit of a nightmare to have to wash and sterilise bottles, heat up milk and mix bottles? I certainly found that incredibly difficult and, had I realised that, I would never have given up breastfeeding.

The Deputy Presiding Officer: Speak through the chair, please.

Karen Adam: I will go on to talk about why it ended a bit early, but one of the perks of breastfeeding is its convenience and, particularly, the cost.

The guidance, encouragement and expertise that I got from the professionals and my circle around me were vital, as they helped me not only to feed but to believe in my ability to nourish and nurture. That is vital, because I can attest to the fact that, unfortunately, the negative perceptions and a lack of understanding from those around me at one time in my life, coupled with my vulnerable postpartum state, led to a premature end to one of my breastfeeding journeys. I was disappointed

with that, but it just shows how far support can take us.

Such contrasts and experiences highlight an essential aspect of our discussion: the varied needs of mothers at different stages of their lives. They underscore the importance of tailored support and recognising that a one-size-fits-all approach does not suffice. After all, every mother's journey is unique, and our support systems must be flexible and responsive to those varying needs.

As we delve deeper into the subject of breastfeeding in Scotland, it is crucial to acknowledge and celebrate the Scottish Government's commendable efforts and achievements in this policy area. The Scottish Government has not only recognised the importance of breastfeeding but taken concrete action to support it across the nation.

One of the most notable achievements is the significant investment of more than £9 million in breastfeeding initiatives. The Scottish Government has shown a strong commitment to enhancing breastfeeding support services. That funding has been instrumental in increasing breastfeeding rates and reducing inequalities in breastfeeding across Scotland, and it reflects a dedicated effort to ensure that all children, regardless of their background, have the best start in life.

Furthermore, the Government's endorsement of the UNICEF UK baby friendly initiative and its integration of that initiative in maternal, neonatal and community settings have been game changing. By embedding that initiative in the NHS and in core nursing and maternity education curricula, Scotland has taken a comprehensive approach to improving the quality of care for mothers and babies. The initiative not only promotes breastfeeding but supports mothers in developing a strong bond with their babies, which is crucial for the overall wellbeing of mother and child.

In addition to those initiatives, the Scottish Government has actively worked towards creating a supportive environment for breastfeeding mothers in public spaces. The national breastfeeding friendly Scotland scheme, which encourages businesses and public spaces to welcome and support breastfeeding mothers, is testament to that effort. The initiative is a significant step in normalising breastfeeding in public and making society more inclusive and supportive of mothers' choices.

Members should note that, although supporting breastfeeding in public is vital, calling for rooms where breastfeeding can be done in private adds to a mother's choice. Last night, I asked my daughter, my first child, whom I had the honour

and joy of seeing breastfeeding my two granddaughters—her two children—for her thoughts on the debate. She said that, ultimately, it was about support and choice. Although it is great to encourage breastfeeding in public, many women want to feed completely topless. Some have fussy feeders who wriggle and roll around and make a mess, which they find quite difficult to navigate in a public setting. Therefore, they prefer a private place, so it is essential to have that option.

I express my gratitude to the Scottish Government for its support and commitment to breastfeeding, because I know how important it is. Those efforts have not only made a significant difference to the lives of countless mothers and children but positioned Scotland as a leader in promoting and supporting breastfeeding.

15:34

Claire Baker (Mid Scotland and Fife) (Lab): I am grateful for the opportunity to speak in the debate. Breastfeeding can be an emotive subject. Although we are celebrating the benefits and importance of encouraging breastfeeding, we recognise that every child's feeding journey is different. A number of factors will impact on a decision or the ability to breastfeed. Our role as parliamentarians and policy makers is to ensure that those who want to breastfeed are supported as well as they can be.

The decision to exclusively breastfeed, to mix feed or to formula feed is not one that we should question on an individual basis, but we must provide a supportive, encouraging and enabling environment for every woman who wants to breastfeed. We should ensure that every public space is a welcoming environment. Elaine Smith's member's bill, which has been highlighted this afternoon, gave women the right to breastfeed in public spaces without challenge. It was a groundbreaking piece of legislation that challenged public attitudes and provided protection for breastfeeding women, but we can do more to ensure that the environment is supportive.

Although we welcome the overall increase in breastfeeding rates and recognise the related health benefits for children and mothers, we must note that breastfeeding rates in Scotland and the UK are comparatively low. In recent years, positive steps have been taken to address public attitudes and in the provision of information and support, but we can do more to address the differences in rates that persist across age, location, ethnicity and socioeconomic background.

There are strong generational and peer group pressures on mothers when they are making decisions about how to feed their baby. The PHS

report on infant feeding statistics from November last year shows an increase in breastfeeding among younger age groups, which is really positive, yet the gradient across age groups persists. In 2022-23, mothers aged over 40 were more than three times more likely to breastfeed than mothers aged under 20. Babies born to mothers in more affluent areas are still much more likely to be breastfed than those who are born in the most deprived areas.

We need to ensure that expectant mothers have access to the information and help that they need to make a decision on breastfeeding. We need support groups to be available in familiar community settings, and we need better co-ordinated and comprehensive provision that is clearly communicated from an early stage.

A finding from the UNICEF report "Implementing the Becoming Breastfeeding Friendly initiative in Scotland" was that breastfeeding needs to be improved. The third sector and voluntary organisations play a vital role in that area, but it is the role of health professionals to signpost and support women. We cannot wait until mothers are struggling to breastfeed before we let them know what help is available to them. Being a new parent can be exceptionally difficult, and, although feeding is a personal journey, it is not one in which mothers should ever be left feeling alone or unsupported.

We have seen an increase in rates across all health boards since 2012-13, but geographical inequalities have also increased during that time. Those rates are impacted by a range of factors including age, level of deprivation and ethnic diversity, as well as attitudes in the local community, but they highlight the importance of delivering local support that recognises those factors. NHS Fife's annual report on children and young people for 2023 shows that, although the rate of breastfeeding at the six-week to eight-week mark increased in the past 10 years to 41.9 per cent, it is still below the overall rate for Scotland, and there continues to be a sharp drop in the number of women who start breastfeeding compared to the number who continue to do so at six to eight weeks.

I am keen to hear more from the minister about how more localised and targeted steps could be taken to focus support on areas where rates remain low and to reduce the number of women who stop breastfeeding earlier than they might wish to. If we are to get any closer to the WHO's recommendations for exclusive breastfeeding until six months, we must not only increase the initial rate but address the drop-off, and that needs to begin as early as possible. Research has also shown that decisions about infant feeding tend to be made prior to pregnancy or in the first trimester,

which underlines the importance of public information on attitudes and the impact that that has on those decisions.

Support for feeding must be provided for at the stage of home visits for newborns. Scottish Labour has called for a home visit by a breastfeeding support worker within the first week that a baby spends at home, as well as further consultation to ensure that their needs are met. Our amendment today highlights reports of visits being reduced as a result of staffing pressures, which will be covered by other colleagues in their contributions, but we have to ensure that all families can access the health visiting pathway.

Although the Government's motion highlights a role for breastfeeding in supporting the economy, the Scottish Parliament information centre's briefing notes the additional cost of formula feed. However, we also need to recognise that there are economic challenges related to breastfeeding. An article that was published in the US last year, titled "No such thing as a free lunch", looked at the direct marginal costs of breastfeeding, including equipment, modified nutritional intake and time opportunity for breastfeeding mothers. A breastfeeding mother needs to be a well-nourished mother. She also needs access to simple things such as bras and clothing that enable breastfeeding, which can be out of reach for some mothers.

It found that breastfeeding for a year could cost significantly more than a year's supply of formula. The time opportunity cost for breastfeeding for three to four hours per day might be prohibitively high, particularly for those on a lower income or with other caring responsibilities. That needs to be part of our approach to ensuring that breastfeeding remains a viable option for those who wish to do it.

Although we are focused today on the importance of encouraging and celebrating breastfeeding, I will briefly touch on increasing costs related to formula feeding and the related risk to the health and safety of babies. I recognise that the minister has raised that.

There are a number of reasons why mothers—including mothers who breastfeed or have breastfed—choose formula milk. We must ensure that there is an affordable and consistent supply of infant formula. The UK Government has a role in strengthening the law around marketing, and both of our Governments must ensure that the level of support that is provided through schemes such as best start keeps pace with inflation and increasing costs, so that infant formulas are affordable within the allowance. In times of financial difficulty, babies being fed infant formula can be increasingly vulnerable, and it is vital that services

work to ensure that timely and sensitive support is provided.

Meghan Gallacher: Will Claire Baker take an intervention?

Claire Baker: I am about to close, but I will take Meghan Gallacher's question.

Meghan Gallacher: Does Claire Baker welcome the recent efforts by some supermarkets to lower the price of formula to make it more affordable for families who are experiencing a tough time just now because of the cost of living crisis?

Claire Baker: I very much do, although such efforts are a bit overdue and there are still families who cannot afford to purchase. Last week, in Lochgelly, I visited the big hoose Fife project, which has a partnership with Amazon. One of the biggest supply demands that it has is for infant formula and infant and baby essentials.

Encouraging and supporting breastfeeding is an important public health activity and one that we must continue to work at. There is much more that we can do to ensure that support is available more readily, more locally and at an earlier stage. By delivering that alongside making improvements in public attitudes, creating feeding-friendly places and having supportive employment practices, we can create an environment that helps more women to begin and continue their breastfeeding journey with their baby.

15:41

Fulton MacGregor (Coatbridge and Chryston) (SNP): Approximately 20 years ago, a younger me, as a trainee social worker, attended a parents group setting with my then practice teacher. When I returned from the session, I was apologised to for the fact that one of the mothers had been breastfeeding during it. If I am absolutely honest, I had not even noticed, but I started to reflect on that experience—the fact that I can still remember it now probably tells you something. In my early 20s, I had not even thought of breastfeeding as a thing, which is probably why I had not noticed it. However, why had I also been apologised to for its potentially making me feel uncomfortable? It is clear that, at least at that time, there was still stigma and breastfeeding was more likely to take place in non-public settings.

As the Government's motion states, we must celebrate progress where it happens. This afternoon's topic of debate is an opportunity to celebrate and continue to support the positive trends in breastfeeding rates across Scotland. It is important that, like Carol Mochan, Claire Baker and other members, I pay tribute to my former

colleague and constituency predecessor Elaine Smith for her great work in this area.

Breastfeeding is a multifaceted topic that touches on issues such as health and wellbeing, public education and poverty and inequalities in Scotland today. Breastfeeding is undoubtedly the best method of ensuring that newborns are nourished and providing the healthiest foundation for a child's short-term and long-term wellbeing. The NHS currently recommends that babies should be exclusively breastfed for the first 26 weeks of their lives.

Studies indicate that breastfeeding helps to reduce a baby's risk of infections, diarrhoea and vomiting, obesity and even cardiovascular disease in adulthood. Likewise, for mothers, there is increasing evidence that breastfeeding can lower the risk of various diseases. For those reasons, it is self-evident that improving breastfeeding rates in Scotland would improve the health of babies and their mothers, which would, in turn, reduce health inequalities.

The data is promising, as other members have said. Just over 20 years ago—probably around the time that I just talked about—44 per cent of babies were being breastfed by the time that they were 14 days old. That figure increased to 53 per cent in 2019, and the most recent post-pandemic figures show the rate to be 57 per cent. By the time that babies are six to eight weeks old, the figure stands at 47 per cent. Although those stats are encouraging—they are the highest figures on record—more can be done to continue the upward trend.

I fully support the Scottish Government's decision to invest more than £9 million of funding to support breastfeeding since 2018. The funding has helped to provide sustainability for the protection, promotion and support of breastfeeding in Scotland. However, as we have heard today, the Scottish Government cannot work in a vacuum but relies on the knowledgeable and valued experience of the healthcare practitioners, third sector groups and peer support bodies that help to identify on-going issues and best practice to increase those rates.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I am reflecting on my own experience as a dad and the experience of partners in general. We have heard the testimony of Karen Adam and others. Where there is a partner, partners must be educated about the stress, tension, expectations, judgment, stigma and everything else that goes with being a new mum and that we might never know. Active partners very quickly see the consequences of those things. My partner and I were fortunate to attend a National Childbirth Trust antenatal class along with other couples. An active role for fathers

and all partners ahead of birth and in the weeks afterwards is vital in giving the support that mums deserve and merit.

The Deputy Presiding Officer: I can give you the time back, Mr MacGregor.

Fulton MacGregor: I could not agree more. The member knows that the cross-party group on shared parenting often looks at such issues, and I know that he is very active in that group.

It is the goal of the Scottish Parliament and, I hope, of all parties in the chamber—I have not heard anything today to suggest otherwise—that Scotland should be a breastfeeding-friendly place for all. Although the trends are positive, the data shows inequalities that must be a focus for future support. Breastfeeding rates are highest among older mothers from less deprived areas, so we must encourage higher rates of breastfeeding from younger mothers in the most deprived areas.

