

changing children's services fund

consultation on priority objectives
and mechanisms for allocation of funding



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February 2001

Purpose

1. This paper seeks views on priority objectives and allocation and distribution mechanisms for a Changing Children's Services Fund. Views are sought by 14 May 2001. We expect that, following consideration of comments, the form of the Fund will be confirmed by the end of July 2001.

2. At the launch of the Social Justice Annual report on 13 November 2000, the First Minister announced that funding had been allocated, through the Spending Review, to such a Fund. He said:

- Today I am pleased to announce that we are making a new commitment to tackle child poverty. I have asked my team of Ministers to pool resources in a new Change Fund as a key part of our strategy to tackle child poverty and deprivation. It will support integrated services and other new approaches for the most vulnerable children and young people, improving their life chances and preventing them from falling prey to exclusion. It will bring extra focus to our support for children who are in need and the intention is that it will come on stream in 2002. We will be making available over £70 million over two years to resource the Fund and will be consulting COSLA, Health Boards and the voluntary sector about how it is administered and linked in with other initiatives.

Budget

3. The Fund budget is as follows:

	2001-02 £m	2002-03 £m	2003-04 £m
Drugs related	4	6	8
Other priorities		27	36.5
TOTAL	4	33	44.5

4. The Fund is envisaged as a short term measure to stimulate better services and better outcomes through better integrated planning and delivery. We expect the Fund to continue for as long as there appears to be a need for such a catalyst for change. Ministers recognise, however, that while some services or projects funded may only have short term resource implications (eg covering the costs of reshaping services) there will also be expansion and development of new services with longer term funding requirements. This will be taken into account in future Spending Reviews with the intention of moving appropriate resources from the Fund into mainstream funding.

Changing Children's Services Fund: the Outline

5. Ministers wish the Fund to deliver better outcomes for children and young people through:

- the expansion of good practice in delivery of well integrated services;
- modernisation to reshape of existing services to achieve better integrated support; and
- new and innovative approaches to integrated service delivery.

Ministers intend that the Fund should focus on a number of priority objectives. This is discussed further below.

6. *All* activity supported by the Fund should have the backing of the relevant local authority, health board and interested voluntary organisations – including smaller, locally based organisations. The means for ensuring and demonstrating this are discussed further below.

7. Funding is available in the first instance from 2002 to 2004, apart from that part of the Fund which will be earmarked for support for children and families affected by drug abuse where resources will be available from 2001.

8. The Fund is intended to improve services and support for the most vulnerable, whether addressed in terms of support for more deprived communities or support for groups or individuals in need of extra support.

The Need for Change

9. There is increasing awareness that most desired outcomes for children would be better achieved if the support and services provided by different agencies were planned and delivered in a more integrated way. Achieving better integration is not easy. But it offers real benefits for children and their families and, through more effective use of resources, the ability to increase the impact of current spend.

10. We want children to be safe from harm, to be healthy, to live in families able to provide loving support and stimulation, and to reach their full potential through access to education, play and recreational opportunities. Parents (which in some cases includes the local authority as corporate parent) play a key role in achieving these objectives for their children. But central government, local authorities, health bodies and the voluntary and independent sectors have key roles too in supporting parents and in direct provision of services. At the local level, the degree to which support is integrated can have a profound effect on children's lives.

11. For example, the availability of after school care at school can provide security and stability for children and their parents. Support for parents on issues of health or behaviour may be easier to access at playgroups, health centres and schools than elsewhere. Changes may be desirable in delivery of these services which all children and parents should be able to access. But we need to focus in particular on the most vulnerable. This has two dimensions: focusing on more deprived communities to meet Social Justice objectives; and focusing on the specific needs of those individual children and families who need extra support. Community based, open access support and services through which additional support can be targeted will often be desirable so as to encourage uptake and active involvement. But changes in practice in respect of individual families may be desirable too. For example, feedback from families with children with a disability or special educational needs shows that we have much room for improvement. Agencies often make separate, apparently unconnected, assessments of need and deliver support in a disjointed way.

The role of the Scottish Executive and the role of local agencies

12. Many factors make the integration of services difficult but we are trying to address this in a number of ways. The Executive is discussing with COSLA the need for change to local government finance arrangements. A working group is addressing the specific issue of constraints to joint funding of activity between health and local government. Planning frameworks for children's services are being reviewed to ensure that they are simple, less burdensome and more integrated.

