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The Scottish Policy Style: Can it Produce More ‘Joined-Up’ Policy and Policymaking?

Abstract.¹ Focusing on Scotland, we examine how governments can address cross-cutting policy problems within multi-level policy processes. ‘Scottish policy style’ refers to the potentially distinctive way in which it makes and implements policy. Compared to the ‘British policy style’, we can identify the potential for senior policymakers to form more personal networks and work in a different, more ‘bottom up’, way with a wide range of interest groups and public sector bodies. Yet, the public policy literature warns us against equating potential with actual policymaking and outcomes. Policymakers in Scotland and the UK are subject to the same ‘universal’ processes - including limited knowledge, attention and coordinative capacity, and high levels of ambiguity, discretion and complexity in policy processes. So, for example, whether or not the Scottish Government better manages to ‘join up’ policymaking, or produces what could meaningfully be called a ‘national’ policy, is an empirical question. We examine this process using two case studies of policies – on ‘prevention’ and ‘transition’ – which cross-cut central government departments and span multiple levels of government.

Introduction: does national policymaking produce ‘coherent’ national policies?

At the heart of a focus on concepts such as ‘joined-up’ government and ‘coherent’ policy is the idea of centralisation and harmonisation; an ability to produce a national-level policy that is not undermined by governmental silos or local discretion (Jordan and Halpin, 2006). At a national level, these concepts compete with the idea of pragmatic policymaking, based on the assumption that policymaking cannot be fully centralised, no policy can be truly holistic, and that there are practical benefits to the encouragement of policies driven primarily by specialists in each area.

At a central-local level, governments may encourage ‘bottom up’ policy development - a degree of variation may be built into the design of policy, or otherwise encouraged, as a sign of local policymaking legitimacy. There are trade-offs between the aims of centralisation and localism.

¹ The paper is also summarised in a blog post here: <http://paulcairney.wordpress.com/2014/08/19/scottish-independence-will-anything-really-change/>

An empirical study of ‘coherent’ national policy therefore has inescapable normative elements, betrayed by the language we use to describe the balance between those aims and the outcomes. For example, we may describe ‘fragmentation’ or ‘flexibility’, or decide between negative terms such as ‘postcode lottery’ and more positive notions of ‘community-led’ policies or individualised services ‘co-produced’ by service users and other important stakeholders.

In that context, our broad aims may be to examine two intertwined processes: how national cross-cutting policy problems are addressed by the ‘centre’ and a range of departments; and, the extent to which policies delivered in local areas share enough characteristics to form a meaningful part of a national picture.

When we focus primarily on the central-local dimension, the empirical emphasis is on the extent to which we can identify variation and similarity in the delivery of public policies. The normative focus is on how satisfied actors may be with potential and actual variation in outcomes. For example, we may reflect on the possibility that people with the same demands for, or needs of, services would receive a different service in different regions or parts of a region – and consider issues such as the trade-offs between the pursuit of national uniformity and local legitimacy.

However, whenever policy problems span multiple departments, and multiple levels of government, and contain many actors, it is difficult to separate this normative focus on policy outcomes from an empirical focus on the messy policy processes which produce *unintended* outcomes. The phrase ‘complex government’ sums up the argument that governments do not exert full or direct control over policy making systems (Cairney, 2015). It cannot claim full credit for a degree of coherent government, and nor should it take full responsibility for ‘fragmented’ public services and uneven outcomes.

How can we analyse this process, to turn these concerns about coherence and complexity into something that can be analysed in a simple way, to describe and explain the interplay between cross-cutting policy problems and multi-level policy processes? We examine these processes in three ways.

The first step is to consider why there would be variations in policy outcomes: what are the drivers, and to what extent do they reflect an *intentional* decision to produce heterogeneous outcomes? We examine key ‘universal’ causes, which could be applied to a discussion of any government. They relate to the interplay between factors such as: the limited extent to which national policymakers pay attention to issues for a meaningful length of time; the potential for ambiguity, or for different policymakers to understand and respond to policy problems in different ways; the silos within government which may produce fragmented policymaking; the extent to which local policymakers have the discretion to go their own way; and, the broad notion of ‘complex government’ in which there is a degree of unpredictability when so many actors are involved, at multiple levels of government, and policies are difficult to control. These may be offset to some extent by measures designed to coordinate policy outcomes - including ‘corporate’ centres within national and local governments, regulations,

performance management, targets and accountability procedures – and by professional norms or policy learning and transfer between governing bodies.

The second step is to consider how specific governments coordinate national policy strategies and balance the trade-offs between national policy and local flexibility. We focus on Scotland, which currently has a devolved national government, operating within parameters set by the UK and EU, but with primary responsibility for policy areas such as health, education, local government and justice. The ‘Scottish policy style’ (Keating, 2005; Cairney, 2008) refers broadly to the potentially distinctive way in which the Scottish Government makes and implements policy in these areas, and ‘distinctive’ usually refers to comparisons with the UK Government.

