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STATISTICAL MONITORING

SEPTEMBER 2015

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1. What we do

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

We do this by

- Checking if individual care and treatment is lawful and in line with good practice.
- Empowering individuals and their carers through advice, guidance and information.
- Promoting best practice in applying mental health and incapacity law.
- Influencing legislation, policy and service development.

Welfare Guardianship

The Adults with Incapacity (Scotland) Act 2000 (the 2000 Act) introduced a system for safeguarding the welfare and managing the finances and property of adults who lack capacity to act or make some or all decisions for themselves, because of mental illness, learning disability, dementia or other condition (or inability to communicate due to a physical condition). It allows other people, called guardians or attorneys, to make decisions on behalf of these adults, subject to safeguards.

When an adult has capacity they can grant a power of attorney themselves.

When an adult no longer has capacity an application is made to court and the sheriff may appoint a welfare guardian as a proxy decision maker. The welfare guardian is then involved in taking key decisions concerning, for example, where the adult should reside, and their personal and medical care.

The majority of guardians are private individuals, usually a relative, carer or 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 do this. This is known as local authority guardianship.

Local authorities have a duty to make an application for welfare guardianship where it is required and no-one else is applying.

Local authorities have a duty under the act to supervise all welfare guardians and to visit the guardian and adult at regular intervals.

The Mental Welfare Commission for Scotland (MWC) has safeguarding duties in relation to people who fall under the protection of the 2000 Act. We examine the use of welfare guardianship for adults with a mental illness, learning disability or other related conditions (including dementia) to determine how and for whom the 2000 Act is being used. This helps us assess how best to allocate our resources in visiting adults on welfare guardianship. It also assists local area management in reviewing how and for whom Part 6 of the AWI Act is being used in their area.

2. An overview of the use of the Adults with Incapacity (Scotland) Act 2000

The Mental Welfare Commission (MWC) is part of the framework of legal safeguards that are in place to protect the rights of people on welfare guardianship, intervention orders, and powers of attorney. We monitor the use of the welfare provisions of the Adults with Incapacity (Scotland) Act 2000. We also monitor the use of Part 5 of the Act relating to consent to medical treatment and research.

The Commission receives a copy of an application for welfare guardianship, including the powers sought, medical, and mental health officer (MHO) assessments, and a copy of the order granted by the sheriff. We visit some people on guardianship, and we also provide advice and good practice guidance on the operation of the Act. We investigate circumstances where an adult with incapacity may be at risk. In doing so we might also involve local authority colleagues.

Where we think an adult might require adult support and protection procedures we refer to the local authority whose duty it is to investigate such matters under the Adult Support & Protection (Scotland) Act 2007.

Our main findings from our monitoring activities are:

- The number of existing guardianship orders (9333) has risen by 7% since 2013/14 (8717).
- The number of new guardianship applications granted (2455) continues to rise (2200 new orders and 255 renewals of guardianship orders). In the past year there has been a further rise of 16% in new applications granted. This follows a 9.6% rise in the previous year. This represents an 84% increase since 2009/10.
- Private applications accounted for 76% of all applications. This year total private applications have increased by 15% to 1876, following last year's increase of 14% and representing a 105% increase since 2009/10. As in last year's report we would highlight that this places local authorities under increased pressure to comply with their statutory duties to provide reports for applicants. The local authorities have no control over this demand led system.
- Local authority applications accounted for 24% of all applications. These also increased by 19% to 579, an overall 37% increase since 2009/10.
- The Scotland rate for approved welfare guardianship applications has increased this year from 48 to 55 per 100,000 in the over 16 age-group population. Rates increased most in East Ayrshire (+31%), South Ayrshire (+30%), and South Lanarkshire (+27%). Eight local authority areas saw increases in numbers of approved orders of 50% or greater, with the highest increases evident in some of the smaller authorities.
- For the first time since we started monitoring guardianship, the numbers of applications for adults with learning disability is greater than those with

dementia. In 2014/15 guardianship for individuals with learning disability figures reached the highest level so far (45%, 1104).

- Just over a fifth (21%, 519) of the welfare guardianships granted this year are from the 16-24 age group for learning disability. We assume that these figures are largely related to the uptake of Self Directed Support. At the same time we found that there was a 12% increase for adults where the primary cause of incapacity was dementia.
- Although the number of indefinite guardianship orders has been falling, there are 4549 indefinite orders as at 31st March 2015 which represents 49% of the total extant orders (9333). We suggest that orders should be granted on a time-limited basis especially for young people where circumstances may change over a few years, or for adults who may regain some areas of capacity e.g. alcohol related brain injury. We strongly recommend particular attention to periodic reviews to ensure that the adult still lacks capacity and that the measures remain necessary and that their use is meeting the adult's needs. Such reviews are in keeping with both the principles of the legislation and the Code of Practice.

In 2014/15 we visited 550 adults on welfare guardianship. In the previous year we had extra practitioner capacity and made 593 visits. In 2015/16 we plan to further target our guardianship visits towards individuals where issues might arise in relation to restraint, deprivation of liberty or seclusion.

Of those adults on guardianship visited, 41% (228) were resident in care homes, 37% (203) in the family home, 17% (96) were living in supported tenancies, 3% (15) were in hospital at the time of the visit and 2% (8) were other .e.g. sheltered housing.

We found that in almost all cases (91%, 501) both care and treatment and accommodation was judged as being good or adequate.

Concerns were noted on 34% (186) of visits. In over half of these cases (53%, 98), further ongoing casework was required by Commission visiting staff. We recorded 247 separate issues followed up as a result of these visits.

- 16% (36) individuals in care homes did not have a life history available to staff.
- In 5% (27) of cases the Principles of the AWI Act did not appear to be being adhered to; we followed up and will continue to monitor and, in some cases, will visit again.
- 32% (127 of 396) of private guardians appeared to have had no recent supervisory visits and for many of these (80%, 101 of 127) there was also no evidence that the adult had been visited by the local authority supervisor in the past six months.
- 14% (79) individuals had issues relating to Section 47 and medication.

For 6% (34) individuals there were concerns about the appropriateness of the current placement. Issues included being in an 'interim' placement until a more suitable place became available; being placed away from the individual's local area; awaiting build of a new unit; wanting to be in one's 'own home' or wanting more 'personalised' accommodation. We discussed this with the individual and care managers and followed up with reviewing teams where appropriate. We requested and received follow-up reports.

3. Report on a Survey of Private Welfare Guardians (2014)

The rate of increase in private applications year on year, which had slowed to 8.3% in 2012/13, increased to 14.2% in 2013/14 when over 1,600 new private welfare guardianships were granted. We felt it was important to find out why private welfare guardians were applying to take on this role. In particular we wanted to know what had triggered their application and whether they believed it had been worthwhile.

We sent out a brief questionnaire to 732 new private welfare guardians between 1st April and 31st July 2014 (with an option to reply online). We received 193 responses. Nearly three-quarters (72%) were both welfare and financial guardians. The vast majority of the guardians (85%) were a guardian for someone with either dementia (44%) or a learning disability (41%).

Well over a third said they had first found out about guardianship from a social worker and nearly a quarter from a solicitor. Other sources of information included friends and relatives, doctor, nurse, school worker and the internet.

Two-thirds of guardians said they applied for guardianship because *“it was necessary to authorise decision making; care arrangements are very complex”*.

Almost a third of all guardians said *“I thought it would be a good idea to have the formal role of guardian.”* This was important to more guardians of people with a learning disability than to guardians of adults with dementia.

The Commission has been concerned that some welfare powers may be being sought, and some welfare guardians appointed, even though the applicant would not have been seeking welfare guardianship if there had been no financial trigger for seeking the order. Well over a third of all guardians responding agreed that *“I applied for guardianship because I needed financial powers, and took welfare powers at the same time”*. A larger proportion of guardians of adults with dementia than of guardians for individuals with learning disability agreed with this statement.

Approaching two thirds of guardians said *“I applied for guardianship because I was told I had to, if I wanted a say in what happens”*. This was said by 75% of the 55 guardians who only had welfare powers.

In reflecting on their experience nine out of 10 people who had recently applied to become welfare guardians would advise others in their situation to do the same.

The full report is available on our website¹.

