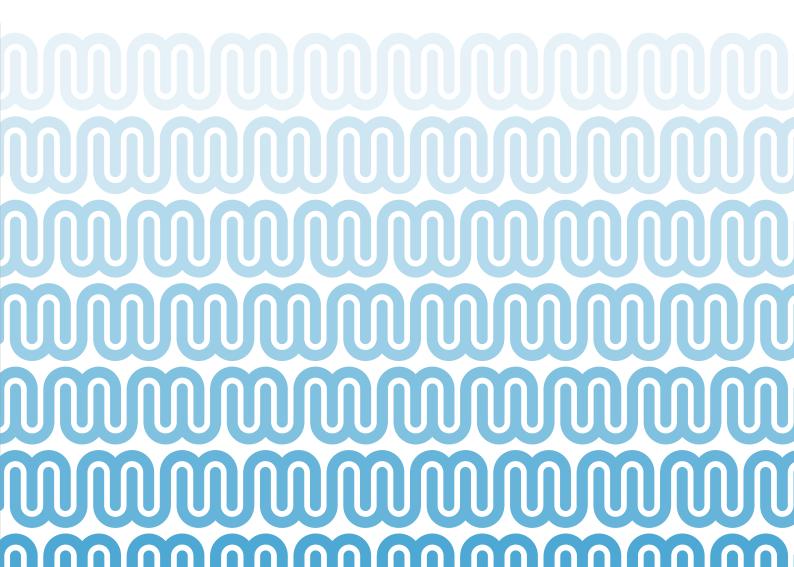


Adults With Incapacity Act monitoring report 2021-22

Statistical Monitoring

October 2022



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

Contents

Summary and key findings	4
Introduction	5
What are welfare powers of attorney and guardianship orders?	5
The role of the Mental Welfare Commission	6
AWI Act law reform	7
This report	8
Our data	9
Extant guardianships	9
Granted guardianship orders	11
Time between application and granting of the order	12
Age	13
Primary diagnosis	14
Guardian type	15
Guardianship renewals	16
Indefinite guardianship orders	17
Geographical variation in number of granted guardianships	19
Medical treatment	24
Concluding remarks	26
References	27
Appendix A - Glossary	28
Appendix B – Data tables	29

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.

This statistical report is published as part of the Commission's duty to monitor AWI data and relates to 2021-22. This year's data is impacted by the implementation of the Coronavirus (Scotland) Act 2020 on 7 April 2020 and its subsequent expiry on 30 September 2021, specifically schedule 3 part 2:

- 'Stop the clock' provisions for guardianships, meaning that whilst the provision was in force the guardianship order was effective, but the time to expiry was paused. This dealt with the issue of possible expiry of guardianships before a renewal application could be lodged at court.
- 'Stop the clock' provisions for section 47 certificates for medical treatment, meaning that whilst the provision was in force the section 47 certificate was effective, but the time to expiry was paused. This dealt with the issue of possible expiry of certificates before a doctor could re-certify.

Key findings

- There was a total of 17,101 individuals subject to a guardianship order in 2022 compared to 16,033 in 2021.
- A total of 3,371 guardianship orders were granted in 2021-22, 52% more than in 2020-21. The 30% decrease seen in 2020-21, presumably linked to COVID-19 pandemic, appears to be distorting comparisons with the previous year. The 2021-22 figure is in line with a 2% annual increase seen in the two years prior to the pandemic (2018-19 and 2019-20).
- 94% of guardianship orders granted in 2021-22 were new orders while 6% were renewals of existing guardianship orders
- Private guardianship orders accounted for 73% of all guardianships granted, similar to previous years.
- The most common primary diagnosis was learning disability (46%), and dementia (39%), similar to last year.
- 80% of the granted orders were for a period of five years or less (compared to 77% last year). 16% were for longer than six years or longer, lower than last year's figure of 17%. 4% were indefinite orders (down from 5% in 2020-21).
- In 2021-22, there were 39 requests for a section 48 visit by a doctor appointed by the Commission for which 33 visits took place. This is similar to the number in 2020-21
- For both requests and visits, the majority were for electro-convulsive therapy (ECT).
- There were 6 requests for an independent second opinion doctor visit under section 50 of the Act. The increase this year, was in part, due to consent issues relating to Covid-19 vaccinations.

Introduction

What are welfare powers of attorney and guardianship orders?

The Adults with Incapacity (Scotland) Act 2000 (AWI Act) introduced a system for safeguarding the welfare and managing the 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, should they become unable to make some or all of their own welfare and/or financial decisions. Whilst a person with capacity can allow someone to manage their finances via a power of attorney, welfare powers 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 do not have such clarity and are left to be determined by the proxy decision maker (attorney). The Commission would suggest the former is a 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 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 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) [2].

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, non-verbal 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.

Whilst this 2021-22 report considers statistical monitoring only, it is important to explain that the Commission also undertakes a critical visiting function.

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.

In 2021-22 we visited 295 adults subject to welfare guardianship orders. Our intention was to meet with 350 people throughout the year however the pandemic impacted negatively such that we achieved only 71% of our annual visit target. 80% of our visits were undertaken 'in person' with most of these (116) taking place between January and March 2022.

With regards the 116 visits in the final quarter of the year, advice was given by Commission officers in 81% of these visits and 61% of these visits highlighted the need for additional action to be taken by the service.

Five of our guardianship visits in relation to people with a diagnosis of alcohol related brain damage (ARBD) were undertaken during March 2021 with the majority (45) undertaken in 2021-22 with four specific recommendations made for health and social care partnerships in our <u>published report in September 2021</u>.

Recommendation 1: Health and Social Care Partnerships should commission suitable, age appropriate and where possible specialist ARBD services.

Recommendation 2: Health and Social Care Partnerships should ensure allocation of the delegated officer role to a named individual to ensure consistency and continuity.

Recommendation 3: Community care review activity within Health and Social Care Partnerships should be dynamic, coordinated processes which include review of personal outcomes, care plans, placement, the guardianship order and whether all or some of the powers remain relevant.

Recommendation 4: Health and Social Care Partnerships' strategic advocacy plans should include focus on accessibility of advocacy support at all stages of the care and support continuum.

All of Scotland's health and social care partnerships have since provided robust action plans in response to the four recommendations which we will monitor.

We know from our visits to people with ARBD and subject to guardianship orders and our earlier <u>Authority to discharge</u> work that there is a significant need and desire from staff to receive training in relation to the AWI Act to support them to be confident and competent in their statutory roles. The Commission is working with NHS Education Scotland to propose training to support both social work/social care and health staff accordingly. This has since been accepted and implementation planned from autumn 2022.

In 2022-23 we will return to our full visiting programme and report the detail of this alongside our next statistical monitoring report.

It is therefore important to note that whilst this is a statistical report only for 2021-22, we recognise that implementation of the AWI Act relates to individual people, their families and those most important to them.

AWI Act law reform

We previously reported on the Scottish Government's consultation on the AWI Act in 2018 seeking views on changes to the legislation and practice around its use. The review addressed

the need to reflect requirements of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) [4] and concerns that many of the processes with the legislation required to be reviewed.

The Scottish Government then established the Scottish Mental Health and Incapacity Law Review (SMHLR); the intent of which was to consider the current three safeguarding acts, the Mental Health (Care and Treatment)(Scotland) Act 2003; the AWI Act; and the Adult Support and Protection (Scotland) Act 2007).

In March 2022 the executive team of the SMHLR issued a consultation setting out some of the proposals for change to mental health and incapacity law. The Commission's response to this consultation can be found here and we welcomed the SMHLR's final report published 30 September 2022 and look forward to working with stakeholders

This report

This report relates to the period 1 April 2021 – 31 March 2022.

Our statistical report looks at the data and trends of existing and new guardianship orders in Scotland. Monitoring these trends, including ongoing reference this year to the significant impact of Covid-19, helps to inform policy and practice.

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 to 31 March. This year's report concerns all granted guardianship orders from 1 April 2021- 31 March 2022 and where appropriate, trends from 2011-12 onwards are presented. 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 2022.

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

In this year's report we also take into account the potential impact of the Covid-19 pandemic, associated emergency legislation and look at changes from previous years' trends.

