



HEALTH AND SOCIAL CARE

SELF-DIRECTED SUPPORT, SCOTLAND, 2016-17

Self-directed Support (SDS) was introduced in Scotland on the 1st April 2014 following the Social Care (Self-directed Support) (Scotland) Act 2013. Its introduction means that people receiving social care services in Scotland have the right to choice, control and flexibility to meet their personal outcomes and Local Authorities are required to ensure clients are offered a range of choices on how they receive their social care services and support. The data reported here relates to the third year since SDS implementation.

Key Points

- In 2016-17, an estimated 70% of Social Care clients were given a choice over their support and services in Scotland. The methodology for calculating the national implementation rate has been refined this year to better reflect the number of people for whom a choice should have been available.
- 30 Local Authorities returned data on all Self-directed Support options and all 32 Local Authorities returned data on Option 1 and Option 2 clients.
- The majority of clients (83%) opted for a Local Authority arranged service (Option 3). However, clients aged under 18 were more likely to opt for a Direct Payment (Option 1).
- Most Self-directed Support clients were aged 65 and over (71%), however this varied across Local Authorities. Six areas had more clients aged under 65 than over.
- Of all clients making a choice regarding their services and support in 2016-17, 34% were assessed as needing personal care, while 19% were assessed as requiring equipment and adaptations. Clients can have multiple needs.
- Local Authorities continued to play a key role in providing support to Self-directed Support clients in 2016-17, with 53% of clients receiving some services or support from their Local Authority.
- At least £539 million was budgeted for Social Care clients who made a choice regarding their support and services in 2016-17. However, there are expenditure recording issues so this should be considered an underestimate.

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1. Introduction

The Self-directed Support Act came into force on the 1st April 2014 and placed a duty on Local Authorities to offer people who are eligible for social care a range of choices over how they receive their social care services and support. Self-directed Support (SDS) allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered. The Act means that, since the 1st April 2014, Local Authorities have been required to offer choices to all new social care clients, and to all existing clients at point of review. The data reported here relates to the third year of implementation of SDS (2016-17) and follows up on previous SDS publications.

SDS allows people to choose from a number of different options for receiving support and services. The person's individual budget can be:

- Option 1:** Taken as a Direct Payment.
- Option 2:** Allocated to an organisation that the person chooses and the person is in charge of how it is spent.
- Option 3:** The person chooses to allow the council to arrange and determine their services.
- Option 4:** The person can choose a mix of these options for different types of support.

The Scottish Government has been collecting data on Direct Payments (Option 1) since 2001 and as part of the annual Social Care Survey from 2013. The introduction of SDS resulted in changes to the format of the Social Care Survey from 2015, with information now being gathered about the provision of services and support through all of the SDS options over the course of a financial year.

This report provides analysis of information collected in the 2017 Social Care Survey for all SDS options. Further analysis of the 2016-17 Direct Payments data can be found in the publication 'Social Care Services, Scotland, 2017':
<http://www.gov.scot/Publications/2017/12/3849>.

The introduction of SDS was a significant change to practice that has required changes to the data that is collected and the design of new systems to collect and record that data. To date, data on SDS for two Local Authorities remains incomplete and the results presented here should be interpreted with this in mind. However, progress has been made in data quality since 2014-15 when 22 Local Authorities returned full data.

The remainder of this report is divided into four sections. Section 2 discusses issues surrounding the implementation of SDS across Local Authorities and the extent of data recording issues. Section 3 presents demographic information on those social care clients who made a choice regarding their services and support in 2016-17. Section 4 presents information on the support needs of clients and who provided the support. Lastly, Section 5 presents data on budgeted expenditure for clients who made a choice regarding their services and support in 2016-17.

2. Implementation of Self-directed Support

2.1 Implementation Rate

The 2017 Social Care Survey asked Local Authorities to return information on all clients who made a choice regarding their services or support at any time during the 2016-17 financial year. The key criterion for inclusion is that the client was given a choice – an individual should only be included if they have undergone an assessment during which the available SDS options were explained. Under this definition, 83,768 people were identified as having made a choice regarding their services or support during 2016-17, a 57% increase on the 53,319 clients reported in 2015-16.

