Aberdeenshire Adult Protection Committee

Biennial Report

2024 – 2026





Section 1. Convenors Introduction

As Independent Convenor of Aberdeenshire Adult Protection Committee (APC) it is my honour to present the ninth Biennial Report in terms of the ASP(Scotland) Act 2007. This report gives an oversight of the work of the Committee from 1 April 2024 – 31 March 2026. This is my fourth report, I am indebted to the members of the Adult Protection Committee for their continued support and guidance.

I would like to acknowledge the dedication and commitment from practitioners across all services in Aberdeenshire and to thank them for all their hard work over the past two years, as well as expressing my admiration for how they have approached ongoing challenges to keep people safe from harm in Aberdeenshire.

I am also very grateful to the Executive Group for Public Protection (EGPP) for all their support, encouragement, and probing questions. Through the work of the EGPP the Chief Officers ensure that ASPis given the priority and focus required across all those agencies tasked with keeping vulnerable people safe.

The APC has achieved much over the past 2 years. We continue to improve how we gather our data to inform and support our improvement work. We recognise that our data only gives us part of the picture and that we need to use it alongside rigorous and ongoing audit work as demonstrated throughout our report. For the first time this report includes stories from some of the people we work with, bringing to life the positive change we collectively make. We are not complacent; we recognise the need to continue to evaluate our performance to improve and we are committed to doing so.

The challenges ahead of us include continuing to support staff at a time of increased demand and uncertainty for all. We must continue our momentum to fully implement and embed Trauma Informed Practice, the National Guidance and Codes of Practice, learning from reviews, and engaging with those who have lived experience to develop and improve services.

Susan Maclaren, Independent Convenor
September 2026

Section 2. What our data tells us about Adult Support and Protection in Aberdeenshire, 2024 to 2026

Good data helps the APC understand how adults at risk of harm are being identified, how concerns are being responded to, and where further assurance is needed. During this reporting period, the Committee has made progress in strengthening the way it uses data. The focus has moved beyond simply counting activity towards using information to ask better questions about practice, thresholds, consistency and outcomes.

The data shows a reduction in recorded Adult Support and Protection (ASP) activity across the pathway when compared with the previous biennial reporting period. However, this reduction does not provide a simple or complete picture. Changes to recording practice introduced during 2024 mean that referral data now more accurately reflects ASP referrals received, rather than including wider care concerns or information shared about adults already supported by ASP processes. This is a positive improvement in data quality, but it also means that comparisons with previous years must be interpreted with care.

The Committee has not assumed that recording changes explain all reductions in activity. The data raises important questions about whether the reduction reflects improved recording, changed thresholds, earlier or alternative support, reduced reporting, or a combination of factors. The key message is that data provides a signal, but it does not provide assurance on its own. To understand what sits behind the numbers, the Committee needs to combine quantitative data with audit, case review, practitioner discussion and adult experience.

Appendix 1 provides the supporting data tables and qualitative evidence used to inform this section.

Referrals and Initial Referral Discussions

ASP referrals reduced from 2,178 in April 2024 to March 2025 to 1,830 in April 2025 to March 2026. This represents a reduction from an average of 181.5 referrals per month to 152.5 referrals per month. Under the revised recording approach, referrals appear to have stabilised.

Initial Referral Discussions also reduced, falling from 146 in April 2024 to March 2025 to 87 in April 2025 to March 2026. This represents a reduction from an average of 12.2 per month to 7.3 per month.

During April 2025 to March 2026, the recorded outcomes from Initial Referral Discussions were:

- 67.0% were referred elsewhere
- 23.9% progressed to investigation
- 5.7% progressed to an immediate Adult Protection Case Conference
- 3.4% resulted in no further action

This pattern suggests that Initial Referral Discussions are often being used to agree alternative and proportionate support rather than progressing automatically to formal investigation. This is positive where it means that adults receive the right support in the least restrictive way. However, the Committee also recognises the need for further assurance that decisions are consistent, clearly recorded and based on sound multi-agency discussion.

Further information about improvements made following inspection is provided in Section 3. Screening, triage and early decision-making remain priorities for quality assurance during 2026–2028, as set out in Sections 5 and 6.

Investigations, Case Conferences and timeliness

Across 2024 to 2026, there were 58 ASP investigations, 62 initial Adult Protection Case Conferences and 144 review Adult Protection Case Conferences. In 2025 to 2026, 55% of investigations were completed within 28 days.

The Committee recognises that the 28-day measure should not be used simplistically. A delay in closing an investigation may reflect complexity, hospital admission, police processes, person-centred engagement, or administrative recording issues. The measure is therefore useful as a prompt for further enquiry, but it should not be treated as a standalone measure of quality.

This is particularly important in ASP work, where adults' circumstances are often complex, distressing or uncertain. Taking time to build trust, understand what matters to the adult and work at a pace that supports meaningful engagement is good practice. The Committee's role is therefore to understand the reasons for delay, not simply to count whether a timescale has been met.

Harm profile: financial harm remains an area of focus

The Committee identified financial harm as an area requiring continued attention. The data showed that financial harm progressed to investigation at a higher rate than some other harm types.

During this reporting period, the Committee requested a bespoke financial harm data report to support a deeper understanding of the issue. This did not identify unexpected trends. It confirmed that financial harm remains a high-volume harm category nationally, and the operational view was that higher progression to investigation is unsurprising because these situations often require financial information to be obtained and relevant legal powers to be utilised.

The Committee also recognised that financial harm is not a single issue. It may include scams, exploitation, cuckooing, misuse of money, harm linked to poverty, or wider cost-of-living vulnerability. The discussion concluded that any future work on financial harm should be focused, practical and connected to wider partners.

Vulnerability profile: understanding patterns and thresholds

The Committee identified mental health, other or unknown vulnerability, physical disability and infirmity or frailty due to age as categories showing increases since 2024. Dementia, learning disability and substance misuse or addiction were shown as decreasing.

The referral data for April 2025 to March 2026 showed that the highest recorded vulnerability categories were:

- mental health, included in 615 referrals
- infirmity or frailty due to age, included in 548 referrals
- learning disability, included in 414 referrals
- dementia, included in 407 referrals

During the reporting period, the Committee requested and considered a bespoke mental health data report after the vulnerability profile showed that mental health, excluding dementia, accounted for the highest number of ASP referrals. This allowed the Committee to look beyond the headline number and consider whether the pattern reflected a threshold issue, a recording issue, complexity across services, or a need for stronger links with mental health services.

This work led to positive assurance and improvement activity. It prompted the Committee to strengthen links with mental health-related groups and improve scrutiny of how vulnerability and harm categories were being recorded.

The Committee also identified a need to better understand why dementia and learning disability referrals may appear to progress to investigation at lower rates. This is not a conclusion that practice is poor. Rather, it is an assurance question about whether adults are receiving the right response, whether thresholds are being applied consistently, and whether support is being provided through other appropriate routes.

Referral sources and recording challenges

The Committee acknowledges that the current list of sources of initial contact does not fit ideally with the National Minimum Dataset. Changes to the Social Work recording system had also been delayed during the reporting period. The planned move to the new Social Work recording system, ECLIPSE, should help address this issue by supporting the use of national ASP categories and enabling more consistent local and national reporting.

