Edinburgh
Adult Protection Committee

Annual Report
2025 - 2026

Ensuring adults in Edinburgh who need support and protection are safe and receive the highest quality, professional services from partner agencies involved in Adult Support and Protection

Edinburgh Health and Social Care Partnership

POLICE SCOTLAND
Keeping people safe
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Chair's Foreword

My second year in post as the City of Edinburgh's Adult Protection Committee Independent Chair has been no less busy than the first. Building blocks set in place last year have seen some good progress in some areas, whilst challenges remain in others.

There has been a real impetus behind the work of the Learning & Development Subcommittee especially since the arrival of the new Principal Social Work Officer as chair. A number of new or revised policies and procedures have been brought to fruition through 2025/26 to better support the workforce and operational practice.

We have had continued success with our Workforce Development Days including a cross-committee event involving the Adult and Child Protection Committees, the Equally Safe Committee, Housing colleagues and the Alcohol & Drugs Partnership. This willingness to explore cross committee work is further reflected in a recently commissioned piece of learning activity to be co-chaired by the APC and CPC Independent Chairs and the chair of the Equally Safe Committee.

The interrelationship between the Quality Assurance Subcommittee and the APC is developing well with the APC better tasking the QA Sub to undertake work and the QA Sub identifying and raising issues to APC.

Our journey in developing our system around Learning Reviews has had mixed success. Our new processes and structures have bedded in well with iterative improvements made to supporting documentation and strengthening business support. The system of triage and progression of Learning Review Notifications to the decision-making forum - the Learning Review Panel - has matured, has rhythm and has demonstrated considered, proportionate and flexible thinking to learning approaches.

We have less success with progressing ongoing formal Learning Reviews. We had four ongoing, all being led internally. This proved a very real challenge to the capacity and resilience of the mid to senior managers leading on them. Both APC and CPC chairs and the PSWO flagged the risks surrounding the progression of Learning Reviews to the Chief Officers' Group and all 4 Learning Reviews have now been subsumed into a single but layered, externally led Rapid Review. Work is also underway to improve training and support for those we ask to lead on Learning Reviews and to safeguard against returning to the same predicament.

Chair's Foreword

The challenge as to how best to meaningfully engage with those who have Lived Experience remains. The work of the new Lived Experience Subcommittee has stalled and both the APLO and
I continue to engage with 3rd Sector leaders to find how best to take this forward and reinvigorate this important area.

More positively we re-ran the APC Members' Development Day and associated Survey. Whilst the participation level in the Survey was disappointing, the day itself was enjoyable, purposeful and filled with good discussion, bolstering the feedback from the Survey. We used this session to start the development of our first Strategic Plan 2026-28, scheduled for consideration at the June 2026 Committee.

We reviewed the APC Risk Register at the Development Day acknowledging a new risk (but an old challenge) around Information Sharing. Work has started to better underpin the Pan-Lothian Information Sharing Agreement to help address this risk.

Our Mission Statement remains as relevant as ever and the Committee remains accountable for and committed to it: "To ensure adults in Edinburgh who need support and protection are safe and receive the highest quality, professional services from partner agencies involved in Adult Support and Protection."

The Strategic Plan 2026-2028 once approved will provide a structured focus for the work of the Committee and its Subcommittees in the coming years, whilst being committed to remaining alive and responsive to new developments, risks and challenges.

I commend this report to you and look forward to furthering the work of the Committee in 2026 / 2027 for the benefit of those in Edinburgh who need support and protection.

Martin Maclean
Independent Chair
Edinburgh Adult Protection Committee

Statutory Requirements, APC Structure & Function

Statutory Requirements

Adult Protection Committees (APCs) are a statutory requirement under section 42 of the Adult Support and Protection (Scotland) Act 2007. Edinburgh's Adult Protection Committee is made up of senior representatives of key agencies (full list of membership at end of this report) who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. The APC reports on its work and progress and is accountable to the Chief Officers' Group – Public Protection (COG).

Structure and Function of the Adult Protection Committee

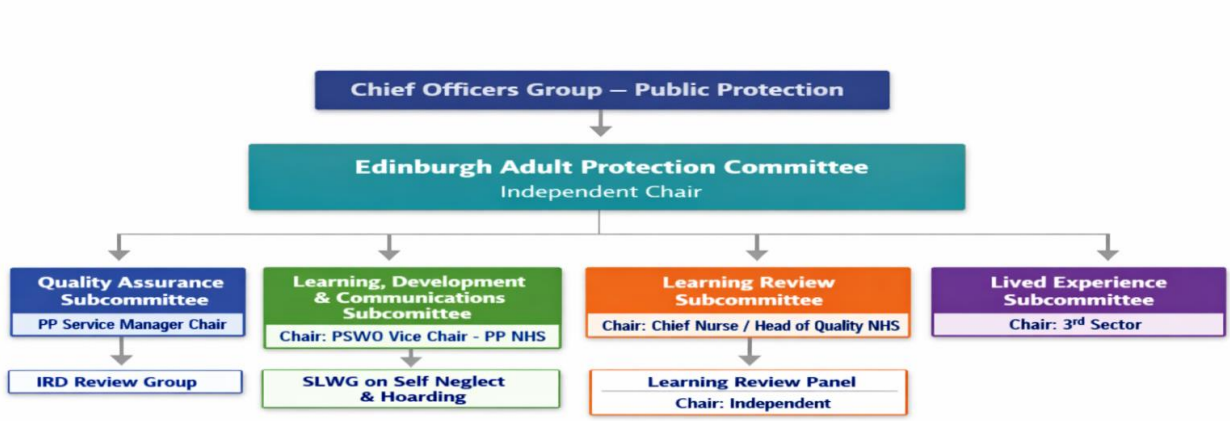
The APC provides strategic leadership, scrutiny and assurance in relation to Adult Support and Protection across the city. Its role is to ensure that agencies work effectively together to protect adults at risk of harm, promote high standards of practice, and drive continuous improvement across the partnership.

The APC is chaired by an Independent Chair, ensuring objectivity, transparency and robust challenge. Membership includes senior representatives from Police Scotland, NHS Lothian, the City of Edinburgh Council, the Health and Social Care Partnership, the Scottish Fire and Rescue Service, and key third-sector partners.

To fulfil its statutory responsibilities, the APC is supported by a structured governance framework comprising four subcommittees, each with a defined remit and chaired by senior leaders from across the partnership. This structure ensures that quality assurance, learning, lived experience and review activity are embedded within the governance of Adult Support and Protection.