I give particular credit to the infant feeding teams across our health boards, whose diligent work ensures that mothers are offered the help with positioning and attachment for breastfeeding that empowers them with the confidence to breastfeed. Stephanie Callaghan gave a powerful speech about what that support can mean. I also make special mention of those who work with the family nurse partnerships, whose home visiting programme helps to educate first-time young mums about how to improve their children's health and development. Those schemes must be supported and invested in, because they have been proven to increase breastfeeding rates in the cohorts that need that most.

We must do more to normalise breastfeeding here, in Scotland. Business owners who sign up to the breastfeeding scheme are making a positive contribution to the health and wellbeing of Scotland's families and children, as well as making new mothers feel welcome and accepted. The more businesses that sign up to the scheme, the more breastfeeding will be normalised, with any perceived stigma evaporating over time. If that continues, there should be no time when anyone is apologised to because someone is breastfeeding.

I have already spoken about how those from more deprived backgrounds have lower reported rates of breastfeeding. That issue is exacerbated by the on-going cost of living crisis, which further jeopardises that already at-risk group. Increasing food prices have a knock-on effect on the diets of those who live in more deprived areas. It is only right to recognise, as others have done in this debate, the shocking cost of formula milk. I know that food banks and charities in my constituency often help families with that particular cost. The situation really must change.

I have three kids and am lucky that all three were breastfed by their superstar of a mum, who is a superstar not just because of her breastfeeding but in general. They were all breastfed for different lengths of time, and it is right to acknowledge that there is no right amount of time and that every child is different. Others have also made the important point that, although we absolutely must end the stigma around breastfeeding, we must not go too far the other way. A woman must never feel shamed or belittled for not breastfeeding. A mother's decisions and those of her family are extremely complex.

I am at the age when, in the past 10 years, I have started a family, as have many folk in my social circle. Some have decided to breastfeed but some have not, and it is not my business or anyone's business to know why they have not done that. Both choices are okay. I hear more and more often that mothers are feeling guilty for not breastfeeding or not doing it for long enough. That is not on. The minister touched on that subject, and I know that she will agree. We must always send the message that parents love their children and are doing the best for them—a point made by Stephanie Callaghan and Karen Adam. We should support and inform, but respecting the mother's decision and the uniqueness of her situation is also important. We do not want to be here in 10 years' time celebrating breastfeeding rates of 70 or even 90 per cent but having to highlight that those who do not do so are feeling somehow persecuted.

With continued investment and engagement with stakeholders, there have been promising increases in the rates of breastfeeding in Scotland. We have more to do, however, and providing support to the mother and the family while investing in our health services is the key to achieving that aim.

15:50

Gillian Mackay (Central Scotland) (Green):

First, I acknowledge the progress that Scotland has made in improving infant nutrition overall. The act that many members have mentioned, as well as several policies and initiatives aimed at creating a supportive environment for nursing mothers, have helped to make progress. All those efforts are a commendable step forward towards a healthier and accepting environment for breastfeeding mothers, and they make up a strong legislative framework to protect those mothers and their infants across a broad range of public spaces, while serving to encourage the practice across our country.

I take this opportunity to mention the incredible work that health boards and third sector partners are carrying out across the country. In Central

Scotland, initiatives such as the Breastfeeding Network Forth Valley and breastfeeding groups across the NHS Lanarkshire area offer an incredible range of support to mothers and their infants. Several groups run weekly and offer mums the opportunity to get advice on breastfeeding and to share their concerns with experts and one other.

There is no doubt that those are all significant steps towards supporting breastfeeding practices, but there is still work to be done, especially to overcome the barriers that remain in place. We cannot talk about breastfeeding without addressing the fact that infant feeding differences are strongly tied to a mother's socioeconomic status. Wealth disparities affect how long a mother can continue to breastfeed. Factors such as poverty, food scarcity and income insecurity are all significant challenges to breastfeeding. Therefore, we must also tackle social determinants of health, alongside the legal protections that have been put in place. Supporting mothers and acknowledging the barriers that they face is key to addressing the gaps in breastfeeding practices and the uptake of breastfeeding across our country.

For many, returning to work is a time when breastfeeding stops or is supplemented with formula, due to practical issues such as shift times, storing breast milk safely or even being able to pump while at work. The practical challenges will be markedly different for those working in an office environment with supportive colleagues, as opposed to working in a public-facing role or a manual role, where even wearing a pump may be difficult. As I have said, we have made great strides in what we want to see, and I am sure that there are some phenomenal workplaces that support women to breastfeed, but the practicalities are one of the issues that we need to overcome. I am very pleased that it is the Minister for Public Health and Women's Health who is leading the debate, but a lot of work needs to be done in some of her colleagues' portfolios to ensure that we can make the next strides forward.

Mothers, as many members have said, should be supported, not shamed, regardless of how they choose to feed their babies. We must acknowledge that breastfeeding is a personal choice and, while promoting the benefits of breastfeeding, we must also respect and support those who, for various reasons, cannot breastfeed. Every mother's journey is unique, and creating an environment of understanding and acceptance is crucial in dispelling judgment and fostering inclusivity. For some, there are physical, emotional and practical reasons why breastfeeding is just not for them and their baby. We need to ensure that, in our pursuit of higher rates of breastfeeding and better experiences of breastfeeding, we do not stigmatise those who cannot. We need to ensure

that the most important thing is good growth and nutrition for the baby.

Even though we have come a long way, several of the barriers to breastfeeding are rooted in stigma and societal attitudes. Even in spaces where breastfeeding is encouraged, many mothers continue to feel uneasy breastfeeding in public, because they fear conflict or judgment from strangers. That fear is not always felt evenly, with mothers who are younger, experiencing poverty or from marginalised communities often reporting increased surveillance and stigma. That is why several women routinely choose not to breastfeed outside the home. For those who do, the experience is often uncomfortable. The legal protections for breastfeeding in public are often present, but they are not always widely respected.

It is crucial that we empower mothers with the knowledge that they need to make decisions based on their individual circumstances, free from judgment. One key aspect of that is the need to dispel myths surrounding breastfeeding, as misinformation often contributes to unnecessary anxiety and deters some mothers from choosing to breastfeed. By promoting accurate and accessible information, we can empower women to make decisions that align with their personal circumstances, and we can work towards countering the stigma and changing many of the attitudes that weigh down on mothers.

We must also work harder to tackle the socioeconomic barriers that make breastfeeding impossible for some. It is important to point out that safe breast milk, infant formula that is prepared correctly with safe water, or a combination of both, are fine choices for full-term infants. For meaningful interventions that lead to positive outcomes for infants, we need support for the logistical needs of disadvantaged families, as privilege and better health outcomes go hand in hand.

The debate around celebrating and supporting breastfeeding in Scotland is an opportunity for us to unite in our efforts to support families and their newborns. We commend the progress that has been made, but we also recognise the need for continued advocacy, education and targeted measures to deal with the socioeconomic barriers that burden many mothers across Scotland. By promoting informed decision making, dispelling myths and addressing the stigma that surrounds breastfeeding, we can work together to create a society in which mothers feel empowered and supported in their choices. However, we must always approach that discussion with empathy and a shared commitment to valuing and supporting each family's distinct journey.

15:55

Clare Haughey (Rutherglen) (SNP): I refer members to my entry in the register of members' interests, in that I hold a bank nurse contract with NHS Greater Glasgow and Clyde.

Every child should get the best nutritional start in life, and families should be able to make fully informed choices on how they feed their baby. Understandably, during the debate, we have encouraged women to breastfeed and we have discussed a range of policy initiatives to drive up breastfeeding rates. However, I put on record, as some of my colleagues have done, that we should be mindful that some women find breastfeeding challenging, or cannot breastfeed even if they want to do so.

For some women, breastfeeding is contraindicated due to the medication that they are prescribed for any of a variety of physical and mental illnesses. In my experience of working for more than a decade in perinatal mental health, some of my most difficult conversations with mums have been about the choice between medication for their illness or the continuation of breastfeeding—in particular, in cases in which mums were very depressed and felt that breastfeeding was the only thing that they were doing right.

However, no matter how someone feeds their baby, midwives and health visitors are there to help parents with lots of good advice, which is also online, including on the parentclub.scot website, in addition to the wealth of support that we have heard about during the debate—for example, through peer supporters and volunteers.

Breastfeeding provides the best nutrition for babies and young children and supports children's health in the short and longer term. According to the World Health Organization:

"Protecting, promoting and supporting breastfeeding will save more lives of babies and children than any other single preventive intervention. Globally, exclusive and continued breastfeeding could help prevent 13% of deaths among children under five years old."

There is strong evidence that breastfeeding reduces children's risk of gut, chest, and ear infections and leads to a small but significant improvement in brain development and IQ.

Breastfeeding also benefits mothers' health. It lowers the risk of developing breast cancer—particularly in mothers who had their children when they were younger—and, the longer mothers breastfeed, the more the risk is reduced.

A US study in 2019, which UNICEF cited on its website, found that, compared with never breastfeeding, breastfeeding a baby was associated with a 30 per cent reduction in epithelial ovarian cancer risk. In addition, there is

some evidence that breastfeeding may promote maternal healthy weight and reduce the risk of type 2 diabetes.

As the motion by the Minister for Public Health and Women's Health states, breastfeeding rates have risen in the past few years. That is to be welcomed. Infant feeding statistics that were published in November 2023 found that two out of three babies born in Scotland in 2022-23 were breastfed for at least some time after their birth; and that, over the same time period, 57 per cent of babies were being breastfed at 10-14 days of age—an increase from 44 per cent in 2022-23.

However, in the UK, we have some of the lowest breastfeeding rates in the world. Although many new mums start breastfeeding, some stop within a few months. Often, that is because they feel that there is a lack of support, particularly when they want to feed their baby outside of the home, or because they deem breastfeeding to be unnecessary, because formula milk is seen as a close second best.

There is therefore an understandable desire to increase breastfeeding rates through a number of interventions, some of which have been mentioned. They include interventions through education, peer support and within the health service itself, to ensure the availability and quality of breastfeeding support for new mums.

Part of ensuring that breastfeeding rates increase involves normalising breastfeeding in our public spaces and influencing public attitudes to it. The Scottish infant feeding survey in 2017 identified that mums understood that they could breastfeed in public areas, but almost half lacked the confidence to do so.

The Scottish Government launched the breastfeeding friendly Scotland scheme, which is implemented locally by NHS boards and aims to support families in a number of ways. The scheme helps to provide mums with positive experiences of breastfeeding when out and about to allow them to feel confident and supported. It raises awareness of the Breastfeeding etc (Scotland) Act 2005, which many colleagues have referred to in their speeches, and the Equality Act 2010, which protects mums who feed infants in public places or establishments that allow children access. The scheme also ensures that organisations are aware of their responsibilities under that legislation.

I am proud to say that, according to the online map that shows breastfeeding friendly Scotland scheme venues, around 40 venues in my Rutherglen constituency have signed up to the scheme. They include schools, pubs, pharmacies, community and third sector facilities and shops. I was delighted to sign up to the scheme in 2020. Finding a place to feel comfortable breastfeeding

their baby can often make parents—particularly new parents—feel anxious. Signing up to the scheme is a small but simple way to support them on their breastfeeding journey. I want to ensure that my constituency office is an inclusive space for all staff, constituents and visitors, so it is important that that extends to babies who are being breastfed as well.

When I was the Minister for Children and Young People, having Scotland's baby box as part of my portfolio was a highlight. In order to support parents with breastfeeding, the baby box contains nursing pads and information on breastfeeding. In 2021, Ipsos MORI undertook an evaluation to assess the impact of the baby box scheme in Scotland in respect of its short-term and medium-term outcomes. The study found that a quarter of parents felt that the box had helped to support breastfeeding, and 21 per cent said that it had informed them about breastfeeding. Higher numbers of respondents were positive about the inclusion of the leaflet on breastfeeding. Sixty-six per cent stated that they found it very or fairly useful.

I know that a lot of thought and work go into the items that are included in the baby box, but maybe the Minister for Public Health and Women's Health could liaise with the Minister for Children, Young People and Keeping the Promise to see whether there is scope to further help mums to breastfeed through the contents of the baby box. Perhaps the minister could mention that in her summing up.

Positively, increases in breastfeeding over the past 10 years have been greatest among groups with historically lower rates, such as young women and those who live in more deprived areas. That could be a sign that interventions are working, but we should not ease up.

It is clear from the tone of the debate that we all share the commitment to give children the best possible start in life. We can help to realise that aim by giving mothers the cross-sectoral support that they require in their early days of parenthood.

16:03

Meghan Gallacher (Central Scotland) (Con): I do not think that anyone can dispute the health and wellbeing benefits that breastfeeding provides not just for mothers but for babies. I, too, welcome the tone of the debate.

It is right that we celebrate the progress that is being made in encouraging mothers to breastfeed, but we should also acknowledge that some mothers experience challenges when it comes to breastfeeding and that some mothers cannot breastfeed at all. We have struck the right balance today in making sure that the messaging is clear.

