

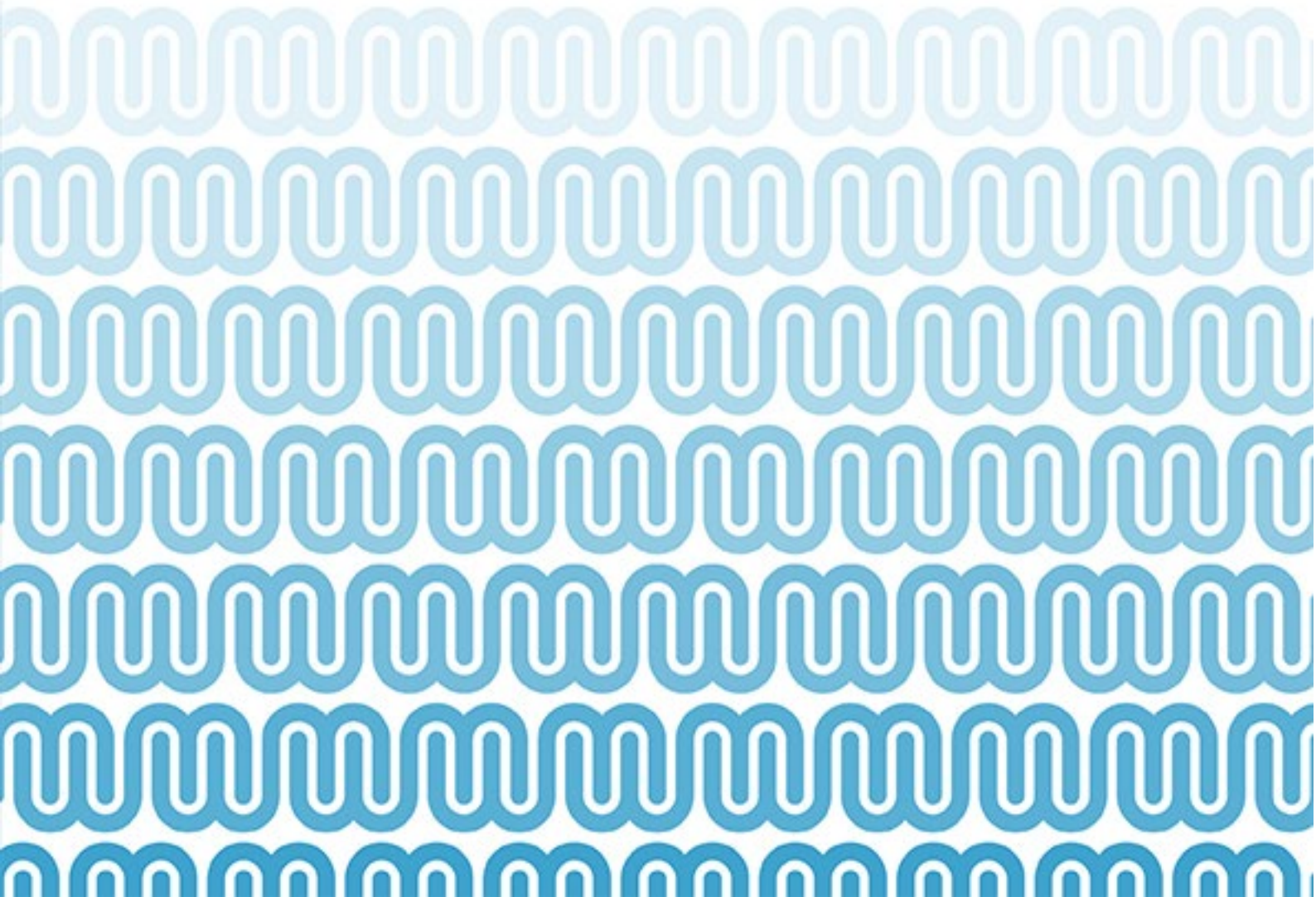


mental welfare
commission for scotland

Adults With Incapacity Act monitoring report 2024-25

Statistical monitoring

October 2025



Our mission and purpose

Our Mission

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

Our Purpose

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

Our Priorities

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

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

Our Activity

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

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Initial Key findings

Part one: statistical monitoring 2024-25

- There was a total of 20,152 individuals subject to a guardianship order in Scotland on 31 March 2025 compared to 19,078 in 2024, representing a 5.6% increase.
- A total of 4,300 guardianship orders were granted in 2024-25, 4.1% more than in 2023-24 (based on revised 2023-24 figure n=4,131).
- 85.9% of guardianship orders granted in 2024-25 were new orders while 14.1% were renewals of existing guardianship orders, this is similar to previous years' figures.
- Private guardianship orders accounted for 70.5% of all guardianships granted, similar to previous years.
- The most common category of primary diagnosis was learning disability with 49.4%, similar to last year. Dementia was the second largest category of primary diagnosis with 32.3%.
- 89.1% of the granted orders were for a period of five years or less (compared to 84.0% last year). 9.9% were for six years or longer, fewer than last year's revised figure of 14.2%. 1.0% were indefinite orders, lower than last year's revised figure of 1.8%.
- There have been 24 recalls of orders by the relevant local authority and four recalls by the Sheriff Courts in the last 10 years.
- In 2024-25, there were 40 requests for a section 48 visit by a doctor appointed by the Commission, resulting in 36 designated medical practitioner (DMP) visits and 20 certificates. The majority were for electro-convulsive therapy (ECT).
- There were fewer than five requests for an independent second opinion doctor visit under section 50 of the Act.

Part two: guardianship visits 2024-25

- In 2024-25 we visited 351 adults subject to welfare guardianship orders. There were 15 cancelled visits e.g. person was unwell on the day, was attending an appointment etc.
- 96.6% of our visits were undertaken 'in person'.
- 87.2% were routine visits and 9.7% were due to concerns that had been raised.
- In 50.0% (n=175) of our visits, we provided advice and undertook further actions in 34.8% (n=122).
- Of the 184 individuals who we visited who were on a private guardianship order, 67.9% had a local authority supervising officer allocated at the time we visited.

Introduction

What are welfare powers of attorney and guardianship orders?

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

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

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

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

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

Box 1. Principles of the AWI Act

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; the statistical monitoring is covered in Part 1 of this report.

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

This report

This report relates to the period 1 April 2024 - 31 March 2025. The first part of this report looks at the data and trends of existing and new guardianship orders in Scotland. Monitoring these trends helps to inform policy and practice. The second part of this report provides information about the work that the Commission undertakes when it visits people subject to guardianship orders.

Our data

When an application is made to a sheriff and a guardianship order is granted, the Commission is sent a record which is stored on our database. This year's report concerns all granted guardianship orders from 1 April 2024 - 31 March 2025 and where appropriate, trends from 2015-16 onwards are presented. We report using the most up to date information from our database therefore, percentages from previous years may differ slightly as more information has been added since the last reporting period. We also report on extant or existing guardianship orders, which includes all individuals in Scotland who were subject to a guardianship order on 31 March 2025. We are particularly interested in understanding the context and characteristics of the guardianship orders and our analyses therefore focus on a) demographic characteristics (age, gender, diagnosis), b) guardianship status (new or renewed order), c) guardian type (private or local authority), and d) length of guardianship order. At this point in time, we are not able to report on ethnicity as this information is not gathered in current applications to court.

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

All percentages throughout the report have been rounded and in places the total may therefore not add up to 100%. Rate per 100,000 population were calculated using mid-2024 population statistics from National Records Scotland for the population aged ≥ 16 years[3]. Data from last year (2023-24) have been updated using the revised mid-2023 population estimates so will differ from previously published figures.

Part 1: Adults with Incapacity Act statistical monitoring

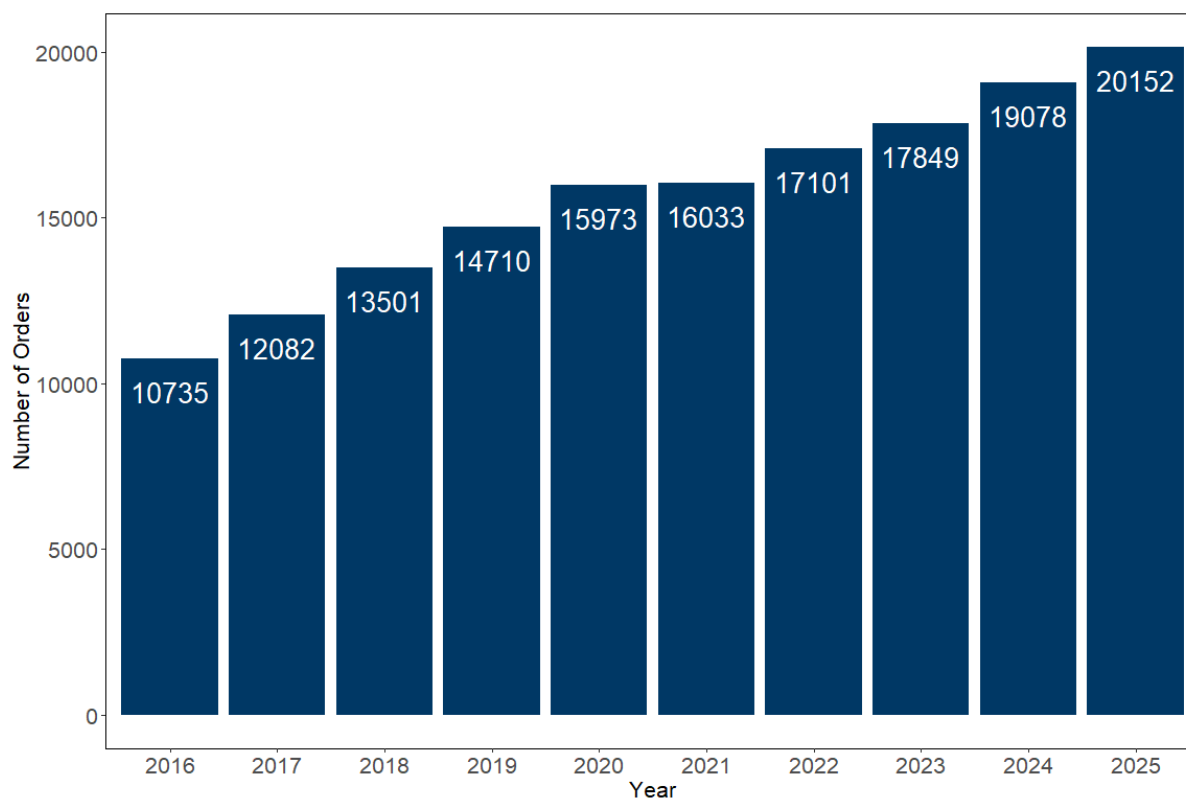
Extant guardianships

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 20,152 individuals subject to a guardianship order in Scotland on 31 March 2025 compared to 19,078 in 2024, a 5.6% increase (Figure 1). While the increase is similar to previous years, the number of existing guardianship orders has more than doubled in the last 10 years (2016, n=10,735). As with last year, Glasgow City have the highest number of extant or existing orders (13.4%; n=2,694) followed by Fife (7.5%; n=1,519).

A breakdown of characteristics of extant (or existing) guardianship orders is provided in Appendix Table A1, which shows that 44.2% (n=8,900) of all people on a guardianship order were 65 years or older (a similar proportion to the 44.7% reported last year (n=8,526)) and 23.3% (n=4,695) were on an indefinite order (compared to 25% last year). The most common primary diagnostic categories were learning disability (52.0%) and dementia (33.8%), both similar to the proportion reported last year (51.5% and 35.0% respectively). 76.9% of people were subject to a private guardianship order, similar to last year's figure of 77.3%.

Figure 1. Number of guardianship orders in Scotland on 31 March by year

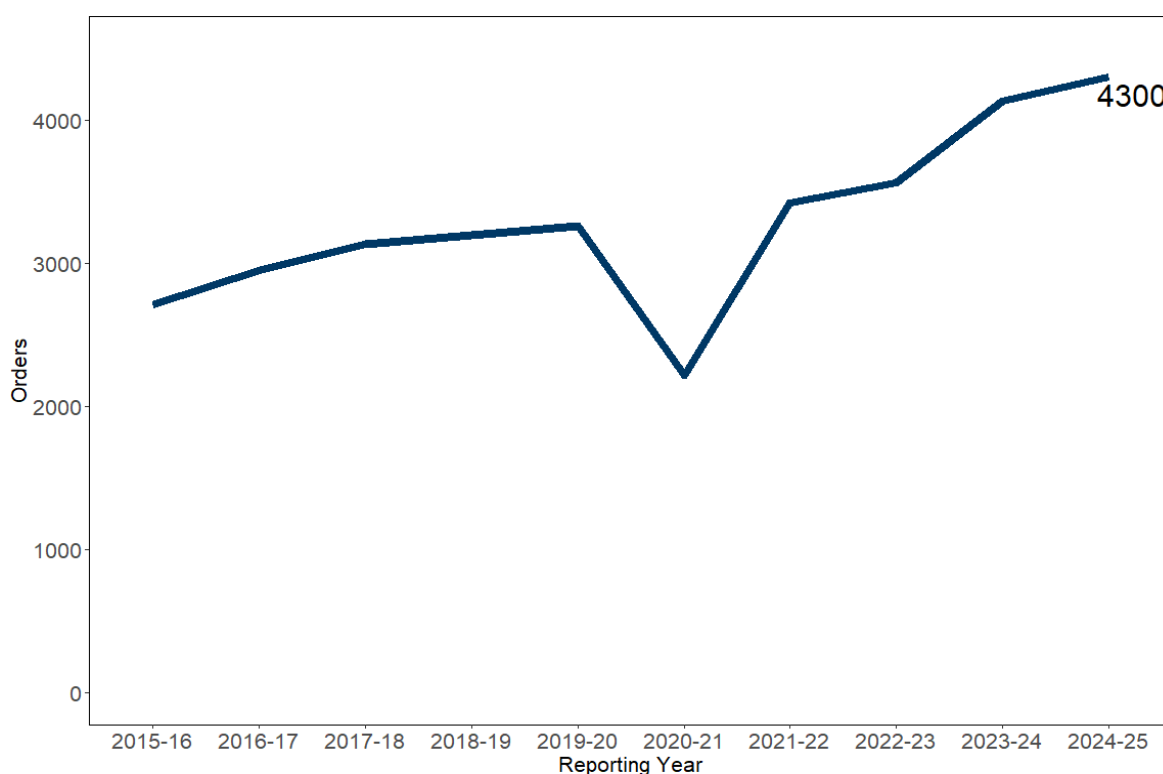


Whilst the AWI Act recognises that there might be circumstances in which an adult no longer requires a guardian, for example if they recover sufficient capacity, our data shows that there have only been 24 recalls of orders by the relevant local authority and less than five recalls by the Sheriff Courts in the last 10 years (please see our good practice guide in relation to recalls)¹.

Granted guardianship orders

A total of 4,300 guardianship orders were granted in 2024-25 (both new orders and renewals), 4.1% more than in 2023-24 (based on revised 2023-24 figure n=4,131). This is a far lower increase than the previous year of 16.0% based on the revised figures.

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



For guardianship orders granted in 2024-25, 53.7% were for males and 46.2% were for females (gender was not stated or unknown in <0.1% of orders). Most guardianship orders were for individuals with a primary diagnosis category of learning disability with 49.4%, similar to last year. Dementia was the second largest category of primary diagnosis with 32.3%. We were missing a primary diagnosis for 51 people (1.2%) (see Table 1 and Appendix Table A2).

In terms of duration, 89.1% of the granted orders were for a period of five years or less (compared to the revised figure of 84.0% last year). 39.1% of orders granted this year were for 0-3 years, slightly higher than the revised figure for last year of 32.6%.

¹ <https://www.mwscot.org.uk/sites/default/files/2024-09/RecallOfGuardianshipGoodPracticeGuide-2024.pdf>

9.9% were for longer than five years, lower than last year's revised figure of 14.2%. 1.0% were indefinite orders (down from 1.8% in 2023-24).

Private guardianship orders accounted for 70.5% of all guardianship orders granted, compared to the revised figure of 73.2% last year. (Appendix Table A3 shows details for local authorities). Those subject to guardianship orders tended to be older; 59.5% were 45 years or older (Table 1). The age of those granted a guardianship order in 2024-25 was similar to the previous year.