The ‘Scottish approach’ (Scottish Government and ESRC, 2013) refers to its professed reputation for pursuing a consultative and cooperative style when it makes and implements policy. It works with voluntary groups, unions, professional bodies, the private sector, and local and health authorities to gather information and foster support for its policy aims. This approach extends to policy delivery, with the Scottish Government willing to produce a broad national strategy and series of priorities – underpinned by the ‘National Performance Framework’ - and to trust bodies such as local authorities to meet its aims. In turn, local authorities work with a wide range of bodies in the public, voluntary and private sector – in ‘Community Planning Partnerships’ - to produce shared aims relevant to their local areas. ‘Single Outcome Agreements’ mark a symbolic shift away from ‘top-down’ implementation, in which local authorities and other bodies are punished if they do not meet short term targets, towards the production of longer-term shared aims and cooperation.

The third step is to consider how these processes play out in particular cases. We compare two broad policy fields: ‘prevention policy’, when governments attempt to intervene early in people’s lives to reduce their demand for acute public services; and ‘transition policy’, when governments address the transition of users from one public service to another (including child to adult services in areas such as health and social care). Both areas share important features - they cut across departmental functions and require a high degree of coordination by a large number and wide range of public bodies at national and local levels. We then consider specific examples in each case, comparing (briefly) the meaning of ‘prevention’ in policy areas such as health, education and crime, and outlining the case study of transition from child to adult cerebral palsy services. A dual focus on broad and specific policies allows us to zoom out to consider policymaking as a whole and zoom in to consider specific cases.

What Drives Fragmentation (and Coherence) in Policymaking? 1. ‘Universal’ Causes

When we describe the drivers for differences in policy outcomes as ‘universal’, we mean that these broadly similar processes are identifiable in a large number of political systems - and conceptualised in similar ways (Cairney, 2012a: 92):

Attention. There is always potential for policymaker attention to lurch from policy problem to another (Baumgartner and Jones, 1993: 31; Cairney, 2012a: 234) If issues receive high national level policymaker attention, for a sustained period, they may put in place measures

to produce a common national policy. If low, policy may be underdeveloped and/ or left to the discretion of subunits within government departments, public bodies and/ or local actors.

Silos. Policy ‘silos’ in central government may result from the need to break a complex policymaking process down into a large set of more manageable issues involving a smaller number of participants. The government as a whole breaks policymaking down into a series of departments, headed by ministers, with their own ‘operating procedures’, or ways to gather information and produce policy. Further, individual ministers can only pay attention to a small number of the issues for which they are responsible. They delegate most issues to civil servants, who rely on specialist organizations for information and advice. The effect can be a degree of fragmentation as a large number of discrete ‘policy communities’ process policy in different ways often with little interaction between each other (Jordan and Cairney 2013: 237). These arrangements may be difficult to break down. Policymakers ‘inherit’ laws, rules, institutions and programmes when they enter office (Rose, 1990), and may only have the willingness or ability to challenge a small part.

Ambiguity. A key distinction can be made in policymaking between uncertainty, in which there is imprecision or a lack of information, and ambiguity, in which interpretations of problems can change when people think differently about them (Zahariadis, 2007: 66; Cairney, 2012a: 234). Policymakers can understand a problem, and its solution, in very different ways even when faced with the same information. Each government department could have its own idea of the policy problem and its solution. Local policymakers could interpret issues in different ways than national.

Complexity. ‘Complexity theory’ identifies specific properties and behaviours within complex policymaking systems – including the idea of ‘emergence’, in which policy outcomes result from the interaction between many actors, based on local rules and practices, often in the absence of central control (Cairney, 2012b; Cairney and Geyer, 2015). The policy process contains many actors, including a wide range of public bodies, interpreting a convoluted statute book, following different rules and facing different pressures. In that context, central fragmentation and local variation may be routine even if there is some degree of central management (Cairney, 2015).

To some extent, these problems can be offset or addressed by:

Professional norms. One policy ‘image’ may dominate for long periods, such as when policy revolves around a medical definition of problems, or when public sector professions produce common approaches and standards.

Accountability and central direction. Low national attention plus high ambiguity can produce the ability of local actors to pursue very different policies. This *could* be offset by regulations, performance management and other measures designed to foster accountability via central government. Or, accountability procedures could be fragmented and difficult to manage, with some bodies accountable to Parliament and the public via government, and others influenced largely by measures designed to promote accountability via local public bodies and service users.

Policy learning. A national government could encourage, and act as a hub for, policy learning and transfer between local areas, many of which may seek guidance on how to operate rather than desire to go their own way. However, this process is not straightforward, and there may be central-local tensions associated with the fine line between encouraging and obliging policy uniformity.

