

Adults with Incapacity Act monitoring report 2023-24

Statistical monitoring

September 2024



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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Summary and key findings

The Mental Welfare Commission for Scotland (the Commission) has safeguarding duties in relation to people who are subject to the protection of the Adults with Incapacity (Scotland) Act 2000 (the AWI Act) [1]. This duty includes monitoring the use of welfare guardianship orders for adults with a mental illness, learning disability, dementia, and related conditions, to determine how and for whom the AWI Act is being used. This helps us to inform policy and practice.

We report our function in monitoring the use of the AWI Act in two parts:

- 1) statistical monitoring of extant (existing) and granted guardianship orders, and
- 2) visits to individuals on guardianship orders to ensure their rights are upheld.

Key findings

Part one: statistical monitoring 2023-24

- There was a total of 19,078 individuals subject to a guardianship order in Scotland on 31 March 2024 compared to 17,849 in 2023, representing a 6.9% increase.
- A total of 4,009 guardianship orders were granted in 2023-24, 12.9% more than in 2022-23 (based on revised 2022-23 figure n=3,552).
- 91.7% of guardianship orders granted in 2023-24 were new orders while 8.3% were renewals of existing guardianship orders, this is similar to previous years.
- Private guardianship orders accounted for 72.9% of all guardianships granted, similar to previous years.
- The most common category of primary diagnosis was learning disability with 48.8%, slightly higher than the average proportion of 45.6% in the previous 9 years. Dementia was the second largest category of primary diagnosis with 35.2%, slightly lower than the average of 40.0% in the previous 9 years.
- 83.9% of the granted orders were for a period of five years or less (compared to 81.6% last year). 14.3% were for six years or longer, similar to last year's figure of 14.9%. 1.8% were indefinite orders, lower than last year's figure of 3.5%.
- There have been 35 recalls of orders by the relevant local authority and 5 recalls by the Sheriff Courts in the last 10 years.
- In 2023-24, there were 28 requests for a section 48 visit by a doctor appointed by the Commission, for which 25 visits took place, similar to the 2022-23 figures (30 requests and 25 visits). For both requests and visits, the majority were for electro-convulsive therapy (ECT).
- There were fewer than five requests for an independent second opinion doctor visit under section 50 of the Act.

Part two: guardianship visits 2023-24

- In 2023-24 we visited 327 adults subject to welfare guardianship orders.
- 98.8% of our visits were undertaken 'in person'.
- 81.7% were routine visits and 10.7% were due to concerns that had been raised.
- In 55.3% (n=181) of our visits, we provided advice or undertook further actions in 40% (n=132).
- Of the 157 individuals who we visited who were on a private guardianship order, 68.8% had a local authority supervising officer allocated at the time we visited.

Introduction

What are welfare powers of attorney and guardianship orders?

The Adults with Incapacity (Scotland) Act 2000 (AWI Act)[1] introduced a system for safeguarding the welfare and managing the property and finances of people who lack capacity to act, or to make some or all decisions for themselves due to a mental illness, learning disability, dementia or related conditions. This system allows other people, called guardians or attorneys, to make decisions on behalf of those who lack capacity, subject to safeguards.

When a person has capacity, they can grant a power of attorney (POA) to someone to act on their behalf. Whilst a person with capacity can allow someone to manage their finances via a power of attorney, welfare powers of attorney can only be used if the person does not have the capacity to make the specific decisions themselves. Sometimes the person's solicitor will write a specific clause in the power of attorney document ensuring that this will be determined by a medical practitioner. Other documents may not have such clarity and are left to be determined by the proxy decision maker (attorney). The Commission would suggest the former is the better option, as the level of incapacity is then determined by an independent person.

When a person no longer has capacity, and has no pre-existing POA, an application may be made to the court and the sheriff may appoint a welfare guardian as proxy decision maker. The welfare guardian is then involved in making key decisions concerning the person's personal and medical care. Decisions by attorneys or guardians should always be in line with the principles of the AWI Act (see Box 1).

The majority of guardians are private individuals, usually a relative, carer or a friend. These are known as private guardians. The court can also appoint the chief social work officer (CSWO) of a local authority to be the person's welfare guardian, especially if private individuals do not wish to or are not able to take on the role as guardian. This is known as a local authority guardianship order.

Under the AWI Act, local authorities have a duty to make an application for welfare guardianship orders where it is required and where no one else is applying. Local authorities also have a duty under the AWI Act to support and supervise all welfare guardians, and to visit the person and their private guardian at regular intervals. In addition, local authorities can investigate issues relating to the welfare of an adult where a proxy decision maker (guardian or attorney) exists and there are welfare concerns (under section 10(1) of the AWI Act)[1].

Box 1. Principles of AWI legislation

Principle 1 – Benefit

Any action or decision taken must benefit the person, and only be taken when that benefit cannot reasonably be achieved without it.

Principle 2 – Least-restrictive option

Any action or decision taken should be the minimum necessary to achieve the purpose. It should be the option that restricts the person's freedom as little as possible.

Principle 3 – Take account of the wishes of the person

In deciding if an action or decision is to be made, and what that should be, account must be taken of the present and past wishes and feelings of the person as far as these may be understood. Some adults will be able to express their wishes and feelings clearly, although they would not be capable of taking the action or decision which you are considering. For example, they may continue to have opinions about a particular item of household expenditure, without being able to carry out the transaction personally. The person must be offered help to communicate their views. This might mean using memory aids, pictures, nonverbal communication, advice from a speech and language therapist, or support from an independent advocate.

Principle 4 – Consultation with relevant others

Take account of the views of others with an interest in the person's welfare. The AWI Act lists those who should be consulted whenever practicable and reasonable. It includes the person's primary carer, nearest relative, named person, attorney, or guardian, if there is one.

Principle 5 – Encourage the person to use existing skills and develop new skills Encouraging and allowing the adult to make their own decisions and manage their own affairs and, as much as possible, to develop the skills needed to do so.

The role of the Mental Welfare Commission

The Mental Welfare Commission for Scotland (the Commission) is part of the framework of legal safeguards in place to protect the rights of people subject to welfare guardianship orders, intervention orders and powers of attorney (POA). We monitor the use of the welfare provisions of the AWI Act. We also monitor the use of Part 5 of the AWI Act relating to consent to medical treatment and research.

The Commission receives a copy of every application for a welfare guardianship order, including the powers sought, medical and mental health officer (MHO) assessments, and a copy of the order granted by the sheriff. We collate and analyse data compiled from the relevant paperwork provided to us and publish monitoring reports, such as this one, with comment and analysis of trends in the use of the Act; the statistical monitoring is covered in 'part one' of this report.

One of the best ways to check that people are getting the care and treatment they need is to meet with them and ask them what they (and important people to them) think. We therefore visit people who are subject to guardianship orders in whatever setting they live and provide advice and good practice guidance on the operation of the AWI Act as part of our casework function. Our visits may lead to further inquiries or investigations, where indicated, to protect and promote the rights of the person.

This report

This report relates to the period 1 April 2023 - 31 March 2024. The first part of this report looks at the data and trends of existing and new guardianship orders in Scotland. Monitoring these trends helps to inform policy and practice. The second part of this report provides information about the work that the Commission undertakes when we visit people subject to guardianship orders.

Our data

When an application is made to a sheriff and a guardianship order is granted, the Commission is sent a record which is stored on our database. We report on the last year's number of granted guardianship orders for the period 1 April - 31 March. This year's report concerns all granted guardianship orders from 1 April 2023 - 31 March 2024 and where appropriate, trends from 2014-15 onwards are presented. We report using the most up to date information from our database therefore, percentages from previous years may differ slightly as more information has been added since the last reporting period. We also report on extant or existing guardianship orders, which includes all individuals in Scotland who were subject to a guardianship order on 31 March 2024.

We are particularly interested in understanding the context and characteristics of the guardianship orders and our analyses therefore focus on:

- a) demographic characteristics (age, gender, diagnosis),
- b) guardianship status (new or renewed order),
- c) guardian type (private or local authority), and
- d) length of guardianship order.

At this point in time, we are not able to report on ethnicity as this information is not gathered in current applications to court.

We follow Public Health Scotland standards on data disclosure, as data relating to mental health and vulnerable populations is considered sensitive[2]. Measures to prevent identification are therefore taken and we supress numbers of less than five where needed and employ secondary suppression if some figures can be calculated from totals.

All percentages throughout the report have been rounded and in places the total may therefore not add up to 100%. Rate per 100,000 population were calculated using mid-2022 population statistics from National Records Scotland for the population aged \geq 16 years as these were the latest available figures at time of writing [3]. Data from last year (2022-23) has been updated using the mid-2022 population estimates so will differ from previously published figures.

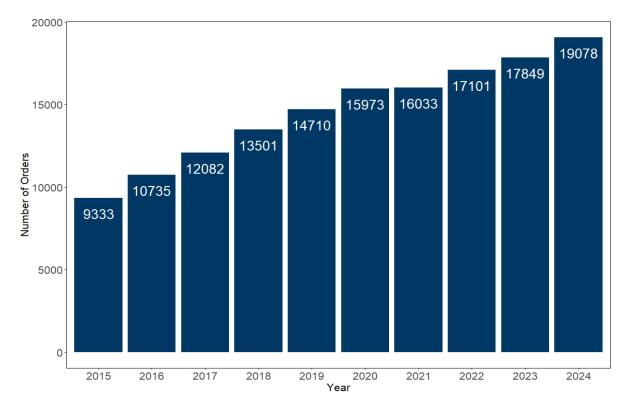
Part one: Adults with Incapacity Act statistical monitoring

Extant guardianship orders

We count the number of people who are subject to a welfare guardianship order on a particular day – 31 March. We call this 'extant or existing orders'.

There was a total of 19,078 individuals subject to a guardianship order in Scotland on 31 March 2024 compared to 17,849 in 2023, a 6.9% increase (Figure 1). While the increase is similar to previous years, the number of existing guardianship orders has more than doubled in the last 10 years (2015, n=9,333). Glasgow City have the highest number of extant or existing orders (14.0%; n=2,666) followed by Fife (7.4%; n=1,408).

A breakdown of characteristics of extant (or existing) guardianship orders is provided in Appendix Table A1¹, which shows that 44.7% (n=8,526) of all people on a guardianship order were 65 years or older (the same percentage, 44.7%, as the reported figure last year (n=7,972)) and 25.0% (n=4,761) were on an indefinite order (compared to 27% last year). The most common primary diagnostic categories were learning disability (51.5%) and dementia (35.0%), both similar to the proportion reported last year (51.3% and 35.4% respectively) and 77.3% were subject to a private guardianship order again similar to last year's figure of 77.8%.





¹ All Tables referred to that are preceded by an A e.g., A1 are in the Appendix

Whilst the AWI Act recognises that there might be circumstances in which an adult no longer requires a guardian, for example if they recover sufficient capacity, our data shows that there have only been 35 recalls of orders by the relevant local authority and five recalls by the Sheriff Courts in the last 10 years. The Commission has produced <u>guidance on recall of guardianship</u>².