I have come to the chamber today with two asks of the Scottish Government: to carefully consider the messaging around stigma both against women who breastfeed in public and against mothers who cannot breastfeed—many members have pointed that out—and to carefully consider the support that mothers are meant to receive after their baby is born.

I make those asks of the Government because some mothers struggle to breastfeed. That was certainly my experience when I became a new mother in 2022. I do not think that I will ever forget how crippled by anxiety I was and how isolated I felt when I had to end my breastfeeding journey. I just felt as though I was not able to provide for my baby. It was an awful time. However, it is important to me to share my experience, because I want to give mothers who have struggled a voice and to ensure that they do not feel alone. The debate on breastfeeding is all very upbeat and positive, but it carries an undertone for those mothers who, for many reasons, struggle when they try to give their babies the best possible start in life.

I will draw on my own experience. I was so excited to start my own breastfeeding journey. In the run-up to Charlotte's birth, I had spent weeks and months reading as much information as I could, I had bought equipment and I was so ready to welcome the new addition to my family. However, breastfeeding just was not meant to be. The reason was that I had a traumatic experience during my daughter's birth, because I had taken morphine during her delivery. Charlotte was sleepy due to the side-effects of the medication that I had taken and she had absorbed, so the latching and the initial breastfeeding were not as natural as they should have been. However, as I had been going through labour, no one had explained to me the impacts of taking that medication and its consequences for my baby. Had I had another option, I would probably have reconsidered my decision for that reason—as I would do were I to be in the same circumstances again. In my view, it gave me a bit of a setback in breastfeeding my baby.

However, nothing that occurred during labour or the birth process stopped me breastfeeding; that happened shortly after I was able to bring Charlotte home. New mothers receive many visits from midwives and health visitors. A midwife who weighed Charlotte noticed that her weight had gone down. Again, I had not been informed before the birth that that was natural for breastfed babies. The midwife suggested to me that Charlotte could go on to combination feeding. However, that was not what I had planned or what I wanted for my baby. That put me in the position of asking myself what I should do. Should I still try to breastfeed, as had been my plan, or should my baby go on to

combination feeding, as the midwife had suggested? We followed the latter path. In the end, Charlotte just wanted to bottle feed and was not much interested in breastfeeding any more. Unfortunately, that ended my breastfeeding journey after four months. It certainly was not what I had planned or what I wanted, but it was the option that was available to me at that point in time. I know so many other mothers to whom that has happened.

Another issue that cropped up throughout my pregnancy and after Charlotte was born was the number of midwives and health visitors I encountered and was introduced to—they chopped and changed so many times. I ended up with three midwives, and I am currently on my fourth health visitor. Such inconsistency does not allow new mothers to bond, build important relationships and share information. They need to build a level of trust and feel that the professionals are looking after them so that they can then give them the best information to help them to support their babies.

That is why one of my asks of the Minister for Children, Young People and Keeping the Promise concerns the support that new mothers receive once they have had their babies. We must examine the resources that are available for midwives and health visitors. I know that the lack of such resources is rife in Lanarkshire, the area where I am from, but it is replicated in many other health board areas across Scotland. That does not give mothers and babies the best start, because they do not have a bond with someone they trust. We must consider the support that women receive once their babies are home and they are starting the process of being new mothers.

Having said that, I do not blame our incredible NHS workers, who do so much. Being understaffed and overworked adds to the pressures that they face, which in turn does not give mums the best start when they bring their babies home.

I know that I am over time, so I will conclude there. I say to the minister that we need to listen to mothers if we can, particularly those who are struggling to breastfeed, and we need to look at the process and the support that mothers receive once they bring their baby home. We need to ensure that they have access to a consistent health visitor and a consistent midwife to ensure that they get the best possible support so that they can provide for their baby.

16:10

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in the debate about the important progress that has been made

in Scotland to becoming a breastfeeding friendly nation. I have enjoyed the contributions so far. Like Clare Haughey, I am a registered nurse, although my experience is much less than that of my colleague Ms Haughey, in that my training was in general nursing and I did not work much in the field of midwifery.

I will focus my remarks on the progress that has been made in Scotland and on some fantastic examples of what is happening across Dumfries and Galloway in my South Scotland region. The Scottish Government is committed to supporting breastfeeding through policy, investment and interventions that support breastfeeding without shame or stigma. The Scottish Government has provided additional investment to support breastfeeding, particularly in the days immediately following birth. More than £9 million of additional funding has been made available since 2018 to support breastfeeding friendly principles.

Taking a fully rounded approach that is inclusive of stakeholders such as healthcare practitioners, the third sector and peer support groups is the most effective way to address breastfeeding concerns. Interventions in the health service such as ensuring the availability and quality of breastfeeding support for new mothers continue to be important. Equally, wider interventions are continually required, including positively influencing public attitudes towards breastfeeding, objectively promoting more appropriate marketing of formula milk and ensuring supportive employment policies that allow women to continue to breastfeed after returning to work. I welcome the minister's commitment to doing so and to ensuring that the promotion of breastfeeding is continued.

Although the UK Government discontinued the UK-wide infant feeding surveys that were carried out every five years from 1975 to 2010, the Scottish Government commissioned its own national maternal and infant feeding survey in 2017. That provides continued insight into the changing environment of breastfeeding, the common challenges that it faces and the areas that are most impacted by them. The survey, along with continued medical research, demonstrates that breastfeeding provides the best nutrition for babies and young children and supports children's health in the short and longer terms.

It is worth repeating what Carol Mochan said at the beginning of the debate, which is that current guidelines recommend that babies should receive breast milk for the first six months of life and then, after the introduction of solid foods, continue to breastfeed up to their second birthday or for as long as the mother and baby wish to. I know that that is not always possible, and I welcome Karen

Adam's comments and those of others in the chamber about how emotionally taxing and difficult it is to fail to feed adequately when a woman's choice is to breastfeed. We need to recognise and not stigmatise people who cannot breastfeed their babies for whatever reason.

There is strong evidence that breastfeeding reduces children's risk of gut, chest and ear infections, which was interesting to read, and leads to a small but significant improvement in brain development. Rachael Hamilton said that we need to remember that breastfeeding also benefits mothers' health. We have strong evidence that it reduces the risk of breast and ovarian cancer, and it is worth repeating that it can reduce type 2 diabetes and promote maternal healthy weight, as Clare Haughey mentioned.

The benefits of breastfeeding for the baby and the mother are recognised across the world, including in high-income countries such as Scotland. Improving breastfeeding rates in Scotland would therefore help to improve the health of babies and mothers and reduce inequalities in health. It is welcome that the Scottish Government is committed to making Scotland a breastfeeding friendly place for all. That means focusing interventions to target areas of inequality. It is worth repeating that increases in breastfeeding over the past 10 years have been greatest in groups with low rates historically, such as young women and those living in the most deprived areas.

The latest infant feeding statistics show a continued narrowing of the breastfeeding inequalities gap, and the additional investment has been both targeted and based on best evidence regarding what works. Scotland's infant feeding teams are pivotal in that effort, and the Government will continue to use all means necessary—including Scotland's baby box, which a few members have mentioned—to normalise breastfeeding in Scotland.

One of the reasons why I was interested in the debate is that, in 2016, I had a staff member who was blatantly criticised and made to feel uncomfortable in a cafe in Dumfries while she was breastfeeding. That was 10 years after the Breastfeeding etc (Scotland) Act 2005 was brought in. I then wrote to all the cafes and restaurants across Dumfries and Galloway to ask whether they knew about the breastfeeding friendly scheme and whether they would participate in it.

I received some responses, and some of them were positive. The chief executive of NHS Dumfries and Galloway—Jeff Ace, at that time—launched a scheme at Threave gardens in Castle Douglas to widen and raise awareness about the breastfeeding friendly scheme in Dumfries and

Galloway. After today's debate, I will follow up with the businesses across Dumfries and Galloway to find out whether they continue to participate in the scheme and whether they are promoting it.

Finally, I ask the minister to continue to do all that she can to encourage businesses to become breastfeeding friendly and to encourage mothers to breastfeed.

16:16

Michael Marra (North East Scotland) (Lab): In recent years, I have worked with and on behalf of women in Dundee and Angus on issues including the provision of breast cancer care in NHS Tayside, female access to mental health services and waits of many years for treatment for pelvic organ prolapse. All too often, issues relating to women's health in Tayside—and, I believe, across Scotland—are sidelined, minimised or just ignored altogether, with half the population still treated as a medical anomaly. The mesh scandal is, of course, one of the most tragic and egregious illustrations of that culture and practice.

We have had a considered debate this afternoon, with members keen to see further improvements in what is a very important factor in maternal and child health for women and families across Scotland. There has been some progress on breastfeeding rates in recent years: the percentage of babies who are still breastfed at six to eight weeks increased by three percentage points between 2019-20 and 2022-23. Public Health Scotland attributes the majority of the increase to an increase in mixed breast and formula feeding.

Public Health Scotland has also observed increases in breastfeeding rates over the past 10 years among groups with historically lower rates—such as younger women and those living in more deprived areas, which are groups that my colleague Claire Baker was keen to highlight. We have heard a little in the debate so far about the cultural and economic barriers to breastfeeding for women from those groups. However, in 2022-23, fewer than half of all babies were breastfed at six to eight weeks.

The benefits of breastfeeding for mother and baby have been laid out and they are significant. They include a reduction in infections, diabetes and obesity for the baby, and a reduction in the risk of breast cancer and ovarian cancer for the mother. That, in turn, leads to economic benefits. Studies have shown that, when women who breastfeed return to work, they are less likely to miss work due to their baby being ill.

There seems to be a welcome consensus on the need to promote the choice of breastfeeding and to support mothers and babies throughout. In

that vein, I recognise the brilliant work that the breast buddies volunteers in Dundee and Angus do in giving friendly peer support to new mothers at a time when a friendly face is required and when some women find themselves isolated, perhaps without connections to other family members who could support them.

However, I question the extent to which the Government can celebrate and support breastfeeding in Scotland—as suggested by the motion—in the context of precarious health visitor services in parts of the country. I was contacted by a constituent in Angus earlier this month who had been informed that his family would not receive a visit from a health visitor for up to one year, with the cut being blamed on staffing pressures. Parents are being told not to expect a visit when their baby is between the ages of three months and 13 to 15 months. That could mean a full calendar year with no input from a health visitor at all.

We have heard a lot today about the importance of those health visitor engagements and working with midwives in the home. I hope that the situation in Angus is temporary, but it leaves service in the area well below the Government's national standard and illustrates how stretched services are.

The Scottish Government's universal health visiting pathway entitles all families to 11 home visits, including eight within the child's first year of life. The Government rightly states:

"Health professionals, particularly Health Visitors, have a vital role to play in supporting children and families in the first few years of a child's life."

We could ask what we are doing telling families that they are entitled to such a vital service if funding and staffing pressure on the ground mean that there can be a postcode lottery. Midwives in Angus are already missing out on visits, which the Scottish Government's own publication says are intended to observe developmental progress of the child, give advice on weaning, share information on local community services and check for signs of depression in the mother.

Members have done a good job of highlighting some of the issues pertaining to mental health, the importance of that in new mothers, the challenges that all families can face and the risks associated with them.

Anecdotally, I have heard from health visitors in Angus that there are staff members who have as many as three times the standard case load of families to visit. With the best will in the world, health visitors will struggle to deliver the same high-quality service, including support and advice on breastfeeding, which we are discussing today, when they are so overburdened.

The context in which the cuts are being made must also be stated. Since the pandemic, there has been a marked increase in the number of infants with developmental concerns. In 2023, Public Health Scotland reported that the number of children with development concerns was increasing year on year. The Royal College of Speech and Language Therapists has reported that an increasing number of young children are struggling with basic language skills.

The cuts to health visits are the last thing that families need. Visits from health visitors can be a lifeline for mothers who are adapting to the challenges of parenting, and they are an opportunity for early detection of any deterioration in the mother's mental health. Depriving families of those visits risks the wellbeing of not only the child but the whole family.

There is a concerning trend in NHS Tayside whereby a temporary crisis situation becomes the norm, with people across the region being forced to live with services that fall below national expectations. Colleagues are right to highlight the centralisation of services in Dundee and how much more difficult it is for people in peripheral areas to access those services through many hours spent on public transport. I commend members for having made those points. I would appreciate it if the minister, in her closing speech, could tell us what has been done to deal with the acute staffing pressures for health visitors in Angus, to ensure that that does not become the norm.

I would also welcome any information that the minister can provide about the national picture for health visitor services. I remain concerned that those staffing pressures are not isolated to Angus. In her closing speech, will the minister commit to publishing statistics on how many and which health boards have full compliance with the guarantee on health visitors and the amount of appointments that families should be receiving? In which health boards across the country are families getting the services to which the Government says that they are entitled?

The Deputy Presiding Officer (Annabelle Ewing): I call Rona Mackay, who is the last speaker in the open debate.