We follow Public Health Scotland standards on data disclosure, as data relating to mental health and vulnerable populations is considered sensitive [7]. Measures to prevent identification are therefore taken and we supress numbers of less than five where needed.

All percentages throughout the report have been rounded to the closest full number and in places the total may therefore not add up to 100%. Rate per 100,000 population were calculated using mid-2020 population statistics from National Records Scotland for the population aged ≥16 years [8].

Extant guardianships

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 17,101 individuals subject to a guardianship order in Scotland on 31 March 2022 compared to 16,033 in 2021. Glasgow City have the highest number of extant or existing orders (15.4% n=2,642) followed by Fife (7.4% n=1,259).

The number of people on a guardianship order in Scotland has increased over time (Figure 1); compared to 2021 there was a 6.7% increase this year.

A breakdown of characteristics of extant (or existing) guardianship orders is provided in Table A1, which shows that 63% (n= 10,741) of all people on a guardianship order were 45 years or older (the same % figure reported last year), 28.5% (n=4,876) were on an indefinite order, the most common primary diagnoses were learning disability (51%) and dementia (36%), and 78% were subject to a private guardianship order.

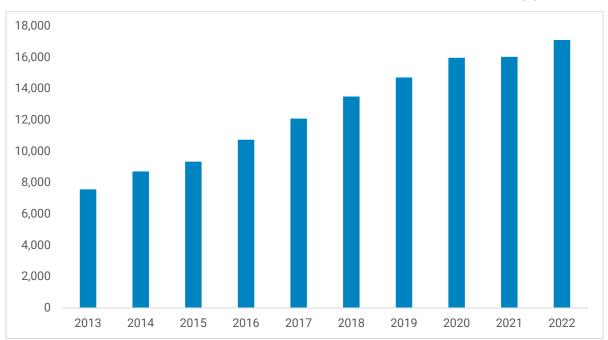


Figure 1. Number of people on a guardianship order in Scotland on 31 March by year

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 confirms that there have only been 15 recalls of orders since 2017.

Granted guardianship orders

A total of 3,371 guardianship orders were granted in 2021-22 (both new orders and renewals), 52% more than in 2020-21.

There was a 30% decrease in granted guardianship orders in 2020-21, understood to be linked to the COVID-19 pandemic and the implementation of the Coronavirus (Scotland) Act 2020. The 'clock was stopped' for guardianship orders on 7 April 2020 according to this Act, meaning that the time to expiry was paused for existing orders. This 'pause' lasted for 176 days until the 'stop the clock' provisions ended on 30 September 2021(Coronavirus (Extension and Expiry) (Scotland) Act 2021). In practice, this meant that 176 days were added on to the original date of expiry of the 'paused' guardianship orders to calculate the new date of expiry. The 52% increase in orders reported this year needs to be understood in this context with recognition that this distorts comparisons with previous years.

It is perhaps helpful to say that the 2021-22 figure is in line with a 2% annual increase seen in the two years prior to the pandemic (2018-19 and 2019-20).

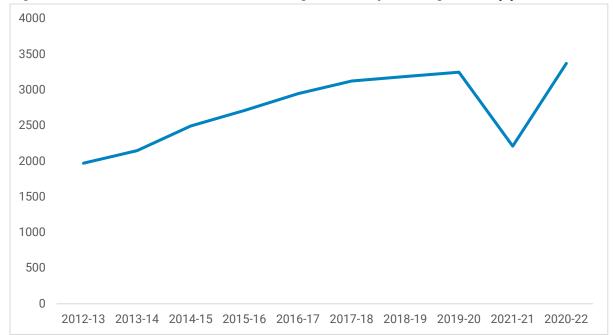


Figure 2. Total number of new and renewed guardianship orders granted by year

For guardianship orders granted in 2021-22 there was an even gender split, and most guardianship orders were for individuals with learning disability (46%) or dementia (39%) (Table 1). This was similar to the previous year. In terms of duration, 80% of the granted orders were for a period of five years or less (compared to 77% last year). 32% of orders granted this year were for 0-3 years compared to 30% in this category last year. 16% were for longer than six years, lower than last year's figure of 17%. 4% were indefinite orders (down from 5% in 2020-21).

Private guardianship orders accounted for 73% of all guardianship orders granted, similar to previous years. (Table A2). Those subject to guardianship orders tended to be older; 64% were

45 years or older (Table 1). The age of those granted a guardianship order in 2020-21 was similar to the previous year.

Table 1. Characteristics of granted guardianship orders 2021-22

Category	Grouping	n (%)
Gender	Male	1,714 (51%)
	Female	1,657 (49%)
Age	16-24	730 (22%)
	25-44	498 (15%)
	45-64	595 (18%)
	65+	1,548 (46%)
Guardian type	Local authority	913 (27%)
	Private	2,458 (73%)
Length of order	0 - 3	1,064 (32%)
	4 - 5	1,634 (48%)
	> 5	527 (16%)
	Indefinite	146 (4%)
Diagnosis	Learning Disability	1,543 (46%)
	Dementia/ Alzheimer's Disease	1,310 (39%)
	Acquired Brain Injury	172 (5%)
	Mental Illness	152 (5%)
	Alcohol Related Brain Damage	143 (4%)
	Other	25 (1%)
	Inability to communicate	10 (0%)

Time between application and granting of the order

The Commission is notified of the date of an AWI hearing in court and also the date the order is granted.

Most (92%) orders were granted within two months or less of the application being made to court, this was an increase compared to 80% in 2020-21 but similar to previous years where on average 92% of orders were granted in two months or less. Compared to the average for the years 2012-13 to 2020-21 we saw slightly fewer orders taking 3–4 months (4% vs 5%) and 5–6 months (1% vs 2%) but a slight increase in orders taking more than six months (3% vs 2%) from application to granting this year.

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 diagnostic categories this year (ARBD was particularly high) with the exception of mental illness. The proportion was also particularly high for renewals.

The Covid-19 pandemic, associated emergency legislation and any number of additional factors may account for delays and it is therefore hard to draw any firm conclusions from this data. Delays can, in some instances however, stop an individual from moving from hospital to a care home and may affect the choice of care home as well, when initial choices are no longer available after delays.

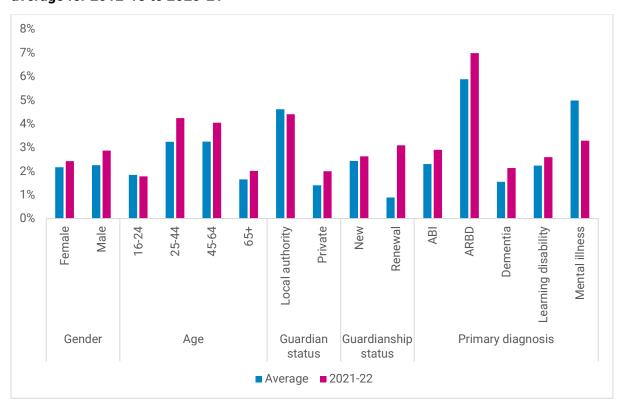


Figure 3. Proportion of orders granted after more than six months in 2021-22 compared to average for 2012-13 to 2020-21

There will be other reasons for delays that may take place before an application reaches court.

During 2021-22, the Commission issued a joint statement with the Scottish Government and met with some Health and Social Care Partnerships to discuss good practice to streamline processes to address delays whilst respecting and upholding the rights of individuals to moves which are safeguarded by legislation. The Commission has also participated in a national group led by Health and Social Care Scotland which is committed to ensuring processes, prior to the lodging of AWI applications, are as efficient as possible with no compromise on the rights of the individuals.

We recommend locally examining the time period between the decision being taken 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.

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 (48% n=440) with only 7% (n=65) of orders in the youngest age group (Figure 4). For private guardianships, orders granted in 2021-22 were also mostly in place for the over 65 year

group however the second biggest category was the youngest age group, 16-24 years (27% n=665) (see Table A5).

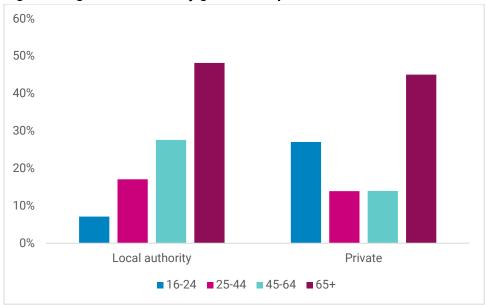


Figure 4. Age of individual by guardianship order status

Primary diagnosis

While the number of granted orders was higher than previous years for all diagnoses, Figure 5 shows that the most notable change was for orders granted for dementia and learning disability.