What Drives Fragmentation (and Coherence) in Policymaking? 2. The ‘Scottish Approach’

Many studies explore the idea of a ‘Scottish policy style’, which refers to the ways in which the Scottish Government makes policy following consultation and negotiation with pressure participants such as interest groups, local government organisations and unions (Keating, 2005; 2010; Cairney, 2008; 2009a; 2011a; 2011b; 2013a; Cairney and McGarvey, 2013). The distinctiveness of this consultation style, when compared to the UK, is partly based on:

1. Scotland’s size, which allows relatively close personal relationships to develop between key actors, and perhaps for closer links to develop across departmental ‘silos’.
2. The low capacity of the Scottish Government, prompting civil servants to rely more, for information, advice and support, on experts outside of government and the actors who will become responsible for policy implementation.
3. A significant increase in public expenditure from 1999 until the mid-to-late 2000s, which aided consensus-seeking - there were comparatively few ‘hard choices’ and major policy disagreements.

The Scottish Government may also pursue a distinctive ‘governance’ style; a relative ability or willingness to devolve the delivery of policy to other organisations in a meaningful way (Cairney, 2009b). The Scottish Government (2007; 2014a) has, since 2007, maintained a broad policy framework, the *National Performance Framework* (NPF), based on a ‘ten year vision’. The NPF has a stated ‘core purpose - to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth’. It seeks to turn this broad purpose into specific policies and measures of success in two main ways. First, it articulates in more depth its national approach via a ‘purpose framework’ - linked to targets gauging its economic growth, productivity, labour market participation, population, income inequality, regional inequality and (emissions based) sustainability - and five ‘strategic objectives’:

1. Wealthier and Fairer - Enabling businesses and people to increase their wealth and more people to share fairly in that wealth.
2. Healthier - Helping people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.
3. Safer and Stronger - Helping communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

4. Smarter. Expanding opportunities to succeed from nurture through to lifelong learning ensuring higher and more widely shared achievements.
5. Greener. Improving Scotland's natural and built environment and the sustainable use and enjoyment of it.

In turn, these objectives are mapped onto sixteen 'National Outcomes' and fifty 'National Indicators', including:

- *Health* - Increase physical activity; Improve self-assessed general health; Improve mental wellbeing; Reduce premature mortality; Reduce emergency admissions to hospital; Reduce the percentage of adults who smoke; Reduce alcohol related hospital admissions; Reduce the number of individuals with problem drug use; Reduce reconviction rates.
- *Poverty* - Reduce the proportion of individuals living in poverty; improve access to suitable housing options for those in housing need; Improve the skill profile of the population.
- *Early Years* - Increase the proportion of pre-school centres receiving positive inspection reports; Improve levels of educational attainment; Reduce children's deprivation; Increase the proportion of young people in learning, training or work; Improve children's services; Improve children's dental health; Increase the proportion of babies with a healthy birth weight; Increase the proportion of healthy weight children
- *Environment* - Reduce Scotland's carbon footprint; Increase the proportion of journeys to work made by public or active transport; Reduce waste generated

It works with local authorities to produce 'Single Outcomes Agreements' (SOAs). The SOAs are produced in line with the NPF's overall vision and strategic objectives, but local authorities have considerable discretion to decide the balance between a range of priorities and how they will meet these objectives.

The spirit of the Scottish Government's Concordat with the Convention of Scottish Local authorities (COSLA) suggests that the former will not seek to micromanage local authorities or use external scrutiny and funding to produce compliance with short term, specific proxy targets (Cairney and McGarvey, 2013: 139-40; Cairney, 2011a: 130).² Instead, the Scottish Government encourages local authorities to cooperate with a range of other bodies in the public sector, including health, enterprise, police, fire and transport, via established 'Community Planning Partnerships' (CPPs), which encourage 'community engagement' and engagement with the third and private sectors, to produce a 'shared strategic vision for an

² Although compare the statements by different COSLA Presidents: in 2007, Pat Watters talked about local government now having greater responsibility and 'the freedom and flexibility to respond effectively to local priorities' (Cairney, 2011a: 130); in 2014, David O'Neill (2014) argued that, 'Over the decades, we've seen a culture in which more and more services and decisions been taken away from local communities and put into the hands of distant bureaucracies'. Also note that the Scottish Government provides above 80% of local government funding (Cairney and McGarvey, 2013: 138).

area and a statement of common purpose’ and meaningful long term outcomes (Cairney and McGarvey, 2013: 139-40).

In other words, the NPF provides a framework in which policies can be pursued, and used to further Scottish Government objectives, but without determining how each body operates, and without obliging bodies such as local authorities to meet particular aims in a particular way. It allows for considerable discretion for bodies to map their activity onto the NPF, and to allow them to set their own priorities (Keating, 2010: 123-4; Matthews, 2014).

Broadly speaking, if the Scottish approach is distinctive compared to the UK, the difference in approach may relate partly to Scotland’s size - UK government policies travel further distances and they make greater attempts to control far more organisations, with less scope for personal relationships. It may also relate broadly to ‘culture’: the Scottish Government appears more willing than the UK to trust local authorities and use more traditional forms of service delivery, which may produce a distinctive approach to the governance ‘problem’ (Cairney, 2009b: 360).

