West Lothian Adult Protection Committee Adult Support and Protection Biennial Report 2024-2026

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Foreword

It is my pleasure, on behalf of the West Lothian Adult Protection Committee, to present this Biennial Report covering the period from 1 April 2024 to 31 March 2026. Having come into post after this reporting period, I would like to acknowledge and thank Stevie Healey for his leadership and commitment as Chair of the Adult Protection Committee until his departure in July 2026. Under his stewardship, the partnership has continued to strengthen its approach to Adult Support and Protection and foster a culture of continuous improvement.

On Stevie's behalf, I would also like to extend my thanks to all members of the Adult Protection Committee, our partner agencies and, most importantly, the frontline practitioners whose professionalism and commitment to multi-agency working continue to make a meaningful difference to the lives of adults at risk of harm across West Lothian.

This report reflects a period of sustained progress in Adult Support and Protection across West Lothian. Building on the significant improvement work undertaken in response to the 2022 Joint Inspection, the report demonstrates how the partnership has continued to strengthen practice, governance and multi-agency collaboration to improve outcomes for adults at risk of harm. A significant milestone during this reporting period was the publication of the Care Inspectorate's Review of Progress in November 2024. Inspectors recognised the substantial and sustainable improvements made across our Adult Support and Protection arrangements, highlighting strengthened governance, more effective decision-making, and increasingly consistent risk assessment and protection planning.

The report also highlights the growing demand and increasing complexity faced by Adult Support and Protection services. The implementation of the new social work recording system has strengthened our ability to analyse referral activity, monitor performance and target improvement activity more effectively. Alongside this, the Committee has continued to develop a robust programme of quality assurance, learning and workforce development opportunities, and progressing improvements to our multi-agency Adult Support and Protection Procedures.

Throughout the reporting period, we have strengthened our approach to ensuring that our improvement work is informed by the lived experiences of adults at risk of harm and their carers who are involved in Adult Support and Protection processes. While this report highlights the significant progress achieved during the reporting period, it also sets out the priorities that will shape our improvement plan for 2026- 28. I look forward to working with our partners to deliver these priorities over the coming two years and to continuing our shared commitment to improving outcomes for adults at risk of harm.



Kirsty MacDiarmid
Independent Chair,
Adult Protection
Committee

What Our Data Tells Us

Introduction

Following the conclusion of the Joint Inspection Review of Progress in West Lothian and publication of the associated report by inspectors, the Adult Protection Committee (APC) developed a comprehensive Improvement Plan for the 2024-2026 period which focussed on sustaining and enhancing improvements as well as actions agreed to address the ongoing areas for improvement identified by inspectors. Several key actions within the APC's improvement plan focussed on key processes within the partnership's multi-agency Adult Support and Protection (ASP) Procedures and key areas of progress can be evidenced from the performance data collected.

The West Lothian Partnership has a range of localised performance data which is collated on a quarterly basis and presented to the APC and its subcommittees as well as the West Lothian Chief Officers Group (COG). This performance data supports committee members and Chief Officers to identify trends and areas that may require further exploration or improvement activity, as well as to provide the required assurance to ensure that adults are safe, supported and protected from harm.

Adult Support and Protection Referrals

Appendix A provides a breakdown of referral sources based on the Scottish Government National Minimum Dataset returns for 2024/25 and 2025/26. Analysis of referral pathway data is an important indicator of how effectively Adult Support and Protection responsibilities are understood and discharged across the partnership and wider community. Examining the source and pattern of referrals helps the APC assess the effectiveness of awareness-raising activity, training, and multi-agency engagement, while also providing assurance that concerns about adults at risk of harm are being identified and reported through appropriate channels. Changes in referral patterns can also highlight areas where referral pathways are well established and identify opportunities for further improvement.

Police Scotland remains the single largest source of referrals across both years of this reporting period. Although the number of referrals from Police Scotland increased (from 530 to 627), its proportional contribution reduced from 43.7% to 37.5%. This suggests that while police referrals continue to dominate, there has been a broadening of referral pathways, with other partners contributing a greater share of overall referrals.

What Our Data Tells You

Health services show a notable and consistent increase in referral activity. Referrals from NHS Primary Care more than doubled (41 to 97), while NHS Acute Services saw a substantial rise (12 to 56). NHS 24 and the Scottish Ambulance Service also recorded increases. In addition, the category 'other health' rose sharply from 5 to 50 referrals. Taken together, this indicates strengthened engagement and improved recognition of adult protection concerns across health settings, particularly in frontline and urgent care services.