13. The Executive is committed to providing the right framework for co-ordination and integration of services. That framework needs to be supported by integrated working practices at local level. There is much good practice at the moment – but it needs to extend more widely. To help this an Action Plan will be produced identifying principles, guidelines and examples of good practice. This will be produced by a team of secondees into the Executive from local government, health and the voluntary sector.

14. The Action Plan should be available in September 2001 so it can inform planning for services for the financial year 2002/3 onwards. The Fund will provide additional resources to help agencies implement plans.

Priority objectives

15. In broad terms Ministers wish to support work which delivers their social justice targets for children, and particularly:

- has a preventative focus, providing support which make children and parents better able to deal with difficulties and to maximise opportunities available to them; and/or
- improves support and resources for more deprived communities and involves parents and children in identifying what is needed; or
- provides more effective packages of support to vulnerable children through better co-ordination and through filling acknowledged gaps in services; and in all cases
- is planned against the context of existing support and services.

16. Within these broad objectives Ministers believe it makes sense to focus on a number of priority objectives. *Comments are invited on those listed at Appendix A.* The list is meant to be illustrative rather than exhaustive. Where those at local level see other priorities Ministers will be content for these to be pursued *if* a good case is made.

17. Ministers are also conscious that significant investment is being made in services for young children. There is a case for complementing this, eg to build in more support for parents of these young children. But Ministers also wish attention to be given to support and services for children, and parents of children, in the upper primary and secondary age group, and for care leavers.

18. In developing proposals it will be important to consider what may be achieved by mechanisms which empower individuals and groups (eg direct assistance through eg free or subsidised access to services such as childcare together with limited professional involvement) as well as support and services requiring more extensive professional input. Where staff input is required, it will be important to think creatively about how services can be staffed so as not to deplete professional involvement in essential activities such as child protection work.

Voluntary sector involvement

19. The voluntary sector is a key partner. Ministers want to see local authorities and health bodies work with voluntary organisations with relevant expertise in putting together proposals. This is not just a matter of involving larger national organisations in delivery. The Fund offers the opportunity for meeting objectives through support of small community based organisations and projects.

Distribution of the Fund

20. The Fund will only support activity which is designed as part of wider planning processes and which takes account of existing services. This is important both for the coherence and cost-effectiveness of services and to keep to a minimum the burdens of planning. We also wish to avoid, as far as possible, the uncertainty and fruitless work imposed by competitive bidding for funds. The Executive would indicate the amount expected to be available for each local authority area, calculated on a formula basis.

21. The intention is that projects should have the support of local government, health, relevant partners in the voluntary sector and, where appropriate, the Social Inclusion Partnership or Drug Action Teams (for the latter see paragraphs 24-28). It may well also be appropriate to involve Childcare Partnerships. Funding requirements may therefore sit with a health body, a voluntary sector organisation or a Social Inclusion Partnership rather than the local authority. *Views are sought on whether funding should be directed through the local authority or whether, for each local authority area, proposals should indicate to whom grant should be paid.* In coming to a decision on this issue the Executive will not only consider views submitted but the findings of the working group currently looking at barriers to joint or pooled funding (paragraph 12 above).

22. It would seem to make sense if proposals are developed in the context of the drawing up of the next round of Children's Services Plans in which all relevant agencies should be involved. (Local authorities and others have recently been advised that they might wish to roll forward current plans for 2001/2 and to embark on revised plans for the 3 year period starting April 2002 – see Gillian Stewart's letter of 18 December to local authority chief executives and others on *Better Integration of Children's Services: Children's Services Plans – Arrangements for Plans due 1 April 2001; Action Team and Action Plan.*) We would also expect to see proposals reflected in Health Plans and, where appropriate, Social Inclusion Partnership strategies. Funds would be allocated providing that satisfactory and costed proposals were included within or as an annex to the Children's Services Plan.

23. Costed proposals should be submitted by end March 2002. The Executive would be happy to discuss proposals with agencies, in the context of the criteria set for the Fund, prior to their submission. Submitted proposals will need to be examined by the Executive and in some cases there may be a need for further dialogue on them. Funding would not be released unless the proposals fitted the criteria set for the Fund. The intention would be to confirm funding in May/June 2002.