¹The Mental Welfare Commission for Scotland (2015) [Report on a Survey of Private Welfare Guardians \(2014\)](#)

4. Geographic variations in the use of welfare guardianship

Our interest in this

Over the years we have reported the variations in the use of guardianship from one local authority area to another and from one year to the next. While the reasons for differences between local authorities are complex, local authority staff should review this data to help ensure that the Act is being used where necessary in their area, both to safeguard the welfare and property of adults with incapacity and to assist relatives and carers. Local authority managers will also wish to examine trends which might have implications for workload management and planning.

What we found

In 2014/15 there were 2455 applications granted across Scotland; a further increase of 16%, about twice the previous year's increase (9.6%) for welfare guardianships granted. This represents an 84% increase since 2009/10.

While there was just over a 16% increase in applications granted across Scotland, there were considerable variations across the country. Eight local authority areas saw increases in approved orders of 50% or greater, with the highest increases evident in some of the smaller authorities: Clackmannanshire 111%, Moray 136%, East Ayrshire 65%, East Renfrewshire 57%, Falkirk 56% and South Ayrshire 51%.

Four local authorities had a reduction in applications Aberdeen City -13%, Edinburgh -9%, Orkney -33% and West Lothian -13%.

The rate of approved orders for 2014/15 per 100,000 population over 16 is shown in Table 4.1. The Scotland rate was 55 (42 private and 13 local authority) an increase from 48 (37 private and 11 local authority) in 2013/14. South Ayrshire (88), South Lanarkshire (81) East Ayrshire (78) and Renfrewshire (78), had the highest per capita rates.

Private applications accounted for 76% of all applications. This year total private applications have increased by 15% to 1876, following last year's increase of 14% and representing a 105% increase since 2009/10. Twenty three local authorities showed an increase, nine by more than 50%. However nine local authorities showed a decrease in private applications. This underscores the difficulties for local authorities as their statutory duties under the 2000 Act are largely in response to a demand led system over which they have no control. Local authorities have to plan and ensure an adequate mental health officer (MHO) response in the face of sometimes dramatic changes in demand. This is a statutory duty for local authorities to deliver (Section 32, 2003 Act)². It is clear that there is mounting workload pressure on local authority mental health officer's (MHO's) to keep up with their duty to provide 'suitability' reports³ of the proposed welfare guardians within the statutory timeframe.

² Mental Health (Care and Treatment)(Scotland) Act 2003

³ Adult with Incapacity (Scotland) Act 2000

Local authority applications accounted for 24% of all applications. These also increased by 19% to 579, an overall 37% increase since 2009/10. Twelve authorities showed increases of 50% or more. What has been evident, as will be discussed in detail later in this report, is that the growth in the use of welfare guardianship continues to be mainly due to the increase in use for adults whose incapacity is related to their learning disability.

Local authorities should guard against lowering their professional benchmark for making applications as default applicant due to workload pressures.

The Social Care (Self-directed Support) (Scotland) Act 2013⁴ came into force on 1st April 2014. With the introduction of Self Directed Support (SDS) to those in receipt of social care, local authorities are required to offer choices to individuals rather than simply to purchase or provide council services. For some, this means that if the person cannot consent to their own care package, then someone else with a formal proxy power will have to make the arrangements, with the local authority's agreement. This will mean that formal guardianship applications may be required in order to enter a contract with the substitute decision maker. Until recently many parents have, understandably, continued to assume this role. However, formal powers are now felt to be required under the Self Directed Support guidelines for those adults who do not have capacity⁵.

Given there needs to be a proxy to deal both with welfare decisions and with finances to employ personal assistants, care providers, etc, the Self Directed Support policy appears to have caused a sharp increase in applications for welfare and financial guardianships. The Commission accepts why authorities may feel that guardianship is required in such cases, but is concerned that requiring court authorisation of such arrangements is a potentially complex and cumbersome mechanism. This is something which we feel should be taken into account in ongoing consideration of the operation of the 2000 Act.

When someone lacks capacity, it is important to remember that this does not necessarily impact on all their decision making. It is crucial that the person is supported to make full use of their abilities in shaping their care and support. Careful consideration requires to be given to a person's capacity at all stages of the process to properly inform judgments about the extent they are able to make decisions about their own needs and support.

⁴The Social Care (Self-directed Support) (Scotland) Act 2013. The Act came into force on 01 April 2014 and places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their social care and support.

Self-directed Support includes a range of options to ensure everyone can exercise choice and control:

- a Direct Payment (a cash payment);
- funding allocated to a provider of your choice (sometimes called an individual service fund, where the council holds the budget but the person is in charge of how it is spent);
- the council can arrange a service for you; or
- you can choose a mix of these options for different types of support.

<http://www.selfdirectedsupportscotland.org.uk/>

⁵ <http://www.legislation.gov.uk/asp/2013/1/notes/division/3/4/4>

Table 4.1: Guardianship orders by local authority area 2014/15

	Guardianships granted 2014 - 2015					
	Local Authority	Private	All	Local Authority	Private	All
	Number	Number	Number	Rate per 100K 16+ Population**		
Aberdeen City	28	35	63	14	18	32
Aberdeenshire	25	55	80	12	26	38
Angus	13	30	43	13	31	44
Argyll and Bute	7	26	33	9	35	45
City of Edinburgh	26	79	105	6	19	25
Clackmannanshire	5	14	19	12	33	45
Dumfries & Galloway	21	41	62	17	33	49
Dundee City	27	68	95	22	55	76
East Ayrshire	26	53	79	26	52	78
East Dunbartonshire	5	36	41	6	41	46
East Lothian	18	20	38	22	24	46
East Renfrewshire	7	26	33	9	35	44
Eilean Siar	1	4	5	4	18	22
Falkirk	35	46	81	27	36	63
Fife	49	129	178	16	43	59
Glasgow City	40	330	370	8	66	74
Highland	49	80	129	25	41	67
Inverclyde	6	14	20	9	21	30
Midlothian	3	21	24	4	30	34
Moray	7	26	33	9	33	42
North Ayrshire	19	62	81	17	55	72
North Lanarkshire	34	138	172	12	50	63
Orkney	1	7	8	6	39	44
Perth and Kinross	16	50	66	13	40	53
Renfrewshire	23	89	112	16	62	78
Scottish Borders	10	34	44	11	36	46
Shetland*	0	4	4	0	21	21
South Ayrshire	17	66	83	18	70	88
South Lanarkshire	35	176	211	13	68	81
Stirling	8	26	34	11	34	45
West Dunbartonshire	8	41	49	11	55	66
West Lothian	10	50	60	7	35	42
SCOTLAND	579	1876	2455	13	42	55

*There were no local authority guardianships recorded for Shetland this year

**All figures rounded to nearest whole unit

***National Records of Scotland. All Tables: Mid-2014 Population Estimates Scotland (16+ population)

<http://www.nrscotland.gov.uk/files//statistics/population-estimates/midyear-2014/14mid-year-pe-cahb-all-tabs.xlsx>
(accessed 25/05/2015)

5. Age and diagnosis of people placed on guardianship

Table 5.1 All welfare guardianships 2014/15 by primary diagnosis and age group

Primary Diagnosis	Age Group									
	16-24		25-44		45-64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Learning Disability	519	96	314	92	210	52	61	5	1104	45
Dementia	1	0	1	0	70	17	984	84	1056	43
Acquired Brain Injury	14	3	17	5	48	12	43	4	122	5
Alcohol Related Brain Disorder	0	0	2	1	47	12	43	4	92	4
Mental Illness	6	1	6	2	23	6	34	3	69	3
Other	1	0	2	1	7	2	2	0	12	0
Total	541	100	342	100	405	100	1167	100	2455	100

Figure 5.1 All welfare guardianships 2014/15 by primary diagnosis (%)

