Edinburgh
Adult Protection Committee

Biennial Report
2024/5 – 2025/6

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
POILEAS ALBA

NHS Lothian

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Foreword by Independent Chair

Foreword by Independent Chair

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 good progress in many areas, whilst challenges remain in others. This report documents the work of the past two years and lays out the challenges ahead.

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 to better support the workforce and operational practice were concluded and published as the biennial period ended.

We have had good success with our Adult Protection Workforce Development Days with a further 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 that has been co-chaired by the chairs of the APC, CPC and the Equally Safe Committee.

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

Our journey developing our systems around Learning Reviews has had more 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 had less success with progressing formal Learning Reviews. Whilst we successfully concluded an externally led Learning Review, we had issues progressing four internally led Reviews. These 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 underway to improve training and support for those we ask to lead on Learning Reviews and to safeguard against returning to the same predicament.

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

Foreword by Independent Chair

and both the AP Lead Officer and I have engaged 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 2026-29.

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 2026-2029 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

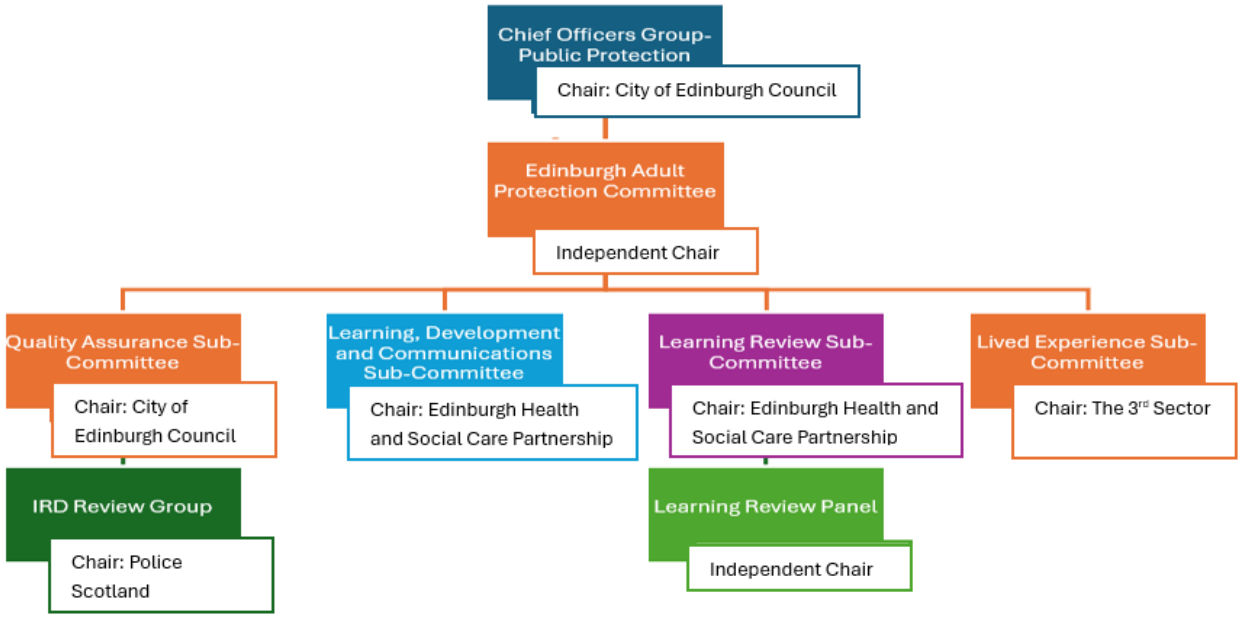
Adult Protection Committees (APCs) are a statutory requirement under section 42 of the Adult Support and Protection (Scotland) Act 2007. Edinburgh's Adult Protection Committee is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of 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: 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 Police Scotland

Learning, Development & Communications Subcommittee
Chair: Principal Social Work Officer SW / HSCP

- 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 NHS / HSCP

- 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

- Aims to ensure the voices of adults, carers and families inform policy, practice and improvement.
- Aims to strengthen 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 period'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 those 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 housing emergency. This was declared in 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.

ASP Activity Trends

ASP activity during this biennial period shows varying trends:

- Referrals: ↓**26.5%** between biennial periods (5763 to 4234)
- Referrals: ↓**2.6%** current biennial period avg. vs. 7yr.avg. (2117 vs. 2175)
- DTI Inquiries:(not counted previously) ↓**6%** from yr.1 to yr.2 of current biennial period
- DTI Investigations: ↓**9%** between biennial periods (1393 to 1264)
- DTI Investigations: ↑**2.9%** current biennial period avg. vs. 7yr.avg. (632 vs. 614)
- IRDs: ↓**40.5%** between biennial periods (1380 to 821)
- IRDs: ↓**19.8%** current biennial period avg. vs. 7yr.avg. (410 vs. 511)
- IRDs: ↓**5.4%** from yr.1 to yr.2 of current biennial period
- Case Conferences: ↓**55%** between biennial periods (2482 to 1121)
- Case Conferences: ↓**23.4%** current biennial period avg. vs. 7yr.avg. (560 vs. 731)
- Avg. Open Cases: ↓**78.5%** between biennial periods (966 to 208)
- Avg. Open Cases: ↓**56%** current biennial period avg. vs. 7yr.avg. (104 vs. 236)
- Attendance at own Case Conference: ↑**9% points** (average 34.4%) (not reported on previously and will be tracked closely moving forward).