Granted guardianship orders

A total of 4,009 guardianship orders were granted in 2023-24 (both new orders and renewals), 12.9% more than in 2022-23 (based on revised 2022-23 figure n=3,552).

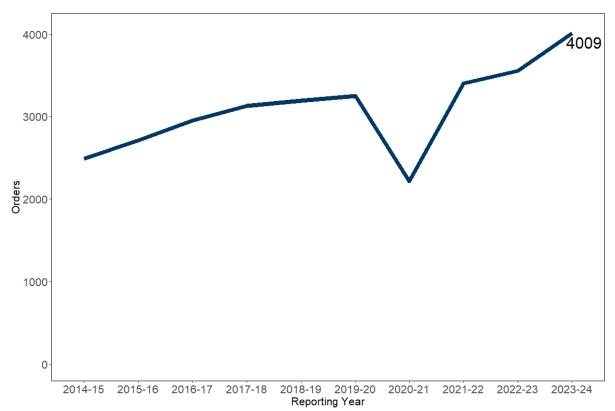


Figure 2. Total number of new and renewed guardianship orders granted by year

For guardianship orders granted in 2023-24, 52.5% were for males and 47.3% were for females (0.1% were not stated or unknown). Most guardianship orders were for individuals with a primary diagnosis category of learning disability, 48.8%, this is slightly higher than the average of 45.6% over the last 9 years. Dementia was the second largest category of diagnosis with 35.2%, slightly lower than the average of 40.0% in the previous nine years (see Table 1 and Table A2).

In terms of duration, 84.0% of the granted orders were for a period of five years or less (compared to 81.6% last year). 32.8% of orders granted this year were for 0-3 years, similar to the figure for last year. 14.3% were for longer than five years, similar

² Recall of guardianship good practice guidance: https://www.mwcscot.org.uk/node/2302

to last year's figure of 14.9%. 1.8% were indefinite orders (down from 3.5% in 2022-23).

Private guardianship orders accounted for 72.9% of all guardianship orders granted, compared to 71.6% last year. (Table A3 shows details for local authorities). Those subject to guardianship orders tended to be older; 60.1% were 45 years or older (Table 1). The age of those granted a guardianship order in 2023-24 was similar to the previous year.

Category	Grouping	n (%)
Gender	Male	2106 (52.5%)
	Female	1897 (47.3%)
	Unknown or not stated	6 (0.1%)
Age	16-24	948 (23.6%)
	25-44	653 (16.3%)
	45-64	692 (17.3%)
	65+	1716 (42.8%)
Guardian type	Local authority	1085 (27.1%)
	Private	2924 (72.9%)
Length of order	0 - 3	1313 (32.8%)
	4 - 5	2051 (51.2%)
	> 5	572 (14.3%)
	Indefinite	73 (1.8%)
Diagnostic		
group	Learning disability	1956 (48.8%)
	Dementia/Alzheimer's disease	1411 (35.2%)
	Acquired brain injury	240 (6.0%)
	Alcohol related brain damage	165 (4.1%)
	Mental illness	159 (4.0%)
	Other	52 (1.3%)
	Inability to communicate	5 (0.1%)

Table 1. Characteristics of grantee	d guardianship orders 2023-24
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Those with 'unknown' diagnosis have been omitted n=21 (0.5%)

Time between application and granting of the order

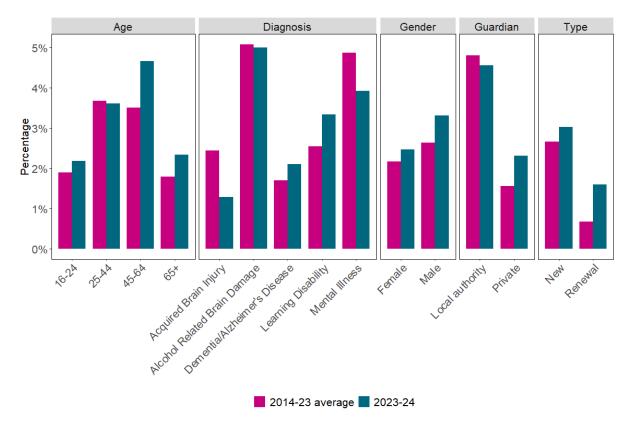
The Commission is notified of the application for guardianship and also the date the order is granted.

Most (86.6%) orders were granted within two months or less of the application being made to court, 5.0% were within 3-4 months, 1.6% within 5-6 months and 2.8% took more than six months from application to granting this year. We were missing information on date of application therefore could not calculate months to granting for 4.0% of people (n=161).

When looking at orders that took more than six months to granting, we could see some differences. Figure 3 shows that the proportion waiting more than six months to granting was higher for all dementia and learning disability but lower than average for acquired brain injury (ABI), alcohol related brain damage (ARBD), and mental illness.

We recommend locally examining the time period between the decision being taken whether privately or by local authorities that an application for welfare guardianship should be made and the order finally being submitted to the sheriff court. We do not have data to examine these delays, but the processes involved in putting forward applications and the required reports are something which should be examined in each local authority (health and social care partnership) area to ensure that these processes are as efficient as possible to avoid unnecessary delay which may affect the welfare of the adults involved.

Figure 3. Proportion of orders granted after more than six months in 2023-24 compared to average for 2014-15 to 2022-23 by Age, Primary Diagnosis, Gender, Guardian and Guardian Type



Age

There are some differences in age of the individual depending on guardianship status; data tells us that local authority guardianship orders more often relate to people over the age of 65 years (49.4% n=536) with only 8.8% (n=96) of orders in the youngest age group (Figure 4). For private guardianships, orders granted in 2023-24

were also mostly in place for the over 65-year group (40.4%, n=1,180) however the second biggest category was the youngest age group, 16-24 years (29.1% n=852) (see Table A4).

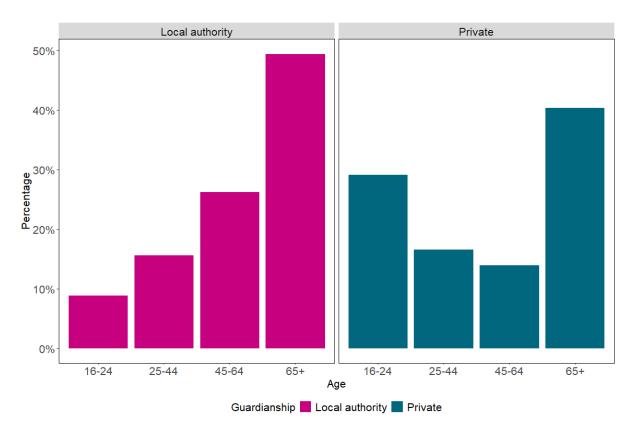


Figure 4. Percentage of guardianships (local authority vs private) in 2022-23 by age group

Primary category of diagnosis

The number of granted orders increased more sharply for those with a primary category of learning disability in 2023-24 compared to 2022-23, there was also an increase in those with dementia or Alzheimer's disease although this was less pronounced (Figure 5).

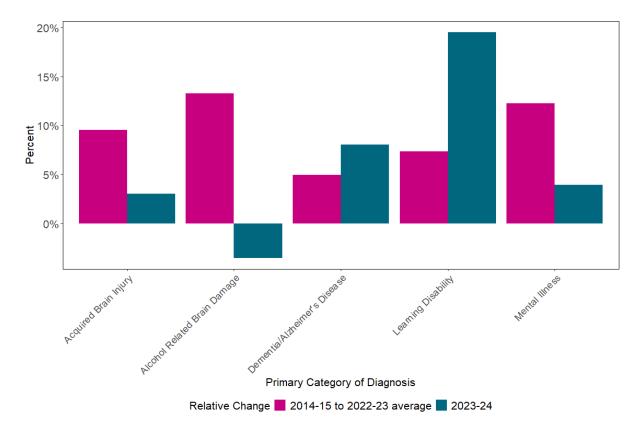
Figure 6 shows that in 2023-24 there was an increase in the relative year on year change for previous years for dementia or Alzheimer's disease and learning disability. For ABI and mental illness there was a below average relative increase and for ARBD we saw a relative decrease.

Other details relating to category of diagnosis can be found in Table A5.



Figure 5. The number of granted guardianship orders by primary diagnosis and year

Figure 6. Relative change in number of granted orders by primary diagnosis



Guardian type

The type of guardianship order varies by category of diagnosis (Table 2); alcohol related brain damage and mental illness continue to have a higher proportion of local authority guardianships compared to private guardianships.

Table 2. Private and local authority guardianship orders by primary diagnosis2023-24

Category of diagnosis ^a	Local authority	Private
Acquired brain injury	66 (27.5%)	174 (72.5%)
Alcohol related brain damage	101 (61.2%)	64 (38.8%)
Dementia/Alzheimer's disease	392 (27.8%)	1019 (72.2%)
Learning disability	392 (20.0%)	1564 (80.0%)
Mental illness	106 (66.7%)	53 (33.3%)
Other	24 (46.2%)	28 (53.8%)

^a Those with a diagnostic category of Inability to communicate, n=5 and Unknown diagnosis, n=21 have been omitted to maintain confidentiality

Guardianship renewals

The majority (91.7% n= 3,676) of guardianship orders granted in 2023-24 were new orders while 8.3% (n=333) were renewals of existing guardianship orders (Figure 7), a slightly higher percentage than last year (5.3%).

From 2019-20 to 2022-23 there was increasing trend in new orders and a corresponding decline in renewed orders. However, this has been slightly halted this year, we will continue to monitor to see whether the trend we were seeing prior to the pandemic returns, where year-on-year we saw a growing proportion of renewals and a corresponding decrease in new orders granted in previous years (Figure 7).

In 2023-24 there were 333 renewals, compared with 187 renewals in 2022-23. Of the 333 renewals in 2023-24, 63.7% (n=212) were in relation to people with a learning disability, 17.7% (n=59) for people with dementia/Alzheimer's disease and 8.1% (n=27) were in relation to people with acquired brain injury (Table A6). The percentage of renewed orders by age, gender and year can be found in Table A7.

Figure 8 shows the percentage of orders granted as renewals (compared to new orders) by diagnostic category over a 10-year period, the percentage of orders granted as renewals has increased slightly in all categories.