Much of the governance literature, which focuses on the UK, highlights the fragmentation of service delivery, particularly from the 1980s, linked to a history of bypassing local authorities - to rely more on quangos, often designed specifically to deliver policy in new ways - and encouraging a wide range of third and private sector bodies to deliver services (Rhodes, 1997; Gray, 2000: 283-4; Greenwood et al, 2001: 153-7; Stoker, 2004: 32). This was followed by various attempts to coordinate policymaking through policy networks, followed by a more top-down attempt to ‘regain control over policy outcomes’ (Richards and Smith, 2004: 343) – a process associated with strict target setting, with the potential to produce a series of unintended consequences (Hood, 2007). Only recently, following the election of a Conservative-led government, have we seen a resurgence of the idea of ‘localism’ as a policy aim (see Local Government Association, 2013).

Remember the Wider Context and Don’t Exaggerate the Scottish Style

Such comparisons are important, but they may also downplay the wider context of Scottish policymaking in three main ways. First, the Scottish Government may take a distinctive approach to governance *now*, but it has not been immune from long term international trends such as ‘new public management’. It oversees a large and complicated public sector landscape, consisting of government agencies, quangos, local authorities, health boards, and service delivery organisations in the third and private sector. As in the UK, it has an extensive regulatory and audit function to address this proliferation of bodies and arrangements (Cairney and McGarvey, 2013: 149).

Second, a focus on ‘Scottish’ styles may downplay the multi-level nature of policymaking, in which the Scottish level plays one of many parts. Scotland has a relatively simple division of policy responsibilities compared to countries such as Germany, Spain and Italy (Keating, 2012: 219) and the UK-Scottish Government relationship has generally been smooth, with the former unlikely to direct how the latter spends its budget or makes policy in devolved areas (Cairney, 2012b; 2006; Cairney and McGarvey, 2013: 217; Keating, 2005: 140).

However, the UK Government still largely determines the Scottish Government’s budget, and key policies – including economic, social security and employment – have a marked effect on devolved policies. Further, intergovernmental issues arise, for example, when devolved public services overlap with reserved social security and taxation arrangements - including housing, child poverty, and fuel poverty (table 1). The EU dimension also overlaps with devolved responsibilities, directly in areas such as environmental policy, agriculture and fisheries, and indirectly in areas such as employment.

Table 1 Scotland, UK, EU Policy Areas

Policy Areas Reserved (UK)	Blurry Boundaries: (1) UK- Scotland	Policy Areas Devolved (Scotland)
International relations	Industrial Policy	Health
Defence, national security	Higher education	Education and training
Fiscal and monetary policy	Fuel and child poverty	Economic development
Immigration and nationality	Local income tax	Local government
Drugs and firearms	Home Office policies carried out by Scottish police	Law and home affairs
Regulation of elections	Smoking Ban	Police and prisons
Employment	Scotland-Malawi partnership	Fire and ambulance services
Company law	NHS Compensation	Social work
Consumer protection	New nuclear power plants	Housing and planning
Social security	Effect of Scottish policies on social security	Transport
Regulation of professions The civil service	Cross-cutting themes: New Deal, Surestart	Environment
Energy, nuclear safety	2007 Election review	Agriculture
Air transport, road safety	(2) Scotland-UK-EU	Fisheries
Gambling	Common Agricultural and Fisheries Policies	Forestry
Equality	EU Habitat Directive and local planning laws	Sport
Human reproductive rights	EU Environment Directives	The arts
Broadcasting, copyright	EU working time directive and NHS contracts	Devolved research, statistics

Source: Cairney and McGarvey (2013: 217). Policy is devolved unless reserved in law to the UK Government.

Overall, the Scottish level has become a distinct sphere of activity, producing a clear incentive for groups to engage. The Scottish Government makes the key strategic decisions in most public services, including health, education, social work, policing and housing, and oversees the local, health and public bodies carrying out policy. However, many groups cannot simply rely on their relationships with the Scottish Government, which shares policy responsibility with the EU, UK and local governments.

Third, departmentalism and ‘sub-government’ are pervasive because the same logic of policymaking exists across a wide range of countries. Silos develop because ministers and civil servants have their own responsibilities and only a limited time in which to engage with

actors outside of their departments. There are inescapable trade-offs between departmental specialisation and cross-departmental policymaking (Jordan and Halpin, 2006). Actors with limited resources focus on particular issues and hubs of activity, and only have a limited time in which to understand and engage with others.

Overall, the Scottish Policy Style may be distinctive, but we should not assume or overestimate its effect. Compared to the UK, we can identify greater potential for senior policymakers to form personal networks with pressure participants such as interest groups and public bodies, which *could* help address:

- Silos, if the Scottish Government sets a national framework with cross-cutting aims, and gives ministers responsibilities which span departments (indeed, notionally, in the Scottish Government there are no departments).
- Ambiguity, if participants interact regularly to define and address policy problems.
- Discretion, if national and local actors interact regularly – and learn from each other - to produce common policy aims.