16:23

Rona Mackay (Strathkelvin and Bearsden) (SNP): As we have heard in the debate, breastfed babies are getting the best possible start in life, and that is what we all strive for in Scotland. I am proud that the Scottish Government has supported and promoted breastfeeding to reduce inequality rates, while supporting the UNICEF UK baby

friendly initiative across neonatal and community settings.

There is strong evidence that breastfeeding reduces children's risk of gut, chest and ear infections and leads to a small but significant improvement in brain development, which Michael Marra has just highlighted. Breastfeeding also benefits mothers' health, with strong evidence that it reduces the risk of breast and ovarian cancer and some evidence that it may promote a healthy weight and reduce the risk of type 2 diabetes. The benefits of breastfeeding for both baby and mother are seen across the world, including in Scotland.

Reducing stigma and outdated attitudes to breastfeeding in public is key. This is 2024, and women must feel comfortable feeding their babies whenever and wherever they need to. Indeed, it is a criminal offence to stop a woman breastfeeding in a public place—something that I feel is often forgotten. Since 2005, if a person deliberately prevents someone from or stops them feeding a child under the age of two in a public place in Scotland, they are committing a criminal offence.

Asking a mother to move or to leave the premises completely is also an offence. A child should be fed when required and in the most appropriate place for them, without the fear of interruption or criticism. Anyone who tries to stop a mother breastfeeding or to stop a mother or carer bottle feeding can be prosecuted and ordered to pay a fine if they are found guilty.

As the motion says,

“third sector and voluntary peer support remain pivotal to babies being breastfed in the first few weeks of life and beyond”—

preferably until six months of age. For a variety of reasons, support is often needed to help and encourage women to breastfeed, so it is important that help is always on hand for mothers and, in particular, for new mothers.

I stress—I am pleased that every speaker has stressed this—that women who are unable to breastfeed for whatever reason or who choose not to should not be pressured or guilt-shamed. As the minister said, women should be free to choose, depending on their circumstances, and they should never think that they are not doing the best for their baby if breastfeeding is not for them. There should be no stigma here, either. Childbirth is exhilarating and exhausting in equal measure. Some women struggle to breastfeed through no fault of their own, but they should always be supported to be comfortable with their feeding method.

Supportive employment policies that allow women to continue to breastfeed after returning to work are essential. The national breastfeeding friendly Scotland scheme marks a continuation of

our commitment to a breastfeeding friendly Scotland for all and builds on the 2005 act. BFS is a national scheme that people can sign up to for free, and it is backed by the Scottish Government and run by local health boards.

The scheme aims to help businesses and people who breastfeed to know their rights and responsibilities and to raise awareness of the 2005 act and the Equality Act 2010. Employers should support mums to feel confident about breastfeeding on the premises. If a customer complains about a breastfeeding mum, the business will inform the customer that it is signed up to the breastfeeding friendly Scotland scheme and advise them about the legislation.

The UK Government discontinued the UK-wide infant feeding survey, which was carried out every five years from 1975 to 2010, but the Scottish Government commissioned its own national maternal nutrition and infant feeding survey in 2017. That provides continued insight into the common challenges that are faced and the areas that are most impacted by them. It is encouraging that the increases in breastfeeding over the past 10 years have been greatest among groups that have had low rates historically, such as young women and those who live in the most deprived areas.

The latest infant feeding statistics show a continued narrowing of the breastfeeding inequalities gap, and our targeted investment is based on the best evidence about what works. The family nurse partnership has had a crucial role in supporting breastfeeding by teenage parents, many of whom are in the lowest Scottish index of multiple deprivation areas.

To breastfeed successfully, mothers have to eat and to eat well. Food insecurity makes it harder to breastfeed; the cost of food is impacting how pregnant women and new mothers get what they need. The desperate cost of living situation is forcing families to make choices that no family should have to make, especially during the first 1,000 days that comprise pregnancy and the first two years of life, which are core to health and development. The Food Foundation's data shows that 27 per cent of UK households with children who are under four experienced food insecurity in January 2023, which is higher than the rate for households with only school-age children or no children at all. That cannot continue.

There have been terrific contributions from across the chamber. The key messages are that, as my colleague Karen Adam said, fed is best, but choice must be supported for every mother, because we all want the best start in life for our children.

The Deputy Presiding Officer: I call Carol Mochan, who joins us remotely, to close on behalf of Scottish Labour.

16:29

Carol Mochan: I agree with the Government and with all the other parties across the chamber by emphasising that Scottish Labour fully supports initiatives to improve breastfeeding rates. I wish that I could mention every member who has spoken, but I do not write quickly enough to have noted them—or perhaps I cannot read my writing.

I thank everyone who has contributed to this important debate, which has been excellent, with members having the opportunity both to speak and to welcome interventions. The contributions have been varied, which is beneficial when debating such issues.

I thank the minister for her contribution and her acknowledgement that Scotland should and must do better. It is helpful if we acknowledge that we really want to improve and that we challenge ourselves to change the breastfeeding rates in Scotland.

I also thank the minister and other members for congratulating mothers, families and communities on the contribution that they have made to the change in breastfeeding rates and to the change in cultural norms around breastfeeding. Many members have spoken about the change that we have made in our communities in terms of supporting mothers to feel comfortable breastfeeding. We have so much more to achieve, as everyone acknowledges. As I have said, that is an important point.

It is clear that improving breastfeeding rates in Scotland would help to improve the health of babies and mothers, and to reduce health inequalities. Many members have spoken about that. Therefore, today's debate is significant in the context of health inequalities. We must continue to make progress on breastfeeding, and we must have a relentless focus on tackling inequalities, as members of all parties have mentioned. Indeed, Scottish Labour is strongly of the view that closing the gap in inequalities in this area is paramount, as breastfeeding plays a big part in improving health over an entire life, and every child deserves that opportunity.

Emma Harper mentioned targeted interventions. I agree with that. If we are to ensure that that happens, we need the Scottish Government to have a laser-sharp focus on how we fund, promote and encourage practice and policy.

I thank Rachael Hamilton for reminding us, in her intervention, that legislation is only as good as its implementation and how our communities find

that it works for them. It is impossible not to thank her for the personal nature of her speech—the Presiding Officer referred to it as a “tutorial”. Helpfully, that led us to explore why women who tell us that they would like to breastfeed sometimes give up. That is an important point for us to bear in mind when thinking about what we are doing here in the Scottish Parliament: we are trying to set the scene to allow people to have a choice. Many members have mentioned the need for people to have a choice.

Alex Cole-Hamilton’s experience perhaps did not quite paint the same picture as Rachael Hamilton’s, but it was important, as it highlighted the role of fathers and other family members.

I take the opportunity to add that the points on perinatal health are very important. I did not pick that up in my opening speech, but I hope that the minister will make a few comments on the topic in her closing remarks.

Stephanie Callaghan made a personal contribution in which she spoke about the joy of supporting others to meet their goal of breastfeeding. I have met and spoken with many peer supporters. Many members have spoken about the peer support model and the need to ensure that it is funded and gets the support that enables it to continue. It will be essential that we see the data on the review that the minister mentioned.

Karen Adam is still standing after having six children. It was lovely hearing her pay tribute to all parents, whatever they choose to do. Many members mentioned that point. Claire Baker put it very well in her remarks when she spoke about every journey being different. Our job is not to place the onus on women; rather, it is to provide a supportive environment. I think that everyone who has spoken in the debate has made the point that it is for us as legislators to get the environment right to provide that choice.

The minister made extremely important points about marketing practices. Although I did not have time to raise the topic in my opening speech, it would be useful to hear more about how we ensure that there are tight marketing controls.

The minister and others noted the worrying cost of formula milk, which is causing distress to mothers. I know that my colleague Monica Lennon has raised that topic in questions to the Scottish Government. Claire Baker made a very important reference to affordability and the need for a consistent approach in ensuring that best start allowances meet the needs of families who choose to feed formula to their babies.

Tess White raised the important role of midwives and the pressure that they are currently under. It is important to promote the profession as

a good career option, but also to retain the staff who are currently in the system, as their great expertise and knowledge are so important. We know that that is a problem, and Scottish Labour will support Tess White’s amendment at decision time.

On similar lines, I hope that the Government will support the Scottish Labour amendment, which recognises the pressures on the health visitor service. Michael Marra, who has been approached on the issue, illustrated how stretched health visiting services are in his area, but we know that that is not the case only in the Angus area. As he said, we do not want a postcode lottery, and we do not want that situation to become the norm. Having guaranteed health visitors is so important for this issue and many more.

Having spoken to women who have been committed to breastfeeding, I know that it is the vital support at home that really makes the difference. Every single one of the women I spoke to in preparation for this debate mentioned that there was support in the hospital but an absence of it once they were at home. That is an important issue. If we want to support women to breastfeed, and certainly to exclusively breastfeed, we need to provide long-term support in the home, and health visitors are vital to that.

Scottish Labour will support the Government motion. I hope that the debate encourages us all to work together to further improve the rates among all mothers and babies who wish to breastfeed.

The Deputy Presiding Officer: I call Sandesh Gulhane to close the debate on behalf of the Scottish Conservatives.

16:36

Sandesh Gulhane (Glasgow) (Con): I draw members’ attention to my entry in the register of members’ interests, which shows that I am a practising NHS general practitioner. Relevant to this debate is that I am also a father of two.

Two thirds of the 48,000 newborn babies in Scotland each year start life by being breastfed, but by the time of the mother and child six-to-eight-week review, almost half are still being breastfed. Of course, breastfeeding rates vary across our population; breastfeeding is much more common among older mothers and those from less-deprived areas, and just 38 per cent of white Scottish babies are being breastfed by the time they are two months old.

Meghan Gallacher gave us her very personal story and reminded us that some mothers and babies cannot breastfeed, or find it incredibly difficult. Some mothers might be on powerful

medications for cancer or for heart or kidney disease, so breastfeeding might not be the healthy option. Others have hypoplasia of the breast, so they do not produce sufficient milk. We should also consider that up to a third of breastfeeding mothers develop mastitis.

We should be aware that 10 per cent to 20 per cent of mothers suffer with their mental health during pregnancy or in the year after the perinatal period. We are talking about depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder and postpartum psychosis, which affects up to two in every 1,000 mothers who give birth.

I would like to take a moment to talk about maternal mental health. Many mums who are pregnant and who are taking medications such as sertraline, to help with their mental health, stop their medication because they worry that it will affect their baby. I appeal to everyone who is watching, please, to speak to their GP before doing that, because I see the devastation that is caused by the deterioration of maternal mental health, which is far more detrimental. Mental health struggles can also seriously impact on breastfeeding. We must avoid making mothers feel guilty because they cannot breastfeed, or choose not to.

Another condition that is not well understood is gastro-oesophageal reflux. Around 7 per cent of babies experience severe reflux, whether they are breastfed or formula-milk fed. Reflux usually happens because the baby's oesophagus—the food pipe—has not developed, so milk can come back up easily through the sphincter. The oesophagus develops as babies get older, and the reflux usually stops. However, when they are little, reflux causes sickness and a lot of discomfort, and some babies do not gain weight. They squirm during feeding, some vomit, and they are uncomfortable after feeding. The condition is often silent and causes huge distress to parents, but goes undiagnosed.

The message is that, although we favour breastfeeding, as Karen Adam stated, mothers who formula feed are not harming their children. We should make no mothers feel stigmatised. A loved and cared-for baby will thrive.

Bob Doris: I am reflecting on Sandesh Gulhane's comments. Does he agree that the most important thing is that mum and baby are happy and healthy? Yes—breastfeeding might be the most appropriate pathway, but given that some families will have mental health vulnerabilities, having happy, healthy and well-fed babies should be the first priority. Breastfeeding is a bonus, but ensuring that babies are happy and healthy should be at the heart of everything.

Sandesh Gulhane: I absolutely agree that, at the end of the day, it is most important that we have happy and healthy babies. People should remember that breast milk can be expressed and put in a bottle. That is okay, too. There is no wrong way, as long as the baby is happy and healthy.

Tess White spoke about the first feeds being helped by our midwives, but they are increasingly being called away from spending essential time supporting infant feeding to cover acute care. Health visitors are essential not just for breastfeeding, but for the general health and wellbeing of mums and babies, but they are becoming increasingly rare because cash-strapped councils are choosing not to replace retiring health visitors, which will leave mums and babies in Scotland to suffer. Tess White proved that by saying that, in Angus, some families will not be seen for a year.

Although I am unable to breastfeed, skin-to-skin contact with my newborn promoted a dad's bond, as did bottle feeding and—apparently—changing nappies.

Carol Mochan and Rachael Hamilton spoke about wonderful legislation in relation to feeding children under two, and I challenge the minister to provide reassurance that she will promote that.

Stephanie Callaghan was right to say that breast milk contains “magical” properties; Alex Cole-Hamilton described them and the benefits of breastfeeding to mums, babies and the family budget. That is important because, as Rachael Hamilton told us, positivity can quickly lead to frustration and upset, because it is not always straightforward to breastfeed. The support of health visitors keeps mums breastfeeding, but we know how difficult it is to find a health visitor.

