

# What does Scotland think of devolution so far?

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## Introduction

This article, and the presentation at the 2008 Radical Statistics (RadStats) conference in Edinburgh on which it is based, uses data from ScotCen's<sup>17</sup> *Scottish Social Attitudes* (SSA) survey to explore what people in Scotland think of devolution so far. The question posed by the title is a big one, and there are many different ways in which one could attempt to answer it. Indeed, the *Scottish Social Attitudes* survey includes a very wide range of questions about attitudes to government and politics, including: trust in government; views on the impact of the Scottish Parliament on public services; views of standards in public services; perceptions of the effectiveness of the devolved institutions in listening to people's views; giving ordinary people a say in government and giving Scotland a voice in the UK; perceptions of the relative influence of the Scottish and UK governments; views on the importance of voting in Scottish Parliament elections, and more. Findings from these questions have already been extensively reported in various publications based on SSA data (e.g. Ormston, 2008, Ormston and Sharp, 2007 a and b, Given and Ormston, 2007a and b, Curtice, 2007, Bromley et al, 2006, Bromley and Given, 2005, Bromley et al, 2003, Curtice et al, 2002, Paterson et al, 2001, Bromley et al, 2003). For the purposes of this article, I therefore focus specifically on public reactions to the *policies* implemented by the devolved institutions in Scotland since 1999.

In particular, the article looks at public attitudes towards three policies which are often talked about as 'flagship' policies of the first two terms of the Scottish Parliament (1999-2003 and 2003-2007):

- **Free personal care** – the decision of the Scottish Executive to implement the recommendation of the Royal Commission on Long Term Care to provide personal care, such as help with washing and eating, free of charge for all people aged 65 and over, became one of the iconic policy decisions of the first term of the Scottish Parliament. Moreover, in view of the decision of the UK Labour government to reject this advice, it also became one

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<sup>17</sup> The Scottish Centre for Social Research, a not-for-profit research organisation and part of the National Centre for Social Research (NatCen)

of the first major policy divisions between England and Scotland post-devolution. The policy remains controversial both North and South of the Border. Opponents on the left have criticized it for being insufficiently redistributive (e.g. Joffe and Lipsey's minority report dissenting from the views of colleagues on the Royal Commission). On the other hand, free personal care can be viewed as an extension of the welfare state – perhaps unwelcome to some on the right - and some critics view it as unsustainable, particularly in the light of a number of reports which raise questions about its costs and funding (most recently Audit Scotland, 2008).

- **The abolition of up-front tuition fees** – another first term decision was the abolition of upfront tuition fees for students in 2001 and their replacement with a 'graduate endowment tax', payable *after* the completion of higher education courses. Again, this was controversial at the time – graduates generally receive a large economic premium from their studying and it is possible to argue that they should be required to pay for this benefit. If anything, this controversy has only intensified since 2001, with the introduction of 'top-up' fees in England and the recent decision by the Scottish Parliament to scrap the 'graduate endowment' scheme<sup>18</sup> and make tuition completely free meaning that policies in Scotland and England are now even further apart.
- **The ban on smoking in public places** – if free personal care and the abolition of upfront tuition fees were policies which defined the first term of the Scottish Parliament, the ban on smoking in public places, which came into force in March 2006, was arguably the iconic public policy of the second term. Although no longer a 'distinctive' Scottish policy – England introduced its own ban on 1<sup>st</sup> July 2007 - it is an area where Scotland led the way by pushing through what was again initially a controversial policy (see for example, BBC, 26 March 2006).

In addition, the article also considers attitudes towards two more recent policies included in the manifesto commitments of the Scottish National Party (SNP) government which took power in May 2007:

- **Scrapping the Council Tax** – the SNP's manifesto for the 2007 Scottish Parliament elections included a pledge to abolish the Council Tax and replace it with a system of local income tax. At

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<sup>18</sup> The Bill to abolish the graduate endowment scheme was passed by the Scottish Parliament in February 2008 and means that any student who graduated on or after 1 April 2007 will not have to pay the charge.

the time of writing (May 2008), the Scottish Government were consulting on proposals for introducing such a scheme.

- **Abolishing prescription charges** – another SNP manifesto commitment, prescription charges are being phased out in Scotland, with all prescriptions free by 2011.