Referrals from the Scottish Ambulance Service remained high during the reporting period. Operational ASP staff raised concerns about variability in referral quality, particularly where information was third-hand or lacked sufficient context. Further joint discussion with the Scottish Ambulance Service has been agreed on a Grampian-wide basis through the Quality Assurance Subgroup. Joint audit work is planned to review referral quality, strengthen shared understanding of ASP thresholds, and identify any learning or improvement actions required.

This is an important learning point. Good referral data is not only about the number of referrals received. It is also about whether referrals contain enough information to support safe, timely and proportionate decisions.

Practitioner confidence and what staff say needs to improve

Practitioner feedback showed higher confidence in individual practice than in the consistency of the wider ASP system. Staff reported strong confidence in knowing how to raise concerns, accessing advice and having respectful conversations. However, feedback also highlighted areas requiring improvement, including clarity around thresholds, communication after referral, consistency of process, multi-agency participation and early adult involvement.

Detailed findings relating to learning and workforce confidence are presented in Section 4. Adult involvement, advocacy and communication are considered in Section 5.

What the Committee has learned from the data

The main message from the 2024 to 2026 data is not simply that activity has reduced. The more important message is that Aberdeenshire now has better data, but needs stronger assurance about what sits behind the numbers.

The data is helping the Committee ask the right questions:

- Are adults being identified early enough?
- Are thresholds being applied consistently?
- Are professional discussions taking place and being recorded?
- Are adults involved at the earliest safe opportunity?
- Are referrals from partner agencies of sufficient quality?
- Are financial harm and vulnerability patterns being properly understood?
- Are adults receiving proportionate support, whether or not they progress through a formal ASP process?

The Committee's improvement focus for the next reporting period is to combine quantitative data with qualitative assurance. This will include case audit, practitioner reflection and review of cases that do not progress through formal ASP processes. This approach will help the Committee move beyond knowing how much activity took place towards understanding the quality, consistency and impact of ASP practice.

Section 3. Outcomes, achievements and service improvements

People's Stories

Behind the data are individual people. The following stories illustrate the real impact of ASP practice in Aberdeenshire. They show that one of the Committee's most significant achievements is not system improvement but supporting practitioners to make a positive difference in people's lives through person-centred support. The names and identifiable details have been changed in the stories to protect individual identities.

1. Margaret's Story - Supporting Independence Through Trust and Persistence

Margaret, a woman in her late seventies, first came to the attention of services after she was admitted to hospital in extremely poor health. She was found at home in a state of severe self-neglect and confusion, with significant untreated injuries and pressure sores. Conditions within her home created serious risks to her health and wellbeing, with limited access to basic amenities and an environment that had become increasingly unsafe.

During a lengthy stay in hospital and community rehabilitation, practitioners worked closely with Margaret to understand her circumstances and support her recovery. Assessments identified that while Margaret lived with significant challenges relating to hoarding, self-neglect and paranoia, she retained the capacity to make decisions about her life and had a clear and consistent wish to return home.

This presented a complex dilemma. Practitioners remained concerned about the risks associated with Margaret returning to her property, particularly given the condition of the home and the likelihood that she might find it difficult to engage with support services. However they also recognised the importance of balancing safety with the individual's rights, wishes and independence.

Following discharge, a coordinated multi-agency plan was put in place involving health and social work staff. Rather than taking an enforcement approach, practitioners focused on building trust, recognising that meaningful change would only happen through sustained,

respectful relationships. Staff adopted a trauma-informed approach, understanding that Margaret's suspicion of services and reluctance to accept help were not barriers to overcome, but experiences and behaviours that needed to be understood and worked with sensitively.

Progress was gradual but significant. Regular contact from healthcare staff helped maintain engagement, while social work practitioners continued to offer practical support without applying pressure. Over time, Margaret began accepting help with shopping and removing rubbish and clutter from her home. She purchased a mobile phone for the first time, allowing her to stay connected with support services when needed. She also started exploring assisted travel options and discussing longer-term housing possibilities.

While challenges remain and concerns about the suitability of her living environment continue, Margaret's situation today is markedly different from when she first came to services' attention. Through patient, coordinated and person-centred support, she is making informed choices about her future, maintaining her independence and taking positive steps to improve her quality of life.

This case demonstrates that successful adult protection is not always about immediate solutions or removing risk entirely. Often, it is about working alongside people at their own pace, respecting their rights while supporting them to achieve safer and better outcomes. Margaret's story highlights the importance of relationship-based practice, multi-agency collaboration and a trauma-informed approach in supporting adults with complex needs.

Practitioner Reflection

"At first it felt like every door was closed to us, both literally and figuratively. What made the difference was not trying to force change but consistently showing up, listening, and respecting Margaret's choices. Progress has been slow, but each small step has been meaningful. Seeing her begin to trust us, accept support and consider new possibilities for her future has reminded me that building relationships is often the most important intervention we can make."

2. Amy and David's Story - Balancing Risk, Rights and Family Relationships

Amy, a woman in her nineties with significant health needs following a stroke and age-related frailty, lived in a rural property with her son, David, who was her primary source of support.

Adult protection concerns emerged following reports from care staff about David's interactions with professionals and worries about whether Amy's care needs could be safely met at home. Staff described challenging encounters with David and raised concerns about his communication style, his ability to work constructively with services and whether he fully understood the complex care and support his mother required.

As concerns increased, multiple agencies became involved. Initial reports painted a picture of a difficult and potentially risky situation. However, as practitioners spent time with both Amy and David, a more nuanced understanding emerged. It became evident that David was not intentionally causing harm to his mother. Rather, he was a devoted son who was struggling to cope with increasingly complex caring responsibilities while finding it difficult to communicate effectively with professionals.

Practitioners recognised that focusing solely on the presenting concerns would not achieve the best outcome. Instead, a collaborative, strengths-based approach was taken to understand the needs and perspectives of everyone involved.

Over time, social work, health services and adult protection partners worked closely together to build relationships, gather information and consider a range of options. Regular discussions helped professionals understand the pressures David was experiencing as a full-time carer, while also ensuring that Amy's wellbeing remained at the centre of decision-making.

When formal care arrangements broke down, David took on sole responsibility for supporting his mother at home. However, Amy's health later deteriorated, resulting in a hospital admission. This prompted renewed concerns about whether returning home was the safest option.

A series of multi-agency meetings followed, involving both Amy and David in discussions about the future. Rather than imposing decisions, professionals focused on honest conversations about risks, realistic expectations and the challenges of providing long-term care.

Following a comprehensive assessment, it was agreed that Amy could return home temporarily, despite ongoing concerns. While this involved managed risk, practitioners recognised the importance of respecting family wishes and giving both Amy and David the opportunity to determine what was right for them.

Through this experience, David gradually came to realise the extent of the support his mother required and the impact caring responsibilities were having on both of them. Importantly, this understanding developed through partnership and support.

Ultimately, David made the difficult but informed decision that residential care was the best option for his mother. Because he had been fully involved throughout the process, he was able to view the move as a positive step towards keeping Amy safe rather than something imposed upon the family.

Impact

Amy is now living in an environment where her care needs can be safely and consistently met. Equally important, David feels reassured that he did everything possible to support his mother and remains confident that she is receiving the care she needs.

The outcome was achieved without the need for legal intervention or compulsory measures. Instead, agencies worked together to create the conditions for informed decision-making, allowing the family to reach a solution that balanced safety, dignity and personal choice.

This case highlights how effective adult protection practice can support not only the adult at risk but also those around them. By understanding the wider family context and recognising the challenges faced by informal carers, practitioners were able to achieve a sustainable and positive outcome for everyone involved.