Governance Structure

Figure 1: Edinburgh Adult Protection Committee Governance Map



The governance map illustrates the relationship between the Chief Officers' Group, the APC and its subcommittees, including the IRD Review Group, the Learning Review Panel and the Short-Life Working Group on Self-Neglect & Hoarding. The Subcommittees are:

Quality Assurance Subcommittee
Chair: Social Work Led

- Oversees multi-agency quality assurance activity
- Analyses performance data
- Provides assurance on practice standards
- Supported by the IRD Review Group chaired by Peter Wordie (Police Scotland)

Learning, Development & Communications Subcommittee
Chair: Principal Social Work Officer EHSCP

- Leads on workforce development, training and communication
- Coordinates multi-agency learning
- Oversees the Short-Life Working Group on Self-Neglect & Hoarding

Learning Review Subcommittee
Chair: Chief Nurse and Head of Quality EHSCP

- Oversees Learning Review processes
- Ensures learning is identified, analysed and disseminated
- Supported by the Learning Review Panel chaired by the Independent Chair

Lived Experience Subcommittee
3rd Sector Led and Supported

- Ensures the voices of adults, carers and families inform policy, practice and improvement.
- Strengthens the partnership's understanding of lived experience and its impact on safeguarding.
- Has had challenges establishing itself. Needs supported to become active and successful.

What Our Data Tells Us

What Our Data Tells Us

Overview and Summary

Understanding Edinburgh's population, housing pressures and ASP activity is essential to interpreting the context in which Adult Support and Protection operates. This year's data highlights several trends that continue to shape risk, demand and practice across the city. However there is no clear overall narrative. Many metrics appear suppressed in comparison with recent years, and whilst that might be true, another interpretation is one of a steady return to pre-Covid levels for many metrics.

This section provides analysis and context with further **greater detail provided in the series of Data Tables provided in Appendix 1.**

Population Overview

Scotland's population reached a record 5.55 million in mid-2024, driven entirely by net migration. Edinburgh continues to grow at a faster rate than the national average, with an estimated population of 530,680 — a 1.2% increase from 2023. Between 2001 and 2024, the city's population increased by 18.2%, the third-highest rise in Scotland.
Edinburgh's demographic profile remains distinctive:

- The 25–44 age group is the largest (172,148 people).
- The 75+ age group is the smallest (40,457 people).
- The population is 51.9% female and 48.1% male.
- The city has more university students than school pupils, with approximately 161,000 students living in Edinburgh at any given time.

This transient, internationally diverse population brings strengths but also creates vulnerabilities, particularly around online harm, exploitation, and reduced engagement with local support networks.

Locality Variation

Edinburgh's four localities show differing demographic pressures:

Locality	Estimated Population	Key Characteristics
North West	**151,200**	Largest locality; higher proportions of children & older adults
South East	**131,800**	Highest proportion of young adults (52.2%)
North East	**122,900**	Smallest locality; lowest proportion of residents aged 65+
South West	**119,200**	Mixed residential and student populations

These variations influence local patterns of risk, demand for services and the types of harm most frequently encountered. (Source: ONS.GOV.UK)

What Our Data Tells Us

Housing Emergency

Housing remains one of the most significant drivers of vulnerability in Edinburgh. The city continues to operate under a declared a housing emergency since November 2023, with demand far exceeding supply. Key pressures as of March 2026:

- 30,324 applicants registered for social housing
- Only 16% actively bidding (4,851 people)
- 6,372 homeless households in temporary accommodation
- 9,243 open homeless cases with a statutory duty to rehouse
- 1,042 households in unsuitable temporary accommodation
- 1,619 properties advertised in 2025
- 385 average bids per property (up 32.3%)
- Over 1,000 non-UK nationals in temporary accommodation

There has been an 11.2% reduction in households with children in temporary accommodation, but overall demand continues to rise. Many people experiencing homelessness in Edinburgh have multiple other needs, many are dealing with mental health problems, alcohol / substance use, trauma, language and communication difficulties, and increasingly dementia type illness. A large proportion of this population are digitally excluded or lack the skills to engage with housing systems, prolonging their homelessness and increasing exposure to harm. Homelessness intersects with multiple forms of harm, including self-neglect, exploitation, cuckooing, and material harm. In many of these cases, people have the potential to safeguard, but often lack the means, ability and support required to do so.

Age, Gender and Adult Category Data

Edinburgh's ASP demographic profile continues to shift. Age:

- Adults under 40: ↑ 33%
- Adults 40–64: ↑ 11%
- Adults 70+: ↓ 15%

This represents a significant change from the traditional ASP demographic, with younger adults now forming a growing proportion of those at risk. Contributing factors include housing instability, substance use – a ketamine and crack cocaine epidemic, mental health crises, exploitation and cuckooing.

Gender

- Female adults account for 59% of ASP referrals.
- Male adults remain over-represented in self-neglect, homelessness and substance-related harm.

What Our Data Tells Us

Adult Category
The most common categories remain:

- Infirmity and frailty due to age
- Mental health (exc dementia)
- Learning disability
- Addiction or substance use
- Cognitive impairment or dementia

The recording of 'other' as the adult category accounts for 40% of this year's data rendering meaningful analysis difficult. Recording of mental health and substance use is well below the experience of operational teams. Work is ongoing to consider the addition of more specific categories such as exploitation, hoarding, cuckooing and commercial sexual exploitation (CSE). The rise in younger adults is particularly notable in mental health, autism spectrum conditions, homelessness, exploitation and online harms.

ASP Activity Trends

This year's ASP activity shows a mixed picture:

- Referrals: ↓ 3.4% (2153 → 2081)
- Investigations (DTIs): ↑ 1.6% (627 → 637)
- IRDs: ↓ 5% (422 → 399)
- Case conferences: ↓ 14% (603 → 518)
- Open cases: ↓ 21% (116 → 92)
- Attendance at own case conference: ↑ 9% (average 34.4%)

Despite fewer referrals, assessment activity remains high, with an average of 202 assessments per month. Open cases are at their lowest level in several years, reflecting a focus on proportionality and avoiding unnecessary or prolonged ASP measures.
The introduction of national reporting distinctions between inquiries "with" and "without" investigative powers has also influenced activity patterns shown in data.

Referral Sources

Referral sources remain broadly consistent with previous years:

- Police Scotland: 25%
- Social Work: 23%
- NHS services: 13%
- Care homes, care providers, family/friends and others make up the remainder

What Our Data Tells Us

A notable feature of Edinburgh's profile is that Social Work is the second-highest referral source, which is unusual nationally. In most other areas Care Homes and Care at Home providers typically sit second and third respectively.

Edinburgh's lower proportion of referrals from these sectors remains an area of ongoing scrutiny. The AP1 Report of Harm Referral Form has ben approved for introduction a and risk / reporting matrix is being developed and progressed in an effort to provide assurance that referrals are being made, and progressed more robustly.

Types of Harm

Physical harm, financial/material harm and self-neglect remain the most frequently recorded harm types. Emerging classification challenges include:

- Online harms
- Hoarding
- Cuckooing
- Exploitation (criminal, sexual, financial)
- Romance fraud
- Digital coercion and manipulation

Work is underway to improve consistency in categorisation, particularly where hoarding has been incorrectly recorded as "other" rather than self-neglect, and where online harms and exploitation have been inconsistently recorded.