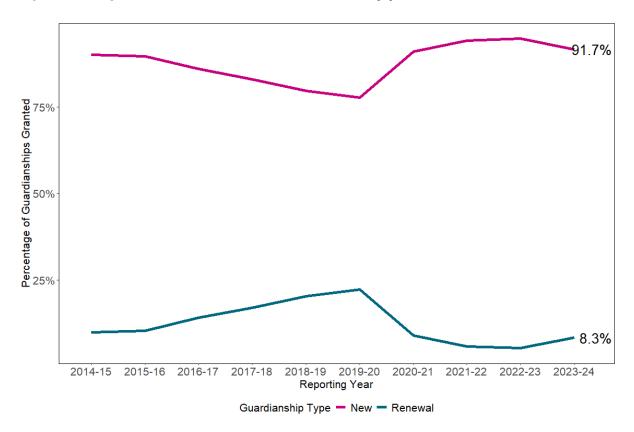
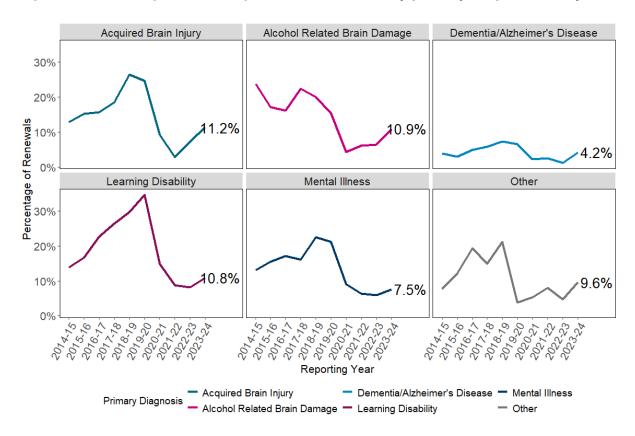


Figure 7. Proportion of new and renewed orders, by year

Figure 8. Percentage of orders granted as renewals by primary diagnosis and year



Indefinite guardianship orders

The Commission once again reiterates that an indefinite order may be appropriate in some specific individual cases, for example, an elderly person with an advanced dementia. In other circumstances, we do not believe that indefinite orders are good practice or consistent with the principles of the AWI Act. Indefinite orders potentially breach Article 5 of the European Convention on Human Rights (ECHR)[4], where indefinite guardianship orders are used to authorise deprivation of liberty. European case law makes clear that there is a need for regular review of any restriction of liberty.

The Commission welcomes the continued progress in addressing the issue of the length of time for which guardianship orders are granted. Overall, the proportion of indefinite guardianship orders has declined to its lowest level in the last 10 years, from 29.5% in 2014-15 to 1.8% in 2023-24. There has been a decline in indefinite guardianship orders across all age groups over time (Table A8), most starkly seen in the over 65 years group, from 50.7% in 2014-15 to 3.3% in 2023-24. The declining use of indefinite orders may be a factor in the increasing use of renewals of guardianship.

The proportion of indefinite guardianship orders for most categories of diagnoses continued to decline this year apart from the 'other' category where the figure increased slightly to 3.8% (Figure 9).

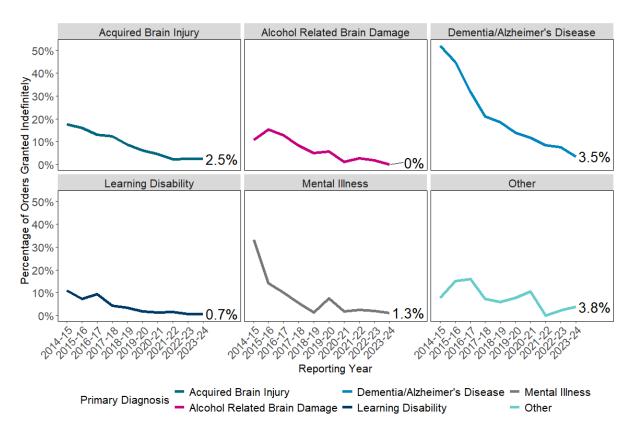
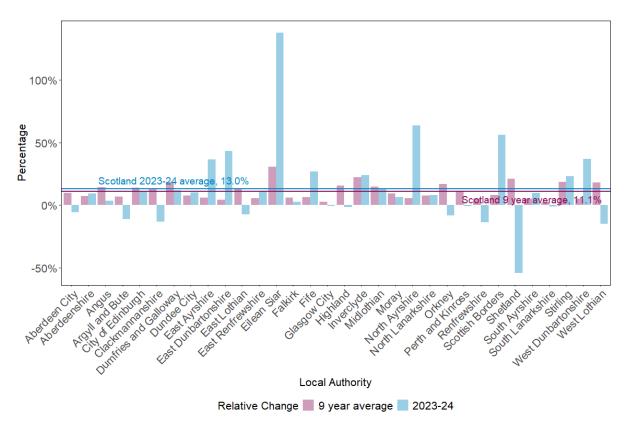


Figure 9. Percentage of orders granted indefinitely, by primary diagnosis and year

Geographical variation in number of granted guardianship orders

The number of guardianship orders granted in 2023-24 for each of the local authorities in Scotland are presented in Table A9. Figure 10 shows the average year-on-year change between 2014-15 and 2022-23 and then the change in 2023-24. The change over the more recent year was higher than in the previous years, 13.0% compared to 11.1%.

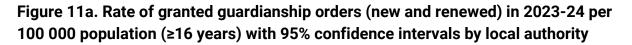
Figure 10. Average year-on-year change (2014-15 to 2022-23) in number of granted guardianships and change between 2022-23 and 2023-24 by local authority

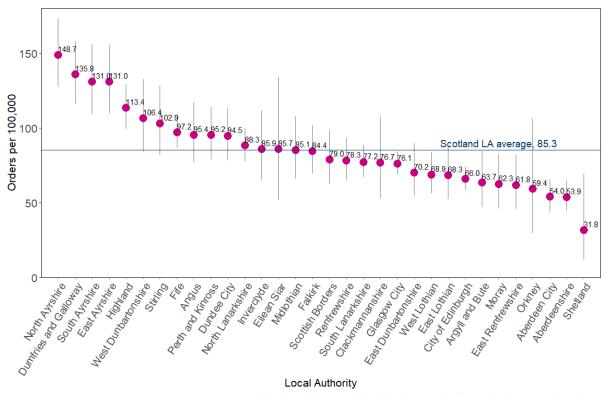


The overall rate of granted guardianship orders in 2023-24 was 85.3 per 100,000 population in Scotland. The rate varies between local authorities (Table A10), with the highest rates in North Ayrshire (148.7 per 100,000), Dumfries and Galloway (135.8 per 100,000) followed by South Ayrshire and East Ayrshire (both 131.0 per 100,000).

Figures 11a and 11b provide an 'at a glance view' of guardianship rates across Scotland and where the rate is higher or lower in different local authority areas according to the national average for local authorities of 85.3 per 100,000 population.

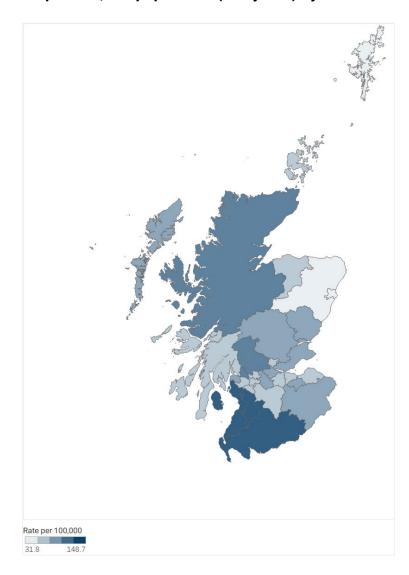
Figure 12 shows the guardianships by primary diagnosis category granted in each local authority area in 2023-24. Further information by local authority areas can be found in Tables A11, A12 and A13.





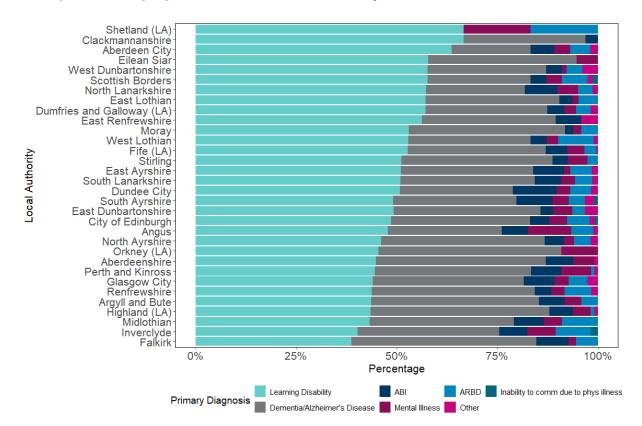
Island authority rates should be interpreted with caution due to small numbers.

Figure 11b. Map of rate of granted guardianship orders (new and renewed) in 2023-24 per 100,000 population (≥16 years) by local authority



Local authority	Rates
North Ayrshire	148.7
Dumfries and Galloway	135.8
South Ayrshire	131.0
East Ayrshire	131.0
Highland	113.4
West Dunbartonshire	106.4
Stirling	102.9
Fife	97.2
Angus	95.4
Perth and Kinross	95.2
Dundee City	94.5
North Lanarkshire	88.3
Inverclyde	85.9
Eilean Siar	85.7
Scotland	85.3
Midlothian	85.1
Falkirk	84.4
Scottish Borders	79.0
Renfrewshire	78.3
South Lanarkshire	77.2
Clackmannanshire	76.7
Glasgow City	76.1
East Dunbartonshire	70.2
West Lothian	68.9
East Lothian	68.3
City of Edinburgh	66.0
Argyll and Bute	63.7
Moray	62.3
East Renfrewshire	61.8
Orkney	59.4
Aberdeen City	54.0
Aberdeenshire	53.9
Shetland	31.8

Figure 12. Guardianships by primary diagnosis category as a percentage of the total guardianships granted in each local authority area in 2023-24



Medical treatment

The Commission has a responsibility under the AWI Act to provide independent medical opinions for treatments that are not covered by the general authority to treat (section 47; s47)[1].

These specific treatments are regulated under section 48, for example, electro-convulsive treatment (ECT)[5]. In addition, where there is a welfare proxy with the power to consent to medical treatment, and there is disagreement in the treatment between the proxy decision maker and the treating doctor, the doctor can request that the Commission nominate and arrange an independent medical opinion by an appropriate specialist to resolve the dispute. These provisions are in section 50 [1].

In 2023-24 there were 28 requests for a section 48 visit for which 25 visits took place. This is similar to figures in 2022-23 (Figure 13).

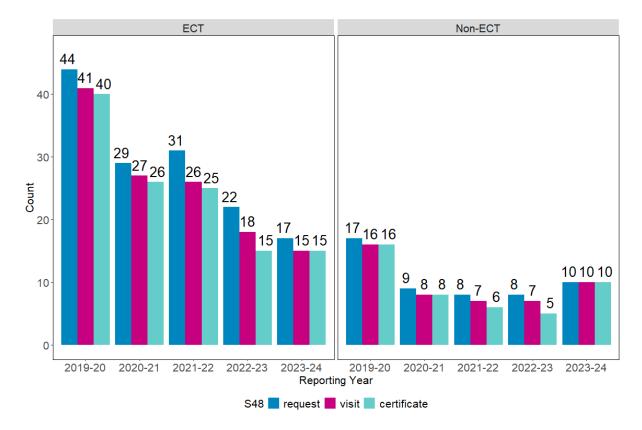


Figure 13. Number of section 48 requests, visits and certificates issued by year

For both requests and visits, the majority were for electro-convulsive therapy (ECT), with the remaining for non-ECT treatments including drug treatment to reduce sex drive and abortion (Table 3).