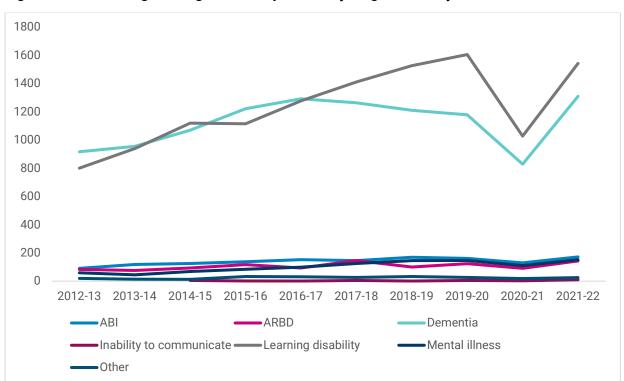


Figure 5. Number of granted guardianship orders by diagnosis and year

Figure 6 reflects that, in previous years, we have seen, on average, an increase in the number of orders granted each year apart from the decrease in number of granted orders across all orders in 2020-21 (with the largest impact that year on learning disability (-36%) and dementia (-30%). Subsequently, in 2021-22 (during which 'stop the clock' provisions ceased) we see a relative increase as expected.

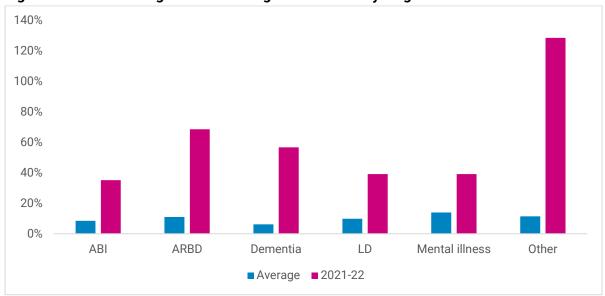


Figure 6. Relative change in number of granted orders by diagnosis

Guardian type

The type of guardian varies by diagnosis (Figure 7); all orders relating to inability to communicate were private as were the orders of most individuals with a diagnosis of dementia or learning disability.

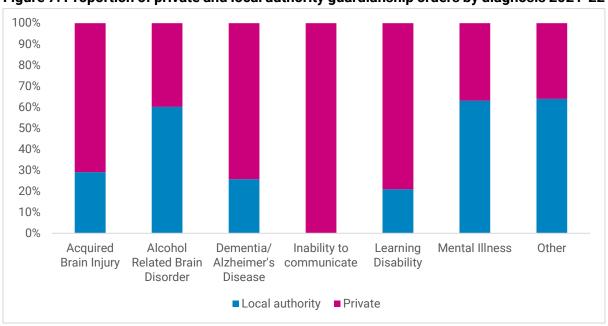


Figure 7. Proportion of private and local authority guardianship orders by diagnosis 2021-22

We looked at the relative change for granted guardianship orders compared to previous years however, again, this data is very skewed because of last year's figures being so low due to the impact of the Covid-19 pandemic. So taking this into account, every category has had a percentage increase this year except Private Other which saw a decline. Also, there was a slightly larger increase in ARBD local authority guardianship orders (69% increase) than private orders (43% increase) compared with last year and a mixed picture with Other guardianship orders that saw a 129% increase in local authority orders and a 25% decrease in private guardianships. We are keen to analyse further this 'Other' category.

Guardianship renewals

The majority (94% n= 3,176) of guardianship orders granted in 2021-22 were new orders while 6% (n=195) were renewals of existing guardianship orders (Figure 8).

It is important to repeat the context of the Coronavirus (Scotland) Act 2020 which came into force on 7 April 2020. At that point the courts were only hearing urgent interim guardianship cases, the Office of the Public Guardian had a minimal amount of staff available and there were less doctors, mental health officers and solicitors available to complete the documentation required for guardianship and renewal of guardianship applications. Therefore to avoid guardianship applications that would have been renewed during this period from expiring before a renewal application could be lodged at court, and leaving the adult without appropriate protection, the 'stop the clock' provisions were brought in and subsequently expired in September 2021. Deviation from the renewal trends of previous years is therefore to be expected.

The decreased number of renewed orders in 2021-22 compared to the previous year is evident across all age groups.

Prior to the pandemic, we had seen a growing proportion of renewals and a corresponding decrease in new orders granted in previous years (Figure 8) which appeared to be explained by a decline in granted orders of indefinite length. The Commission was content with this trend since it supports people's rights under UNCRPD by having their need for proxies judicially reviewed. As applications return to 'business as usual' we will continue to monitor.

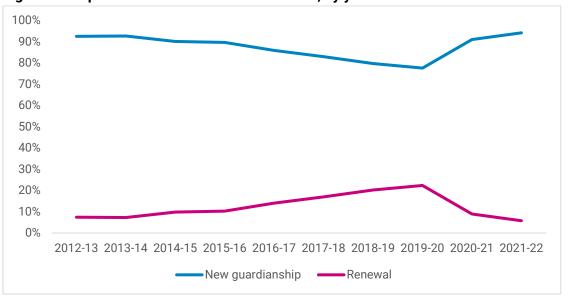


Figure 8. Proportion of new and renewed orders, by year

In 2021-22 there were 195 renewals, compared with 197 renewals in 2020-21. Of the 195 renewals in 2021-22, 69% (n=135) were in relation to individuals with a diagnosis of learning disability and 16% (n=32) for people diagnosed with dementia, with 15% spread across all other categories (Table A3).

Of guardianships granted for people with an acquired brain injury, 3% were renewals compared to 9% in 2020-21. Of guardianships granted for individuals with a learning disability there was also a decrease in the proportion of renewals (9% vs 15% in 2020-21) and similarly for mental illness (7% vs 9% in 2020-21). Conversely, for guardianships granted for people with alcohol related brain damage, 6% were renewals, an increase compared to 4% in 2020-21 and for people with a diagnosis in the 'Other' category, 8% of guardianships were renewals compared to 5% in 2020-21. Of guardianships granted for individuals with a diagnosis of dementia, the proportion that were renewals was the same as 2020-21 at 2%.

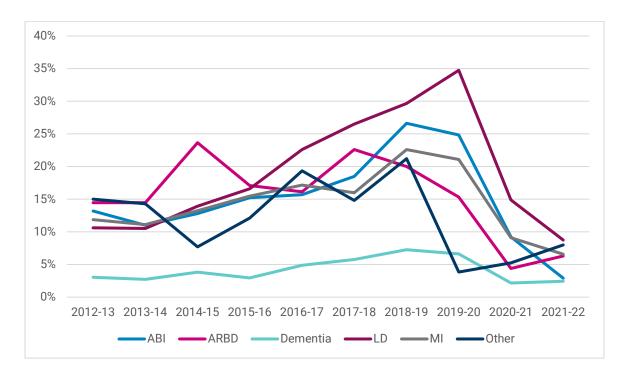


Figure 9. Proportion of orders granted as renewals by diagnosis and year

Indefinite guardianship orders

The Commission believes that an indefinite order may be appropriate in some specific individual cases, for example, an elderly person with 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),¹ where indefinite guardianship orders are used to authorise deprivation of liberty. European case law makes clear that there is a need for regular

¹ Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights, as amended) (ECHR) art 5

review of any restriction of liberty [10]. 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 if circumstances in relation to capacity change.

Over the years, there has been significant 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, from 35% in 2012-13 to 4% in 2021-22. There has been a decline in indefinite guardianship orders across all age groups over time, but most starkly in the age group over 65 years (Table A7). This can be explained by a decline in proportion of indefinite guardianship orders within the age group over 65 years with dementia, from 56% in 2012-13 to 8% in 2021-22 (data not shown).

The proportion of indefinite guardianship orders for all diagnoses continued to decline for all diagnoses apart from ARBD and Mental Illness where 3% of all granted guardianships were indefinite compared to 1% and 2% respectively in 2020-21 (Figure 10). There were no indefinite guardianships granted for 'Other' diagnosis in 2021-22.