Location of Harm

Harm continues to occur predominantly in private homes, accounting for 66% of all referrals. Other locations include:

- Care homes (decreased from 16% to 9%)
- Supported accommodation
- Public places
- NHS facilities
- Online

The predominance of harm occurring in private spaces reinforces the importance of in-person relationship – based practice, joint visits and strong interagency cooperation. Gaining insight into private spaces and lives requires that those with face-to-face contact have ASP awareness and are trained to Recognise, Report and Respond to harm. This will be done via the new L&D Strategy to ensure those workers on the ground, have the ASP knowledge required. The benefit of training more public contact, front line staff has been demonstrated by the higher rates of referrals SFRS receive since their engagement with partners in housing and other areas described below.

Outcomes, Achievements & Service Improvements

This year has seen meaningful progress across several areas of Adult Support and Protection in Edinburgh. Much of this reflects strengthened partnership arrangements, improved governance structures, and a growing emphasis on learning, quality assurance, and early intervention. Alongside this, there has been significant work to stock-take, update and consolidate policy, procedures and guidance.

Strengthening Fire Safety and Partnership with SFRS

Following the Thematic Review of Fire Deaths, the partnership has continued to deepen its relationship with the Scottish Fire and Rescue Service (SFRS). The impact of this work is evident with Home Fire Safety Visit (HFSV) referrals reaching a record 2,650 and a reduced number of two fire fatalities recorded during the year. SFRS have made a significant contribution to ASP improvement in the past year through:

- Home Fire Safety Visits (HFSVs)
- Community Action Teams
- Joint work on self-neglect and hoarding
- Training inputs for frontline staff
- Strengthened involvement in Duty to Inquire processes

This reflects a more integrated approach to identifying and mitigating fire-related risks, particularly for adults experiencing self-neglect, hoarding, alcohol, dementia or substance-related vulnerabilities. As mentioned earlier, SFRS have seen a rise in referrals, primarily from agencies who enter peoples' homes such as energy suppliers and housing officers. Learning from the success of SFRS, awareness raising of ASP for housing contractors and supermarket delivery / postal services would also help increase the recognition of harm and could mean more timeous referrals for ASP concerns.

Multi-Agency Quality Assurance (MAQA)

Edinburgh continues to operate three MAQA groups, covering:

- Care Homes
- Care at Home Services
- Care and Support Services

These groups provide a structured mechanism for oversight, assurance, and early identification of concerns. Improvements this year include:

- Enhanced care service feedback reporting
- Increased Multi-Agency Support Meetings (MASMs)
- Stronger links between frontline intelligence and APC governance

Outcomes, Achievements and Service Improvements

- Clearer escalation pathways for concerns about care quality

Contextual Safeguarding and Community Risks

Edinburgh continues to develop its approach to Contextual Safeguarding and Large-Scale Investigations (LSIs). ASP has tended to be about the individual and LSIs typically used for multiple adults at risk in residential settings. Edinburgh has developed utilising ASP and LSI approaches to initiate a multi-agency strategic response for concerns around pockets of concentrated substance misuse and mental health crises emanating from specific areas, at times leading to a discovery of organised and coordinated exploitation. Multi Agency Strategy Meetings (MASMs) and LSIs help share intelligence and risk assessment to protect multiple adults and wider communities.

Policy, Procedure and Guidance Development

A major area of progress this year has been the systematic review and development of ASP policy, procedures and guidance. Work has focused on ensuring that staff have clear, up-to-date, and accessible frameworks to support consistent practice. Key developments include a **new suite of Policy, Procedure and Guidance.** Previous reports had highlighted the ongoing review and issues with the Escalating Concerns Procedure. All too often, this was being used to move on complex cases or to resolve disputes or disagreements in decision making, or where it was unclear whether ASP criteria were met and should be applied.

To provide staff and partners with the best support structures possible, the PSWO and lead officer led the development and publication of several new policy, procedure and guidance documents. This new suite replaces entirely, the previous Escalating Concerns and GIRFE (Getting It Right For Everybody) procedures:

Adult Case Conference Protocol (Non-ASP)
This protocol sets out the roles and responsibilities of statutory agencies and other partner agencies in the planning and convening of a case conference where an adult is at risk and a multi-agency approach needs to be considered. It can be applied in circumstances where an adult: -

- Does NOT meet the three-point criteria of an adult at risk of harm,
- Is otherwise deemed to be at risk, and
- Existing working practices and mechanisms are neither applicable nor successful.

Outcomes, Achievements and Service Improvements

Inter and Intra-agency Dispute Resolution Protocol
Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to support and protect adults at risk of harm. Occasionally situations arise when workers within or across an agency feel that the actions, inaction or decisions of another agency or other part of their service do not adequately support or protect an adult. Where professional opinion differs in relation to actions proposed or taken within the adult support and protection process, professionals are responsible for progressing a resolution in line with this policy.

Complex Case Panel
Born from the recommendations from the Adult A Learning Review and more general auditing and review work, the Complex Cases Panel (CCP) is a supportive, multi-disciplinary forum designed to help practitioners manage high-risk, escalating risk, complex, or stuck cases. It provides a space for reflection, shared problem-solving, and senior oversight. The Panel does not replace statutory processes but enhances coordinated, defensible, and rights-based practice. Principles of the Panel include:

- Trauma-informed
- Rights-based
- Strengths-focused
- Non-judgemental
- Collaborative
- Proportionate

The Panel aims to:

- Reduce practitioner isolation
- Support emotional resilience
- Provide senior oversight, advice, guidance and support
- Encourage reflective practice
- Promote shared responsibility
- Identify gaps and learning opportunities.

The complex case panel guidance is published and live with workers taking advantage of the support and expertise it offers.

Self-Neglect and Hoarding Guidance update
Following Learning Review activity and the SFRS Thematic Report from last year, the Self-Neglect and Hoarding Guidance has been reviewed and updated. Refreshed guidance provides a clear, consistent and trauma-informed framework for responding to concerns about self-neglect and hoarding. It recognises self-neglect and hoarding as complex safeguarding issues and supports proportionate, rights-based practice balancing autonomy, risk enablement, persistence, professional curiosity and protection. The

guidance has been developed for all multi-agency staff supporting adults with who are at risk of harm because of self-neglect and/or hoarding.

To support implementation, a live tracker of all ASP policies and guidance has been created, allowing staff to see what is current, what is under review, and what is in development. This should improve transparency and version control, reducing the risk of outdated documents remaining in circulation.

Introduction of the ASP Report of Harm Form

A significant development this year has been the development of the new ASP Report of Harm Referral form. This will afford improved visibility and allow ALL partners to make ASP referrals using a consistent template which aligns with the national dataset categories as well as internal risk assessment and assessment models.