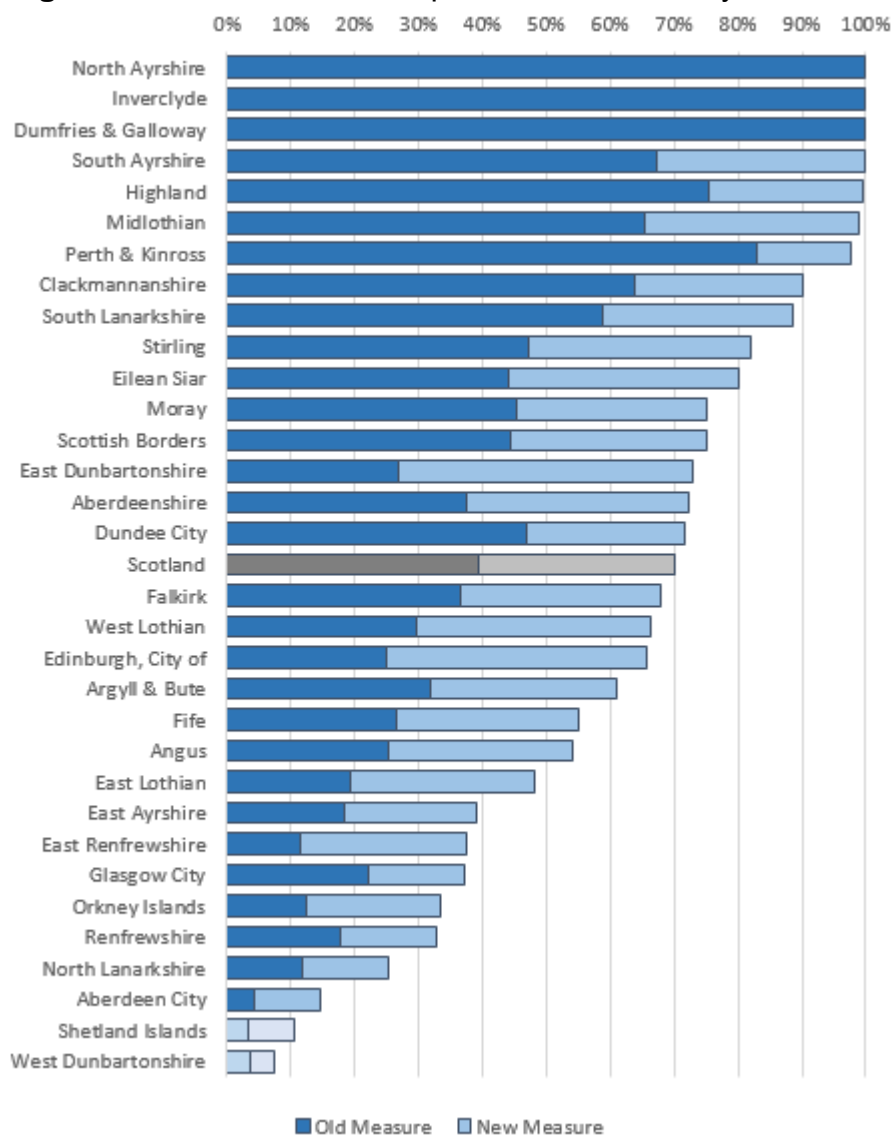
Previous publications have attempted to estimate a national implementation rate for SDS. This was previously calculated as the proportion of all clients in the Social Care Survey flagged as fitting the SDS criteria described above. However, this figure is likely to be a gross underestimate of the true SDS implementation rate as the Social Care Survey includes many people for whom SDS is not appropriate. For example, 11% of people in the Social Care Survey have a social worker but do not receive any social care services and as such would not be in a position to make a choice.

The methodology for calculating the national implementation rate has been refined to use a denominator that better reflects the number of people for whom a choice should have been available. It should be noted that there are still limitations to this calculation. For example, clients receiving reablement and/or crisis care support may not be able to make a choice regarding their services or support but cannot currently be excluded from the denominator.

The implementation rate provides an indicative value only and does not represent a target. The scope of the Social Care Survey will vary across Local Authorities due to differences in population need and service provision. It is expected that the SDS implementation rate will continue to rise in future years, however this will not necessarily reach a complete 100% for reasons already covered. Furthermore, implementation rates at the Local Authority level will vary according to when the Local Authority started offering SDS and the speed of the phased roll-out that was deemed appropriate to that area.

With the above in mind, the estimated national implementation rate of SDS across Scotland in 2016-17 is 70%. Figure 1 shows how this rate varies across different Local Authorities. Local Authorities with known data recording issues (see Section 2.2) are highlighted in a lighter shade. Due to the discussed changes in the methodology used, it is not appropriate to compare this rate to previous years. However, the figure using the previous methodology would have been 39%. Each bar in Figure 1 includes a darker and lighter shaded proportion which visualises how the new methodology compares to the previous methodology, in particular, the extent to which the previous methodology underestimated the roll out of SDS.

Figure 1: Variation in SDS implementation rates by Local Authority, 2016-17



Shetland Islands and West Dunbartonshire were not able to return data for all SDS Options

2.2 SDS Options Recording

Changes in data recording systems were necessary to capture SDS information, a process which has taken time to complete. Consequently, not all Local Authorities are able yet to record information for the separate SDS options. In particular, Option 3 can be difficult for Local Authorities to record accurately as choosing this option during a review may mean that the individual concerned is carrying on with existing services and not all systems are currently able to report on this. In 2014-15, 22 Local Authorities were able to report on all SDS options. This has increased to 30 local authorities in 2016-17. More detail is given below.

All Local Authorities were able to return SDS Option 1 information, reflecting the fact that data on Direct Payments have been collected since 2001. All Local Authorities were also able to return SDS Option 2 data this year, though Dumfries & Galloway had no such clients. Shetland Islands and West Dunbartonshire were unable to return information on SDS Option 3 data.

The impact of this on the overall figures is estimated to be small, with these two Local Authorities accounting for only 2% of all clients in the Social Care Survey. However, it does mean that the observed total number of clients who made a choice regarding their services and support – and the national implementation rate – is an underestimate of the true position.

The 30 Local Authorities with complete SDS option reporting account for 99.8% (83,604) of the original client total. If the 2016-17 SDS implementation rate is estimated on the basis of these Authorities only, then a value of 71% is obtained. This is considered to be the best available estimate for the national implementation rate, as it accounts for known recording issues.

The main analysis in this report will focus only on those 30 Local Authorities with complete SDS options data. This means that aggregate-level figures are not skewed by data recording issues and will therefore more accurately reflect the Scotland-level picture. It is expected that continued improvements to Local Authority recording systems will occur in the following years and this will lead to full data being returned for all Local Authorities.