What Our Data Tells Us

Many of the metrics show significant reductions from the previous biennial period to the current biennial period. Almost all these reductions soften when measured against 7-year averages. **Table 1 (Appendix 1)** gives a clear overarching visual representation of the significant elevations across key metrics towards the end of the Covid period and post Covid, with this Biennial period seeing a return to pre-Covid levels.

Aspects of Edinburgh's ASP activity during the last Biennial period were unsustainable, particularly for example around Open Cases and Case Conferences. The work involved responding to the ASP Inspection in 2023/24 recognised that cases were being held open too long and, for example, generating recurring Review ASPCCs. Edinburgh's Case Conference figures disproportionately dominated Scottish national figures demonstrating thresholds were not at appropriate levels. Work on addressing those threshold imbalances and instilling professional competence and confidence in staff is clearly now impacting.

Referrals decreased by 26.5% between the biennial periods but this figure is dominated by the 25% reduction between the second year of the last biennial period and the first year of the current one. This reflects the post-inspection focus on the ASP Act's principles of least intervention and a more balanced, robust, and rights-based approach to screening and decision-making practices also leading to fewer contacts being recorded as ASP. The reduction has slowed significantly between the years of the current biennial period, with a much more modest decrease between the years of 3.3%.

Despite fewer referrals, assessment activity remains high with 3,531 Duty to Inquire (DTI) without powers inquiries conducted during this biennial period - an 83% conversion rate from referrals. These inquiries had not been counted until 2024. Despite the 26.5% reduction in referrals, there has only been a 9% decrease in DTI investigations with powers conducted. However, Interagency Referral Discussions (IRD) are down significantly compared to the last biennial period, albeit less so when viewed against the 7-year average. The new Principal Social Work Officer has incepted a series of multi-agency IRD workshops that had only just commenced as the biennial period ended. This along with other single agency social work / HSCP work underway will continue to focus on the application of professional thresholds as well as other matters such as professional curiosity. Hopefully overall this evidences that despite contacts being recorded less frequently as ASP referrals, the Act is being applied robustly with good levels of assessment against the number of referrals recorded.

Average Open Cases have seen the greatest shift. With a focus on the Act's principles extending across the whole process, efforts have been made to improve SMART planning. This has meant fewer Review Case Conferences and a more timely process for ending measures. As staff have become more confident in using refreshed systems—supported by increased administrative infrastructure, Case Conference minuting, and managerial oversight—the average Open ASP caseload has fallen from an average of

483 per annum in the last biennial period to 104 in this current one. Another point of improvement is an increase in adults attending their own case conference, which is up 9% over the past year alone to 34.4% attendance

Further breakdown and longer-term analysis can be drawn from **Table 1.**

Referral Sources

Referral sources remain broadly consistent with previous years:

- Police Scotland: 27% (this is down as a percentage on the previous biennial period given rises from other sources)
- Social Work: 24%
- NHS services: 9%
- 'Other' accounts for 20% (this is significant and work is underway within the HSCP to reduce the use of 'other' categories across all metrics)
- Care homes, care providers, family/friends and others make up the remainder

Age, Gender and Adult Category Data

Edinburgh's ASP demographic profile has taken a clear shift between year one and year two with a clear shift from older adults to younger. 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. This rise in younger adults started in the last biennial period picking up pace in 2024. 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 this biennial period ↑ **7%**.
- Male adults remain over-represented in self-neglect, homelessness, alcohol and substance-related harm.

Adult Category

The most common categories remain:

- Infirmity and frailty due to age
- Mental health (excluding dementia)
- Learning disability
- Addiction or substance use
- Cognitive impairment / dementia (this was negligible in the previous biennial period)

What Our Data Tells Us

In contrast to the previous biennial period's illustrative data set on 'adult category', the recording of 'other' as the adult category accounts for 40% of the past two years' data in this domain, 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.

Types of Harm

Physical harm (26%), financial / material harm (19%) and self-neglect (13.5%) are the most frequently recorded harm types of the 889 recorded over the two-year period. This is followed by neglect / omission (10.3%), psychological harm (9.8%), self-harm (6%) and then sexual harm (3.7%) and domestic abuse (3.7%). Financial harm has seen an increase from the previous biennial period. This has been recognised nationally, and it featured as the theme for National ASP Awareness Day in 2025.

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% share from year 1 to year 2)
- Supported accommodation, NHS facilities
- Online

Improved quality assurance, regulation and support for care homes from the HSCP and the Multi Agency Quality Assurance (MAQA's) meetings have led to a 46% decrease in referrals from care homes between year 1 and year 2 (72 – 39).

What Our Data Tells Us

The fact that most harm occurs in private spaces underscores the vital role of curiosity, relationship-based practice, joint visits, and robust interagency cooperation. To gain insight into these private lives, frontline staff must possess strong Adult Support and Protection (ASP) awareness. Specifically, they need the training to effectively **Recognise, Report, and Respond** to harm. A new Learning and Development (L&D) Strategy will deliver this essential ASP knowledge directly to practitioners on the ground. The value of upskilling public-facing, frontline staff is clearly demonstrated by the Scottish Fire and Rescue Service (SFRS). Following closer engagement with housing partners and other sectors, SFRS experienced a significant increase in referrals, as detailed in **Table 14.**

Large Scale Investigations (LSIs)

A total of **19 LSIs** have been conducted this biennial period, 1 in a care home, 16 for care and support services and two for community-based contextual risks – criminal exploitation and unregistered health care providers'.

Learning Reviews

A total of 15 Learning Review Notifications were submitted within the partnership during the biennial period.