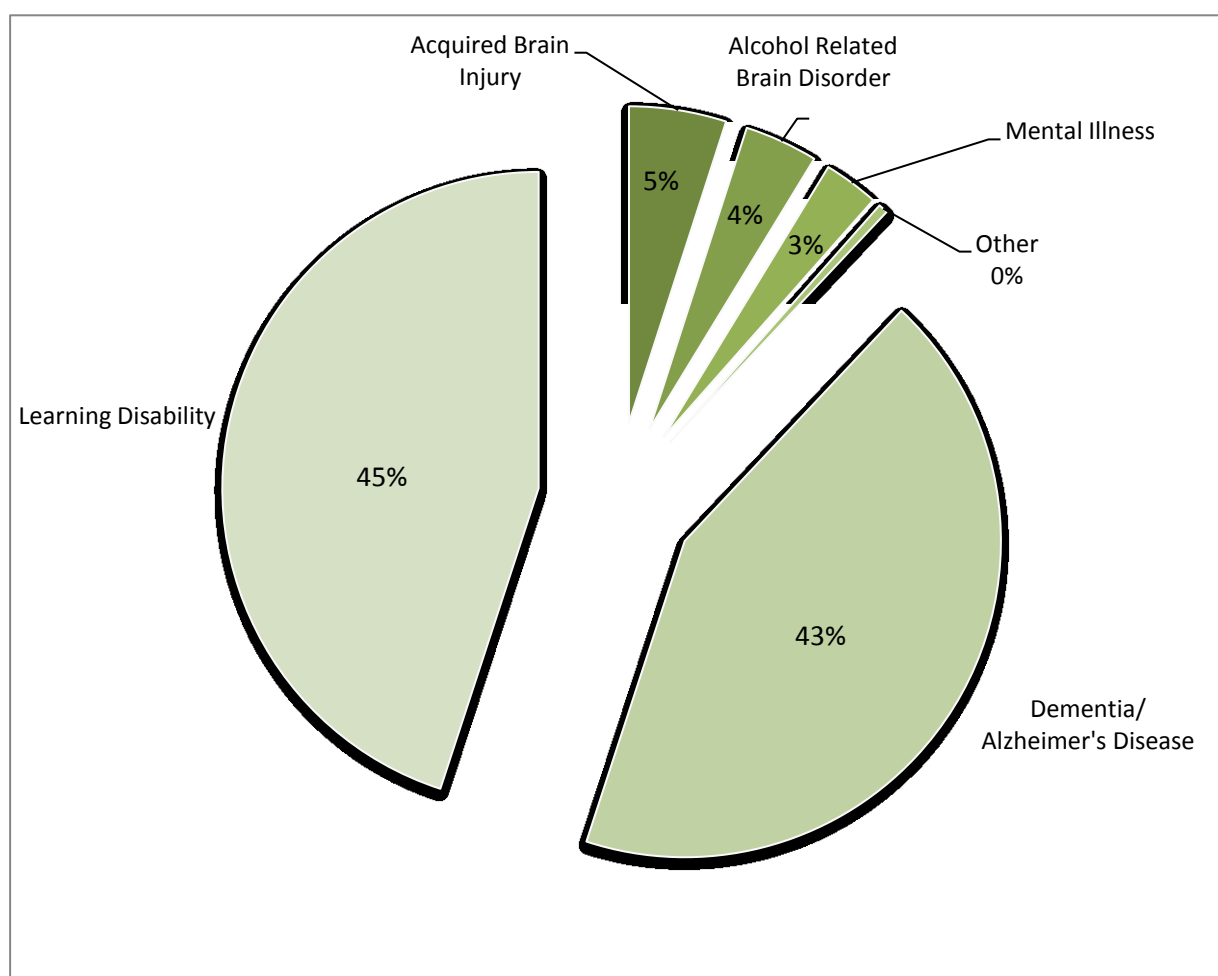


Figure 5.2 All welfare guardianships by age group and primary diagnosis (No.)

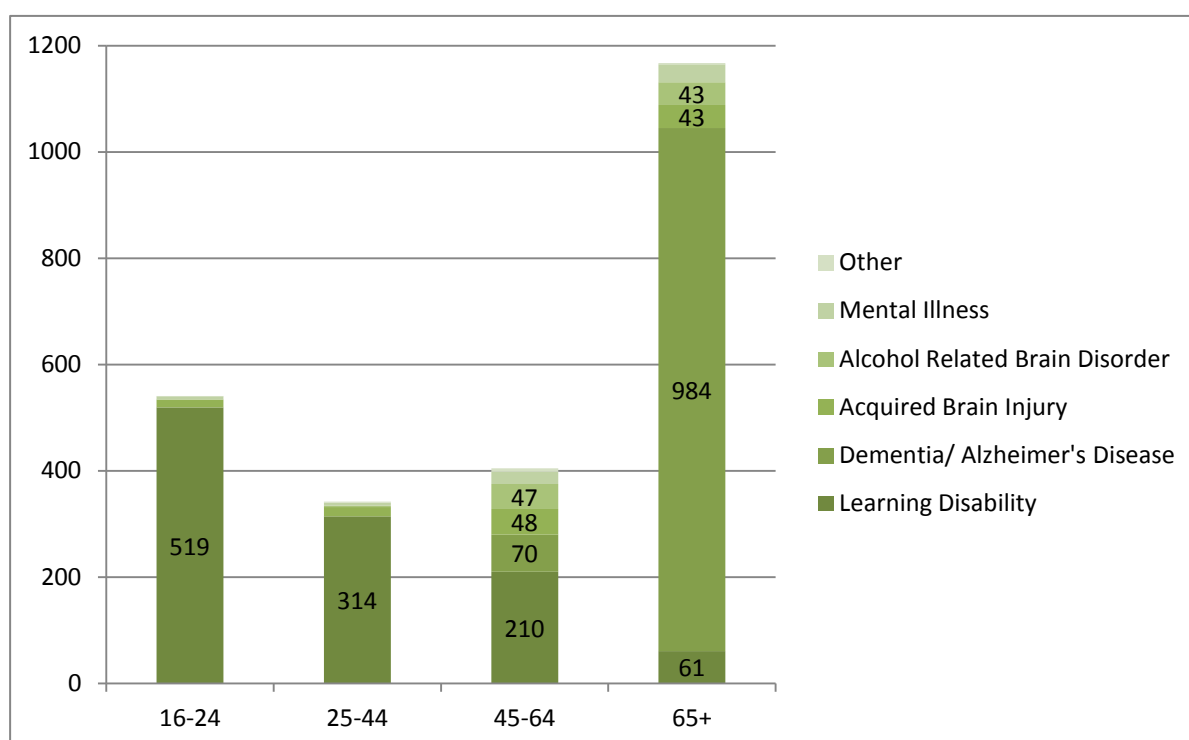
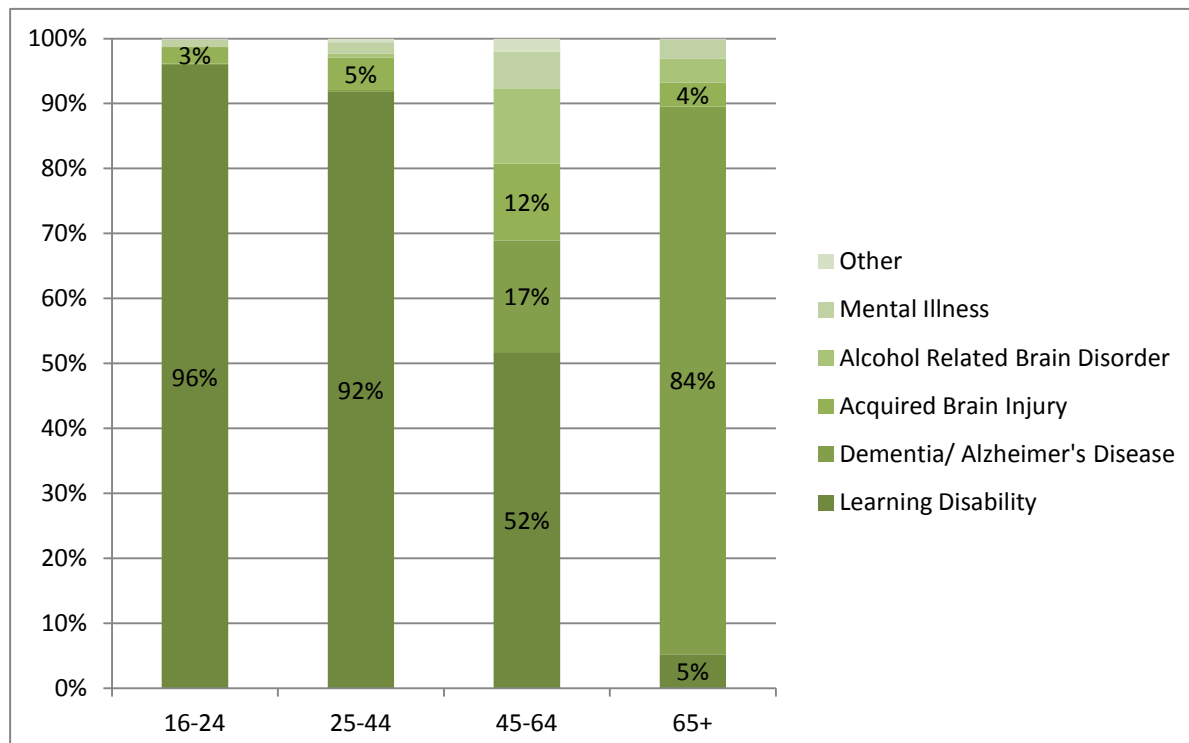