		Visits ^a	Certificates
Treatment	Requests		b
Non-ECT treatments	10	10	10
ECT	17	15	15
Total	27	25	25

^a Where a section 48 visit does not go ahead after a request, this may be for one of a number of reasons e.g. the person's circumstances change or there is clinical improvement and the treatment is no longer necessary, or they require treatment under the Mental Health Act.

^b In cases where an independent section 48 doctor visited and did not issue a section 48 certificate this may be due to a clinical improvement such that they no longer considered that the proposed treatment was necessary.

In 2023-24 there were fewer than five requests for an independent second opinion doctor visit under section 50³, this figure is similar to previous years.

³ Section 50 of the AWI Act provides a procedure for resolving disagreements where a proxy with relevant powers disagrees with a proposed treatment. This may involve an independent doctor nominated by the Mental Welfare Commission providing a further opinion on that treatment.

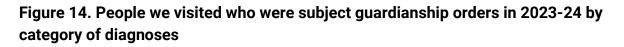
Part two: guardianship visits

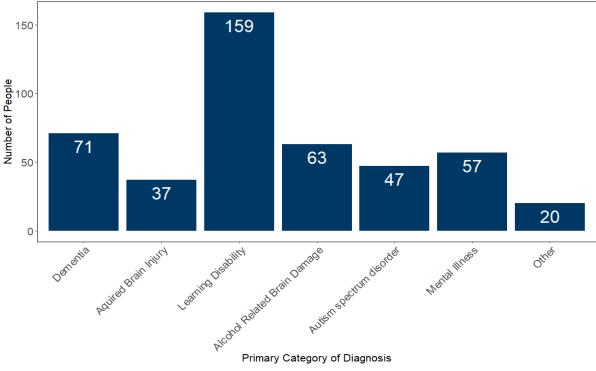
Our visits

During 2023-24, we visited 327 individuals on a guardianship order (98.8% in person). Most were routine visits (81.7%, n=267), while 10.7% (n=35) were due to concerns that had been raised, a further 5.8% (n=19) were visited as part of our themed visit programme.

This year we visited a slightly higher proportion of people with local authority guardianship orders (52.0%, n= 170) than private guardianship orders (48.0%, n=157).

Out of the 327 individuals we visited, 11.3% (n=37) lived with their guardian, while 83.8% (n=274) did not (4.9%, n=16 this information was not recorded). Figure 14 below details the diagnostic groups of the people we visited.





People may have multiple diagnoses so total figure will add up to more than 327

We asked the individuals and their guardians about how they felt the guardianship order was working, our Commission staff reported:

"Neither he nor his guardian are overly happy with the unit and how they deal with aspects of his care. The guardian has raised concerns about the hospital due to how care planning is safeguarding and addressing the conditions of her relative's personal presentation and his bedroom environment. Our discussions with the guardian detailed various steps the hospital could take to prevent escalation in her brother's distress. The guardian is using their powers and is focused on delivering the best outcomes. There is a positive relationship with the responsible medical officer (RMO)."

"It is clear that the welfare guardianship order has been of benefit to her to ensure a legal move to her current placement and this has helped reduce her anxiety of being in hospital. The guardianship order is the least restrictive option as she lacks decision making capacity and is unable to understand complex relationships and decisions; without the placement and order she would be unable to keep herself safe."

"She enjoys the company of the staff and appears enabled by the guardianship order. She is encouraged to participate in any meetings and reviews and, she is able to engage with others and provides her views. She is encouraged to use her existing skills and will participate in household tasks."

"Although his parents are doing what they have always done for him, they are very aware of why the order is in place and what the purpose of this is."

Accommodation and living circumstances

49.2% (n=161) of our visits were to a care home, 22.9% (n=75) were to people living in supported tenancies, 19.3% (n=63) took place in the family home, and 4.2% (n=14) were hospital-based visits, the remaining people were in other types of settings, or we weren't able to establish living circumstances.

We provided advice about accommodation in nine of our visits (3%)

Commission staff reported:

"He lives in a supported accommodation complex. He has his own front door accessed from his garden area. There is staff accommodation and staff are present 24 hours a day, seven days a week. He struggles with new staff and is supported only by males. On the day of the visit, support staff were noted to be wandering in and out of his home as the door was unlocked, even though there was a note on the door that clearly stated, 'please knock on door'. We raised this when we visited." **A** was unknown to the Commission prior to the guardianship order visit taking place. Our visit highlighted concerns and we continue to monitor progress.

Α

At the start of the Commission visit, A was found to be sitting in the living room with the door closed. Loud music could be heard throughout the property. The smell and damage in the property was noted. Plaster in the hall was ripped apart, with insulation on display. Various doors were damaged, as was the flooring. A's bedroom was noted to have urine present in the corner of the room along with two white buckets which he appeared to use for faecal matter in either corner of the room. There were food stains up the walls and ceiling. The laminate flooring had been dismantled on the ground and skirting boards and walls appeared rotting due to urine exposure. In the hallway, the plasterboard was completely ripped from floor to waist height on the wall just outside of the toilet area, leaving electrical wiring exposed. The living room was bare, with a metal table and chair in place. The toilet/shower was stripped to the basic toilet and bath.

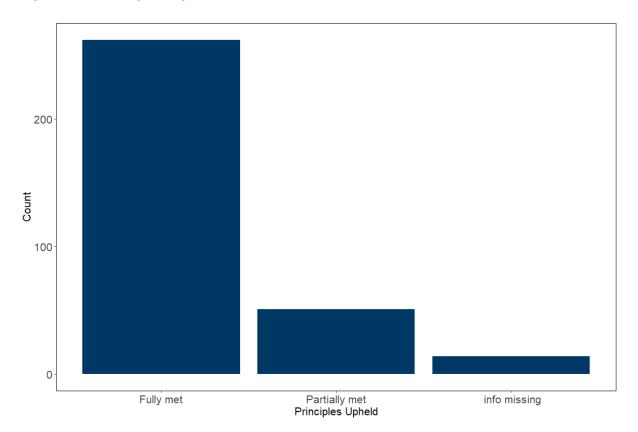
Support staff reported that the environment did not suit A's needs and social work's plans to move him onto a new placement had so far failed to progress. It was not clear what A's views were on most matters.

Since our visit in 2023, an adult support and protection meeting has been held, highlighting the key concerns and actions to be taken, including to A's accommodation. To date, there has been work done on the property to make it safe and secure, with further improvements planned for the refurbishment of the house with the internal walls and floors made more durable and hygienic.

In May 2024, the supervising officer informed the Commission of their goal to get authorisation and agreement on either a co-located house purchase to share with another person or a single house purchase. We welcome this activity and continue to keep in touch.

For each visit undertaken, we evaluated the individual's situation in relation to the overall principles of the AWI Act (see Box 1). We found that 80.1% (n=262) guardianship orders fully met the five principles (see Figure 15), 15.6% (n=51) partially met the principles and we were unable to ascertain this in 4.3% (n=14) of the visits we made.

Figure 15. Principles Upheld



Person-centred care plans

During a guardianship visit we review any available care plans. We expect care plans to describe the care, treatment, and support available and to reflect the person's hopes and aspirations as a unique individual. Care plans should be person-centred and inclusive.

80.4% (n=263) of the 295 care plans we reviewed were considered to be person-centred.

"The care providers had very detailed information in the care file, including care plans that were person-centred, and goal focussed. The care plans are reviewed regularly, and the service has regular team meetings with staff to review progress. The care plans covered her holistic needs. In her file there was good information and assessment from speech and language therapy, and a communication plan developed. The service delivers care using a positive behavioural support (PBS) approach and this came through all documentation."

However, advice was given about the quality and detail of care plans on 27 of our visits, with specific action required in 11 of these, for example.

"Care plans were not linked to the guardianship powers, and it was difficult to know in some areas if restrictions were being placed without authority to do so or if he was agreeing with the support and working with the staff."

Meaningful activity

We found an individualised programme of meaningful activity in place for 79.5% (n=260) of the people we visited. For 13.2% (n=43) we found that this was not the case. For the remaining individuals (7.3%, n=24), there was limited information provided about their day-to-day routine.

We were pleased to note that in only six of our visits we had to provide advice relating to ensuring that meaningful activity was available for the individual and what this might look like.

Where individualised meaningful activity was provided, we heard of the positive impact of this:

B has a daily activity program that consists of various individual tasks such as personal care, housework, using public transport to go shopping locally, and visits to her mother on a monthly basis. She was also recently supported to go on an overnight trip where she attended the concert of her favourite band. B is also planning a holiday, and B told me that she is happy with current activities and looking forward to planning the trip with staff support.

C is happy with the activities she participates in, telling me about her artwork and her Spanish lessons, as well as visits to the local salon. We noted that C had a full programme of activities in the home and is encouraged to participate in her preferred activities. She enjoys participating in activities with animals, such as visiting the zoo and has regular music sessions. She goes out for lunch on a regular basis and to the salon to have her nails and hair done.

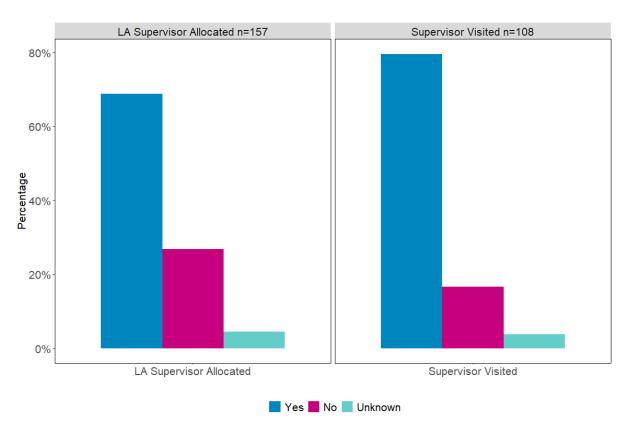
Guardian supervision and contact

Under the AWI Act, four public bodies are involved in the regulation and supervision of those authorised to make decisions on behalf of a person with incapacity:

- the Office of the Public Guardian (Scotland),
- the Commission,
- the courts, and
- local authorities.

According to the AWI Act, local authorities must fulfil certain duties in relation to people who are on welfare guardianship orders:

"A local authority shall have the following general functions under this Act to supervise a guardian appointed with functions relating to the personal welfare of an adult in the exercise of those functions".[1] We expect all individuals we visit on a private guardianship order to have a local authority supervising officer allocated. Of the 157 individuals we visited who were on a private guardianship order, 68.8% (n=108) had a local authority supervising officer allocated, 26.8% (n=42) did not and we were missing this information for 4.5% (n=7). For the 108 people under private guardianship where an officer was allocated, 79.6% (n=86) of individuals had received a visit in the past six months, 16.7% (n=18) had not. There was no information for the remaining people (Figure 16).