Table 1. Characteristics of granted guardianship orders 2024-25

| Category | Grouping | n (%) |
|------------------|------------------------------|---------------|
| Gender | Male | 2,311 (53.7%) |
| | Female | 1,987 (46.2%) |
| Age | 16-24 | 1,005 (23.4%) |
| | 25-44 | 736 (17.1%) |
| | 45-64 | 742 (17.3%) |
| | 65+ | 1,817 (42.3%) |
| Guardian type | Local authority | 1,268 (29.5%) |
| | Private | 3,032 (70.5%) |
| Length of order | 0 - 3 | 1,683 (39.1%) |
| | 4 - 5 | 2,150 (50.0%) |
| | > 5 | 426 (9.9%) |
| | Indefinite | 41 (1.0%) |
| Diagnostic group | Learning Disability | 2,124 (49.4%) |
| | Dementia/Alzheimer's Disease | 1,387 (32.3%) |
| | Acquired Brain Injury | 278 (6.5%) |
| | Alcohol Related Brain Damage | 184 (4.3%) |
| | Mental Illness | 202 (4.7%) |
| | Other | 67 (1.6%) |
| | Inability to communicate | 7 (0.2%) |

Those with 'unknown' or 'not stated' gender or diagnosis have been omitted from this table

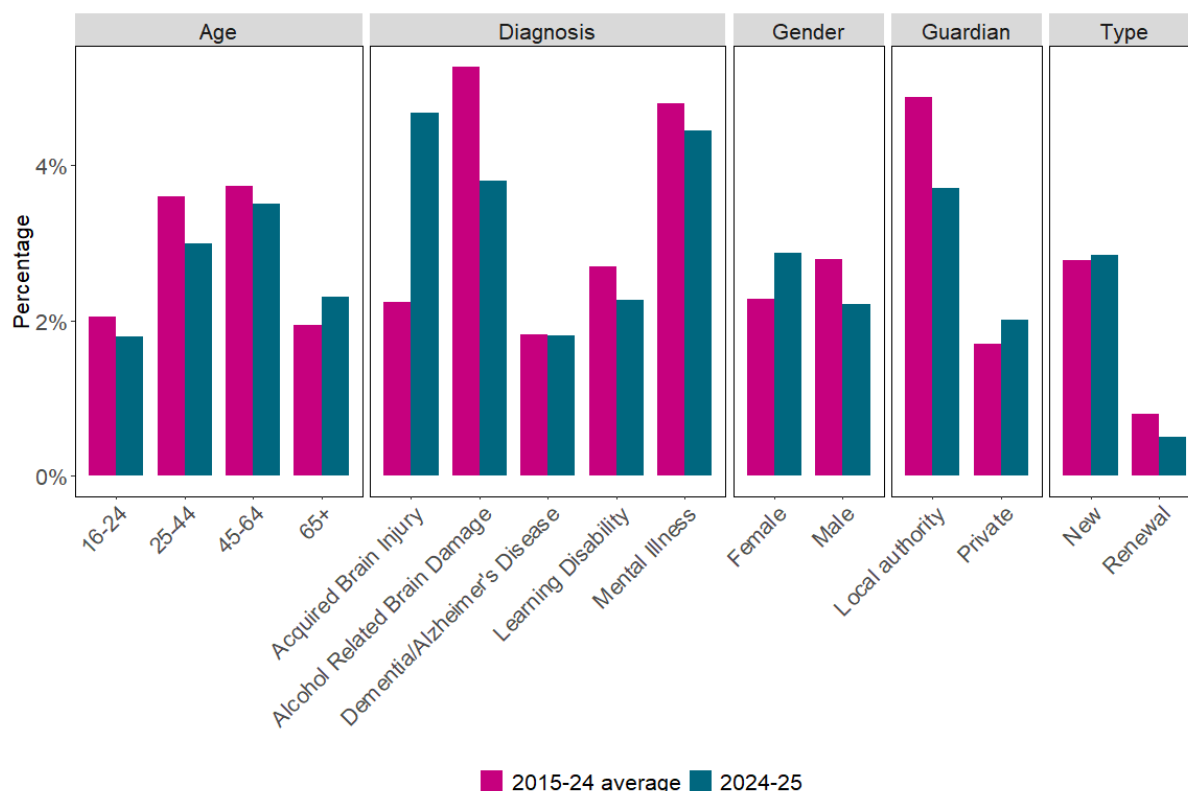
Time between application and granting of the order

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

Most (91.1%) orders were granted within two months or less of the application being made to court, 5.2% were within 3-4 months, 1.2% within 5-6 months and 2.5% took more than six months 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 than average for those with an acquired brain injury (ABI) but similar for dementia and lower than average for learning disability, alcohol related brain damage (ARBD) and mental illness. For orders that took more than six months to granting, less than five had a diagnosis of inability to communicate due to physical illness, less than five had a diagnosis of 'other' and less than five had an unrecorded diagnosis.

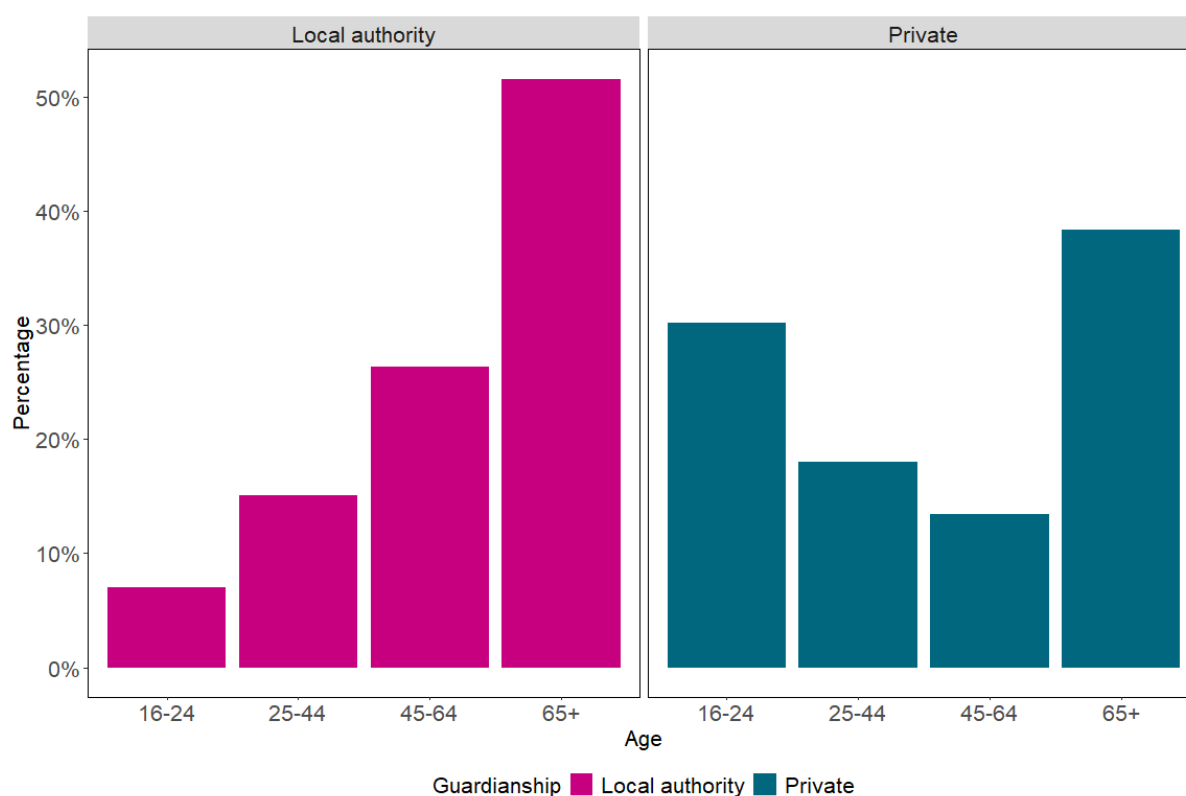
Figure 3. Proportion of orders granted after more than six months in 2024-25 compared to average for 2015-16 to 2023-24 by Age, Primary Diagnosis, Gender, Guardian and Guardian Type



Age

There are some differences in age of the individual depending on guardianship status. Local authority guardianship orders relate more often to people over the age of 65 years (51.6% n=654) with only 7.0% (n=89) of orders in the youngest age group (Figure 4). For private guardianships, orders granted in 2024-25 were also mostly in place for the over 65 years group (38.4%, n=1,163) however the second biggest category was the youngest age group, 16–24 years (30.2% n=912) (see Appendix Table A4).

Figure 4. Percentage of guardianships (local authority vs private) in 2024-25 by age group



Primary category of diagnosis

The number of granted orders increased in all categories of primary diagnoses except for those with dementia or Alzheimer’s Disease, where there was a very slight decrease in numbers compared to 2023-24 (Figure 5). In 2024-25, there were n=51 where no diagnosis was recorded.

Figure 6 shows that in 2024-25 there was an above average increase in the relative year on year change for previous years for mental illness and ABI. For learning disability and ARBD there was a below average relative increase and for dementia or Alzheimer’s Disease we saw a relative decrease. Other details relating to category of diagnosis can be found in Appendix Table A5.

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

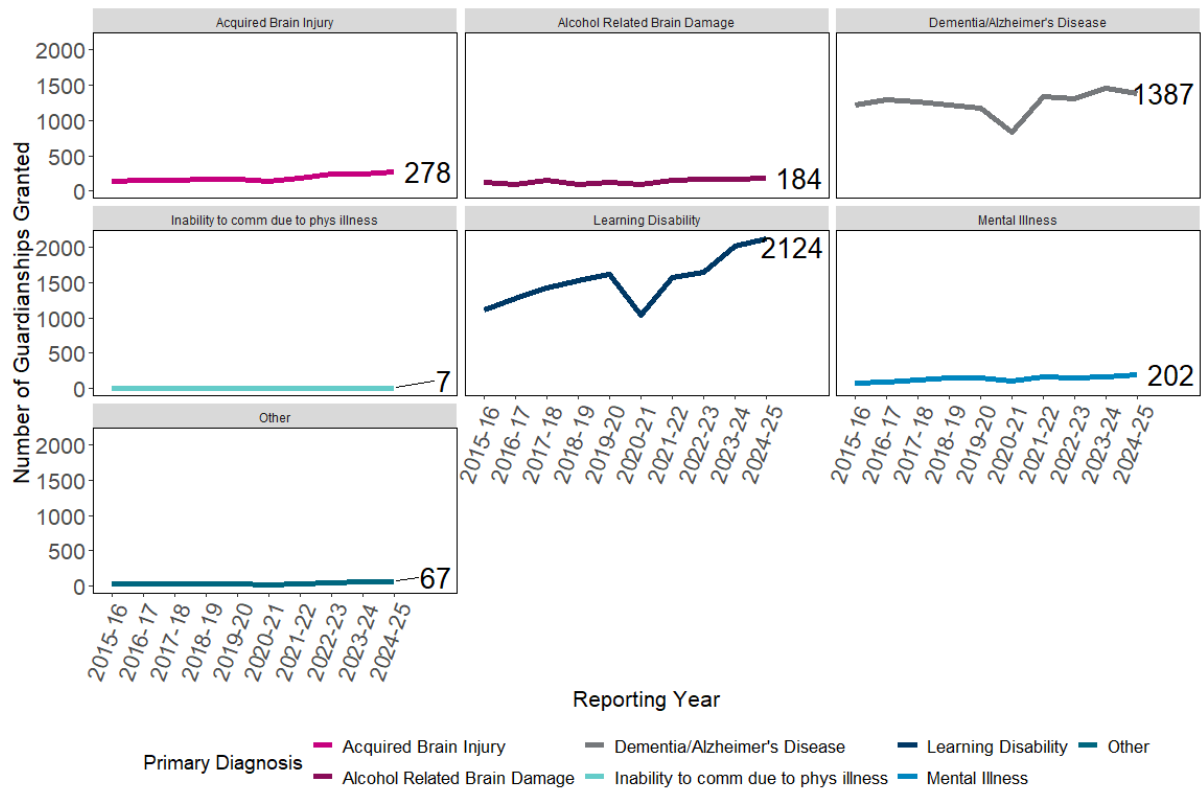
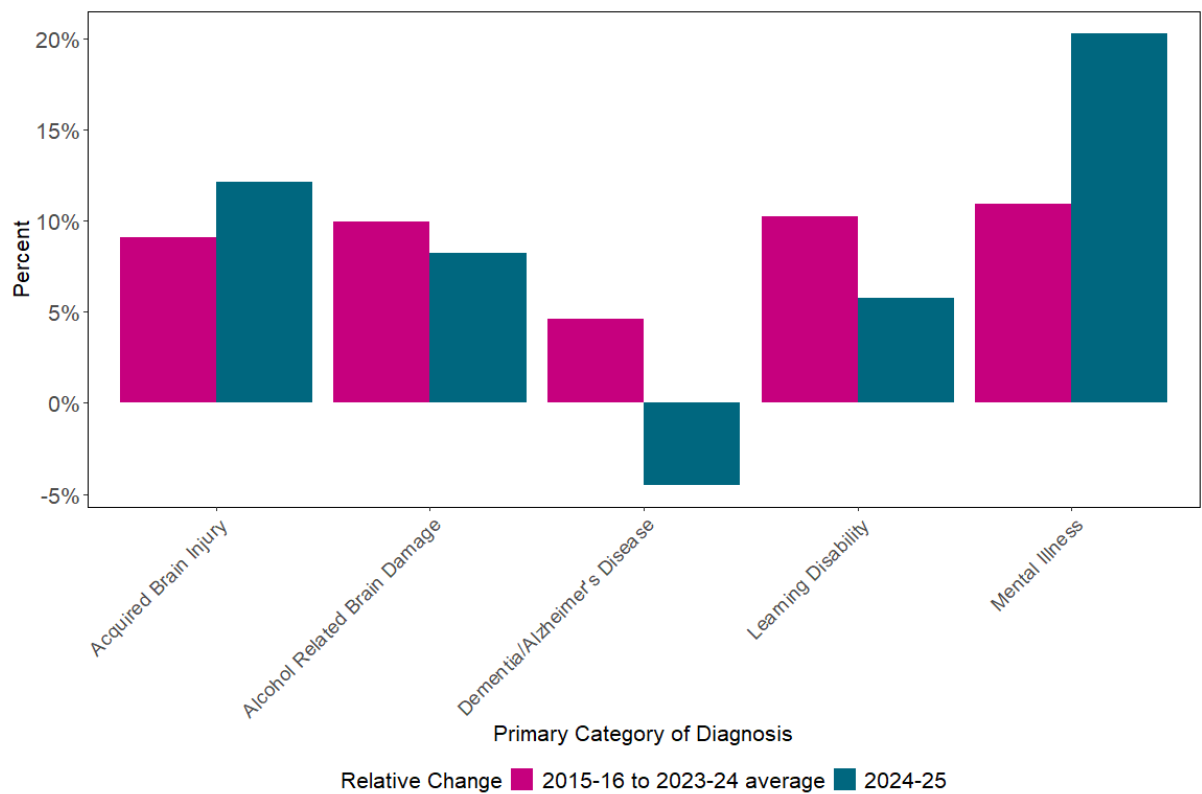


Figure 6. Relative change in number of granted orders by primary diagnosis



Guardian type

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

Table 2. Private and local authority guardianship orders by primary diagnosis 2024-25

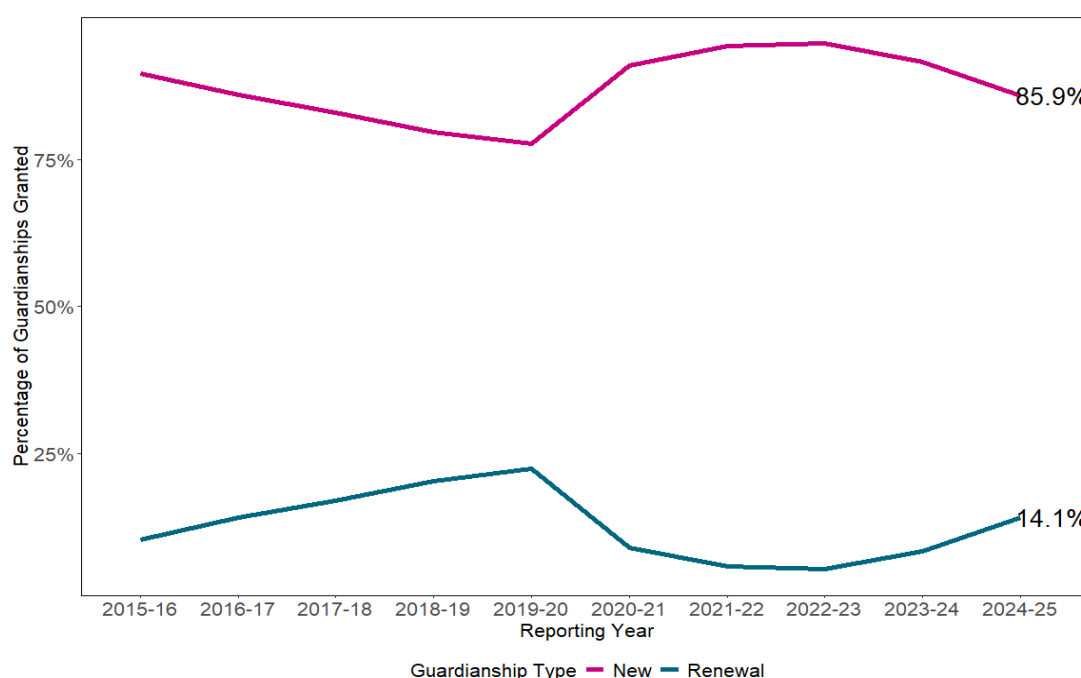
| Category of diagnosis | Local authority | Private |
|---|-----------------|--------------|
| Acquired brain injury | 70 (25.2%) | 208 (74.8%) |
| Alcohol related brain damage | 117 (63.6%) | 67 (36.4%) |
| Dementia/Alzheimer's disease | 448 (32.3%) | 939 (67.7%) |
| Inability to comm due to physical illness | 0 (0.0%) | 7 (100.0%) |
| Learning disability | 446 (21.0%) | 1678 (79.0%) |
| Mental illness | 146 (72.3%) | 56 (27.7%) |
| Other | 24 (35.8%) | 43 (64.2%) |
| Unknown | 17 (33.3%) | 34 (66.7%) |

Guardianship renewals

The majority (85.9% n= 3,694) of guardianship orders granted in 2024-25 were new orders while 14.1% (n=606) were renewals of existing guardianship orders (Figure 7), a higher percentage than last year (revised figure of 8.4%).