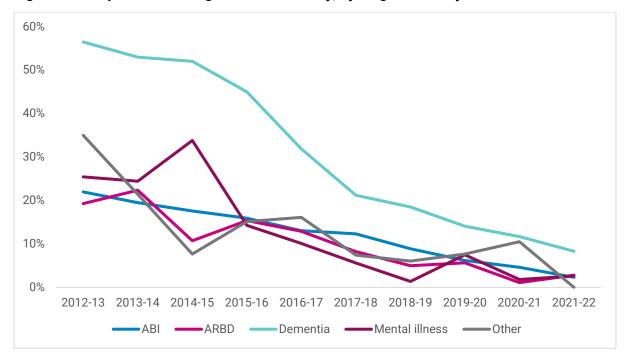


Figure 10. Proportion orders granted indefinitely, by diagnosis and year

We had previously reported on a cross-over of increases in renewals and decreases in indefinite guardianship orders specifically for people with a diagnosis of ABI and learning disability. This year and last year we see the trend in indefinite guardianship orders has continued, but as mentioned above the proportion of renewals among all granted orders deviates from the trend in previous years (Figure 11).

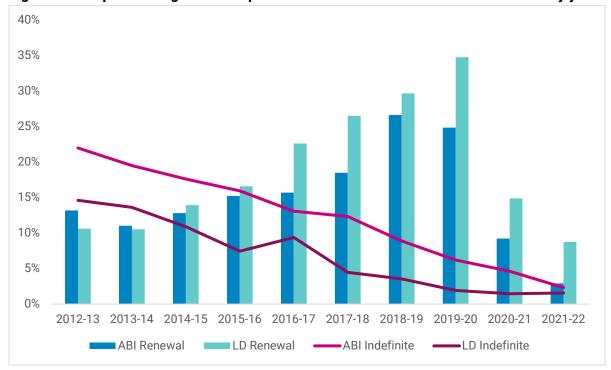


Figure 11. Proportion of guardianship orders for ABI and LD which were indefinite by year

Geographical variation in number of granted guardianships

The number of guardianship orders granted in 2021-22 for each of the local authorities in Scotland are presented in Table A6.

Figure 12 shows the average year-on-year change between 2011-12 and 2019-20, which was 8% for Scotland as a whole with variation between local authorities. In contrast, due to the significant impact of Covid-19, the difference in 2020-21 was -32% for Scotland as a whole, again with variation across local authorities. In 2021-22, during which, 'stop the clock' provisions ended, there was a 52% increase in the number of granted guardianship orders. Given the challenges of recent years, the figures are therefore somewhat skewed as expected.

The overall rate of granted guardianship orders in 2021-22 was 73.8 per 100,000 population in Scotland. The rate varies between local authorities (Table A7), with the highest rates in Highland (132 per 100,000), S. Ayrshire (113 per 100,000), Perth and Kinross (110 per 100,000) and Dumfries and Galloway (109 per 100,000).

Figure 13 provides 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 of 78.4 per 100,000 population.

There is no doubt that the Covid-19 pandemic and emergency legislation have skewed the figures significantly.

We have always said that it must be difficult for Mental Health Officer services to respond to dramatic and unanticipated changes, usually increases in the number of applications, and this has never before been quite as stark as in recent years.

While the reasons for differences between local authorities, whether pre or post pandemic, are complex, it is hoped that local authority staff review this data to help ensure that the Act

is being used where necessary in their area both to consistently 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.

Figure 12. Average year-on-year change (2012-13 to 2019-20) in number of granted guardianships and change between 2020-21 and 2020-22 by local authority

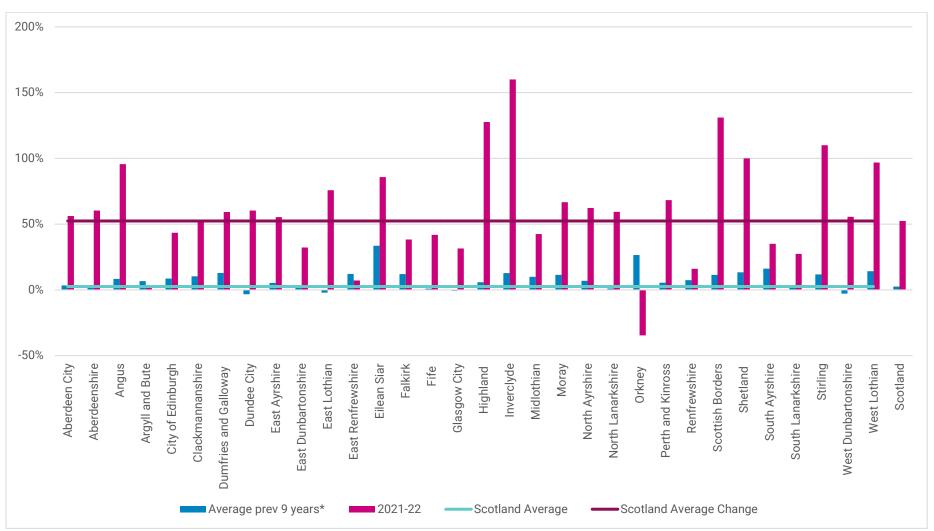


Figure 13. Rate of granted guardianship orders (new and renewed) in 2021-22 per 100 000 population (≥16 years) with 95% confidence intervals by local authority

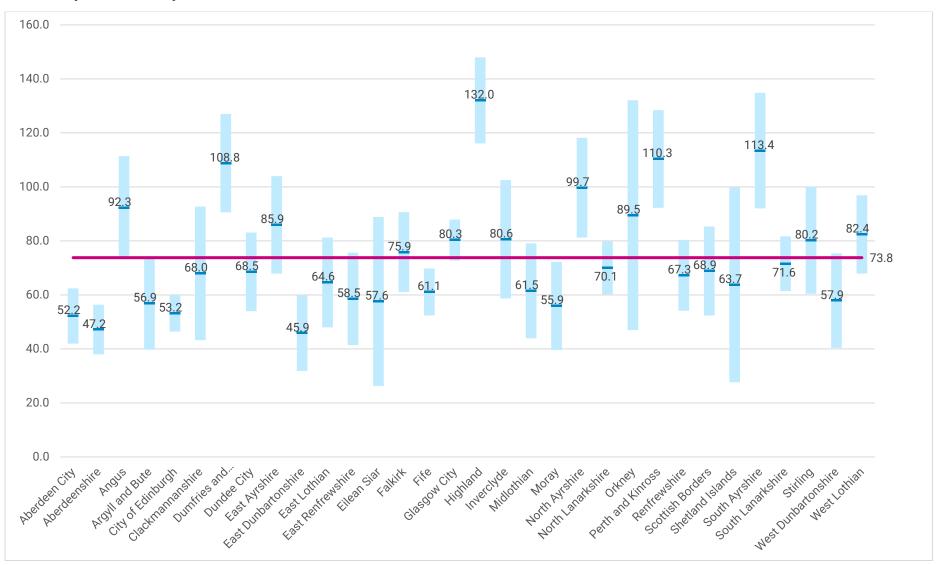
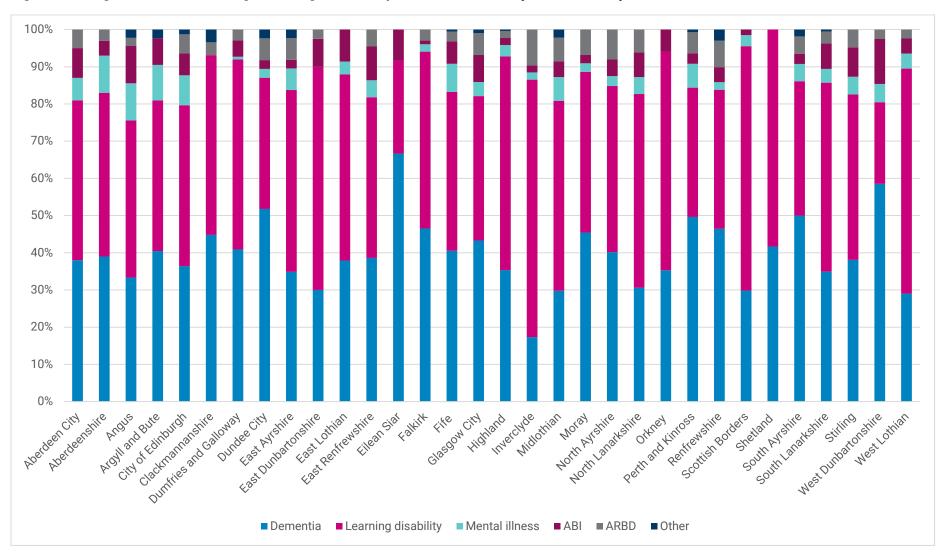


Figure 14. Diagnosis of individuals granted a guardianship order in 2021-22 by local authority



Medical treatment

The Coronavirus (Scotland) Act 2020 included similar 'stop the clock' provisions relating to section 47 certificates for medical treatment meaning that whilst the provision was in force (till 30 September 2021) the section 47 certificate was effective, but the time to expiry was paused. This dealt with the issue of possible expiry of certificates before a doctor could recertify.