Practitioner Reflection

"This case demonstrated that good adult protection is not only about reducing risk. It is about understanding what matters to people, supporting informed choices and working together to achieve the best possible outcome. By keeping Amy and David at the centre of every discussion, we were able to reach a solution that protected Amy's wellbeing while maintaining family trust and dignity."

Margaret and Amy's stories illustrate the outcomes that effective ASP practice can achieve. The following section considers the wider improvements led and overseen by the Committee during 2024–2026.

Local accountability and Grampian-wide collaboration

ASP in Aberdeenshire operates within a wider Grampian partnership framework. Aberdeen City, Aberdeenshire and Moray work together through the Grampian ASP Group to develop shared approaches to policy, learning, quality assurance and improvement.

This collaboration supports consistency across a region served by shared partners, including NHS Grampian and Police Scotland. It also enables shared learning and coordinated responses to common challenges. Local accountability remains clear: each APC retains responsibility for statutory functions, local assurance and improvement within its own area.

For Aberdeenshire, this model provides the benefit of regional collaboration while maintaining a clear focus on local data, local experience and local priorities.

Improvement priorities 2024–2026

The Committee's priorities for 2024–2026 were informed by inspection findings, audit and data, learning reviews, practitioner feedback and the 2024 APC Development Day. The Committee committed to completing the inspection improvement plan, strengthening adult and lived experience involvement, supporting adults to play an active role in their own safety, and maintaining effective multi-agency learning.

Good progress has been made. Aberdeenshire has strong foundations, including committed multi-agency partners, a credible Committee structure, improving data quality, a well-regarded learning offer and constructive Grampian-wide and national links. However, some ambitions have not yet been fully achieved. Further assurance is needed in relation to early screening and triage, adult involvement, lived experience and evidence of impact.

Delivering the inspection improvement plan

The joint inspection improvement plan was accepted by inspectors and became the Committee's first priority in the 2024–2026 action plan. Following inspection, inquiry-stage systems and recording arrangements were reviewed with ASP staff. This led to improvements in referral forms and recording practice, providing clearer evidence of decision-making, actions taken and application of the three-point criteria.

These changes have strengthened confidence that referral data more accurately reflects ASP referrals received in Aberdeenshire. However, the Committee has also recognised that there has been limited formal self-evaluation since the inspection. Initial screening and triage have therefore been identified as priorities for further quality assurance, particularly where concerns do not progress to an Initial Referral Discussion or Investigation.

The inspection also prompted a review of health participation in Adult Protection Case Conferences. This developed into a wider multi-agency review and resulted in the creation of Case Conference Standards, introduced in November 2025. The standards set clearer expectations for multi-agency participation and identify adult participation as a core priority.

The Committee has noted improvement in health attendance, or provision of reports where attendance is not possible. Attendance will continue to be monitored, alongside qualitative review of the reasons for non-attendance.

Strengthening data, evidence and assurance

Improvements in data quality and governance have enabled the Committee to move beyond reporting activity alone. Data is now being used to identify patterns, ask assurance questions and target further scrutiny.

This has supported a more reflective approach to understanding changes in recorded activity, the consistency of thresholds and whether formal ASP processes are being used proportionately. The evidence and resulting assurance questions were explored in more detail in Section 2.

Adult involvement, advocacy and lived experience

Adult involvement has been a recurring improvement theme. Referral processes were revised and case conference standards were introduced to strengthen expectations that adults should be involved in decisions about their own safety as early as it is safe and proportionate to do so.

These changes have clarified expectations, but audit evidence shows they are not yet consistently embedded in practice. Advocacy awareness, guidance and monitoring have also strengthened, although the timing of advocacy referrals remains an area for improvement. Advocacy is most effective when considered early enough to help the adult understand the process, express their views and influence decisions.

The Committee also committed to using the experience of adults, carers, families and frontline staff to improve services. Routes were established and promoted for adults and carers to provide feedback, but participation remained limited. The Committee therefore cannot yet demonstrate that lived experience routinely influences strategic decision-making or service improvement. These issues are considered more fully in Section 5.

Trauma-informed and person-centred practice

Trauma-informed practice continued to be a significant area of Grampian-wide improvement activity. Partners undertook workforce engagement, self-evaluation and improvement planning to better understand strengths, barriers and opportunities for development across ASP services.

Learning from this work informed training, practice guidance and wider improvement activity. It reinforced the importance of understanding how trauma can affect engagement, decision-making, trust and participation. This work reflects the Committee's commitment to ensuring that ASP responses are effective, compassionate and delivered in ways that avoid causing further harm.

Empowerment and prevention

The 2022–2024 report committed to supporting a culture in which adults are empowered to keep themselves safe. Progress during this reporting period included stronger advocacy arrangements, revised case conference standards, inclusion of adults' views in referral processes, development of Good Conversations training and review of core ASP learning to strengthen rights-based practice.

Progress on wider community-based empowerment and prevention was less developed. Many risks affecting adults, including financial harm, exploitation, mental health, substance use,

housing insecurity, hoarding and cost-of-living pressures, require coordinated preventative responses across wider systems.

The Committee's future role in prevention is considered in Section 6 and will be clarified through the 2026–2028 action plan.

Multi-agency learning and workforce confidence

Multi-agency learning was one of the strongest achievements of the reporting period. The learning programme expanded, received positive practitioner feedback and supported shared learning across professional groups.

Learning activity helped practitioners develop confidence, understand different professional roles and reflect on complex ASP practice. The Committee also benefited from strong Grampian-wide learning arrangements and national connections.

Access to learning remains affected by workforce pressures, cancellations and availability of protected time. A fuller assessment of learning activity, impact and challenges is provided in Section 4.

Learning reviews and translating learning into improvement

The Committee continued to oversee local and external learning reviews, maintain a learning review tracker and consider how learning should be shared with practitioners.

Across local and national reviews, consistent themes emerged, including relationship-based and trauma-informed practice, multi-agency communication, assessment of self-neglect and cumulative harm, professional curiosity, escalation and reflective supervision.

During 2026, the Committee strengthened links between ASP learning reviews and NHS adverse event review arrangements. It was agreed that ASP representation should be included in relevant review discussions, and that review processes should be robust, trauma-informed and supportive rather than punitive.

During the reporting period, the Committee considered several learning review referrals, external learning reviews and local review processes.

Mrs J

Following consideration of the circumstances surrounding Mrs J, the Committee agreed that a practitioner learning event would provide the most proportionate mechanism for reflection and improvement. The event brought together 34 practitioners from health, social work and social care, children's services, Police Scotland and the Scottish Fire and Rescue Service.

Feedback highlighted the importance of relationship-based practice, professional curiosity, capacity assessment, partnership working and understanding the impact of financial pressures on adults and services. The event reinforced the Committee's commitment to a positive learning culture where reflection leads to improvement.

Mr N

A referral concerning Mr N was received following concerns about responses to repeated reports of self-neglect. The Learning Review Subgroup recommended a single agency review within Social Work services.

The review examined decision-making in relation to referrals received between 2022 and 2023 and considered whether the duty to inquire had been applied robustly. Learning identified the need for greater professional curiosity, improved assessment of self-neglect, stronger exploration of wider vulnerabilities, and clearer understanding of how trauma, mental health, hoarding and social isolation can influence risk.