3. Client Analysis

The following analysis focuses on the 30 Local Authorities identified in Section 2.2 as having complete data. Comparisons are made to the full Social Care Survey (SCS) as well as to a Comparator Group. This group is made up of the remaining clients from the denominator who were not flagged as receiving a choice regarding their services and support in 2016-17 but are assumed to have been in a position to do so. Please see Section 2.1 for further details on the assumptions made and the potential limitations.

3.1 Age Breakdown

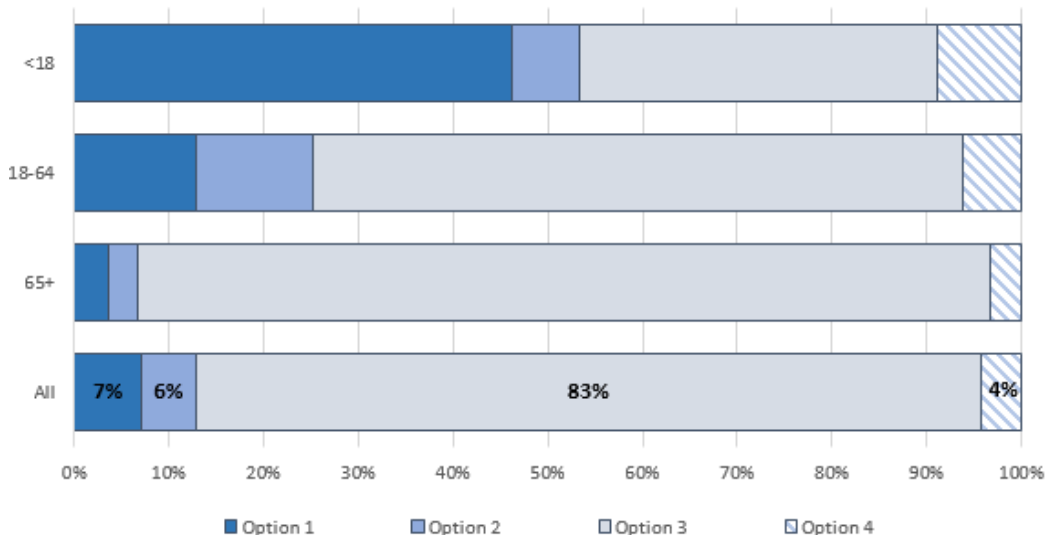
The majority of people in the SCS are aged 65 and over (75%). Therefore it is unsurprising that the majority of people who made a choice regarding their services and support in 2016-17 were also in this age category. However, the proportion was lower than in the SCS, suggesting older clients are slightly under-represented. Further, people aged 65 and over appear to be over-represented in the Comparator Group. Overall, the data suggests that those aged 65 and over may be less likely to receive a choice regarding their services and support.

Table 1: Age breakdown of SDS clients compared to other groups, 2016-17

Group	Under 65	65 and Over
Self-directed Support Clients	29%	71%
Social Care Survey Clients	25%	75%
Comparator Group Clients	18%	82%

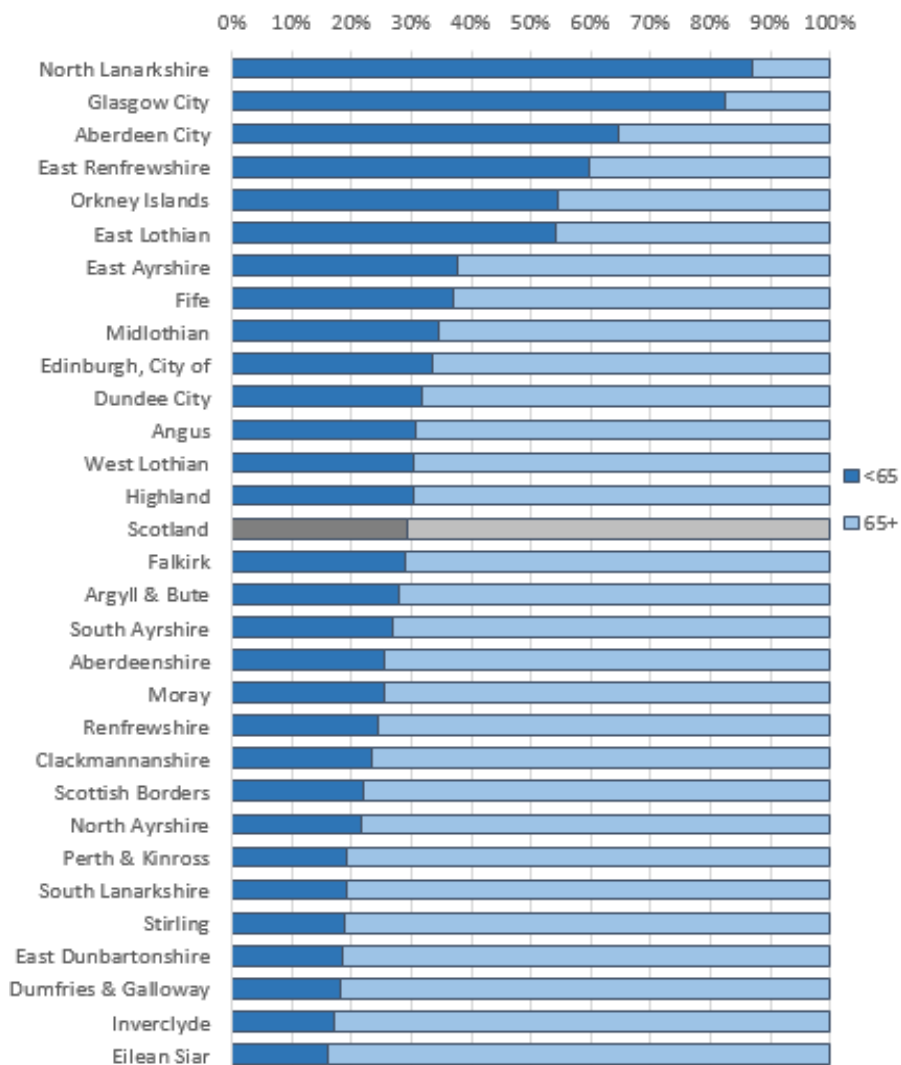
The majority of social care clients who made a choice regarding their services and support in 2016-17 opted for Option 3 (83%). However, this preference did vary by age. Figure 2 breaks down the SDS options by age and shows that those under 18 were more most likely to choose Option 1 (46%). Though the 18-64 group were more likely to choose Option 3 (69%), this was still below that observed in the 65 and over age group (90%).