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)[10].

These specific treatments are regulated under section 48, for example, electro-convulsive treatment (ECT)². 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 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 [11].

In 2021-22, there were 39 requests for a section 48 visit for which 33 visits took place. This is similar to the number in 2020-21 (Figure 15).

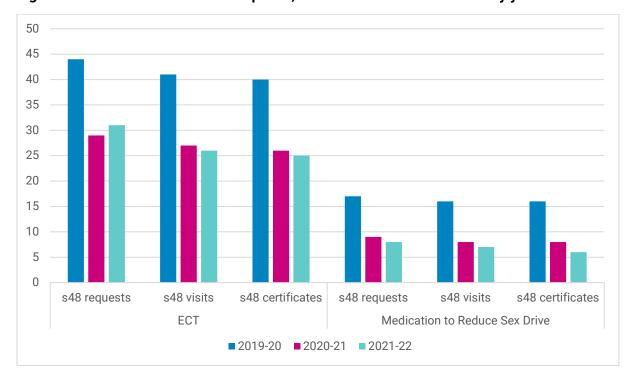


Figure 15. Number of section 48 requests, visits and certificates issued by year

² The Adults with Incapacity (Specified Medical Treatments)(Scotland) Regulations 2002, schedule 1, part 2

For both requests and visits, the majority were for electro-convulsive therapy (ECT) (79% and 79%, respectively), with remaining for drug treatment to reduce sex drive (Table 3).

Table 3. section 48 requests and certificates issued for treatment

Treatment	Requests	Visits a)	Certificates b)
Drug treatment to reduce sex drive	8	7	6
ECT	31	26	25
Total	39	33	31

a)Where a section 48 visit does not do 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 both cases where an independent section 48 doctor visited and did not issue a section 48 certificate, they considered there had been clinical improvement and the proposed treatment was no longer necessary.

In 2021-22 there were six requests for an independent second opinion doctor visit under section 50.

This is an increase in numbers of section 50 visit requests compared to less than five over previous years. The increase this year, was in part, due to consent issues relating to Covid vaccinations.

Concluding remarks

This statistical report 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 17,101 individuals subject to a guardianship order in 2022 compared to 16,033 people in 2021. A total of 3,371 guardianship orders were granted in 2021-22, 52% more than in 2020-21. We expected these increases with the expiry of the Coronavirus (Scotland) Act 2020 and services remobilising with a return to as close to 'business as usual' as possible.

Whilst our trend data is skewed given the impact of the pandemic and the emergency Covid-19 legislation over the past couple of years, the constant has been 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. It was the case in 2020-22, like all other years, that those who needed the protection of the AWI Act should have had it.

References

- 1. Adults with Incapacity Act (Scotland) Act 2000 (asp 4) s 9.
- 2. Adults with Incapacity Act (Scotland) Act 2000 (asp 4) s 10(1).
- 3. United Nations. Convention on the Rights of Persons with Disabilities (CRPD) [Internet]. A/RES/61/106 2006. Available from: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
- 4. Mental Welfare Commission for Scotland. Adults with Incapacity Act statistical monitoring 2017-18. 2018.
- 5. Public Health Scotland. Statistical Disclosure Control Protocol Version Control Record Version Description of change(s) Reason for change Author Date. 2020.
- 6. National Records Scotland. Mid-2020 Population Estimates Scotland [Internet]. 2021 [cited 2021 Sep 13]. Available from: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020
- 7. New York State Department of Health. Rates Based on Small Numbers Statistics Teaching Tools New York State Department of Health [Internet]. 1999 [cited 2021 Sep 13]. Available from: https://www.health.ny.gov/diseases/chronic/ratesmall.htm
- 8. Mental Welfare Commission for Scotland. Advice notes Deprivation of liberty [Internet]. 2020 [cited 2021 Sep 13]. Available from: https://www.mwcscot.org.uk/sites/default/files/2021-03/deprivation_of_liberty_2021.pdf
- Mental Welfare Commission for Scotland. Adults With Incapacity Act monitoring report 2019-20 [Internet]. 2020 [cited 2021 Sep 13]. Available from: https://www.mwcscot.org.uk/sites/default/files/2020-09/AWI_MonitoringReport_2019-20.pdf
- 10. Adults with Incapacity Act (Scotland) Act 2000 (asp 4) s 47.
- 11. Adults with Incapacity Act (Scotland) Act 2000 (asp 4) s 50(9).

Appendix A - Glossary

ABI Acquired Brain Injury

ARBD Alcohol-related brain damage

ASPA Adult Support and Protection (Scotland) Act
AWI Act Adults with Incapacity (Scotland) Act 2000

CSWO 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 (e.g.

Huntington's Disease)

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

MHO Mental health officer
RSE Relative Standard Error

s47 Certificate issued by a doctor where the adult cannot consent

to the treatment being given

\$48 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

Table A1. Extant guardianships in Scotland as of 31 March 2022

Category	Grouping	n (%)
Guardian	LA	3,785 (22.1%)
	Private	13,316 (77.9%)
Local Authority	Aberdeen City	650 (3.8%)
	Aberdeenshire	701 (4.1%)
	Angus	352 (2.1%)
	Argyll and Bute	214 (1.3%)
	City of Edinburgh	999 (5.8%)
	Clackmannanshire	166 (1.0%)
	Dumfries and Galloway (LA)	567 (3.3%)
	Dundee City	650 (3.8%)
	East Ayrshire	409 (2.4%)
	East Dunbartonshire	245 (1.4%)
	East Lothian	214 (1.3%)
	East Renfrewshire	234 (1.4%)
	Eilean Siar	94 (0.5%)
	Falkirk	485 (2.8%)
	Fife	1,259 (7.4%)
	Glasgow City	2,642 (15.4%)
	Highland	1,078 (6.3%)
	Inverciyde	123 (0.7%)
	Midlothian	205 (1.2%)
	Moray	288 (1.7%)
	North Ayrshire	450 (2.6%)
	North Lanarkshire	880 (5.1%)
	Orkney	80 (0.5%)
	Perth and Kinross	693 (4.1%)
	Renfrewshire	641 (3.7%)
	Scottish Borders	
	Shetland	278 (1.6%) 48 (0.3%)
	South Ayrshire	
	South Ayisilie South Lanarkshire	410 (2.4%)
		1,071 (6.3%)
	Stirling	299 (1.7%)
	West Dunbartonshire	268 (1.6%)
	West Lothian	408 (2.4%)
Age (years)	16-24	2,604 (15.2%)
	25-44	3,756 (22.0%)
	45-64	3,108 (18.2%)
	65+	7,633 (44.6%)
Gender	Male	8,617 (50.4%)
	Female	8,484 (49.6%)
Length	0-3 years	2,272 (13.3%)
	4-5 years	6,176 (36.1%)
	>5 years	3,777 (22.1%)
	Indefinite	4,876 (28.5%)
Diagnosis	ABI	813 (4.8%)
	ARBD	565 (3.3%)
	Dementia	6,102 (35.7%)
	Inability to communicate	27 (0.2%)
	Learning disability	8,791 (51.4%)
	Mental illness	621 (3.6%)
	Other	163 (1.0%)
	Unknown ^a	19 (0.1%)
Total		17,101

