

Equally Safe

**A consultation on the retention period
for evidence collected in the course of
self-referral forensic medical services**

#EquallySafeFMS

Contents

About the consultation	Page 2
Ministerial foreword	Page 5
Glossary	Page 6
1: Introduction	Page 8
2: Proposed 26 month retention period	Page 11
3: Impact assessment	Page 16
Summary of consultation questions	Page 18
Respondent information form	Page 21

About the consultation

The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021⁽¹⁾ was passed by the Scottish Parliament on 10 December 2020 and received Royal Assent on 20 January 2021. This consultation paper seeks views on the appropriate retention period for evidence collected in the course of self-referral forensic medical services, to enable the FMS Act to be implemented. The Scottish Government intends to carry out complementary consultation and engagement activities during the consultation period. Follow twitter account [@EquallySafeScot](#) and hashtag [#EquallySafeFMS](#) for updates on the consultation.

An Easy Read version of this consultation paper has been published separately⁽²⁾.

Responding to this Consultation

We are inviting responses to this consultation by 30 April 2021.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at <https://consult.gov.scot/equally-safe/equally-safe-retention-period-of-samples/>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 30 April 2021.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Lynda Dobinson
CMO Taskforce Unit
Scottish Government
GWR St Andrew's House
Regent Road
Edinburgh
EH1 3DG

equallysafefms@gov.scot

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If

(1) [Link to FMS Act.](#)

(2) [Link to Easy Read version of this consultation paper](#)

you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy:

<https://www.gov.scot/privacy/>

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially unlawful or offensive material (for example defamatory material), or personal data, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at equallysafefms@gov.scot.

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review

- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Ministerial foreword

In February 2019 we jointly supported a Scottish Government consultation on legislation to improve forensic medical services for victims of rape and sexual assault. Much has changed and improved over the last two years. Legislation introduced to the Scottish Parliament was passed unanimously in December 2020 – the landmark Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021.

In parallel to the legislative process, the Chief Medical Officer for Scotland's Rape and Sexual Assault Taskforce has done much to transform the experience of victims accessing healthcare and forensic medical services. Backed by £10 million Scottish Government funding over four years, the Taskforce's vision of consistent, person centred, trauma informed care and access to recovery is increasingly being realised across the country.

A key Taskforce achievement is that forensic medical examinations now take place in an appropriate healthcare setting, and no longer in police stations. This and the new FMS Act pave the way for a national model of "self-referral" which is what this new consultation concerns. Self-referral means that a victim of rape or sexual assault aged over 16 may access healthcare and forensic medical services without having to report the offending to the police at the outset.

We strongly support self-referral because it gives victims control over what happens to them at a time when it has been taken away. Self-referral puts victims' healthcare and recovery front and centre whilst also supporting any future criminal justice process.

This consultation specifically concerns the "retention period" for evidence collected in the course of self-referral forensic medical services. This will be the statutory time period for which evidence such as biological samples must be held by health boards. Based on the evidence gathered of best practice elsewhere in the UK, the Taskforce has recommended to us that a retention period of 26 months (two years, two months). We welcome your views on this to help inform the development of this policy.



Jeane Freeman OBE MSP
Cabinet Secretary for Health and Sport



Humza Yousaf MSP
Cabinet Secretary for Justice

Glossary

CMO - the Chief Medical Officer for Scotland, Dr Gregor Smith.

CMO Taskforce - the Chief Medical Officer for Scotland's Taskforce for the improvement of services for adults, children and young people who have experienced rape, sexual assault or child sexual abuse⁽³⁾.

Conversion – the term used in this paper to describe the point at which a victim who self-refers for an examination, decides to make a police report. In other words, when a self-referral case converts into a police referral case.

Evidence – the biological samples, underwear and associated forensic information collected by health boards in police and self-referral cases, during or in connection with the forensic medical examination, to support any future criminal investigation. These are described as evidence even though in self-referral cases, the victim may never decide to make a police report. Information collected by health boards for healthcare purposes is not evidence and forms part of a victim's patient records – the retention period is not relevant to such healthcare information.

FMS Act – the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021, unanimously passed by the Scottish Parliament on 10 December 2020⁽⁴⁾. Explanatory Notes to the FMS Act will be published in the coming weeks.