This article addresses three key questions about these five policies:

1. How high is support in Scotland for these ‘flagship’ policies?
2. Do they address distinctively Scottish aspirations?
3. Are they meeting the priorities of all groups of people in Scotland?

A key aspiration for devolution was that it would enable policy makers in Scotland to tailor their decisions to the specific needs and aspirations of people in Scotland which, it was implied, might not be well-served by policies made by UK governments primarily concerned with the views of English voters (e.g. see the case for devolution made in the Scottish Constitutional Convention’s final report, 1995). The five policies identified above demonstrate that devolution has at least been successful in delivering some different policies for Scotland. However, what is less obvious is whether these policies are indeed meeting the aspirations of people in Scotland and, importantly, whether they are meeting ‘distinctive’ Scottish aspirations. If this were the case, one would expect both that support in Scotland for these flagship policies would be high, and that people in Scotland would be more supportive of them than are people in England. This article explores this claim, using comparative data on English public attitudes from the SSA’s sister survey, the National Centre for Social Research’s *British Social Attitudes* survey (BSA).

Another key issue for students of devolution is whether the devolved institutions are meeting the interests of everyone in Scotland equally. One way of looking at this is to examine whether everyone is similarly positive (or negative) about particular policies, or whether those who are most likely to benefit directly from these policies are much more positive. For example, are students and those with university aged children more supportive of free tuition than the rest of the population? Are older people more supportive of free personal care? Are the middle classes or those on high incomes more supportive of the smoking ban (given that we know they are less likely to smoke)? This article explores who is most and least positive about the five ‘flagship’ policies, in order to assess whether some people feel their interests have been better served by devolution than others.

## **Data sources**

The data used in this article comes from two complementary sources, the *British* and *Scottish Social Attitudes* surveys (*BSA* and *SSA*). *BSA* was established by the National Centre for Social Research (NatCen) in 1983 and has run annually ever since. It provides high quality, robust quantitative data on a very wide range of social, moral and political attitudes in Britain. *BSA* typically interviews around 3,300 people a year, but with only around 300 interviews in Scotland *BSA* provides insufficient data to allow detailed separate analysis of public opinion North of the border. *SSA* was established in 1999 to address this gap. Run by the Scottish Centre for Social Research (ScotCen, part of NatCen), *SSA* involves around 1,500 interviews across the whole of Scotland. *SSA* ran annually from 1999-2007 with the next survey planned for early 2009. *BSA* and *SSA* are methodologically very similar - both use probability sampling to yield representative samples of the population aged 18 plus. Both are conducted using Computer Assisted Personal Interviewing (CAPI), with a pen and paper self-completion section for more sensitive topics. Data is weighted to take account of differential selection probabilities within households (i.e. the fact that people in single-person households have a higher chance of selection than those in multi-person households), the deliberate over-sampling of rural areas (*SSA* only)<sup>19</sup>, and non-response<sup>20</sup>.

Questions on the five policy areas identified in the introduction were included in the 2007 *SSA* as part of modules on public services, funded by the Economic and Social Research Council (ESRC), and on the 2007 Scottish Parliament Election, funded by the ESRC and the Leverhulme Trust, while the question on the smoking ban was funded by ScotCen itself. Questions on tuition fees, personal care and prescription charges were included on the 2007 *BSA* as part of modules funded by the Department for Children, Schools and Families and the ESRC, while the question on the smoking ban was similarly funded by NatCen itself. Those who attended the RadStats conference in March 2008 should note that in some cases the data presented in

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<sup>19</sup> In order to facilitate more robust analysis of the views of people living in rural areas of Scotland, the number of *SSA* interviews in these areas is boosted so that they represent around a third of our sample, rather than the 20-25% you would expect from a wholly proportionate sample. Those living in rural areas are therefore down-weighted so that the final weighted sample more closely matches the distribution of the Scottish population between urban and rural areas.

<sup>20</sup> The Survey Methods Unit at NatCen produces a non-response model by examining the influence of area-level factors, property and area type on the probability of participation. The final weights also adjust the sample to ensure it matches mid-year estimates from the General Registers Offices on the sex and age of the populations of Scotland (for *SSA*) and Britain (for *BSA*).

this article differs from that presented at the conference, as more recent data for England has become available since the conference.