- All **15 LRNs** met the criteria to progress to the Learning Review Panel.
- **10** cases were cases not open to **ASP,** 7 relating to deaths (Criteria 2.1) and 3 where it was considered there was learning to be gained (Criteria 2.2)
- **5** cases **had ASP** activity. 4 cases involved a death (Criteria 1.1) with another where significant harm occurred via a fire.
- **4** cases progressed to **Learning Reviews**
- **8** cases progressed as **Alternative Approaches to Learning**
- **3** cases had immediately identifiable learning progressed by the APC's Learning, Development & Communications Subcommittee.
- Cases reflected a wide range of complex risks, including mental health crises, alcohol use, dementia, domestic abuse, homelessness, commercial sexual exploitation, neglect, omission of care, self-neglect and fire-related harm.
- The externally led Adult A Learning Review was initiated during the last biennial period but successfully progressed and concluded during this period. The Learning, Development & Communications Subcommittee has taken forward much work to largely discharge the recommendations from the report including the introduction of a Complex Cases Panel, new Dispute Resolution Protocol and Non-ASP Case Conference Protocol (see below pp. 16-17) as well as work on better recording practices.

Outcomes, Achievements & Service Improvements

This biennial period 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.

Reinspection of ASP – Progress Review

Edinburgh faced a challenging Adult Support & Protection Joint Inspection Report in early 2023 and the Care Inspectorate revisited Edinburgh in the Autumn of 2024. Read the Initial Joint Inspection report.

Inspectors revisited in September 2024 with the Inspection Progress Review Report published 26th November. An overview of the 7 improvement points and ratings can be seen in **Table 15 in the Appendix**.

Jackie Irvine, Chief Executive of the Care Inspectorate, said:

"Since 2022 the partnership has made steady progress improving key processes. They have also considerably strengthened the senior social work leadership team and the adult protection committee, adding key posts to the structure. These made a significant impact to adult support and protection leadership and governance within a relatively short timeframe. The Care Inspectorate will continue to engage with the partnership."

The partnership was assessed to have made significant progress across the majority of the recommendations. This was a much more positive report, albeit work remained to be done then, and has continued. Read the Progress Review report. An enduring challenge facing APC's nationally and as highlighted in the Review report, is learning and developing with the views and experiences of people with lived experience of ASP being folded into everything we do. At the time of the Progress Review, the APC had set in train the setting up of the new Lived Experience Subcommittee but it had not met contributing to the 'Minimal Progress Made' grading. This has remained a challenge since then. It is still a work in progress and it is acknowledged that this Subcommittee is still not functioning meaningfully. Work is ongoing with the 3rd Sector APC representatives to improve this.

New Interagency ASP Procedures

New Interagency ASP Procedures have now been live since 9th September 2024. Feedback from across agencies indicates the procedures were well received. Ongoing feedback is being collated for an initial review in the coming months with an aim to make

the document easier to access with addition of a quick reference section and process maps. Read the Interagency procedures.

New Single Agency Procedures and Practitioner Guidance

Following the publication of the new Inter-Agency ASP Procedures, the HSCP updated its internal Single Agency procedures. Feedback from front-line staff, managers, and advocacy partners revealed that Adult Support and Protection (ASP) activity often prioritised process over personal outcomes. Consequently, too many individuals remained under ASP Case Conference (ASPCC) processes for too long, straining the system.
To resolve this, the HSCP introduced a new single agency key steps procedure. This update includes a process map alongside specific practice and decision-making points aligned with the revised Inter-Agency Procedures. These new checkpoints prompt reflection and collaboration to ensure more person-centred, proportional practice.

HSCP Restructure

Both phases of the HSCP restructure were completed through 2024 with a new Chief Officer in post for the IJB, a new Deputy Chief Social Work Officer and a new Principal Social Work Officer. Importantly for the APC and ASP activity, 10 new Team Leader Posts were created and filled with practitioner leaders to provide better managerial oversight and connectivity between practitioners, seniors, and senior management.

Public Protection Team Restructure and Expansion

Following the wider HSCP restructure, 2025/26 saw a restructure of the local authority's Public Protection Team. We now have a Public Protection Service Manager and a new Public Protection Team Leader post to provide better support and supervision to all the Lead Officers. This now includes two new posts, a new Lead Officer for Contextual Safeguarding and Prevent, as well as a Development Officer to support the progress of the team through new policy, procedure and strategy.

Changes to MHO Allocations Process

In response to the ASP Inspection, the findings of the Mr. E report, and other Learning Review activities, the Mental Health Officer (MHO) Service—in conjunction with the Adult Protection Committee (APC)—has updated its operating systems. These changes include a revised allocations system, the introduction of centralised screening, and clearer alignment with ASP processes. All parties recognise that ASP is explicitly linked to MHO work. Consequently, MHOs regularly attend ASP Case Conferences (ASPCCs) when invited and actively participate in ASP processes whenever required or helpful.

Furthermore, the MHO duty line remains central to providing expert advice on a case-by-case basis.

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 SFRS reporting record Home Fire Safety Visit (HFSV) referrals and a reduced number of fire fatalities recorded during the two years since the report and response. SFRS has 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 including active participation in multi-agency APC Workforce Development Days
- 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 has seen a rise in referrals, primarily from agencies who enter peoples' homes such as meter readers for energy suppliers and housing / repairs 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 as well as management of any Large Scale Investigations (LSIs). Improvements this year include:

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

- Clearer escalation pathways for concerns about care quality.

Contextual Safeguarding and Community Risks

Edinburgh continues to pioneer its approach to Contextual Safeguarding and Large Scale Investigations (LSIs). Historically, Adult Support and Protection (ASP) focused on the individual, while LSIs were typically reserved for protecting multiple adults in residential care settings. Edinburgh has evolved these frameworks to trigger multi-agency strategic responses to broader community threats. This includes targeting areas with concentrated substance misuse and acute mental health crises, which often uncovers organised and coordinated exploitation. By leveraging Multi-Agency Strategy Meetings (MASMs) and LSIs, partners can effectively share intelligence and joint risk assessments to protect both vulnerable adults and the wider community.