The review also recognised that improvements had already been implemented since the events under review, including increased awareness and training relating to self-neglect, hoarding and trauma-informed practice.

Mr L

A referral relating to Mr L was submitted during the reporting period. Progression of the review was delayed while criminal proceedings remained ongoing, and consideration was given to the interaction between Adult Protection and adverse event review processes.

The Committee remained committed to ensuring learning was not lost. A joint learning review across APC and adverse event review governance structures has been agreed. An independent chair has been commissioned, and the review will be completed in the next reporting period.

Improved pathways and multi-agency cooperation

During the reporting period, the Committee considered and endorsed the NHS Grampian Capacity Pathway, which supports decision-making where concerns about capacity arise in ASP and related public protection work. The pathway was developed with input from psychiatry, psychology, primary care, nursing and social work.

Following multi-agency review, the revised pathway and screening tool were approved through professional governance arrangements and are now live. Operational feedback indicated that the pathway is helping social work access capacity-related information more promptly.

The Committee also maintained links with wider public protection activity, including child protection, violence against women, alcohol and drugs, missing persons and Grampian-wide ASP arrangements. Work towards a more coordinated approach to missing persons identified the need for further development around governance, data, learning, return interviews and cross-boundary collaboration.

Section 4. Training, learning and development

A strong, coordinated multi-agency learning offer

Developing the knowledge, confidence and skills of the workforce is a statutory function of the Committee and was one of the four priorities for 2024–2026. The Committee committed to maintaining and developing high-quality multi-agency learning that met the needs of partners and practitioners across the adult protection system.

This has been one of the strongest areas of progress during the reporting period. The Grampian ASP Learning and Development Group continued to provide strategic oversight of learning across the region. Its multi-agency membership supported coordination, scrutiny and continuous improvement, helping ensure that learning activity responded to emerging practice issues and local and national priorities.

The core ASP training programme was reviewed, enhanced and implemented across Grampian. This created a more consistent set of core messages and learning materials for partner agencies and introduced additional Grampian-wide multi-agency modules. These developments complemented established programmes, including Multi-Agency Risk Assessment Training and Professional Curiosity.

The review of the 2024–2026 action plan identified the strengthened training offer as a clear improvement. Stakeholder feedback also identified training, awareness-raising and partnership links as areas in which the Committee was perceived to be most effective. Staff now have access to a broader and more consistent learning offer, and learning alongside colleagues from other agencies continues to support shared understanding, professional relationships and a more coordinated approach to protecting adults at risk.

Learning shaped by evidence and practice

Learning activity was informed by review findings, practitioner feedback, emerging practice concerns and changes in local and national policy. A significant example was the development and launch of the ASP, Addictions and Bias programme, which was created in response to findings from a multi-agency ASP review in Aberdeen City. This demonstrates how review learning can be translated into practical workforce development intended to strengthen practice and improve outcomes for adults at risk of harm.

Two Grampian-wide ASP learning events were also delivered in response to emerging practice issues. *Out of Sight – Is Everything Alright?* was attended by 318 practitioners and volunteers and explored barriers to engagement with adults at risk. *Beyond a Checklist* was attended by 226 practitioners and volunteers and examined the three-point criteria for ASP intervention, including common misconceptions and practice challenges. Recordings of both events were subsequently shared nationally through the ASPire Hub, extending the reach of the learning beyond Grampian.

Six-month follow-up feedback showed that practitioners had applied the learning in practice. Reported changes included being more patient and consistent when adults did not engage, considering the impact of trauma, executive functioning and cognitive vulnerability, not accepting refusal or lack of response at face value, arranging home or joint visits where appropriate, keeping the door open for further contact, and using learning within supervision, professional discussion and written assessment.

Practitioners also reported greater confidence in discussing uncertain or borderline cases, strengthening relationships with NHS, local authority and other services, and taking a more person-centred, reflective and relationship-based approach.

The events also had immediate practical value. In one example, shared professional discussion helped ensure that an adult whose circumstances did not initially meet ASP criteria was still supported through Care Programme Approach meetings. In another, practitioners identified concerns that a family had been masking, enabling safeguarding arrangements to be put in place. These examples show that the value of learning was not limited to increased knowledge; it also supported reflection, peer challenge, problem-solving and changes in engagement, assessment, escalation and multi-agency working.

Practitioner confidence and access to learning

Feedback from participants across training modules continued to be overwhelmingly positive, with consistently strong attendance levels. In Aberdeenshire, a practitioner survey found generally positive levels of confidence in core areas of practice. Confidence increased with regular exposure to ASP work. This indicates that formal learning is important, but confidence is also strengthened through practical experience and repeated involvement in ASP work.

Supporting access to learning

The Grampian ASP Learning and Development Group introduced a structured approach to communicating learning opportunities. This included the quarterly *GrASP Insights* newsletter, which brings together local and national opportunities, practice updates, topical articles and resources to support reflective practice.

This approach helps address a recurring challenge: staff cannot participate in learning if they do not know what is available or cannot easily find relevant resources. The combination of newsletters, e-learning, multi-agency modules, large thematic events and established training programmes provides different routes into learning for staff with different roles and levels of experience.

Attendance, cancellations and protected learning time

The main challenge has not been the quality or availability of learning, but enabling staff to attend. Operational pressures, vacancies, sickness, staffing levels and lack of backfill were identified as reasons staff may be unable to attend even after booking. The Committee recognised these as genuine workforce pressures rather than evidence that individuals or managers do not value adult protection learning.

Non-attendance still has consequences. Where a course has a waiting list, failure to cancel means another practitioner loses the opportunity to attend. Committee members have therefore reinforced cancellation expectations within their own organisations, supported reminder messages, encouraged staff to release places promptly when they can no longer attend, and emphasised the importance of protected time for ASP learning.

There is also a balance to maintain in how learning is delivered. Offering training within single-agency protected learning time may help reach staff who cannot attend shared events. However, the multi-agency element is central to the value of ASP learning. It helps practitioners understand different roles, hear different perspectives and develop relationships that support cooperation when an adult is at risk. The future approach will therefore preserve multi-agency learning wherever possible, while using targeted single-agency delivery where necessary to reach parts of the workforce.

National and regional contribution

The Grampian Learning and Development Group maintained links with the National ASP Learning and Development Network and the National ASP Implementation Group. Members contributed to national consultation and subgroup activity, including development of the National ASP Learning and Development Framework.

This involvement enabled early consideration of what the national framework would mean locally. The revised Grampian framework is being updated to complement the national framework, with completion scheduled during 2026.

Section 5. Engagement, involvement and communication

Our approach

Effective ASP depends on people understanding how to raise concerns, being involved in decisions that affect them, and receiving information in ways that are clear and accessible. It also depends on effective communication between practitioners, partner agencies and the Committee.

During 2024–2026, the Committee focused on strengthening adult involvement, improving access to independent advocacy, gathering feedback from adults, carers, practitioners and partners, increasing the visibility of adult protection information, and improving communication across the multi-agency system.

The evidence shows partial but important progress. Expectations around adult involvement and advocacy are clearer, and additional feedback routes have been created. However, direct feedback from adults and carers remains limited, and practitioner feedback shows that communication after referral is not always experienced consistently.

Involving adults in decisions about their safety

The 2024–2026 improvement plan committed to ensuring that adults' views are sought and recorded early enough to influence decisions, and that ASP practice is carried out in partnership with the adult rather than done to them.