Distribution of the Fund: Drugs priority

24. Ministers announced in September that they would fund a £100m programme of measures to prevent and deal with the effects of drug abuse. The Fund will administer £18m of this amount as earmarked funding for support of children and families affected by drug abuse. (Within the Drugs programme there is a separate £3 million for drug education initiatives, mainly in schools.) The programmes or projects eligible for support through the Fund will cover the full range of treatment and rehabilitation approaches that lie at the heart of the Executive's strategy for combating drug misuse.

25. Tackling drug abuse requires a fully integrated service approach. No one agency has all the answers. It is intended therefore that the £18m specifically designated should be administered under two basic criteria:

- all applications for support towards relevant programmes or projects must involve the relevant partner agencies, normally the local authority, police, the health board or trust, the voluntary or independent sector organisations.
- all applications must be approved by the local Drug Action Team.

26. Drugs misuse presents complex issues and problems. Many projects funded through the Fund, other than through the funding specifically for drugs, will contribute to tackling these problems, not least by addressing underlying causes such as poverty and lack of self-esteem.

27. As indicated above, £4m of the £18m will be available from 1 April 2001 onwards. The specific arrangements for disbursement of this funding, including the scope of applications, were announced earlier this month: for ease of reference the guidance on this that issued on 5 February is reproduced at Appendix B.

Conclusion

28. The Changing Children's Services Fund is an opportunity to make the step change in better integrated services that many wish to see and towards which many are already working.

29. Views are invited the proposals for the Fund and in particular on

- *the priority objectives (paragraphs 14 - 17 and Appendix A)*
- *the proposals for allocating funding, including whether funding should be directed through the local authority or whether, for each local authority area, proposals should indicate to whom grant should be paid. (paragraphs 19 - 22)*

30. Comments should be sent to Gita Jackson, Area 2-B(N), Victoria Quay, Edinburgh EH6 6QQ (telephone 0131-244 7670, e-mail gita.jackson@scotland.gsi.gov.uk) by 14 May 2001.

APPENDIX A

PROPOSED PRIORITY OBJECTIVES include:

- expansion of integrated early years services for vulnerable young children in deprived communities;
- advice and support for parents of vulnerable children in deprived communities, including home-school links;
- support packages for children with disabilities or special physical, emotional or educational needs;
- developing targeted education , prevention and rehabilitation services for children and young people involved in or affected by drug misuse;
- support packages for vulnerable children and young people at key transition points, including access to psychological and psychiatric services.

PROPOSALS SHOULD CLEARLY ADD VALUE TO - NOT DUPLICATE OR SUBSTITUTE FOR - EXISTING SERVICES.

CHANGING CHILDREN'S SERVICES FUND

GUIDANCE NOTE ON RESOURCES TO TACKLE DRUG MISUSE BY (OR AFFECTING) CHILDREN & YOUNG PEOPLE

Purpose

1. This note sets out the objectives for the extra resources being made available through the Changing Children's Services Fund specifically to develop and extend anti-drugs programmes aimed at children and young people. It provides information also on the procedures to be followed in accessing the grant allocations to local authorities.

Background

2. There is already evidence from research studies and elsewhere that drug misuse among under 16s in Scotland is becoming more identifiable. Drug education programmes are in place at school level. Some youth groups give particular attention to this issue but there is undoubtedly scope for a more targeted and co-ordinated approach. As with drug misuse generally, this is not a problem to which any one agency has an answer. Special factors may apply in relation to children and young people but the need for integrated services remains paramount.

3. In a national survey of school pupils aged 12-15 years in Scotland conducted in 1998, around 40% stated that they had been offered at least one of a range of illegal drugs. The same survey showed that almost 80% of pupils who were regular smokers and drank at least once a week said that they had tried illegal drugs.

4. The Scottish Drug Misuse Database provides an insight into trends in drug using behaviour and the social and demographic characteristics of new problem drug users presenting for treatment. In 1999/2000 reports were received on 11,123 new clients or patients attending services. Of these, 43% were under 25 years of age. The majority of individuals (84%) were unemployed. Nearly one in five people were living with dependent children.

5. In 1999/2000, almost two thirds (65%) of new clients reported the use of heroin, either as their main or a secondary drug. There has been a year-on-year increase in the proportion of clients reporting heroin use since 1995/1996 when the comparable figure was 44%. The rise in reports of heroin use is most marked in the youngest age group of clients. The proportion of individuals under 20 attending treatment agencies reporting the use of heroin increased from 33% in 1995/96 to 58% in 1999/2000.