Policy, Procedure and Guidance Development

A major area of progress this biennial period 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.** The last biennial report had highlighted issues with the Escalating Concerns Procedure and ongoing review. 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 and includes:

Non-ASP Adult Case Conference Protocol

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 Case 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 2024, 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 towards the end of this biennial period 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 partnership aims to go live with the form in 2026. It 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 learning and improvement.

Improving ASP Case Conference (ASPCC) Practice

ASPCC 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 steadily including by 9% this past year, 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 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 to further the message that *"ASP is everybody's business".*

Risk Register

The APC Chair convened a Risk Register workshop with committee members in June 2025 to develop an APC Risk Register. The workshop identified pertinent risk areas across the board in Learning & Development, Learning Reviews, Lived Experience Subcommittee, 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 refreshed iteration of the Risk Register was taken to the 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 ASPCC 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 test 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 test criteria.
- Uneven use of risk tools (TILS, ISP, AP Plans) and gaps in safety planning.
- Inconsistent multi-agency participation in some IRDs and ASPCCs.
- 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 and Development

Training, Learning & Development

Training, learning and development remain central to strengthening Adult Support and Protection practice across Edinburgh. These past two years witnessed 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 aligning Edinburgh with the national strategy.

New Public Protection Learning & Development Team

2024 saw the creation and recruitment of a new team of six council employed Learning and Development (L&D) workers to lead and deliver public protection training across both single-agency and multi-agency frameworks. Alongside this, we improved integration with corporate Council-wide L&D services, Human Resources and the Communications and Digital Web teams. The L&D Team spent much of its initial six months conducting a comprehensive learning needs analysis to develop a strategic, tailored response.

Working closely with practitioners and subject matter experts, the Team has developed a robust suite of training materials, briefings, and courses. This includes guidance on IT systems, inquiry and investigation skills, TILS risk assessments, chronologies, and the use of a risk / reporting matrix. These resources are accompanied by updated guidance and templates which encourage curious practice and SMART protection planning. This is increasing professional confidence in early, shared decision-making and managerial oversight, ensuring that the system is not overwhelmed and focus is maintained.

The L&D Team, in conjunction with the APC have created a new multi-agency online training booking system. This streamlined, accessible system for the multi-agency workforce is designed for those employees or volunteers with responsibilities for not just child and adult protection, but wider public protection across the city.

Insights and themes from Learning Reviews, Multi-Agency Quality Assurance (MAQA), and single-agency QA activities have informed all APC activity. The new L&D Team has successfully put these plans into action across the multi-agency, statutory, and non-statutory sectors, through a range of briefings, awareness raising digital flyers, videos and workshops.

Learning Review Activity

Learning Review activity has evolved over the past two years, 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 decisions are

timely and transparent, commissioning Learning Reviews and other approaches consistent with the National Guidance's principles of flexibility and proportionality.

Themes emerging from Learning Reviews continue to highlight areas for multi-agency improvement. These include:

- Under-recognition of risk, particularly around chronic substance use and homelessness being seen as lifestyle choices, domestic abuse not recognised for adults and a particular focus on links between dementia and domestic abuse.
- Reporting / referral issues and appropriate progression – delayed referrals and lack of response in many instances.
- Inconsistencies in (and lack of) application of legal frameworks and criteria.
- Lack of professional curiosity.
- Gaps in interagency communication and application of the 3-point test from a multi-agency perspective.
- Non-engagement not being seen as a risk.
- Transitions between services, discharges and transfers all presenting risk.
- Over-reliance on letters or telephone contact instead of in-person engagement.
- Inconsistent use of chronologies.
- ASP activities (particularly during DtI and ASPCC) being conducted by and centred around the statutory agencies of Social Work, Police and Health, to the exclusion of housing and support services.

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

Alternative Approaches to Learning

Not all cases require a full Learning Review. This biennial period saw eight cases being progressed through learning approaches consistent with the National Guidance's principles of flexibility and proportionality. These have included:

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

These approaches support continuous improvement, endeavouring to allow learning to be captured and shared quickly. In these cases the learning was often already very clear from the LR Notification and associated Call for Information returns, or issues (often systemic) were already being addressed from earlier reviews. This shows proportionate, flexible learning responses rather than always defaulting to full Learning Reviews.

Training, Learning and Development

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.

Quality Assurance Subcommittee

Despite a challenging two years with three changes of chairperson, the Quality Assurance (QA) Subcommittee has consistently integrated learning and action points from its activities. End-to-end quality assurance auditing is now operational, identifying and addressing early learning.

The QA Subcommittee has produced Adult Support and Protection (ASP) audit reports covering Through Care Aftercare (TCAC), Social Care Direct, Large Scale Investigations (LSIs) in Care Homes, timely Duty to Inquire (DTI) allocations, ASP Case Conference quality, and Mental Health and Substance Misuse ASP activities. This biennial period also introduced quantitative auditing alongside evaluations of Statutory Powers and Legal Orders.

Multi-agency case file audits, Interagency Referral Discussion (IRD) Review Groups, performance data, and Multi-Agency Quality Assurance (MAQA) processes continue to

inform the updating of ASP improvement plans, which are aligned with the National Quality Improvement Framework (QIF).

Next steps will focus on improving referral pathways, medical pathways, and recording standards. To support this, we are reviewing the agreed QA of End-to-End processes to ensure future multi-agency audit groups accurately capture the complete ASP journey from referral to conclusion.