^ano information about diagnosis available in the record

Table A2. Number of Local Authority (LA) and private (P) guardianships, by local authority and year

	2012	_	2013		2014	-	2015	-16	2016		2017	_	2018		2019	-20	2020		2021	
	LA	Р	LA	Р	LA	Р														
Aberdeen City	17	41	15	63	25	36	26	52	29	56	17	61	30	64	24	54	25	39	42	58
Aberdeenshire	14	51	9	63	24	56	22	59	20	78	23	86	29	67	29	76	26	37	33	68
Angus	12	17	7	24	15	29	13	35	26	29	26	45	26	32	25	41	26	20	39	51
Argyll and Bute	5	21	9	17	7	26	16	26	8	29	9	30	*	38	17	26	10	31	11	31
City of Edinburgh	19	81	27	88	22	83	49	95	58	129	45	120	70	134	81	140	55	111	87	151
Clackmannanshire	*	16	*	7	6	14	5	28	5	31	6	24	6	22	6	17	*	16	*	27
Dumfries and Galloway	19	29	13	33	19	41	47	72	32	85	27	87	45	102	29	97	26	60	32	105
Dundee City	35	62	39	57	29	66	21	49	32	75	25	58	29	70	39	57	16	37	27	58
East Ayrshire	23	28	22	27	28	53	23	78	24	64	35	63	25	59	36	60	22	34	44	43
East Dunbartonshire	*	32	*	34	5	36	*	37	6	30	5	45	8	36	8	47	*	27	6	35
East Lothian	23	39	10	22	19	19	17	30	8	26	11	40	16	32	16	37	6	27	12	46
East Renfrewshire	5	19	*	17	6	29	7	30	*	26	7	38	5	30	*	26	6	36	10	35
Eilean Siar	*	10	*	*	*	*	5	11	5	24	*	13	*	16	*	14	*	*	*	11
Falkirk	15	23	22	32	33	48	27	65	25	54	32	67	24	67	31	79	28	45	29	72
Fife	57	88	55	106	48	134	70	145	59	146	102	161	63	166	54	150	43	91	57	133
Glasgow City	61	329	45	307	44	336	54	324	43	325	55	388	55	394	62	448	32	295	70	360
Highland	48	45	32	79	46	82	46	101	88	115	66	99	67	121	67	131	43	73	81	183
Inverclyde	*	8	*	17	7	14	9	11	12	26	8	23	9	21	10	14	8	12	14	38
Midlothian	6	14	5	13	*	21	12	20	10	23	15	38	17	37	14	25	12	21	17	30
Moray	*	18	*	12	8	25	11	33	12	43	12	26	6	38	10	22	*	23	10	35
North Ayrshire	7	41	14	48	19	64	8	58	18	69	11	69	28	61	28	61	16	53	27	85
North Lanarkshire	29	111	25	140	34	141	41	147	30	153	60	177	57	192	50	175	32	91	56	140
Orkney	*	5	*	10	*	8	5	13	*	6	*	5	*	5	6	11	9	17	6	11
Perth and Kinross	19	44	12	61	17	52	16	48	27	50	39	61	25	63	35	76	36	49	48	95
Renfrewshire	11	49	21	69	23	89	36	105	25	90	25	85	20	109	26	83	27	60	22	79
Scottish Borders	5	13	8	23	10	36	12	28	13	29	10	48	15	37	13	32	9	20	10	57
Shetland	*	*	*	*	*	*	*	5	*	5	*	6	*	6	*	6	*	*	*	10
South Ayrshire	9	23	9	48	17	67	22	76	16	74	27	90	25	91	19	7 9	18	62	27	81
South Lanarkshire	38	113	34	117	35	179	38	136	46	181	54	156	36	171	47	190	34	116	43	148
Stirling	6	21	13	38	8	26	6	28	11	53	18	31	16	42	23	39	9	21	16	47
West Dunbartonshire	9	32	8	30	8	43	11	46	9	37	8	24	5	34	9	26	7	20	9	33
West Lothian	10	31	11	58	12	53	7	34	18	63	16	59	15	47	20	70	, 17	46	22	102
Scotland	518	1.454	484	1.664	579	1.915	686	2.025	723	2,224	801	2,323	783	2,404	840	2,409	611	1.601	913	2,458

^{*} n<5 or secondary suppression

Table A3. Granted guardianships 2021-22 by guardianship status, n (%)

Characteristic	Total (n=3,371)	New guardianship (n=3,176)	Renewal (n=195)
Gender	(11 0)01 1)	(5) 5)	()
Female	1657 (49%)	1562 (49%)	95 (49%)
Male	1714 (51%)	1614 (51%)	100 (51%)
Age	` ,	, ,	, ,
16-24	730 (22%)	684 (22%)	46 (24%)
25-44	498 (15%)	435 (14%)	63 (32%)
45-64	595 (18%)	545 (17%)	50 (26%)
65+	1548 (46%)	1512 (48%)	36 (18%)
Diagnosis	` ,	, ,	` ,
Acquired Brain Injury	172 (5%)	167 (5%)	5 (3%)
Alcohol Related Brain Disorder	143 (4%)	134 (4%)	9 (5%)
Dementia/ Alzheimer's Disease	1310 (39%)	1278 (40%)	32 (16%)
Inability to communicate	10 (0%)	*	*
Learning Disability	1543 (46%)	1408 (44%)	135 (69%)
Mental Illness	152 (5%)	142 (4%)	10 (5%)
Other	25 (1 [°] %)	*	*
Length	, ,		
0 - 3	1064 (32%)	1032 (32%)	32 (16%)
4 - 5	1634 (48%)	1525 (48%)	109 (56%)
> 5	527 (16%)	476 (15%)	51 (26%)
Indefinite	146 (4%)	*	*
Guardian status	, ,		
Local authority	903 (27%)	843 (27%)	60 (31%)
Private	2468 (73%)	2333 (73%)	135 (69%)

^{*} n<5 or secondary suppression to maintain confidentiality

Table A4. Proportion of renewed orders by age, gender and year

	16-24 y	ears	25-44 y	ears	45-64 y	ears	65+ ye	ars
	Female	Male	Female	Male	Female	Male	Female	Male
2012-13	10%	8%	21%	12%	13%	11%	3%	3%
2013-14	10%	8%	16%	14%	12%	10%	3%	3%
2014-15	14%	11%	18%	19%	14%	16%	4%	5%
2015-16	14%	15%	17%	20%	17%	17%	4%	5%
2016-17	23%	19%	32%	25%	17%	20%	6%	5%
2017-18	19%	25%	38%	31%	20%	25%	6%	6%
2018-19	25%	26%	36%	37%	29%	26%	9%	9%
2019-20	33%	29%	34%	44%	34%	30%	8%	8%
2020-21	14%	11%	16%	19%	11%	14%	2%	4%
2021-22	7%	6%	14%	11%	10%	8%	2%	2%

Table A5.Granted guardianships orders (new and renewed) 2021-22 by guardian status, n (%)

	Total	Local authority	Private
Gender			
Female	1,657 (49%)	431 (47%)	1,226 (50%)
Male	1,714 (51%)	482 (53%)	1,232 (50%)
Age			
16-24	730 (22%)	65 (7%)	665 (27%)
25-44	498 (15%)	156 (17%)	342 (14%)
45-64	595 (18%)	252 (28%)	343 (14%)
65+	1,548 (46%)	440 (48%)	1,108 (45%)
Primary diagnosis*			
Acquired Brain Injury	172 (5%)	50 (5%)	122 (5%)
Alcohol Related Brain Disorder	143 (4%)	86 (9%)	57 (2%)
Dementia/ Alzheimer's Disease	1,310 (39%)	337 (37%)	973 (40%)
Inability to communicate	10 (100%)	-	10 (100%)
Learning Disability	1,543 (46%)	323 (35%)	1,220 (50%)
Mental Illness	152 (5%)	96 (11%)	56 (2%)
Other	25 (1%)	16 (2%)	9 (0%)
Length of guardianship			
0 - 3	1,064 (32%)	515 (56%)	549 (22%)
4 - 5	1,634 (48%)	313 (34%)	1,321 (54%)
> 5	527 (16%)	66 (7%)	461 (19%)
Indefinite	146 (4%)	19 (2%)	127 (5%)
Guardianship status			
New	3,176 (94%)	851 (93%)	2,325 (95%)
Renewal	195 (6%)	62 (7%)	133 (5%)