From 2019-20 to 2022-23 there was an increasing trend in new orders and a corresponding decline in renewed orders. However, this appears to have started to reverse, similar to the trend seen before 2019-20, where year-on-year we saw a growing proportion of renewals and a corresponding decrease in new orders granted in previous years (Figure 7).

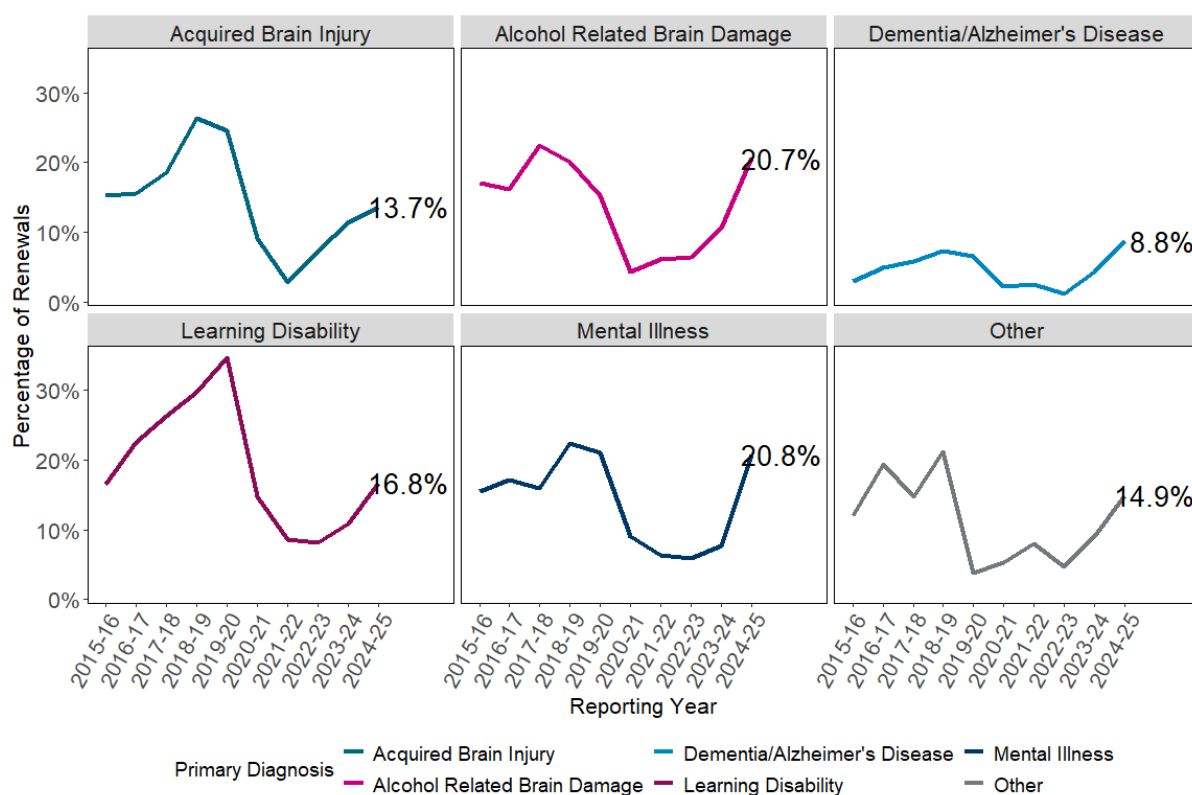
Figure 7. Proportion of new and renewed orders, by year



In 2024-25 there were a total of 606 renewals, compared with a revised figure of 345 renewals in 2023-24. Of the 606 renewals in 2024-25, 58.7% (n=356) were in relation to people with a learning disability, 20.1% (n=122) for people with dementia/Alzheimer’s Disease and 6.9% (n=42) were in relation to people with mental illness (Appendix Table A6). The percentage of renewed orders by age, gender and year can be found in Appendix Table A7.

Figure 8 shows the percentage of orders granted as renewals (compared to new orders) by diagnostic category over a 10-year period, the percentage of orders granted as renewals has increased slightly in all categories. There were no renewals where diagnosis was unknown and there were no renewals where primary diagnosis was inability to communicate due to physical illness.

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



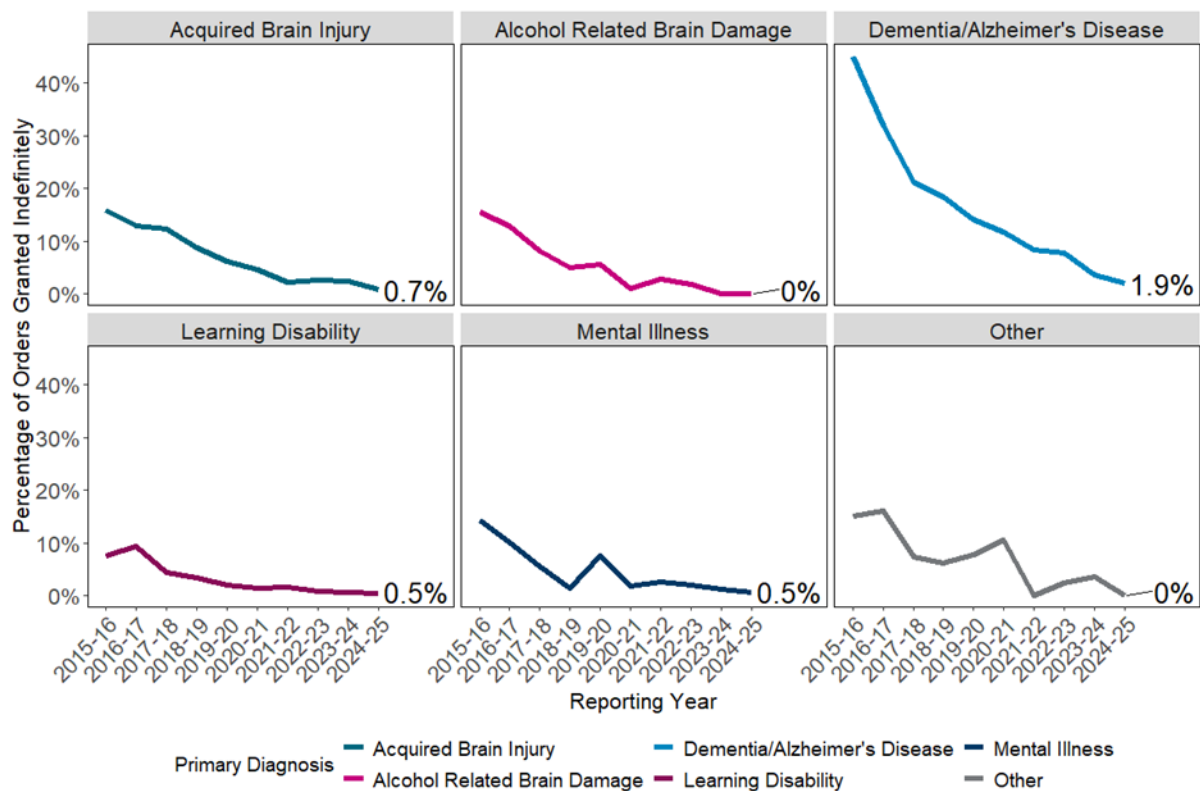
Indefinite guardianship orders

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

The Commission therefore welcomes the continued progress in addressing the issue of the length of time for which guardianship orders are granted. Overall, the proportion of indefinite guardianship orders has declined to its lowest level in the last 10 years, from 25.5% in 2015-16 to 1.0% in 2024-25. In the 25-44 age group there was a very slight increase in indefinite orders from 0.4% in 2023-24 to 0.7% in 2024-25 however this is small and there is an overall decrease over the 10-year period. All other age groups saw a decline in indefinite guardianship orders across all age groups over time (Appendix Table A8), most starkly seen in the over 65 years group, from 43.5% in 2015-16 to 1.8% in 2024-25. The declining use of indefinite orders may be a factor in the increasing use of renewals of guardianship.

The decline in the use of indefinite orders over the last 10 years across all primary diagnosis categories is shown in Figure 9. The starkest decline in the use of indefinite orders is seen in the dementia category, dropping from 45.0% to 1.9% of guardianships, its lowest figure in the last 10 years. Once again, we welcome this decline as the need for regular review of restriction is not diagnosis dependent.

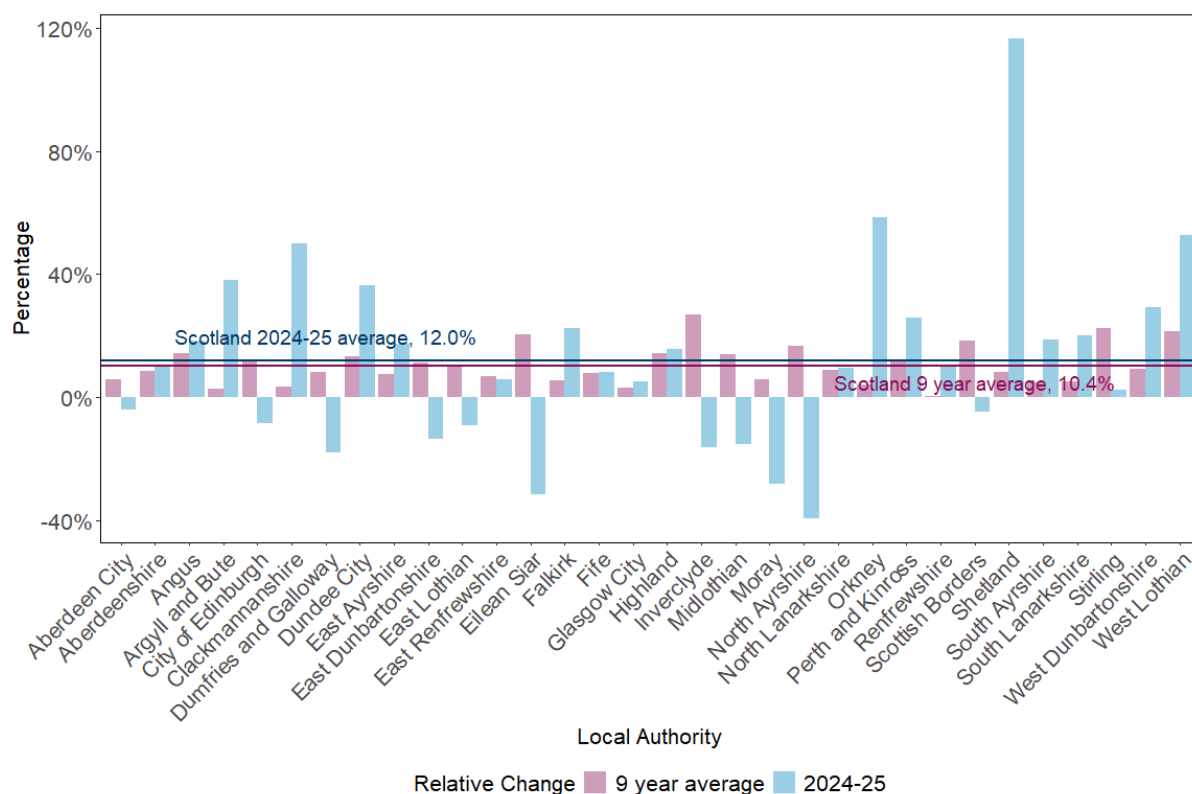
Figure 9. Percentage of orders granted indefinitely, by primary diagnosis and year



Geographical variation in number of granted guardianships

The number of guardianship orders granted in 2024-25 for each of the local authorities in Scotland are presented in Appendix Table A9. Figure 10 shows the average year-on-year change between 2015-16 and 2023-24 and then the change in 2024-25. The change over the more recent year was slightly higher than in the previous years, 12.0% compared to the 10.4% average.

Figure 10. Average year-on-year change (2015-16 to 2023-24) in number of granted guardianships and change between 2023-24 and 2024-25 by local authority

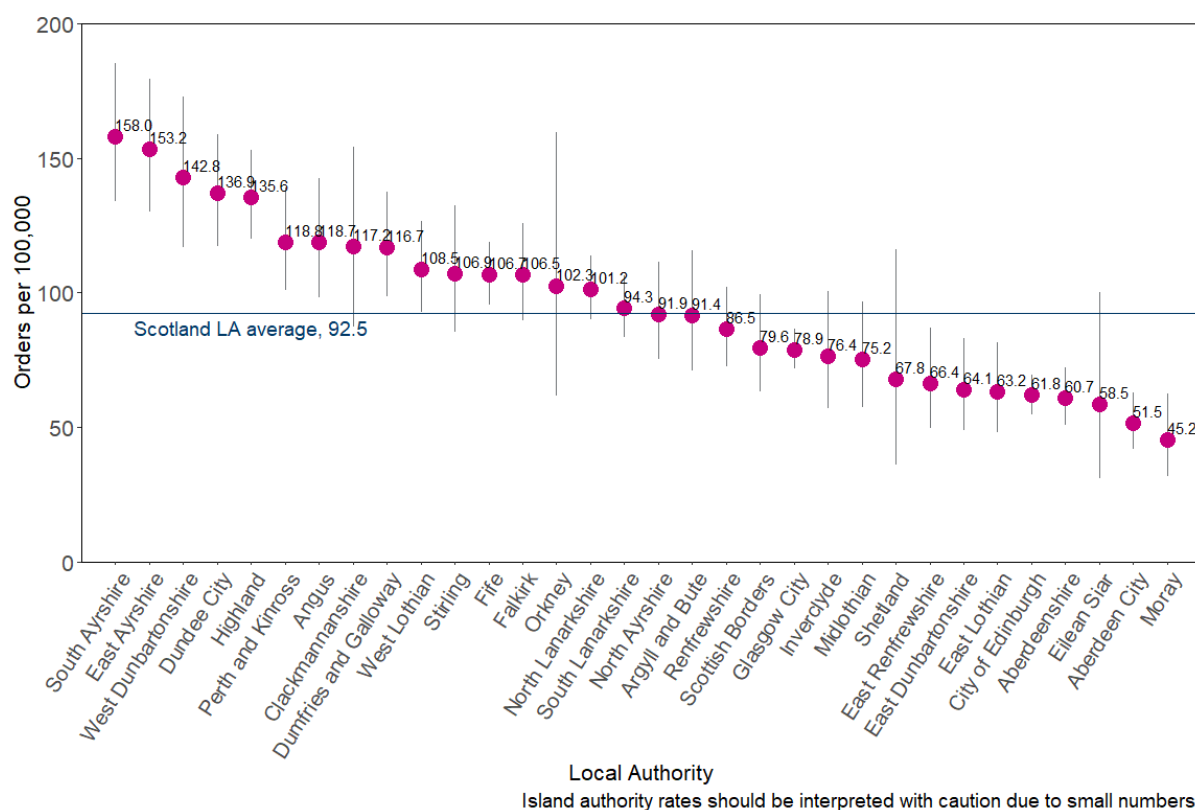


The overall rate of granted guardianship orders in 2024-25 was 92.5 per 100,000 population in Scotland². The rate varies between local authorities (Appendix Table A10), with the highest rates in South Ayrshire (158.0 per 100,000), East Ayrshire (153.2 per 100,000) followed by West Dunbartonshire (142.8 per 100,000). Note: this is a crude rate and does not take into account the age structure of the local authority area.

Figures 11a and 11b provide an ‘at a glance view’ of guardianship rates across Scotland and where the rate is higher or lower in different local authority areas according to the national rate.

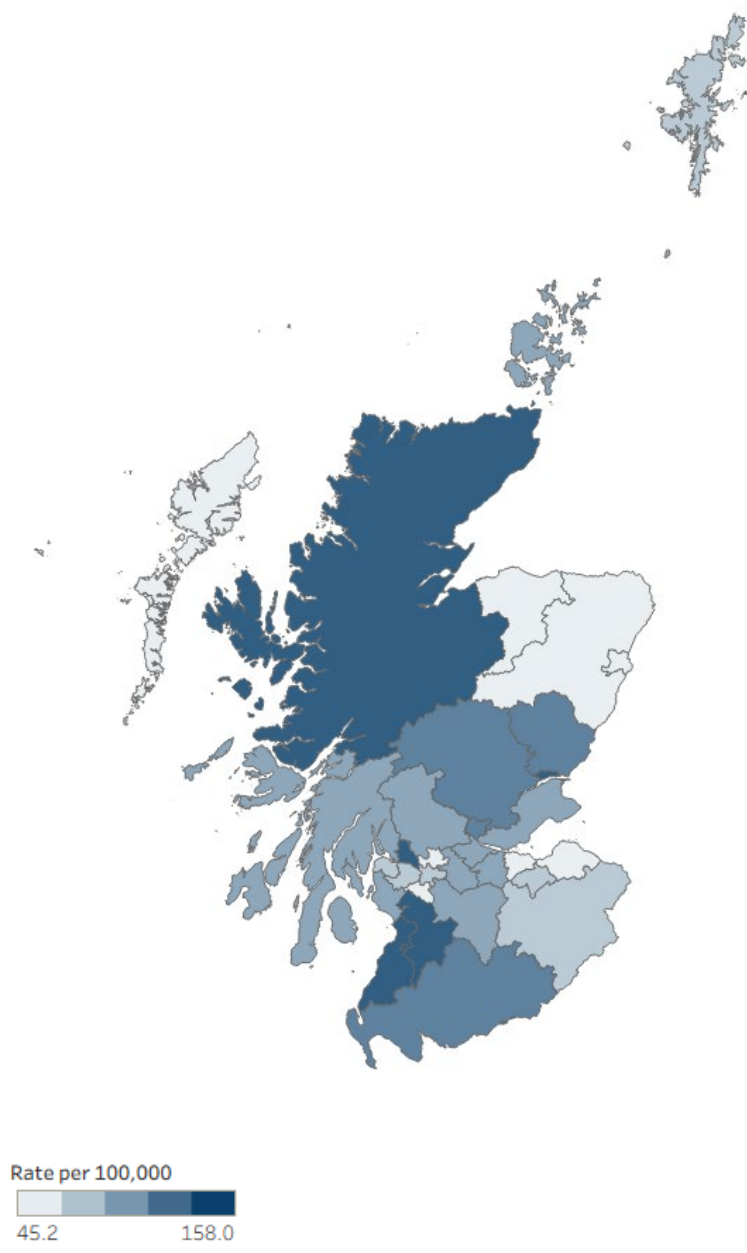
² The rate is calculated by taking the overall number of guardianships granted in Scotland divided by the over 16 population in Scotland and multiplied by 100,000

Figure 11a. Rate of granted guardianship orders (new and renewed) in 2024-25 per 100 000 population (≥ 16 years) with 95% confidence intervals³ by local authority



³ A confidence interval gives a measure of the precision of a value. It shows the range of values that encompass the population or 'true' value, estimated by a certain statistic, with a given probability. For example, if 95% confidence intervals are used, this means we can be sure that the true value lies within these intervals 95% of the time.