The interpretation of supervision comes via codes of practice or statutory instruments which explain how powers should be used. Support and supervision requirements of private welfare guardians changed in 2014; this allows local authorities to consider reducing or ceasing visits where all parties are in agreement[6]. There is scope for local authorities to cease or vary private guardian statutory supervisory requirements (on a case-by-case basis) under the Adults with Incapacity (Supervision of Welfare Guardians etc. by Local Authorities)(Scotland) Amendment Regulations 2014, which applies only in situations where the local authority has no concerns about the operation of the private welfare guardianship order. The Commission must be formally notified of any cease or vary agreements. We have produced an <u>advice note</u> in relation to the cease and vary arrangements.

During our visits we seek to gather information regarding how often the appointed guardian has visited the person and we follow up on an individual basis where indicated. For private guardianships, 72.6% (n=114) of guardians had visited in the

last six months, 6.4% (n=10) had not, for 15.3% (n=24) this was not applicable (in all cases this was because the person was living in the family home), and we were missing information for 3.8% of people (n=9). We were not able to determine this information for local authority guardianships, that is information in relation to how often the delegated officer on behalf of the chief social work officer (CSWO) had visited. We have again, this year, requested the names and contact details of the delegated officer acting as guardian on behalf of the CSWO and the name and contact details of local authority supervisors of guardianship orders from all local authorities across Scotland. Through continuing our proactive approach, we aim to ensure there are no gaps in allocation of these key roles to ensure responsibilities and duties of the welfare guardian/supervisor are being fulfilled as per the court order granted.

Rights and restrictions

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is a comprehensive convention of human rights for people with disabilities. The Convention "adopts a broad categorisation of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms"[7].

During our visits, we look for examples of the principles of the AWI Act and of rights in line with the UNCRPD to demonstrate the adult is supported to exercise their rights, wherever possible, in relation to all aspects of their lives. This might include elements of supported decision making to allow them to participate and make the decisions they are able to make for themselves. **D** was visited by the Commission following on from a call to our advice line where concerns were raised about the restrictions placed upon him through the powers of the guardianship order.

D

We were told that D has to wear a GPS secure anklet every day, all day.

During the visit, the Commission practitioner observed how the system worked and reviewed the protocols in place. D was unable to remove this device. He stated clearly on our visit that he did not want the device on. We considered this to be a restriction of his liberty and the powers in the guardianship order did not provide legal authority for this practice taking place on a day-to-day basis.

We also noted records stating that staff check D's phone, although there is no guardianship power in place that provides this authority. We found that care plans were referring to restrictions on the amount of alcohol used, and it was unclear if D was in agreement with this or if this too was being restricted, again with no specific power in place for this restriction.

The Commission practitioner had a follow up call after the visit with the responsible medical officer and delegated guardian. Advice was given for social work, as the welfare guardian, to review the powers, and ensure where restrictions were in place there was legal authority to do so. The Commission practitioner requested social work to seek legal advice regarding the power that authorised the GPS anklet, and to link in with advocacy to gather and record D's views. A review of the of the guardianship order is now in progress and the Commission will retain an interest.

Medication and section 47 certificates

The *Code of Practice* [8] and Commission guidance [9] are clear in relation to the use of section 47 certificates. Where an individual does not have the capacity to consent to the treatment they require, a doctor should formally assess their capacity and, on finding someone incapable of consenting, complete a certificate. Where this treatment is complex, they should complete a treatment plan. If a certificate is not done, then the treatment given is unlawful.

If there is a proxy decision maker, namely a welfare guardian or someone acting as a welfare power of attorney (POA), then the medical practitioner should also discuss the treatment with them. There is a clear space on the certificate for the doctor to put the name of the proxy decision maker. Care staff should assist the doctor in identifying the proxy decision maker from records and their knowledge of the adult.

Most individuals we met (82.6%, n=270) had medical powers granted within the guardianship order, 10.4% (n=34) did not and we did not have information for 7.0%

(n=23). A section 47 certificate was required for 77.4% of those individuals (n=253) (14.7% (n=48) did not require one and we did not have information on 8.0% (n=26). Of those who required a section 47 certificate (n=253), the majority (79.1%, n=200) had one in place. However, 19.0% (n=48) of the people we met with did not have authority in place to provide treatment and that is a concern, we had no information on a further 2.0% of people (n=5). We raised these concerns on the day of our visits when we identified them. The Commission, through its visiting programme, will continue to remind practitioners and managers of health and social care services about the need to ensure appropriate authority for treating people who lack capacity to consent to the relevant treatment including through the completion of a section 47 certificate.

For the 200 individuals for whom a section 47 certificate was required and in place, 98.0% were appropriate (n=196), however only 59.9% (n=119) had a treatment plan (36.5% (n=73) did not have one in place and we were missing information for 4.0%, n=8). In only 58.5% (n=117) of cases was the guardian consulted about the section 47 certificate, in 13.5% of cases (n=27) the guardian was not consulted, in 21.0% it was not clear whether consultation with the guardian had taken place, and we were missing information in 7.0% of cases (n=14).

The issue of section 47 certificates and their associated treatment plans was most regularly noted in Commission practitioner reports following on from a visit. In 80 visits, we gave advice about access, or up-to-date certificates being available, and the need for the accompanying treatment plan to be accessible for staff, with input from the proxy decision maker. We also advised that action was required in more than half of these visits, recommending that medical staff should be contacted and requested to provide the required certificate.

"Person-centred care plans were found be in place for personal care, dietary needs, and health care needs. Their health is closely monitored due to their long-term physical condition. Without the legal order in place, all involved in their care were of the opinion that the individual would be at risk in the community. The visit however has highlighted the need to update the section 47 certificate and introduce a treatment plan."

Do not attempt cardiopulmonary resuscitation (DNACPR)

If an individual lacks capacity to make some or all decisions, the principles of the AWI Act apply. In those circumstances where applicable, intervention with cardiopulmonary resuscitation (CPR) should be considered if it is likely to be of overall benefit for the individual. If the clinical opinion is that there would be no benefit, then a do not attempt CPR (DNACPR) decision is appropriate. The past and current views of the individual, if known, must be taken into account and there is a duty to consult relevant others and ask if there is any valid advance directive which should be assessed to see if it is applicable. Proxy decision-makers, i.e. welfare

attorney/welfare guardian must be involved in the process as they would have the same power to consent or refuse consent to a medical intervention as a capable individual would [10].

Of the people we visited, a DNACPR was in place for 24.8% of people we visited (n=81) and 62.7% of people did not have this (n=205). In 12.5% cases information about whether a DNACPR had been put in place was missing or not recorded (n=41). Where we found a DNACPR in place, the welfare guardian was consulted in 77.8% of cases (n=63) and not in 19.8% (n=16).

Finances

The AWI Act provides arrangements for making decisions and taking actions to safeguard the personal welfare, property, and financial affairs of adults whose capacity to do so is impaired. Part 6 allows for an application to be made to the court for:

- An intervention order authorising a person to take action, or make a decision, on which the adult is incapable.
- An order appointing a person or office holder as guardian in relation to the adult's property, financial affairs, and personal welfare.
- An order appointing a person or office holder in relation to a child who will become an adult within three months, but such an order will not have effect until the person's 16th birthday.[1]

Practical guidance around financial guardianship is outlined in our guidance *Money Matters* [11]. We reviewed the management of an individual's finances on all our visits during 2023-24. A financial guardian (41.0% n=134) or Department for Work and Pensions (DWP) appointee (40.4 n=132%) were responsible for finances for most people. In a few cases it was the adult themselves with or without support (3.6%, n=12), or other (3.1%, n=10). Financial authority Part3 (1.5%, n=5) and Part4 (4.6%, n=15) were also stated. There were very few cases where the finances were handled by a continuing attorney. The majority of individuals were assessed as having sufficient access to funds (85.9%, n=281).

A Commission practitioner met with an individual and their guardian who was upset about the level of intrusion brought about since the order had been put in place, they said:

"it was the worst thing I have ever done" as they felt that they were being watched. The guardian told us that they had been asked to submit six months accounts to the Commission and they were anxious thinking that they were being watched, in terms of the individual's money. In talking this through with the guardian, we explained that it was the Office of the Public Guardian (OPG) who asked for information about spending and explained the reasons why. We spent time with the individual and their guardian and we were able to get a better understanding of some of the concerns the guardian had and signposted them to the organisations and people that can help."

Specific advice given by the Commission⁴

Either at the time of a guardianship visit, or after we have completed one, the Commission may follow up with any questions we have in relation to our findings. We also monitor this activity as part of our own internal governance, and in the past, this has led to further work being identified such as our good practice guidance, or a themed visit.

Of the 327 visits we completed during 2023-24, advice on more than one area was given in 55% (n=181) of those visits. Recurring topics related to:

- Section 47 certificates and treatment plans
- Availability of guardianship order paperwork and details of powers
- A supervising officer/supervision of the order needing to be arranged
- The need for a review of the powers of the welfare guardianship

Action required

At times, following on from a visit and where specific advice has been given, the Commission will set out some actions to be progressed as a matter of urgency. These actions may be directed at the care provider who has delegated powers, or to the supervising officer of the guardianship order, or to other professionals involved in the person's care.

In 40% (n=132) of the visits where specific advice was given, we also required further action to be taken. Themes for action followed the same as the advice given in terms of how often this was indicated:

- Section 47 certificates and treatment plans
- Availability of guardianship order paperwork and details of powers
- A supervising officer/supervision of the order needing to be arranged
- The need for a review of the powers of the welfare guardianship

⁴ The Commission provides a telephone advice line daily, Monday to Friday, and during 2023-24, around 816 calls were received specifically seeking advice in relation to the AWI Act, a 16.6% increase on the 700 calls received in 2022-23.

Summary

This report relates to the year 2023-24 and presents monitoring of the AWI Act and our active assessments of the implementation of the AWI Act through visiting adults and guardians.

Part one of this report provides statistical analysis and relates to critically important times in people's lives when they are unable to make some or all welfare decisions themselves and required intervention under the AWI Act to protect and promote their rights.

This year we report that there was a total of 19,078 individuals subject to a guardianship order in 2024 compared to 17,849 people in 2023. A total of 4,009 guardianship orders were granted in 2023-24, 12.9%% more than in 2022-23. We note the sharper than average increase in guardianship orders this year. We cannot say what might be driving this increase however, a constant consideration is that the rights of those who lack capacity because of mental illness, learning disability, dementia, and related conditions should continue to be protected by the law.

Our visiting programme to people subject to guardianship orders and our discussions with those undertaking key roles as care providers, guardians or supervisors of guardians highlighted recurrent themes which require to be addressed:

- Section 47 certificates and treatment plans
- Availability of guardianship order paperwork and details of powers
- A supervising officer/supervision of the order needing to be arranged
- The need for a review of the powers of the welfare guardianship

We hope that the Commission's collaboration over the past 18 months with NHS Education for Scotland which has developed and delivered a range of AWI learning opportunities via masterclasses, TURAS Once for Scotland: AWI learning site and eLearning modules goes some way to addressing these recurring themes. We also hope that our recently published <u>cease and vary advice note</u> assists local authorities to target their finite resources appropriately informed by the Adults with Incapacity (Supervision of Welfare Guardians etc. by Local Authorities) (Scotland) Regulations 2014.