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 biennial period, 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 over the past two years 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.

ASP Network for local authority and HSCP staff

The Council’s ASP Network has been re-established with an expanded role and remit designed for all Council Officers, Registered Social Workers, Occupational Therapists, a nd "second workers". The Network now operates on its own Microsoft Teams channel, which currently hosts 445 members and continues to grow.

This channel features live chat and support facilities, alongside learning and development resources such as reports, videos, policy documents, procedures, guidance, and templates. These materials are readily accessible to all staff registered on the Network. The platform also serves as a hub for sharing Adult Protection Committee (APC) papers, reports, and updates, providing staff with greater awareness of, and connection to, the APC and its members. This directly supports our commitment to strengthening leadership, boosting staff morale, and building professional confidence—all key improvement priorities highlighted by the ASP Inspection.

The Network successfully relaunched with a series of live online webinars detailing the roles and functions of the APC, the Lead Officer position, and the Quality Assurance and Regulation team. These webinars also covered current learning review activities, including an analysis of themes and findings from recent QA work, alongside an informal presentation on Learning Reviews by the independent reviewer who completed

Edinburgh's first full independent Learning Review (Adult A). Furthermore, valued contributions from Hourglass, Survivors of Human Trafficking in Scotland (SOHTIS), the Department for Work and Pensions (DWP), and various advocacy partners have successfully driven deeper network engagement for both HSCP and Council staff.

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
- Domestic abuse and ASP

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.

Strengthening Public Awareness

Strengthening awareness of Adult Support and Protection across the workforce and wider public has remained a priority throughout the biennial period. 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
- Successful multi-agency APC Workforce Development Days
- 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 during the biennial period, 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. In a landscape of receding services, funding gaps and restrictions and less resources across the piece, addressing these issues will require sustained partnership effort, clearer pathways, and continued focus on workforce confidence and capacity.

Funding & Resource Challenges

The ongoing funding challenges contrasted with general increases in requirements for social care and associated and likely proportionate increases in ASP response brings enduring tension. In Edinburgh, as in other areas, this has been particularly acute for third sector colleagues with ongoing deliberations around disinvestment in services by IJBs presenting boards with extremely difficult decisions as well as existential predicaments for many third sector organisations.

Many such services do not represent critical ASP functions BUT do contribute to the eyes and ears of any locality and the ability to pick up on early concerns and report - allowing for cost effective early intervention and prevention.

Related are consequential organisational restructuring and staffing realignments that can have unintended but sometimes inevitable adverse effects on, for example, line management and supervisory capacity, the ability to commit to L&D (whether contributing to the development thereof, being available as an expert presenter at, or attendance at as a training delegate).

The APC and its Subcommittees and their ability to commit to the work required, whether, for example, single or multi-agency audits, Learning Reviews or alternative approaches to learning.

Increasing Complexity of Risk

There has been a developing shift towards more complex and multi-layered forms of harm, seen across agencies. 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:

- 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 manage or identify risk, delay in support being provided 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

Challenges and Areas for Improvement

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.

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
- Lack of clarity 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 remain priorities.

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.

Lived Experience

Despite best efforts, the APC's Lived Experience Subcommittee has yet to function meaningfully. It requires targeted support to become active and successful. Latterly third-sector members suggested a different approach in establishing a Third Sector Reference Group for ASP which, as part of its function, will take responsibility for developing understanding of Lived Experience.

This group will meet quarterly to bring forward the voices of those interacting with preventative and post-ASP services. Because third-sector agencies frequently deliver these early intervention and recovery services, they are uniquely positioned to share critical insights. As trust and collaboration are established, the Reference Group will begin feeding lived experience insights directly into core APC business. Ultimately, the goal is to involve individuals who have personally experienced ASP processes. Meaningfully integrating these voices remains a long-standing, nationwide challenge across all areas of adult protection and this Reference Group represents a welcome step forward.

Referral Pathways and Sector Engagement

Several areas require continued focus:

- Clearer specific ASP referral mechanisms and screening practices
- Improved data recording of referrals to better target partner engagement
- Data shows no ASP referrals from Children's Services, which remains a significant gap.
- Chronic anti-social behaviour, substance use and mental health continues to be seen through a lens of 'lifestyle choice', rather than as potential trauma indicators.
- Risk averse practices and professional curiosity.
- Applying consent or eligibility criteria at the point of referral meaning ASP referrals are not progressed efficiently.
- Lower-than-expected referral rates from acute health services, care providers, housing, with particular relevance around self-neglect, domestic abuse and substance use.
- Ongoing need to strengthen ASP awareness in home visiting sectors such as housing, DWP, mail, delivery and meter reading services as well as community organisations.

Challenges and Areas for Improvement

Improving clarity, confidence and consistency in referral pathways is essential. Given the high number of adults at risk with caring responsibilities (this year 81 for children and 185 for adults), 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

Looking Forward

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

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 2026-2029 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

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

Looking Forward

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.

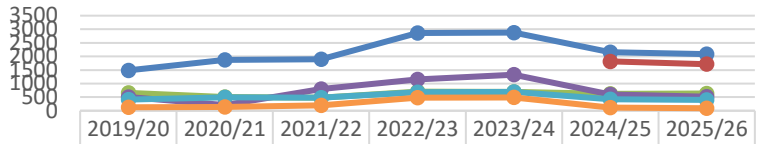
Our mission is to ensure the vulnerable in Edinburgh in need of protection receive the highest levels of service from all sectors involved in Adult Support & Protection.