Figure 2: Breakdown by age and SDS Option, 2016-17



There was variation in the age breakdown of SDS across Local Authorities. In six Local Authorities, over 50% of SDS clients were under 65, while seven Local Authorities had less than 20% of SDS clients under 65. This variation can only be partially explained by differences in local demographics.

Figure 3: Breakdown of SDS clients by age and Local Authority, 2016-17



3.2 Gender Breakdown

Of the social care clients who made a choice regarding their services and support in 2016-17, 40% were male and 60% female. This gender breakdown compares with 38% male and 62% female in the SCS. Females were slightly over-represented in the Comparator Group (63%), suggesting they may be less likely to receive a choice regarding their services and support.

Table 2: Gender breakdown of SDS clients compared to other groups, 2016-17

Group	Male	Female
Self-directed Support Clients	40%	60%
Social Care Survey Clients	38%	62%
Comparator Group Clients	37%	63%

The gender split is broadly similar across Local Authorities, however in Aberdeen City (52%), Glasgow City (56%) and North Lanarkshire (57%), the majority of clients were male. East Lothian and Orkney Islands were close to a 50/50 split, with males representing 49% of all SDS clients in both Local Authorities. It is notable that these five Local Authorities have the youngest age distribution (see Section 3.1), demonstrating a strong link between age and gender.

3.3 Ethnicity Breakdown

The ethnic breakdown of people in Scotland according to the most recent Census (2011) shows that 96% of people defined themselves as White. This figure varied amongst Local Authority areas with cities recording a higher proportion of ethnic minorities than the Scottish average.

In the overall SCS, there was a slightly higher proportion of people identifying as White (98%) which may reflect the older demographic of the survey. It should be noted that this figure excludes the 28% of clients with unknown or undisclosed ethnicity. Of those who made a choice regarding their services and support in 2016-17 with known ethnicity, 97% identified as White. This figure is close to the proportions seen in the general population. Importantly, there is little difference between those who made a choice and the Comparator Group.

Table 3: Ethnicity breakdown of SDS clients compared to other groups, 2016-17

Group	White	Ethnic Minority	Unknown/Undisclosed
Self-directed Support Clients	76%	2%	22%
Social Care Survey Clients	71%	1%	28%
Comparator Group Clients	77%	1%	22%

3.4 Deprivation Breakdown

The majority of clients who made a choice regarding their services and support in 2016-17 were in the most deprived SIMD quintiles, with a similar proportion of clients in Quintiles 1 to 3. This pattern is similar to that observed in the overall Social Care Survey where 23% of clients are in Quintile 1 compared to 15% of clients in Quintile 5.

Those in Quintile 1, most deprived, are over-represented in the Comparator Group, as are those in Quintile 2, while those in the least deprived Quintiles are under-represented. This suggests those in higher deprivation areas may be less likely to receive a choice over their services and support.

Clients choosing Option 1 were most likely to come from the least deprived Quintiles, 23% in Quintile 5, compared with 14% in Quintile 1. While Option 2 clients were most likely to come from the most deprived quintiles, 61% from Quintiles 1 and 2, while only 22% came from Quintiles 4 and 5.

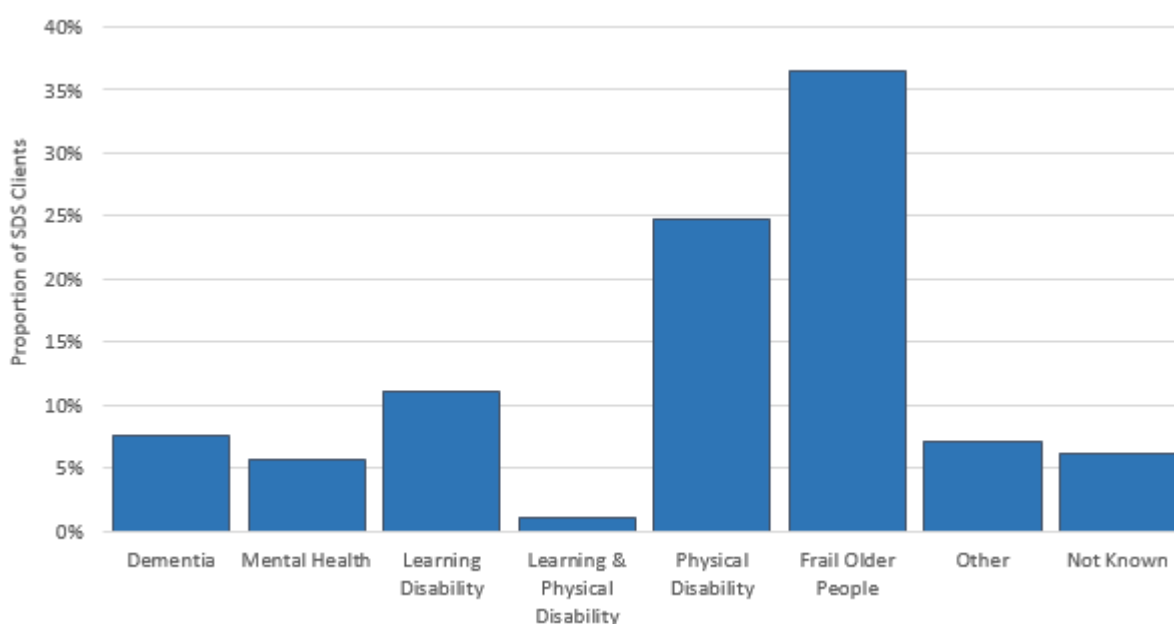
Table 4: Deprivation breakdown of SDS clients compared to other groups, 2016-17