Forensic Medical Examination⁽⁵⁾ – for the purposes of this consultation, a predominantly physical examination of a victim of rape, sexual assault or child sexual abuse carried out by a qualified sexual offence examiner or forensic physician. Forensic medical examination is normally only possible within 7 days of the incident – this is sometimes referred to as the DNA capture window. Forensic medical examination is not therefore relevant to victims of historic abuse.

Forensic Medical Services – for the purposes of this consultation, services comprise a forensic medical examination to the extent the victim wishes to undergo it (the examination service), associated healthcare services (for example emergency contraception and/or treatment of any wounds where relevant) and the retention service in self-referral cases.

Police referral – the traditional model for the provision of forensic medical services where the sexual offending is reported to the police ahead of any forensic medical examination. Police referral services will continue in Scotland as they do now.

⁽³⁾ [Link to CMO Taskforce webpage.](#)

⁽⁴⁾ Full details of the history to the Bill for the FMS Act are available from this webpage: [Link to FMS Act webpage.](#)

⁽⁵⁾ More information about what people can expect during and following a forensic medical examination can be found at: [Link to leaflet Forensic medical examination following a rape or sexual assault: information.](#)

Retention period – the period of time that a health board must retain evidence collected in the course of a self-referral forensic medical examination. During the retention period, the victim may choose to make a police report, or may request the return or destruction of evidence. If however the victim does not exercise these rights, the evidence must be destroyed at the end of the retention period.

Retention service – the term used in the FMS Act to describe the requirement for health boards to retain evidence for the retention period. Although police referral services would usually involve evidence being taken away by the police shortly after examination, in exceptional circumstances where that is not possible, health boards can retain police referral evidence until it has been transferred.

Self-referral – a model for the provision of forensic medical services where the incident is not reported to the police ahead of a forensic medical examination, but allowing for certain forensic evidence to be captured and stored securely, should a police report be made at a later date. The FMS Act requires all health boards in Scotland to offer self-referral services to victims age 16 or over, subject to the application of child protection or adult support and protection guidance that may require a police report to be made.

Victim - the Scottish Government recognises that some victims of serious offences prefer to be referred to as survivors and that the term often used in the criminal justice system is complainers. In CMO Taskforce resources that support the FMS Act the word person is used. For the purposes of this consultation document, reference to victims (the word used in the title of the FMS Act) includes reference to survivors and complainers.

Chapter 1: Introduction

Background

1. Improving healthcare services for victims of sexual offences is a priority for the Scottish Government. Under existing arrangements, each of the 14 health boards in Scotland is required to provide a Sexual Assault Response Coordination Service (SARCS) for victims who have experienced rape, sexual assault or child sexual abuse, to address their immediate forensic and healthcare needs.
2. The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (“FMS Act”) was unanimously passed by the Scottish Parliament on 10 December 2020. The FMS Act places a duty on health boards to give victims of all ages access to trauma-informed, person-centred forensic medical services and, for adults aged 16 or over, it will enable a health board to retain certain evidence where the victim is undecided about reporting to the police.
3. The FMS Act underpins the ongoing work of the Chief Medical Officer’s Rape and Sexual Assault Taskforce (“CMO Taskforce”), to provide national leadership for the improvement of healthcare and forensic medical services for victims of sexual crime. The FMS Act supports the CMO Taskforce’s vision of consistent, person centred, trauma informed health care and forensic medical services and access to recovery, for anyone who has experienced rape, sexual assault or child sexual abuse in Scotland. The Taskforce has already produced a number of important resources to support trauma-informed, high quality services in parallel to the legislative process that resulted in the FMS Act – these are available from the Taskforce webpage.
4. **Self-referral** is the term for victims accessing forensic medical services without having reported the crime to the police. The FMS Act provides a statutory framework for the retention by health boards of evidence collected during a forensic medical examination, which may support any future criminal investigation or prosecution. This allows the victim time to decide whether to make a police report. The Scottish Government considers that self-referral empowers victims, giving them greater choice which may positively influence their decision to report the crime to police and encouraging those who may be reluctant to make a police report to access appropriate NHS services. Evidence gathered as part of this process can be significant in any future criminal proceedings. However, in addition to the requirements to gather evidence, the utmost priority is to ensure that anyone who has been the victim of rape or sexual assault can access timely healthcare support. The Scottish Government knows from listening to the views of survivors, that access to self-referral is an important aspect of giving people control over what happens to them at a time when it has been taken away.