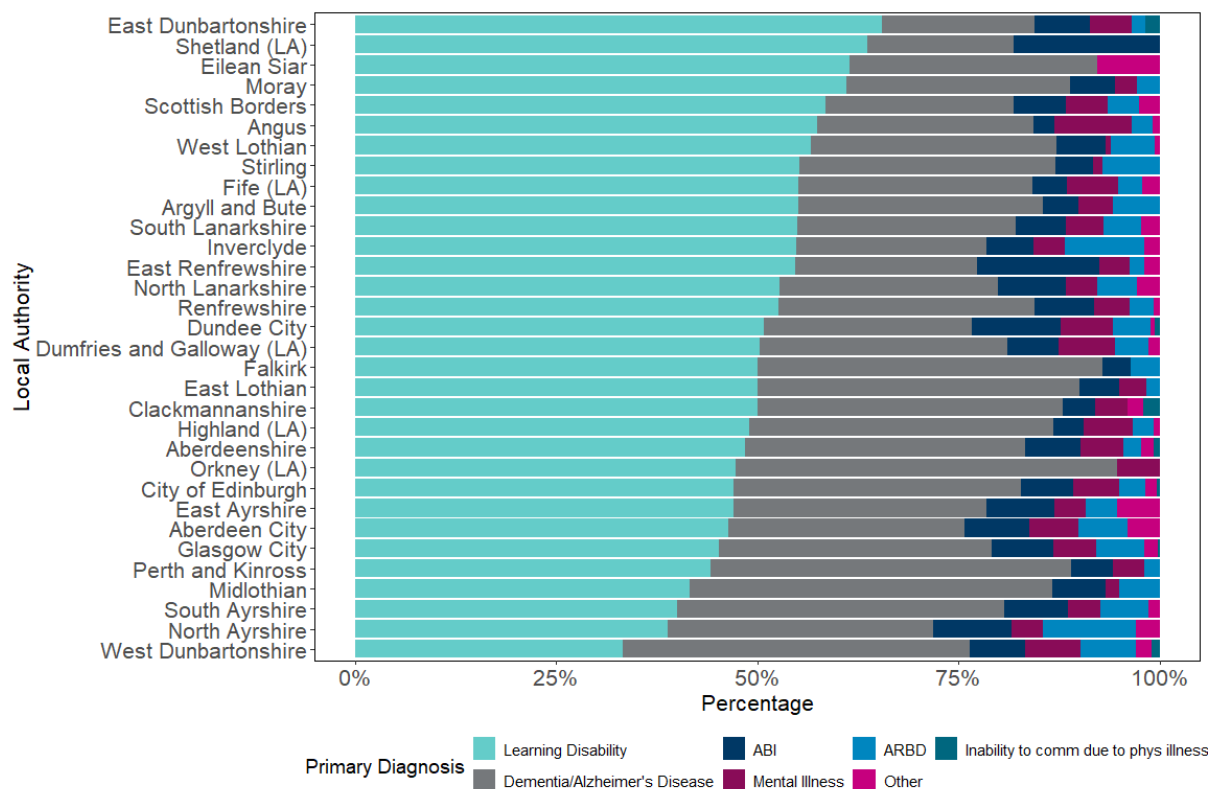
Figure 11b. Map of Rate of granted guardianship orders (new and renewed) in 2024-25 per 100,000 population (≥16 years) by Local Authority



| Local Authority | Crude Rates |
|-----------------------|-------------|
| South Ayrshire | 158.0 |
| East Ayrshire | 153.2 |
| West Dunbartonshire | 142.8 |
| Dundee City | 136.9 |
| Highland | 135.6 |
| Perth and Kinross | 118.8 |
| Angus | 118.7 |
| Clackmannanshire | 117.2 |
| Dumfries and Galloway | 116.7 |
| West Lothian | 108.5 |
| Stirling | 106.9 |
| Fife | 106.7 |
| Falkirk | 106.5 |
| Orkney | 102.3 |
| North Lanarkshire | 101.2 |
| South Lanarkshire | 94.3 |
| Scotland | 92.5 |
| North Ayrshire | 91.9 |
| Argyll and Bute | 91.4 |
| Renfrewshire | 86.5 |
| Scottish Borders | 79.6 |
| Glasgow City | 78.9 |
| Inverclyde | 76.4 |
| Midlothian | 75.2 |
| Shetland | 67.8 |
| East Renfrewshire | 66.4 |
| East Dunbartonshire | 64.1 |
| East Lothian | 63.2 |
| City of Edinburgh | 61.8 |
| Aberdeenshire | 60.7 |
| Eilean Siar | 58.5 |
| Aberdeen City | 51.5 |
| Moray | 45.2 |

Figure 12 shows the guardianship orders by primary diagnosis category granted in each local authority area in 2024-25. Further information by local authority areas can be found in Appendix Tables A11, A12 and A13.

Figure 12. Guardianships by primary diagnosis category as a percentage of the total guardianships granted in each local authority area in 2024-25



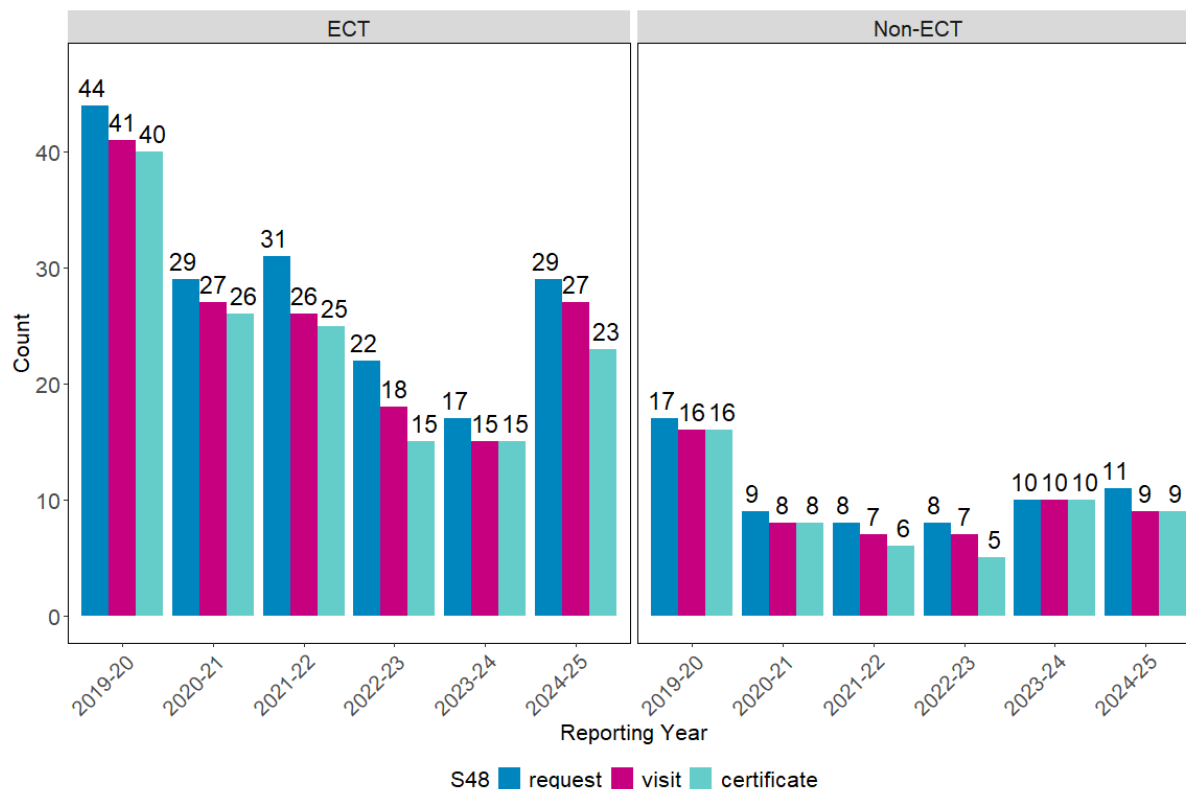
Medical treatment

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

These specific treatments are regulated under section 48, for example, electro-convulsive treatment (ECT)[5]. In addition, where there is a welfare proxy with the power to consent to medical treatment, and there is disagreement in the treatment between the proxy decision maker and the treating doctor, the doctor can request that the Commission nominate and arrange an independent medical opinion by an appropriate specialist to resolve the dispute. These provisions are in section 50 [1]. In 2024-25 there were fewer than 5 requests for an independent second opinion doctor visit under section 50, this figure is similar to previous years.

In 2024-25 there were 40 requests for a section 48 visit for which 36 visits took place. This is higher than the figures in 2023-24 (Figure 13). The increase was mostly seen in requests for ECT while non-ECT requests are similar to last year.

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



For both requests and visits this year, the majority were for electro-convulsive therapy (ECT), with the 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 |
|--------------------------------|-----------|---------------------|---------------------------|
| Medication to reduce sex drive | 11 | 9 | 9 |
| ECT | 29 | 27 | 23 |
| Total | 40 | 36 | 32 |

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

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

Part 2: Guardianship visits

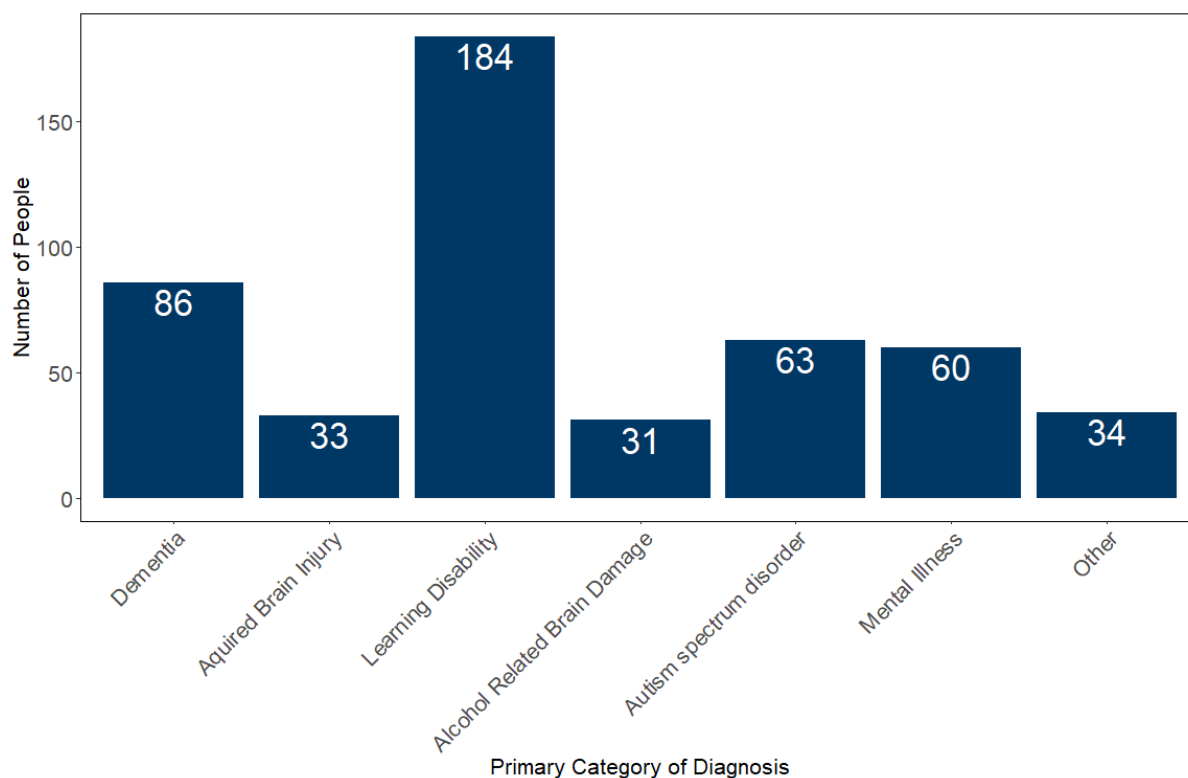
Our visits

During 2024-25 we visited 351 individuals on a guardianship order, 7.3% more than in 2023-24. There were an additional 15 visits that our staff attended but were cancelled on the day, due to the person being unwell, attending another appointment etc. 96.6% of visits were in person, most were routine visits (87.2%, n=306), while 9.7% (n=34) were due to concerns that had been raised.

This year we visited a slightly higher proportion of people with private guardianship orders (52.4%, n= 184) than local authority guardianship orders (39.9%, n=140).

Out of the 351 individuals we visited, 16.5% (n=58) lived with their guardian, while 76.6% (n=269) did not (6.8%, n=24 this information was not recorded). Figure 14 below details the diagnostic groups of the people we visited.

Figure 14. People we visited who were subject guardianship orders in 2024-25 by category of diagnoses



People may have multiple diagnoses so total figure will add up to more than 351

We asked the individuals and their guardians about how they felt the guardianship order was working. For some people we visited we were unable to gather their individual views due to the type and stage of their illness.

The range of views that Commission staff did hear and reported on included:

“She appears to be much happier in her new accommodation with the current care and support. She feels a sense of freedom and although there are restrictive powers in place, it does not appear that these are having to be exercised on a daily basis. There was clear evidence that...has more opportunity to socialise and go out and about in the community, which is important to her.”

“This was a positive visit...he took pride in showing me his bedroom and there was good evidence of access to the community and activities for him, via his family. There has been a risk of harm, but the guardian and family members have worked with him to encourage him to think through the risks of any given situation. When this has not been successful, the powers in the guardianship order have been required to ensure his safety”.

For others, the views gathered from the individual or the guardian identified that further actions may be required:

“His father and sister are joint welfare and financial guardians. His father was not clear who the supervising officer was or whether a review would be taking place. The guardian had a good understanding of the Adults with Incapacity Act, has participated in many committees, charities and support groups (including parent support groups) for the residents of the supported accommodation that his son stays in. He told me that he wasn't keen on the changes to the support staff and felt that he had to “educate” the team as they were not provided with the training in AWI. He did say that he feels that his son is happy and content and that was important to the family”.

“His sister had been concerned about some environmental issues that needed to be attended to. She feels that the guardianship order has enabled her to take this forward on behalf of her brother to ensure he lives in a comfortable and homely environment”.

Overall, for the majority of our visits, we heard that the guardianship order and use of associated powers, when required, impacted positively on outcomes.

Accommodation and living circumstances

46.4% (n=163) of our visits were to a registered care home, 21.1% (n=74) were to people living in supported tenancies, 22.2% (n=78) took place in the family home, and 4.6% (n=16) were hospital-based visits, the remaining people were in other types of settings, or we weren't able to establish living circumstances.

We undertook 351 visits and provided advice/took action in relation to 283 of these visits. Of the 283 occasions, 5% (n=15) related to accommodation and/or the person's individual living circumstances.

Mr A

We visited Mr A and found a gap in powers detailed in the guardianship order which was not due for renewal for another four years.

We noted that no tenancy agreement was in place for Mr A who was living in a property owned by a relative. There were also questions about benefit entitlement.

We followed up with the allocated social work officer and the welfare guardian and discussed Mr A's rights, including to advocacy support, to ensure Mr A's views were captured regarding his current accommodation and any future move he may wish. We also asked that the guardianship powers in place be revisited with legal advice to determine whether an early review was indicated. The Commission has developed guidance for individuals and guardians in relation to tenancies.

Mr B

During a guardianship visit to Mr B, we heard that both Mr B and his brother (his welfare guardian) were unhappy with Mr B's living arrangements in a care home. Both advised that either shared accommodation, ideally with one or two people, or an assisted living tenancy would provide a more homely environment, like the one Mr B had shared with his parents.

While no longer living with his parents, Mr B still enjoyed a busy lifestyle with them although some of the clubs he used to attend had not reopened since the pandemic.

Mr B's multidisciplinary team assessed that Mr B required care over a 24-hour period, seven days per week. Mr B is, however, currently working on his independent living skills and learning how to safely manage so that in future he may not require this level of support. Feedback from the keyworker and Mr B's social worker is that finding a placement that meets his needs has been a challenge.

The Commission welcomes the action being taken to source an alternative placement for Mr B and we will keep in touch with the social worker involved to see how this is progressing.