### **Scottish policies for Scottish priorities?**

So how high are levels of support in Scotland for the ‘flagship’ policies introduced by the Scottish Parliament? And are people in Scotland more enthusiastic about these policies than their counterparts in England?

The 2007 BSA and SSA tapped attitudes towards free personal care by asking people which statement best described what they believed about how care for an older person who needs regular help with looking after themselves should be paid for:

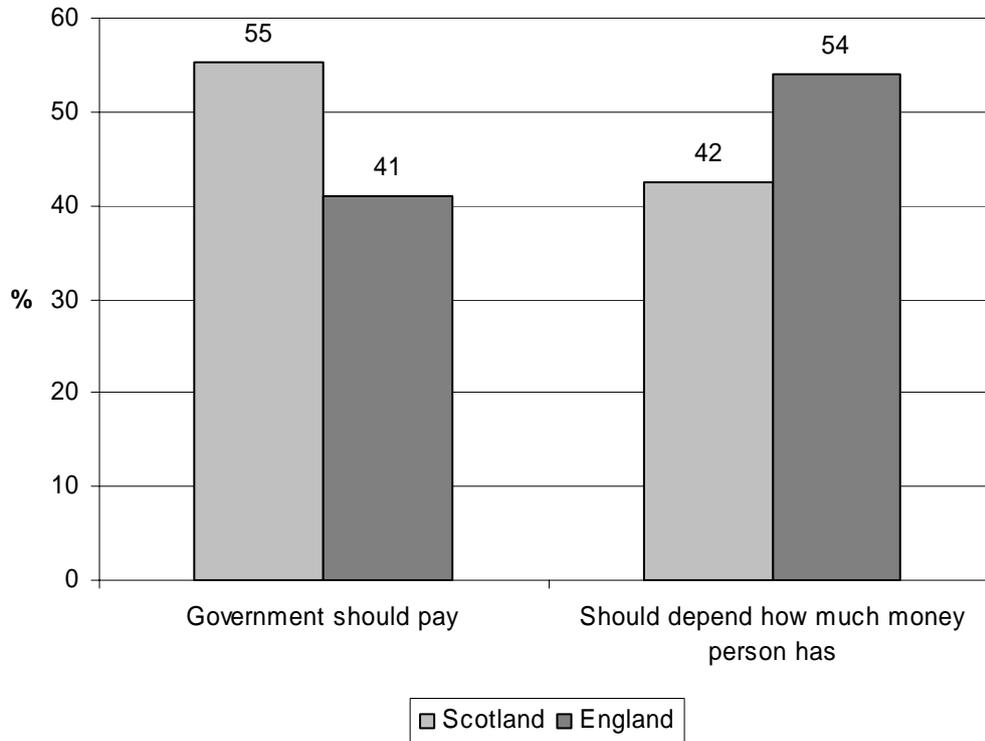
- The government should pay, no matter how much money the person has
- The person should pay, no matter how much money he/she has
- Who pays should depend on how much money the person has.

Overall, 55% of people in Scotland support the government paying for care for all older people, no matter how much money people have, compared with 41% who believe who pays should depend on how much money a person has (Figure 1 overleaf). Thus a majority (just) favour the current Scottish policy of free personal care, although the fact that 4 in 10 believe it should be means tested suggests the issue remains divisive. There is also some evidence to suggest that free personal care is tapping a distinctively Scottish aspiration, with the proportions favouring full government funding vs. means testing in England almost the exact reverse of the picture in Scotland.

Given that this data was collected after the policy of free personal care was introduced in Scotland, it is possible to argue that what we are seeing here is public opinion being shaped by policy. Perhaps people in Scotland are more in favour of free care for all simply because they know this is available. However, further analysis of data from SSA 2005 (which asked the same question with similar results) provides some tentative evidence against this. The relationship between support for universal free care, and the belief that ‘there is no need for people in Scotland to save for care in old age because the government will pay for it’ was explored. This showed that even among those Scots who *disagreed* with this statement (i.e. they did *not* think that there is no need to save for care because the government will provide it), support for free personal care was still higher than in England and Wales (for further details, see Ormston et al in Park et al (eds.), 2007). This finding casts doubt on the view that higher levels of support for the

*principle* of personal care in Scotland is being driven simply by an expectation that it will in fact be available. On the face of it then, free personal care does appear to be an example of a ‘Scottish policy meeting Scottish priorities’, albeit with a significant minority favouring the English policy of means testing.