On the other hand, the ‘Scottish Approach’ may refer broadly to the pursuit of a more bottom up, or less top-down, approach to policy implementation; the encouragement of ‘community’ led policies. It implies a decision to encourage discretion, the production of a meaningful degree of local policymaking, and perhaps even the acceptance that some policies may ‘emerge’ in the absence of central direction. Long term policymaking outcomes are also uncertain. For example, local authorities and their partners could develop a more ‘corporate’ approach to problems, producing agreements that cut across traditional boundaries and provide for jointly resourced responses between bodies in areas such as health, education and policing. Or, departments could rely on more established relationships between professionals and specialists at local and national levels.

In more general terms, the Scottish Government shares the same problems as other governments. Accountability measures become rather convoluted as, for example, highly-regulated aims or high stakes performance measures in individual areas (so called ‘P45 targets’³) run in parallel with cross-cutting aims on which everyone agrees but do not prioritise. Regular discussion does not remove ambiguity or produce government-wide agreement on how to understand and solve problems. Actors may have the ability to break down some aspects of some silos, but not to completely change the ways in which people tend to specialise and group together. Actors have the ability to import policy solutions, but have limited time and other resources to understand why and how they should do so (Cairney and St Denny, 2014).

Case Studies: Prevention Policy

A final aspect of the ‘Scottish approach’ (Scottish Government and ESRC, 2013) is a commitment to ‘achieving a decisive shift to prevention’, following the Scottish Government’s ‘post-Christie’ agenda on reforming public services, addressing inequalities,

³ The P45 is an Inland Revenue form that you receive when you no longer have a job.

and reducing demand for reactive or acute level services by providing effective services at an earlier stage (Scottish Government, 2011). ‘Prevention’ is one of those terms in good currency, internationally, partly because it is vague enough to generate widespread support (Cairney and St Denny, 2014). ‘Preventative spending’ and ‘prevention’ are terms used by many governments, and in many policy studies, to describe a broad aim to reduce public service costs (and ‘demand’) by addressing policy problems at an early stage. The argument is that too much government spending is devoted to services to address severe social problems at a late stage. The aim is for governments to address a wide range of longstanding problems - including crime and anti-social behaviour, ill health and unhealthy behaviour, low educational attainment, and unemployment (and newer problems relating to climate change and anti-environmental behaviour) – by addressing them at source, before they become too severe and relatively expensive. At this abstract level, prevention can generate widespread and long-term consensus – to bring together groups on the ‘left’, seeking to reduce poverty and inequality, and groups on the ‘right’, seeking to reduce economic inactivity and the costs of public services (Billis, 1981: 367).

Therefore, a ‘decisive shift to prevention’ is only meaningful if attached to a more detailed vision – as provided by the ‘Christie Commission’ (Commission of the Future Delivery of Public Services, 2011). The Christie agenda for prevention policy begins with a broad statement of intent based on four principles:

- *Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.*
- *Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve.*
- *We must prioritise expenditure on public services which prevent negative outcomes from arising.*
- *And our whole system of public services – public, third and private sectors – must become more efficient by reducing duplication and sharing services wherever possible (2011: vi).*

The Commission’s aim is to examine how to reduce social and economic inequalities, improve ‘social and economic wellbeing’ and spend less money, in the context of: (a) over 10 years of high post-devolution spending producing minimal or adverse effects on inequalities (including healthy life expectancy and education attainment); (b) the likelihood of reduced budgets for over 10 years; and, (c) rising demand for many public services, resulting from a combination of demographic change, such as an ageing population, and ‘failure demand’, or the high cost of a public service when it treats acute problems (such as a high prison population) (2011: viii; 7; 16; 75). To do so requires the Scottish Government to address its unintended contribution to a ‘cycle of deprivation and low aspiration’ by: redirecting spending towards preventative policies in a major way (it estimates that over 40% of local public spending could be redirected - 2011: viii; 6-7); change its relationship with delivery bodies; address a lack of joint working in the public sector, caused partly by separate budgets

and modes of accountability; and, engage ‘communities’ in the design and delivery of public services, rather than treating them as ‘passive recipients of services’ (the ‘assets-based’ approach – 2011: 27).

It gives a steer on the types of projects on which a prevention agenda can draw, including those which:

- ‘personalise’ service delivery by, for example, encouraging disabled service users to negotiate the details of their care (including how the budget is spent) (2011: 28-9) or encourage ‘recovery’ from addiction (2011: 31)
- train ‘kinship’ carers, to reduce the need for cared-for people to use relatively expensive public services (2011: 31)
- foster social networks to address the mental health effects of isolation (2011: 32)
- involve partnerships with specialist third sector bodies (2011: 33)
- involve bottom-up service delivery through organisations such as community development trusts (2011: 34)
- focus specifically on inequalities in areas such as training and work (2011: 57)
- focus specifically on ‘the needs of deprived areas and populations’ (2011: 59).

It identifies 9 priorities and at least 10 recommendations, but we can identify an overall aim, based on three relevant steps: (1) make a firm and tangible commitment to prevention, backed up by a commitment to cross-cutting budgets and relevant legislation; (2) use the existing evidence on prevention to identify the projects most worthy of investment; and (3) pursue a ‘bottom-up’ approach to policy delivery, encouraging local bodies and ‘communities’ to work together to turn this agenda into something relevant to local areas.