Figure 5.3 All welfare guardianships by age group and primary diagnosis (%)



Our interest in these figures

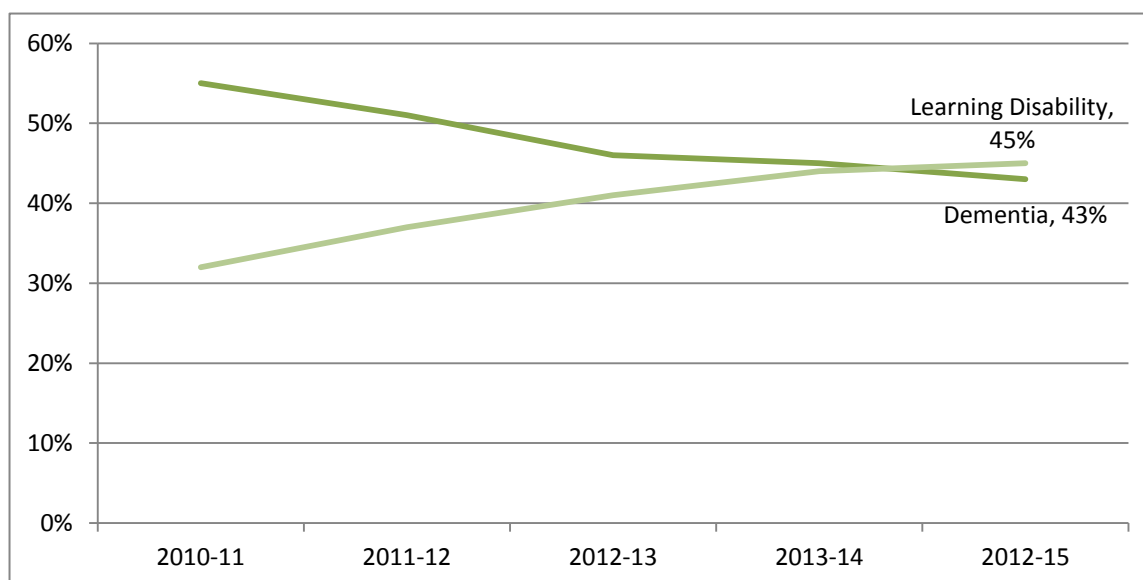
The above charts show the age at which adults with different causes of impaired capacity are placed on welfare guardianship under the provisions of the Adults with Incapacity (Scotland) Act 2000. There is, once again, variation in the patterns of usage of welfare guardianship in local authorities according to the diagnosis which caused their incapacity.

What we found

Table 5.2 All guardianship applications over the last five years – individuals with dementia or learning disabilities (%)

	2010-11	2011-12	2012-13	2013-14	2014-15
Learning Disability	32%	37%	41%	44%	45%
Dementia	55%	51%	46%	45%	43%

Figure 5.4 All guardianship applications over the last five years – individuals with dementia or learning disabilities (%)



Since 2010/11 the proportion of guardianship applications for people with learning disability has continued to increase whilst the proportion for people with dementia has continued to decrease. In 2013/14 we had the first year where guardianship orders were granted on an almost equal basis for adults with dementia (44.5%) and adults with learning disability (43.7%). This year 2014/15 there were a larger proportion of applications for people with learning disabilities (45%, 1104).

In 2014/15 there was a 19% increase in the use of welfare guardianship for adults whose incapacity was related to their learning disability. There was a 12% increase for adults with dementia (last year the increase was 5%). It is also worth noting that there has been an increase in the 16-24 age group applications, which relates to almost 100 additional learning disability applications. This could be directly related to the roll-out of Self Directed Support in many local authorities.

Table 5.3 Welfare guardianship applications 2014/15 - local authority and private applications by primary cause of incapacity

	Primary diagnosis as percentage of all orders			
	Local authority	%	Private	%
Acquired Brain Injury	28	5%	94	5%
Alcohol Related Brain Disorder	53	9%	39	2%
Dementia/ Alzheimer's Disease	250	43%	806	43%
Learning Disability	205	35%	899	48%
Mental Illness	40	7%	29	2%
Other	3	1%	9	0%
Total	579	100%	1876	100%

There were differences between local authority and private applications in the primary causes of incapacity underpinning the application. This year, for 43% of both private and local authority guardianship applications, dementia was the primary cause of incapacity. A larger proportion of private guardianship applications (48%) than local authority applications (35%) was for learning disability. For local authority applications a larger proportion was for alcohol related brain disorder (9%) and mental illness (7%) than in private applications (both alcohol related brain disorder and mental illness 2%).

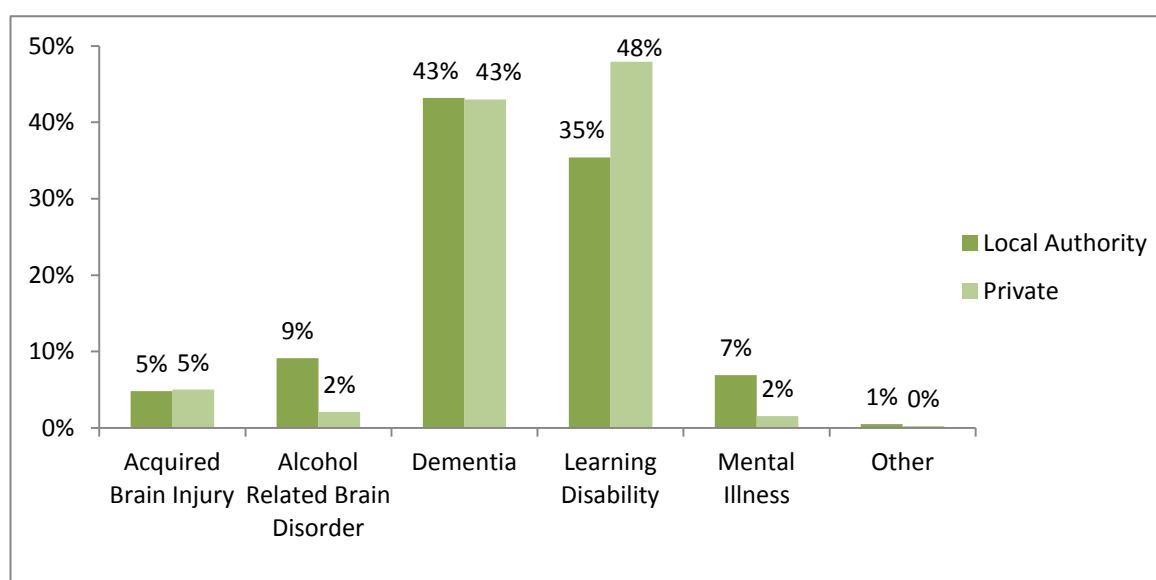
We also looked at whether it might also be the case that the increased use of orders for people with learning disability is inflated due to the inclusion of those for whom the new application is, in effect, a renewal. While it was difficult to retrieve exact data on this, we looked at new guardianship orders which appeared to be renewals of pre-existing orders. As there were gaps and overlaps, at times, between the expiry of the old order and the granting of the new order, this complicated, to some extent, collating the data in respect of renewals.

Table 5.4 sets out the approved orders in 2014/15 which appear to have been renewals.

Table 5.4 Welfare guardianships 2014/15 - apparent renewals in year by local authority and private applications

Primary Diagnosis	Private	Local Authority	Renewals
Acquired Brain Injury	11	6	17
Alcohol Related Brain Disorder	7	16	23
Dementia/ Alzheimer's Disease	27	17	44
Learning Disability	99	61	160
Mental Illness	2	7	9
Other	1	1	2
Total	147	108	255

Figure 5.5 Welfare guardianship applications 2014/15 - local authority and private applications by primary cause of incapacity (%)



This year 47% (519) (2013/14, 430) of all orders granted in respect of adults with a learning disability were for those under 25 years of age. Seventy five percent (833) (2013/14, 682) of adults with learning disability placed on welfare guardianship in the past year were under the age of 45.