As a doctor, I say to Rachael Hamilton that cold cabbage leaves have a place, as do cream and antibiotics, but perhaps people should speak to their doctor before they speak to their grocer.

Although we should encourage and support breastfeeding, we should not stigmatise mothers who cannot do so for health reasons, or even for societal reasons.

The Scottish Government must address the huge pressures on our midwifery and health visitor services. We are losing skilled midwifery staff because many are worried that they cannot deliver the required quality of care. Issues with recruitment and retention and workforce planning require urgent attention, if we are to foster a supportive environment for breastfeeding. Midwives and health visitors play a pivotal role in educating and assisting new mothers, promoting successful breastfeeding practices and supporting mothers who face breastfeeding challenges.

16:43

Jenni Minto: I, too, thank members for their contributions and for the tone that they have taken to this important debate. We have talked a lot about promoting breastfeeding and telling stories. I appreciate the stories that we have heard from members right across the chamber, and I am sure that new mothers will appreciate them, too. I thank Rachael Hamilton, Meghan Gallacher and everyone else who shared their story.

As I said in my opening speech, improving the health of all babies and young children is one of the driving forces behind my on-going commitment to support breastfeeding. We must continue to build on the good progress that has been made in Scotland so far so that we reduce early inequalities that harm generations. As Alex Cole-Hamilton said, it is about support, not pressure.

I turn to the two amendments. We will accept Tess White's amendment. It is important to note that we hugely value our midwifery workforce and the high-quality care that midwives offer across Scotland. Health visiting remains a universal service, and teams across Scotland work hard to deliver that entitlement. The latest published data shows that the vast majority of eligible children between the ages of 10 days and five years receive health visitor contacts. We continue to work closely with health boards to monitor the delivery of the universal health visiting pathway in order to best ensure that young families get the support that they need.

I turn to the points that Michael Marra made. Scottish Government officials are meeting health boards—the Tayside meeting is in early March. We are also meeting all Scottish executive nurse directors to discuss outcomes from the evaluation of the pathway. I thank Michael Marra for raising and sharing his constituent's experience, which my officials have noted.

Coverage of child health reviews is routinely published in national statistics. We do not publish information on all visits; that is held at board level. Monitoring was done during Covid-19 to prioritise early visits and child health reviews. As I have said, we continue to work with boards.

I will touch on Carol Mochan's amendment. I am sorry that we cannot support it, but I recognise her nudge.

Michael Marra: I am keen to understand the Government's thinking about why it could not support the amendment in Carol Mochan's name on behalf of the Labour Party. Surely the pathway is supported and is in the Scottish Government's policy. We are looking to have the statistics published, and it would be great if the minister could provide them to members and put them in the Scottish Parliament information centre.

However, if the Scottish National Party says that it is committed to the pathway, why can it not guarantee that people can expect it as a right across Scotland?

Jenni Minto: The Scottish Government has invested £40 million to recruit an additional 500 health visitors. Following that investment, their numbers have remained largely stable. However, we continue to work closely with health boards to monitor the delivery of the universal health visiting pathway to best ensure that young families get the support that they need.

Rachael Hamilton: Will the minister give way?

Jenni Minto: I would like to make progress.

There was a lot of discussion about peer support for infant feeding, which is essential. As part of our quality improvement programme—an additional investment of more than £9 million over five years—we have provided more than £1.6 million to third sector peer support charities to increase research and deliver the national breastfeeding helpline. I understand that the breast buddies programme in Angus received funding in the past year, which is driving increases in breastfeeding rates in that area. That shows the importance of third sector peer support. Rachael Hamilton referenced the breastfeeding in the Borders support service, and I thank her for the work that she is doing. We also contribute funding towards the national breastfeeding helpline, which provides support via phones and closed social media groups.

There is a lot of publicity on breastfeeding legislation, which is included in "Ready Steady Baby!" and on Parent Club's website. Joining instructions for that website are found in the baby box. To celebrate the 10-year anniversary of the Breastfeeding etc (Scotland) Act 2005, we had a breastfeeding week. Perhaps there is an opportunity to do one in 2025 or on the act's 21st anniversary in 2026. Nine years ago, we agreed not to sunset the legislation.

Last summer, I attended a breastfeeding picnic outside Parliament, and there was great publicity from that, not to mention the knitted breastfeeding boob that I have in my office. As MSPs, we should sign up—as Clare Haughey suggested—to our constituency offices being breastfeeding friendly workplaces. I also mention Inverclyde, where a mural on a gable end became a talking point in the community—it was a breastfeeding mermaid. There is a lot of publicity happening.

I was pleased that Clare Haughey and my colleague Marie Todd were instrumental in the introduction of the baby box. Clare Haughey clearly outlined everything that is in it, referencing Stephanie Callaghan's question. I am happy to

work with my colleague Natalie Don to discuss what we can do about the current contents.

I also want to touch on Alex Cole-Hamilton's point about recognising the role of partners and fathers. We worked with the Fathers Network Scotland to put content for dads on the Parent Club website, and we ran a social media campaign on the role of partners, which was promoted and accessed widely. That is a key thing to talk about.

Alex Cole-Hamilton: I am grateful to the minister for picking up on my remarks about the role of partners and fathers. When we were expecting our first child and attending National Childbirth Trust classes, an entire class was dedicated to how the dads could support their partners who were having difficulty securing a latch with their baby against a nipple and other difficulties around breastfeeding. Is there a way in which the Government could help to expand that kind of intervention to other groups?

Jenni Minto: I suggest that a lot of work is being done in that area. The "Off to a Good Start" leaflet and various others support that. When I met two midwives in Argyll and Bute yesterday, they talked about that.

Claire Baker touched on the costs of breastfeeding. I restate that all infant formula is nutritionally equivalent and that price is not an indicator of quality. I agree with Claire Baker's point that price reductions are very welcome. It is a pity that they did not happen sooner, but further reductions are needed, and perhaps a price cap should be considered. Formula is a vital product in the first year of life, and profits should not be put over health.

Gillian Mackay and Claire Baker talked about the social determinants of health, and Rona Mackay and various other members talked about the best start foods and payments that the Scottish Government has introduced. We should recognise that best start foods provides a weekly payment that is more generous than those in the rest of the UK. We will increase best start foods to a minimum of £5.30 a week from 1 April, subject to parliamentary approval.

Gillian Mackay: In my speech, I mentioned how many of the factors for improving breastfeeding rates lie outside the minister's portfolio. Will she take into conversations that she has with other ministers and cabinet secretaries the need for them to look at how workplaces and others enhance their support for breastfeeding?

Jenni Minto: I thank Gillian Mackay for reminding me of that. I think that I am suffering like Carol Mochan in not being able to write everything down quickly enough. I will welcome the chance to speak to colleagues about that.

I quote Fulton MacGregor, who said that we cannot act in a vacuum. We must learn from women who have felt unsupported or unheard and share that learning across sectors, including maternity, neonatal and in the community. Failure to learn can impact on mothers' mental health and their confidence to breastfeed in the future. As Karen Adam said, each individual breastfeeding journey is different, and flexibility in support that is tailored to need is so important.

Clinical and support staff receive training on baby-friendly standards during periods of formal education and in practice. We must ensure that that is of the highest quality as embedded in holistic care. The UNCRC will afford more recognition across sectors that the needs of babies and young children must be fully considered in all that we do. That includes receiving adequate nutrition and supporting their parents to provide that.

I recognise that, even when a mum wants to breastfeed her baby, it is not always easy, especially in the early days. Without the right support, it can be hard to meet individual breastfeeding goals. We have some excellent support across Scotland, which I have already highlighted, as have other members. That includes our Parent Club website, local infant feeding teams, the national helpline and specialist and peer support. We need to listen to mums and new parents to learn how to continuously improve those offers to better meet their needs. I want every new mum in Scotland to feel that they have a real choice in how they feed their baby, and I want breastfeeding to be the easiest choice.

I am delighted to have had the opportunity to commend the motion and to hear the thoughts and views of members from across the chamber.

The Deputy Presiding Officer: That concludes the debate on celebrating and supporting breastfeeding in Scotland. It is time to move to the next item of business.

Motion Without Notice

16:54

The Deputy Presiding Officer (Annabelle Ewing): I am minded to accept a motion without notice under rule 11.2.4 of standing orders that decision time be brought forward to now. I invite the Minister for Parliamentary Business to move such a motion.

Motion moved,

That, under Rule 11.2.4, Decision Time be brought forward to 5.54 pm.—[George Adam]

Motion agreed to.

Decision Time

16:54

The Deputy Presiding Officer (Annabelle Ewing): There are three questions to be put as a result of today's business. The first question is, that amendment S6M-11935.2, in the name of Tess White, which seeks to amend motion S6M-11935, in the name of Jenni Minto, on celebrating and supporting breastfeeding in Scotland, be agreed to.

Amendment agreed to.

The Deputy Presiding Officer: The next question to be put—[*Interruption.*]

I am sorry, Mr Fraser, is there something?

The next question is, that amendment S6M-11935.1, in the name of Carol Mochan, which seeks to amend motion S6M-11935, in the name of Jenni Minto, be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

There will be a short suspension to allow members to access the digital voting system.

16:55

Meeting suspended.

16:59

On resuming—

The Deputy Presiding Officer: We move to the division on amendment S6M-11935.1, in the name of Carol Mochan, which seeks to amend motion S6M-11935, in the name of Jenni Minto, on celebrating and supporting breastfeeding in Scotland. Members should cast their votes now.

The vote is closed.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): On a point of order, Presiding Officer. I could not connect; I would have voted yes.

The Deputy Presiding Officer: Ms Hamilton, your vote was, in fact, recorded.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foyso (Lothian) (Lab)

Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dorman, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)

Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)

Abstentions

Regan, Ash (Edinburgh Eastern) (Alba)

The Deputy Presiding Officer: The result of the division on amendment S6M-11935.1, in the name of Carol Mochan, is: For 52, Against 61, Abstentions 1.

Amendment disagreed to.

The Deputy Presiding Officer: The final question is, that motion S6M-11935, in the name of Jenni Minto, on celebrating and supporting breastfeeding in Scotland, as amended, be agreed to.

Motion, as amended, agreed to.

That the Parliament welcomes that, across Scotland, breastfeeding rates have risen and that inequalities in breastfeeding rates have reduced in the past few years, in line with additional funding provided by the Scottish Government of over £9 million; notes that there continues to be a need for a cross-sectoral approach to support, promote and protect breastfeeding; agrees that mothers' experiences should be continuously improved and supported through evidence-based practice; recognises that parents should be free to feed their babies where and when they need to, including in public spaces, and be supported to do this through businesses embracing the national Breastfeeding Friendly Scotland scheme; agrees that Scotland should continue to embed the UNICEF UK Baby Friendly Initiative across its maternal, neonatal and

community settings, throughout the NHS and core nursing and maternity education curriculum; further agrees that infant feeding services should be recognised as a vital service and integral to optimising infant feeding support across the NHS and its partners; recognises that third sector and voluntary peer support remain pivotal to babies being breastfed in the first few weeks of life and beyond; agrees that breastfeeding has a role in supporting the economy, and gives all children the best possible start in life; recognises the benefits of breastfeeding to both the child and the mother, as well as the challenges that mothers can face as they try to establish breastfeeding, and acknowledges the importance of ensuring that midwifery is sufficiently staffed to support postnatal care and infant feeding as well as acute care.

The Deputy Presiding Officer: That concludes decision time.

Point of Order

17:02

Michelle Thomson (Falkirk East) (SNP): On a point of order, Presiding Officer. Last week, in a debate held on 17 January, I intervened on the Conservative member Roz McCall to ask if she was able to furnish me with a copy of the Scottish Conservatives' new deal for teachers. She agreed that she would do so, I think upon advice from her front bench, but has not been able subsequently to obtain that.

I have contacted the Scottish Parliament information centre, which also contacted the Scottish Conservatives. It seems that the party's communications office was also unaware of said document.

My question therefore is this: what steps should I take to allow Ms McCall—who I am certain would not want to mislead Parliament—to correct the record?

The Deputy Presiding Officer (Annabelle Ewing): The issue that Ms Thomson raises seems to concern the provision of a document by one member to another. That is therefore not a point of order, because it does not engage the standing orders of the Parliament. I imagine that the member might come up with various ways in which to pursue that matter, which is now on the record in any event.

British-Irish Parliamentary Assembly

The Deputy Presiding Officer (Liam McArthur): The final item of business is a members' business debate on motion S6M-11415, in the name of Emma Harper, on the role of the British-Irish Parliamentary Assembly. The debate will be concluded without any question being put. I invite members who wish to participate in the debate to press their request-to-speak buttons now or as soon as possible.