6. It is equally worrying to note that studies by the Centre for Drug Misuse Research in Glasgow have found no significant differences in levels of experimentation with illegal drugs among secondary school pupils surveyed in rural suburban and urban areas of Scotland. Up to 50% of older pupils state that they have been exposed to illegal drug use. A small group of around 10% of much younger children age 10 and 11 reported trying illegal drugs much earlier than their peers. Their patterns of drug use were more sophisticated and linked to regular consumption of alcohol and use of tobacco. This younger age group were also more

likely than their peers to be in trouble with the police, in local gangs and involved in other problem behaviours such as vandalism and theft.

7. Young people's exposure to illegal drug abuse particularly in the family setting is equally well established. There are strong associations between parental drug abuse and poorer outcomes for children in both the short and long term. In some areas of Scotland children of parents who misuse drug and alcohol form a large proportion of those on the local Child Protection Register because of the risk of neglect or abuse. They may be exposed to risk as a direct result of their parents' substance abuse or related problems such as offending, poverty or violence and may experience periods of separation from families and substitute care.

8. Against this background the new resources being made available over the next three years should address all or most of the issues which research and other surveys are shown to be associated with drug misuse by children and young people.

Targets, Objectives and Standards

9. Broad strategic targets for combating drug misuse specifically in relation to children and young people have been set against the background described in the preceding paragraphs. **Attached at Annex A to this note is a copy of the targets which will inform future policy direction at national level.** Progress in achieving targets and standards, at both national and local level, will be monitored through annual Drug Action Team reporting arrangements.

Standards

10. Drug intervention work with young people requires particular skills and competencies to ensure effective and sustained delivery of education/prevention, treatment and rehabilitation services. There are at present no national standards explicitly developed for such services. However work has been undertaken in England to establish a set of principles to underpin specialist services for young people. The legal and agency framework is different in Scotland but much of the guidance on engaging young people, treatment interventions and vulnerable groups is readily applicable here. **Annex B to this note sets out 10 key policy principles which service providers are invited to consider.**

11. Other relevant practice standards in this area are derivable from the proposed guidance on working with families where parents are misusing drugs.

Priority Areas

12. "*Tackling Drugs in Scotland: Action in Partnership*", issued in 1999 set out the strategic policy direction. These remain fully relevant together with the specific priorities in the Drugs Action Plan. For young people, these were identified as:

- ◆ Improving consistency and co-ordination of drugs education; and
- ◆ Developing prevention and education services targeted at specific groups of young people most at risk.

13. We are not creating new priorities but propose that special consideration might be given to the following overlapping areas for support under the extra funding:

- ◆ Prevention and treatment facilities for under 16s;
- ◆ Combating drugs misuse by persistent young offenders (appearing before children's hearings or the courts);
- ◆ Drug education and treatment for young people looked after by local authorities (at or away from home); and
- ◆ Services for children and young people in families of drug abusing parents.

14. This is not an exhaustive or exclusive list. Local Drug Action Teams may have identified by means of a needs analysis or audit of existing services other relevant priority groups. A particular focus on services for those in areas of deprivation should be considered. Working with young people in these target groups and more generally may usefully include community education and learning approaches.

Funding Issues

15. The following sections deal with access to the Changing Children's Services Fund resources in order to deliver projects and programmes for young people and groups in the priority areas listed above.

Indicative Allocations

16. Individual local authorities will be notified of the indicative funding over the next three years from the Changing Children's Services Fund in respect of their area. However this does not preclude other service providers assuming the lead responsibility for applications to the Fund. In particular health boards/trusts, voluntary organisations and the independent sector will be eligible to lead or form part of consortia designed to deliver fully integrated projects or programmes for support.

17. The allocations have been based upon deprivation, rurality and standard indices for community/residential services for children.

18. These totals are indicative only. Resources will be released from the Changing Children's Services Fund after submission and approval of proposals.

19. The Fund is envisaged as a short term measure to stimulate better services and better outcomes through better integrated planning and delivery. We expect the Fund to continue for as long as there appears to be a need for such a catalyst for change. Ministers recognise, however, that while some services or projects funded may only have short term resource implications (eg covering the costs of reshaping services) there will also be expansion and development of new services with longer term funding requirements. This will be taken into account in future Spending Reviews with the intention of moving appropriate resources from the Fund into mainstream funding.