The form is expected to:

- Improve the accuracy and completeness of referral information
- Reduce variation across agencies
- Provide clearer information at the point of referral
- Strengthen national comparability
- Support earlier identification and consistent screening of risk

Edinburgh is among the first areas in Scotland to adopt this approach, contributing to improved data harvesting and processes that can contribute to national learning and improvement.

Improving Case Conference Practice

Case conference activity has reduced overall, reflecting a more proportionate approach to ASP measures and a focus on avoiding unnecessary or prolonged interventions. At the same time, attendance by adults at their own case conferences has increased by 9%, demonstrating progress in promoting participation and supporting adults to be meaningfully involved in decisions about their safety and wellbeing.

Work continues to strengthen:

- Preparation and information-sharing ahead of case conferences
- Advocacy involvement and support to participate
- Recording and communication of outcomes and plans
- Timeliness of reviews and closure of long-running cases

These improvements support a more person-centred and rights-based approach to ASP practice. At time of writing, advocacy procedures are being reviewed to ensure that every adult subject to an ASP investigation is aware of their rights and has access to an advocate as early in the process as possible.

Outcomes, Achievements and Service Improvements

Strengthening Interagency Working

Across the partnership, there has been a renewed emphasis on joint working, particularly in areas where risk is complex or multi-layered. Examples include:

- Joint visits between Social Work, SFRS, Police Scotland and Health Services
- Improved communication between acute and community health teams
- Closer working with Housing Services, particularly to promote safety via alternative accommodation and support, as well as work in homelessness and temporary accommodation
- Increased engagement with third-sector organisations supporting adults with complex needs

This collaborative approach is essential in a city where risk is often hidden within private spaces, but where consequences are felt in shared spaces. Frontline staff increasingly manage overlapping risks that threaten local safety; whether fire risks linked to dementia, hoarding behaviour or substance use; criminal exploitation or coercion of adults or an increase in harm and risks 'to and from' those experiencing mental health crisis who are not accessing support, care or treatment. These intersecting challenges do not just impact an individual's ability to safeguard themselves—they directly compromise the wider community's fundamental right to feel safe. Requiring a community response, we continue last year's message that ASP is everybodys business.

Risk Register

The APC Chair convened a risk register workshop with committee members in June 2025 to draw up the final APC Risk Register. The workshop identified pertinent risk areas across the board in Learning & Development, Learning Reviews, Lived Experience Sub-committee, LSI reports (via the MAQA groups) and Communications. In general, risk related to timeous response, reporting and dissemination of information and clearly visible, well promoted L&D and Comms strategies. The Risk Register was further reviewed at the March 2026 APC Members' Development Day with Information Sharing added as a further risk. A further iteration of the Risk Register will be taken to June 2026 APC.

Multi-Agency Adult Protection Audit Programme

Via the QA Subcommittee, the APC's multi-agency audit programme scrutinises the quality and consistency of ASP practice across Edinburgh. From October 2024 – September 2025, 42 case records were audited across all stages of the ASP process. This evidenced effective ASP practice, strong multi-agency collaboration, and positive outcomes for most adults. ASP measures kept 37 adults safe, with only 3 cases where safety was not achieved and 2 unclear. Where practice was strongest, it demonstrated timely

intervention, defensible application of the 3-point criteria, and coordinated multi-agency engagement.

Key Strengths

- Consistent multi-agency working at DTI, IRD and APCC stages.
- Trauma-informed, relationship-based practice evident across agencies.
- 100% of referrals progressed to IRD, with timely decision-making.
- Effective use of joint visits and coordinated contact with adults.
- Clear rationale for three-point criteria in most cases.

Key Risks

- Delays between screening and allocation, including one case taking seven months to be recognised as AP.
- Inconsistent recording of DTI without powers and variable rationale for three-point criteria.
- Uneven use of risk tools (TILS, ISP, AP Plans) and gaps in safety planning.
- Inconsistent multi-agency participation in some IRDs and APCCs.
- Missed opportunities to engage adults with communication needs or affected by domestic abuse.
- Information-sharing inconsistencies across core agencies.

Improvement Actions

The APC has initiated a programme of improvements, including:

- Launch of Business Support system and QAO reporting tool (Nov 2025).
- Development of multi-agency minimum standards and ASP quality illustration scale.
- Strengthening ASP referral pathways, capacity-related processes, and staff training.

Assurance Position

The audit provides good assurance that ASP processes are functioning effectively and delivering positive outcomes. However, timeliness, recording quality, and consistency of multi-agency involvement remain priority areas for improvement. The APC Quality Assurance Subcommittee will oversee delivery of actions and report progress to the APC. The APLO will highlight the positive practices through the ASP network.

Training, Learning & Development

Training, learning and development remain central to strengthening Adult Support and Protection practice across Edinburgh. This year has seen significant progress in how learning is identified, shared, and embedded. This is supported by a refreshed governance structure with the new Learning, Development and Communications Subcommittee and a more coordinated approach across agencies assisted by the new APC Learning & Development Strategy which aligns with the national strategy.

Learning Review Activity

Learning Review activity has continued to evolve, with a clearer structure now in place to support decision-making, oversight, and the implementation of learning. The Learning Review Panel has met regularly to consider notifications, ensuring that decisions are timely, transparent, and consistent with national guidance. During the year:

- Six new Learning Review notifications were received
- Cases reflected a wide range of complex risks, including mental health crises, substance use, dementia, domestic abuse, and fire-related harm
- Four ongoing Learning Reviews were re-commissioned for an externally led independent Rapid Review due to complexity and delays and challenges with internal leads' capacity and resilience.

Themes emerging from Learning Reviews continue to highlight areas for improvement across the partnership. These include:

- Under-recognition of risk
- Gaps in interagency communication
- Over-reliance on letters or telephone contact instead of in-person engagement
- Inconsistent use of chronologies
- Confusion around thresholds and pathways
- Challenges in transitions between services, particularly in mental health & substance use pathways
- ASP activities being conducted by, and centred around the statutory agencies of Social Work, Police and Health with the exclusion of housing and support services ongoing in the DtI and ASPCC phases.

These themes are now being used to inform training, guidance, and practice development across agencies.