Motion debated,

That the Parliament welcomes what it sees as the contribution of the British-Irish Parliamentary Assembly (BIPA) to enhancing government scrutiny, and in bringing together members of UK and Irish legislatures to discuss, debate and report on a wide range of policy areas facing society across all of the BIPA constituent areas, namely Scotland, Wales, Ireland, Northern Ireland, England, Jersey, Guernsey and the Isle of Man; understands that BIPA, established in 1990, has a core mission to promote co-operation between political representatives in Britain and Ireland for the benefit of the people who elect its members from all of the legislatures represented, while building on the close relationships established in recent years between politicians throughout Britain and Ireland; further understands that BIPA members engage in a wide range of non-legislative parliamentary activities through biannual plenary meetings and ongoing committee work, and that it consists of five committees, which are Committee A (Sovereign Matters), Committee B (European Affairs), Committee C (Economic), Committee D (Environmental and Social), and a Steering Committee, which brings together and links the work of the various BIPA committees; notes that BIPA plenaries alternate between the BIPA regions and serve to debate topical issues and committee reports, and include a question period with a senior minister from the host country; understands that there are many reports that BIPA has produced for consideration by UK and Irish legislatures, including recommendations on small and medium-sized enterprises (SMEs), renewable energy, the transfer of prisoners, cross-border policing, the Good Friday Agreement, healthcare access and post-Brexit trade; believes that BIPA plays an important role in listening to evidence from individuals, business and wider society, including from the South Scotland region, to help inform government policy and foster relationships with elected members across the BIPA legislatures; wishes BIPA a long and successful future, and encourages everyone to look at the considered reports that are available on the BIPA website, britishirish.org.

17:05

Emma Harper (South Scotland) (SNP): I welcome the opportunity to lead an important members' business debate that focuses on the role of the British-Irish Parliamentary Assembly. The Assembly enhances the scrutiny of each legislature's policy making and decision making, and—as I mentioned in a debate in the chamber last week—it fosters positive intergovernmental relationships. I thank all the members on all sides of the chamber who have supported my motion. I

welcome the fact that there was cross-party support for it, and that there is consensus on the positive role of BIPA.

I thank the BIPA clerks for the amazing work that they do, and I thank Jennie Chinembiri—I hope that I got that right; I have to say it really slowly—and Steven Bell from the Parliament's international relations office. They are absolutely amazing—they support us MSPs and co-ordinate our visits, and Steven Bell provided us with an excellent briefing ahead of tonight's debate. The current BIPA chairs, Brendan Smith TD and Karen Bradley MP, are excellent, and they guide us through our business and events at all the plenary sessions.

BIPA was originally established in 1990, as the British-Irish Inter-Parliamentary Body, to create a link between the Houses of Parliament and the Houses of the Oireachtas. The first plenary session took place in London in 1990, and in 2001, the membership was enlarged to include the Scottish Parliament, the Welsh Assembly, the Northern Ireland Assembly, the legislature of the Isle of Man and the States of Guernsey and Jersey.

The name "British-Irish Parliamentary Assembly" was adopted in 2008 to reflect the new era of relations between Britain and Ireland. BIPA's mission is to promote co-operation between elected representatives across the UK and Ireland and BIPA members, which benefits the people whom we all represent.

BIPA wants to build on the close relationships that have been established in recent years between politicians throughout Britain and Ireland. BIPA members engage in a wide range of non-legislative parliamentary activities, through biannual plenary meetings and on-going committee work. The venue for plenaries alternates among BIPA countries. The sessions involve debating topical issues and committee reports and include a question period with a senior minister from the host country. I was fortunate to meet Micheál Martin, when he was the Taoiseach, at one of our Dublin sessions.

The four current BIPA committees are the Steering Committee, the European Affairs Committee, the Economic Committee and the Environment and Social Committee. They meet regularly, both online and in person, and take oral and written evidence on specific issues. At the sessions, BIPA members sit in alphabetical order rather than as delegations of their respective legislatures, and national representation is relevant only for the purposes of the quorum and the tabling of certain motions and amendments. It seems to me that sitting next to a colleague from a different party, even an Opposition party, actually enhances our interparliamentary relationships.

The Parliaments, regional Assemblies and devolved institutions that are represented all share a common tradition and style of debate, and those common roots are reflected in the way in which the Assembly operates. On 6 March 2023, members held an extraordinary plenary meeting in Belfast, at Stormont, to mark the 25th anniversary of the signing of the Good Friday agreement. The Speaker of the Northern Ireland Assembly at Stormont granted the use of its chamber and meeting rooms for that special plenary. The former Taoiseach, Bertie Ahern, and Sir John Holmes, who was principal private secretary to Tony Blair when he was Prime Minister, were directly involved in the Good Friday agreement negotiations. They addressed the Assembly on the significance of the historic peace agreement and responded to questions.

Former members of the Northern Ireland Women's Coalition—Kate Fearon, Bronagh Hinds, Dr Avila Kilmurray and Jane Morrice—followed up with a presentation in which they conveyed the significance of having women involved in creating the peace process and promoting lasting peace.

Attending the session on 6 March was extremely impactful for everyone. When I was growing up in Stranraer in the late 1970s, I was all too aware of the troubles, which were happening just across the water—across the Irish Sea. In my view, not enough is said about the role that women play in peace negotiations in any conflict, including what was happening in Ireland and Northern Ireland at that time. That relates to my previous work in promoting United Nations resolution 1325, which aims to promote the importance of women being at the forefront of peace talks.

In addition to specific debates and motions, recommendations are made to lawmakers across the areas that are represented in BIPA. In May, we had a plenary in Jersey, where we heard from Jersey's first woman Chief Minister, Kristina Moore. She took questions from me regarding whether Jersey is considering the wellbeing economy as part of its financial policy, and she agreed that wellbeing, and not just gross domestic product, should be considered.

For me and my BIPA colleagues, excellent relationships have been created. Senator Emer Currie and Mairéad Farrell TD both subsequently invited me to visit Leinster house, which I did last summer. I was able to attend Taoiseach Leo Varadkar's leader's questions, and I found the whole visit to be extremely welcoming and enjoyable.

The plenary sessions allow us to share experiences. We have heard, for example, that Ireland has challenges that are similar to Scotland's with regard to general practitioner

recruitment in rural areas, and I was able to provide an insight into how the unique ScotGEM—Scottish graduate entry medicine—programme that was created by the Scottish Government has helped to increase the GP workforce in rural areas in Scotland. Ireland will perhaps be able to take that forward, reflecting on the work that the Scottish Government has done in promoting ScotGEM.

The BIPA Economic Committee, of which I am a member, is currently carrying out an energy inquiry, which has shown how energy policy differs in each of the legislatures. It is becoming increasingly apparent from that inquiry that energy policy in the UK is having a disproportionately negative impact on Scotland.

This is a good place for me to stop, as I am conscious of the time. In closing, I again welcome the opportunity to lead the debate. I am not asking the Government to do anything, which is probably a first for me. BIPA has really benefited me, as it has allowed me to build intra-parliamentary relationships, to meet and learn from other members, and to act on good policy to enhance the lives of the people whom we represent. I look forward to hearing contributions from other members.

17:12

Tess White (North East Scotland) (Con): The work of MSPs is wide ranging. The press often picks up on our adversarial politics, but the work that we do to build relationships, find consensus and increase understanding together is often overlooked. That is why I am grateful to Emma Harper for providing MSPs with the parliamentary time in which to discuss our involvement with the British-Irish Parliamentary Assembly. The most recent BIPA debate in the Scottish Parliament took place in 2012, so another one is long overdue, and I thank Emma Harper for highlighting the Assembly's work.

As a newly elected MSP in 2021, I jumped at the chance to participate in a different type of parliamentary engagement. As Emma Harper pointed out, last year BIPA provided a valued forum for parliamentarians to discuss and develop dialogue on issues in the north of Ireland. In particular, it offered an unrivalled opportunity to learn about the peace process and the courage and humanity that have been required to maintain it.

I was fascinated to hear about the real change makers: those who really made a difference in the Good Friday agreement, such as John Hume, Mo Mowlam, President Bill Clinton and Bertie Ahern. As Emma Harper pointed out, we met the Women's Coalition—the women who really were

at the tipping point of change—which was a tremendous privilege for us.

With cross-party participation from across the British isles, BIPA has provided a wider arena for discussion and co-operation. I have particularly enjoyed meeting people and finding out what matters to them. I have learned so much about the power of talking, sharing a meal and debating calmly, with gentleness and humility, topical issues of mutual concern. The importance of that should not be underestimated.

Emma Harper touched on the structure of BIPA. Much of the day-to-day work is carried out in the four cross-party committees, which meet regularly.

Emma Harper: You might come on to this, as you are—I mean, the member is—a member of the BIPA committee that deals with culture, which has just completed a report on indigenous languages, including Scots languages. That is really important for me. I welcome that and I would be interested in your comments on it.

The Deputy Presiding Officer: Speak through the chair, please.

Tess White: If it is allowed, Presiding Officer, I say to Emma Harper, “Thank you, ma bonnie quine.” The report, which was published in May 2023, was tremendously rich and focused on indigenous languages, as Emma Harper said. My love of language started at university, when I did a special project on Scots and Scottish languages, so I was delighted to work on the topic. Professors of Doric and professors from all over Scotland contributed to that debate. It was tremendously rich. As we know, language can sometimes be co-opted for the wrong reasons but, as the report concluded,

“BIPA is well-placed to continue to monitor the health of indigenous minority languages”.

Therein lies the beauty of BIPA. It transcends the political and finds common purpose among those with opposing views. It is a rich environment for learning and it allows legislators to build bridges—it is important that we do that rather than exist in our silos. I therefore look forward to my continued participation and to my committee’s next meeting in February, and I deeply thank those who support the work of BIPA across the British Isles—including our clerks, who support us so well.

17:16

Annabelle Ewing (Cowdenbeath) (SNP): It is a great pleasure to have been called to speak in the members’ debate on the British-Irish Parliamentary Assembly, and I congratulate my colleague Emma Harper on securing it. At the outset, I, too, put on the record my thanks to our Parliament’s fantastic international relations office

team, the excellent BIPA clerks and all the staff who ensure that our work continues apace and effectively.

It is an honour for me to speak in the debate in my capacity as Deputy Presiding Officer, which I do not tend to do very often—as you will know, Presiding Officer. In that role, I head up the Scottish Parliament delegation to the British-Irish Parliamentary Assembly. I am pleased to see that, in addition to Emma Harper and Tess White, other members of the delegation—Ross Greer and Pauline McNeill—are in the chamber, and I know that they will be keen to make their own contributions. I note, too, that an associate member of our delegation, Paul O’Kane, also seeks to participate in the debate, along with—very appropriately—the convener of the Constitution, Europe, External Affairs and Culture Committee, Clare Adamson.

The forerunner to the British-Irish Parliamentary Assembly was the British-Irish Inter-Parliamentary Body, which met for the first time in London in 1990. For the record, I commend the involvement of my late sister-in-law, Margaret Ewing MP MSP, who participated in that forum. In the context of what was going on on the island of Ireland, the early work that was done at that time was very significant, and it was important to her because she placed a great deal of importance on interparliamentary co-operation.

The modern-day British-Irish Parliamentary Assembly has developed further to the Good Friday Belfast agreement and the subsequent positive developments on the island of Ireland that we have witnessed over the years. At its heart, of course, BIPA provides an important opportunity for dialogue with politicians from across these isles on issues anent the island of Ireland, which remain very much on the political agenda.

The Assembly also covers much wider issues of common interest to people across these isles. That can be seen in recent BIPA plenaries, at which there has been a focus on, for example, energy policy, post-Brexit trade, minority languages and cross-border co-operation. The next plenary, which is due to be held in Ireland in the spring, will focus on tourism, which is a very important part of the economies of all constituent members of the Assembly.

As has been mentioned, the subject matter committees do a power of work in taking evidence and drawing up reports. I note that Committee D, being the Environment and Social Committee, which is chaired by Lord Dubs, will be holding its next meeting at the Scottish Parliament on 19 February, as it continues its current inquiry into rural housing.

For my part, I sit as head of the Scottish Parliament delegation on the Steering Committee, which meets in advance of and at the start of plenary sessions. It proposes the agenda and considers wider issues, including, most recently, the future development and role of BIPA itself.

A lot of good work is carried out by BIPA, and I firmly believe that this interparliamentary body has an important role to play, not just in promoting co-operation and progress on the island of Ireland but in ensuring that politicians from across the political spectrum can meet and discuss the relevant challenges and opportunities of the day. Such dialogue also takes place at sidebar meetings, which are all the more important, given the impact of Brexit on the frequency of United Kingdom-Irish discussions, which have gone from near-daily informal interactions in Brussels to less frequent, more formal meetings.

The British-Irish Parliamentary Assembly plays an important role in our international discourse. Difficult decisions are facilitated and positions reached that always seek the common ground on what are very sensitive matters.

We will see what happens with political events that are yet to take place, but the plenary session in the autumn is due to take place here in our Parliament. I know that there will be a lot of interest in that meeting, and I feel confident that a very warm welcome will be extended to our guests.