In contrast, referrals from 'Social Work – Adults' decreased both in number (98 to 71) and proportion (8.1% to 4.3%). This may indicate a shift towards earlier identification by partner agencies, reducing reliance on social work as the primary point of referral.

There are also notable increases in referrals from care providers and housing services. Care home referrals rose from 61 to 117, and housing referrals increased from 66 to 94. This suggests growing awareness of adult protection responsibilities within regulated care settings and among housing providers, potentially linked to targeted training and regulatory focus.

Community-based referrals have also increased significantly. Referrals from family, friends, or neighbours rose from 59 to 104 and third sector organisation referrals nearly doubled (28 to 52). This pattern indicates improved public awareness and willingness to report concerns, as well as stronger links between statutory services and community or voluntary organisations.

Some referral sources remain consistently low or unchanged, including regulatory bodies and financial institutions, suggesting that other pathways are being used more appropriately.

Overall, the data shows a significant increase in ASP referrals between 2024/25 and 2025/26, rising from 1,212 to 1,670 referrals, an increase of approximately 37.8%. This increase should be interpreted within the context of improvements to recording practices and data quality rather than being attributed solely to a rise in underlying demand. In Quarter 2 of 2025/26, changes were implemented to ensure greater alignment with Scottish Government National Minimum Dataset guidance, which requires referrals to be recorded as originally submitted by the referrer.

Within West Lothian, ASP procedures include an initial screening stage where some referrals are reclassified as Welfare Concerns following consideration of the information available. Under previous recording arrangements, the social work information system was unable to accurately report referrals that had initially been received as ASP concerns but were subsequently reclassified. This limited the partnership's ability to fully understand referral activity and demonstrate compliance with national recording requirements.

What Our Data Tells You

The implementation of the Mosaic social work recording system during this reporting period provided increased functionality and improved data accessibility, consistency and reporting capability. Importantly, the new system allows workflows and processes to be accurately recorded and amended throughout the lifetime of a referral, enabling this longstanding recording issue to be resolved.

As a result, referral data from Quarter 2 of 2025/26 onwards provides a more accurate reflection of overall referral activity and contributes significantly to the increase observed during the reporting period. While it is likely that some of the increase reflects genuine demand, caution should be exercised when making direct year-on-year comparisons, as improved recording accuracy and compliance with national reporting requirements account for a substantial proportion of the growth in reported referral numbers.

The improvements introduced through Mosaic provide the partnership with a more reliable evidence base from which to understand demand, evaluate referral pathways and undertake future performance and quality assurance activity.

Appendix B contains data relating to ASP referrals received, excluding those reclassified as Welfare Concerns following the initial screening process, alongside data relating to the Duty to Inquire (DTI) process. Members of the Adult Protection Committee considered it important to analyse this data separately following screening to gain a clearer understanding of activity progressing through formal ASP processes. Reviewing the data in this way provides greater assurance regarding the application of screening thresholds enables a more accurate assessment of demand on statutory ASP processes.

The quarterly data demonstrates fluctuation in referral volumes during 2024/25, followed by a sustained increase during 2025/26. Referrals rose from 329 in Q1 to a peak of 346 in Q2 of 2024/25, before falling to 268 and stabilising at 269 in Q3 and Q4. In contrast, 2025/26 shows a clear upward shift, with referrals increasing from 274 in Q1 to 359 in Q2 and remaining consistently high at 360 and 354 in Q3 and Q4 respectively (see appendix B1)



What Our Data Tells You

The sharp and sustained increase in referrals from Q2 of 2025/26 (appendix B1) demonstrates a genuine increase in referrals even within the context of the abovementioned improvements in data accuracy and recording methodology for national minimum dataset submissions.This suggests that demand on adult protection services remains significant. The stability of referral volumes at this higher level may indicate that the system is now providing a more consistent and reliable baseline for understanding patterns of concern and planning service responses.

The number of repeat ASP referrals for individuals within a 12-month period has generally remained stable whilst fluctuating slightly in line with increases and decreases in the total number of referrals as would be expected.