Group	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Self-directed Support Clients	22%	23%	22%	18%	14%
Social Care Survey Clients	23%	24%	20%	17%	15%
Comparator Group Clients	28%	26%	19%	15%	12%

3.5 Client Group Breakdown

The majority of clients in the Social Care Survey are in the 'Frail Older People' category, followed by 'Physical Disability' and 'Learning Disability'. A similar pattern is observed for those clients who made a choice regarding their services and support in 2016-17, as shown in figure 4. There was not any significant differences to the Comparator Group.

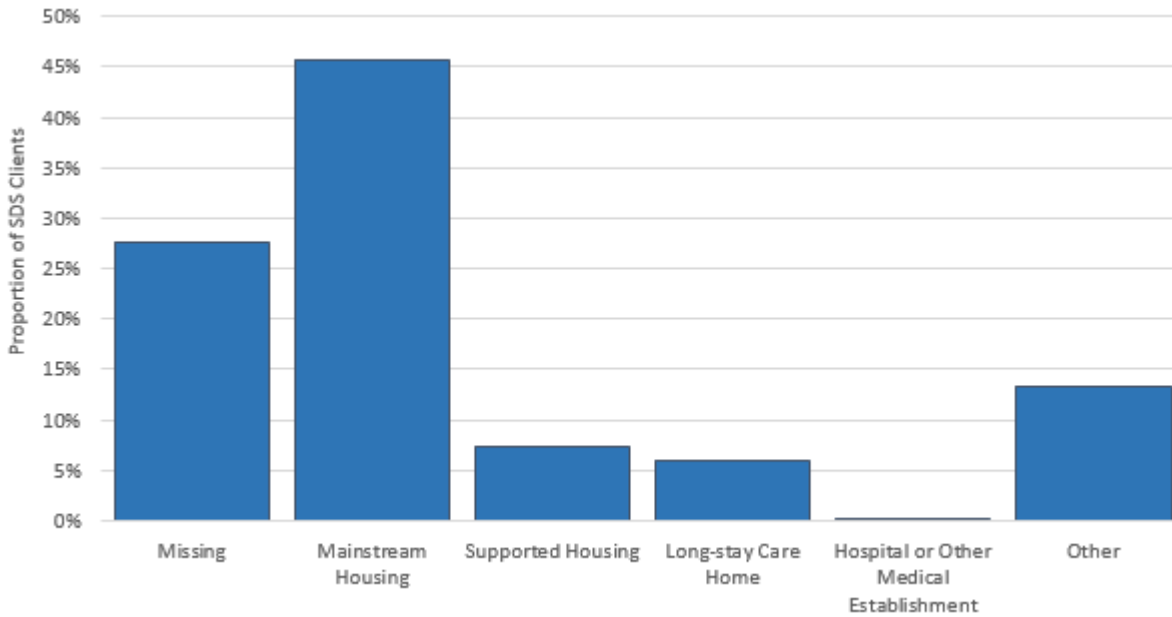
Figure 4: Client group breakdown of SDS clients, 2016-17



3.6 Housing Type Breakdown

The majority of clients who made a choice regarding their services and support in 2016-17 lived in Mainstream Housing (46%), while 7% lived in Supported Housing, 6% in a Long-stay Care Home and 13% in another form of housing. Those in Supported Housing are over-represented in the Comparator Group, suggesting they may be less likely to receive a choice regarding their services and support.