The Scottish Government (2011: 6) response was positive, signalling ‘a decisive shift towards prevention’ and ‘a holistic approach to addressing inequalities’. It sought to turn this broad agenda into specific aims and projects, by:

- listing its existing prevention-led projects, including a focus on early years (and poverty) investment, class sizes and curriculum reform, employment training, tobacco, drug and alcohol control, ‘inequalities-targeted health checks’, alternatives to short-term custodial sentences, affordable housing, energy assistance and community-based carbon emissions reduction projects.
- announcing three new funds, representing £500m ‘investment in preventative spending’ from Scottish Government and public body funds - a ‘Change Fund for older people’s services’ (primarily NHS budget), an ‘Early Years and Early Intervention Change Fund’ (NHS and local authorities) and a ‘Reducing Reoffending Change Fund’ (with high third sector involvement) – and a ‘Scottish Futures Fund’

bringing together spending on youth sport, broadband, Sure Start, fuel poverty and public transport encouragement.

- Outlining its specific priorities up to 2016, to expand nursery education and reduce class sizes, roll out Getting it Right for Every Child (GIRFEC) nationwide, increase funding (£30m) on early cancer detection, introduce a minimum unit price on alcohol and further tobacco control, regenerate ‘disadvantaged communities’ and support community-based renewable energy schemes (2011: 6-9).

Prevention: the ultimate multi-level, cross-cutting issue?

Prevention policy sums up the problem of ‘complex government’ very well. Attention is high and there is widespread commitment throughout the public sector to a prevention agenda (interviews, Scottish Government, 2013; Local Government Improvement Service, 2014). Yet, as a phrase, ‘decisive shift to prevention’ is plagued by ambiguity. For example, it can mean anything from a whole population inoculation to addressing specific bad outcomes on specific groups; describe short term and major, or long term and incremental, change; and involve a priority of reducing inequalities or costs (see Cairney and St Denny, 2014). There is great potential for silos to broaden rather than be broken down - such as in community policing rather than policing, or early years policies bringing together health and education but not planning, transport and environment (interview, Improvement Service, 2014). A broad commitment to community and service user-led policy design provides great scope for local discretion to make and deliver policy, and to develop local rules in which individuals and public bodies interact. There is a complicated mix of multi-level, cross-cutting departmental, and central-local issues – all multiplied by the large number of cross-cutting policy fields addressed by the Scottish Government.

The Scottish Government response in practice

In general, the Scottish Government approach has been to set out a broad strategy and encourage local bodies, through vehicles such as CPPs, to meet common aims. This process is in its infancy. Guidance issued by COSLA and the Scottish Government (2012; Scottish Government 2012; Scottish Government, 2014b) was produced too late to produce a detailed and meaningful response. Consequently, the SOAs as a whole demonstrate a very broad commitment to the NPF and prevention, with differences driven by each area’s response to its geographical and socio-economic conditions, potential to give meaning to prevention in different ways, and a tendency to re-describe existing projects (Cairney and St Denny, 2014). Yet, the process of producing more meaningful joint aims continues, and a common language has built up around outcomes as opposed to inputs (interview, Improvement Service, 2014) – with important exceptions in several areas, including a commitment to maintaining high police numbers, low hospital waiting times, and managing teacher: pupil ratios in schools. Key future measures of this agenda may include: the incorporation of prevention into core budgets, the decision by multiple public bodies to pool staffing and other major resources, and the extent to which one silo (in, for example, policing) is replaced by another (in, for example, community policing).

A second approach has been to commission research, to learn from success stories abroad and from pilots within the UK – a process that will continue with a ‘What Works Scotland’ centre funded jointly by the Economic and Social Research Council. This approach involves yet-to-be-resolved tensions between the idea of ‘scaling up’ projects and the encouragement of local solutions, and uncertainty about why some projects are successful and if that success can be transferred to other areas (Cairney and St Denny, 2014). There are also the usual tensions between the production of high profile and popular manifesto aims, in Scottish Parliament and local elections, and often-less-popular but better evidence-based options.

Case Study: Transition

In this paper, transition refers to the process of transfer from a service for young people, such as from: paediatric health services or social care, one level of education to another, education to training, or young offender institutions to participation in society. In some cases, the transition is from child to adult services. In others, it is from receiving a service as a child to no equivalent service.

There is no equivalent to the ‘decisive shift to prevention’, which highlights a high-level cross departmental agenda.⁴ Rather, ‘transition policy’ is a term we use to describe a range of relevant practices and strategies, rather than a single government document. In practice, there are different kinds of transition issues addressed by different parts of government and, in areas including social security and public services, up to three levels of government (even if we do not include the transition of adults from, for example, unemployment to employment, or from armed force to civilian life).⁵ We outline two cases to make this point, and present some very broad empirical findings in the second case.