Conversion rates between referral and duty to inquire (appendix B4) have remained consistently high across the reporting period. This level of consistency suggests that screening and decision-making processes are well established and that referrals are being assessed appropriately against ASP criteria. However, some variation has been identified in the number of referrals reclassified as Welfare Concerns (appendix B2) following initial screening. In particular, figures show a sharp reduction from 181 to 69, followed by a slight increase to 73. This fluctuation (whilst thought to be due to a change in recording practices) prompted further scrutiny to ensure that reclassification decisions are being applied consistently and proportionately.

In response, the APC's Quality Assurance Subcommittee undertook an audit of reclassified referrals to provide assurance regarding the robustness and quality of the screening process. The findings from this audit, including learning and any resulting improvement actions, are detailed within the Outcomes, Achievements and Service Improvements section of this report.

Overall, the data demonstrates a system experiencing sustained demand, with increased volumes partly explained by improved recording accuracy. There is strong evidence of consistent progression from referral to duty to inquire, indicating robust application of adult protection criteria.



What Our Data Tells You

Investigations, Case Conferences and Protection Plans

Appendix C provides performance data in relation to ASP investigations, case conferences and protection plans. The data shows a variable but overall active level of investigation, case conference and protection planning activity across the reporting period, with some notable fluctuations that reflect both operational demand and system responsiveness.

Investigation activity (including IRDs) remained relatively stable during 2024/25, ranging between 22 and 28 per quarter. However, a different pattern emerges in 2025/26, where activity reduced to 12 in Q1 before increasing sharply to 34 in Q2 and peaking at 39 in Q3, before dropping again to 22 in Q4. This mid-year increase aligns with the previously identified rise in recorded referrals from Quarter 2 onwards, suggesting that improved recording practices and higher referral volumes have translated into increased investigative activity. The subsequent reduction in Q4 may indicate a stabilisation following this surge, although continued monitoring is required to see if any pattern emerges.

A similar pattern is evident in relation to case conference activity. The number of initial and review case conferences held remained steady during 2024/25, increasing gradually to a peak of 32 in Q4. In 2025/26, volumes are relatively consistent through the first three quarters (23–26), before rising significantly to 37 in Q4. This suggests an accumulation of cases progressing to conference in the final quarter following increased progression through the adult protection process because of earlier increases in referrals and investigations.

The number of individuals with a live ASP plan has increased consistently in this reporting period. From relatively stable figures of between 14 and 18 during 2024/25, there is a gradual increase during 2025/26, culminating in a notable rise to 31 in Q4. This indicates that not only are more cases progressing through investigation and case conference stages, but a greater number of individuals are being assessed as requiring ongoing protection planning.

Performance against procedural timescales for case conferences is more mixed. The Adult Support and Protection Code of Practice (2022) does not define any specific timescales for convening initial ASP case conferences. Our local procedures require that a case conference is convened within 20 working days of agreement to proceed to an initial case conference and a review within 12 weeks of the previous meeting. Performance is substantially higher in relation to initial case conferences (85.5% or 65 out of 76 over the two-year reporting period) than review case conferences (62.4% or 83 out of 133 over the two-year reporting period). Quarter on quarter fluctuations highlight challenges in maintaining timeliness particularly during periods of increased demand. For all cases progressing to a case conference or awaiting a review case conference, ASP plans are in place which provides assurance and ensures risk is being addressed prior to and in between case conference meetings.

What Our Data Tells You

Data on case conference participation highlights both strengths and areas for development. Attendance by Police Scotland remains consistently high, largely at or near 100% across the period, while health attendance is also strong, although slightly more variable, ranging from 82% to 100%. This demonstrates sustained multi-agency engagement in the adult protection process.

Participation by adults at risk in case conferences shows greater variability, ranging between 33% and 67% across quarters. Attendance by advocates or guardians also fluctuates, with some quarters demonstrating strong engagement (for example, rates of 85% and 86%) alongside lower levels in others.

More detailed analysis of quarters where adult participation was lower provides important context and assurance. In periods such as Q2 and Q4 of 2025/26, when attendance by adults at risk reduced to 33% and 50% respectively, case-level review identified clear and proportionate reasons for non-attendance. These included situations where adults had explicitly stated that they did not wish to participate in ASP processes, as well as cases where individuals were experiencing acute mental health difficulties and/or cognitive decline. In such circumstances, multi-agency decisions were made that attendance at a formal meeting would be likely to cause unnecessary distress.