Alternative Approaches to Learning

Training, Learning and Development

Not all cases require a full Learning Review. This year, eight cases were progressed through proportionate learning mechanisms, including:

- Multi-Agency Reflective Discussions (MARDs)
- Single-agency learning exercises
- Internal investigations
- Thematic reviews
- Case audits

These approaches allow learning to be captured and shared quickly, supporting continuous improvement. Often learning was already clear from the LR Notification and associated Call for Information and a full LR was not deemed proportionate or issues were systemic and already being addressed. This shows a shift toward proportionate, flexible learning responses rather than defaulting to full reviews

Learning, Development & Communications Subcommittee

The newly combined Learning, Development and Communications Subcommittee has provided a more streamlined and coordinated approach to workforce development. Key achievements include:

- A refreshed multi-agency Learning & Development Strategy, aligned with the national ASP learning pyramid
- A new multi-agency training calendar, offering a broader range of learning opportunities
- Updated training on:
    - Cuckooing
    - Contextual safeguarding
    - Human trafficking
    - Digital and online harm
    - Self-neglect and hoarding
    - Inquiry and screening practice
    - Interagency Referral Discussions (IRDs)
- Development of a new Complex Case Panel
- A live tracker for all ASP policies and guidance, ensuring staff have access to up-to-date information

This more integrated approach ensures that learning from reviews, audits, and frontline experience is translated into practical training and communication activity.

Training, Learning and Development

Strengthening Workforce Confidence and Competence

Across the partnership, there has been a renewed focus on building confidence and competence in ASP practice. This includes:

- Increased in-person training sessions
- Joint training between agencies
- Scenario-based learning
- Workshops focused on thresholds, decision-making, and proportionality
- Improved guidance on the use of investigative powers
- Greater emphasis on reflective practice

These developments support a more skilled and confident workforce, better equipped to identify, assess, and respond to risk.

Embedding Learning into Practice

A key priority this year has been ensuring that learning does not remain theoretical but is embedded into day-to-day practice. This has been supported by:

- Stronger links between Learning Reviews and training
- Clearer communication of learning points
- Improved dissemination of guidance
- Increased use of reflective spaces within teams
- Closer alignment between quality assurance findings and training priorities

This approach ensures that learning is not only captured but actively used to improve outcomes for adults at risk.

Engagement, Involvement & Communication

Engagement, involvement and communication have continued to strengthen across the partnership this year, with a renewed focus on visibility, accessibility, and meaningful connection with both the workforce and the wider public. The aim has been to ensure that Adult Support and Protection is understood, recognised, and embedded across all sectors, and that adults at risk — along with those who support them — are better informed and better connected to help.

Raising the Profile of Adult Support and Protection

A key priority this year has been increasing the visibility of ASP across Edinburgh. This has included:

- Two major multi-agency events under the theme “ASP is Everybody’s Business”
- A cross-committee public protection event aligned with International Women’s Day
- Increased presence at community and professional forums
- Strengthened communication channels with partner agencies

These events have helped reinforce the message that safeguarding is a shared responsibility, and that early recognition of harm is essential to effective intervention.

APC Newsletter and Communications

The APC newsletter has become a central communication tool, providing updates on:

- Learning Review themes
- Policy and guidance changes
- Training opportunities
- Emerging risks
- Partnership developments

Published every six months, the newsletter has improved the consistency of communication across agencies and has been well received by frontline staff.
In addition, targeted communications have been issued throughout the year to support awareness campaigns, highlight new guidance, and share learning from reviews and audits.

Engagement with Partners and Communities

The Adult Protection Lead Officer (APLO) has continued to strengthen relationships across a wide range of partners, including:

- Department for Work and Pensions (DWP)
- Housing Services

- Third-sector organisations
- Community groups
- Health and social care teams
- Police Scotland and SFRS

This engagement has included in-person briefings, attendance at locality meetings, and contributions to multi-agency forums. These interactions have helped improve understanding of ASP duties, thresholds, and referral pathways, particularly in sectors where awareness has historically been lower.

In-Person Briefings and Workforce Engagement

A significant amount of work has been undertaken to deliver in-person briefings across the city. These have focused on:

- ASP in acute and community hospital settings
- Transitions between services
- Inquiry and screening practice
- Homelessness and temporary accommodation
- Fire safety and self-neglect
- Online and digital harm

These sessions have supported a more confident and informed workforce, helping staff recognise risk earlier and understand how to respond proportionately and effectively.

Themes Emerging from Engagement

Across engagement activity, several recurring themes have emerged:

- The intersection of housing instability and health-related vulnerabilities
- Increasing complexity linked to organised crime, drugs, and exploitation
- Rising concerns around cuckooing, and organised crime, particularly in temporary and private rented accommodation
- Higher levels of unseen, solitary harm, often linked to isolation, mental health, and self-neglect, not only is this physical, but increasingly online
- Ongoing challenges in transitions, especially between acute services, substance use services, and community supports
- The need for clearer pathways and more consistent communication across agencies

These themes continue to inform training, policy development, and strategic planning.

Challenges and Areas for Improvement

Strengthening Public Awareness

Strengthening awareness of Adult Support and Protection across the workforce and wider public has remained a priority throughout the year. Activity has focused on ensuring that staff across all sectors understand their responsibilities, recognise indicators of harm, and know how to respond effectively. This has included:

- Joint APC and third-sector events aligned with National ASP Awareness Day, with a particular focus on financial harm in older people
- A successful multi-agency APC Workforce Development Day
- Increased visibility of ASP themes across partner agencies through briefings, newsletters, and targeted communications
- Direct engagement by the APLO with a wide range of services, including DWP, housing, health, and community organisations

These activities have helped reinforce key safeguarding messages, improve consistency of understanding across agencies, and support earlier identification of risk.

Challenges and Areas for Improvement

Despite the progress made this year, significant challenges remain across Edinburgh's Adult Support and Protection landscape. Many of these challenges reflect wider system pressures, increasing complexity of need, and the changing nature of harm. Addressing these issues will require sustained partnership effort, clearer pathways, and continued focus on workforce confidence and capacity.

Increasing Complexity of Risk

Across all agencies, there is a clear shift toward more complex and multi-layered forms of harm. This includes:

- Adults experiencing multiple, overlapping vulnerabilities
- Increased prevalence of cuckooing, particularly in temporary accommodation
- Higher levels of unseen, solitary harm, often linked to isolation, mental health, and self-neglect
- Greater involvement of organised crime, exploitation and coercion
- Rising concerns around online harm, digital exploitation and financial fraud
- Difficulty in accessing mental health care, treatment and support services
- Fire risks in shared ownership spaces

These patterns require more coordinated responses, stronger information-sharing, and earlier identification of risk.

Housing Instability and System Pressures

Edinburgh's housing emergency continues to be one of the most significant drivers of vulnerability. Challenges include:

Challenges and Areas for Improvement

- High numbers of adults living in temporary or unsuitable accommodation
- Limited availability of supported housing
- Digital exclusion preventing people from engaging with housing systems to escape homelessness
- Increased risk of exploitation, self-neglect and deterioration of health while waiting for stable accommodation

These pressures affect every stage of ASP activity, from referral and screening to assessment, planning and closure.

Transitions Between Services

Transitions remain a recurring area of concern, particularly between:

- Acute hospital settings and community services
- Mental health and substance use pathways
- Homelessness services and social work / health services
- Children's services and adult services

Breakdowns in transitions can lead to missed opportunities to identify risk, delays in support, and adults falling out of contact with services at critical points.