Purpose of this paper

5. The FMS Act must be commenced by the Scottish Ministers before the statutory duties on health boards contained in the Act have legal effect. To enable this to take place, amongst other things, a retention period for evidence collected in the course of self-referral forensic medical services must be prescribed under regulations (secondary legislation) which is what this consultation paper concerns. The CMO Taskforce has recommended to the Scottish Ministers a retention period of 26 months, that is to say two years, two months, and whilst that recommendation forms the basis for consultation the Scottish Government invites stakeholder views before making a final decision.
6. Following consideration of responses sent in to this consultation, Ministers will make a final decision on the retention period and lay draft retention period regulations for approval of the Scottish Parliament.

What this consultation does not cover

7. This consultation is not about revisiting any aspect of the FMS Act (primary legislation) since that has been settled by the Scottish Parliament. Many aspects of how self-referral will work, for example victims' rights to request the return or destruction of property, are set out on the face of the FMS Act and cannot be varied by secondary legislation or guidance.
8. This consultation is also not about the minimum age for accessing self-referral, since the Scottish Parliament has determined that the age should be 16. The FMS Act contains a requirement for Ministers to report to the Parliament every year, on whether there is a case for changing that age and if required, the Act can allow for the minimum age to be varied by regulations.
9. This consultation is not about the details of self-referral practice which will be contained in a protocol currently being developed by the CMO Taskforce, to ensure a consistent national model of self-referral. The Scottish Parliament determined that this was a matter that did not need to be prescribed in legislation. The Scottish Government will consider any appropriate transitional arrangements that need to be put in place.
10. The Lord Advocate for Scotland, as head of the Scottish system of criminal investigation, will approve the final protocol which will be implemented at the same time as the FMS Act and the retention period regulations that this consultation concerns.

Structure

11. Chapter 2 of this consultation paper sets out the Government's proposal for a 26 month retention period. And Chapter 3 addresses equality and other impacts of the proposal.

12. An Easy Read version of this consultation paper has been published separately.

Chapter 2: Proposed 26 month retention period

Background

13. In order for self-referral services to operate effectively, it must be clear to everyone – to health boards, to victims accessing a SARCS, their families and the organisations who support them – what will happen to any evidence retained by a health board. Evidence can include, for example, the biological samples, underwear and associated forensic information collected by health boards to support any future criminal investigation.
14. In the Scottish Government's view, there should be a nationally agreed retention period so that there is consistency in service, regardless of which health board provides the victim with support.
15. The Scottish Government is of the view that the principal policy consideration should be that the retention period is **proportionate**. Broadly that means that it should not be too short – given that victims need a reasonable amount of time to decide if they want to make a police report – and that it should not be too long – it should not require health boards to continue holding evidence beyond the point at which available evidence shows that victims accessing a self-referral service, are unlikely to wish to make a police report.
16. The Scottish Government's policy is, subject to the finalisation of the self-referral protocol, that evidence should be limited to biological samples, any underwear and exceptionally – any relevant outerwear⁽⁶⁾. This would mean that health boards do not have to store items that are bulky or otherwise difficult to store securely. The amount of evidence actually held by a health board at any time will be kept manageable by: the operation of the retention period; the removal of stored evidence as a result of conversion to police report; or the victim exercising their rights under the FMS Act to request the return or destruction of evidence as provided for under the FMS Act.
17. Against this background, section 8(1)(b) of the FMS Act⁽⁷⁾ empowers Ministers to prescribe a retention period by regulations. The retention period does not appear on the face of the FMS Act because the Scottish Government considers it better for there to be flexibility in relation to this issue. This future proofs the FMS Act to allow the initially prescribed retention period to change in the years ahead, with appropriate transitional provisions made, should that become appropriate.

⁽⁶⁾ Whilst samples are considered “wet evidence” and require to be frozen, the other evidence mentioned is considered “dry evidence” and can simply be bagged and securely stored.