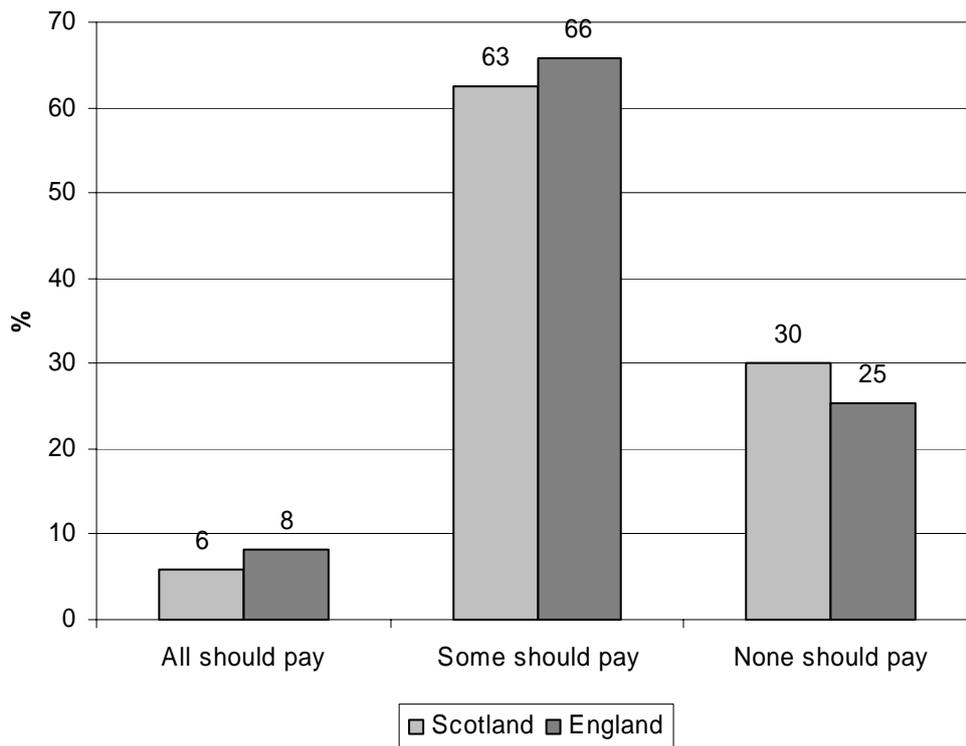
**Figure 1 – Attitudes to financing personal care for older people, Scotland and England, 2007**



Base: Scotland = 1,508, England = 1,766

An area where there is less evidence that devolution is delivering ‘Scottish policies for Scottish priorities’ is student fees. The 2007 BSA and SSA surveys asked whether *all*, *some* or *no* university or college students (or their families) should pay towards their tuition. The data show the difference in attitudes in England and Scotland is smaller than with respect to personal care – 30% in Scotland compared with 25% in England think no students should pay. In any case support for the policy is low on both sides of the border – most people (74% in England and 69% in Scotland) think at least some students or their families should contribute towards the costs of their tuition (Figure 2).