This analysis provides assurance that non-attendance is not routinely the result of barriers to engagement, but rather reflects considered, person-centred and rights-based decision-making. It also reinforces the importance of advocacy and alternative methods of representation to ensure that adults' views, wishes and rights are appropriately reflected within decision-making processes, even where direct attendance is not possible or appropriate.

Taken together, the referral, investigation, case conference and protection planning data presents a picture of an adult protection system that is effectively progressing concerns through each stage of the ASP pathway. While increased referral activity has been influenced in part by improvements in recording practices, the corresponding increase in investigations, case conferences and live protection plans suggests that the rise in activity is not solely attributable to changes in data recording. Rather, the data indicates that a significant proportion of concerns continue to meet the threshold for formal ASP processes and require ongoing assessment, intervention and risk management.



What Our Data Tells You

The relationship between these datasets also provides assurance regarding decision-making across the pathway. High conversion rates from referral to duty to inquire, increasing investigation activity, sustained levels of case conference activity and growth in the number of live protection plans all suggest that concerns are being appropriately identified, screened and progressed. The increase in protection plans, in particular, demonstrates that risks are not only being recognised but that a growing number of adults are being assessed as requiring coordinated multi-agency intervention to support their safety and wellbeing.

While these findings provide positive assurance regarding the effectiveness of adult protection processes, they also highlight the increasing demands being placed on services. The partnership will therefore continue to monitor activity throughout the pathway to ensure that decision-making remains proportionate, statutory timescales are achieved, and resources are aligned to meet the needs of adults at risk of harm.

Protection Orders

The table below details the number of Protection Orders sought and granted during the reporting period. A total of four protection orders were granted, comprising two Temporary Banning Orders, one Assessment Order and one Removal Order. The Assessment Order and Removal Order were granted in relation to the same adult at risk of harm.

Protection orders are among the most significant powers available under the Adult Support and Protection (Scotland) Act 2007 and are used only where there is sufficient evidence that an adult is at risk of serious harm and where less restrictive measures are not considered sufficient to safeguard the individual. Consequently, the relatively low number of protection orders sought during the reporting period is not unexpected and should not be viewed as an indicator of reduced risk. Rather, it reflects the partnership's commitment to applying the principles of necessity, proportionality and least restrictive intervention when responding to concerns about adults at risk of harm.

The data indicates that the majority of risks identified through ASP processes continue to be effectively managed through collaboration, inquiry, assessment, case conference and protection planning arrangements, without the need for court intervention.The granting of all orders sought during the reporting period also provides some assurance that applications made by the partnership were supported by robust evidence, clear risk assessment and appropriate legal scrutiny.



What Our Data Tells You

Although protection orders are used infrequently, they remain an important safeguard within the adult protection framework. The APC continues to monitor the use of protection orders through performance reporting and quality assurance activity to ensure that practitioners remain confident in identifying situations where statutory intervention may be required and that powers are used appropriately, proportionately and in the best interests of adults at risk of harm.

	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
Number of Protection Orders sought and granted	1	0	0	2	1	0	0	0

What Our Data Tells You

Demographics and Type & Location of Harm

Appendix D provides some key data related to demographics and type & location of harm. The demographic profile of adults subject to ASP inquiries remains broadly consistent, with some emerging shifts that provide important insight into patterns of vulnerability and harm.

Adults aged 65 and over continue to represent the largest group subject to inquiry across both years. This reflects the continued impact of an ageing population, with associated factors such as frailty, cognitive decline and increased reliance on formal care and support.

The gender profile remains relatively stable, with a slightly higher proportion of females than males across both years. This aligns with population trends in older age groups.

There has been some notable shift in the types of harm identified, particularly in inquiries progressed using adult protection powers. While financial harm featured prominently previously, physical harm and self-neglect are increasingly significant. The continued prominence of self-neglect is particularly important, as it often presents with high levels of complexity and requires coordinated, person-centred and multi-agency responses. For inquiries not progressed using statutory powers, physical harm remains the most frequently identified concern.

In relation to client categories, dementia, mental health needs, addictions and physical disabilities remain the most frequently recorded categories for inquiries progressed using statutory powers during this reporting period, alongside cases recorded within the “other” category. The use of the “other” category reflects the breadth and complexity of presenting risks at the point of referral, many of which do not meet the threshold for formal intervention under ASP legislation but nevertheless require proportionate, coordinated safeguarding responses.