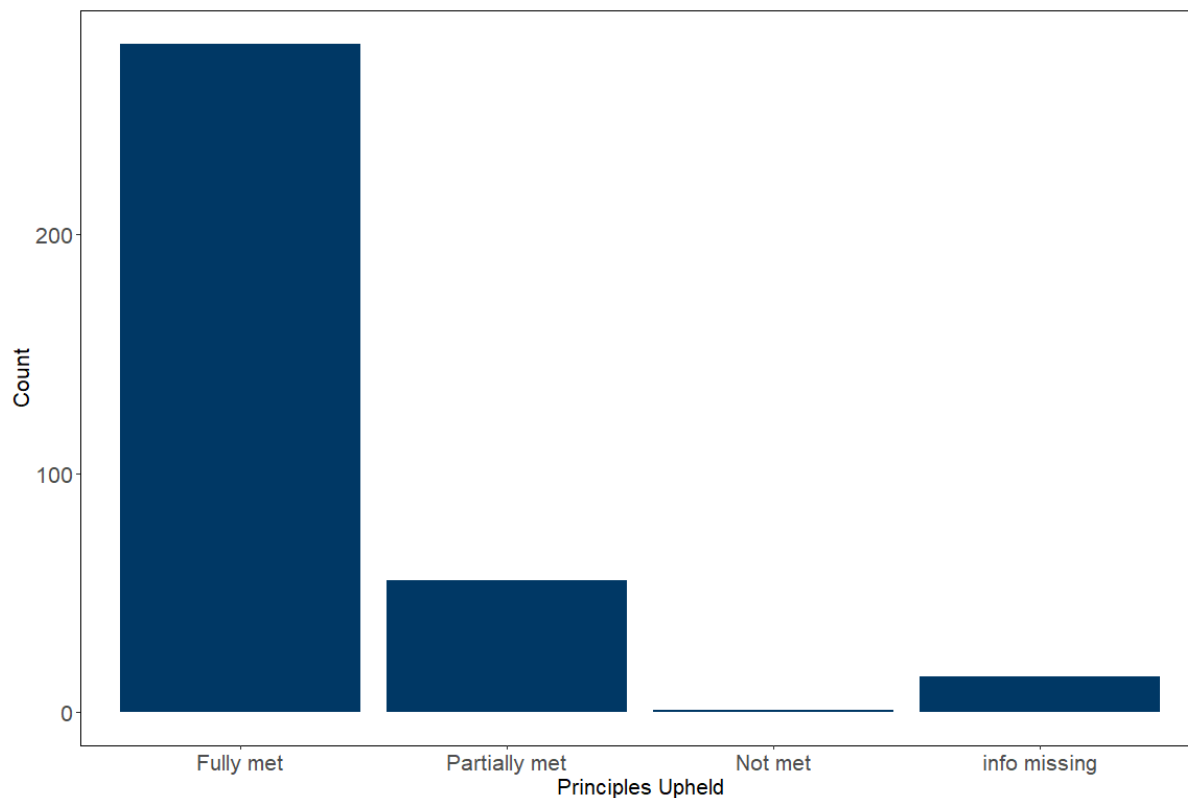
Mr C

The Commission's visit to Mr C highlighted concerns about aspects of his living circumstances that included the lack of personalisation in his bedroom. It appeared that Mr C had had to share his bedroom space with another member of the family. The bedroom had items that did not belong to Mr C and the room was not personalised to his individual preferences and interests. We also noted that the bathroom that Mr C used did not have the facility to be locked and needed cleaning and repair; we considered that the issues with the bedroom and bathroom were likely to have an impact on Mr C's privacy and dignity.

We advised the welfare guardian to address the repair issue with the bathroom and requested that steps be taken to provide a space for Mr C where his individual needs could be better met. We recommended to the local authority that a supportive review be completed with the welfare guardian and a copy shared with the guardian and the Commission. We look forward to receiving this in due course.

For each visit undertaken, we evaluated the individual's situation in relation to the overall principles of the AWI Act (see box 1). We found that 79.8% (n=280) guardianship orders fully met the five principles similar to the proportion last year (80.1%) (see figure 15), 15.7% (n=55) partially met the principles, the principles were not met in one visit (we remain involved and are continuing to follow up) and we were unable to ascertain this in 4.3% (n=15) of the visits we made.

Figure 15. Principles upheld



Person-centred care plans

During a guardianship visit we review any available care plans. We expect care plans to describe the care, treatment, and support available and to reflect the person's hopes and aspirations as a unique individual. Care plans should be person-centred and inclusive. Of the 295 care plans we reviewed, 75.5% (n=265) were person-centred, slightly lower than the 80.4% seen last year.

Advice was given about the quality and detail of care plans on 6% (n=16) of our visits, with specific action required in a further 4% (n=12) of these.

Mrs D

During a visit to Mrs D, it was evident that she required 24-hour care in a care home setting to meet her assessed care and support needs. The Commission were not satisfied with aspects of the care plans and the care being provided in the setting where she lived, however. As part of a series of follow up actions, the Commission contacted the Care Inspectorate (CI) in relation to concerns; this led to a follow up visit from the CI who found that practice did not always meet health and social care standards and that further work was needed to ensure that personal plans accurately reflected care needs and preferences. The CI's findings went on to state that management must have a better overview of staff practice, incidents and accidents and quality assurance.

The Commission has continued to remain involved and has completed a subsequent follow up visit to Mrs D.

Ms E

Ms E has been known to psychiatric and social work services for a number of years. She has a complex history that had had a significant impact on her life where she, her family and her neighbourhood could be at risk due to her extreme behaviours. The guardianship order was assessed as necessary to ensure that Ms E's overall health and wellbeing were monitored and risks were managed appropriately. The Commission's review of the evidence about the care and support provided did not provide assurance of monitoring or specific health screening. Additional feedback on improvements also related to quality of care planning and risk assessment.

Meaningful activity

We found an individualised programme of meaningful activity in place for 77.2% (n=271) of the people we visited, similar to the figure in 2023-24. For 13.7% (n=48) we found that this was not the case. For the remaining individuals (9.1%, n=32), there was limited information provided about their day-to-day routine.

Ms F

We heard that Ms F required support 24 hours a day, seven days a week. The guardian told us that while she accepted that her daughter would never “recover”, she had made “great strides” in terms of having opportunities to engage in activities that had purpose. Ms F, who was unable to communicate verbally, had a range of professionals supporting her rehabilitation and her family ensured she maintained connections with her community.

Ms G

In contrast, Ms G, told us that she was “bored” and “fed up of being stuck indoors”. Principle 5 of the AWI Act focuses on encouraging the adult to exercise their existing skills and to develop new skills. There was little evidence of pro-social activities, with the only activities Ms G regularly engaged in being some online chats, watching Netflix, reading or vaping. Following on from our visit, where the action recommended by the Commission was that there should be supervision of the guardian and a review of social activities by the guardian and the health and social care partnership (HSCP), the allocated social work officer met with Ms G and her guardian, and there were plans to engage support workers and a possible respite placement to build Ms G’s activities around her personal care, cooking and community activities.

Guardian supervision and contact

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

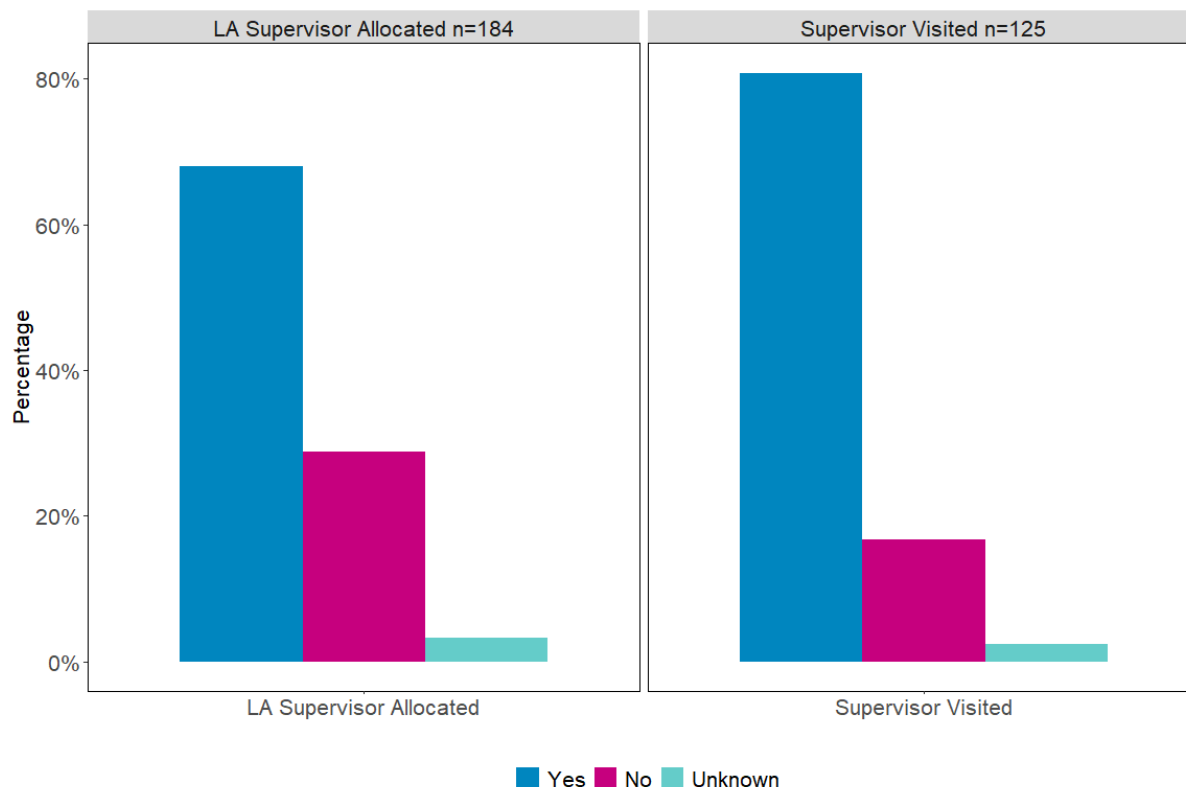
- the Office of the Public Guardian (Scotland),
- the Commission,
- the courts, and
- local authorities.

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

“A local authority shall have the following general functions under this Act to supervise a guardian appointed with functions relating to the personal welfare of an adult in the exercise of those functions” [1].

We expect all individuals we visit on a private guardianship order to have a local authority supervising officer allocated. Of the 184 individuals we visited who were on a private guardianship order, 67.9% (n=125) had a local authority supervising officer allocated, 28.8% (n=53) did not and we were missing this information for 3.3% (n=6). In chart 16, for the 125 people under private guardianship where an officer was allocated, 80.8% (n=101) of individuals had received a visit in the past six months, 16.8% (n=21) had not. There was no information for the remaining people.

Figure 16. Allocation and supervision of guardianship order



The interpretation of supervision comes via codes of practice or statutory instruments which explain how powers should be used. Support and supervision requirements of private welfare guardians changed in 2014; this allows local authorities to consider reducing or ceasing visits where all parties are in agreement[6]. There is scope for local authorities to cease or vary private guardian statutory supervisory requirements (on a case-by-case basis) under the Adults with Incapacity (Supervision of Welfare Guardians etc. by Local Authorities) (Scotland) Amendment Regulations 2014, which applies only in situations where the local authority has no concerns about the operation of the private welfare guardianship order. The Commission must be formally notified of any cease or vary agreements. We have produced an advice note in relation to the cease and vary arrangements that is available on our website⁴.

During our visits we seek to gather information regarding how often the appointed guardian has visited the person and we follow up on an individual basis where indicated. In 2024-25 we continued to advise and require follow up action on the need to ensure that there was an allocated supervising officer and that a timely review of the guardianship order was carried out.

We have again written to local authorities to request an updated record of the names and contact details of the delegated officer who is acting as guardian on behalf of

⁴ https://www.mwscot.org.uk/sites/default/files/2025-07/Cease-and-Vary_AdviceNote_2025.pdf

the chief social work officer (CSWO) or supervising a private guardian. We have received responses from all local authorities.

Through continuing our proactive approach, we aim to ensure there are no gaps in allocation of these key roles to ensure responsibilities and duties of the welfare guardian/supervisor are being fulfilled as per the court order granted.

Rights and restrictions

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

During our visits, we look for examples of the principles of the AWI Act and of rights in line with the UNCRPD to demonstrate the adult is supported to exercise their rights, wherever possible, in relation to all aspects of their lives. This might include elements of supported decision making to allow them to participate and make the decisions they are able to make for themselves.

Mr H

The Commission’s visit to Mr H found that the restrictive powers that were in place when the guardianship order was granted in 2017 remained relevant and provided the required legal authority to support him in the best way possible; there were no powers in place that were not being exercised as part of his support.

The environment Mr H was living in was specifically designed for individuals with complex needs associated with a learning disability (LD) and/or autistic spectrum disorder (ASD), with staff knowledgeable and trained in the use of positive behaviour support (PBS).

While it was clear that the order supported Mr H living in the community, in his own home with his own staff team, he required intensive support to manage his levels of anxiety. This was managed with a combination of medication, a restrictive reduction plan, crisis intervention and proactive strategies. There were practice logs kept when restrictions were applied, explaining how the restrictions were authorised and reviewed, although the visit identified that more detail was required and needed to be linked to the powers set out in the order. Although the welfare guardian had provided signed consent in relation to the use of physical restraint, the document required updating.

Advice from the Commission included a review of the restrictive practice logs and care plans to ensure they included more detailed information and for the service to link in with the nearest NHS learning disability team.

Medication and section 47 certificates

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

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

Most individuals we met (82.9%, n=291) had medical powers granted within the guardianship order, 10.3% (n=36) did not and we did not have information for 6.8% (n=24). A section 47 certificate was required for 74.4% of those individuals (n=261) (17.9% (n=63) did not require one and we did not have information on 7.7% (n=27). Of those who required a section 47 certificate (n=261), the majority (83.9%, n=219) had one in place. However, 13.4% (n=35) of the people we met with did not have authority in place to provide treatment and that is a concern, we had no information on a further 2.7% of people (n=7).

Where we consider that a section 47 should be in place, we can either advise that this be progressed on the day of our visits, or we can ask that action be taken to ensure that the authorisation is given for the certificate, which should then be put in place along with the treatment plan identifying which treatments the adult does not have capacity to make decisions about.

For the 219 individuals for whom a section 47 certificate was required and in place, 97.3% were appropriate (n=213), 73.5% (n=161) had a treatment plan, higher than the 59.9% last year. However, 24.2% (n=53) did not have one in place and we were missing information for 2.3%, n=5). In 67.1% (n=147) of cases the guardian was consulted about the section 47 certificate, higher than the 58.5% seen last year. In 8.7% of cases (n=19) the guardian was not consulted, in 18.7% (n=41) it was not clear whether consultation with the guardian had taken place, and we were missing information in 5.5% of cases (n=12).

Mr J

A Commission visit to Mr J in a care home highlighted that the section 47 certificate in place related to his care and treatment in a previous setting (hospital). There was no record of a consultation with the guardian/proxy decision maker, no treatment plan and the interventions noted in the certificate were not documented in any care record. There was also a do not attempt cardiopulmonary resuscitation (DNACPR) form, and again a lack of information about whether consultation with the guardian/proxy decision maker had taken place. There was also no review date.

After the visit, the Commission visitor contacted the delegated guardian to update them of the outcome of the visit and to take forward the actions relating to their delegated powers.

Do not attempt cardiopulmonary resuscitation (DNACPR)

If an individual lacks capacity to make some or all decisions, the principles of the AWI Act apply. In those circumstances where applicable, intervention with cardiopulmonary resuscitation (CPR) should be considered if it is likely to be of overall benefit for the individual. If the clinical opinion is that there would be no benefit, then a do not attempt CPR (DNACPR) decision is appropriate. The past and current views of the individual, if known, must be considered and there is a duty to consult relevant others and ask if there is any valid advance directive which should be assessed to see if it is applicable. Proxy decision-makers, i.e. welfare attorney/welfare guardian must be involved in the process as they would have the same power to consent or refuse consent to a medical intervention as a capable individual would [10].

Of the people we visited, a DNACPR was in place for 24.2% of people we visited (n=85) and 63.25% of people did not have this (n=222). In 12.5% cases information about whether a DNACPR had been put in place was missing or not recorded (n=44). These figures are similar to last year. Where we found a DNACPR in place, the welfare guardian was consulted in 70.6% of cases (n=60), lower than the 77.8% last year, and not consulted in 23.5% (n=20). It was unclear whether the guardian was consulted for 5.9% (n=5).

Finances

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

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

Practical guidance around financial guardianship is outlined in our guidance *Money Matters* [11]. We reviewed the management of an individual's finances on all our visits during 2024-25. A financial guardian (48.2% n=169) or Department for Work and Pensions (DWP) appointee (39.0% n=137) were responsible for finances for most people. In a few cases it was the adult themselves with or without support (2.8%, n=10). Financial authority Part3 and Part4 (4.3%, n=15) were also stated. There were very few cases where a financial power of attorney handled the finances. The majority of individuals were assessed as having sufficient access to funds (85.5%, n=300).

Following on from some of the visits where advice was given, or action was required in relation to an individual's finances, we found that while there were some examples of finances being used to support care and treatment, there were others where we were concerned, and escalated these accordingly.