For people with dementia, the percentage of orders granted where the adult was over 65 is one percentage point lower than last year at 93%.

In the 25-44 age group, learning disability was the cause of incapacity in 92% of orders granted, with adults with acquired brain injury and alcohol-related brain damage accounting for 6% of orders granted. In the 45-64 age-group, learning disability was the cause of incapacity in 52% of orders. Adults whose incapacity was related to alcohol related brain damage and acquired brain injury combined accounted for 23% of the orders granted in this age-group.

In 2013/14 8% (176/2115) of all applications were renewals; as anticipated this increased in 2014/15 when 10% (255/2455) of all applications were renewals.

Of the 2200 new orders, approved for people who had not previously been on guardianship, a larger proportion was for adults with dementia (46%, 1012) than for adults with learning disability (43%, 944).

6. Duration of guardianship orders

Our interest in this

We continue to raise concerns, as in previous reports, about the high percentage of orders granted on an indefinite basis. Our concern is that the lack of automatic, periodic judicial scrutiny of approved orders puts the onus on the individual or another party with an interest to challenge the order - something which rarely happens. We agree that an indefinite order may be appropriate in the case of, for example, a very elderly person with advanced dementia, but otherwise we believe it is not good practice or consistent with the principles of the legislation. Furthermore, we feel there is the potential for a breach of Article 5 of the European Convention, where indefinite guardianship is used to authorise deprivation of liberty, since European case law makes clear the need for regular review. This is discussed further in the Commission's advice note on Deprivation of Liberty⁶

The chart below shows the percentage of orders by primary cause of incapacity granted on an indefinite basis, broken down into orders granted to local authority and private applicants. Particularly concerning, as we have reported in the past, is the seeking and granting of orders on an indefinite basis for young adults with learning disability.

The tables below show numbers of approved welfare guardianship orders broken down by the identified causes of the adult's incapacity and the length for which the orders have been granted.

What we found

6.1 Variations in indefinite orders by age and diagnosis

Table 6.1 New guardianship orders - orders granted on an indefinite basis (%)

2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
71%	63%	45%	35%	32%	30%

The percentage of new orders granted on an indefinite basis has continued to fall this year to 30%. This is still, however, an area that needs continued monitoring.

As of 31/3/2015 there were 4549 adults on indefinite welfare guardianship orders, 49% of the total of extant welfare guardianship orders (9333). Four hundred and thirty two (9%) of these adults were under the age of 25 and 26% (1185) under 45 years of age.

⁶The Mental Welfare Commission for Scotland. *Advice Note: Deprivation of Liberty (Update 2015)*
http://www.mwscot.org.uk/media/234442/deprivation_of_liberty_final_1.pdf

Indefinite orders, in general, were much more likely to be granted where there was a private guardian. In 2014/15, 31% of all orders granted to private guardians were granted on an indefinite basis (Table 6.3); for local authorities this stood at 25% (Table 6.2).

Table 6.2 Local authority welfare guardianship applications 2014/15 – indefinite orders as a percentage of primary cause of incapacity

	Local Authority applications					
	Duration of order (Years)					
	0 - 3	4 - 5	> 5	Indefinite	Totals	Indefinite orders as % of primary diagnosis
Acquired Brain Injury	17	7	2	2	28	7%
Alcohol Related Brain Disorder	31	15	3	4	53	8%
Dementia/ Alzheimer's Disease	81	50	17	102	250	41%
Learning Disability	115	56	15	19	205	9%
Mental Illness	21	5		14	40	35%
Other	2			1	3	33%
All Diagnoses	267	133	37	142	579	25%

Table 6.3 Private welfare guardianship applications 2014/15 – indefinite orders as a percentage of primary cause of incapacity

	Private applications					
	Duration of order (Years)					
	0 - 3	4 - 5	> 5	Indefinite	Totals	Indefinite orders as % of primary diagnosis
Acquired Brain Injury	23	31	20	20	94	21%
Alcohol Related Brain Disorder	12	14	7	6	39	15%
Dementia/ Alzheimer's Disease	96	154	106	450	806	56%
Learning Disability	167	448	181	103	899	11%
Mental Illness	9	5	6	9	29	31%
Other	2	5	2	0	9	0
All Diagnoses	309	657	322	588	1876	31%

In 2014/15, 48% (899) of all private guardianships were for individuals with learning disabilities, and of those, 11% (103) were placed on orders on an indefinite basis. Whereas for local authority applications, a smaller proportion, 35% (205), were for individuals with learning disabilities, and of those, 9% (19), were indefinite orders.

Forty three percent (806) of all private guardianships were for individuals with dementia/alzheimer's disease, and of those a larger proportion, 56% (450), were indefinite orders. For local authority applications 43% (208) were for individuals with dementia/alzheimer's, and of those, 41% (102), were indefinite orders. In essence

what we are reporting this year is that the percentages have stayed the same, but the actual numbers of orders have risen.

6.2 Geographic variations in orders approved on an indefinite basis

The granting of welfare guardianship orders on an indefinite basis varied quite dramatically from one local authority area to the next and this was the case in respect of those granted to both private parties as well as chief social work officers (CSWO) (Tables 9.4-9.6).

Nationally 25% of all local authority applications were granted on an indefinite basis. In seven authorities no orders were granted on an indefinite basis (including City of Edinburgh, East Lothian and North Lanarkshire). Three authorities had over 50% of local authority applications granted on an indefinite basis (Dundee City, 67%, Aberdeen City 64% and Aberdeenshire 56%).

Nationally 31% of all private applications were granted on an indefinite basis.

In five authorities under 10% were granted on an indefinite basis (including North Lanarkshire 7%, West Lothian 6%, East Lothian and Dumfries and Galloway 5%). Six authorities had over 50% of local authority applications granted on an indefinite basis (including Dundee City, 63%, Moray 62%, Stirling 58%, Aberdeen City 57%, Aberdeenshire 56% and West Dunbartonshire 51%).

Glasgow City had a total of 35%, 370 applications granted on an indefinite basis (local authority 38%, 40; private 35%, 330).

7. Our visits to adults on guardianship 2014 - 2015

Over the past few years, we have sought to visit more people in categories where we have found, from our practice experience, a greater need to intervene (for example individuals with learning disability and/or autistic spectrum disorder and those with alcohol related brain damage).

Table 7.1 Number of guardianship visits per year

	2010-11	2011-12	2012-13	2013-14	2014-15
Number of guardianship visits	379	566	560	593	550

Towards the end of 2014/15 we began to devise a pilot monitoring exercise to identify guardianships with specific characteristics including restraint and seclusion. We began to pilot a new computer software product that will identify key words from the application papers^{7,8}. In 2015/16 we intend to focus our visits on specific areas of interest identified.

Since 2010/11 the annual number of guardianship visits we complete has increased by 45% to 550 in 2014/15. In the previous year 2013/14 we were able to complete a higher number of visits as our capacity was increased by having two full time secondees working with us. In 2013/14 we also introduced a new system for recording much more detailed information regarding our visits, our observations and interventions.

We have reduced the number of cancelled visits. Visits are sometimes cancelled at short notice by the adult, relative or care team concerned. This may occur for example when it is better for the individual to prioritise an existing commitment. In the coming year we intend to consider improvement to recording 'failed visits'.

We continued this year to target our visits towards adults with autism, alcohol-related brain damage, acquired brain injury and mental illness. This year we found a similar proportion of cases required follow up work from the Commission (53%, 98 of 186 cases) where there were concerns (in 2013/14 this was 56%, 83 of 148).

⁷ Application papers include 'application for guardianship' and the 'interlocutor' completed by sheriff court.

⁸ Key words will include for example 'restraint', 'deprivation' 'liberty' 'seclusion'.

Table 7.2 Accommodation of individuals visited by primary diagnosis

Primary diagnosis			Accommodation					
	Number	%	Care Home	Family Home	Hospital	Supported Tenancy	Other	Total
Learning Disability	231	42%	16%	53%	1%	28%	1%	100%
Dementia	119	22%	78%	13%	6%	3%	0%	100%
Autism Spectrum disorders	58	11%	14%	52%	2%	29%	3%	100%
Alcohol Related Brain Damage	55	10%	80%	15%	0%	4%	2%	100%
Acquired Brain Injury	50	9%	48%	42%	4%	6%	0%	100%
Other	37	6%	57%	16%	5%	16%	5%	100%
Total	550	100%	41%	37%	3%	17%	1%	100%

In 2014/15, of those adults on guardianship we visited, 41% (228) were resident in care homes, 37% (203) in the family home, 17% (96) were living in supported tenancies and 3% (15) were in hospital at the time of the visit.