The Grampian ASP referral form was amended in November 2024 to ask whether the adult knew a referral was being made and to record the adult's views about the concern. The questions were later reordered to give greater prominence to whether the adult had been spoken to. Revised case conference standards also place greater emphasis on adult participation and how this should be supported.

These changes have clarified expectations, but they have not yet produced consistent practice. Audit of referral forms found limited recording of adults' awareness, wishes and feelings at referral stage. The Committee recognised that there may be legitimate reasons discussions have not occurred with the adult before making a referral, including urgency or a risk that doing so could increase harm. However, where a conversation has not taken place, the reason should be clearly recorded.

The Committee has reinforced that adult involvement should begin as early as it is safe and proportionate to do so. Practitioners should consider:

- what the adult understands about the concern.
- what the adult wants to happen.
- what would help the adult feel safer.
- whether advocacy or communication support is required.
- why the adult has not been consulted, if consultation is not possible or safe.

This is consistent with GIRFE, trauma-informed and relationship-based practice. The purpose is to ensure that adult protection feels like a process carried out with the adult, rather than something done to them.

Practitioner survey findings support this improvement focus. Confidence in adult involvement was lower than confidence in core referral and advice processes, suggesting that adult involvement is understood as important but is not yet consistently embedded across the adult protection journey. Committee discussion also highlighted that adult participation should receive the same level of attention as professional attendance at meetings.

Advocacy and meaningful participation

Independent advocacy helps adults understand processes, express their views and participate in decisions about their safety. During the reporting period, advocacy information was strengthened within procedures, guidance and core training. Advocacy was also added to routine APC data reporting, enabling the Committee to monitor whether it was provided during investigations.

The Committee has identified that measuring whether advocacy was provided is only part of the picture. Timing is equally important. Very short-notice or same-day referrals do not give an advocate enough time to build a relationship with the adult, understand what matters to them or support meaningful participation.

The Committee's learning is that advocacy should be considered earlier in the adult protection journey, not only immediately before a case conference or other formal meeting. Earlier consideration can support the adult's involvement during inquiry, investigation and planning, as well as at meetings.

Learning from adults and carers

The Committee committed to gathering and using feedback from adults at risk, carers and families. An informal feedback route using Microsoft Forms was developed, while the Engage page and existing formal feedback processes continued to be promoted.

The results remain limited. Six adults completed the formal feedback survey and no carer responses were received. Four adults said their plan made them a lot or a little safer, while two said it did not make them safer. All six said they felt listened to at least to some extent. Because the response base is small, it cannot be treated as representative of all adults who experienced Adult Support and Protection. The Committee therefore cannot yet demonstrate that lived experience routinely informs strategic planning or service improvement.

The Committee has considered why feedback may be difficult to obtain. Some adults may not wish to revisit a distressing or traumatic experience. Formal questionnaires may not suit everyone, and only some adults involved in ASP receive advocacy support, reducing opportunities for advocacy-based feedback.

The Committee's learning is that relying mainly on forms is unlikely to provide a sufficiently rich or representative account of people's experiences. Future approaches should be flexible, proportionate and sensitive to the adult's circumstances.

The Committee also considered good practice from other local public protection committees, including Aberdeenshire Alcohol and Drug Partnership's approach to lived and living experience.

This includes one-to-one conversations, conversation cafés and peer panels supported by a dedicated experiential role. The approach demonstrated how lived experience can lead to practical service change, including changes linked to stigma, accessibility and how people experienced a service environment.

The APC recognised that this approach benefited from dedicated Scottish Government funding and staffing that are not currently available to the Committee. It cannot therefore be directly replicated without resource. However, there is transferable learning about creating relationship-based opportunities, offering alternatives to formal surveys, involving people collectively through peer approaches, demonstrating how feedback affects decisions, and recognising the time and capacity needed to undertake lived experience work safely and meaningfully.

Listening to practitioners

Practitioner engagement provided a valuable insight into how ASP is experienced in day-to-day practice. Staff described the benefit of having approachable Adult Protection contacts and being able to access timely advice when concerns arise. They also valued early reassurance, clear guidance and examples where multi-agency working helped keep adults at the centre of decision-making.

The feedback also showed where the system feels less consistent. Practitioners wanted clearer communication after referrals, more shared understanding of thresholds and decision-making, and less variation in process. They also highlighted the need for stronger multi-agency ownership, better involvement in IRDs and key meetings, and more confidence to have early conversations about risk with adults.

Overall, the feedback suggests that practitioners generally know how to raise concerns and value the advice available, but do not always understand what happens after a concern has been submitted. The core challenge is therefore one of consistency and connection across the wider system.

Improving public information and visibility

During the reporting period, the Committee participated in coordinated Grampian-wide ASP Awareness Day activity. This included public communication, practitioner engagement and learning opportunities designed to increase awareness of adult protection responsibilities and how concerns can be raised.

The Committee also continued to use its Engage HQ page to publish information and raise awareness. The page received approximately 1,200 visitors over the two-year period. It was created because people did not always know about the APC, its work or how to access adult protection information. While it has provided a useful place to hold news and awareness material, the Committee questioned whether it remains the most effective model for the public, practitioners and people seeking support.

Members considered wider public protection websites used in Aberdeen and Moray, which were viewed as closer to a public-facing “one-stop shop”. The Aberdeenshire Child Protection Committee website was also discussed as a helpful model because it provides accessible information for different audiences and uses social media to direct people towards more detailed content.

A shared public protection website was described as an aspiration rather than an agreed or resourced development. Questions remain about hosting, ownership, funding, content management and ongoing maintenance.

The Committee concluded that a website or Engage page can support communication, but cannot carry the full strategy on its own. Key messages need to be reinforced regularly and shared in different ways, so that they reach practitioners, partners, advocacy and third-sector networks, and the wider public. Members described this as communication operating like a "dripping tap": consistent, repeated and visible through more than one route.

Communicating learning and practice information

The quarterly *GrASP Insights* newsletter was introduced during the reporting period. It provides a central source of information about local and national learning opportunities, practice updates, topical articles and resources. This demonstrates positive use of different communication channels to support practitioners.

The approach recognises that communication is not only about public awareness. It also helps staff access learning, remain informed about practice developments and understand emerging adult protection priorities.

Partner and third-sector involvement

Stakeholders viewed the APC as a credible, constructive and well-supported forum. Training, awareness-raising, partnership links and the Committee's contribution across Grampian were identified as particular strengths.

However, representation and continuity require attention. Social work, NHS, Police Scotland, Housing and advocacy were described as making regular contributions, while participation from other agencies/services was less consistent. The Committee recognised that this often reflects wider capacity pressures rather than lack of commitment.

The Committee also questioned whether current third-sector interface arrangements sufficiently connect the APC to all the relevant organisations that provide support and care. Attendance by one representative does not automatically mean information or opportunities flow effectively across a diverse sector.

The agreed direction is to review APC membership and reconnect with third-sector interface arrangements, while considering practical ways to reach a broader range of providers. This should include sharing training, consultation and awareness opportunities, as well as creating routes through which providers can bring information and concerns to the APC.

Communication within the Committee

Members identified improvements needed in the APC's own operating arrangements. Earlier circulation of papers would allow representatives to consult within their organisations and contribute more effectively. A more proactive invitation for agenda items could also help partner agencies influence the Committee's work rather than primarily responding to a pre-set agenda.