Role Clarity and Pathway Confusion

Across several services, there remain challenges around clarity of roles, responsibilities and pathways. This includes uncertainty about when ASP should be initiated, who should lead on specific aspects of risk management, and how information should be escalated. These gaps can lead to delays, duplication, or missed opportunities to intervene early.

The Pan-Lothian Hospital Dynamic

Another notable feature in Edinburgh, linking to Transitions and Pathway related challenges, is Edinburgh's status as the regional health hub for all of Lothian. Hosting the Royal Infirmary of Edinburgh (RIE), Western General Hospital (WGH), Royal Edinburgh Hospital (REH), and the Royal Hospital for Children & Young People (RHCYP) creates a distinct pressure on the city compared with the wider Lothians. Discharge planning does remain the responsibility for the area where the patient is from but ASP issues need to be dealt with where the person IS. Evidence from national delayed-discharge reporting and NHS Lothian system-wide planning shows that Edinburgh absorbs a significantly higher volume of inpatient activity because these hospitals serve the whole region.
Hospitals also serve as one-chance opportunities to identify victims of many types of harm, including human trafficking, domestic abuse, sexual abuse, missing people and the exploited who are often hidden from the safety net of ASP it was intended for. This brings additional pressure as Edinburgh becomes responsible for responding to the needs of people physically present in in the city.

Challenges and Areas for Improvement

Inconsistent Thresholds and Decision-Making

Despite improvements in training and guidance, there remain inconsistencies in:

- Understanding of ASP thresholds – 'ability to safeguard' vs. 'Capacity & lifestyle choices'
- Application and use of investigative powers
- Decision-making around inquiries and investigations
- Use of chronologies and risk assessment tools
- Applying eligibility criteria in the screening of ASP concerns
- Seeking consent of the adult on receipt of ASP concerns

These inconsistencies can lead to variation in practice across localities and agencies, and can impact the timeliness and quality of responses.

Workforce Capacity and Confidence

Workforce pressures continue to affect the ability of services to respond consistently and confidently to ASP concerns. Challenges include:

- High demand across frontline teams
- Competing priorities within health and social care
- Reduced in-person contact in some settings
- Variable confidence in recognising and responding to emerging forms of harm
- Confusion around structure, systems and ownership within the HSCP
- Point of referral receipt - ability to recognise ASP, respond to referrals and progress appropriately

Strengthening workforce resilience, confidence and competence remains a priority.

Engagement with Adults at Risk

While attendance at case conferences has improved, there is still work to do to ensure adults are consistently:

- Informed
- Prepared
- Supported to participate
- Involved in decision-making

Advocacy involvement remains variable, and some adults continue to experience barriers to meaningful engagement. However, Edinburgh has a high rate of advocacy acceptance when offered at 58% uptake of advocacy when offered in 51% of cases.

The APC's Lived Experience Subcommittee has yet to function meaningfully despite best efforts. It needs supported to become active and successful.

Challenges and Areas for Improvement

Referral Pathways and Sector Engagement

Several areas require continued focus:

- No ASP referrals from Children's Services, which remains a significant gap
- Lower-than-expected referral rates from Care Homes and Care Providers, compared to national patterns
- Ongoing need to strengthen awareness in sectors such as housing, DWP, and community organisations

Improving clarity, confidence and consistency in referral pathways is essential. Given the high number of adults with caring responsibilities for children (81) and adults (185), it is critical that there is reciprocity between children's, adults and third sector services to ensure a joined-up response to harm and risk.

Embedding Learning into Practice

Although progress has been made, challenges remain in ensuring that learning from:

- Learning Reviews
- Audits
- Quality assurance
- Case discussions
- Thematic analysis

is consistently embedded into day-to-day practice across all agencies. This includes ensuring that learning is communicated clearly, translated into practical guidance, and reinforced through supervision, training and reflective practice.

Looking Forward

Much has been achieved in the last year but the complexity of cases and professional confidence and competence in tackling a multi-faceted ASP cases must remain a focus. The chair personally and the Committee collectively champion professional curiosity and its application to investigations.

The functioning of the Committee and the ongoing development of its structures and supporting strategies continues to mature. There is a planned and pleasing synergy and interconnectedness between the Learning & Development Strategy, recommendations from Learning Reviews and Alternative Approaches to Learning, matters identified in the Risk Register, the Challenges & Areas for Development in this report and the developing Strategic Plan 2026-29.

The Strategic Plan 2026-2028 will provide a structured focus for the work of the Committee and its Subcommittees in the coming years. The key Strategic Priorities are:

- SP1: Data – Relevant and Contextualised
- SP2: Lived Experience – Meaningful Involvement
- SP3: Communications – Internal & External Awareness
- SP4: Transitions, Transfers & Thresholds – Robust and Professional
- SP5: Learning – Assured and Translated into Improvement
- SP6: Cross Cutting Public Protection Themes – Identification and Collaboration

We must remain alive and responsive to new developments, risks and challenges. We will monitor the impact of the introduction of the new Risk of Harm Referral Form as well as the new local authority MOSAIC system both of which should result in better confidence in our data and allow us to better track referrals and how they are dealt with. Other areas of focus sitting in the detail of the Strategic Plan, the L&D Strategy or other Subcommittee work or learning related activity include:

- Strengthening Early Identification and Response
- Improving Consistency in Thresholds and Decision-Making
- Embedding Learning and Improving Practice
- Enhancing Transitions and Multi-Agency Coordination
- Strengthening Engagement with Adults at Risk
- Developing Policy, Procedures and Guidance
- Strengthening Sector Engagement and Referral Pathways
- Responding to System Pressures
- A Year of Awareness Raising

Looking Forward

The APC and its Sub-Committee structures have been further reviewed and revised with the work of three now much more settled with the stated exception of the Lived Experience Subcommittee which requires continued focus and support.

The APC, its Independent Chair and Lead Officer remain committed to developing better learning and development to build the competence and confidence of the workforce across all sectors delivering vital adult protection services in Edinburgh.

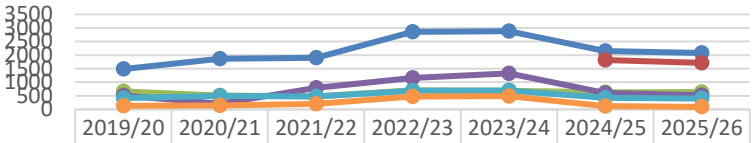
Our mission is to ensure the vulnerable in Edinburgh in need of protection receive the highest levels of service from all sectors involved in Adult Support & Protection.

The City of Edinburgh Adult Protection Committee's Annual Report 2025-26 provides the Chief Officers' Group with an overview of the multi-agency approach to adult protection In Edinburgh. It demonstrates the key role of the Committee in shaping the inter-agency response to the protection of adults in Edinburgh. The report summarises key work, performance data, achievements and challenges during the last year. It highlights the Committee's strong sense of accountability for and ownership of delivering future and continued positive improvements to support service delivery for the vulnerable in Edinburgh.