The City of Edinburgh Adult Protection Committee's Biennial Report 2024-26 provides the Scottish Government 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 and summarises key work, performance data, achievements and challenges during the past two years. 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.

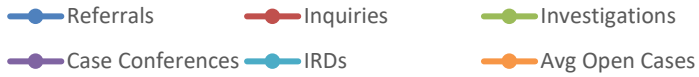
Appendix 1. Data Tables

Data Tables:

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

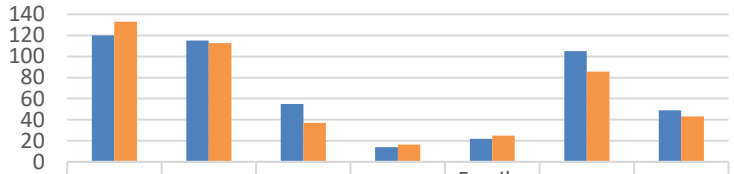


	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Referrals	1486	1868	1901	2858	2878	2153	2081
Inquiries						1818	1713
Investigations	657	505	481	702	691	627	637
Case Conferences	510	209	797	1156	1326	603	518
IRDs	414	493	476	687	693	422	399
Avg Open Cases	132	142	201	478	488	116	92



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

Table 2. Referral Source

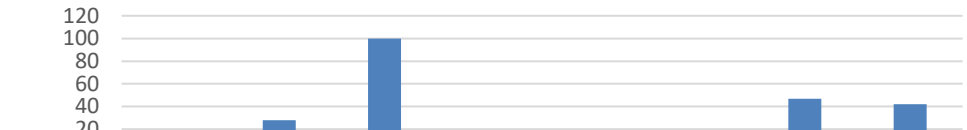


	Police Scotland	Social Work - Adults (including MHOs)	Care Home	Care at home provider	Family, friend or neighbour (who is not an unpaid carer)	Other (please specify below)	NHS Services
2024/25 Avg	120	115	55	14	22	105	49
2025/26 Avg	133	113	37	17	25	86	43



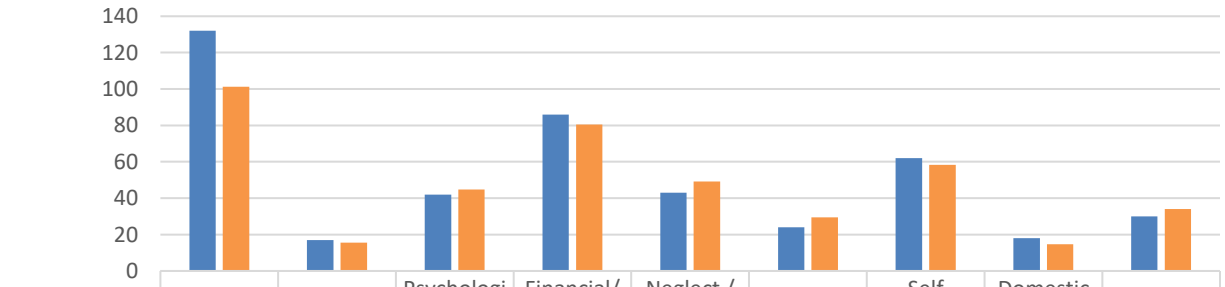
Appendix 1. Data Tables

Table 3. Health Referrals



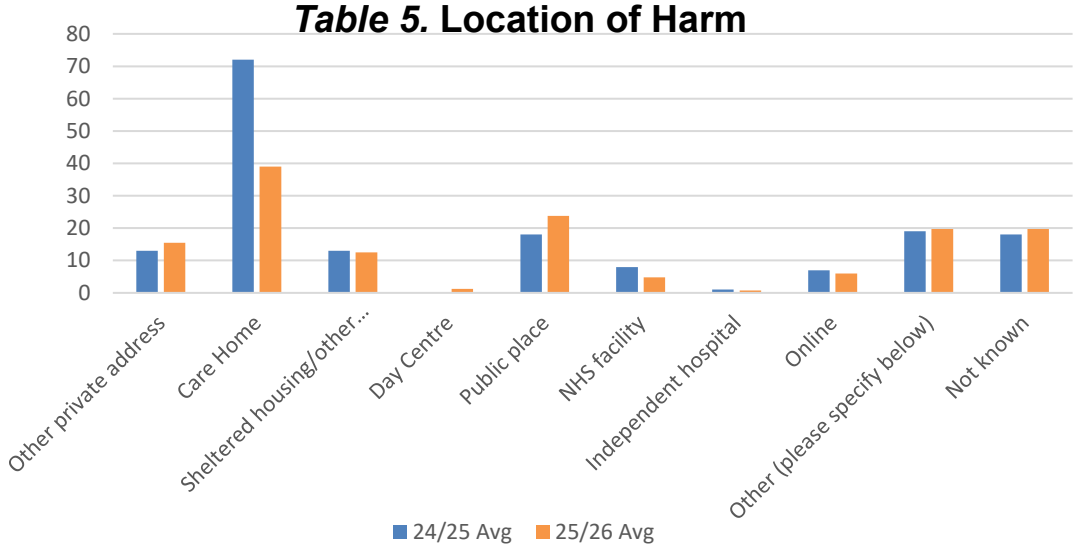
	NHS 24	NHS Primary Care	NHS Acute Services	NHS Specialist Drug and Alcohol Services	NHS Community Health Services	Mental Health Services – Hospital and...	Other health (eg public health, private...	Scottish Ambulance Service
2025/26	16	28	100	0	19	16	47	42

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.