Figure 5: Housing type breakdown of SDS clients, 2016-17



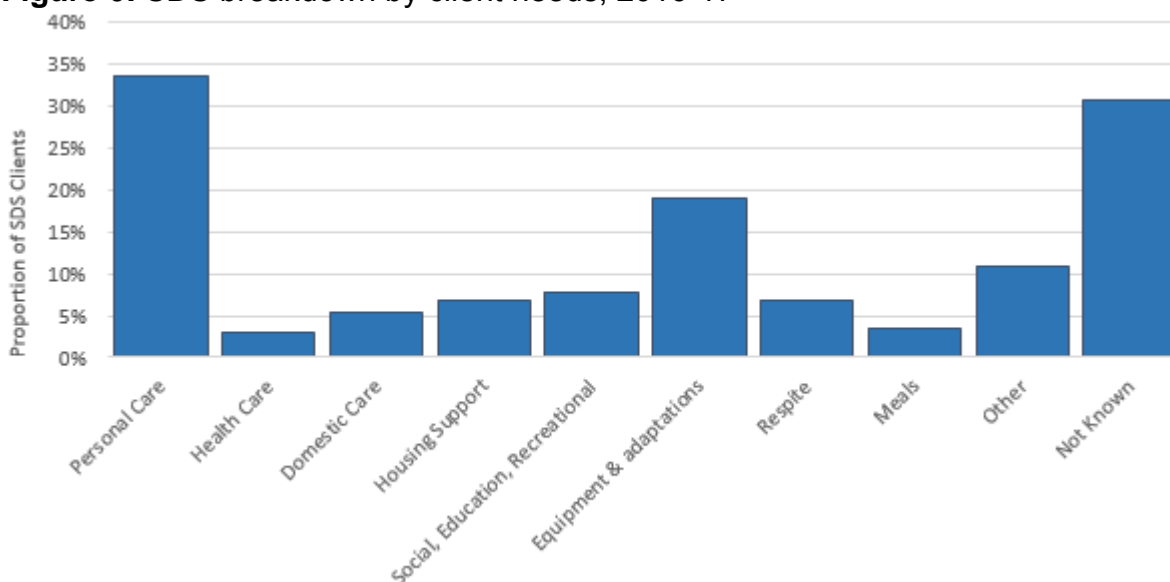
4. Client Needs and Support

The following analysis focuses on the type of support required by people making a choice regarding their services and support, as well as the provider of this support. Once again, it focuses on the 30 Local Authorities identified in Section 2.2 as having full SDS option recording.

4.1 Client Needs

Figure 6 shows the breakdown of clients by need – the type of assessed support needs that are provided for. Note that clients can be identified as having more than one support need and so the sum of percentages can exceed 100%. The largest need is for personal care, identified for 34% of SDS clients, while 19% required equipment and adaptations. However, almost a third of clients (31%) were classed as having unknown needs, suggesting there are additional recording issues to those identified in Section 2.2.

Figure 6: SDS breakdown by client needs, 2016-17



4.1.1 Client Needs by Age

The needs of people who made a choice regarding their support and services varied across age groups. Just over 1 in 4 SDS clients aged under 18 were assessed as having social, educational and recreational needs. This applied to only 1 in 20 of those aged 65 and over. While 38% of people aged 65 and over were assessed as requiring personal care, only 14% of people under 18 were assessed as having this need. For the 18-64 age category, 24% of people needed personal care (table 5).

Table 5: Assessed needs by age category, 2016-17

Assessed Needs	< 18	18 - 64	65+
Personal Care	14%	24%	38%
Health Care	3%	5%	2%
Domestic Care	2%	9%	4%
Housing Support	2%	13%	4%
Social, Educational, Recreational	26%	14%	5%
Equipment & Adaptations	3%	12%	22%
Respite	18%	8%	6%
Meals	2%	4%	4%
Other	8%	11%	11%
Not Known	39%	38%	27%

Clients can have more than one assessed need so proportions can exceed 100%

4.1.2 Client Needs by Client Group

The needs of people who made a choice regarding their support and services varied across client groups. Around half of the people with dementia were assessed as requiring personal care, while this was an assessed need for only 1 in 5 of those with a learning disability. Personal care was also a high need for those with a physical disability (42%), as was equipment and adaptations (25%) (table 6).

Table 6: Assessed needs by selected client groups, 2016-17

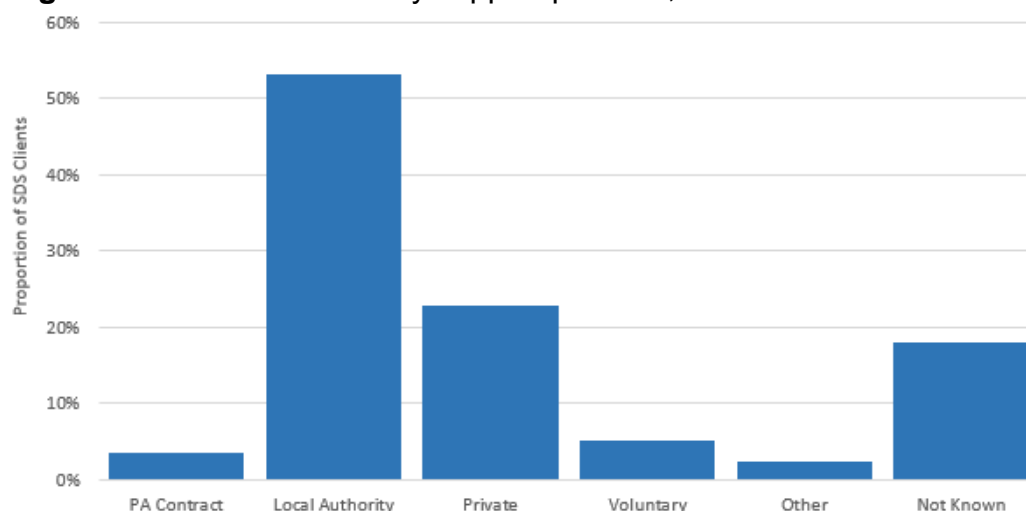
Assessed Needs	Dementia	Mental Health	Learning Disability	Physical Disability	Frail Older
Personal Care	51%	26%	21%	42%	36%
Health Care	5%	7%	5%	4%	1%
Domestic Care	6%	9%	11%	6%	3%
Housing Support	5%	17%	18%	7%	3%
Social, Educational, Recreational	16%	9%	20%	7%	4%
Equipment & Adaptations	15%	13%	5%	25%	24%
Respite	19%	6%	9%	7%	4%
Meals	6%	3%	5%	3%	4%
Other	10%	12%	12%	8%	15%
Not Known	22%	35%	40%	29%	25%

Clients can have more than one assessed need so proportions can exceed 100%

4.2 Client Support

Just over half of the clients (53%) who made a choice regarding their support and services in 2016-17 received support through their Local Authority, whereby the client purchases services from, or has the service provided by the Local Authority, while 23% of people purchased services from a private provider. It should be noted that clients can receive support from more than one type of provider and so the sum of percentages can exceed 100%.