Mr K

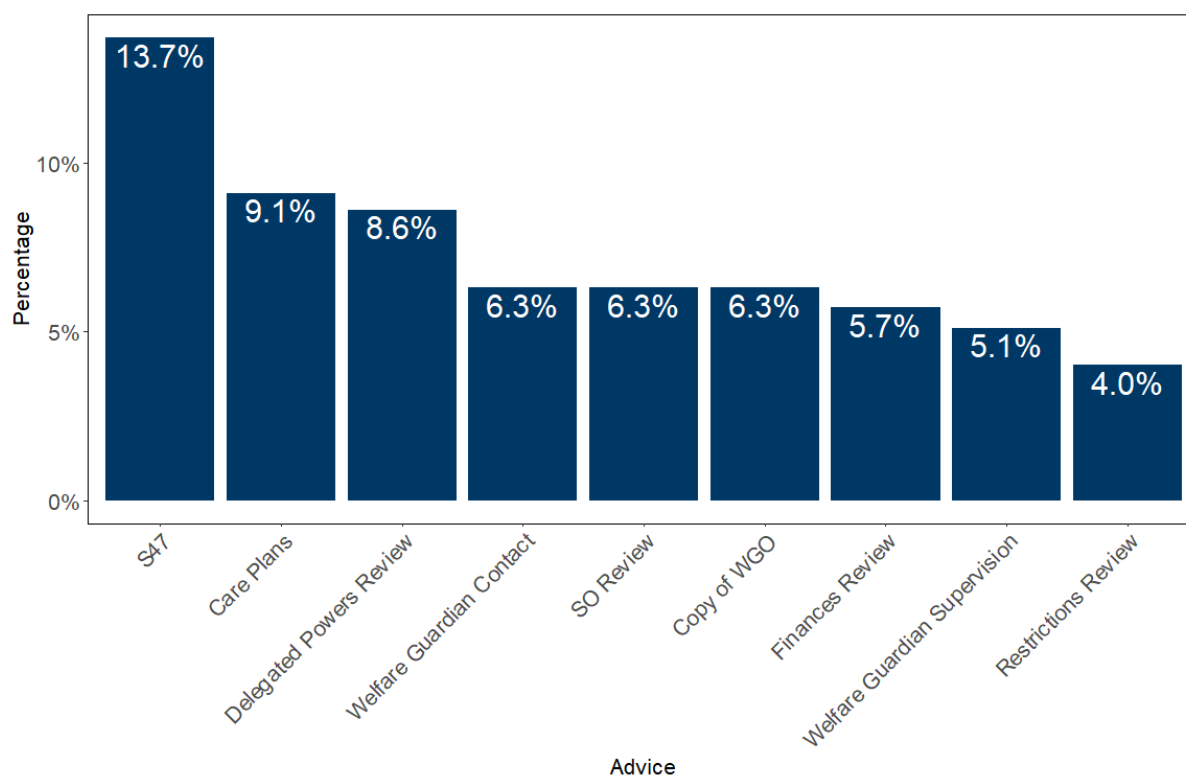
The visit to Mr K raised significant concerns. We were provided with evidence of neglect, poor housing circumstances and reports from the care providers that Mr K's presentation at the day centre had already raised some questions as to whether the guardian was adhering to the principles of the AWI Act. There was evidence of financial harm and a question about the spending on items to the value of £9000; the local HSCP were in the process of investigating the concerns. The Commission has requested immediate supervision of the guardian, investigation into the aspects of neglect, support for the housing association to address the poor living conditions and we remain in contact with the local authority and the day centre team regarding Mr K.

Specific advice given by the Commission⁵

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

Of the 351 visits we completed during 2024-25, advice on more than one area was given in 50.0% (n=175) of those visits. The most frequent topics for advice are shown in Figure 17.

Figure 17. Most frequent areas of advice given



Total of 175 visits where advice was given, the percentage is of this total, multiple areas of advice can be given on a visit

Other topics included:

Advice on the use of the Commission's good practice guides, review of activities, advice with risk assessment, input needed from a specialist team, review of self-directed support, assessment of needs, copies of guardianship powers, review of discharge plans and further information required for the Commission.

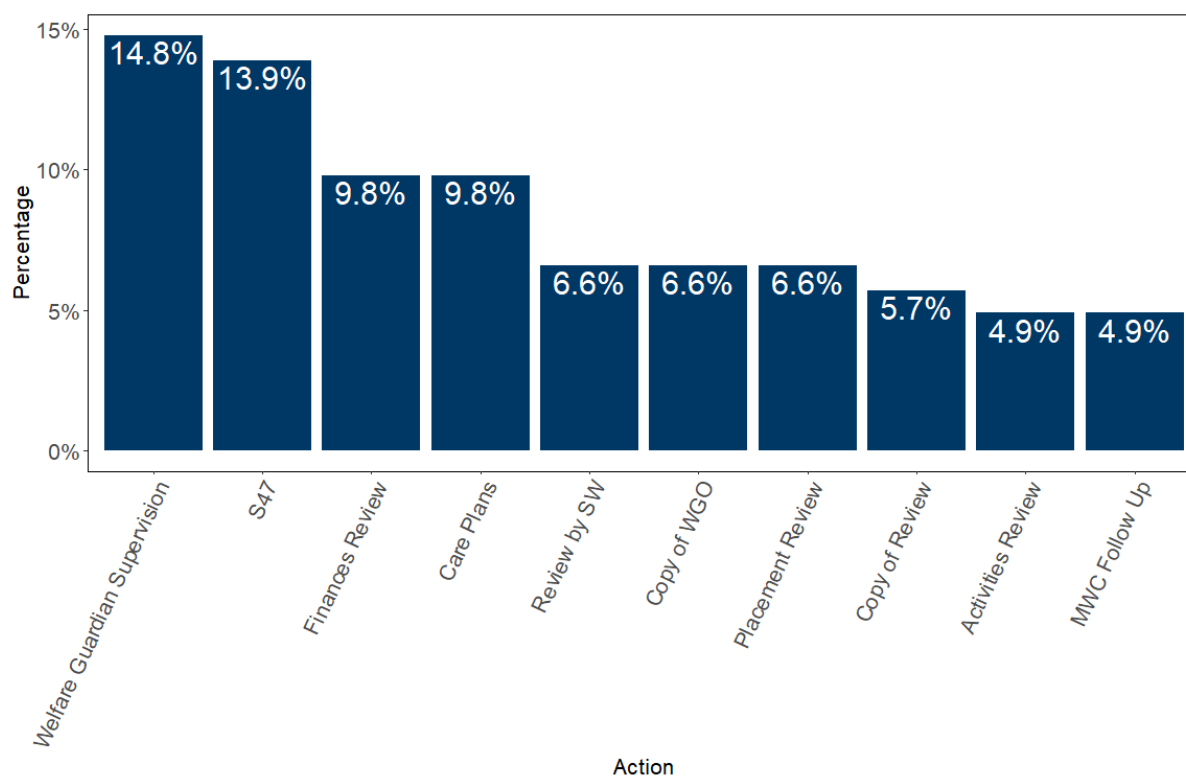
⁵ The Commission provides a telephone advice line daily, Monday to Friday, and during 2024-25, 680 calls were received specifically seeking advice in relation to the AWI Act, a 16.6% decrease on the 815 calls received in 2023-24.

Action required

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

In 34.8% (n=122) of the visits where specific advice was given, we also required further action to be taken. The most frequent areas where action was required are shown in Figure 18.

Figure 18. Most frequent actions required



Total of 122 visits where action was required, the percentage is of this total, multiple areas of action can be requested on a visit

Other topics included:

Action related to the risk assessment, review by healthcare/GP, training in AWI Act, updating the DNACPR, review of medication, assessment for carers, reviews of the package of care or the environment.

Summary

This report relates to the year 2024-25 and presents monitoring of the AWI Act and our active assessments of the implementation of the AWI Act through visiting adults and guardians.

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

This year we report that there was a total of 20,152 individuals subject to a guardianship order in 2025 compared to 19,078 people in 2024. A total of 4,300 guardianship orders were granted in 2024-25, 4.1% more than in 2023-24 (based on revised 2023-24 figure n=4,131) and a far lower % than the previous year.

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

We continue to find that there are issues with section 47 certificates. The Scottish Mental Health Law Review (SMHLR)⁶ proposed in Chapter 13 that the Commission could oversee arrangements for a proportionate process of audit of section 47 certificates. Having secured additional resource, we are now planning to do some focused audit work in relation to section 47 certificate monitoring in 2025 and 2026 to try to understand and address this recurrent theme.

Knowledge of the AWI Act continues to be an area highlighted throughout our work but is growing thanks to the Commission's collaboration with NHS Education Scotland. The podcast 'There is no such thing as an AWI' continues to prove popular with over 3200 downloads of the 5 episodes so far and 'Crossing the Acts' is a new resource to meet learning needs identified in relation to how the three pieces of safeguarding legislation interact (relating to mental health, incapacity and adult support and protection).

At the time of writing there is once again focus on AWI Act reform with the first Ministerial Oversight Group taking place in September 2025. Our AWI Act is over two decades old and needs to take account of recommendations made in the SMHLR. We therefore welcome the Scottish Government's stated commitment to now shift towards shaping actions/implementing solutions rather than continuing to consult and talk about the need for reform.

We look forward to working with Scottish Government and stakeholders on the work progressing ensuring that adults remain at the centre of implementation of reform.

6

<https://webarchive.nrsotland.gov.uk/20230327160310/https://cms.mentalhealthlawreview.scot/wp-content/uploads/2022/09/SMHLR-FINAL-Report-.pdf>

Appendix A - Glossary

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

Appendix B – Data tables

Table A1. Extant guardianships in Scotland as of 31 March 2025

| Category | Grouping | n (%) |
|---|------------------------------------|----------------|
| Guardian | LA | 4,662 (23.1%) |
| | Private | 15,490 (76.9%) |
| Local authority ^a | Aberdeen City | 745 (3.7%) |
| | Aberdeenshire | 843 (4.2%) |
| | Angus | 448 (2.2%) |
| | Argyll and Bute | 248 (1.2%) |
| | City of Edinburgh | 1,162 (5.8%) |
| | Clackmannanshire | 224 (1.1%) |
| | Dumfries and Galloway (LA) | 641 (3.2%) |
| | Dundee City | 796 (3.9%) |
| | East Ayrshire | 548 (2.7%) |
| | East Dunbartonshire | 293 (1.5%) |
| | East Lothian | 257 (1.3%) |
| | East Renfrewshire | 290 (1.4%) |
| | Eilean Siar | 109 (0.5%) |
| | Falkirk | 555 (2.8%) |
| | Fife | 1,519 (7.5%) |
| | Glasgow City | 2,694 (13.4%) |
| | Highland | 1281 (6.4%) |
| | Inverclyde | 192 (1.0%) |
| | Midlothian | 265 (1.3%) |
| | Moray | 330 (1.6%) |
| | North Ayrshire | 561 (2.8%) |
| | North Lanarkshire | 1,032 (5.1%) |
| | Orkney | 77 (0.4%) |
| | Perth and Kinross | 794 (3.9%) |
| | Renfrewshire | 762 (3.8%) |
| | Scottish Borders | 369 (1.8%) |
| | Shetland | 57 (0.3%) |
| | South Ayrshire | 514 (2.6%) |
| | South Lanarkshire | 1,153 (5.7%) |
| | Stirling | 394 (2.0%) |
| | West Dunbartonshire | 380 (1.9%) |
| | West Lothian | 510 (2.5%) |
| Age (years) | 16–24 | 3,095 (15.4%) |
| | 25–44 | 4,691 (23.3%) |
| | 45–64 | 3,466 (17.2%) |
| | 65+ | 8,900 (44.2%) |
| Gender | Male | 10,392 (51.6%) |
| | Female | 9,752 (48.4%) |
| | Unknown or not stated ^a | 6 (0.1%) |
| Length | 0–3 years | 3,666 (18.2%) |
| | 4–5 years | 7,621 (37.8%) |
| | >5 years | 4,170 (20.7%) |
| | Indefinite | 4,695 (23.3%) |
| Diagnostic categories ^a | Acquired Brain Injury | 1,078 (5.3%) |
| | Alcohol Related Brain Damage | 703 (3.5%) |
| | Dementia | 6,816 (33.8%) |
| | Inability to communicate | 32 (0.2%) |
| | Learning disability | 10,469 (52.0%) |
| | Mental illness | 746 (3.7%) |
| | Other | 230 (1.1%) |
| Total | | 20,152 |

^a no information about LA (n=109, 0.5%) or diagnosis (n=78, 0.4%) available in the record

Table A2. The number and percentage of each category of diagnosis of granted guardianships by year

| Category of Diagnosis ^a | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Acquired brain injury | 138 (5.1%) | 154 (5.2%) | 146 (4.7%) | 171 (5.4%) | 163 (5.0%) | 131 (5.9%) | 179 (5.2%) | 235 (6.6%) | 248 (6.0%) | 278 (6.5%) |
| Alcohol related brain damage | 117 (4.3%) | 93 (3.2%) | 147 (4.7%) | 100 (3.1%) | 124 (3.8%) | 92 (4.1%) | 148 (4.3%) | 171 (4.8%) | 170 (4.1%) | 184 (4.3%) |
| Dementia/Alzheimer's disease | 1,222 (45.1%) | 1,292 (43.8%) | 1,264 (40.4%) | 1,210 (37.9%) | 1,177 (36.1%) | 831 (37.5%) | 1,334 (39.0%) | 1,308 (36.7%) | 1,452 (35.1%) | 1,387 (32.3%) |
| Learning disability | 1,115 (41.1%) | 1,278 (43.4%) | 1,417 (45.3%) | 1,531 (47.9%) | 1,619 (49.6%) | 1,032 (46.5%) | 1,566 (45.8%) | 1,642 (46.1%) | 2,008 (48.6%) | 2,124 (49.4%) |
| Mental illness | 84 (3.1%) | 99 (3.4%) | 125 (4.0%) | 147 (4.6%) | 147 (4.5%) | 110 (5.0%) | 159 (4.6%) | 152 (4.3%) | 168 (4.1%) | 202 (4.7%) |
| Other | 33 (1.2%) | 31 (1.1%) | 27 (0.9%) | 33 (1.0%) | 26 (0.8%) | 19 (0.9%) | 25 (0.7%) | 43 (1.2%) | 55 (1.3%) | 67 (1.6%) |