Application Procedure

20. Applications for funds will be subject to two basic criteria:
- ◆ applications must be approved by the local Drug Action Team;
 - ◆ applications must involve all the relevant partner agencies, normally the local authority, police, the health board or trust, voluntary or independent sector organisations.
21. The lead agency for applications, where appropriate, may be determined locally in the light of service provision and need.
22. Approved projects will be eligible for three-year funding and the level of funding sought in each year should be clearly identified in the application.
23. Applicants are not required to give exhaustive detail of projects or programmes but the following elements should be included:
- ◆ Target group for services;
 - ◆ Likely level of throughput (new and recurrent service users);
 - ◆ Any quantified targets for coverage of drug education programmes or reduction targets for drug users;
 - ◆ Expected outcomes from projects and programmes;
 - ◆ Internal or external evaluations of effectiveness.

Other Funding Sources

24. Drug Action Teams will be issued with details of all Scottish Executive and other relevant funding streams arising from the drug strategy programme. Specifically in relation to drugs and young people applicants will wish to list, where appropriate, expected revenue support from:
- ◆ Local authority or health board resources;
 - ◆ Lloyds TSB Drugs Partnership Initiative (for which allocations might count as matched funding);
 - ◆ Any other relevant project funding, including National Lottery sources.
25. There are clearly links with parallel work already underway in relation to childcare needs, including the position of drug abusing parents. Equally relevant is the support for a national network of community-based placements for persistent young offenders for which authorities will access extra funding through the Children's Services Development Fund.

Deadline for Applications

26. Applications may be submitted as soon as possible. Approved projects will receive funding from any point on or after 1 April 2001. The final decisions on applications will be notified through the local Drug Actions Teams as well as to the lead agency.

27. Applications should be addressed to:

Cathy Pringle
YPLAC Division
Area 2-B
Victoria Quay
EDINBURGH
EH6 7QQ
Tel no: 0131 244 0997
E-mail: cathy.pringle@scotland.gsi.gov.uk

SEED
January 2001

CHANGE FUND: GUIDANCE NOTE**ACTION IN PARTNERSHIP: TARGETS**

UK AIM (i): Young People .To help young people resist drug misuse in order to achieve their full **potential in society**

UK Target. Reduce the proportion of people under 25 reporting use of illegal drugs in the last month and previous year substantially, and reduce heroin and cocaine by 50% by 2008 and 25% by 2005

National Target	Category
A. Reduce the proportion of people under 25 reporting use of illegal drugs 'in the last month' and 'previous year', substantially and heroin use by 25% by 2005.	Achievement dependent on broad range of influences and efforts at local, national and international level. Not subject to local target setting
B. All schools to provide drug education to every pupil and to have written procedures for managing incidents of drug misuse, in line with national advice, by 2002.	Standard to be met.
C. All local authorities to have an agreed written policy on drug misuse applying to community education settings, covering drug education and the management of incidents of drug misuse, by 2002.	Standard to be met
D. National guidance on support to drug misusing parents and their children to be published by the Scottish Executive, by 2001; and all DATs and Area Child Protection Committees to have in place local policies on support to drug misusing parents and their children, in line with the national guidance, by 2002.	First element: Executive target Second element: standard to be met.

CHANGE FUND: GUIDANCE NOTE**TEN KEY POLICY PRINCIPLES FOR WORKING WITH YOUNG DRUG MISUSERS**

We have distilled what we believe to be the ten key principles to be applied in working with young drug users. As a matter of good practice these should inform and underpin the development of drug services for young people.

1. A child or young person is not an adult.

Approaches to young people need to reflect that there are intrinsic differences between adults and children, and between children of different ages. In all drug-related interactions and interventions with young people under the age of 18, consideration will need to be given to: differences in legal competence, age appropriateness, parental responsibility, confidentiality, and exposure to, as well as protection from, risk and harm.