Domestic abuse is a key example of this, where concerns may be more appropriately managed through alternative multi-agency pathways while still requiring robust risk assessment, information-sharing and ongoing oversight. This highlights the importance of clear screening, effective partnership working and appropriate use of non-ASP pathways to ensure that adults at risk are supported and protected in a proportionate and timely way.

During this biennial reporting period, there has been a notable increase in inquiries progressed without investigatory powers where domestic abuse has been recorded as the primary type of harm. The working hypothesis is that this increase is largely attributable to improved recording practices rather than a substantive change in underlying demand. In particular, joint work between Police Scotland and members of the Gender-Based Violence Committee has focused on improving the quality and clarity of Police ‘VPD’ reports in cases involving domestic abuse. This appears to have supported more accurate identification and recording of primary types of harm within ASP processes.

What Our Data Tells You

The APC's Quality Assurance Subcommittee has recognised the importance of understanding this emerging theme in more detail. As a result, exploration of ASP inquiries where domestic abuse is the primary type of harm will be incorporated into the Subcommittee's 2026 workplan. This will support further assurance around thresholds, decision-making and pathways, and ensure that responses to domestic abuse concerns are proportionate, consistent and aligned with wider partnership arrangements.

The profile of client groups indicates increasing complexity of need. Dementia, mental health and physical disability feature strongly in inquiries progressed with powers, while mental health remains a consistent factor across all inquiry types. The emergence of substance misuse/addiction within inquiries without powers highlights the intersection between addiction, vulnerability and risk, and the importance of integrated responses with relevant services.

The location of harm remains consistent across both years, with the adult's own home being the most common setting for harm, followed by care homes and public places (with some variation for inquiries without powers). This highlights that harm is most frequently occurring in private or familiar environments, reinforcing the need for effective community-based interventions and strong multi-agency oversight within care settings.

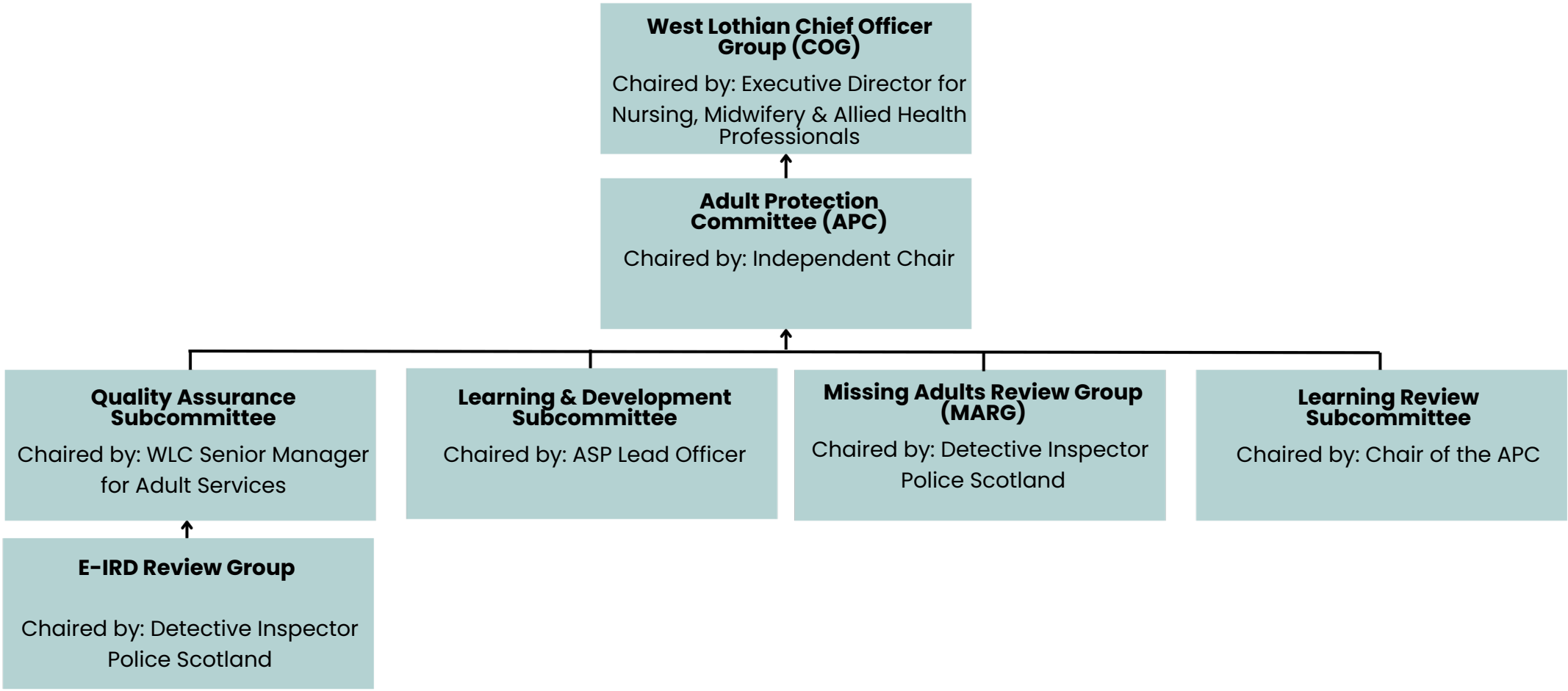
Overall, the data highlights a stable but increasingly complex adult protection landscape. Older adults, individuals with cognitive impairment, mental health needs, and those experiencing self-neglect or substance-related issues continue to be key groups within ASP processes. The findings underline the need for sustained multi-agency collaboration, a strong focus on prevention and early intervention, and approaches which are tailored, rights-based and responsive to the specific needs of different individuals and groups.