Transition from state care and looked-after services

Young people leaving state care (including residential and foster care), and particularly those who ‘age out’ of care, tend not to have the emotional, social and financial support networks that usually accompany and support individuals’ transition to independent adult living (Cashmore and Paxman, 2006). They tend to be younger when they transition to independent living than their non-care peers (Dixon and Stein, 2002). They may experience clusters of problems during their time in care, and during their transition out of care, and are more vulnerable to a complex mix of problems including social exclusion, unemployment, homelessness, offending behaviour and mental health issues. Where they exist, support services are referred to as ‘throughcare’, followed by ‘aftercare’. These services can include advocacy, assistance on navigating the benefits system, finding appropriate housing, health care and health promotion, and in entering and undertaking further education

⁴ Although they have many common elements and phrases to describe common aims – such as to develop ‘resilience’ among young people, and people with additional needs, to develop their independence. Transition is also included in at least one of the Scottish Government’s [National Outcomes](#).

⁵ Relevant documents include Life Through Learning; Learning Through Life Strategy, 2003, Supporting Children’s Learning code of practice, 2010, Better Health Better Care, 2008, Fulfilling Potential: making it happen, 2013, The Carers Strategy for Scotland 2010 – 2015, Reintegration and Transitions, 2011, Guidance for Local Authorities, Community Planning Partnerships and Service Providers, Same as you, 2000, 2006, National review disabled children services, 2011 – see the end of the bibliography.

In Scotland, responsibility falls on local authorities, which take on the role of ‘corporate parents’. Their support can continue until individuals turn 21 (or 25 if they are in continuing education). Further, the Scottish Government does not consider throughcare and aftercare as the sole remit of the social work departments of local authorities. Care services often work in partnership with departments such as housing, education and skills development and frequently involve young people in the process of developing and evaluating services.

Service coverage and uptake varies considerably. A review after devolution found that operational partnerships varied in type and quality among Scottish local authorities (Dixon and Stein, 2002). This had an impact on the uptake of services by eligible individuals (Dixon and Stein, 2002). Moreover, the development of support services is part of wider changes in the transition to independent adulthood. Indeed, the process by which young people are achieving financial independence and social and professional stability is becoming increasingly prolonged and complex (Biggart and Walter, 2006; Wade, 2008). This means that young peoples’ demands for financial, education and employment support are rising in the UK, while state provision is declining because of budget cuts. This is important because the emergence of ‘yo-yo’ transitions, which sees periods of independence interspersed with periods of semi-dependency, serves to complicate the journey to adult independence for young people everywhere, and risks disproportionately affecting those leaving care and who are more vulnerable to negative social outcomes (Jackson and Cameron, 2012).

Cerebral Palsy: Transition from child to adult services

Learning or physical disabilities present additional challenges: young people in this category may find it more difficult to maintain social relationships and to ensure that appropriate health care is maintained. Transition may also be seen as a lifelong process. Cerebral palsy is a complex condition and its treatment is cross-cutting - a person may require health and social care as well as other care and financial support (depending on the severity of the condition, which varies markedly across the population - Levitt, 2010: 1). Yet, cerebral palsy is not an area of policy in its own right. While, in some NHS institutions, there is a specific CP care pathway, for the most part it is addressed under more general policies or strategies around transition. For example, a young person may be covered by the physical disabilities and/or learning disabilities protocol for transition in their local area.

The main issue for CP transition regards the possibility that people move from a well-coordinated and funded service to a different service: “As you get older your disability affects you a hell of a lot more ...How can you go from Doctors to Social Workers to Physiotherapists to Consultants, to absolutely nothing, ... I don’t understand it!” (Heather - young adult cerebral palsy patient, BBC2 Scotland, 2011).

Care for neo-nates and young children in paediatric services is co-ordinated well, and the various disciplines co-operate to provide this service (e.g. physicians, physiotherapists, occupational therapists, education specialists and social workers). Conversely, care within the adult environment can be less consistent and less well coordinated. This leads to an often-fragmented provision of monitoring and treatment. We can help explain this outcome in

terms of the ‘universal’ causes we outlined (the material comes from a mix of interview and documentary analysis by Russell).

Low policymaker attention allied to a high level of discretion creates a space for policies to fall through the cracks. CP was historically a niche concern of medical and health professionals, particularly in relation to adults, partly because: there is no cure; the life expectancy and numbers of adults with CP has, in the past been unclear; and, there is a long held belief among many physiotherapists that their effort can be of greater value in treating infants and young children. (Bottos, Feliciangeli, Scuito, Gericke and Vianello, 2001: 516; Redmond and Parrish 2008). Evidence since the 1990s suggests that the survival rate, to age 30, is at least 85% (Ali, Ahmed, and Qadir, 2009: 44-45) and that many people with cerebral palsy can participate strongly in society when ‘assisted by legislation, advances in technology and changing attitudes in their society’. (Levitt, 2010: 1). Yet, the survival rates for other lifelong and long term conditions are also increasing and there is greater competition for limited resources, including policymaker attention. This problem may have been exacerbated by a general, albeit welcome, shift from institutionalised to community care, which shifts much care from more established, and often more vocal, professions, to part time or unpaid carers (Harris and Roulstone, 2011).