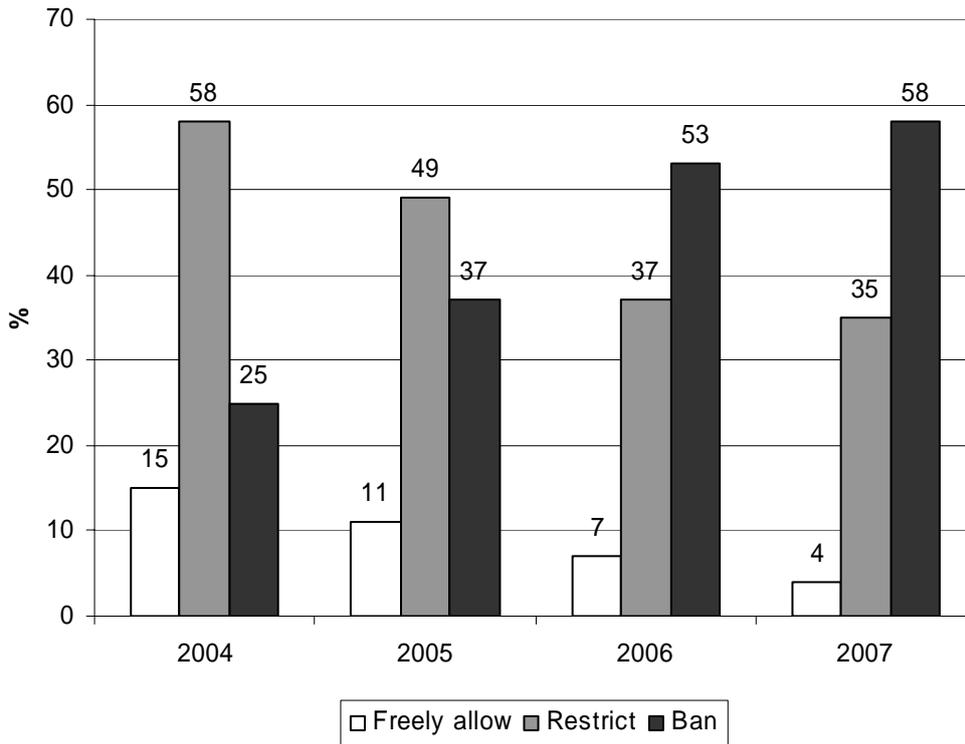
**Figure 2 – Attitudes to tuition fees, Scotland and England, 2007**



Base: Scotland = 1,508, England = 2,654

If attitudes to free personal care in Scotland are arguably not simply a reflection of its different policy on the issue, an area where there is more evidence of public opinion being shaped by policy is the Scottish smoking ban. SSA asked people whether they thought people should be allowed to smoke freely in pubs and bars, whether there should be restrictions, or whether it should be banned altogether. When the question was first included in 2004 (two years prior to the ban), just a quarter of people supported a complete ban (Figure 3). A year before the ban, this had risen to 37%, while the 2006 survey, fieldwork for which took place a few months after the ban was introduced, found majority support for it (53%). This rose again slightly to 58% in 2007. Thus while the smoking ban did not appear to represent the wishes of people in Scotland before it was introduced, it now attracts majority support.

**Figure 3 – Attitudes to smoking in pubs and bars, Scotland 2004-2007**



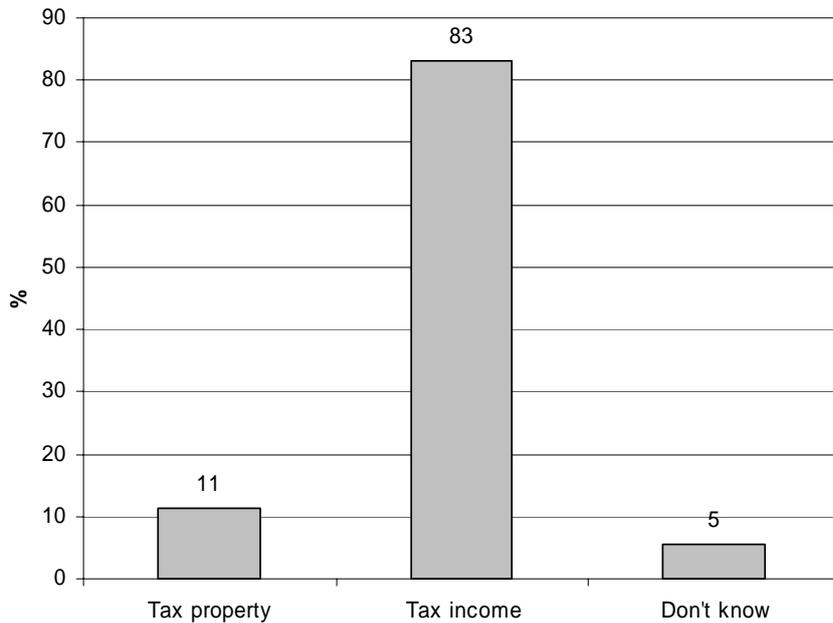
Base: 2004 = 1,637, 2005 = 1,549, 2006 = 1,594, 2007 = 1,508

Levels of support for banning smoking in pubs in England were around the same level in 2006 (a year before the English ban) as in Scotland in 2005 (a year before the Scottish ban). However, interestingly levels of support for a ban in England did not appear to have increased by 2007 – just 46% supported an outright ban – suggesting that it may be taking longer for the smoking ban to be accepted in England compared with Scotland.