Table 6. **Ethnicity**

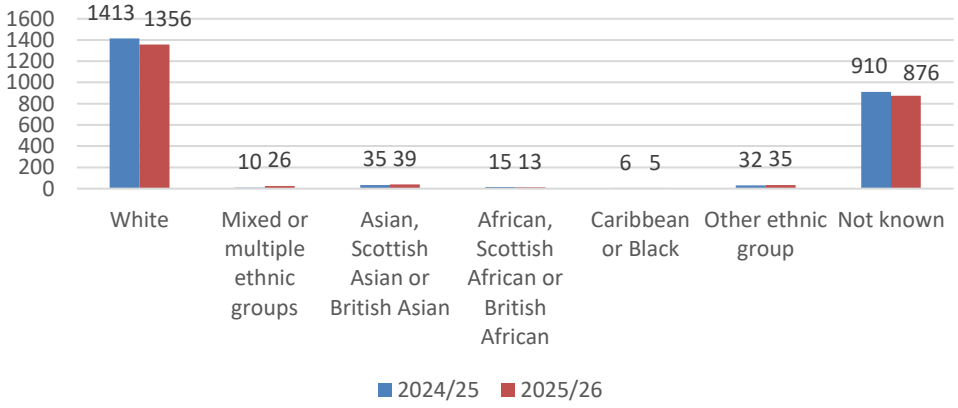


Table 9. **Shifts in Demographic at risk**		
Age Group	2024/25	2025/26
>40	494	658 **(+33%)**
40-64	731	816 **(+11%)**
70+	1031	872 **(-15%)**

Table 7. **Gender**

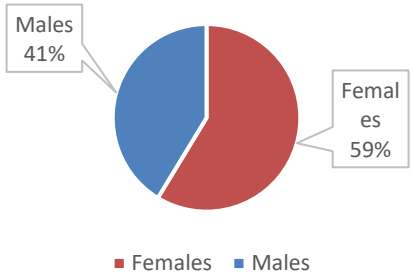
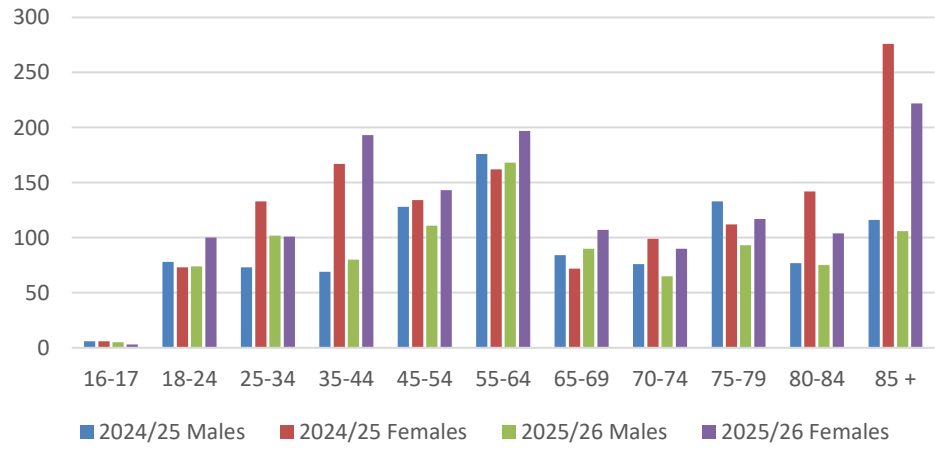
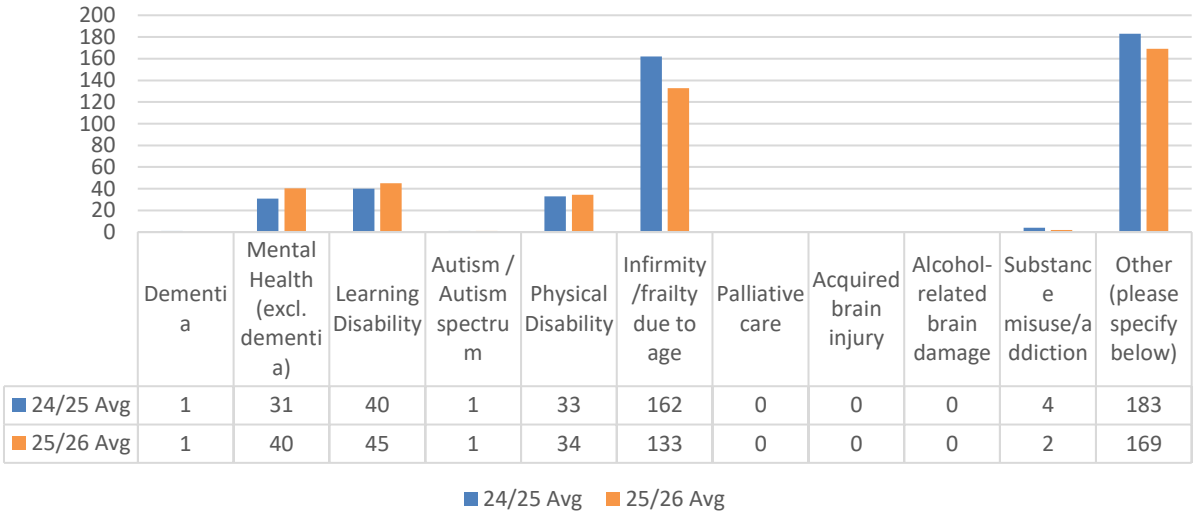