Outcomes, Achievements and Service Improvements

Leadership and Governance

The Adult Protection Committee continues to operate with a wide range of members with leaders and managers from all agencies being represented at meetings. The Independent Chair of the APC has worked with members throughout this reporting period to drive forward its vision that "***All adults at risk should be safe, supported and protected from harm***". Members of the APC are committed to creating a culture of continuous improvement and learning for all. The West Lothian leadership and governance structure for Adult Support and Protection is outlined below:



Outcomes, Achievements and Service Improvements

Joint Inspection of Adult Support and Protection: Review of Progress

Following the joint inspection of 2022 members of the APC agreed a detailed improvement plan and the previous Biennial Report for West Lothian highlighted a significant amount of work that was progressed between 2022 and 2024 to address the identified areas for improvement.

A 'Review of Progress' by joint inspectors commenced in July 2024 and the subsequent report was published in November 2024. Joint Inspectors found that the West Lothian partnership had made significant and demonstrable progress since the initial inspection, with improvements evident across key areas of adult protection practice and governance.

Inspectors highlighted substantial improvements in the quality and consistency of initial inquiries, with clearer processes and greater practitioner confidence supporting more effective decision-making. There was also evidence that adult protection investigations were more consistent and robust, reflecting strengthened guidance, practice frameworks and multi-agency working.

Significant progress was noted in relation to risk assessment and protection planning, with these being applied more consistently and to a higher standard than at the time of the previous inspection. This indicates a more structured and risk-informed approach to safeguarding adults at risk of harm. In addition, inspectors found improved linkage across key stages of the adult protection process, with inquiries, investigations and case conferences more effectively aligned.

At a strategic level, governance and managerial oversight arrangements were noted to have been strengthened, with changes to structures and processes supporting improved quality assurance and driving greater consistency in frontline practice.

Despite this progress, the inspection identified a small number of areas for further development. These included:

- improving the quality and consistency of chronologies
- addressing delays within inquiry processes
- strengthening the sharing of outcomes from inter-agency referral discussions (IRDs)
- strengthening involvement of health representatives in the IRD process
- improving engagement with people with lived experience in shaping services

Overall, the review concluded that the partnership had implemented effective and sustainable improvements, with a more integrated and coherent approach to adult protection now in place. Additionally, inspectors expressed confidence that the partnership's robust improvement approach was well positioned to address remaining areas for development.

These findings provide strong external assurance that improvement activity led by the APC and partners is having a positive impact on practice. The remaining areas for development were incorporated into the APC's Improvement Plan for 2024-2026.