At the time of writing there is also Scottish Government led open consultation on reforms to Scotland's Adults with Incapacity Act in response to Scotland's Mental Health Law Review. We agree the need for reform and hope that the findings of this report will be helpful to considerations within the current consultation. We look forward to working with Scottish Government and stakeholders on the work arising from this consultation.

Appendix A - Glossary

ABI	Acquired Brain Injury
ARBD	Alcohol-related brain damage
ASPA	Adult Support and Protection (Scotland) Act 2007
AWI Act	Adults with Incapacity (Scotland) Act 2000
CI	Confidence interval
CSWO	Chief social work officer
ECT	Electro-convulsive therapy
ECHR	European Convention of Human Rights
Inability to communicate	Inability to communicate due to physical impairment, for
	example, Huntington's Disease
Mental Health Act	Mental Health (Care and Treatment)(Scotland) Act 2003
МНО	Mental health officer
RSE	Relative Standard Error
s47	Certificate issued by a doctor where the adult cannot
	consent to the treatment being given
s48	Exceptions to authority to treat
s50	Medical treatment where guardian etc. has been
	appointed
POA	Power of Attorney
UNCRPD	UN Convention of the Rights of People with Disability

Appendix B – Data tables

Category	Grouping	n (%)
Guardian	LA	4,322 (22.7%)
	Private	14,756 (77.3%)
Local authority ^a	Aberdeen City	710 (3.7%)
2	Aberdeenshire	784 (4.1%)
	Angus	425 (2.2%)
	Argyll and Bute	223 (1.2%)
	City of Edinburgh	1,128 (5.9%)
	Clackmannanshire	194 (1.0%)
	Dumfries and Galloway (LA)	621 (3.3%)
	Dundee City	721 (3.8%)
	East Ayrshire	480 (2.5%)
	East Dunbartonshire	289 (1.5%)
	East Lothian	252 (1.3%)
	East Renfrewshire	266 (1.4%)
	Eilean Siar	101 (0.5%)
	Falkirk	520 (2.7%)
	Fife	1,408 (7.4%)
	Glasgow City	2,666 (14.0%)
	Highland	1,215 (6.4%)
	Inverclyde	167 (0.9%)
	Midlothian	253 (1.3%)
	Moray	325 (1.7%)
	North Ayrshire	553 (2.9%)
	North Lanarkshire	962 (5.0%)
	Orkney	77 (0.4%)
	Perth and Kinross	743 (3.9%)
	Renfrewshire	725 (3.8%)
	Scottish Borders	329 (1.7%)
	Shetland	51 (0.3%)
	South Ayrshire	455 (2.4%)
	South Lanarkshire	1,116 (5.8%)
	Stirling	361 (1.9%)
	West Dunbartonshire	319 (1.7%)
	West Lothian	466 (2.4%)
Age (years)	16-24	2,839 (14.9%)
	25-44	4,382 (23.0%)
	45-64	3,331 (17.5%)
	65+	8,526 (44.7%)
Gender	Male	9,752 (51.1%)
	Female	9,320 (48.9%)
	Unknown or not stated ^a	6 (0.1%)
Length	0-3 years	3,100 (16.2%)
	4-5 years	7,058 (37.0%)
	>5 years	4,159 (21.8%)
	Indefinite	4,761 (25.0%)
Diagnostic categories ^a	Acquired Brain Injury	987 (5.2%)
- <u></u>	Alcohol Related Brain Damage	663 (3.5%)
	Dementia	6,669 (35.0%)
	Inability to communicate	29 (0.2%)
	Learning disability	9,817 (51.5%)
	Mental illness	684 (3.6%)
	Other	204 (1.1%)
Total		19,078

Table A1. Extant guardianships in Scotland as of 31 March 2024

^a no information about LA (n=173, 0.9%) or diagnosis (n=25, 0.1%) available in the record

Category of Diagnosis ^a	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Acquired brain injung	125	138	154	146	170	162	131	178	233	240
Acquired brain injury	(5.0%)	(5.1%)	(5.2%)	(4.7%)	(5.3%)	(5.0%)	(5.9%)	(5.2%)	(6.6%)	(6.0%)
Alcohol related brain	93	117	93	147	100	124	92	148	171	165
damage	(3.7%)	(4.3%)	(3.2%)	(4.7%)	(3.1%)	(3.8%)	(4.2%)	(4.3%)	(4.8%)	(4.1%)
Dementia/Alzheimer's	1070	1222	1292	1264	1211	1177	830	1330	1306	1411
disease	(42.9%)	(45.1%)	(43.8%)	(40.4%)	(38.0%)	(36.2%)	(37.5%)	(39.1%)	(36.8%)	(35.2%)
Leensing dischility	1118	1115	1280	1417	1529	1607	1030	1557	1637	1956
Learning disability	(44.8%)	(41.1%)	(43.4%)	(45.3%)	(47.9%)	(49.5%)	(46.5%)	(45.7%)	(46.1%)	(48.8%)
Mandal illus and	69	84	99	125	147	147	110	156	153	159
Mental illness	(2.8%)	(3.1%)	(3.4%)	(4.0%)	(4.6%)	(4.5%)	(5.0%)	(4.6%)	(4.3%)	(4.0%)
Other	<u></u> 13	33	31	2 7	3 3	26	1 9	25	43	52
Other	(0.5%)	(1.2%)	(1.1%)	(0.9%)	(1.0%)	(0.8%)	(0.9%)	(0.7%)	(1.2%)	(1.3%)

 Table A2. The number and percentage of each Category of Diagnosis of Granted Guardianships by year

^aThose with inability to communicate due to physical illness and 'unknown' diagnosis have been omitted to maintain confidentiality

	2014	I-15	2015	5-16	2016	5-17	2017	-18	2018	3-19	2019	9-20	2020)-21	202	1-22	2022	-23	2023	-24
	LA	Р	LA	Ρ	LA	Р	LA	Р	LA	Р	LA	Ρ	LA	Ρ	LA	Ρ	LA	Р	LA	Ρ
Aberdeen City	25	36	26	52	29	56	17	61	30	64	24	54	26	39	43	59	42	66	33	69
Aberdeenshire	24	56	22	59	20	78	23	86	29	67	30	75	26	37	34	69	46	60	41	75
Angus	15	29	13	35	26	29	26	45	26	32	25	41	26	20	40	51	32	57	39	53
Argyll and Bute	7	26	16	26	8	29	9	30	*	38	17	26	10	31	13	31	21	33	10	38
City of Edinburgh	23	83	49	95	58	129	46	121	70	134	81	140	55	112	87	150	101	159	104	186
Clackmannanshire	6	14	*	28	5	31	6	24	6	22	6	17	*	16	*	28	8	30	14	19
Dumfries and Galloway	19	41	47	72	33	85	27	87	45	102	29	98	26	60	33	106	42	108	42	126
Dundee City	29	66	21	49	32	75	25	58	29	70	39	57	16	37	28	59	37	70	48	70
East Ayrshire	28	53	23	78	24	64	35	64	25	59	36	60	22	34	44	43	29	67	35	96
East Dunbartonshire	*	36	*	37	6	30	*	45	8	36	8	47	*	27	6	35	6	38	9	54
East Lothian	19	19	17	30	8	26	11	41	16	32	17	36	6	27	12	46	18	50	21	42
East Renfrewshire	6	29	7	30	*	26	7	38	*	30	*	26	6	36	10	36	*	38	*	42
Eilean Siar	*	*	*	11	*	24	*	13	*	16	*	14	*	*	*	11	*	6	*	15
Falkirk	33	48	27	65	25	54	32	67	24	67	31	79	28	46	30	73	20	88	29	82
Fife	48	134	70	145	59	146	102	161	63	166	54	150	43	90	58	133	80	157	63	238
Glasgow City	44	336	54	324	43	326	55	388	55	394	62	446	31	294	73	363	55	349	74	327
Highland	46	82	46	101	88	115	66	99	67	121	67	131	43	73	82	183	80	148	80	145
Inverclyde	7	14	9	11	12	26	8	23	9	21	10	14	8	12	14	39	9	37	16	41
Midlothian	*	21	12	20	10	23	15	38	17	37	14	25	12	21	17	31	23	36	27	40
Moray	8	24	11	33	12	43	12	27	7	38	10	22	*	22	10	34	16	30	10	39
North Ayrshire	19	64	8	58	18	69	11	70	28	61	28	61	17	53	27	86	25	77	47	120
North Lanarkshire	34	141	41	147	30	153	60	177	58	193	50	176	32	90	56	141	68	161	59	189
Orkney	*	8	*	13	*	6	*	*	*	*	6	11	9	17	6	11	6	6	7	*
Perth and Kinross	17	52	16	48	27	51	39	61	25	63	34	76	38	49	47	95	32	90	36	85
Renfrewshire	23	88	36	105	25	90	25	85	20	109	26	83	27	59	22	79	37	103	17	104
Scottish Borders	10	36	12	28	13	29	10	48	15	37	13	32	10	21	10	57	14	36	16	62
Shetland	*	*	*	*	*	*	*	*	*	*	*	6	*	*	*	10	7	6	*	*
South Ayrshire	17	67	22	76	16	74	26	90	25	91	19	80	18	62	27	81	37	76	41	83
South Lanarkshire	35	179	38	136	46	181	55	156	36	171	47	190	34	116	42	149	47	165	48	162
Stirling	8	26	6	28	11	53	19	31	16	42	23	39	9	21	15	47	16	49	20	60
West Dunbartonshire	8	43	11	46	9	37	8	24	*	34	9	25	7	20	9	33	13	44	13	65
West Lothian	12	53	7	34	18	63	16	59	15	48	20	69	17	45	23	102	29	91	20	82

Table A3. Number of Local Authority (LA) and private (P) guardianships, by local authority and year

* n<=5 or secondary suppression to maintain confidentiality

Characteristic	Total	Local authority	Private
Gender			
Female	1,897 (47.3%)	531 (48.9%)	1366 (46.7%)
Male	2,106 (52.5%)	554 (51.1%)	1552 (53.1%)
Unknown or not stated	6 (0.1%)	0 (0.0%)	6 (0.1%)
Age			
16-24	948 (23.6%)	96 (8.8%)	852 (29.1%)
25-44	653 (16.3%)	169 (15.6%)	484 (16.6%)
45-64	692 (17.3%)	284 (26.2%)	408 (14.0%)
65+	1,716 (42.8%)	536 (49.4%)	1180 (40.4%)
Diagnostic categories ^a			
Acquired brain injury	240 (6.0%)	66 (6.1%)	174 (6.0%)
Alcohol related brain damage	165 (4.1%)	101 (9.3%)	64 (2.2%)
Dementia/Alzheimer's disease	1,411 (35.2%)	392 (36.1%)	1019 (34.8%)
Inability to communicate	5 (0.1%)	*	*
Learning disability	1,956 (48.8%)	392 (36.1%)	1564 (53.5%)
Mental illness	159 (4.0%)	106 (9.8%)	53 (1.8%)
Other	52 (1.3%)	24 (2.2%)	28 (1.0%)
Length			
0 - 3	1,313 (32.8%)	602 (55.5%)	711 (24.3%)
4 - 5	2,051 (51.2%)	424 (39.1%)	1627 (55.6%)
> 5	572 (14.3%)	50 (4.6%)	522 (17.9%)
Indefinite	73 (1.8%)	9 (0.8%)	64 (2.2%)
Guardianship status	. ,		
New	3,676 (91.7%)	969 (89.3%)	2,707 (92.6%)
Renewal	333 (8.3%)	116 (10.7%)	217 (7.4%)