17:22

Pauline McNeill (Glasgow) (Lab): I am very pleased to speak in Emma Harper's debate, which I think is the first of its kind, highlighting the work of the British-Irish Parliamentary Assembly. I, too, put on the record my thanks for the support of the team at the Parliament's international relations office. It has been a pleasure to work with Emma Harper, Annabelle Ewing, Tess White, Ross Greer and Jackie Dunbar, who attended the most recent plenary session.

As Labour's representative on the body, I can say that it is a privilege to take part. I joined as an associate member after the 2016 Brexit vote, and I attended my first meeting in Kilkenny in the province of Leinster, in the south-east of Ireland. Brexit was not on the agenda, which mystified me, but it became clear that we could not stop the politics taking over the agenda. I remember the intense atmosphere in the room and I was captivated by the politics that ensued between the parties of Northern Ireland and Ireland on the impact of the Brexit agreement. I honestly felt that I would like more members to have an insight into that, as it was unique to be able to listen at that time. To me, it was almost as if the forum provided

a platform to those parties, and indeed a buffer for the parties of Northern Ireland to debate the acute consequences of such a vote and the on-going suspension of the Stormont Assembly. That is how I feel when I attend BIPA: I see the politics being played out.

As Annabelle Ewing said, BIPA was established in 1990 as the British-Irish Inter-Parliamentary Body, and it soon became the British-Irish Parliamentary Assembly. Its origins are in the Good Friday agreement. If I did not know that it was a consequence of the Good Friday agreement, I would be constantly reminded of it—as is everyone else—by John D Taylor, Lord Kilclooney, who was Lord Trimble's deputy and a key member of the peace talks, and who is still a member of BIPA. I do not agree with him on a great deal, but I do agree with him on two points, the first being that BIPA could play a much stronger role across the legislatures of the United Kingdom and Ireland. Incidentally, and secondly, he is also a very strong supporter of the Palestinian people.

The British-Irish Council was established in 1999 under strand 3 of the 1998 Good Friday agreement. As members will know, the council brings together ministers from Britain, Ireland and the devolved Administrations. Strand 3 of the agreement stated that, as well as intergovernmental links,

"The elected institutions of the members will be encouraged to develop interparliamentary links, perhaps building on the British-Irish Interparliamentary Body."

Hence we have BIPA.

As other members have said, it is the committees that make the forum function. I had the privilege of serving on committee D, which Lord Dubs currently chairs. Its inquiry into abortion services took evidence on the impact on the women of Northern Ireland when the Republic voted for some restricted rights on abortion. That inquiry was something that only a body such as BIPA could conduct, because it looked at the interactions of the different Parliaments. Many women from Northern Ireland were already travelling to the UK for abortion, and we got an insight into some of the horrendous conditions that they had to travel in. We looked at what implications the Republic's vote to allow abortion would have for them travelling south and what the law was on all of that. It was quite fascinating. We had the head of medical services for the Republic giving evidence that we would not otherwise have seen.

BIPA is taken very seriously and it has been addressed by important speakers from the UK and Irish Governments including the Rt Hon Steve Baker, Minister of State for Northern Ireland; Keir Starmer; Jeffrey Donaldson, leader of the

Democratic Unionist Party; John Finucane, an MP representing Sinn Féin; the current Taoiseach; and all previous Taoiseachs. They have all addressed this important forum.

We were privileged—I sometimes wish that it had been filmed and minuted—to listen to Bertie Ahern, Senator Mitchell and John Holmes, who was a civil servant at the time, give unique insights into how the Good Friday talks could actually have crumbled. Bertie Ahern spoke of going to his mother's funeral on one of the days and then going back to the talks. Such a profound act was seen as one that brought some of the people together to make sure of the agreement. He also spoke of the importance of John Major's contribution, but he said that, without the personality of Tony Blair, he did not believe that it could have happened. It was a historic moment that I and others who were there were privileged to listen to.

I am delighted that we have had a chance to provide some insights to members, but let us do more to make sure that other members can see the work of BIPA as a forum. I thank Emma Harper again for bringing the debate to the chamber.

17:27

Clare Adamson (Motherwell and Wishaw) (SNP): I, too, start with some thanks. I thank our Parliament's current and previous delegates to BIPA. The previous delegates include Margaret Ewing, as Annabelle Ewing mentioned. Our delegates do a tremendous job on our behalf, but sometimes we do not hear about it.

Today, I have an ask not of the Government, but of us in the Parliament. It is that we take away the idea of having on the parliamentary agenda regular updates from BIPA and other representative bodies such as the Conference of European Regional Legislative Assemblies—CALRE—which is the contact group for the European Committee of the Regions. Along with Donald Cameron, who is my depute in the Constitution, Europe, External Affairs and Culture Committee, I sit on the interparliamentary forum on behalf of the Parliament. That is a UK body. I am also a delegate to the UK-EU parliamentary partnership assembly, which is the meeting place of Westminster and the Lords with our European colleagues now that we are no longer in the European Union.

It is important that we hear such updates because, as we have heard, good work happens at those forums. I was particularly taken with the mention of the Scots language. I knew that that would be at the heart of what Ms Harper said. One of the first things that BIPA did was to look at the

lesser-used languages across the islands, including in the Isle of Man and the Channel Islands. Those links know no borders or boundaries, because there is a shared culture between people throughout the United Kingdom and the islands, as well as people from France, who share Celtic and Celtic-language traditions.

I know that the European Union has been doing work on establishing and recognising cultural activity as a really important part of our heritage. We have Up Helly Aa and other traditions across our communities, including the Lanark Lanimers, which is close to my heart. BIPA has such things at its heart and it will continue to look to support and preserve them on our behalf. That is great work.

There is also really important work as Brexit is being managed. My committee has been focusing on the change in relationships within the UK following Brexit, but we also have to recognise that relationships across the water—across the Irish Sea and in Europe—have changed. Such forums are important for keeping links going, having shared understanding and being able to develop policy for the benefit of all our communities.

I know that I am not the only person in the chamber with Irish heritage. We have to remember that protecting the common travel area is at the heart of BIPA. The common travel area has been in existence for a long time—since Irish independence—and it marks our strong and close cultural, community and familial relationships across the Irish Sea. It is really important that BIPA has protecting the common travel area at its heart, along with preserving the Good Friday agreement.

Again, I give a huge thank you to everyone at BIPA. I hope that we will have more opportunities to hear about its work and the work that our colleagues are doing there. Hearing such consensus has been a breath of fresh air this afternoon. We do not see enough of the consensual work that is done across the Parliament to develop policy and make lives better for our communities.

17:31

Ross Greer (West Scotland) (Green): Like colleagues, I thank Emma Harper very much for giving us the opportunity to discuss the work of the British-Irish Parliamentary Assembly, and I thank our clerks in the international relations office for the support that they have given us.

I have been a member of BIPA for eight years. That is by far one of the greatest privileges that I have had in the job. I discovered my own Irish heritage as a result of being a member of BIPA. I mentioned offhand to my gran one day where I

was about to go on a trip, and it was only at that point that she told the rest of us that our family had come from Sligo and Enniskillen. Being a member of BIPA has been a huge privilege for me because I have been able to sit in a room with, get to know and work with people who risked so much to secure peace for the north of Ireland. They risked their lives. People who had been on opposite sides of a war, including former combatants on both sides in that war, now sit in the room together for discussions.

I found that particularly significant because people of my age in Northern Ireland do not remember the conflict. I was born around the time of the loyalist ceasefire in 1994 and the first of the Irish Republican Army's ceasefires in that period, leading up to the Good Friday agreement. A friend of mine from the north likes to remind people that Northern Ireland is a post-conflict society, not a post-post-conflict society. People are still living in the shadow of what came before. The peace process is exactly that: it is an on-going process. It is a process that we all have a responsibility to contribute to, because it is still really fragile. We have seen that over the past couple of years as risks to it have become apparent once again.

My first BIPA meeting was immediately after the Brexit referendum vote. There was a sense of shock around the room, even among those in it who had voted leave and had not necessarily expected their side to win. Sadly, that revealed a level of ignorance and complacency in Great Britain about Northern Ireland that there simply should not have been. There was a sense that peace had been achieved and that that was something that did not need to be worried about any more, rather than a recognition that Northern Ireland was an equal part of the UK and that peace was a process.

Eight years on, we are still trying to square the circle of the border issues in Northern Ireland. A sea border will never be acceptable to unionists and a land border will never be acceptable to nationalists or compatible with the Good Friday agreement. However, the collapse of the Executive in Northern Ireland is not entirely about that; it is also about a crisis within unionism and specifically the DUP, which campaigned for Brexit and has been unable to reconcile itself with getting what it wanted at the time.

The bigger issue is that young Protestants and unionists—or young people from that background—are not voting for unionist parties in Northern Ireland in the numbers that they used to because of social policy reasons, such as LGBT rights or abortion rights. Young people from the north have spoken to BIPA on a number of occasions about issues such as climate change and education, which they want to talk about with

their Assembly and their Assembly members, but they cannot do so. They can talk to the British-Irish Parliamentary Assembly, but they cannot talk to Stormont because it is not functioning.

If we combine that crisis in unionism with Sinn Féin's growth in the nationalist electorate, the inevitable result that we get is Sinn Féin coming first in the most recent election. That gets to the nub of why there is not a Northern Ireland Executive at the moment. The situation is not entirely to do with Brexit; it is to do with the fact that one party cannot reconcile itself with the fact that another party won the election. The DUP cannot reconcile itself with the fact that there would be a Sinn Féin First Minister, even though there would be a DUP Deputy First Minister on entirely equal terms.

Emma Harper: When we were in Stormont, the Stormont Assembly was not sitting. Does Ross Greer agree that the whole-hearted disappointment of members there about the fact that there was no sign of getting the Assembly restarted was absolutely palpable?

Ross Greer: I am grateful to Emma Harper for that intervention. I felt the distress of our Northern Irish colleagues about the fact that some of us in this chamber have spoken in their chamber more than they have, because BIPA was able to use the Stormont chamber but the Northern Ireland Assembly was not sitting. Imagine how galling it would be for us if this Parliament had not sat for years at a time, given the huge amount of work that we do for the people of Scotland, which we do on an entirely consensual cross-party basis. Imagine what it would be like if that had not been happening for years, with budgets not having been set for years. I urge the DUP to recognise that it is losing far more than it is gaining. It needs to re-engage with the Northern Ireland Assembly, and it needs to re-engage with the British-Irish Parliamentary Assembly, too.

I should make the point that I am speaking specifically about the DUP here; I am not speaking about Northern Irish unionism as a whole. Our Ulster Unionist Party colleagues make a fantastic contribution to the Assembly.

Before I close, I want to briefly urge the UK Government to engage more as well. Our Irish colleagues have repeatedly raised concern about the fact that, although the Irish Government engages comprehensively with the Assembly, the British Government often does not. I give an honourable mention to Steve Baker, Minister of State for Northern Ireland, with whom I agree on almost nothing but who makes a really sincere and heartfelt contribution to BIPA. However, more senior ministers, including secretaries of state and the Prime Minister himself, need to engage with it.

I will finish by echoing the points that others have made about collaboration. My BIPA committee will be in Helsinki and Tallinn soon as part of a security inquiry. Unfortunately, I will not be able to join it. However, that is a fantastic example of the fact that BIPA not only does cross-jurisdiction work here but takes part in engagement with our wider continent.

I would also like to mention some of the individuals whom I have had the privilege of meeting. They include Reg Empey, who is one of those who sacrificed so much for the peace process, and Alf Dubs, with whom I had a profoundly moving conversation, along with Christina McKelvie and Linda Fabiani, about an issue that is not directly related to BIPA—that of assisted dying. A discussion that we had on the fringes of the Assembly in a hotel reception has significantly changed my views on that issue. I am sure that that will be of interest to you, Presiding Officer.

One final individual whom I would like to mention is Steffan Lewis—a Plaid Cymru member of the Assembly who made a huge contribution. He was elected at the same time as me but, sadly, he passed away at the age of 34. Steffan was a really valued colleague and somebody with whom we had the privilege of working during his time on BIPA.

BIPA is essential because it ensures that at least some members of the Parliaments and Assemblies on these islands know and understand one another, and that those of us in Great Britain and the rest of Ireland understand the profound issues that still face the north as it makes its way through the peace process. There is great value in us knowing and understanding one another on a personal level, collaborating on a wide range of issues and building those relationships, and I would very much like to see that continuing.

Thank you for your indulgence, Presiding Officer.

The Deputy Presiding Officer: I call Willie Coffey, who joins us online.

17:38

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): I thank my colleague Emma Harper for bringing the work of BIPA to the attention of the Scottish Parliament and for giving me the opportunity to offer a few reflections of my own.

It was my pleasure to serve on the Assembly from 2011 until 2022, if memory serves me correctly, and what a privilege it was to do that. I recall my then whip, Brian Adam, asking me—or telling me, rather—“You’re interested in Irish politics, aren’t you? How do you fancy serving on

BIPA?” That was it, basically. It was a wonderful experience and I am so grateful to Brian Adam for that. He was a lovely man, who is sorely missed.