Our visitors judged the accommodation to be of good or adequate standard in 98% (541) of the visits and the care and treatment was judged as being good or adequate for 98% (541) of those visited. For just one individual both accommodation and treatment were marked as poor.

“We visited an individual with alcohol related brain damage in a care home whose quality of life was being affected by lack of staff training on how to deal with behaviour, lack of direction from the local authority welfare guardian. The adult was a fire risk by smoking all day in bed. We thought the adult might have been clinically depressed and asked for a GP consultation. We informed the social worker about our concerns regarding the individual and the care inspectorate in relation to staff training and the physical environment. We are still following up this individual and have asked for regular updates from the social worker and manager of the service about care and treatment.”

For those residents in care homes we found that 84% (192 of 228) had a life history available to staff. This is lower than the 98% observed in 2011/12. The life history creates a window to previous life which care staff could link into if they have the knowledge from the adults “life story work”. The Standards of Care for Dementia in Scotland (2011)⁹ state that everyone with dementia will have their individual needs,

⁹ Scottish Government (2011) *Standards of Care for Dementia in Scotland*
<http://www.gov.scot/Publications/2011/05/31085414/0>

preferences, and aspirations met. Staff are advised to use a variety of communication aids to help communication, including the use of life story books, talking mats, digital stories, interpreters as appropriate and referral to speech and language therapy.

This year we found 8% (45) adults where the guardianship was seen to be well managed. There were just 1% (5) cases we saw as being poorly managed

Examples of guardianships being well managed include:

“Guardianship reviews taking place every 6 months. Welfare guardian very involved in the care arrangements, attends reviews, and manages the practical care via the adult’s direct payment. The social work supervising officer is very responsive to any contact from the guardian.”

“Good support package, detailed powers in guardianship very much tailored to the adults needs, delegated appropriately to support staff and supervised regularly by local authority guardian.”

“Guardianship supervised by social worker and support staff reported that she visits regularly, is very helpful and keeps in touch with guardian. Guardian himself invited but does not attend reviews meetings. He is in regular phone contact and is responsive to any issues raised by support staff.”

The following example demonstrates that there has been involvement of the key players involved in the individual’s care to discuss the use of and delegation of powers. The guardian and supervising officer are known and in communication about the individual, and have reached an agreement regarding scheduled and on-request support to assist the guardian in exercising their powers.

“MWC advised care home manager, to have meeting with WG to discuss delegation of WG powers to her staff and referred her to MWC’s “Working with the AWI”. MWC practitioner also mentioned this to WG. Local authority guardianship supervisor is known to the WG. MWC evidenced the record of that supervision in the case notes. He is now supervising annually which was agreed by all. Welfare guardian would contact the local authority supervising social worker if he had concerns re the adult’s care.”

We noted that the Principles of the AWI Act did not appear to be adhered to in 5% (27) cases, which we followed up and will continue to monitor (18 casework still open) and, in some cases, will visit again. This was a smaller number of cases than we had observed in the last two years when we followed up over 40 cases each year where we did not feel the Principles of the Act had been adhered to.

Where we noted concerns about any issue relating to the individual’s care or the use of the legislation this always resulted in further discussion and correspondence with guardians, local authority supervisors and service providers.

Our concerns include:

- 16% (89) instances where care staff had had no discussion with the welfare guardian about the potential need to delegate specific powers to the care staff in certain situations.
- 26 guardians did not appear to have been consulted about the adult's medical treatment despite having the power to consent to medical treatment (Part 5 of the Act) (and of these 20 had no treatment plan). This is a smaller number than the 112 cases we saw last year where guardians had not been consulted. These situations would primarily be when Section 47 certificates (capacity to consent to treatment) or DNACPR¹⁰ were being considered mainly by GP's in care homes.
- 32% (127 of 398) private guardians appeared to have had no recent supervisory visits and for many of these (80%, 101 of 127) there was also no evidence that the adult had been visited by the local authority supervisor in the past six months. Last year we found 89 of 119 cases where neither the private guardian nor the adult had been supervised in the past six months.
- 14 adults were subject to restraint or seclusion without proper authorisation in guardianship powers. We would encourage welfare guardians to seek these powers where necessary, and if not authorised in the order, return to the sheriff to seek additional powers.
- 5 adults had restrictions on who was allowed to visit without proper legal authorisation. This emphasises the need for care staff be very clear about any delegation of powers from the guardian, and to have a copy of the powers (interlocutor) for reference in the case file. This also applies where there is person acting as attorney, and staff should hold a copy of the power of attorney document in the file.
- We discussed issues relating to Section 47 and medication etc for one in seven individuals (14% 79 individuals) or around one third of all issues (32%, 79 of 247). Examples include:
 - Section 47 certificates not being completed when the adult clearly lacks capacity.
 - Section 47 being completed without discussion with the proxy decision maker.
 - Section 47 certificates which are in relation to complex care where no treatment plan is attached.

"There was a Section 47 certificate from a previous care home which stated 'see attached sheet'. There was no attached sheet/treatment plan therefore that Section 47 certificate did not authorise any treatment. MWC practitioner discussed this with a senior manager in the care home. MWC practitioner showed her the definition of fundamental healthcare procedures in the code of practice and discussed with her correct completion of treatment plans. She

¹⁰ Do not attempt cardiac pulmonary resuscitation

said she would take forward with the GP ensuring that a Section 47 certificate appropriately covering treatment is put in place. The welfare guardians have not met the adults current GP (has moved GP practice due to care home move) but they feel well consulted by staff regarding treatment and they consider 'when it's just medication, just do it'."

The Code of Practice and MWC guidance¹¹ is very 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, the doctor should formally assess their capacity and on finding someone incapable of consenting, then complete a certificate. Where this treatment is complex they should complete a treatment plan. If this is not done then the treatment given is unlawful.

If there is a proxy decision maker, namely a welfare guardian or someone acting with a power of attorney, 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 could assist the doctor in identifying the proxy from their knowledge of the adult.

Concerns were noted on 186 (34%) of visits. In over half of these cases 53%, 98 of 186, further ongoing casework was required by Commission visiting staff. Table 7.3 shows the 247 separate issues followed up as a result of these visits by category.

Table 7.3 Issues followed up after guardianship visits in 2014/15

Issue	Number of issues	%
Mobility	5	2%
Communication	6	2%
Legislation	23	9%
Challenging Behaviour	13	5%
Restrictions	10	4%
Medication and consent	79	32%
Activities	43	17%
Finances	16	6%
Placement	34	14%
Environment	18	7%
Total No. Concerns	247	100%

¹¹ Mental Welfare Commission for Scotland (2010) *Consent to treatment*
<http://www.mwscot.org.uk/media/51774/Consent%20to%20Treatment.pdf>

8. Adults with Incapacity (Scotland) Act 2000, 2014 - 2015, Section 48 (regulated treatments) & Section 50 (disagreements with proxy).

Table 8.1 Section 48/50 requests and certificates issued by types of treatment

Types of treatment	Section 48/50 Requests	Certificates Issued.
Medication to reduce sex drive	21	19*
Electroconvulsive therapy (ECT)	25	22**
Treatment likely to lead to sterilisation	0	0
Termination of pregnancy	0	0
Dispute (Section 50)	3	1 (ongoing)
TOTAL	49	42

*Two visits were cancelled by the RMO

**One visit cancelled as AWI inappropriate; 2 certificates refused as patient refusing/resisting and MHA recommended

Our interest in this

The Commission has a responsibility under the Adults with Incapacity (Scotland) 2000 Act to provide independent medical opinions for treatments that are not covered by the general authority to treat (Section 47). These specific treatments regulated under Section 48 are noted above. In addition, where there is a welfare proxy with the power to consent to medical treatment and there is disagreement between them and the treating doctor, the doctor can request that the Commission arrange an opinion by an appropriate specialist to resolve the dispute (Section 50 nominated medical practitioner).

What we found

There were 46 requests for Section 48 visits, similar to previous years. Of the 25 Electroconvulsive therapy requests, one visit was cancelled as the responsible medical officer (RMO) and second opinion doctor in discussion agreed that the Mental Health Act was more appropriate. Two certificates were refused for Electroconvulsive therapy (ECT), again as the Mental Health Act was thought to be more appropriate. In one of these, the patient did not go on to have Electroconvulsive therapy (ECT). In one instance in which a certificate was issued, the patient subsequently refused and so the Mental Health Act was used. One certificate was issued for maintenance ECT.