Outcomes, Achievements and Service Improvements

2024-2026 Improvement Plan Priority Areas

Quality assurance of key processes

A wide range of audit and quality assurance activity has been undertaken throughout this reporting period on both a multi-agency and single-agency basis. The Quality Assurance subcommittee's improvement and workplan for 2024-26 incorporated a number of actions from the APC's Improvement Plan as well as a timetable of planned audit activity to provide a level of scrutiny and oversight of the implementation of improvement actions. Some key examples of the quality assurance of key processes are detailed below.

Risk Management Plans and Investigations

The previous Biennial report highlighted a training need for staff in relation to risk management plans and investigations which had been identified through an audit of all ASP investigations over a 6-month period. Findings indicated that staff required support to ensure that actions within risk management plans align with the SMART model and that staff across all teams are consistently using standardised templates in line with procedures. Risk Management and Risk Assessment training sessions were subsequently delivered, initially to Team Managers and then to all Council Officers in May 2024.

The Quality Assurance Subcommittee planned and undertook a follow-up multi-agency audit of investigations and risk management plans in August 2024 to ensure that the learning from training sessions was being imbedded in practice. Findings from this audit activity showed significant improvement on previous findings. 36% of investigations contained a risk management plan in the previous audit in December 2023 whereas in August 2024 this rose to 91%. In December 2023, findings indicated that just 19% of risk management plans aligned with the SMART model however, in August 2024 90% aligned with the SMART model. Undertaking this audit activity subsequently hearing from practitioners about their experiences of using the standardised investigation template in the training sessions also meant that some practical system issues were recognised and resolved, making the process more user-friendly.

Initial Inquiries

Members of the Quality Assurance Subcommittee remain committed to sustaining the improvements in the quality and consistency of initial inquiries (duty to inquire) achieved since the joint inspection in 2022. As a result, audits of the duty to inquire process were incorporated into the Subcommittee's workplan for 2024–26. Findings from multi-agency audits of the duty to inquire process were reported to the APC in August 2024 and May 2025, highlighting key areas of sustained improvement such as evidencing of the assessment of the 3-point criteria, managerial oversight and consistent use of the TILS risk assessment model. Chronologies were however noted as an ongoing area for improvement. Whilst there had been significant sustained improvements in the completion of chronologies, the quality of chronologies required further improvement. A chronology working group was established to explore this further, as detailed in the Chronologies section below.

Outcomes, Achievements and Service Improvements

2022-24 Improvement Plan Priority Areas

Interagency Referral Discussions

A multi-agency audit of Interagency Referral Discussions (IRDs) and investigations which resulted in 'No Further Action' was undertaken by members of the Quality Assurance Subcommittee in December 2024. The rationale for undertaking this audit was to provide assurance that actions from Risk Management Plans were being progressed following ASP input and that there were not any ongoing and/or escalating concerns for the adults at risk. Multi-agency partners agreed a template for auditing Police, Health and Social Work records. This template included examination of Risk Management Plans, onward referrals to other agencies and evidencing outcomes for individuals as well as ascertaining whether there were any additional or ongoing concerns.

Findings from this audit of IRDs and investigations demonstrated some key strengths with a clear indication that risk management actions were being appropriately implemented following completion of the ASP process. In all cases where ongoing input from agencies was required, this was evident in the records and was progressing as expected, evidence of ASP processes was found in 100% of health records examined and training for Police staff in 2024 had clearly reduced the number of IRDs being inappropriately raised out of hours. In addition, it was noted that in cases where further concerns subsequently arise, these are being followed up appropriately.

Review of performance data by the Quality Assurance Subcommittee in July 2025 indicated that the number of IRDs being raised had been steadily declining over the previous six quarters. Members therefore agreed that it was important to explore this further, and a plan was subsequently agreed to undertake an additional multi-agency audit of the duty to inquire process with a particular focus on whether an IRD would have provided an additional benefit to the ASP process in each case. Whilst findings were positive in some cases where the recording was good and clearly outlined why ASP processes were not required for the adult, there were also some situations where an IRD may have provided additional benefit, particularly in cases where it was difficult to establish whether the adult met the three-point criteria.Findings from this audit were shared with social work team managers for discussion at team meetings and it was also agreed that guidance about utilising an IRD in cases where it is challenging to assess the three-point criteria would be incorporated into planned amendments to the ASP procedures which are due to be rolled out in May 2026.