The first Assembly meeting that I attended was in Brighton in 2011. What an experience it was for me to travel from the Scottish National Party conference in Inverness, where it was absolutely freezing, to Brighton and to see, on arriving there—on more or less the same day—people sunbathing on the beach. That geographical contrast was something that would be repeated in a political sense over the coming years of the Assembly.

In my early days as a member, I initially thought, “What on earth is the point of this?” There was hardly any real debate—just contributions on topics of mutual interest from members, no divisions, no votes on anything and composite motions agreed by everyone. However, that was the point—to foster good relations, and to search for and to get agreement among members who are diametrically opposed to one another in their normal political settings. That is a rare achievement, but thank goodness for it.

I saw members from the unionist and nationalist traditions in Ireland coming together regularly in genuine dialogue, with a very real spirit of friendship and co-operation, which was aided to some degree by the wonderful social side of the Assembly. That success was epitomised for me in a moment in 2012 in Dublin, in Dáil Éireann, when I managed to coax two colleague members, John McAllister MLA and Noel Coonan TD, to pose together under a portrait of Michael Collins, sharing the warmest of handshakes. They had the highest regard for one another, and I saw unionist and nationalist hand in hand. Where else and in what other setting could that possibly have been achieved?

That is what BIPA has achieved and what it must remain all about. Those early days, following its establishment in 1990, were probably clouded with a little bit of suspicion about whether one agenda could outflank another, but the founding members, to their eternal credit, put in place such a powerful arrangement that it succeeded and has endured for the past 34 years.

I have one request, which I will make in the true spirit of BIPA by not being too critical: I respectfully ask that the British Prime Ministers take an interest and attend BIPA. The Irish Prime Ministers, or Taoisigh, have always found the time to attend, and it is greatly appreciated by all the members.

Over the years, I recall standout contributions from Lord Alf Dubs, Lord Bew, Frankie Feighan TD, Patrick O’Donovan TD and, not forgetting, Pat “the Cope” Gallagher. Sometimes, those were

contrasting contributions, of course, but they always took us forwards, not backwards.

Very sadly, in preparation for the debate tonight, I learned about the death of a dear friend, Senator Paul Coghlan, who passed away during the summer. He served in BIPA for many years, and was a great support to me, too. Paul Coghlan was what the Assembly is all about: bringing people together across the political divides. His watchword was, "If it can be done, let us do it together."

On that fitting note, I once again thank Emma Harper for securing a debate on BIPA. I wish the Assembly and all its members every success in the future in continuing to find common ground for the peace, reconciliation and prosperity that we all seek.

The Deputy Presiding Officer: I call Paul O'Kane, who is the final speaker in the open debate.

17:42

Paul O'Kane (West Scotland) (Lab): Thank you, Presiding Officer. I am happy to have the opportunity to speak on this important matter.

Go raibh maith agat, a Cheann Comhairle. Tá áthas orm deis a bheith agam labhairt ar an ábhar tábhachtach seo.

I felt it appropriate to begin my speech in both English and Irish this evening. I am sure that the official report will correct me if I am wrong, but I believe that that is perhaps the first use of the Irish language in a debate in the Scottish Parliament. I say "in a debate" because I am very conscious of the speech of Uachtarán na hÉireann Michael D Higgins in 2016, and I would not want to claim to be the first, given that such an august speaker used Irish in this chamber. However, as someone who has both British and Irish citizenship, I wanted to use cúpla focal in recognition of the values of the institution that we debate this evening. Those values are co-operation, building relationships, building respect and understanding. We seek to co-operate across our islands; we seek to build relationships of family, politics and business; and we seek to show respect for our shared heritage and our commonality as well as understanding of our differing traditions.

Through the power of dialogue, debate and agreement, we can find solutions to common problems for the people whom we represent across these islands. It is a pleasure to follow many fine speeches in that regard, and I pay tribute in particular to Emma Harper for bringing the motion to the chamber. I also pay tribute to all the members of the British-Irish Parliamentary Assembly, the associate members—I declare an

interest, as one of those associates—all the staff and all those who help to make the Assembly work so well, including those who have done so in the Scottish Parliament since the beginning of the Parliament almost 25 years ago.

I will use my time this evening to focus on the vital work of the institution in securing and sustaining peace in Northern Ireland. We are now 25 years on from the Good Friday agreement. Last year, I was proud to lead commemorations in this Parliament of that historic moment, with the support of the Irish consul, Mr Jerry O'Donovan, the John Smith Centre at the University of Glasgow and the John and Pat Hume Foundation.

It was wonderful to hear mention of the Northern Ireland Women's Coalition—Monica McWilliams, who was a founding member of that coalition, was here in the Parliament and spoke passionately about her work. However, I want to focus on John Hume because, without his vision, his total commitment to dialogue and his forbearance, there would be no peace in Northern Ireland, and there would be no British-Irish Parliamentary Assembly as we know it.

As we have heard, the peace process did not begin and end on Good Friday in 1998. It was a long journey, where windows of light let chinks into the darkness along the way, until finally the door of agreement was reached and opened. We had the Anglo-Irish agreement of 1985, the establishment of the British-Irish Inter-Parliamentary Body in 1990, the Downing Street declaration in 1993 and so on—all those moments were crucial on the journey to 1998, and they were all inspired by the architecture of John Hume.

In 1980, John Hume met Humphrey Atkins, who was then Secretary of State for Northern Ireland. Mr Hume was accompanied by his Social Democratic and Labour Party colleagues Austin Currie and Hugh Logue—with regard to whom I should declare an interest, as he is my father's cousin. They told the secretary of state that there were three important elements in any political talks: relationships between the people of Northern Ireland, relationships between the people of the north and south of the island of Ireland and relations between Britain and Ireland. Those would become the defining three strands of the Good Friday agreement.

John Hume envisaged that new bodies would help to foster the conditions for a lasting settlement and an enduring peace. It is clear to me that BIPA embodies those three strands: supporting dialogue between the parties and people in Northern Ireland, supporting dialogue north and south on the island of Ireland and supporting dialogue east and west between these islands. The work that colleagues do today is vital

in continuing the on-going business of building better futures for us all.

Even as we face the difficult challenges that we have heard about, both domestic and international, it is clear that BIPA is needed more than ever. As our colleagues in the Northern Ireland Assembly have not sat for two years and the institutions of the Good Friday agreement are threatened, it is clear that we must continue to do all that we can to bring people together. We must protect what has been built and offer that east-west hand of friendship, because it matters to so many of us in the diaspora here in Scotland and beyond.

I will end with the words of John Hume, who said:

“When people are divided, the only solution is agreement.”

Therefore, long may the British-Irish Parliamentary Assembly be a forum for the solution that is found in dialogue, respect and agreement.

Thank you. Go raibh maith agat.

The Deputy Presiding Officer: I call Christina McKelvie to respond to the debate.

17:47

The Minister for Culture, Europe and International Development (Christina McKelvie): I warmly welcome the debate and congratulate my friend Emma Harper MSP on securing it. I am grateful to colleagues who have contributed. I have noted a number of excellent and interesting points and will do my best to comment on them all, if I can.

The starting point is that the Scottish Government welcomes increased contact with international partners and increased collaboration between this Parliament and other Parliaments, and the British-Irish Parliamentary Assembly is a great example of both of those.

My experience of BIPA was attending a meeting in Sligo, where, I remember, Ross Greer and I spoke about both our families' connections to the area. As the Scottish Government minister for equalities, I was invited to attend to talk about women, because it was 100 years since women had got the vote. They were a cracking a few days. Some of the older men did not quite agree with the younger women in the room about how we should move forward, but we had disagreements and conversations, and we came to a common understanding. That is one of the key messages from today's debate.

On our international links, as a Government, we are determined to remain outward facing, and I know that the same applies to the Parliament.

That is because we believe that that is the best answer to challenges. The best answer is never to retreat from those challenges, to cuddle into our shell, hunker down and not face up to things that are really tough; the best answer is always to work in partnership to seek resolutions. That is all the more important in the current circumstances, in which we face not only the disastrous consequences of Brexit but very real global challenges of which this Parliament is only too aware.

In that context, our support for BIPA underlines our commitment to close partnership with our Irish friends, among others. Ross Greer, Willie Coffey and Paul O'Kane spoke profoundly about the value of building good relationships and BIPA's role in bringing people together from opposing sides to find resolutions to common issues, as Paul O'Kane said. That is the essence of BIPA's work.

Annabelle Ewing reminded us of Margaret Ewing's involvement in the early stages of all that work. She held in high regard the role of BIPA in its earlier iteration and raised awareness of and supported it as much as she could. We attach the same great importance to that relationship. The Ireland-Scotland joint bilateral review, which was co-produced by the Scottish and Irish Governments, recognised how vital partnership working is to diplomacy, the economy, the diaspora, culture, research and education, and rural and island communities. I take this opportunity to publicly pay my personal tribute to the Irish consul general, Jerry O'Donovan. Everywhere I go, he is there. That tells us how engaged he is in every aspect of Scottish life and how we can collaborate.

In July 2023, Ireland's Tánaiste, Micheál Martin, and Scotland's Cabinet Secretary for Constitution, External Affairs and Culture, Angus Robertson, met to review progress in implementing the review's findings. They noted that considerable progress had been made, particularly on business and economic links, cultural collaborations, joint research projects and shared policy engagement on, for example, the resettlement of Ukrainian refugees, renewable energy and health. Today, we have heard some examples of BIPA's committee work in those areas.

As a committed parliamentarian, I strongly value interparliamentary engagement. There is nothing better than getting together with politicians from other parts of the world who are striving to address the same issues as we are but who might have a different way of thinking about or securing resolutions to them. It is important that good working relationships are built to ensure that learning can be shared on how we best represent the interests of those who are impacted by the

decisions that are taken by all our Parliaments. I look forward to, I hope, catching up with Lord Alf Dubs—whom Annabelle Ewing mentioned—when he visits this Parliament. He has been my dear friend for many years and I do not get to talk to him enough but, when I do, I get to hear so many wonderful examples of his lifelong commitment to democracy.

Last year, the Oireachtas Joint Committee on Autism visited Scotland to meet counterparts in order to learn more about Scotland's approach to providing services for children and young people with autism. Again, we all share that work.

Emma Harper, Tess White and Annabelle Ewing spoke about the work of other committees, such as those on housing and languages. Our collaboration on health and social care is a key part of our on-going relationship with Ireland; members of the Health, Social Care and Sport Committee should talk to us about the work that it is doing so that we can talk about that work.

The same is true of languages. Language is such a key part of a nation's culture that is of interest to communities, and BIPA helps to increase dialogue on the importance of languages, whether it is English, Scots, Gaelic, Welsh or Jèrriais, which is the language of Jersey. I know that the Constitution, Europe, External Affairs and Culture Committee recently visited Belfast and Dublin to meet parliamentarians to discuss its on-going work on the national outcomes, and I am going to Dublin soon to talk about our cultural links.

The Scottish Government has also been pleased to observe the important work of the parliamentary partnership assembly, which was established under the trade and co-operation agreement between the United Kingdom and the European Union. I know that that is difficult ground, but such work is necessary in order to move forward following Brexit. BIPA fits really well into that model, because it creates the circumstances in which we can all meet and talk. Its contribution to enhancing parliamentary connections between Scotland and Ireland is explicitly recognised in the bilateral review and was acknowledged by those who participated in it.

I am sure that all members heard Pauline McNeill's call for stronger interparliamentary dialogue, and they should take that forward. I, too, would appreciate the updates that Clare Adamson called for, and I agree on the need to nurture the changing relationships.

I think that all members who spoke in the debate mentioned the foundation of this work—the Good Friday agreement—which is key. Members talked about the Good Friday anniversary event that was held a few years ago and the role of women in the

peace process. I do not think that the mammies of Ireland have ever had the recognition that they should have had for their involvement in the peace negotiations. We should perhaps take that into account as we move forward.

Ross Greer talked about living in the shadow of what went before and creating some light out of it. Paul O'Kane talked about the relationships. I reassure my friend Emma Harper that, last week, I met the latest cohort of fellows funded by the Scottish Government through the women in conflict 1325 fellowship programme, which relates to women in the peace process. There will be a new cohort in March. It is really important that we are able to do that.

On languages, just so that I can be the same calibre as other members, I note that I am sure that the report from the committee that Tess White mentioned was *braw screevin* indeed. [*Applause.*] I got a cheer from Emma Harper.

This has been a great debate. A key feature of the successful parliamentary work that binds us all together is the need to build relationships. It is vital that we work together, and I am really pleased that members have taken such a respectful and constructive approach to our experiences of BIPA. We should take some lessons from that as we mark BIPA's work today. I pay tribute to the Scottish members and associates for their work, and I thank Emma Harper again for securing the debate. We would be delighted to have an update on BIPA's work in the future.

Meeting closed at 17:56.

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