⁽⁷⁾ [Link to section 8 of the FMS Act.](#)

CMO Taskforce recommendation

18. A Self-Referral Subgroup of the CMO Taskforce is developing the necessary resources to implement the provisions of the FMS Act as they relate to self-referral.
19. This includes developing a national protocol to provide clarity to health boards about what types of evidence should be taken and how to maintain the chain of evidence in a way that meets the requirements of the Scottish criminal justice system. Key stakeholders represented on the group include health boards, the Scottish Police Authority, Police Scotland, Rape Crisis Scotland and the Crown Office Procurator Fiscal Service.
20. Based on the evidence gathered by this sub group, the CMO Taskforce recommended to Ministers a retention period of 26 months, that is to say two years, two months. The rationale for that is set out below and Ministers are persuaded that 26 months appears to be an appropriate, and **proportionate**, period to form the basis of this consultation.

Proposed 26 month retention period

21. Evidence gathered from across the UK and internationally shows that there does not appear to be a consistent retention period adopted by countries who offer a self-referral service. Retention periods that have been applied range from one to seven years.
22. The Scottish Government considers that a national and proportionate retention period for Scotland serves the overarching policy aim of consistent, person centred, trauma informed health care and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland. Moreover, Ministers consider that clarity and consistency is essential to ensuring that victims accessing these services, have control over what happens to them at a time at which it has been taken away. A range of accessible web and other information materials are being developed under the remit of the CMO Taskforce to ensure that victims can understand what the retention period means for them.
23. An important source of professional guidance to healthcare professionals providing forensic medical services is provided by the Faculty of Forensic and Legal Medicine (“FFLM”)⁽⁸⁾. The role and value of professional judgement, informed by FFLM and other relevant guidance, is enshrined in section 3 of the FMS Act⁽⁹⁾. FFLM guidance published in January 2021, recommends a retention

⁽⁸⁾ [Link to FFLM website.](#)

⁽⁹⁾ [Link to section 3 of the FMS Act.](#)

period of up to two years⁽¹⁰⁾. This recommendation is informed by human tissue legislation and is applicable in England, Wales and Northern Ireland. In Scotland, it is the retention period regulations that will be determinative.

24. Whilst there is no human tissue or other previous legislation applicable to forensic medical services in Scotland, the FFLM guidance highlights that over time, in the absence of a decision by an individual to make a report to the police, the rationale for holding the evidence for criminal justice purposes becomes weaker. It also notes that the greater the time that elapses between the incident and the eventual report to the police, the less likely the police are to be able to successfully investigate and find evidence to prove or disprove the allegations. It is important to remember that whilst access to self-referral aims to minimise the loss of potential biological evidence, it does not avoid the weakening or loss of other forms of potential evidence such as CCTV images, text messages or crime scene evidence which the police might gather as part of any investigation.
25. Information gathered from services elsewhere in the UK also shows that where individuals go on to refer to police, they usually do so within a timeframe of three to six months and that the percentage of cases that converted to police referral was estimated between 15% and 40%.
26. During the course of the 2019 consultation on the Bill for the FMS Act, survivors told the Scottish Government that they would caution against retention periods falling on the anniversaries of the incident as this could be triggering. The proposed retention period of two years and two months, therefore seeks to avoid this, whilst offering broad parity with the FFLM guidance and existing practice elsewhere in the UK.
27. During the parliamentary process for the Bill for the FMS Act, the Scottish Parliament's Health and Sport Committee heard from survivors, who told them that they would prefer a retention period "as long as possible". However, if this was not possible then they stated that the retention period should be clearly and compassionately communicated and the rationale behind this period was to be made clear. As noted above, a range of accessible web and other information materials is being developed under the remit of the CMO Taskforce, which will clearly articulate, in a compassionate and trauma informed way, what the retention period is and how a victim can make a police report for example.
28. A matter that the Scottish Government considers should not have a bearing on the determination of the retention period is the length of time it can take between an incident taking place and the victim making a disclosure to healthcare, police or other public authorities. Since forensic medical examination normally takes

(10) [Link to January 2021 FFLM guidance on storage of forensic samples.](#)

place within a 7 day DNA capture window, the retention period is not relevant to a report of a historical incident. It is recognised that in these circumstances, it may take many years before someone feels able to disclose what has happened to them. Self-referral may indeed encourage victims to come forward sooner to seek healthcare support without this being dependent on making a police report. However, this does not imply that the retention period should be many years long, because in these cases, the victim is unlikely to have accessed forensic medical examination to have evidence collected. Under the FMS Act, self-referral will only be available to victims aged 16 or over.