Online meetings have supported access but can be dominated by a small number of contributors. Members expressed interest in more collaborative meeting methods that encourage broader participation and make better use of multi-agency expertise.

These may appear to be administrative issues, but they affect the quality of engagement, shared ownership and decision-making. Improving the operating model is therefore part of strengthening meaningful partner involvement.

Section 6. Challenges and areas for improvement

Overview

Aberdeenshire has strong foundations for Adult Support and Protection, including committed partners, accessible specialist advice, improving data, a well-regarded learning offer and constructive Grampian-wide relationships. However, the 2024–2026 reporting period also highlighted areas where the Committee requires stronger assurance and clearer evidence of impact.

These challenges should be understood in the context of significant pressure across public services. Practitioners and managers are responding to increasing complexity, constrained resources, workforce gaps and growing demand. These pressures affect the time available for relationship-based practice, reflective learning, training, audit and service improvement. The purpose of identifying these challenges is therefore not to attribute blame to individuals or services, but to understand what helps or hinders safe, proportionate and person-centred practice.

The Committee's role is to use these challenges to shape a focused 2026–2028 improvement plan, strengthen assurance where evidence remains limited, and support partners to improve consistency, participation and early intervention across the adult protection system.

6.1 Maintaining improvement during workforce and capacity pressures.

The Committee recognises that workforce pressures do not indicate a lack of commitment to adult protection. Practitioners and managers are often balancing immediate service demands against learning and improvement activity. Nevertheless, there is a risk that improvement work becomes secondary to crisis response, reducing the system's capacity to prevent harm and learn from experience.

The Committee's role is to ensure that improvement priorities are realistic, proportionate and clearly focused on the areas where they will have the greatest impact on adult safety and experience.

6.2 Improving consistency in thresholds, screening and early decision-making.

Practitioner feedback showed relatively high confidence in knowing how to raise an ASP concern, accessing advice and applying the three-point criteria. However, staff also reported uncertainty about thresholds, process variation, early responses and what happens after a referral.

Some variation is appropriate. Adult protection requires professional judgement because adults' circumstances, relationships, risks and desired outcomes differ. A rigid or standardised response could undermine proportionate and person-centred practice. The challenge is to distinguish appropriate professional judgement from inconsistent practice or unclear expectations.

The Committee will use audit, case review and practitioner discussion to understand whether variation reflects appropriate professional judgement or whether clearer expectations, guidance or learning are required.

The Committee has identified initial screening and triage as a priority for further scrutiny. It also highlighted the need to reinforce that any agency can request an IRD and that practitioners should escalate concerns where they believe multi-agency discussion is required.

6.3 Strengthening professional curiosity and early action.

Professional curiosity emerged as a key challenge during the APC Development Day. Practitioners recognised the importance of looking beyond the presenting issue and asking respectful but difficult questions.

The challenge is that practitioners may not always feel confident to start these conversations or to respond to what may be disclosed. Time pressures limited face-to-face contact and uncertainty about thresholds can also make it harder to explore concerns fully. There is a risk that trauma-informed or rights-based practice is misunderstood as avoiding challenge, when in fact it requires practitioners to ask questions sensitively, offer choice where possible and take proportionate action when risk is identified.

The Committee can help address this by making clear that professional curiosity is central to good adult protection practice. Practitioners should be supported to have difficult conversations, use supervision and reflective discussion, learn from cases, and understand that making a referral does not end their professional responsibility. The Committee will continue to reinforce the importance of early, proportionate action to support safety, seek advice and work with partners to understand and respond to risk.

6.4 Embedding adult involvement, advocacy and lived experience.

Adults' views are not always gathered or recorded early enough to influence decisions. Advocacy needs to be considered earlier so that it can support meaningful participation throughout the ASP journey. Although feedback provides useful individual insight, it is not sufficient to understand the experience of adults and carers more broadly. Formal questionnaires may be unsuitable for people who do not wish to revisit a difficult or distressing process.

The Committee's role is to strengthen expectations for early adult involvement and develop more flexible approaches to gathering lived experience. This should include learning from advocacy, practitioners and qualitative feedback, rather than relying mainly on formal questionnaires.

6.5 Strengthening multi-agency ownership and participation.

Consistent multi-agency and third-sector participation remains necessary to strengthen shared ownership and ensure information flows effectively between the APC, partner organisations and providers. The challenge is not simply attendance at meetings, but whether representatives are able to contribute, share learning within their own organisations and bring intelligence back to the Committee. The APC's will review membership, strengthen routes into wider provider and third-sector networks, and improve how partners are supported to shape the Committee's agenda and improvement activity.

6.6 Strengthening quality assurance and evidence of impact.

Although routine data scrutiny has improved, the Committee requires stronger qualitative assurance about decision-making, adult experience and outcomes. The challenge is to move

beyond knowing how much activity took place towards understanding the quality and impact of practice. The APC's role is to strengthen audit, case review, practitioner reflection and outcome-focused reporting so that it can evidence whether adults are safer, better supported and more meaningfully involved because of adult protection activity.

6.7 Clarifying the APC's role in prevention.

The Development Day raised a strategic question about how broadly the APC should interpret its role. One position is that the Committee should focus primarily on statutory ASP processes. A broader position would include early intervention and prevention across the wider population. The emerging view was that the APC should maintain strong assurance over statutory functions while influencing wider prevention systems where these directly affect adults at risk of harm.

Many of the risks considered by the Committee reflect wider pressures across communities and services. Financial harm, exploitation, substance use, mental health, housing insecurity, hoarding and cost-of-living pressures often require coordinated prevention and early support. Without this, adults may remain at risk even where their circumstances do not meet ASP thresholds or eligibility criteria for other services.

The Committee's role is therefore to clarify where it should lead, where it should influence, where it should collaborate with other strategic groups, and where concerns should be escalated because gaps in prevention are increasing adult protection risk.

Section 7. Looking forward

Our direction for 2026–2028

Aberdeenshire enters the next reporting period with strong foundations for ASP. These include committed multi-agency partners, accessible specialist advice, improving data quality, a strengthened learning offer, clearer advocacy monitoring and constructive local, Grampian-wide and national relationships.

The evidence presented in this report also shows that the next phase of improvement needs to be more focused. The Committee requires stronger assurance about early screening and decision-making, greater consistency in adult involvement and advocacy, clearer feedback to referrers, stronger routes for lived experience, and better evidence that ASP activity is improving safety, wellbeing and experience.

The APC Development Day concluded that the 2026–2028 action plan should contain fewer, sharper and more measurable priorities. These priorities should distinguish between core statutory business, targeted improvement activity and longer-term transformational work where wider system collaboration is required.

Priorities for 2026–2028

1. **Strengthen assurance at the front door of Adult Support and Protection.** The Committee will focus on screening, triage, application of the three-point criteria, referral quality and decisions that do not progress to IRD or investigation. This will include audit, practitioner discussion and review of how professional judgement is being applied.
2. **Embed adult involvement, advocacy and trauma-informed practice across the ASP journey.** The Committee will strengthen expectations that adults' views are sought and

recorded as early as it is safe to do so, advocacy is considered at the earliest appropriate point, and practice is carried out with the adult rather than done to them.

3. **Improve communication, feedback and shared ownership across the multi-agency system.** The Committee will address practitioner feedback about inconsistent communication after referral, reinforce that referral is not the end of professional responsibility, and strengthen participation from partner agencies, providers and the third sector.
4. **Use learning, data and lived experience to evidence impact.** The Committee will move beyond activity reporting by combining quantitative data with case audit, learning reviews, practitioner reflection, advocacy feedback and qualitative evidence from adults, carers and families.