Figure 7: SDS breakdown by support provider, 2016-17



5. Expenditure

5.1 Expenditure Recording

The 2017 Social Care Survey asked Local Authorities to return information on the gross value of the agreed budget associated with each care package associated with an SDS option. For the analysis in this section, the budgeted expenditure associated with Option 4 is included under the specific options – Option 1, 2 and / or 3 – of the mixture chosen for each client.

Section 2.2 described the issues surrounding recording systems and the ability of Local Authorities to capture SDS information during 2016-17. There, two Local Authorities with incomplete SDS data were identified. In addition, variation in the recording of budgeted expenditure is also evident from the data. All Local Authorities who returned client information on those receiving Option 1 were able to record some budgeted expenditure under Option 1 with the exception of Angus, who were unable to return any expenditure information. However:

- Of the 31 Local Authorities with clients receiving Option 2, four Local Authorities did not provide any budgeted expenditure information (*Angus, Argyll & Bute, Falkirk, Shetland Islands*).
- Of the 30 Local Authorities who were able to return client information on those receiving Option 3, 13 were not able to provide any budgeted expenditure information (*Aberdeen City, Angus, Argyll & Bute, Dundee City, East Ayrshire, East Lothian, Eilean Siar, Falkirk, Highland, North Ayrshire, Orkney Islands, Scottish Borders, South Ayrshire*).
- In addition to problems at the aggregate level, Local Authorities had instances of individual clients with no budgeted expenditure against a recorded SDS option.

In total, only 17 Local Authorities were able to provide budgeted expenditure against all options. The following analysis includes all information where this is available and does not exclude any Local Authorities as in previous sections.

5.2 Expenditure Overview

In total, the combined values of all recorded budgets associated with an SDS option in 2016-17 was £539m. Given the expenditure recording issues highlighted above – in addition to the recording issues described in Section 2.2 – this figure represents an underestimate of the true value.

Table 7 shows the breakdown of total budgeted expenditure for Option 1, Option 2 and Option 3. Given the varying expenditure recording issues across the options already highlighted, the total budget values for the three options should not be compared to one another. The average (median) budget value per client may, however, be compared in this way. Table 9 shows that Option 1 is associated with the highest average budget value, followed by Option 2, while Option 3 is associated with a lower average value. This pattern

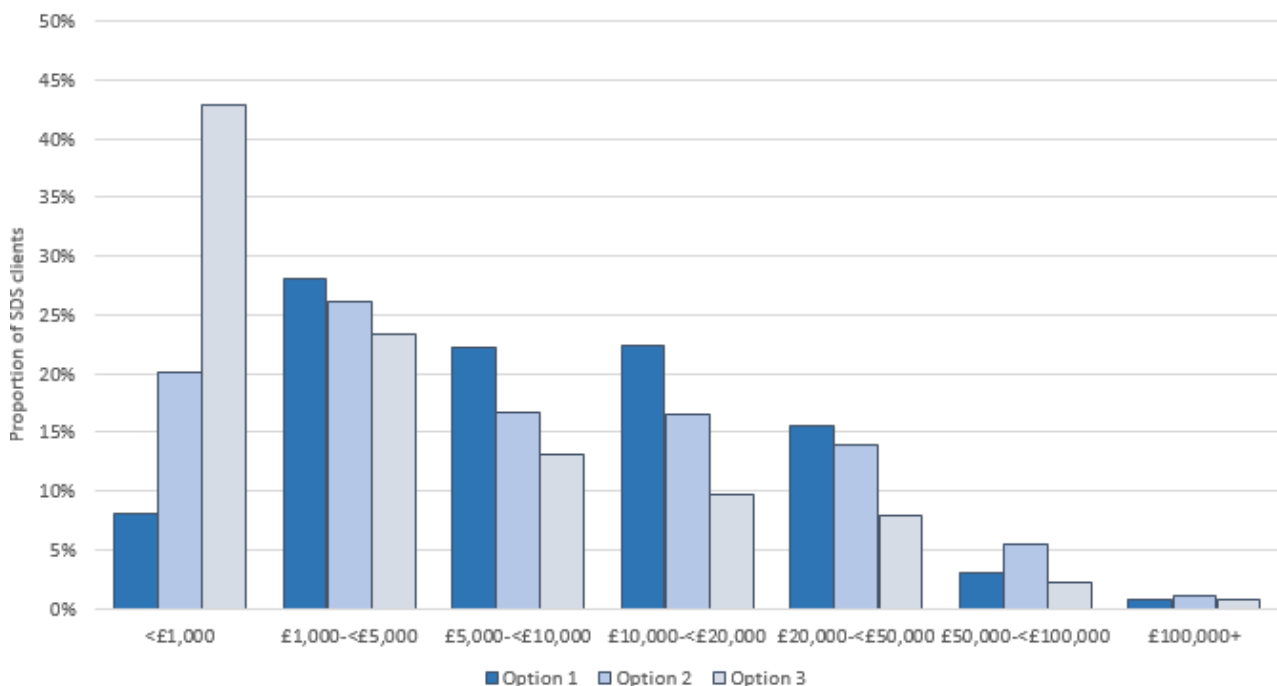
is not surprising, since clients choosing Option 1 and Option 2 are on average younger than clients choosing Option 3. Younger clients are known to have higher / more complex levels of need than older clients, and as a result average expenditure would be expected to be higher.