Three requests for Section 50 assessments were received in the current reporting year. One certificate was issued by the nominated medical practitioner; one request was inappropriate and a local second opinion was suggested as the most appropriate course of action and the third assessment is ongoing.

9. Appendix of tables

Table 9.1 Welfare guardianship applications 2014/15 – All orders by local authority and primary cause of incapacity

All orders	Acquired Brain Injury	%	Alcohol Related Brain Disorder	%	Dementia/ Alzheimer's Disease	%	Learning Disability	%	Mental Illness	%	Other	%	Total	%
Aberdeen City	2	3%	1	2%	19	30%	36	57%	5	8%		0%	63	100%
Aberdeenshire	6	8%	2	3%	31	39%	37	46%	4	5%		0%	80	100%
Angus	3	7%	2	5%	20	47%	17	40%	1	2%		0%	43	100%
Argyll and Bute	1	3%		0%	12	36%	16	48%	4	12%		0%	33	100%
City of Edinburgh	5	5%	3	3%	47	45%	48	46%	2	2%		0%	105	100%
Clackmannanshire		0%		0%	5	26%	13	68%		0%	1	5%	19	100%
Dumfries and Galloway	5	8%	2	3%	19	31%	32	52%	3	5%	1	2%	62	100%
Dundee City	4	4%	4	4%	46	48%	33	35%	8	8%		0%	95	100%
East Ayrshire	1	1%	1	1%	32	41%	45	57%		0%		0%	79	100%
East Dunbartonshire	1	2%	1	2%	21	51%	17	41%	1	2%		0%	41	100%
East Lothian	3	8%	3	8%	17	45%	14	37%	1	3%		0%	38	100%
East Renfrewshire	4	12%		0%	13	39%	16	48%		0%		0%	33	100%
Eilean Siar		0%		0%	3	60%	2	40%		0%		0%	5	100%
Falkirk	2	2%	4	5%	24	30%	48	59%	2	2%	1	1%	81	100%
Fife	10	6%	6	3%	73	41%	86	48%	3	2%		0%	178	100%
Glasgow City	21	6%	13	4%	170	46%	162	44%	1	0%	3	1%	370	100%
Highland	2	2%	3	2%	76	59%	37	29%	11	9%		0%	129	100%
Inverclyde	1	5%	1	5%	6	30%	11	55%	1	5%		0%	20	100%

All orders	Acquired Brain Injury	%	Alcohol Related Brain Disorder	%	Dementia/ Alzheimer's Disease	%	Learning Disability	%	Mental Illness	%	Other	%	Total	%
Midlothian		0%	2	8%	9	38%	13	54%		0%		0%	24	100%
Moray	1	3%		0%	19	58%	13	39%		0%		0%	33	100%
North Ayrshire	4	5%	3	4%	39	48%	33	41%	2	2%		0%	81	100%
North Lanarkshire	11	6%	9	5%	59	34%	90	52%	3	2%		0%	172	100%
Orkney		0%		0%	2	25%	6	75%		0%		0%	8	100%
Perth and Kinross	3	5%	2	3%	31	47%	25	38%	5	8%		0%	66	100%
Renfrewshire	4	4%	6	5%	56	50%	44	39%	1	1%	1	1%	112	100%
Scottish Borders	1	2%	1	2%	10	23%	31	70%	1	2%		0%	44	100%
Shetland	1	25%		0%	1	25%	2	50%		0%		0%	4	100%
South Ayrshire	6	7%	6	7%	45	54%	23	28%	3	4%		0%	83	100%
South Lanarkshire	16	8%	10	5%	85	40%	92	44%	5	2%	3	1%	211	100%
Stirling	1	3%	1	3%	15	44%	17	50%		0%		0%	34	100%
West Dunbartonshire		0%	3	6%	30	61%	14	29%	1	2%	1	2%	49	100%
West Lothian	3	5%	3	5%	21	35%	31	52%	1	2%	1	2%	60	100%
Scotland	122	5%	92	4%	1056	43%	1104	45%	69	3%	12	0%	2455	100%

Table 9.2 Welfare guardianship applications 2014/15 – Local authority orders by local authority and primary cause of incapacity

Local authority orders	Acquired Brain Injury	%	Alcohol Related Brain Disorder	%	Dementia/ Alzheimer's Disease	%	Learning Disability	%	Mental Illness	%	Other	%	Total	%
Aberdeen City	2	7%	1	4%	11	39%	10	36%	4	14%		0%	28	100%
Aberdeenshire	2	8%	1	4%	14	56%	7	28%	1	4%		0%	25	100%
Angus		0%	1	8%	4	31%	7	54%	1	8%		0%	13	100%
Argyll and Bute		0%		0%	6	86%		0%	1	14%		0%	7	100%
City of Edinburgh		0%	2	8%	9	35%	14	54%	1	4%		0%	26	100%
Clackmannanshire		0%		0%	1	20%	4	80%		0%		0%	5	100%
Dumfries and Galloway	1	5%	1	5%	4	19%	11	52%	3	14%	1	5%	21	100%
Dundee City	1	4%	3	11%	12	44%	7	26%	4	15%		0%	27	100%
East Ayrshire	1	4%	1	4%	8	31%	16	62%		0%		0%	26	100%
East Dunbartonshire		0%	1	20%	2	40%	1	20%	1	20%		0%	5	100%
East Lothian		0%	3	17%	9	50%	5	28%	1	6%		0%	18	100%
East Renfrewshire	1	14%		0%	3	43%	3	43%		0%		0%	7	100%
Eilean Siar		0%		0%	1	100%		0%		0%		0%	1	100%
Falkirk	1	3%	3	9%	11	31%	19	54%	1	3%		0%	35	100%
Fife	3	6%	5	10%	17	35%	22	45%	2	4%		0%	49	100%
Glasgow City	4	10%	3	8%	20	50%	11	28%	1	3%	1	3%	40	100%
Highland	1	2%	1	2%	28	57%	12	24%	7	14%		0%	49	100%
Inverclyde	1	17%		0%	1	17%	3	50%	1	17%		0%	6	100%
Midlothian		0%		0%	1	33%	2	67%		0%		0%	3	100%
Moray		0%		0%	7	100%		0%		0%		0%	7	100%
North Ayrshire	1	5%	2	11%	10	53%	6	32%		0%		0%	19	100%

Local authority orders	Acquired Brain Injury	%	Alcohol Related Brain Disorder	%	Dementia/ Alzheimer's Disease	%	Learning Disability	%	Mental Illness	%	Other	%	Total	%
North Lanarkshire	2	6%	7	21%	13	38%	10	29%	2	6%		0%	34	100%
Orkney		0%		0%		0%	1	100%		0%		0%	1	100%
Perth and Kinross	1	6%	1	6%	6	38%	4	25%	4	25%		0%	16	100%
Renfrewshire	1	4%	4	17%	14	61%	3	13%	1	4%		0%	23	100%
Scottish Borders		0%		0%	3	30%	6	60%	1	10%		0%	10	100%
Shetland	-		-		-		-		-				-	
South Ayrshire	2	12%	3	18%	8	47%	3	18%	1	6%		0%	17	100%
South Lanarkshire	3	9%	5	14%	17	49%	9	26%	1	3%		0%	35	100%
Stirling		0%	1	13%	2	25%	5	63%		0%		0%	8	100%
West Dunbartonshire		0%	2	25%	4	50%	1	13%		0%	1	13%	8	100%
West Lothian		0%	2	20%	4	40%	3	30%	1	10%		0%	10	100%
Scotland	28	5%	53	9%	250	43%	205	35%	40	7%	3	1%	579	100%

Table 9.3 Welfare guardianship applications 2014/15 – Private orders by local authority and primary cause of incapacity