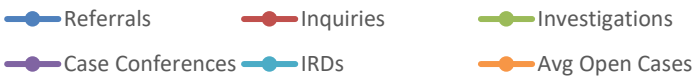
Appendix 1. Data Tables

Data Tables:

***Table 1. Long - Term* Referrals, DTIs, Case Conference, IRDs & Open Cases**

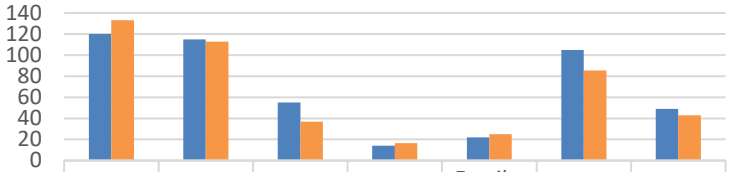


	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Referrals	1486	1868	1901	2858	2878	2153	2081
Inquiries						1818	1713
Investigations	657	505	481	702	691	627	637
Case Conferences	510	209	797	1156	1326	603	518
IRDs	414	493	476	687	693	422	399
Avg Open Cases	132	142	201	478	488	116	92



** From 2024/25 DTIs split to Inquires without & Investigations with powers.

***Table 2.* Referral Source**



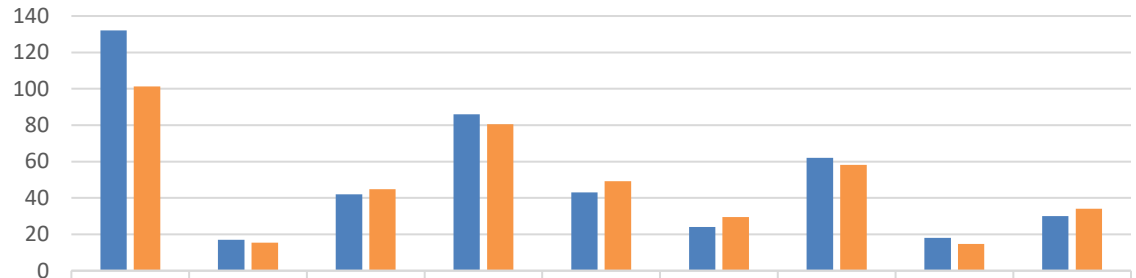
	Police Scotland	Social Work - Adults (including MHOs)	Care Home	Care at home provider	Family, friend or neighbour (who is not an unpaid carer)	Other (please specify below)	NHS Services
2024/25 Avg	120	115	55	14	22	105	49
2025/26 Avg	133	113	37	17	25	86	43

Appendix 1. Data Tables

Table 3. Health Referrals

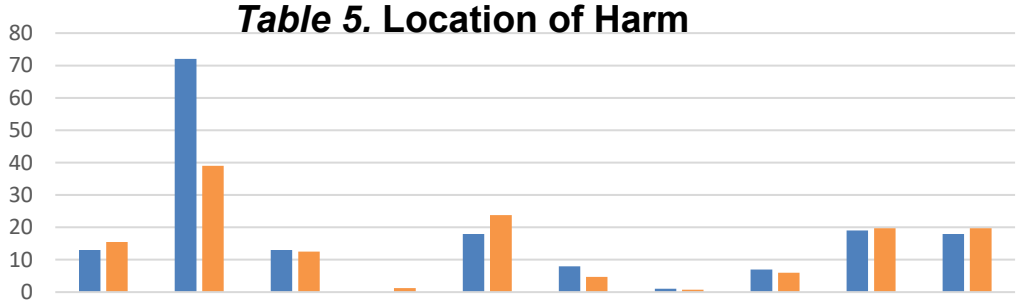
	NHS 24	NHS Primary Care	NHS Acute Services	NHS Specialist Drug and Alcohol Services	NHS Community Health Services	Mental Health Services – Hospital and...	Other health (eg public health, private...	Scottish Ambulance Service
2025/26	16	28	100	0	19	16	47	42

Table 4. Types of Harm



	Physical	Sexual	Psychological	Financial/ Material	Neglect / Omission	Self Harm	Self Neglect	Domestic Abuse	Other
2024/25 Avg	132	17	42	86	43	24	62	18	30
2025/26 Avg	101	16	45	81	49	30	58	15	34