2. The overall welfare of the individual child or young person is of paramount importance.

The overarching principle in this document, in accordance with the Children Act 1989 and the UN Convention on the Rights of the Child 1989, is that of the welfare of the child. All professionals and agencies offering services to young people should have the best interests of the individual child as their primary concern. Each young person is unique and should be worked with on an individual basis. Putting the welfare of the child first and meeting the needs of the individual child may require some flexibility in the responses of professionals, parents, services or other adults. Sector loyalties or service rivalries should not be allowed to dictate the development of services when the best interests of the young person are best met by joint working.

3. The views of the young person are of central importance, and should always be sought and considered.

Article 12 of the UN Convention on the Rights of the Child (1989) and the Children Act 1989 place emphasis on the need for those taking decisions in relation to a child to ascertain the child's views and wishes. The child's views should be listened to and given weight according to the child's age and maturity. The expressed views or opinions of the child may, in some cases, not be the same as the professional assessment of their best interests. In such instances the child's views and the child's best interests must both be taken into account and balanced in reaching a decision. Where a decision is made to act against the child's declared wish, this should normally be discussed with the child and an explanation given.

4. Services need to respect parental responsibility when working with a young person.

Providers of services should remember that there will be an adult with parental responsibility for virtually every young client. The education, involvement and support of parents or carers may be beneficial to successful work with young drug users, and parental consent may be required before intervening.

5. Services should recognise the role of, and co-operate with, the local authority in carrying out its responsibilities towards children and young people.

Local authorities have a responsibility to ensure that the appropriate services are provided for children in their area who are "in need", and to investigate and protect children 'at risk of significant harm'. The young drug misuser is quite likely to be in one or both of these categories already and, therefore, protocols for liaison and joint working will need to be established between the local authority and the young people's substance misuse service whether it is a statutory or a voluntary sector service. Where a young person who is taking drugs is not yet known to the local authority as 'in need' or 'at risk', providers should intervene appropriately and quickly to protect the present and

future safety of the child, but should not intervene unnecessarily in the lives of the young person and their family.

6. A holistic approach is vital at all levels, as young people's problems do not respect professional boundaries.

Multi-agency co-ordination, and consistent policies, need to be achieved at commissioning, planning and contracting levels, linking with Drug Action Teams, Area Child Protection Committees, youth offending teams and Integrated Children's Services Planning structures as key strategic and policy-making bodies. Service provision should also be made through a multi—disciplinary approach within a team as part of a wider professional network within the children and family services infrastructure. Professional disciplines that may need to be involved include; drug and alcohol services, education and youth services, health and social services, child and adolescent mental health, voluntary sector agencies and criminal justice agencies.

7. Services must be child-centred.

Interactions and interventions must be appropriate to the age, maturity and level of development of the individual child or young person. Their drug taking should be looked at within their wider personal, social and cultural background or circumstances. Services should be attractive to young people, respecting their individual needs, lifestyle, gender, ethnicity, and beliefs. Consideration must be given to the accessibility of services to young people particularly: opening times (whether during or after school hours); location (whether separate from adult services and in safe areas); age appropriate publicity and information and ensuring contact with hard to reach young people.

8. A comprehensive range of services needs to be provided.

Service provision in any local area must be able to respond to different patterns of drug and alcohol use and misuse by young people, by providing access to a wide range of drug-and alcohol-related interventions, as appropriate to each individual case. The range of interventions available should include: drug education, prevention programmes, advice, counselling, prescription and detoxification, rehabilitation, needle exchange services, as well as information, advice and support for parents.

9. Services must be competent to respond to the needs of the young person.

Staff in a young people's drug service should be competent to work with children, adolescents and families, and with substance misuse. The competence of the service will also depend on its use of a multi-disciplinary approach to meet complex needs, whether through a range of professional skills within the staff team, or through use of expertise through joint working with other services.

10. Services should aim to operate, in all cases, according to the principles of good practice.

Services must operate within the current legal framework, respect the underlying philosophy of the Children Act 1989 and the UN Convention on the Rights of the Child (1989). They should also reflect accepted, evidence-based effectiveness. Services are responsible for being aware of the latest locally and/or nationally established policy and guidance on working with young people who take drugs.

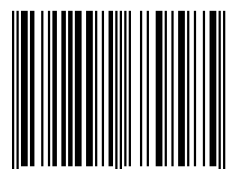
Extract from *Working with Young Drug Users*
(Scottish Drugs Forum booklet, 1999)

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Designed and Produced on behalf of the Scottish Executive by **Astron** B18475-02-01

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