Turning now to the two more recent Scottish Government policies asked about in SSA 2007 – the abolition of the Council Tax and scrapping prescription charges. Our evidence suggests that the former is very popular, the latter less so. Figure 4 shows very high levels of public support (83%) for the principle of a local income tax.<sup>21</sup>

<sup>21</sup> Unfortunately, we do not have comparable data for England on this issue.

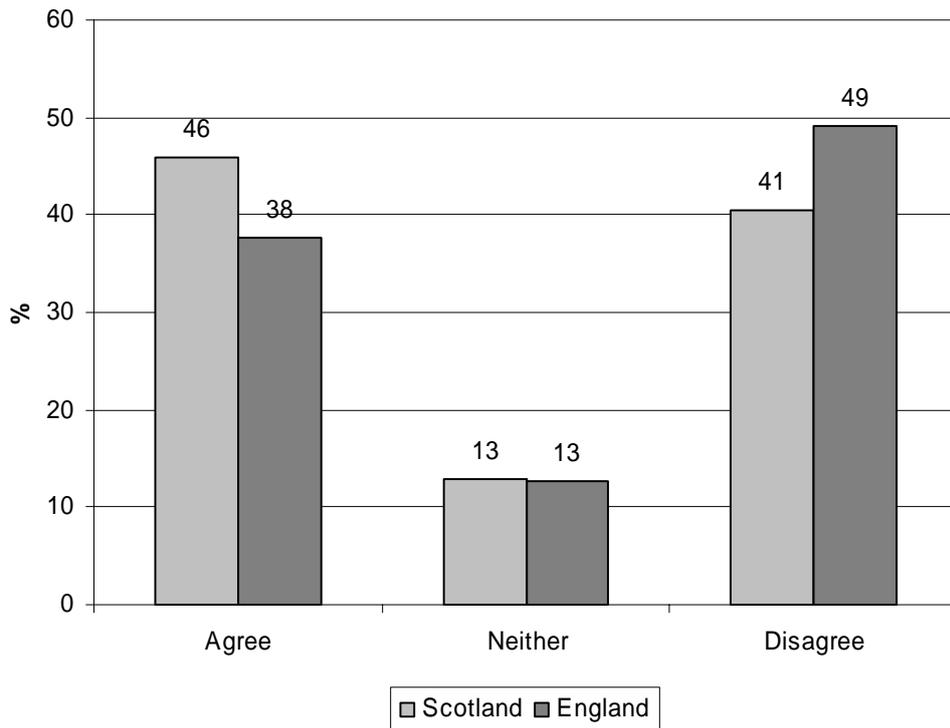
**Figure 4 – Attitudes to local income tax vs. Council Tax, Scotland 2007**



Base: 1,508

However, opinion is more divided on the policy of abolishing prescription charges, which are already being phased out by the Scottish Government. Just 46% agree that 'Nobody should have to pay prescription charges for medicine they need, even if they can afford to do so', while 41% disagree and 13% neither agree nor disagree (Figure 5). However, while it cannot be said that this is a policy which meets the distinctive aspirations of a majority of Scots (given the lack of consensus either way), support for abolishing prescription charges is somewhat higher in Scotland than in England (46% compared with 38%). Thus if it is not a policy that attracts particular support in Scotland, it would appear even less likely to prove popular in England.

**Figure 5 – ‘Nobody should pay prescription charges’, England and Scotland, 2007**



Base: Scotland = 1,508, England = 1,766

### **Policies for everyone in Scotland?**

The second half of this article looks at who is most positive or negative about these policies (with the exception of support for a local income tax, given that this attracted support from such a clear majority). As discussed in the introduction, I am particularly interested in whether those who benefit most from these policies are disproportionately likely to support them. Given space constraints, the discussion therefore focuses on those differences which are either most pronounced or most interesting from the perspective of the hypotheses this article attempts to test.