 Table A4. Total granted guardianships orders 2023-24 by guardian status, n (%)

* n<5 or secondary suppression to maintain confidentiality

<code>aThose</code> with 'unknown' diagnosis have been omitted n=21 (0.5%)

Characteristic	Total (n=4,009)	ABI (n=240)	ARBD (n=165)	Dementia (n=1,411)	Learning Disability (n=1,956)	Mental Illness (n=159)	Other (n=52)
Gender							
Female	1,897 (47.3%)	90 (37.5%)	55 (33.3%)	891 (63.1%)	736 (37.6%)	81 (50.9%)	31 (59.6%)
Male	2,106 (52.5%)	150 (62.5%)	110 (66.7%)	520 (36.9%)	1214 (62.1%)	78 (49.1%)	21 (40.4%)
Unknown/Not Stated	6 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (0.1%)	0 (0.0%)	0 (0.0%)
Age							
16-24	948 (23.6%)	9 (3.8%)	*	15 (1.1%)	914 (46.7%)	5 (3.1%)	*
25-44	653 (16.3%)	37 (15.4%)	*	8 (0.6%)	564 (28.8%)	34 (21.4%)	*
45-64	692 (17.3%)	91 (37.9%)	73 (44.2%)	75 (5.3%)	370 (18.9%)	62 (39.0%)	16 (30.8%)
65+	1,716 (42.8%)	103 (42.9%)	88 (53.3%)	1313 (93.1%)	108 (5.5%)	58 (36.5%)	28 (53.8%)
Length of guardianship							
0 - 3	240 (6.0%)	80 (33.3%)	92 (55.8%)	484 (34.3%)	537 (27.5%)	95 (59.7%)	16 (30.8%)
4 - 5	165 (4.1%)	126 (52.5%)	63 (38.2%)	739 (52.4%)	1025 (52.4%)	52 (32.7%)	31 (59.6%)
> 5	1,411 (35.2%)	28 (11.7%)	10 (6.1%)	138 (9.8%)	381 (19.5%)	*	*
Indefinite	5 (0.1%)	6 (2.5%)	0 (0.0%)	50 (3.5%)	13 (0.7%)	*	*
Guardian							
LA	1,085 (27.1%)	66 (27.5%)	101 (61.2%)	392 (27.8%)	392 (20.0%)	106 (66.7%)	24 (46.2%)
Private	2,924 (72.9%)	174 (72.5%)	64 (38.8%)	1019 (72.2%)	1564 (80.0%)	53 (33.3%)	28 (53.8%)
Guardianship status							
New	3,676 (91.7%)	213 (88.8%)	147 (89.1%)	1352 (95.8%)	1744 (89.2%)	147 (92.5%)	47 (90.4%)
Renewed	333 (8.3%)	27 (11.2%)	18 (10.9%)	59 (4.2%)	212 (10.8%)	12 (7.5%)	5 (9.6%)

Table A5. Granted guardianships 2023-24 by diagnostic category, n (%)

* n<5 or secondary suppression to maintain confidentiality

Note: 21 people with guardianships had no recorded diagnosis and the numbers for inability to communicate were small and could have led to identification therefore neither are not included in this table

Characteristic	Total	New guardianship	Renewal
Gender			
Female	1,897 (47.3%)	1,731 (47.1%)	166 (49.8%)
Male	2,106 (52.5%)	1,939 (52.7%)	167 (50.2%)
Unknown or not stated	6 (0.1%)	6 (0.1%)	0 (0.0%)
Age	. ,		
16-24	948 (23.6%)	870 (23.7)	78 (23.4%)
25-44	653 (16.3%)	546 (14.9)	107 (32.1%)
45-64	692 (17.3%)	629 (17.1)	63 (18.9%)
65+	1,716 (42.8%)	1,631 (44.4)	85 (25.5%)
Diagnostic categories ^a			· · ·
Acquired brain injury	240 (6.0%)	213 (5.8%)	27 (8.1%)
Alcohol related brain damage	165 (4.1%)	147 (4.0%)	18 (5.4%)
Dementia/ Alzheimer's disease	1,411 (35.2%)	1,352 (36.8%)	59 (17.7%)
Inability to communicate	5 (0.1%)	5 (0.1%)	0 (0.0%)
Learning disability	1,956 (48.8%)	1,744 (47.4%)	212 (63.7%)
Mental illness	159 (4.0%)	147 (4.0%)	12 (3.6%)
Other	52 (1.3%)	47 (1.3%)	5 (1.5%)
Length	· · · ·		· · ·
0 - 3	1,313 (32.8%)	1,252 (34.1%)	61 (18.3%)
4 – 5	2,051 (51.2%)	1,857 (50.5%)	194 (58.3%)
> 5	572 (14.3%)	497 (13.5%)	75 (22.5%)
Indefinite	73 (1.8%)	*	*
Guardian status	. ,		
Local authority	1,085 (27.1%)	969 (26.4%)	116 (34.8%)
Private	2,924 (72.9%)	2,707 (73.6%)	217 (65.2%)

Table A6. Granted guardianships 2023-24 by guardianship status, n (%)

* n<5 or secondary suppression to maintain confidentiality

^aThose with 'unknown' diagnosis have been omitted n=21 (0.5%)

	16-24 y	ears	25-44 y	ears	45-64 y	ears	65+ ye	ars
	Female	Male	Female	Male	Female	Male	Female	Male
2014-15	13.6%	11.1%	18.1%	18.4%	13.6%	16.4%	4.1%	5.1%
2015-16	14.2%	15.1%	16.7%	19.8%	17.3%	17.0%	3.7%	4.8%
2016-17	22.8%	19.1%	32.4%	24.5%	16.5%	20.3%	5.7%	5.5%
2017-18	18.6%	24.9%	38.3%	31.4%	20.1%	25.1%	6.5%	6.5%
2018-19	25.5%	25.5%	36.5%	36.7%	29.1%	26.0%	8.8%	9.1%
2019-20	32.7%	28.4%	34.0%	44.0%	33.6%	29.5%	8.1%	7.7%
2020-21	14.0%	10.5%	16.4%	19.3%	11.4%	14.3%	2.0%	4.0%
2021-22	6.9%	5.9%	14.2%	11.3%	9.5%	7.4%	2.4%	2.3%
2022-23	7.8%	6.2%	11.3%	10.2%	7.4%	5.8%	1.9%	2.3%
2023-24	11.1%	6.8%	17.5%	15.7%	9.9%	8.5%	5.3%	4.4%

		16-24	years		25-44 years 45-64 years				65+ years							
Year	0 - 3	4 - 5	> 5	Indef	0 - 3	4 - 5	> 5	Indef	0 - 3	4 - 5	> 5	Indef	0 - 3	4 - 5	> 5	Indef
2014-15	26.8%	49.5%	16.5%	7.2%	27.8%	43.3%	18.8%	10.1%	32.0%	36.9%	16.5%	14.6%	17.8%	19.9%	11.6%	50.7%
2015-16	30.1%	46.5%	17.6%	5.8%	34.8%	38.7%	20.1%	6.4%	31.0%	42.6%	15.8%	10.5%	19.7%	24.3%	12.5%	43.5%
2016-17	24.1%	51.9%	14.8%	9.2%	21.0%	52.4%	19.0%	7.6%	31.4%	41.5%	16.9%	10.2%	19.2%	29.1%	20.7%	31.0%
2017-18	25.3%	49.0%	22.7%	3.0%	23.6%	47.4%	25.6%	3.5%	32.7%	44.6%	17.2%	5.6%	21.0%	38.2%	19.7%	21.1%
2018-19	25.9%	53.6%	18.9%	1.6%	25.6%	48.6%	23.0%	2.8%	32.9%	48.2%	14.8%	4.0%	23.1%	41.9%	16.9%	18.1%
2019-20	26.6%	50.4%	21.7%	1.3%	28.1%	46.7%	24.0%	1.2%	28.4%	45.6%	22.2%	3.8%	24.9%	45.4%	16.3%	13.4%
2020-21	32.4%	48.9%	17.8%	0.8%	24.9%	44.1%	29.0%	2.1%	34.4%	48.8%	14.7%	2.2%	29.3%	46.1%	14.2%	10.4%
2021-22	30.6%	52.2%	16.1%	1.1%	30.3%	47.4%	21.7%	0.6%	36.8%	47.0%	14.0%	2.2%	30.3%	47.6%	14.2%	7.9%
2022-23	36.6%	49.7%	13.2%	0.5%	24.8%	51.9%	22.6%	0.7%	35.1%	48.5%	14.5%	1.8%	31.7%	48.4%	13.1%	6.8%
2023-24	33.4%	50.8%	15.2%	0.5%	25.6%	49.3%	24.7%	0.5%	33.1%	51.7%	13.9%	1.3%	35.0%	51.8%	10.0%	3.3%
Indef: Indefinit	te order															

Table A8. Length of guardianships (years) by age group

Local authority	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Aberdeen City	61	78	85	78	94	78	65	102	108	102
Aberdeenshire	80	81	98	109	96	105	63	103	106	116
Angus	44	48	55	71	58	66	46	91	89	92
Argyll and Bute	33	42	37	39	41	43	41	44	54	48
City of Edinburgh	106	144	187	167	204	221	167	237	260	290
Clackmannanshire	20	33	36	30	28	23	19	30	38	33
Dumfries and Galloway	60	119	118	114	147	127	86	139	150	168
Dundee City	95	70	107	83	99	96	53	87	107	118
East Ayrshire	81	101	88	99	84	96	56	87	96	131
East Dunbartonshire	41	40	36	50	44	55	31	41	44	63
East Lothian	38	47	34	52	48	53	33	58	68	63
East Renfrewshire	35	37	29	45	35	30	42	46	43	48
Eilean Siar	*	16	29	16	19	14	7	13	8	19
Falkirk	81	92	79	99	91	110	74	103	108	111
Fife	182	215	205	263	229	204	133	191	237	301
Glasgow City	380	378	369	443	449	508	325	436	404	401
Highland	128	147	203	165	188	198	116	265	228	225
Inverclyde	21	20	38	31	30	24	20	53	46	57
Midlothian	25	32	33	53	54	39	33	48	59	67
Moray	32	44	55	39	45	32	26	44	46	49
North Ayrshire	83	66	87	81	89	89	70	113	102	167
North Lanarkshire	175	188	183	237	251	226	122	197	229	248
Orkney	9	18	8	8	9	17	26	17	12	11
Perth and Kinross	69	64	78	100	88	110	87	142	122	121
Renfrewshire	111	141	115	110	129	109	86	101	140	121
Scottish Borders	46	40	42	58	52	45	31	67	50	78
Shetland	*	6	8	7	7	8	6	12	13	6
South Ayrshire	84	98	90	116	116	99	80	108	113	124
South Lanarkshire	214	174	227	211	207	237	150	191	212	210
Stirling	34	34	64	50	58	62	30	62	65	80
West Dunbartonshire	51	57	46	32	39	34	27	42	57	78
West Lothian	65	41	81	75	63	89	62	125	120	102
Scotland	2,493	2,711	2,950	3,131	3,191	3,248	2,215	3,404	3,552	4,009