^{*}Primary diagnosis does not add to Total as there were 16 people with guardianships who had no recorded diagnosis

Table A6. Granted guardianships 2021-22 by diagnosis, n (%)

	Total	ABI	ARBD	Dementia	Inability to communicate	Learning Disability	Mental Illness	Other
Characteristic	(n=3,355)	(n=172)	(n=143)	(n=1,310)	(n=10)	(n=1,543)	(n=152)	(n=25)
Gender								
Female	1,649 (49%)	60 (35%) 112	52 (36%)	809 (62%)	*	631 (41%)	79 (52%)	14 (56%)
Male	1,706 (51%)	(65%)	91 (64%)	501 (38%)	*	912 (59%)	73 (48%)	11 (44%)
Age								
16-24	729 (22%)	10 (6%)	*	*	*	709 (46%)	6 (4%)	*
25-44	495 (15%)	21 (12%)	4 (3%)	7 (1%)	*	433 (28%)	25 (16%)	*
45-64	593 (18%)	74 (43%)	76 (53%)	66 (5%) 1,236	*	294 (19%)	70 (46%)	9 (36%)
65+	1,538 (46%)	67 (39%)	63 (44%)	(94%)	*	107 (7%)	51 (34%)	10 (40%)
Length of guardianship								
0 - 3	1,059 (32%)	66 (38%)	79 (55%)	392 (30%)	*	433 (28%)	76 (50%)	11 (44%)
4 - 5	1,625 (48%)	83 (48%)	49 (34%)	621 (47%)	7 (70%)	796 (52%)	58 (38%)	11 (44%)
> 5	526 (16%)	19 (11%)	11 (8%)	188 (14%)	*	290 (19%)	*	*
Indefinite	145 (4%)	*	*	109 (8%)	*	24 (2%)	*	*
Guardian								
LA	908 (27%)	50 (29%) 122	86 (60%)	337 (26%)	*	323 (21%)	96 (63%)	16 (64%)
Private	2,447 (73%)	(71%)	57 (40%)	973 (74%)	10 (100%)	1,220 (79%)	56 (37%)	9 (36%)
Guardianship status								
		167		1278				
New	3,161 (94%)	(97%)	134 (94%)	(98%)	*	1,408 (91%)	142 (93%)	*
Renewed	194 (6%)	5 (3%)	9 (6%)	32 (2%)	*	135 (9%)	10 (7%)	*

^{*} n<5 or secondary suppression to maintain confidentiality

Note: 16 people with guardianships had no recorded diagnosis so are not included in this table

Table A7. Length of guardianships (years) by age group

		16-2	4 years			25-4	4 years			45-6	4 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
2012-13	29%	42%	18%	10%	22%	48%	16%	14%	30%	33%	17%	20%	17%	17%	10%	56%
2013-14	27%	45%	17%	12%	23%	39%	25%	13%	29%	39%	17%	16%	17%	19%	11%	53%
2014-15	27%	50%	16%	7%	28%	43%	19%	10%	32%	37%	17%	15%	18%	20%	12%	51%
2015-16	30%	47%	18%	6%	35%	39%	20%	6%	31%	43%	16%	10%	20%	24%	13%	43%
2016-17	24%	52%	15%	9%	21%	52%	19%	8%	31%	41%	17%	10%	19%	29%	21%	31%
2017-18	25%	49%	23%	3%	24%	47%	26%	4%	33%	44%	17%	6%	21%	38%	20%	21%
2018-19	26%	54%	19%	2%	26%	48%	23%	3%	33%	48%	15%	4%	23%	42%	17%	18%
2019-20	26%	50%	22%	1%	28%	47%	24%	1%	28%	46%	22%	4%	25%	45%	16%	13%
2020-21	32%	49%	18%	1%	25%	44%	29%	2%	34%	49%	15%	2%	29%	46%	14%	10%
2021-22	31%	52%	16%	1%	30%	48%	22%	1%	37%	47%	14%	2%	30%	47%	14%	8%

Indef: Indefinite order

Table A8. Number of guardianships granted, by local authority and year

Local Authority	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Aberdeen City	58	78	61	78	85	78	94	78	64	100
Aberdeenshire	65	72	80	81	98	109	96	105	63	101
Angus	29	31	44	48	55	71	58	66	46	90
Argyll and Bute	26	26	33	42	37	39	41	43	41	42
City of Edinburgh	100	115	105	144	187	165	204	221	166	238
Clackmannanshire	20	9	20	33	36	30	28	23	19	29
Dumfries and Galloway	48	46	60	119	117	114	147	126	86	137
Dundee City	97	96	95	70	107	83	99	96	53	85
East Ayrshire	51	49	81	101	88	98	84	96	56	87
East Dunbartonshire	33	36	41	40	36	50	44	55	31	41
East Lothian	62	32	38	47	34	51	48	53	33	58
East Renfrewshire	24	21	35	37	29	45	35	30	42	45
Eilean Siar	10	*	*	16	29	16	19	14	7	13
Falkirk	38	54	81	92	79	99	91	110	73	101
Fife	145	161	182	215	205	263	229	204	134	190
Glasgow City	390	352	380	378	368	443	449	510	327	430
Highland	93	111	128	147	203	165	188	198	116	264
Inverclyde	12	21	21	20	38	31	30	24	20	52
Midlothian	20	18	25	32	33	53	54	39	33	47
Moray	21	15	33	44	55	38	44	32	27	45
North Ayrshire	48	62	83	66	87	80	89	89	69	112
North Lanarkshire	140	165	175	188	183	237	249	225	123	196
Orkney	*	13	9	18	8	8	9	17	26	17
Perth and Kinross	63	73	69	64	77	100	88	111	85	143
Renfrewshire	60	90	112	141	115	110	129	109	87	101
Scottish Borders	18	31	46	40	42	58	52	45	29	67
Shetland	*	*	*	6	8	7	7	8	6	12
South Ayrshire	32	57	84	98	90	117	116	98	80	108
South Lanarkshire	151	151	214	174	227	210	207	237	150	191
Stirling	27	51	34	34	64	49	58	62	30	63
West Dunbartonshire	41	38	51	57	46	32	39	35	27	42
West Lothian	41	69	65	41	81	75	62	90	63	124
Scotland	1,972	2,148	2,494	2,711	2,947	3,124	3,187	3,249	2,212	3,371

^{*} n<5 or secondary suppression to maintain confidentiality

Table A9. Rate of granted guardianships with mid-year population estimates (≥16 years) by local authority

Local Authority	Rate	Orders	Population	
Aberdeen City	52.2	100	191,570	
Aberdeenshire	47.2	101	214,112	
Angus	92.3	90	97,481	
Argyll and Bute	56.9	42	73,779	
City of Edinburgh	53.2	238	447,644	
Clackmannanshire	68	29	42,663	
Dumfries and Galloway	109	137	125,908	
Dundee City	68.5	85	124,016	
East Ayrshire	85.9	87	101,228	
East Dunbartonshire	45.9	41	89,372	
East Lothian	64.6	58	89,758	
East Renfrewshire	58.5	45	76,879	
Eilean Siar	57.6	13	22,580	
Falkirk	75.9	101	133,136	
Fife	61.1	190	311,050	
Glasgow City	80.3	430	535,249	
Highland	132	264	199,930	
Inverclyde	80.6	52	64,503	
Midlothian	61.5	47	76,399	
Moray	55.9	45	80,469	
North Ayrshire	99.7	112	112,329	
North Lanarkshire	70.1	196	279,794	
Orkney	89.5	17	18,987	
Perth and Kinross	110	143	129,592	
Renfrewshire	67.3	101	150,156	
Scottish Borders	68.9	67	97,297	
Shetland	63.7	12	18,836	
South Ayrshire	113	108	95,206	
South Lanarkshire	71.6	191	266,930	
Stirling	80.2	63	78,522	
West Dunbartonshire	57.9	42	72,556	
West Lothian	82.4	124	150,447	
Scotland	73.8	3,371	4,568,378	