Discretion around transition is a positive development, producing the opportunity to personalise services around individuals. Yet, while public bodies have high levels of discretion for child and adult care, they have more regular reference points for children – such as the (now amended) Additional Support for Learning (Scotland) Act 2004 requiring a local authority to produce a coordinated support plan for young people with additional support needs (Scottish Government 2010), and the Getting it Right for Every Child (GIRFEC) framework. Attention to adult care and transition is more likely to occur in individual case reviews when problems have arisen. In some cases, individuals may remain under the care of children's services because they or their family are not yet ready for the transfer to happen. A very gradual process may occur, in which case children's services work alongside their adult counterpart to provide a service until the young person is ready to transition fully.

Silos. CP transition involves coordination between a large number of departments and bodies, including education, social work, and healthcare. Problems develop when, for example, a document produced by one local department is implemented by another, with different skills and ideas. There are two kinds of solution: more cooperation between separate bodies, or a distinct transition team. In the former case, good communication relies heavily on personal relationships and a manageable population or service size – both of which may be absent in many areas. These issues appear to be more pronounced in adult care, with service users more responsible for accessing a range of separate services. Transition teams may solve some of these problems, but also, ironically, create new silos when over-focussed on the issue of transition at the expense of other aspects of each service. Teams may take on responsibility for transition, and other professionals may become *less* engaged with each other.

Ambiguity. There is broad agreement on the meaning of transition, as a period of change in a young person's life prompted by a move to adult services from child orientated services. Beyond this abstract agreement, there is potential confusion about the reference of transition to, for example, a whole of life approach, or a much shorter event, and these different understandings may be held in different services or areas.

Complexity. There are multiple layers of complexity in CP: individual people with very different 'complex needs', which require individual attention from a wide range of bodies, interact with a complex network of policies and people across multiple Scottish Government departments and levels of government. For example, in one local authority, 45 different groups were represented at a local stakeholder event on transition related issues. The UK government also maintains control over certain areas of welfare, work and employability policy – impacting on, for example, receipt of the independent living fund, or changes to disability living allowance (DLA).

Conclusion

Our paper highlights two key tenets of the public policy literature. First, there is an inescapable trade-off between a desire to harmonise national policies and to encourage local discretion. Policymakers and policy participants understand this problem in different ways; some bemoan the 'fragmentation' of public services and the potential for a 'postcode lottery', while others identify more positive notions of flexible government, the potential for innovation, and the value of 'community-led' policies or individualised services.

Second, policymakers have a limited amount of control over this trade-off. They do not simply choose a level of fragmentation. Instead, they face the same 'universal' problems: the ability to pay attention to only a small proportion of issues, or to a small proportion of public service activity; the tendency for problems to be processed in government silos; the potential for policymakers, in different departments or levels of government, to understand and address the policy problem in very different ways; and, 'complexity', which suggests that policy outcomes often 'emerge' from local action in the absence of central control. These problems can only be addressed in a limited way by strategies based on: the maintenance of professional norms or common approaches; the use of accountability and performance measures; and, the encouragement of learning between public bodies.

Governments may address these 'universal' problems in different ways, and face different problems when they are part of multi-level policy processes. In that context, we examine how one, the Scottish Government, makes and implements policy. We describe its reputation for making policy in a distinctive way; its professed reputation for pursuing a consultative and cooperative style when it makes and implements policy. It works with a wide range of bodies to build support for its policy aims. Its policy delivery involves a broad national strategy combined with a commitment to trust bodies such as local authorities to meet its aims. In turn, local authorities work with a wide range of bodies in the public, voluntary and private sector to produce shared aims relevant to their local areas. This approach could help address problems associated with silos, ambiguity and discretion, if policy is 'co-produced' and

‘owned’ by national and local bodies. On the other hand, the ‘Scottish Approach’ implies a decision to encourage discretion, the production of a meaningful degree of local policymaking, and perhaps even the acceptance that some policies may ‘emerge’ in the absence of central direction and effective accountability measures. It is difficult to tell from its approach alone – which should prompt us to examine policy outcomes empirically.

A further complication is that some issues seem more likely to exacerbate these ‘universal’ problems more than others. We demonstrate this point by outlining two policy areas, on prevention and transition, which cross-cut government departments and multiple levels, and seem particularly difficult to define and manage. In both cases, the problem is not one of disagreement. In fact, there is a widespread commitment to both issues, and to achieve a ‘decisive shift to prevention’ in particular. Rather, the problem is often one of ambiguity – people are not quite sure what prevention means in practice, when applied to different kinds of policy problem – or fragmentation, when a range of public bodies seek to work together to produce more specific aims and objectives.

These ‘universal’ points are important when we consider Scottish policymaking in the context of constitutional change: a shift of policymaking responsibility from the UK to Scotland may reduce one aspect of complex government, but many would still remain. In cases such as prevention, Scottish independence could have an impact on budget priorities, and [the link between the social security system \(currently reserved to the UK\) and public services](#). It would not, however, solve the problem of how to define and address a cross-cutting and ambiguous problem.

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