Table 5. Location of Harm



** Own home = 1141 recordings / 66% of total.

Appendix 1. Data Tables

Table 6. Ethnicity

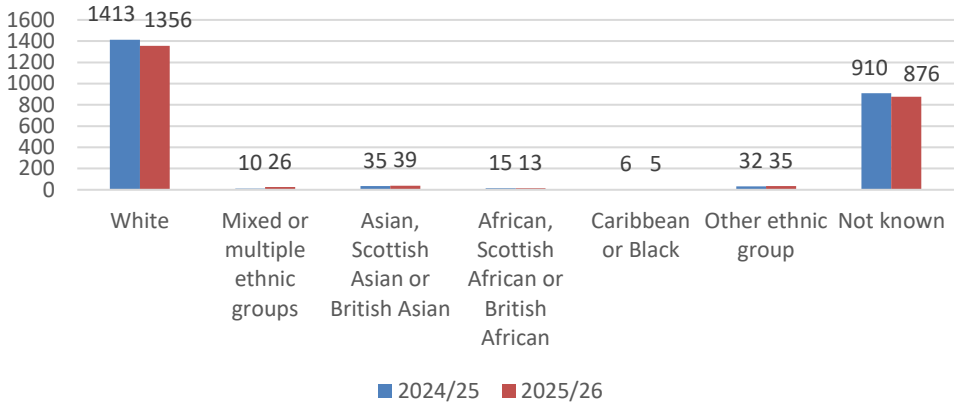


Table 7. Gender

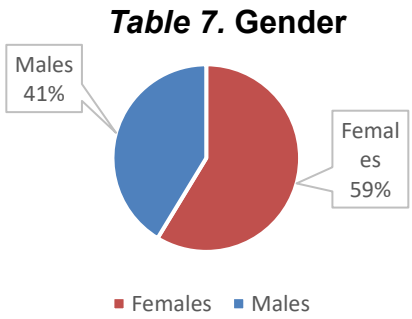


Table 8. Age & Gender

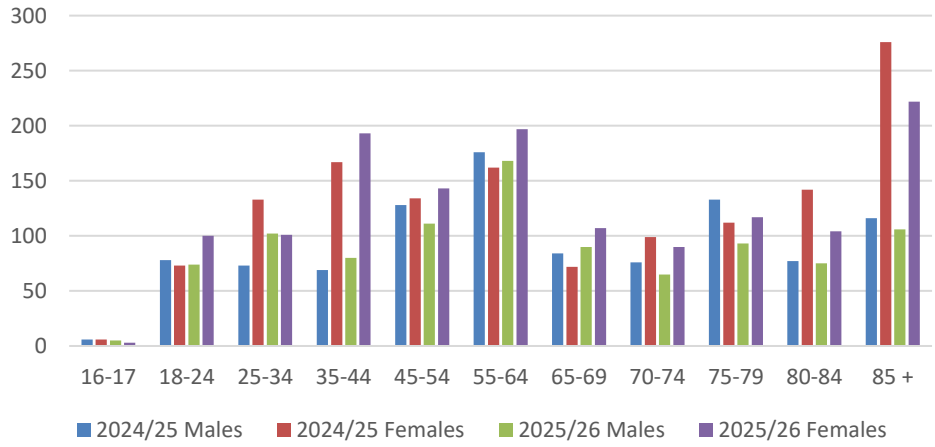
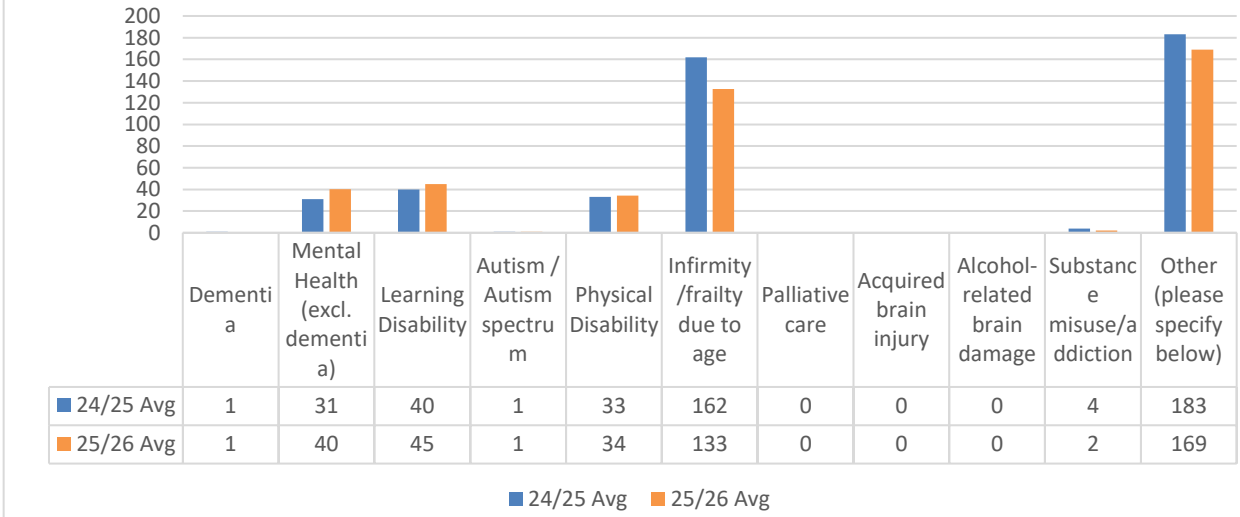


Table 9. Shifts in Demographic at risk

Age Group	2024/25	2025/26
>40	494	658 **(+33%)**
40-64	731	816 **(+11%)**
70+	1031	872 **(-15%)**

Table 10. Adult Category



	Dementia	Mental Health (excl. dementia)	Learning Disability	Autism / Autism spectrum	Physical Disability	Infirmity /frailty due to age	Palliative care	Acquired brain injury	Alcohol-related brain damage	Substance misuse/addiction	Other (please specify below)
24/25 Avg	1	31	40	1	33	162	0	0	0	4	183
25/26 Avg	1	40	45	1	34	133	0	0	0	2	169

Appendix 1. Data Tables

Table 11. Caring Responsibilities

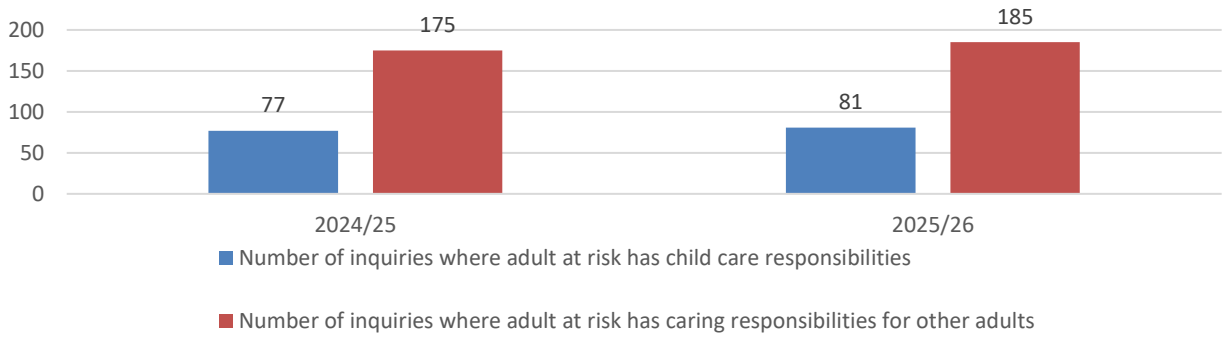


Table 12. LSI Activity

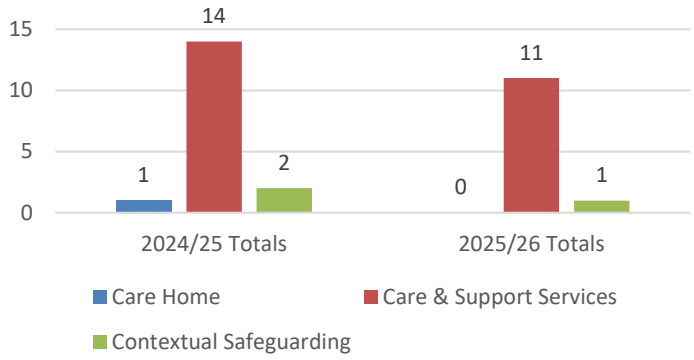


Table 13. LSI Tracker 2025/26

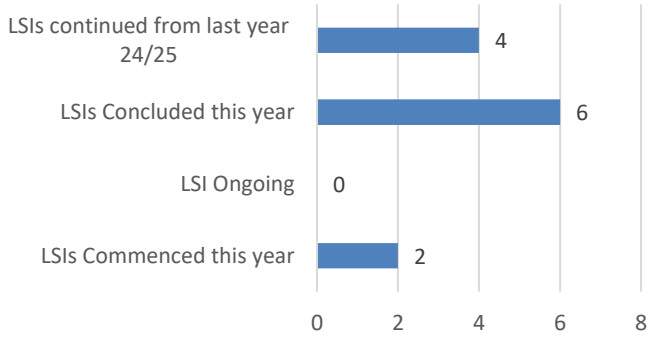


Table 14. SFRS HFSV Referrals