Table A10. Number of new and renewed granted guardianships, by local authority and year

	2012-13		2013-14		2014-15		2015 -16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	2
Local Authority	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R
Aberdeen City	55	*	71	7	56	5	74	*	79	6	74	*	80	14	64	14	62	*	90	10
Aberdeenshire	56	9	68	*	72	8	71	10	77	21	90	19	81	15	88	17	57	6	99	*
Angus	27	*	31	*	42	*	42	6	42	13	66	5	43	15	45	21	42	*	89	*
Argyll and Bute	26	*	25	*	31	*	39	*	31	6	36	*	34	7	35	8	35	6	41	*
City of Edinburgh	93	7	105	10	94	11	131	13	170	17	145	20	172	32	177	44	149	17	231	7
Clackmannanshire	20	*	9	*	17	*	30	*	33	*	26	*	24	*	19	*	14	5	26	*
Dumfries and Galloway	43	5	41	5	44	16	103	16	100	17	87	27	93	54	95	31	79	7	129	8
Dundee City	97	*	92	*	92	*	67	*	100	7	70	13	93	6	83	13	47	6	83	*
East Ayrshire	38	13	43	6	67	14	87	14	69	19	76	22	65	19	66	30	50	6	82	5
East Dunbartonshire	32	*	34	*	38	*	38	*	32	*	34	16	33	11	47	8	28	*	36	5
East Lothian	61	*	28	*	35	*	36	11	26	8	36	15	37	11	39	14	31	*	57	*
East Renfrewshire	23	*	20	*	35	*	32	5	26	*	39	6	32	*	23	7	38	*	43	*
Eilean Siar	10	*	*	*	5	*	16	*	29	*	12	*	17	*	14	*	7	*	13	*
Falkirk	36	*	50	*	64	17	80	12	66	13	85	14	82	9	80	30	67	6	99	*
Fife	134	11	149	12	166	16	201	14	178	27	232	31	177	52	168	36	122	12	185	5
Glasgow City	373	17	344	8	362	18	342	36	314	54	366	77	355	94	402	108	303	24	409	21
Highland	88	5	102	9	118	10	133	14	176	27	137	28	155	33	153	45	108	8	258	6
Inverclyde	10	*	18	*	19	*	15	5	31	7	23	8	24	6	18	6	19	*	50	*
Midlothian	19	*	18	*	23	*	24	8	26	7	45	8	42	12	30	9	32	*	46	*
Moray	16	5	14	*	27	6	41	*	53	*	33	5	38	6	30	*	27	*	44	*
North Ayrshire	46	*	55	7	77	6	61	5	72	15	65	15	77	12	64	25	60	9	97	15
North Lanarkshire	118	22	145	20	140	35	156	32	151	32	178	59	177	72	151	74	116	7	192	*
Orkney	9	*	11	*	8	*	12	6	6	*	7	*	5	*	15	*	24	*	16	*
Perth and Kinross	54	9	64	9	65	*	61	*	66	11	85	15	78	10	92	19	79	6	135	8
Renfrewshire	59	*	88	*	106	6	135	6	97	18	88	22	104	25	85	24	76	11	98	*
Scottish Borders	14	*	28	*	40	6	35	5	37	5	51	7	43	9	37	8	23	6	67	*
Shetland	*	*	*	*	*	*	6	*	8	*	7	*	7	*	6	*	6	*	11	*
South Ayrshire	28	*	51	6	73	11	87	11	73	17	95	22	90	26	71	27	68	12	87	21
South Lanarkshire	139	12	140	11	192	22	157	17	202	25	170	40	160	47	182	55	139	11	163	28
Stirling	26	*	44	7	31	*	29	5	61	*	44	5	45	13	47	15	27	*	56	7
West Dunbartonshire	38	*	35	*	50	*	55	*	43	*	29	*	35	*	33	*	26	*	41	*
West Lothian	37	*	64	5	55	10	35	6	59	22	61	14	43	19	63	27	53	10	103	21
Scotland	1,825	147	1,992	156	2,248	246	2,431	280	2,533	414	2,592	532	2,541	646	2,522	727	2,014	198	3,176	195

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

Table A11. Relative change to last year by age and local authority

	Age Group								
Local Authority	16-24	25-44	45-64	65+					
Aberdeen City	81%	113%	63%	28%					
Aberdeenshire	81%	30%	27%	73%					
Angus	156%	-18%	100%	140%					
Argyll and Bute	0%	0%	-40%	18%					
City of Edinburgh	7%	76%	11%	77%					
Clackmannanshire	150%	-33%	0%	150%					
Dumfries and Galloway	32%	64%	100%	57%					
Dundee City	-24%	-13%	250%	100%					
East Ayrshire	160%	200%	20%	28%					
East Dunbartonshire	44%	75%	40%	8%					
East Lothian	0%	0%	233%	180%					
East Renfrewshire	0%	-20%	-50%	83%					
Eilean Siar	100%	-100%	0%	200%					
Falkirk	71%	9%	57%	29%					
Fife	52%	19%	22%	54%					
Glasgow City	18%	41%	16%	40%					
Highland	253%	115%	186%	81%					
Inverclyde	275%	300%	100%	83%					
Midlothian	0%	233%	-11%	57%					
Moray	50%	0%	100%	100%					
North Ayrshire	29%	-19%	142%	93%					
North Lanarkshire	10%	100%	67%	72%					
Orkney	0%	-63%	0%	-33%					
Perth and Kinross	100%	129%	23%	60%					
Renfrewshire	25%	-14%	31%	18%					
Scottish Borders	300%	-10%	175%	156%					
Shetland	400%	0%	-50%	300%					
South Ayrshire	-6%	129%	-9%	65%					
South Lanarkshire	54%	62%	62%	1%					
Stirling	167%	133%	-56%	222%					
West Dunbartonshire	-20%	-25%	133%	87%					
West Lothian	142%	333%	40%	69%					

Table A12. Relative change to 2020-21 by diagnosis and local authority

Local Authority	Dementia	LD	Mental Illness	ABI	ARBD	Other
Aberdeen City	31%	72%	0%	167%		-100%
Aberdeenshire	95%	33%	100%	33%	50%	
Angus	233%	46%	29%	200%		100%
Argyll and Bute	21%	-15%	33%	0%	-100%	
City of Edinburgh	72%	17%	90%	75%	33%	50%
Clackmannanshire	63%	56%		-100%		
Oumfries and Galloway	47%	75%	0%	100%	0%	
Oundee City	132%	7%	0%		25%	
East Ayrshire	58%	110%	150%	-67%	-29%	0%
ast Dunbartonshire	71%	71%	-100%	-25%	-67%	-100%
East Lothian	100%	38%		400%		
ast Renfrewshire	42%	-37%				
Eilean Siar	167%	-25%				
-alkirk	96%	37%	-67%	-80%	0%	
Fife Fife	63%	30%	40%	22%	-17%	0%
Glasgow City	35%	19%	0%	63%	79%	100%
Highland	79%	196%	100%	25%	0%	
nverclyde	350%	157%		-50%	150%	
Midlothian	40%	50%	50%	-33%	200%	0%
Moray	82%	90%	-50%	-50%	200%	-100%
North Ayrshire	73%	43%	0%	25%	800%	
North Lanarkshire	40%	70%	29%	44%	200%	
Orkney	-50%	-9%	-100%	0%		
Perth and Kinross	75%	63%	200%	-50%	300%	-50%
Renfrewshire	31%	3%	-33%	-20%	40%	200%
Scottish Borders	186%	120%	100%	0%		
Shetland	400%	40%				
South Ayrshire	69%	15%	25%	-50%	67%	100%
South Lanarkshire	-7%	71%	40%	44%	-14%	-50%
Stirling	200%	87%	200%	67%	0%	
West Dunbartonshire	100%	-25%	100%	400%	0%	
West Lothian	64%	142%	150%	25%	0%	-100%



If you have any comments or feedback on this publication, please contact us:

Mental Welfare Commission for Scotland Thistle House, 91 Haymarket Terrace, Edinburgh, EH12 5HE

Tel: 0131 313 8777 Fax: 0131 313 8778

Freephone: 0800 389 6809 mwc.enquiries@nhs.scot www.mwcscot.org.uk

Mental Welfare Commission 2022