Given that they are most likely to benefit directly from free personal care, it might be expected that older people would be most positive about this policy. In fact it is those in the 45-64 year-old age group who are the most positive overall – 59% of this age group think the government should pay for care for all older people. This is perhaps unsurprising when one considers that this is the age group whose *parents* may currently be in most need of personal care. However,

support for free personal care is not very much lower even among the youngest age group in Scotland – 51% of 18-24 year-olds agree with this policy. Thus even if the policy is slightly more popular among the middle-aged, it is not clear that it is a policy which is particularly meeting the aspirations of one age group over those of another.

As discussed in the introduction, free personal care has been criticised by some on the left as being insufficiently redistributive and being effectively a ‘middle-class’ subsidy. But is there any evidence that those in ‘middle-class’ occupations are more supportive of the policy in principle than those in more ‘working-class’ jobs? In fact, the answer is no – if anything, support for the policy is higher among those in routine or semi-routine occupations (61% compared with 51% of employers, managers and professionals).

There is slightly more evidence that the abolition of tuition fees is more popular among those who will benefit the most. First, those in the youngest age group (18-24), who are most likely to be students and those aged 45-54, who are likely to have children who are studying, are more strongly in favour of no students or their families having to contribute towards tuition costs – 42% and 36%, compared with 24% of those aged 25-34 and 24% of those aged 65+. Further, those in the highest income brackets, who are perhaps least likely to qualify for bursaries or other assistance with paying tuition fees, are also more positive about the policy than those on low incomes – 35% of those on incomes of £38,000 a year or more believe no students should pay for tuition, compared with just 26% of those on incomes under £10,000<sup>22</sup>. However, perhaps the key point to take from these figures is that the complete abolition of both upfront and delayed payments for tuition does not appear to be the most popular position among any age or income group. Moreover, even among those who have themselves benefited from Higher Education, only 34% believe that no other students or families should have to contribute towards the costs of their tuition (very close to the 31% of those with no qualifications who thought the same).

Class, income and education are all strongly related to support for banning smoking in pubs and bars. For example, 70% of those in employer, managerial or professional occupations support a complete ban, compared with just 44% of those in routine and semi-routine occupations (2007 figures). This is likely to be largely a reflection of whether people smoke or not – the 2003 Scottish Health survey showed that 41% of men in routine and semi-routine households smoked, compared with just 17% in managerial and professional

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<sup>22</sup> Though this difference is only marginally significant ( $p = 0.08$ ).

households. Given the infamous comment made by John Reid (then Health Secretary in Westminster) that “people from those lower socio-economic categories have very few pleasures in life and one of them they regard as smoking” (see BBC, 9 June 2004), the size of this class division in attitudes to the smoking ban might be seen as a problem. However, it is also worth noting that while support for the ban is still lower among those in routine and semi-routine occupations, their support for the ban has more than doubled since 2004 – from 17% to 44%. If support for the ban continues to increase across all social groups, we might see majority support for the policy even among those who were initially most opposed. Moreover, it is also worth noting that of those people from routine and semi-routine occupations who did not support a complete ban, most thought smoking in pubs and bars should at least be restricted – just 8% thought it should be freely allowed.

With respect to free prescription charges, the two groups most likely to benefit are those who are on low incomes and/or those who qualify for some kinds of benefits which are not currently eligible for free prescriptions (e.g. those on incapacity benefit or Disability Living Allowance, payments for which can sometimes put them just above the level where they would qualify – see Robson, 2005), and those suffering from certain chronic conditions (e.g. asthma, bronchitis, HIV/AIDS, cancer and heart conditions) who are not currently eligible. Analysis shows that those who are on low incomes are slightly more likely to support free prescription charges than those on high incomes – 49% of those with household incomes under £10,000 a year agree that no one should have to pay for prescriptions, compared with 41% of those earning £38,000 or more<sup>23</sup>. However, clearly views are still divided even among those on very low incomes (some of whom, of course, will already be eligible for free prescriptions), and in fact income is not particularly significant after other factors, like age are taken into account. It is also possible to analyse attitudes by benefits received, grouping people by whether they receive benefits whereby they would be automatically eligible for free prescriptions (e.g. state pension – since those over 60 automatically qualify, income support, job seeker’s allowance) or whether they receive other sorts of benefits, which would not automatically qualify them for free prescriptions (though some may still be eligible if they meet further means tests associated with their income). Interestingly, here it is people who receive benefits that mean they are *already* eligible for free prescriptions who are most supportive of this being a universal benefit. Just over half (52%) of this group agree that no one should have to pay for prescriptions, even if they can afford it, compared with