Working across prevention and public protection

Many of the risks considered during 2024–2026 extend beyond formal ASP processes. People support does not sit neatly within one committee or service. Therefore, effective links with wider public protection, community safety, third sector and community planning arrangements are required.

Prevention is delivered through the collective efforts of many partners, including health, social work, police, housing, advocacy and third-sector organisations. Together, these partners help recognise vulnerability, identify emerging risks and support adults to remain safe and independent within their communities.

The APC's primary responsibility remains assurance of statutory ASP functions. However, the Committee also has an important role in identifying where gaps in prevention or early support are increasing adult protection risks. During 2026–2028, the Committee will clarify where it should lead directly, where it should influence other strategic groups, where it should collaborate, and where risks should be escalated.

How we will approach improvement

The next phase of improvement will be underpinned by a supportive, reflective and trauma-informed approach. Quality assurance must be rigorous, but it should also create the conditions in which practitioners and partners can speak openly about complexity, uncertainty, barriers and what could have been done differently.

Our starting point is that adults, families and practitioners are generally trying to do the best they can within the circumstances they face. This does not remove accountability or mean that unsafe or inconsistent practice will be accepted. It means combining generous assumptions with clear expectations, appropriate challenge and a shared commitment to learning and improvement.

Our ambition

By the end of the next reporting period, we want to be able to demonstrate that:

- concerns are recognised and managed consistently and proportionately.
- adults understand and influence the decisions that affect them.
- advocacy is considered early enough to support meaningful participation.
- practitioners are confident to identify risk, ask difficult questions and act.
- partner agencies share responsibility for adult protection.

- adults, carers and practitioners can see how their feedback informed change; and
- the APC can evidence not only the activity undertaken, but the difference it made.

The central ambition for 2026–2028 is therefore clear:

Adults at risk in Aberdeenshire experience a coordinated, compassionate and effective response that involves them, understands what matters to them and takes proportionate action to support their safety and wellbeing.

ABERDEENSHIRE

Adult Protection Committee Biennial Report 2024–2026

Appendix 1 - DATA

Supporting Section 2: What our data tells us

Prepared from APC reporting and Development Day evidence

How to use this appendix: This appendix provides supporting tables for the main biennial report. It should be read alongside the narrative in Section 2. Counts describe recorded activity and do not, on their own, show whether adults were safer or whether decisions were proportionate.

About the data

The tables bring together headline figures presented to the Aberdeenshire Adult Protection Committee during the 2024–2026 reporting period. The principal sources are the APC Development Day evidence pack and the APC Data Report generated on 14 April 2026 for the meeting on 6 May 2026.

Data status: CareFirst and internal Adult Protection Network records are live operational systems. Retrospective recording can change previously reported figures, particularly for the most recent month. Figures should therefore be treated as a recorded position at the time the source report was produced.

Comparability: In 2024, two operational recording changes affected referral totals. From 22 May 2024, only referrals and police concern reports were recorded on CareFirst as an “initial contact”. From 15 July 2024, police concern reports marked “Not at Risk” were no longer recorded as initial contacts.

Counting conventions: Some tables count events, while others count individuals. Harm and vulnerability totals can exceed the number of individuals because more than one harm or vulnerability may be recorded for the same person.

Contents

A1. ASP pathway at a glance
A2. Biennial comparison of ASP activity
A3. Annual activity and IRD outcomes
A4. Recorded vulnerability profile
A5. Recorded harm profile
A6. Adult involvement, advocacy and feedback
A7. Practitioner confidence and priorities
A8. Interpretation and quality-assurance questions
A9. Source and definition notes

A1. ASP pathway at a glance

Stage	Recorded activity 2024–2026	Plain-English description
ASP referrals	4,008	Concerns received and recorded as ASP referrals
Individuals referred	2,304	People represented within the referral total
Initial Referral Discussions (IRDs)	233	Defined multi-agency discussions following a report of concern
ASP investigations	58	Inquiries where investigatory powers were used
Initial Adult Protection Case Conferences	62	First formal multi-agency protection planning meetings
Review Adult Protection Case Conferences	144	Meetings reviewing protection plans and progress

Explanatory note: These figures describe different stages and are not a single cohort followed from start to finish. A person may have more than one referral or meeting during the period.

A2. Biennial comparison of ASP activity

ASP activity	2022–2024	2024–2026	Change
ASP referrals	6,578	4,008	Down 39.1%
ASP referrals relating to individuals	2,902	2,304	Down 20.6%
Initial Referral Discussions	456	233	Down 48.9%
ASP investigations	154	58	Down 62.3%
Initial Adult Protection Case Conferences	134	62	Down 53.7%
Review Adult Protection Case Conferences	198	144	Down 27.3%

Explanatory note: The referral comparison is materially affected by the two recording changes introduced in May and July 2024. The changes to IRDs, investigations and case conferences cannot be explained by referral recording changes alone and were identified by the APC as requiring further qualitative assurance.

A3. Annual activity and IRD outcomes

A3.1 Annual activity comparison

Measure	April 2024–March 2025	April 2025–March 2026	Change
ASP referrals	2,178	1,830	Down 16.0%
Average referrals per month	181.5	152.5	Down 29.0 per month

Measure	April 2024–March 2025	April 2025–March 2026	Change
Initial Referral Discussions	146	87	Down 40.4%
Average IRDs per month	12.2	7.3	Down 4.9 per month
ASP investigations	31	27	Down 12.9%
Average investigations per month	2.6	2.3	Down 0.3 per month

Explanatory note: The Data Report states that referrals were stable under the new recording method. Annual comparison crosses a period in which recording practice changed, so the reduction in referrals should not be read as a direct change in underlying need.

A3.2 Outcomes of IRDs, April 2025–March 2026

Recorded IRD outcome	Number	Share of recorded outcomes
Referred elsewhere	59	67.0%
Investigation	21	23.9%
Immediate Adult Protection Case Conference	5	5.7%
No further action	3	3.4%
Total	88	100%

Explanatory note: The source report records 87 IRDs during the year but 88 recorded outcome entries in the outcome table. This one-record difference should be checked before final publication. The appendix reproduces the source figures transparently rather than reconciling them without case-level evidence.

A3.3 Additional headline measures

Measure	Recorded figure	Period / qualification
Adults at risk	25–43 each month	2024–2026 evidence pack
Advocacy provided	46.2% of cases	2025–2026
Investigations completed within 28 days	55%	2025–2026

Explanatory note: The APC agreed that the 28-day measure should be used as a prompt for enquiry, not as a standalone judgement of quality. Delays may reflect complexity, hospital admission, police processes, person-centred engagement or administrative recording.

A4. Recorded vulnerability profile

A4.1 Vulnerabilities recorded for all referrals, April 2025–March 2026

Recorded vulnerability	Number recorded
Mental health, excluding dementia	615
Infirmity / frailty due to age	548
Learning disability	414
Dementia	407
Physical disability	213
Substance misuse / addiction	190
Other	59

Explanatory note: Primary and additional vulnerabilities can both be recorded. Totals therefore describe recorded vulnerabilities, not a count of unique people. The source report states that 18.5% of people presented with multiple vulnerabilities; the most frequent combinations were learning disability with mental health, and dementia with infirmity.