Table A9. Number of guardianships granted, by local authority and year

* n<5 or secondary suppression to maintain confidentiality Note: People with guardianships but no recorded local authority are not included in this table

Local authority	Rate	Orders	Population
Aberdeen City	54.0	102	188,736
Aberdeenshire	53.9	116	215,267
Angus	95.4	92	96,401
Argyll and Bute	63.7	48	75,402
City of Edinburgh	66.0	290	439,616
Clackmannanshire	76.7	33	43,052
Dumfries and Galloway	135.8	168	123,674
Dundee City	94.5	118	124,822
East Ayrshire	131.0	131	100,020
East Dunbartonshire	70.2	63	89,760
East Lothian	68.3	63	92,289
East Renfrewshire	61.8	48	77,720
Eilean Siar	85.7	19	22,164
Falkirk	84.4	111	131,490
Fife	97.2	301	309,719
Glasgow City	76.1	401	526,634
Highland	113.4	225	198,465
Inverclyde	85.9	57	66,347
Midlothian	85.1	67	78,743
Moray	62.3	49	78,633
North Ayrshire	148.7	167	112,276
North Lanarkshire	88.3	248	280,851
Orkney	59.4	11	18,533
Perth and Kinross	95.2	121	127,141
Renfrewshire	78.3	121	154,615
Scottish Borders	79.0	78	98,694
Shetland	31.8	6	18,862
South Ayrshire	131.0	124	94,652
South Lanarkshire	77.2	210	272,156
Stirling	102.9	80	77,777
West Dunbartonshire	106.4	78	73,319
West Lothian	68.9	102	147,978
Scotland	88.0	4,009	4,555,808

Table A10. Rate of granted guardianships with mid-year population estimates (≥16 years) by local authority

Note: People with guardianships but no recorded local authority are not included in this table

	2014-15	5	2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		2022-23		2023-24	
Local authority	Ν	R	N	R	Ν	R	N	R	N	R	Ν	R	N	R	N	R	N	R	Ν	R
Aberdeen City	56	5	74	*	79	6	74	*	80	14	64	14	63	*	92	10	104	*	96	6
Aberdeenshire	72	8	71	10	77	21	90	19	81	15	88	17	57	6	101	*	102	*	109	7
Angus	42	*	42	6	42	13	66	5	43	15	45	21	42	*	90	*	88	*	82	10
Argyll and Bute	31	*	39	*	31	6	36	*	34	7	35	8	35	6	43	*	44	10	42	6
City of Edinburgh	95	11	131	13	170	17	147	20	172	32	177	44	150	17	230	7	253	7	265	25
Clackmannanshire	17	*	30	*	33	*	26	*	24	*	19	*	14	5	27	*	35	*	30	*
Dumfries and Galloway	44	16	103	16	101	17	87	27	93	54	96	31	79	7	131	8	141	9	157	11
Dundee City	92	*	67	*	100	7	70	13	93	6	83	13	47	6	85	*	106	*	115	*
East Ayrshire	67	14	87	14	69	19	77	22	65	19	66	30	50	6	82	5	90	6	124	7
East Dunbartonshire	38	*	38	*	32	*	34	16	33	11	47	8	28	*	36	5	38	6	59	*
East Lothian	35	*	36	11	26	8	36	16	37	11	39	14	31	*	57	*	67	*	57	6
East Renfrewshire	35	*	32	5	26	*	39	6	32	*	23	7	38	*	44	*	41	*	47	*
Eilean Siar	*	*	16	*	29	*	12	*	17	*	14	*	7	*	13	*	8	*	19	*
Falkirk	64	17	80	12	66	13	85	14	82	9	80	30	68	6	101	*	105	*	100	11
Fife	166	16	201	14	178	27	232	31	177	52	169	35	121	12	186	5	229	8	280	21
Glasgow City	362	18	342	36	315	54	366	77	355	94	401	107	301	24	414	22	389	15	376	25
Highland	118	10	133	14	176	27	137	28	155	33	153	45	108	8	259	6	224	*	208	17
Inverclyde	19	*	15	5	31	7	23	8	24	6	18	6	19	*	51	*	45	*	55	*
Midlothian	23	*	24	8	26	7	45	8	42	12	30	9	32	*	47	*	58	*	61	6
Moray	27	5	41	*	53	*	34	5	39	6	30	*	26	*	43	*	46	*	45	*
North Ayrshire	77	6	61	5	72	15	66	15	77	12	64	25	61	9	98	15	89	13	151	16
North Lanarkshire	140	35	156	32	151	32	178	59	178	73	152	74	115	7	193	*	226	*	231	17
Orkney	8	*	12	6	6	*	7	*	5	*	15	*	24	*	16	*	11	*	10	*
Perth and Kinross	65	*	61	*	67	11	85	15	78	10	91	19	81	6	134	8	114	8	102	19
Renfrewshire	105	6	135	6	97	18	88	22	104	25	85	24	75	11	98	*	138	*	115	6
Scottish Borders	40	6	35	5	37	5	51	7	43	9	37	8	25	6	67	*	49	*	74	*
Shetland	*	*	6	*	8	*	7	*	7	*	6	*	6	*	11	*	10	*	5	*
South Ayrshire	73	11	87	11	73	17	95	21	90	26	72	27	68	12	86	22	95	18	98	26
South Lanarkshire	192	22	157	17	202	25	171	40	160	47	182	55	139	11	164	27	197	15	191	19
Stirling	31	*	29	5	61	*	45	5	45	13	47	15	27	*	55	7	53	12	67	13
West Dunbartonshire	50	*	55	*	43	*	29	*	35	*	33	*	26	*	41	*	51	6	73	*
West Lothian	55	10	35	6	59	22	61	14	44	19	63	26	52	10	104	21	102	18	92	10
Scotland	2,248	245	2,431	280	2,536	414	2,599	532	2,544	647	2,525	723	2,017	198	3,208	196	3,365	187	3,676	333

 Table A11. Number of new and renewed granted guardianships, by local authority and year

* n<5 or secondary suppression to maintain confidentiality; N: new guardianship; R: renewal

		Age G	roup	
Local authority	16-24	25-44	45-64	65+
Aberdeen City	28%	29%	-15%	-33%
Aberdeenshire	0%	36%	-17%	20%
Angus	16%	-26%	-5%	19%
Argyll and Bute	-8%	20%	-75%	12%
City of Edinburgh	56%	20%	-13%	5%
Clackmannanshire	80%	-25%	-33%	-25%
Dumfries and				
Galloway	33%	14%	11%	2%
Dundee City	-4%	69%	43%	-10%
East Ayrshire	41%	-4%	78%	41%
East Dunbartonshire	-8%	167%	67%	30%
East Lothian	40%	30%	38%	-38%
East Renfrewshire	33%	-42%	0%	42%
Eilean Siar				0%
Falkirk	-24%	-32%	21%	28%
Fife	25%	42%	19%	26%
Glasgow City	1%	-2%	0%	-2%
Highland	-19%	5%	-3%	5%
nverclyde	75%	-55%	38%	42%
Midlothian	-24%	0%	55%	24%
Moray	100%	-20%	25%	-19%
North Ayrshire	124%	44%	9%	77%
North Lanarkshire	-11%	29%	41%	-4%
Orkney	100%	-33%	100%	-29%
Perth and Kinross	13%	91%	70%	-27%
Renfrewshire	40%	-6%	-38%	-26%
Scottish Borders	71%	30%	44%	65%
Shetland	-60%	-33%	-67%	-50%
South Ayrshire	9%	35%	26%	-4%
South Lanarkshire	0%	24%	27%	-18%
Stirling	11%	-15%	60%	39%
West				
Dunbartonshire	93%	71%	17%	3%
West Lothian	-20%	-59%	-11%	13%

Table A12. Relative change to last year by age and local authority

Table A13. Relative change to 2022-23 by di	liagnostic categories and local authority
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Local authority	Dementia	LD	Mental Illness	ABI	ARBD	Othe
Aberdeen City	-31%	30%	-64%	-14%	-17%	-50%
Aberdeenshire	17%	8%	0%	14%	-100%	0%
Angus	8%	-17%	400%	0%	25%	
Argyll and Bute	-5%	-13%	-33%	50%	-50%	0%
City of Edinburgh	-7%	29%	-13%	17%	45%	-20%
Clackmannanshire	-23%	22%	0%	-75%	-100%	-100%
Dumfries and Galloway	2%	22%	150%	-13%	20%	-50%
Dundee City	-13%	33%	-33%	63%	-40%	
East Ayrshire	39%	43%	-67%	100%	40%	0%
East Dunbartonshire	28%	63%	50%	0%	-33%	
East Lothian	-40%	71%	-67%	-60%	0%	-100%
East Renfrewshire	60%	-10%	0%	0%	0%	
Eilean Siar	-13%			0%	0%	0%
Falkirk	46%	-22%	0%	13%	0%	-100%
Fife	36%	33%	30%	7%	-25%	-75%
Glasgow City	-3%	5%	-13%	-28%	0%	233%
Highland	9%	-10%	11%	44%	-75%	100%
Inverclyde	43%	-12%	100%	300%	150%	-100%
Midlothian	26%	0%	200%	0%	50%	-100%
Moray	-17%	100%	-75%		-60%	-100%
North Ayrshire	74%	57%	100%	0%	133%	200%
North Lanarkshire	-9%	22%	0%	43%	-47%	50%
Orkney	-29%	25%		-100%	0%	0%
Perth and Kinross	-33%	64%	200%	-18%	-75%	0%
Renfrewshire	-17%	4%	0%	-64%	-20%	0%
Scottish Borders	18%	45%		200%	400%	
Shetland	-100%	-60%		-100%	0%	0%
South Ayrshire	-27%	61%	-29%	38%	-38%	
South Lanarkshire	-7%	2%	-46%	27%	50%	50%
Stirling	43%	28%	33%	-40%	-33%	-100%
West Dunbartonshire	-15%	88%	-67%	200%	50%	
West Lothian	3%	-27%	-25%	-43%	80%	

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