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

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

| | 2015-16 | | 2016-17 | | 2017-18 | | 2018-19 | | 2019-20 | | 2020-21 | | 2021-22 | | 2022-23 | | 2023-24 | | 2024-25 | |
|------------------------------|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|
| | LA | P | LA | P | LA | P | LA | P | LA | P | LA | P | LA | P | LA | P | LA | P | LA | P |
| Aberdeen City | 26 | 52 | 29 | 56 | 17 | 61 | 30 | 65 | 24 | 55 | 26 | 39 | 43 | 59 | 42 | 67 | 33 | 71 | 38 | 62 |
| Aberdeenshire | 22 | 59 | 20 | 78 | 23 | 86 | 29 | 67 | 30 | 75 | 26 | 37 | 34 | 69 | 47 | 60 | 43 | 77 | 34 | 98 |
| Angus | 13 | 35 | 26 | 29 | 26 | 45 | 26 | 32 | 25 | 42 | 26 | 20 | 40 | 51 | 32 | 57 | 41 | 56 | 49 | 66 |
| Argyll and Bute | 16 | 26 | 8 | 29 | 9 | 30 | * | 38 | 17 | 26 | 10 | 31 | 13 | 31 | 21 | 33 | 11 | 39 | 22 | 47 |
| City of Edinburgh | 49 | 95 | 58 | 129 | 46 | 122 | 70 | 134 | 81 | 140 | 56 | 113 | 88 | 153 | 101 | 159 | 107 | 200 | 105 | 176 |
| Clackmannanshire | * | 28 | * | 31 | 6 | 24 | 6 | 22 | 6 | 17 | * | 16 | * | 28 | 8 | 33 | 15 | 19 | 14 | 37 |
| Dumfries and Galloway | 47 | 72 | 33 | 85 | 27 | 87 | 45 | 102 | 30 | 99 | 26 | 60 | 33 | 107 | 43 | 108 | 44 | 133 | 49 | 96 |
| Dundee City | 21 | 49 | 32 | 75 | 25 | 58 | 29 | 70 | 39 | 57 | 16 | 37 | 28 | 59 | 37 | 70 | 50 | 76 | 82 | 90 |
| East Ayrshire | 23 | 78 | 24 | 64 | 35 | 64 | 25 | 59 | 36 | 61 | 22 | 34 | 44 | 44 | 30 | 67 | 35 | 97 | 39 | 116 |
| East Dunbartonshire | * | 37 | 6 | 30 | * | 45 | 8 | 36 | 8 | 47 | * | 27 | 6 | 35 | 6 | 38 | 9 | 58 | 10 | 48 |
| East Lothian | 17 | 30 | 8 | 26 | 11 | 41 | 16 | 32 | 17 | 36 | 6 | 27 | 12 | 47 | 18 | 50 | 21 | 45 | 16 | 44 |
| East Renfrewshire | 7 | 30 | * | 26 | 7 | 38 | * | 30 | * | 26 | 6 | 36 | 10 | 36 | * | 38 | 6 | 44 | 13 | 40 |
| Eilean Siar | * | 11 | * | 24 | * | 13 | * | 16 | * | 14 | * | * | * | 11 | * | 6 | * | 15 | * | 13 |
| Falkirk | 27 | 65 | 25 | 54 | 32 | 67 | 24 | 67 | 31 | 79 | 28 | 46 | 31 | 73 | 20 | 88 | 30 | 86 | 36 | 106 |
| Fife | 70 | 145 | 59 | 145 | 102 | 161 | 63 | 166 | 54 | 150 | 43 | 90 | 58 | 137 | 81 | 158 | 66 | 244 | 95 | 240 |
| Glasgow City | 54 | 324 | 43 | 326 | 55 | 388 | 55 | 396 | 62 | 447 | 31 | 295 | 73 | 363 | 55 | 350 | 75 | 339 | 77 | 358 |
| Highland | 46 | 101 | 87 | 115 | 66 | 99 | 67 | 121 | 67 | 131 | 43 | 73 | 83 | 183 | 81 | 148 | 83 | 152 | 110 | 162 |
| Inverclyde | 9 | 11 | 12 | 26 | 8 | 23 | 9 | 21 | 10 | 14 | 8 | 12 | 14 | 39 | 9 | 37 | 16 | 45 | 11 | 40 |
| Midlothian | 12 | 20 | 10 | 23 | 15 | 38 | 17 | 37 | 14 | 25 | 12 | 21 | 17 | 31 | 23 | 36 | 30 | 42 | 31 | 30 |
| Moray | 11 | 33 | 12 | 43 | 12 | 27 | 7 | 38 | 10 | 22 | * | 22 | 10 | 34 | 16 | 30 | 10 | 40 | 10 | 26 |
| North Ayrshire | 8 | 58 | 18 | 69 | 11 | 70 | 28 | 61 | 28 | 61 | 17 | 53 | 27 | 86 | 25 | 77 | 50 | 121 | 38 | 66 |
| North Lanarkshire | 41 | 147 | 30 | 153 | 60 | 177 | 58 | 193 | 51 | 178 | 32 | 90 | 56 | 143 | 68 | 161 | 64 | 199 | 67 | 221 |
| Orkney | * | 13 | * | * | * | * | * | * | 6 | 10 | 9 | 17 | 6 | 11 | 6 | 6 | 8 | * | 7 | 12 |
| Perth and Kinross | 16 | 48 | 27 | 51 | 39 | 61 | 25 | 63 | 34 | 76 | 38 | 49 | 50 | 95 | 32 | 90 | 36 | 87 | 52 | 103 |
| Renfrewshire | 36 | 105 | 25 | 90 | 25 | 85 | 20 | 109 | 26 | 83 | 27 | 59 | 22 | 79 | 37 | 103 | 17 | 107 | 20 | 117 |
| Scottish Borders | 12 | 28 | 13 | 29 | 10 | 48 | 15 | 37 | 13 | 32 | 10 | 21 | 10 | 58 | 14 | 36 | 17 | 66 | 24 | 55 |
| Shetland | * | * | * | * | * | * | * | * | 6 | 6 | * | * | * | 10 | 7 | 6 | * | * | * | 11 |
| South Ayrshire | 22 | 76 | 16 | 74 | 26 | 90 | 25 | 90 | 19 | 81 | 18 | 62 | 27 | 81 | 37 | 76 | 41 | 86 | 63 | 88 |
| South Lanarkshire | 38 | 136 | 46 | 181 | 55 | 155 | 36 | 171 | 47 | 192 | 34 | 116 | 42 | 150 | 47 | 165 | 49 | 169 | 70 | 192 |
| Stirling | 6 | 28 | 11 | 53 | 19 | 31 | 16 | 42 | 24 | 40 | 9 | 21 | 15 | 48 | 16 | 49 | 22 | 61 | 19 | 66 |
| West Dunbartonshire | 11 | 46 | 9 | 37 | 8 | 24 | * | 34 | 9 | 25 | 7 | 20 | 9 | 33 | 13 | 44 | 13 | 69 | 31 | 75 |
| West Lothian | 7 | 34 | 18 | 63 | 16 | 59 | 15 | 48 | 20 | 69 | 17 | 45 | 23 | 102 | 29 | 91 | 22 | 86 | 34 | 131 |

* n<=5 or secondary suppression to maintain confidentiality. Those with 'unknown' LA have been omitted from this table.

Table A4. Total granted guardianships orders 2024-25 by guardian status, n (%)

| Characteristic | Total | Local authority | Private |
|---|---------------|------------------------|----------------|
| Gender | | | |
| Female | 1,987 (42.6%) | 585 (46.1%) | 1,402 (46.2%) |
| Male | 2,311 (53.7%) | 682 (53.8%) | 1,629 (53.7%) |
| Age | | | |
| 16-24 | 1,005 (23.4%) | 89 (7.0%) | 916 (30.2%) |
| 25-44 | 736 (17.1%) | 191 (15.1%) | 545 (18.0%) |
| 45-64 | 742 (17.3%) | 334 (26.3%) | 408 (13.5%) |
| 65+ | 1,817 (42.3%) | 654 (51.6%) | 1,163 (38.4%) |
| Diagnostic categories ^a | | | |
| Acquired brain injury | 278 (6.5%) | 70 (5.5%) | 208 (6.9%) |
| Alcohol related brain damage | 184 (4.3%) | 117 (9.2%) | 67 (2.2%) |
| Dementia/Alzheimer's disease | 1,387 (32.3%) | 448 (35.3%) | 939 (31.0%) |
| Inability to communicate | 7 (0.2%) | 0 (0.0%) | 7 (0.2%) |
| Learning disability | 2,124 (49.4%) | 446 (35.2%) | 1,678 (55.3%) |
| Mental illness | 202 (4.7%) | 146 (11.5%) | 56 (1.8%) |
| Other | 67 (1.6%) | 24 (1.9%) | 43 (1.4%) |
| Length | | | |
| 0 – 3 years | 1,683 (39.1%) | 780 (61.5%) | 903 (29.8%) |
| 4 – 5 years | 2,150 (50.0%) | 457 (36.0%) | 1,693 (55.8%) |
| > 5 years | 426 (9.9%) | 29 (2.3%) | 397 (13.1%) |
| Indefinite | 41 (1.0%) | * | * |
| Guardianship status | | | |
| New | 3694 (85.9%) | 1,018 (80.3%) | 2,676 (88.3%) |
| Renewal | 606 (14.1%) | 250 (19.7%) | 356 (11.7%) |

* n<5 or secondary suppression to maintain confidentiality

Those with 'unknown' or 'not stated' gender or diagnosis have been omitted from this table

Table A5. Granted guardianships 2024-25 by diagnostic category, n (%)

| Characteristic | Total | ABI (n=278) | ARBD (n=184) | Dementia (n=1,387) | Learning Disability (n=2,124) | Mental Illness (n=202) | Other (n=67) |
|-------------------------------|---------------|-------------|--------------|--------------------|-------------------------------|------------------------|--------------|
| Gender | | | | | | | |
| Female | 1,987 (42.6%) | 111 (39.9%) | 64 (34.8%) | 860 (62.0%) | 805 (37.9%) | 85 (42.1%) | 35 (52.2%) |
| Male | 2,311 (53.7%) | 167 (60.1%) | 120 (65.2%) | 527 (38.0%) | 1317 (62.0%) | 117 (57.9%) | 32 (47.8%) |
| Age | | | | | | | |
| 16-24 | 1,005 (23.4%) | 11 (4.0%) | 0 (0.0%) | * | 957 (45.1%) | * | 13 (19.4%) |
| 25-44 | 736 (17.1%) | 38 (13.7%) | 6 (3.3%) | * | 635 (29.9%) | * | 8 (11.9%) |
| 45-64 | 742 (17.3%) | 87 (31.3%) | 83 (45.1%) | 82 (5.9%) | 386 (18.2%) | 88 (43.6%) | 11 (16.4%) |
| 65+ | 1,817 (42.3%) | 142 (51.1%) | 95 (51.6%) | 1294 (93.3%) | 146 (6.9%) | 75 (37.1%) | 35 (52.2%) |
| Length of guardianship | | | | | | | |
| 0 - 3 | 1,683 (39.1%) | 118 (42.4%) | 105 (57.1%) | 595 (42.9%) | 705 (33.2%) | 110 (54.5%) | 26 (38.8%) |
| 4 - 5 | 2,150 (50.0%) | 134 (48.2%) | 71 (38.6%) | 691 (49.8%) | 1102 (51.9%) | 86 (42.6%) | 36 (53.7%) |
| > 5 | 426 (9.9%) | * | 8 (4.3%) | 74 (5.3%) | 307 (14.5%) | * | 5 (7.5%) |
| Indefinite | 41 (1.0%) | * | 0 (0.0%) | 27 (1.9%) | 10 (0.5%) | * | 0 (0.0%) |
| Guardian | | | | | | | |
| LA | 1,268 (29.5%) | 70 (25.2%) | 117 (63.6%) | 448 (32.3%) | 446 (21.0%) | 146 (72.3%) | 24 (35.8%) |
| Private | 3,032 (70.5%) | 208 (74.8%) | 67 (36.4%) | 939 (67.7%) | 1678 (79.0%) | 56 (27.7%) | 43 (64.2%) |
| Guardianship status | | | | | | | |
| New | 3,694 (85.9%) | 240 (86.3%) | 146 (79.3%) | 1265 (91.2%) | 1768 (83.2%) | 160 (79.2%) | 57 (85.1%) |
| Renewed | 606 (14.1%) | 38 (13.7%) | 38 (20.7%) | 122 (8.8%) | 356 (16.8%) | 42 (20.8%) | 10 (14.9%) |

* n<5 or secondary suppression to maintain confidentiality

Those with 'unknown' or 'not stated' gender or diagnosis have been omitted from this table. The numbers for inability to communicate were small and could have led to identification therefore neither are not included in this table.

Table A6. Granted guardianships 2024-25 by guardianship status, n (%)

| Characteristic | Total | New guardianship | Renewal |
|---|-----------------|-------------------------|----------------|
| Gender | | | |
| Female | 1987 (42.6%) | 1729 (46.8%) | 258 (42.6%) |
| Male | 2311 (53.7%) | 1963 (53.1%) | 348 (57.4%) |
| Age | | | |
| 16-24 | 1005 (23.4%) | 854 (23.1%) | 151 (24.9%) |
| 25-44 | 736 (17.1%) | 590 (16.0%) | 146 (24.1%) |
| 45-64 | 742 (17.3%) | 608 (16.5%) | 134 (22.1%) |
| 65+ | 1817 (42.3%) | 1642 (44.5%) | 175 (28.9%) |
| Diagnostic categories ^a | | | |
| Acquired Brain Injury | 278 (6.5%) | 240 (6.5%) | 38 (6.3%) |
| Alcohol Related Brain Damage | 184 (4.3%) | 146 (4.0%) | 38 (6.3%) |
| Dementia/Alzheimer's Disease | 1387 (32.3%) | 1265 (34.2%) | 122 (20.1%) |
| Inability to comm due to physical illness | 7 (0.2%) | 7 (0.2%) | 0 (0.0%) |
| Learning Disability | 2124 (49.4%) | 1768 (47.9%) | 356 (58.7%) |
| Mental Illness | 202 (4.7%) | 160 (4.3%) | 42 (6.9%) |
| Other | 67 (1.6%) | 57 (1.5%) | 10 (1.7%) |
| Length | | | |
| 0-3 | 1683 (39.1%) | 1560 (42.2%) | 123 (20.3%) |
| 4-5 | 2150 (50.0%) | 1757 (47.6%) | 393 (64.9%) |
| >5 | 426 (9.9%) | 338 (9.1%) | 88 (14.5%) |
| indefinite | 41 (1.0%) | * | * |
| Guardian | | | |
| LA | 1268 (29.5%) | 1018 (27.6%) | 250 (41.3%) |
| Private | 3032 (70.5%) | 2676 (72.4%) | 356 (58.7%) |

* n<5 or secondary suppression to maintain confidentiality

^a Those with 'unknown' diagnosis have been omitted n=51.

Table A7. Percentage of renewed orders by age, gender and year

| | 16-24 years | | 25-44 years | | 45-64 years | | 65+ years | |
|---------|-------------|-------|-------------|-------|-------------|-------|-----------|-------|
| | Female | Male | Female | Male | Female | Male | Female | Male |
| 2015-16 | 14.2% | 15.1% | 16.7% | 19.8% | 17.3% | 17.0% | 3.7% | 4.8% |
| 2016-17 | 22.9% | 19.1% | 32.4% | 24.5% | 16.5% | 20.0% | 5.7% | 5.5% |
| 2017-18 | 18.6% | 24.9% | 38.3% | 31.3% | 19.8% | 25.1% | 6.5% | 6.5% |
| 2018-19 | 25.4% | 25.7% | 36.5% | 36.5% | 29.1% | 26.0% | 8.8% | 9.1% |
| 2019-20 | 32.9% | 28.4% | 34.3% | 43.7% | 33.8% | 29.7% | 8.1% | 7.7% |
| 2020-21 | 14.0% | 10.5% | 16.4% | 19.3% | 11.4% | 14.4% | 2.0% | 4.0% |
| 2021-22 | 6.8% | 5.8% | 14.2% | 11.3% | 9.5% | 7.3% | 2.4% | 2.3% |
| 2022-23 | 8.2% | 6.2% | 11.2% | 10.2% | 7.3% | 5.8% | 1.9% | 2.3% |
| 2023-24 | 11.0% | 7.1% | 17.9% | 15.1% | 9.7% | 8.4% | 5.4% | 4.6% |
| 2024-25 | 16.1% | 14.5% | 19.0% | 20.5% | 16.8% | 18.9% | 9.2% | 10.3% |

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

| Year | 16-24 years | | | | 25-44 years | | | | 45-64 years | | | | 65+ years | | | |
|-------|-------------|-------|-------|-------|-------------|-------|-------|-------|-------------|-------|-------|-------|-----------|-------|-------|-------|
| | 0 - 3 | 4 - 5 | > 5 | Indef | 0 - 3 | 4 - 5 | > 5 | Indef | 0 - 3 | 4 - 5 | > 5 | Indef | 0 - 3 | 4 - 5 | > 5 | Indef |
| 2015- | 30.1 | | | | | | | | | | | | | | | |
| 16 | % | 46.5% | 17.6% | 5.8% | 34.8% | 38.7% | 20.1% | 6.4% | 31.0% | 42.6% | 15.8% | 10.5% | 19.7% | 24.3% | 12.5% | 43.5% |
| 2016- | 24.2 | | | | | | | | | | | | | | | |
| 17 | % | 52.0% | 14.8% | 9.0% | 21.0% | 52.4% | 19.0% | 7.6% | 31.5% | 41.6% | 16.8% | 10.2% | 19.2% | 29.1% | 20.7% | 31.0% |
| 2017- | 25.3 | | | | | | | | | | | | | | | |
| 18 | % | 49.0% | 22.7% | 3.0% | 23.5% | 47.5% | 25.5% | 3.5% | 32.7% | 44.6% | 17.0% | 5.6% | 21.0% | 38.2% | 19.7% | 21.1% |
| 2018- | 25.8 | | | | | | | | | | | | | | | |
| 19 | % | 53.6% | 18.9% | 1.6% | 25.6% | 48.7% | 22.9% | 2.8% | 32.9% | 48.2% | 14.8% | 4.0% | 23.1% | 41.9% | 16.9% | 18.1% |
| 2019- | 26.6 | | | | | | | | | | | | | | | |
| 20 | % | 50.6% | 21.5% | 1.3% | 27.8% | 47.3% | 23.7% | 1.2% | 28.3% | 45.9% | 22.0% | 3.8% | 24.9% | 45.5% | 16.2% | 13.4% |
| 2020- | 32.5 | | | | | | | | | | | | | | | |
| 21 | % | 48.9% | 17.7% | 0.8% | 24.9% | 44.1% | 29.0% | 2.1% | 34.5% | 48.7% | 14.7% | 2.2% | 29.4% | 46.1% | 14.1% | 10.4% |
| 2021- | 31.5 | | | | | | | | | | | | | | | |
| 22 | % | 51.4% | 16.0% | 1.1% | 30.6% | 47.2% | 21.6% | 0.6% | 37.1% | 46.8% | 13.9% | 2.2% | 30.7% | 47.4% | 14.1% | 7.9% |
| 2022- | 36.6 | | | | | | | | | | | | | | | |
| 23 | % | 49.8% | 13.2% | 0.4% | 25.0% | 51.8% | 22.4% | 0.7% | 35.4% | 48.4% | 14.5% | 1.8% | 31.9% | 48.2% | 13.1% | 6.8% |
| 2023- | 36.6 | | | | | | | | | | | | | | | |
| 24 | % | 49.8% | 13.2% | 0.4% | 25.6% | 49.3% | 24.7% | 0.4% | 32.8% | 52.5% | 13.4% | 1.3% | 34.8% | 52.0% | 9.9% | 3.3% |
| 2024- | 39.7 | | | | | | | | | | | | | | | |
| 25 | % | 49.8% | 10.3% | 0.2% | 26.0% | 54.5% | 18.9% | 0.7% | 42.6% | 46.0% | 11.2% | 0.3% | 42.8% | 50.0% | 5.5% | 1.8% |