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<sup>23</sup> Again, this difference is somewhat marginal ( $p = 0.07$ ).

45% of those on some other kind of state benefit and 43% of those who were not receiving benefits. But again, the differences are not particularly large.

## **Conclusions**

In summary, this article has shown that overall, a majority of the Scottish public support two of the 'flagship' policies of the first two terms of the Scottish parliament, the smoking ban and free personal care. With respect to free personal care, attitudes do appear to be more positive in Scotland than in England, suggesting that to some extent this policy is reflecting 'distinctively Scottish' aspirations. However, it is important to note that a substantial minority hold opposing views in both Scotland and England. Given the continuing political debate about this policy, it will be interesting to see whether public attitudes in either country change over time. Attitudes to banning smoking in pubs and bars have shifted very rapidly from the period prior to its introduction, when barely a quarter supported it, to one year after, where almost 6 in 10 favoured a complete ban.

In terms of the most recent policy divergence between Scotland and England, the idea of a local income tax appears extremely popular in Scotland – although unfortunately a lack of robust comparison data means it is not possible to say whether it is more popular here than it would be in England. However, attitudes are more divided with respect to scrapping prescription charges, with roughly the same proportions supporting and opposing this policy.

The second half of this article examined whether those who were most likely to benefit from these policies are much more supportive of them than those who may benefit less. There are some variations along these lines – for example, those of an age to have parents in need of care are most supportive of free personal care, while both young people and those who are likely to have university aged children are more supportive of free tuition. However, in truth, many of these differences are not very large. Moreover, even where there are substantial differences this does not necessarily mean that the policy attracts majority support among one group and not another – for example, although young people are more likely than older people to favour free tuition, it remains the case that only a minority of young people think that no one should have to pay. The one area where there does appear to be a more significant divide in attitudes to a policy between different groups of the population is with respect to the smoking ban, where those with higher levels of qualifications, on higher incomes and in managerial and professional occupations are much more supportive than those with no qualifications, on low

incomes and in routine and semi-routine occupations. However, views have become substantially more positive towards the ban *across* class, income and education categories since 2004. If this trend continues, this class divide may well narrow in the future.

In conclusion then, the Scottish public is clearly more enthusiastic about some of the ‘flagship’ policies of devolution than others. Moreover, while some – like free personal care – appear, at least to some extent, to tap distinctively Scottish aspirations, others – like scrapping tuition fees – receive similarly lukewarm responses both North and South of the Border. While there are some differences in support for these policies between those more and less likely to benefit from them, in truth most obtain fairly similar levels of support across many groups in Scottish society. However, given findings on changing levels of support on the smoking ban and the ongoing political debate surrounding many of these policies at both the UK and Scotland level, perhaps the most interesting question is how this picture will look in five or ten years time, when the social and economic impacts of free personal care, tuition and prescriptions are better understood.

### **Note on figures shown in this article**

All percentages in this report are weighted. Unweighted base sizes are shown beneath tables. For ease of presentation, where small numbers of respondents answered ‘don’t know’ or ‘it depends’ or did not answer a particular question, these categories are not shown in charts (although these respondents are included in the bases). Hence the totals for some charts may not sum to 100%.

The base sizes shown in charts for England data from BSA 2007 vary as questions can be carried on different numbers of ‘versions’ of the questionnaire. Each version is asked of a representative sample of roughly 1,000 respondents in England, Scotland and Wales, and each year includes up to 4 versions.

Unless otherwise stated, differences identified in the text are significant at the 5% level (i.e. the probability that the survey would have found a difference of this size if there were in fact no difference is 5% or less).

### **Acknowledgements**

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