A4.2 Direction of change highlighted in the Development Day evidence pack

Showing increases since 2024	Showing decreases since 2024
Mental health	Dementia
Other / unknown	Learning disability
Physical disability	Substance misuse / addiction
Infirmity / frailty due to age	

Explanatory note: The evidence pack identifies direction of change but the slide does not provide the underlying counts for this comparison. No percentage change has therefore been added here.

Question for further assurance: The APC Development Day identified a need to understand whether thresholds, recording or screening decisions may contribute to dementia and learning disability referrals progressing to investigation at unexpectedly low rates. This is a quality-assurance question, not a conclusion from the data.

A5. Recorded harm profile

A5.1 Harm types recorded for all referrals, April 2025–March 2026

Recorded harm type	Number recorded
Physical harm	774
Psychological / emotional harm	370
Neglect and acts of omission	321

Recorded harm type	Number recorded
Self-neglect	306
Self-harm	269
Financial or material harm	243
Other	172
Domestic harm	58
Sexual harm	52
Discriminatory harm	7

Explanatory note: Primary and additional harm types can both be recorded. Totals therefore exceed the number of people referred. The source report states that 20.3% of people presented with multiple harms; the most frequent combinations were physical with psychological harm, and physical harm with neglect.

A5.2 Direction of change highlighted in the Development Day evidence pack

Showing increases since 2024	Showing decreases since 2024
Financial harm	Neglect
Other / unknown	Physical harm
Self-neglect	Psychological harm
Domestic abuse	Sexual harm
Self-harm	

Explanatory note: The evidence pack identifies direction of change but does not provide the underlying counts for this comparison. Small investigation numbers can make percentages unstable.

Interpretation: Financial harm progressed to investigation at a higher rate than some other harm types. The APC discussed that financial harm can require detailed inquiry, financial information, multi-agency involvement and consideration of relevant legal powers. The Committee also identified the need to review whether thresholds are applied consistently across harm types.

A6. Adult involvement, advocacy and feedback

Measure	Recorded result	Interpretation / limitation
Advocacy provided	46.2% of cases in 2025–2026	Shows recorded advocacy involvement; the evidence pack does not define the denominator within the slide.
Adult feedback responses	6	A very small response base and not representative of all adults involved in ASP.
Carer feedback responses	0	No direct carer feedback was captured through this return.
Plan made adult safer	4 of 6 said “a lot” or “a little” safer	Two of six said the plan did not make them safer.
Adult felt listened to	All six felt listened to at least “a bit”	Positive finding, but based on six responses.

Explanatory note: The feedback provides important individual insight but should not be converted into population percentages or treated as representative because of the small number of responses. Main themes recorded were clarity, involvement, accommodation and safety, practical outcomes, and advocacy support.

A7. Practitioner confidence and priorities

A7.1 Confidence in own practice

Survey statement	Average score out of 5
Knowing how to raise an ASP concern / referral and who to contact	4.40
Having proportionate, respectful conversations	4.21
Accessing advice quickly when unsure	4.16
Understanding other agencies’ roles	4.09
Applying the three-point criteria in practice discussions	4.05

Explanatory note: The evidence pack states that confidence rose with frequency of involvement in ASP work, from 3.68 out of 5 among practitioners rarely involved to 5.0 among daily users.

A7.2 Confidence in the wider system

Survey statement	Average score out of 5
Learning opportunities are accessible and relevant	3.95
Getting the right advice / action when a concern is raised	3.84
Clarity and consistency of information sharing	3.77
Ability to coordinate support across agencies	3.70

Survey statement	Average score out of 5
Using learning and data to drive improvement	3.67

Explanatory note: Practitioners reported greater confidence in their own practice than in the wider system. The evidence pack states that system confidence also increased with more regular ASP involvement.

A7.3 Adult involvement

Survey statement	Average score out of 5
People can access advocacy when needed	3.70
Adults are meaningfully involved in decisions	3.63
Adults are encouraged and supported to attend meetings	3.51
Procedures and systems are generally trauma-informed	3.51
Adults' views are gathered early enough to influence decisions	3.49

Explanatory note: These were among the lower practitioner confidence scores and support the APC's continued focus on early adult involvement, recording the adult's views and considering advocacy earlier.

A7.4 Practitioner priorities for future improvement

Priority selected by practitioners	Number selecting
Improving confidence to have early conversations about risk	21
Improving early response and decision-making at referral stage	21
Strengthening multi-agency working and participation	19
Strengthening lived experience and feedback loops	16
Making the adult central to their ASP journey	15
Empowerment and prevention	13

Explanatory note: These are counts of selections presented in the Development Day evidence pack. The source slide does not state how many choices each respondent could select, so the figures should not be presented as percentages.

A8. Interpretation and quality-assurance questions

Data signal	What the data does tell us	What needs further assurance
Lower recorded referrals	Recorded referrals reduced and recording rules changed in 2024.	Whether underlying need, reporting behaviour or access to support also changed.
Fewer IRDs	IRD activity reduced substantially.	Whether proportionate professional discussions are occurring, recorded and escalated appropriately.
Fewer investigations and case conferences	Formal ASP activity reduced across the pathway.	Whether thresholds are consistent and adults receive safe, least-restrictive responses.
Financial harm	Financial harm remains a significant harm category and progresses to investigation comparatively often.	The differing types of financial harm, prevention routes and outcomes for adults.
Dementia and learning disability	These vulnerabilities are regularly recorded at referral stage.	Why they may progress to investigation at lower rates and whether this reflects appropriate support or threshold issues.
Adult feedback	A small number of adults reported mixed outcomes and generally felt listened to.	How to gather broader, proportionate lived-experience and carer feedback.
Practitioner confidence	Practitioners feel relatively confident in their own role.	How to improve system consistency, feedback, multi-agency ownership and early adult involvement.

Explanatory note: These questions arose through APC scrutiny and the Development Day. They are presented to guide further audit and self-evaluation and should not be read as findings of poor practice.

A9. Source and definition notes

Principal sources

Aberdeenshire APC Development Day evidence pack, 18 June 2026.
Aberdeenshire APC Development Day Detailed Thematic Report of Discussion, 18 June 2026.
Aberdeenshire Adult Protection Committee Data Report, generated 14 April 2026 for the meeting on 6 May 2026.
Aberdeenshire APC draft minutes, 6 May 2026.
Aberdeenshire APC Biennial Report 2022–2024, used for comparison figures.

Key definitions used in the source data

Term	Definition / data use
ASP referral	A referral processed by Adult Protection Network staff where the referrer believes an adult may meet the three-point criteria. Welfare concerns thought not to fall within the Act are excluded from the referral measure under the revised recording method.
Initial Referral Discussion	A defined and identifiable multi-agency discussion arranged and conducted in accordance with the Grampian IRD Protocol following a report of concern.
Investigation	An inquiry using investigatory powers, identified in the source data by the presence of an investigation report on CareFirst.

Term	Definition / data use
APCC	Adult Protection Case Conference. Initial and review meetings are counted separately.
Multiple harms and vulnerabilities	The source system can record a primary category and additional categories. Totals by category may therefore exceed the number of people.

Explanatory note: Definitions have been shortened into accessible language while retaining the meaning stated in the source Data Report.

Final validation checks: Before final publication, confirm the one-record difference between the annual IRD count (87) and the recorded IRD outcomes (88), and confirm the denominator used for the 46.2% advocacy measure.