Indef: Indefinite order

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

| Local authority | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 |
|-----------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Aberdeen City | 78 | 85 | 78 | 95 | 79 | 65 | 102 | 109 | 104 | 100 |
| Aberdeenshire | 81 | 98 | 109 | 96 | 105 | 63 | 103 | 107 | 120 | 132 |
| Angus | 48 | 55 | 71 | 58 | 67 | 46 | 91 | 89 | 97 | 115 |
| Argyll and Bute | 42 | 37 | 39 | 41 | 43 | 41 | 44 | 54 | 50 | 69 |
| City of Edinburgh | 144 | 187 | 168 | 204 | 221 | 169 | 241 | 260 | 307 | 281 |
| Clackmannanshire | 33 | 36 | 30 | 28 | 23 | 19 | 30 | 41 | 34 | 51 |
| Dumfries and Galloway | 119 | 118 | 114 | 147 | 129 | 86 | 140 | 151 | 177 | 145 |
| Dundee City | 70 | 107 | 83 | 99 | 96 | 53 | 87 | 107 | 126 | 172 |
| East Ayrshire | 101 | 88 | 99 | 84 | 97 | 56 | 88 | 97 | 132 | 155 |
| East Dunbartonshire | 40 | 36 | 50 | 44 | 55 | 31 | 41 | 44 | 67 | 58 |
| East Lothian | 47 | 34 | 52 | 48 | 53 | 33 | 59 | 68 | 66 | 60 |
| East Renfrewshire | 37 | 29 | 45 | 35 | 30 | 42 | 46 | 43 | 50 | 53 |
| Eilean Siar | 16 | 29 | 16 | 19 | 14 | 7 | 13 | 8 | 19 | 13 |
| Falkirk | 92 | 79 | 99 | 91 | 110 | 74 | 104 | 108 | 116 | 142 |
| Fife | 215 | 204 | 263 | 229 | 204 | 133 | 195 | 239 | 310 | 335 |
| Glasgow City | 378 | 369 | 443 | 451 | 509 | 326 | 436 | 405 | 414 | 435 |
| Highland | 147 | 202 | 165 | 188 | 198 | 116 | 266 | 229 | 235 | 272 |
| Inverclyde | 20 | 38 | 31 | 30 | 24 | 20 | 53 | 46 | 61 | 51 |
| Midlothian | 32 | 33 | 53 | 54 | 39 | 33 | 48 | 59 | 72 | 61 |
| Moray | 44 | 55 | 39 | 45 | 32 | 26 | 44 | 46 | 50 | 36 |
| North Ayrshire | 66 | 87 | 81 | 89 | 89 | 70 | 113 | 102 | 171 | 104 |
| North Lanarkshire | 188 | 183 | 237 | 251 | 229 | 122 | 199 | 229 | 263 | 288 |
| Orkney | 18 | 8 | 8 | 9 | 16 | 26 | 17 | 12 | 12 | 19 |
| Perth and Kinross | 64 | 78 | 100 | 88 | 110 | 87 | 145 | 122 | 123 | 155 |
| Renfrewshire | 141 | 115 | 110 | 129 | 109 | 86 | 101 | 140 | 124 | 137 |
| Scottish Borders | 40 | 42 | 58 | 52 | 45 | 31 | 68 | 50 | 83 | 79 |
| Shetland | 6 | 8 | 7 | 7 | 8 | 6 | 12 | 13 | 6 | 13 |
| South Ayrshire | 98 | 90 | 116 | 115 | 100 | 80 | 108 | 113 | 127 | 151 |
| South Lanarkshire | 174 | 227 | 210 | 207 | 239 | 150 | 192 | 212 | 218 | 262 |
| Stirling | 34 | 64 | 50 | 58 | 64 | 30 | 63 | 65 | 83 | 85 |
| West Dunbartonshire | 57 | 46 | 32 | 39 | 34 | 27 | 42 | 57 | 82 | 106 |
| West Lothian | 41 | 81 | 75 | 63 | 89 | 62 | 125 | 120 | 108 | 165 |
| Scotland | 2,711 | 2,948 | 3,131 | 3,193 | 3,261 | 2,218 | 3,421 | 3,562 | 4,131 | 4,300 |

Those with 'unknown' LA have been omitted from this table.

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

| Local authority | Crude rate | Orders | Population |
|------------------------|-------------------|---------------|-------------------|
| Aberdeen City | 51.5 | 100 | 194,067 |
| Aberdeenshire | 60.7 | 132 | 217,500 |
| Angus | 118.7 | 115 | 96,901 |
| Argyll and Bute | 91.4 | 69 | 75,511 |
| City of Edinburgh | 61.8 | 281 | 454,400 |
| Clackmannanshire | 117.2 | 51 | 43,499 |
| Dumfries and Galloway | 116.7 | 145 | 124,243 |
| Dundee City | 136.9 | 172 | 125,683 |
| East Ayrshire | 153.2 | 155 | 101,196 |
| East Dunbartonshire | 64.1 | 58 | 90,453 |
| East Lothian | 63.2 | 60 | 94,955 |
| East Renfrewshire | 66.4 | 53 | 79,848 |
| Eilean Siar | 58.5 | 13 | 22,222 |
| Falkirk | 106.5 | 142 | 133,315 |
| Fife | 106.7 | 335 | 313,927 |
| Glasgow City | 78.9 | 435 | 551,455 |
| Highland | 135.6 | 272 | 200,550 |
| Inverclyde | 76.4 | 51 | 66,725 |
| Midlothian | 75.2 | 61 | 81,149 |
| Moray | 45.2 | 36 | 79,648 |
| North Ayrshire | 91.9 | 104 | 113,113 |
| North Lanarkshire | 101.2 | 288 | 284,593 |
| Orkney | 102.3 | 19 | 18,578 |
| Perth and Kinross | 118.8 | 155 | 130,449 |
| Renfrewshire | 86.5 | 137 | 158,468 |
| Scottish Borders | 79.6 | 79 | 99,253 |
| Shetland | 67.8 | 13 | 19,177 |
| South Ayrshire | 158.0 | 151 | 95,555 |
| South Lanarkshire | 94.3 | 262 | 277,832 |
| Stirling | 106.9 | 85 | 79,513 |
| West Dunbartonshire | 142.8 | 106 | 74,225 |
| West Lothian | 108.5 | 165 | 152,064 |
| Scotland | 92.5 | 4,300 | 4,650,067 |

Those with 'unknown' LA have been omitted from this table.

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

| Local authority | 2015-16 | | 2016-17 | | 2017-18 | | 2018-19 | | 2019-20 | | 2020-21 | | 2021-22 | | 2022-23 | | 2023-24 | | 2024-25 | |
|-----------------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| | N | R | N | R | N | R | N | R | N | R | N | R | N | R | N | R | N | R | N | R |
| Aberdeen City | 74 | * | 79 | 6 | 74 | * | 81 | 14 | 65 | 14 | 63 | * | 92 | 10 | 105 | * | 97 | 7 | 85 | 15 |
| Aberdeenshire | 71 | 10 | 77 | 21 | 90 | 19 | 81 | 15 | 88 | 17 | 57 | 6 | 101 | * | 103 | * | 113 | 7 | 120 | 12 |
| Angus | 42 | 6 | 42 | 13 | 66 | 5 | 43 | 15 | 46 | 21 | 42 | * | 90 | * | 88 | * | 85 | 12 | 83 | 32 |
| Argyll and Bute | 39 | * | 31 | 6 | 36 | * | 34 | 7 | 35 | 8 | 35 | 6 | 43 | * | 44 | 10 | 44 | 6 | 55 | 14 |
| City of Edinburgh | 131 | 13 | 170 | 17 | 148 | 20 | 172 | 32 | 177 | 44 | 152 | 17 | 234 | 7 | 253 | 7 | 282 | 25 | 218 | 63 |
| Clackmannanshire | 30 | * | 33 | * | 26 | * | 24 | * | 19 | * | 14 | 5 | 27 | * | 37 | * | 31 | * | 43 | 8 |
| Dumfries and Galloway | 103 | 16 | 101 | 17 | 87 | 27 | 93 | 54 | 97 | 32 | 79 | 7 | 132 | 8 | 142 | 9 | 165 | 12 | 128 | 17 |
| Dundee City | 67 | * | 100 | 7 | 70 | 13 | 93 | 6 | 83 | 13 | 47 | 6 | 85 | * | 106 | * | 122 | * | 150 | 22 |
| East Ayrshire | 87 | 14 | 69 | 19 | 77 | 22 | 65 | 19 | 67 | 30 | 50 | 6 | 83 | 5 | 91 | 6 | 125 | 7 | 139 | 16 |
| East Dunbartonshire | 38 | * | 32 | * | 34 | 16 | 33 | 11 | 47 | 8 | 28 | * | 36 | 5 | 38 | 6 | 63 | * | 51 | 7 |
| East Lothian | 36 | 11 | 26 | 8 | 36 | 16 | 37 | 11 | 39 | 14 | 31 | * | 58 | * | 67 | * | 59 | 7 | 48 | 12 |
| East Renfrewshire | 32 | 5 | 26 | * | 39 | 6 | 32 | * | 23 | 7 | 38 | * | 44 | * | 41 | * | 48 | * | 46 | 7 |
| Eilean Siar | 16 | * | 29 | * | 12 | * | 17 | * | 14 | * | 7 | * | 13 | * | 8 | * | 19 | * | 13 | * |
| Falkirk | 80 | 12 | 66 | 13 | 85 | 14 | 82 | 9 | 80 | 30 | 68 | 6 | 102 | * | 105 | * | 105 | 11 | 120 | 22 |
| Fife | 201 | 14 | 178 | 26 | 232 | 31 | 177 | 52 | 169 | 35 | 121 | 12 | 190 | 5 | 231 | 8 | 287 | 23 | 289 | 46 |
| Glasgow City | 342 | 36 | 315 | 54 | 366 | 77 | 356 | 95 | 402 | 107 | 302 | 24 | 414 | 22 | 390 | 15 | 388 | 26 | 405 | 30 |
| Highland | 133 | 14 | 175 | 27 | 137 | 28 | 155 | 33 | 153 | 45 | 108 | 8 | 260 | 6 | 225 | * | 216 | 19 | 222 | 50 |
| Inverclyde | 15 | 5 | 31 | 7 | 23 | 8 | 24 | 6 | 18 | 6 | 19 | * | 51 | * | 45 | * | 59 | * | 41 | 10 |
| Midlothian | 24 | 8 | 26 | 7 | 45 | 8 | 42 | 12 | 30 | 9 | 32 | * | 47 | * | 58 | * | 66 | 6 | 50 | 11 |
| Moray | 41 | * | 53 | * | 34 | 5 | 39 | 6 | 30 | * | 26 | * | 43 | * | 46 | * | 46 | * | 33 | * |
| North Ayrshire | 61 | 5 | 72 | 15 | 66 | 15 | 77 | 12 | 64 | 25 | 61 | 9 | 98 | 15 | 89 | 13 | 153 | 18 | 90 | 14 |
| North Lanarkshire | 156 | 32 | 151 | 32 | 178 | 59 | 178 | 73 | 153 | 76 | 115 | 7 | 195 | * | 226 | * | 245 | 18 | 254 | 34 |
| Orkney | 12 | 6 | 6 | * | 7 | * | 5 | * | 14 | * | 24 | * | 16 | * | 11 | * | 11 | * | 16 | * |
| Perth and Kinross | 61 | * | 67 | 11 | 85 | 15 | 78 | 10 | 91 | 19 | 81 | 6 | 137 | 8 | 114 | 8 | 104 | 19 | 133 | 22 |
| Renfrewshire | 135 | 6 | 97 | 18 | 88 | 22 | 104 | 25 | 85 | 24 | 75 | 11 | 98 | * | 138 | * | 118 | 6 | 129 | 8 |
| Scottish Borders | 35 | 5 | 37 | 5 | 51 | 7 | 43 | 9 | 37 | 8 | 25 | 6 | 68 | * | 49 | * | 77 | 6 | 76 | * |
| Shetland | 6 | * | 8 | * | 7 | * | 7 | * | 6 | * | 6 | * | 11 | * | 10 | * | 5 | * | 11 | * |
| South Ayrshire | 87 | 11 | 73 | 17 | 95 | 21 | 89 | 26 | 72 | 28 | 68 | 12 | 86 | 22 | 95 | 18 | 99 | 28 | 118 | 33 |
| South Lanarkshire | 157 | 17 | 202 | 25 | 171 | 39 | 160 | 47 | 183 | 56 | 139 | 11 | 165 | 27 | 197 | 15 | 198 | 20 | 237 | 25 |
| Stirling | 29 | 5 | 61 | * | 45 | 5 | 45 | 13 | 48 | 16 | 27 | * | 56 | 7 | 53 | 12 | 70 | 13 | 67 | 18 |
| West Dunbartonshire | 55 | * | 43 | * | 29 | * | 35 | * | 33 | * | 26 | * | 41 | * | 51 | 6 | 76 | 6 | 99 | 7 |
| West Lothian | 35 | 6 | 59 | 22 | 61 | 14 | 44 | 19 | 63 | 26 | 52 | 10 | 104 | 21 | 102 | 18 | 95 | 13 | 125 | 40 |
| Scotland | 2,431 | 280 | 2,535 | 413 | 2,600 | 531 | 2,545 | 648 | 2,532 | 729 | 2,020 | 198 | 3,225 | 196 | 3,374 | 188 | 3,786 | 345 | 3,694 | 606 |

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

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

| Local authority | Age Group | | | |
|-----------------------|-----------|-------|-------|------|
| | 16-24 | 25-44 | 45-64 | 65+ |
| Aberdeen City | -11% | -42% | -12% | 32% |
| Aberdeenshire | 12% | 6% | 33% | 4% |
| Angus | 26% | 0% | 43% | 8% |
| Argyll and Bute | 17% | 200% | 167% | 0% |
| City of Edinburgh | -23% | 4% | -14% | -4% |
| Clackmannanshire | -20% | 83% | 33% | 100% |
| Dumfries and Galloway | -48% | -24% | 15% | -13% |
| Dundee City | 72% | 21% | 48% | 23% |
| East Ayrshire | 46% | 38% | -34% | 27% |
| East Dunbartonshire | 8% | 6% | -36% | -25% |
| East Lothian | -14% | -7% | -27% | 0% |
| East Renfrewshire | -14% | 29% | 60% | 6% |
| Eilean Siar | -14% | -33% | 0% | -50% |
| Falkirk | 30% | 67% | 33% | 6% |
| Fife | 11% | 16% | 30% | -5% |
| Glasgow City | 22% | -16% | 4% | 6% |
| Highland | 68% | 5% | -10% | 11% |
| Inverclyde | -19% | 140% | -50% | -29% |
| Midlothian | -7% | 33% | -55% | -3% |
| Moray | -53% | 100% | -30% | -33% |
| North Ayrshire | -55% | -57% | -4% | -36% |
| North Lanarkshire | -3% | 22% | -3% | 19% |
| Orkney | 100% | 0% | 67% | 60% |
| Perth and Kinross | 42% | -23% | 29% | 36% |
| Renfrewshire | -3% | 41% | 47% | 0% |
| Scottish Borders | -7% | 23% | 14% | -24% |
| Shetland | 150% | 100% | 0% | 200% |
| South Ayrshire | -13% | -8% | 33% | 38% |
| South Lanarkshire | 17% | 30% | 11% | 22% |
| Stirling | 29% | 0% | -50% | 16% |
| West Dunbartonshire | -50% | 8% | 186% | 76% |
| West Lothian | 71% | 178% | 21% | 27% |

Table A13. Relative change to 2024-25 by diagnostic categories and local authority

| Local authority | Dementia | Learning disability | Mental illness | ABI | ARBD | Other |
|------------------------|-----------------|----------------------------|-----------------------|------------|-------------|--------------|
| Aberdeen City | 38% | -30% | 50% | 33% | 20% | 100% |
| Aberdeenshire | -8% | 19% | 17% | 13% | 200% | 100% |
| Angus | 11% | 47% | -8% | -50% | -40% | 0% |
| Argyll and Bute | 5% | 73% | 50% | 0% | 100% | -100% |
| City of Edinburgh | -9% | -11% | 14% | 20% | -44% | 0% |
| Clackmannanshire | 90% | 9% | | 100% | 0% | |
| Dumfries and Galloway | -15% | -30% | 100% | 13% | 0% | -33% |
| Dundee City | 16% | 38% | 175% | 46% | 33% | -50% |
| East Ayrshire | 12% | 6% | 200% | 30% | -14% | 300% |
| East Dunbartonshire | -56% | 15% | 0% | 100% | -50% | -100% |
| East Lothian | 9% | -21% | 100% | 50% | -67% | 0% |
| East Renfrewshire | -25% | 0% | | 167% | | -50% |
| Eilean Siar | -43% | -27% | -100% | 0% | 0% | |
| Falkirk | 13% | 56% | -100% | -44% | -29% | 0% |
| Fife | -10% | 12% | 62% | -18% | 11% | 600% |
| Glasgow City | -5% | 7% | 53% | 0% | 37% | -36% |
| Highland | -2% | 27% | 60% | -38% | 250% | -33% |
| Inverclyde | -40% | 12% | -50% | -40% | -17% | |
| Midlothian | 13% | -24% | -67% | -33% | -50% | 0% |
| Moray | -47% | -19% | 0% | 100% | -50% | 0% |
| North Ayrshire | -51% | -49% | -20% | 25% | 71% | 0% |
| North Lanarkshire | 13% | 3% | -27% | 20% | 27% | 167% |
| Orkney | 80% | 50% | 0% | 0% | 0% | 0% |
| Perth and Kinross | 44% | 24% | -33% | -11% | 200% | -100% |
| Renfrewshire | -14% | 31% | 50% | 67% | -50% | -50% |
| Scottish Borders | -10% | -8% | 33% | 67% | -50% | 100% |
| Shetland | | 75% | -100% | | -100% | 0% |
| South Ayrshire | 53% | -3% | 20% | 9% | 80% | -33% |
| South Lanarkshire | -5% | 30% | 50% | 7% | 33% | 100% |
| Stirling | -10% | 9% | -75% | 33% | 100% | 0% |
| West Dunbartonshire | 76% | -28% | 600% | 133% | 133% | -33% |
| West Lothian | 56% | 63% | -80% | 150% | 0% | 0% |

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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

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