29. In summary, in consulting on the proposal for an appropriate retention period, the Scottish Government has sought to strike a balance between ensuring that evidence is available within a reasonable timescale should the victim choose to report to the police (noting that evidence from across the UK indicates that the average conversion time is well within this period) and the practical considerations on health boards from retaining evidence for lengthy periods of time.
30. On that basis, it is considered that a 26 month retention period for evidence collected in the course of self-referral forensic medical services is **proportionate** and has regard to the views of survivors, as well as existing practice across the UK.
31. The FMS Act allows for the retention period to be amended in future should evidence demonstrate that this is desirable or necessary. As such, the Scottish Government will keep the retention period under close review.

Question 1:

Do you agree with the proposal that the retention period for evidence collected in the course of self-referral forensic medical services be 26 months (2 years, 2 months)?

Question 2:

If you indicated in your response to question 1 that the retention period should be shorter than 26 months, what should it be?

Question 3:

If you indicated in your response to question 1 that the retention period should be longer than 26 months, what should it be?

Chapter 3: Impact assessment

32. Five impact assessments were published in November 2019 to accompany the introduction of the Bill for the FMS Act:

- Child Rights and Wellbeing Impact Assessment⁽¹¹⁾
- Data Protection Impact Assessment⁽¹²⁾
- Equality Impact Assessment⁽¹³⁾
- Fairer Scotland Duty Assessment⁽¹⁴⁾
- Islands Communities Impact Assessment⁽¹⁵⁾

33. A human rights impact assessment was contained in the Policy Memorandum for the Bill⁽¹⁶⁾, at paragraphs 85 to 91. A Revised Data Protection Impact Assessment⁽¹⁷⁾ was published in November 2020.

34. Since the proposal for a retention period being prescribed by regulations was always contemplated in these impact assessments, the Scottish Government wishes to establish if there are any factors that would justify the preparation of further impact assessment material for the retention period regulations specifically.

35. In terms of equality impact in particular, the Scottish Government is keen to hear from a broad and diverse range of people. We are aware that there are particular groups who feel unable to come forward following a rape or sexual assault whether to seek healthcare or report to the police. The Scottish Government would welcome hearing about the experience of survivors who have experienced forensic medical examination generally, and particularly from survivors who have one or more of the following characteristics:

- They are male;
- They experienced a forensic medical examination when they were under 18;
- They are from a minority ethnic group or community, including but not limited to the gypsy/traveller community;

⁽¹¹⁾ [Link to CRWIA for the Bill for the FMS Act.](#)

⁽¹²⁾ [Link to original DPIA for the Bill for the FMS Act.](#)

⁽¹³⁾ [Link to EQIA for the Bill FMS Act.](#)

⁽¹⁴⁾ [Link to FSDIA for the Bill for the FMS Act.](#)

⁽¹⁵⁾ [Link to ICIA for the Bill for the FMS Act.](#)

⁽¹⁶⁾ [Link to Policy Memorandum for the Bill for the FMS Act.](#)

⁽¹⁷⁾ [Link to revised DPIA for the Bill for the FMS Act.](#)

- They identify as trans or non-binary.

Question 4:

Do you have any views on potential impacts of the proposals in this paper, not sufficiently covered the existing impact assessments, on child rights and wellbeing, data protection, equality, socio-economic equality (the Fairer Scotland Duty), people in rural or island communities, or human rights?

Summary of consultation questions

1. Do you agree with the proposal that the retention period for evidence collected in the course of self-referral forensic medical services be 26 months (2 years, 2 months)?

- Yes
- No – the period should be shorter
- No – the period should be longer
- Don't know
- No answer

2. If you indicated in your response to question 1 that the retention period should be shorter than 26 months, what should it be?

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

3. If you indicated in your response to question 1 that the retention period should be longer than 26 months, what should it be?

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

4. Do you have any views on potential impacts of the proposals in this paper, not sufficiently covered in the existing impact assessments, on child rights and wellbeing, data protection, equality, socio-economic equality (the Fairer Scotland Duty), people in rural or island communities, or human rights?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

Respondent Information Form

Please note: this form **must** be returned with your response.

To find out how we handle your personal data, please see our privacy policy:

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Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
 Publish response only (without name)
 Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
 No



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