Private orders	Acquired Brain Injury	%	Alcohol Related Brain Disorder	%	Dementia/ Alzheimer's Disease	%	Learning Disability	%	Mental Illness	%	Other	%	Total	%
Aberdeen City		0%		0%	8	23%	26	74%	1	3%		0%	35	100%
Aberdeenshire	4	7%	1	2%	17	31%	30	55%	3	5%		0%	55	100%
Angus	3	10%	1	3%	16	53%	10	33%		0%		0%	30	100%
Argyll and Bute	1	4%		0%	6	23%	16	62%	3	12%		0%	26	100%
City of Edinburgh	5	6%	1	1%	38	48%	34	43%	1	1%		0%	79	100%
Clackmannanshire		0%		0%	4	29%	9	64%		0%	1	7%	14	100%
Dumfries and Galloway	4	10%	1	2%	15	37%	21	51%		0%		0%	41	100%
Dundee City	3	4%	1	1%	34	50%	26	38%	4	6%		0%	68	100%
East Ayrshire		0%		0%	24	45%	29	55%		0%		0%	53	100%
East Dunbartonshire	1	3%		0%	19	53%	16	44%		0%		0%	36	100%
East Lothian	3	15%		0%	8	40%	9	45%		0%		0%	20	100%
East Renfrewshire	3	12%		0%	10	38%	13	50%		0%		0%	26	100%
Eilean Siar		0%		0%	2	50%	2	50%		0%		0%	4	100%
Falkirk	1	2%	1	2%	13	28%	29	63%	1	2%	1	2%	46	100%
Fife	7	5%	1	1%	56	43%	64	50%	1	1%		0%	129	100%
Glasgow City	17	5%	10	3%	150	45%	151	46%		0%	2	1%	330	100%
Highland	1	1%	2	3%	48	60%	25	31%	4	5%		0%	80	100%
Inverclyde		0%	1	7%	5	36%	8	57%		0%		0%	14	100%
Midlothian		0%	2	10%	8	38%	11	52%		0%		0%	21	100%
Moray	1	4%		0%	12	46%	13	50%		0%		0%	26	100%
North Ayrshire	3	5%	1	2%	29	47%	27	44%	2	3%		0%	62	100%

Private orders	Acquired Brain Injury	%	Alcohol Related Brain Disorder	%	Dementia/ Alzheimer's Disease	%	Learning Disability	%	Mental Illness	%	Other	%	Total	%
North Lanarkshire	9	7%	2	1%	46	33%	80	58%	1	1%		0%	138	100%
Orkney		0%		0%	2	29%	5	71%		0%		0%	7	100%
Perth and Kinross	2	4%	1	2%	25	50%	21	42%	1	2%		0%	50	100%
Renfrewshire	3	3%	2	2%	42	47%	41	46%		0%	1	1%	89	100%
Scottish Borders	1	3%	1	3%	7	21%	25	74%		0%		0%	34	100%
Shetland	1	25%		0%	1	25%	2	50%		0%		0%	4	100%
South Ayrshire	4	6%	3	5%	37	56%	20	30%	2	3%		0%	66	100%
South Lanarkshire	13	7%	5	3%	68	39%	83	47%	4	2%	3	2%	176	100%
Stirling	1	4%		0%	13	50%	12	46%		0%		0%	26	100%
West Dunbartonshire		0%	1	2%	26	63%	13	32%	1	2%		0%	41	100%
West Lothian	3	6%	1	2%	17	34%	28	56%		0%	1	2%	50	100%
Scotland	94	5%	39	2%	806	43%	899	48%	29	2%	9	0%	1876	100%

Table 9.4 Duration of orders granted to local authorities 2014/15

Local Authority	Duration of Orders in Years					Indefinite as % of total
	0 to 3	4 to 5	Over 5	Indefinite	Total	
Aberdeen City	4	5	1	18	28	64%
Aberdeenshire	10	1		14	25	56%
Angus	5	7		1	13	8%
Argyll and Bute	4	1	1	1	7	14%
City of Edinburgh	14	10	2		26	0%
Clackmannanshire	3			2	5	40%
Dumfries and Galloway	18	1	1	1	21	5%
Dundee City	2	5	2	18	27	67%
East Ayrshire	21	1		4	26	15%
East Dunbartonshire	3	2			5	0%
East Lothian	17	1			18	0%
East Renfrewshire	3		1	3	7	43%
Eilean Siar				1	1	100%
Falkirk	15	10	2	8	35	23%
Fife	19	15	11	4	49	8%
Glasgow City	13	7	5	15	40	38%
Highland	27	7		15	49	31%
Inverclyde	4	2			6	0%
Midlothian	2	1			3	0%
Moray	4			3	7	43%
North Ayrshire	14	3		2	19	11%
North Lanarkshire	21	12	1		34	0%
Orkney	1				1	0%
Perth and Kinross	9	2	1	4	16	25%
Renfrewshire	5	7		11	23	48%
Scottish Borders	2	6		2	10	20%
South Ayrshire	11	3		3	17	18%
South Lanarkshire	10	15	2	8	35	23%
Stirling	2	5		1	8	13%
West Dunbartonshire		2	5	1	8	13%
West Lothian	4	2	2	2	10	20%
Grand Total	267	133	37	142	579	25%

Table 9.5 Duration of orders granted to private individuals 2014/15

Private	Duration of Orders in Years					Indefinite as % of total
	0 to 3	4 to 5	Over 5	Indefinite	Total	
Aberdeen City	4	9	2	20	35	57%
Aberdeenshire	9	14	1	31	55	56%
Angus	7	9	6	8	30	27%
Argyll and Bute	5	7	10	4	26	15%
City of Edinburgh	7	23	26	23	79	29%
Clackmannanshire	2	4	2	6	14	43%
Dumfries and Galloway	26	10	3	2	41	5%
Dundee City	4	6	15	43	68	63%
East Ayrshire	8	30	4	11	53	21%
East Dunbartonshire	3	14	6	13	36	36%
East Lothian	9	9	1	1	20	5%
East Renfrewshire	1	10	4	11	26	42%
Eilean Siar		1	1	2	4	50%
Falkirk	8	24	5	9	46	20%
Fife	21	33	41	34	129	26%
Glasgow City	12	166	36	116	330	35%
Highland	9	24	11	36	80	45%
Inverclyde	10	4			14	0%
Midlothian	7	3	8	3	21	14%
Moray	2	7	1	16	26	62%
North Ayrshire	7	33	7	15	62	24%
North Lanarkshire	52	60	16	10	138	7%
Orkney	1	4		2	7	29%
Perth and Kinross	3	6	23	18	50	36%
Renfrewshire	16	19	15	39	89	44%
Scottish Borders	9	8	5	12	34	35%
Shetland				4	4	100%
South Ayrshire	34	15	1	16	66	24%
South Lanarkshire	22	68	42	44	176	25%
Stirling	1	10		15	26	58%
West Dunbartonshire	2	6	12	21	41	51%
West Lothian	8	21	18	3	50	6%
Grand Total	309	657	322	588	1876	31%

Table 9.6 Duration of all orders granted 2014/15

All	Duration of Orders in Years					Indefinite as % of total
	0 to 3	4 to 5	Over 5	Indefinite	Total	
Aberdeen City	8	14	3	38	63	60%
Aberdeenshire	19	15	1	45	80	56%
Angus	12	16	6	9	43	21%
Argyll and Bute	9	8	11	5	33	15%
City of Edinburgh	21	33	28	23	105	22%
Clackmannanshire	5	4	2	8	19	42%
Dumfries and Galloway	44	11	4	3	62	5%
Dundee City	6	11	17	61	95	64%
East Ayrshire	29	31	4	15	79	19%
East Dunbartonshire	6	16	6	13	41	32%
East Lothian	26	10	1	1	38	3%
East Renfrewshire	4	10	5	14	33	42%
Eilean Siar		1	1	3	5	60%
Falkirk	23	34	7	17	81	21%
Fife	40	48	52	38	178	21%
Glasgow City	25	173	41	131	370	35%
Highland	36	31	11	51	129	40%
Inverclyde	14	6			20	0%
Midlothian	9	4	8	3	24	13%
Moray	6	7	1	19	33	58%
North Ayrshire	21	36	7	17	81	21%
North Lanarkshire	73	72	17	10	172	6%
Orkney	2	4		2	8	25%
Perth and Kinross	12	8	24	22	66	33%
Renfrewshire	21	26	15	50	112	45%
Scottish Borders	11	14	5	14	44	32%
Shetland				4	4	100%
South Ayrshire	45	18	1	19	83	23%
South Lanarkshire	32	83	44	52	211	25%
Stirling	3	15		16	34	47%
West Dunbartonshire	2	8	17	22	49	45%
West Lothian	12	23	20	5	60	8%
Grand Total	576	790	359	730	2455	30%





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