Table 7: Breakdown of SDS budget expenditure by SDS Option, 2016-17

SDS Option	Total Budget Value	Median Budget per Client
Option 1 (31 Local Authorities)	£111m	£7,823
Option 2 (27 Local Authorities)	£88m	£6,897
Option 3 (17 Local Authorities)	£339m	£2,938
All SDS	£539m	£4,410

The highest proportion of budgets for Option 3 (43%) are in the less than £1,000 category – the proportion of clients in each budget category then steadily falls as budget values increase. For Option 1 and 2, in contrast, the highest proportion of budgets (28% and 26%, respectively) are in the £1,000 to £5,000 category. For budget categories above these values, the proportion of clients in each budget category then steadily falls.

Figure 8: SDS budget range of clients by SDS Option, 2016-17



5.3 Expenditure Breakdown by Age

The majority of clients who made a choice regarding their support and services were over the age of 65. Despite this, those under 65 accounted for 59% of SDS expenditure (£315m). This likely reflects the fact that younger social care clients, on average, have more complex needs. The average (median) budget of a client under 65 was £9,333 in 2016-17, whereas for a client aged 65 and over, the median budget was £2,995. However, the median budget for Option 1 was more similar between the two age groups (table 8).

Table 8: Average (Median) budget by age and SDS Option, 2016-17

Age Group	Option 1	Option 2	Option 3	All SDS
< 65	£8,444	£10,718	£7,086	£9,333
65 +	£7,117	£4,370	£2,309	£2,995
All Clients	£7,823	£6,897	£2,938	£4,410

5.4 Expenditure Breakdown by Gender

The majority of clients who made a choice regarding their support and services were female (60% - includes all Local Authorities). Despite this, SDS expenditure was similar for males (£264m) and females (£275m). The average (median) budget of male clients was £4,998 in 2016-17, more than for female clients, £4,044. However, the median budget for Option 1 was higher for females (table 9).

Table 9: Average (Median) budget by gender and SDS Option, 2016-17

Gender	Option 1	Option 2	Option 3	All SDS
Male	£7,433	£8,230	£3,338	£4,998
Female	£8,140	£6,063	£2,710	£4,044
All Clients	£7,823	£6,897	£2,938	£4,410

5.5 Expenditure Breakdown by Deprivation

The majority of clients who made a choice regarding their support and services were in the most deprived Quintiles (22% in Quintile 1, 14% in Quintile 5, - includes all Local Authorities). The total expenditure in each Quintile follows a similar pattern to the proportion of clients represented in each Quintile. The average (median) budget of clients in Quintile 1 is the highest, while the lowest average (median) budget is for those clients in Quintile 5 and generally follows the same pattern across the different options (table 10).

Table 10: Average (Median) budget by deprivation and SDS Option, 2016-17

Deprivation Group	Option 1	Option 2	Option 3	All SDS
Quintile 1	£9,110	£9,893	£3,714	£5,724
Quintile 2	£7,660	£7,300	£2,886	£4,120
Quintile 3	£7,705	£6,108	£3,080	£4,379
Quintile 4	£7,716	£4,858	£2,674	£3,957
Quintile 5	£7,387	£4,493	£2,538	£3,844
All Clients	£7,823	£6,897	£2,938	£4,410

Quintile 1 = most deprived, Quintile 5 = least deprived

5.6 Expenditure Breakdown by Client Grouping

The majority of clients who made a choice regarding their support and services were in the client grouping, 'frail, older' (37% - includes all Local Authorities). However, these clients make up only 21% of total SDS expenditure. Clients with a learning disability, 11% of all SDS clients, made up the highest proportion of spending, accounting for 33% of expenditure. Clients with a learning disability tend to be younger, on average, and as discussed younger clients tend to have more complex needs and as such represent a larger proportion of expenditure.

Clients with a learning disability have the highest average (median) budget at £15,588. Frail, older clients have the lowest at £2,641 (table 11).

Table 11: Average (Median) budget by client group and SDS Option, 2016-17

Client Group	Option 1	Option 2	Option 3	All SDS
Dementia	£7,840	£3,486	£3,721	£4,528
Mental Health	£6,282	£6,693	£3,949	£5,389
Learning Disability	£9,161	£16,705	£16,198	£15,588
Physical Disability	£10,337	£7,232	£2,301	£4,143
Frail, Older	£6,807	£3,815	£2,039	£2,641
All Clients	£7,823	£6,897	£2,938	£4,410

Table does not include all client groups, see accompanying additional data spreadsheet

Data under Development

This is only the third year for which data on Self-directed Support has been collected and analysed as part of the Social Care Survey. The data collection systems and quality assurance processes in place are still being developed. The statistics shown here, therefore, are data under development and should not be considered as National or Official Statistics.

Correspondence and enquiries

For enquiries about this publication please contact:

Steven Gillespie

Health & Social Care Analysis Division

Telephone: 0131 244 3777

e-mail: SWStat@gov.scot

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, Telephone: 0131 244 0442,

e-mail: statistics.enquiries@scotland.gsi.gov.uk

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