Table 8. **Age & Gender**



Appendix 1. Data Tables

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

Table 12. LSI Activity

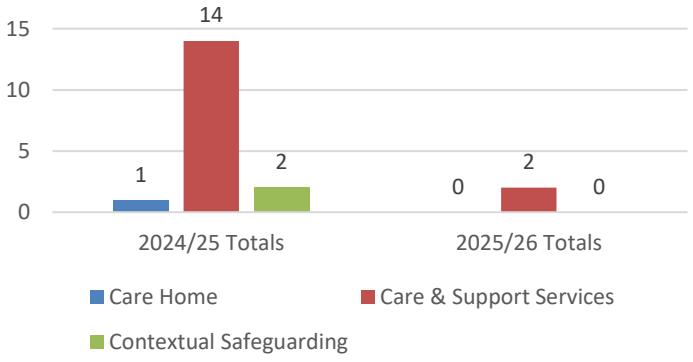
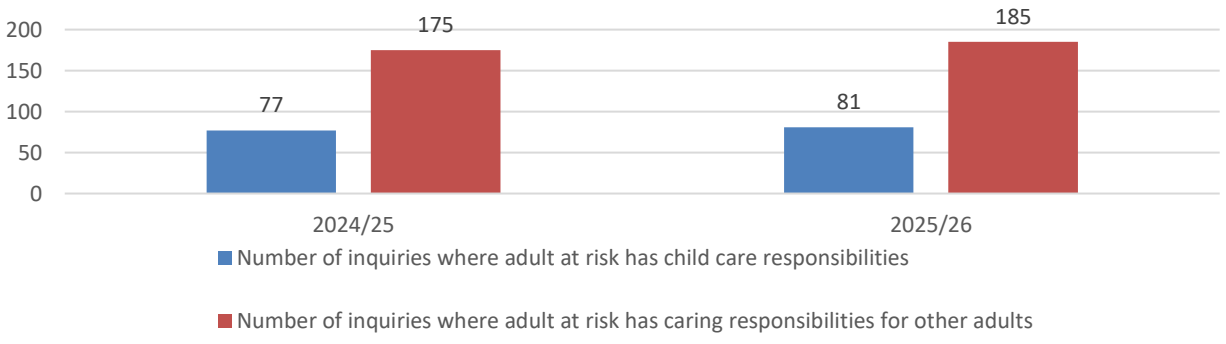


Table 11. Caring Responsibilities



Appendix 1. Data Tables

Table 13. LSI Tracker 2025/26

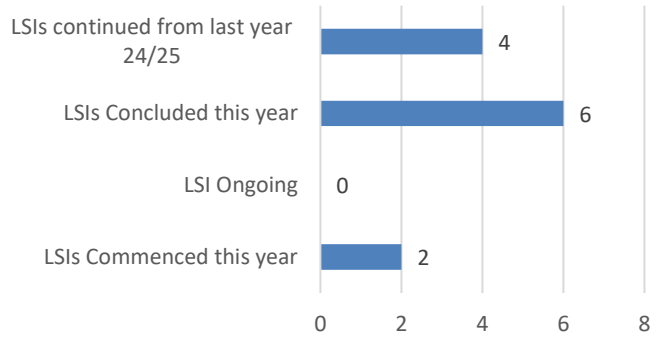
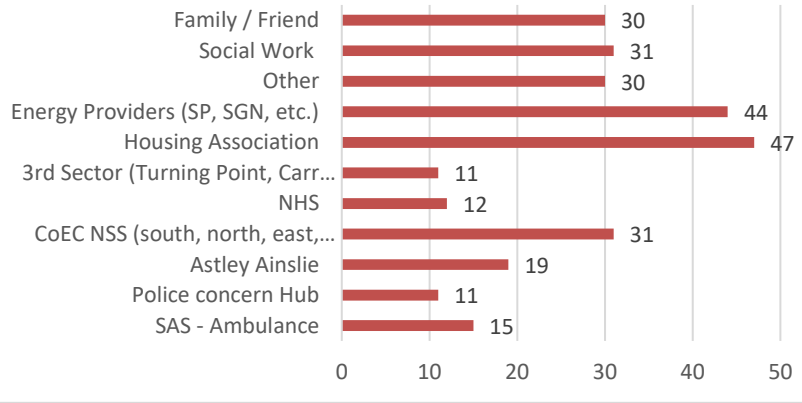


Table 14. SFRS HFSV Referrals



Appendix 1. Data Tables

Table 15. Overview of inspection progress.

Overview of progress made in Edinburgh City

	Priority areas for improvement from Phase 1 in November 2022	Progress	Progress review findings in October 2024
1	The partnership should improve the quality of chronologies and risk assessments for adults at risk of harm. All adults at risk of harm who require a chronology and a risk assessment should have one.		Some progress made
2	The partnership should carry out prompt adult protection investigations for all adults at risk who require them.		Significant progress made
3	The partnership should take steps to improve the quality of adult protection case conferences. It had undertaken improvements by creating additional posts for minute takers. It was too early to tell the impact of this.		Significant progress made
4	Social work services faced the challenge of 30 social worker vacancies in adult services. This impacted adversely on adult support and protection operations, self-evaluation, and quality assurance activity. Social work leaders should work to increase the service's capacity to carry out adult support and protection work promptly, effectively and efficiently.		Significant progress made
5	The partnership's strategic leaders should ensure there is consistent, competent, effective adult support and protection practice that keeps adults at risk of harm safe and delivers improvements to their health and wellbeing.		Significant progress made
6	The partnership should prioritise recommencement of multi-agency audits of adult support and protection records, quality assurance and self-evaluation activities for adult support and protection.		Some progress made
7	The adult protection committee should ensure it has direct representation from adults at risk of harm and their unpaid carers. Thus, it would benefit from their lived experience of adult support and protection.		Minimal progress made

Significant progress	Some progress	Minimal progress