Outcomes, Achievements and Service Improvements

2022-24 Improvement Plan Priority Areas

Screening of Referrals and Welfare Concerns

In addition to planned quality assurance activity, the Quality Assurance subcommittee has demonstrated it is able to adapt its workplan at times when review of performance data has indicated that there is a particular area of the ASP process that requires further exploration. During this reporting period, data analysts within the partnership have developed a performance dashboard using 'Power BI' software. This dashboard contains all key performance indicators that are reported to the APC as well as some additional operational data that is explored regularly by managers at Social Work ASP Leadership Group meetings.

Following review of the Power BI dashboard, members of the Quality Assurance Subcommittee agreed to begin exploring some additional quality assurance activity in relation to Welfare Concerns. Since the recording of Welfare Concerns began in Quarter 3 of 2023/24, there has been a gradual increase in Welfare Concerns. Anecdotal feedback from social work team managers suggested that this may reflect better recording practices on the Mosaic system compared to the old AIS system.Members nevertheless agreed that whilst this may be a positive reflection of better recording practices, it was important to explore this further to provide assurance that the screening process for referrals is robust.

Members of the Quality Assurance Subcommittee agreed to audit a sample of Welfare Concerns that had originated as an ASP referral and were reclassified as a Welfare Concern following screening. A template for a multi-agency audit was agreed, and a 14% sample of reclassified Welfare Concerns was randomly selected for audit. Key findings reported to the APC in February 2026 indicated that 100% of concerns reviewed were appropriately reclassified as a Welfare Concern at the screening stage. The audit process did however also note some potential for improvement, particularly in relation to the recording of the rationale for reclassifying an ASP referral as a Welfare Concern. The rationale for reclassification was not always clear and whilst it was identifiable from the screening decision, there wasn't always an explicit mention of reclassification and the rationale. Findings were subsequently shared with operational managers at the ASP Social Work Leadership Group where it was agreed that a more standardised approach should be incorporated into the Mosaic recording system to provide clear reasoning for screening decisions.

Chronologies

Following feedback from joint inspectors in the Review of Progress report, the Quality Assurance Subcommittee agreed to establish a multi-agency short-life working group to review the approach to chronologies. The purpose of this work was to improve overall quality while sustaining the positive progress already made.

The short-life working group undertook a benchmarking exercise which included reviewing the work of the National Implementation Group for chronologies, alongside training materials and examples of good practice from other partnership areas. This included learning from the partnership in East Dunbartonshire, which had received positive inspection feedback on the quality of its chronologies.

Outcomes, Achievements and Service Improvements

As part of this work, local training materials were reviewed alongside the benchmarking examples. The group concluded that while local training materials were of a high standard, there was a need to strengthen the embedding of training into practice and to ensure that practitioners who had not yet accessed chronology training were actively encouraged to do so. It was therefore agreed that this issue would be progressed further through the Social Work ASP Leadership Group.

Following consideration of the findings from the short-life working group, the Social Work ASP Leadership Group agreed a number of actions to support improvement. These included actively encouraging practitioners to attend chronology training where they had not already done so, and introducing a requirement that a chronology must be in place for any allocated case prior to authorisation for closure. As a result of these actions, attendance at chronology training increased significantly, and team managers have reported that chronologies are now routinely completed for adults on their caseloads.

Chronologies remain an area for continuous improvement. The Quality Assurance Subcommittee will continue to provide oversight during the next reporting period through further audit activity focused on the quality and use of chronologies within key adult protection processes.

Review of the Interagency Referral Discussion (IRD) Process

In addition to the work on chronologies, the Quality Assurance Subcommittee established a multi-agency short-life working group to review the Inter-Agency Referral Discussion (IRD) process, in response to feedback from joint inspectors in the Review of Progress report.

The short-life working group undertook a benchmarking exercise to explore how other partnership areas approach IRDs and the processes they use to initiate them. A review of local procedures alongside information gathered from other partnerships led the group to recommend revisions to the West Lothian multi-agency ASP procedures. Members identified that the current procedures resulted in duplication of activity, particularly due to the continued inclusion of a separate 'investigation' stage within the operational process.

Benchmarking identified that a number of local authorities amended their procedures following changes to the Code of Practice in 2022, moving away from a discrete investigation stage and instead operating a model of inquiries with and without investigatory powers. Adopting this approach locally will support a more streamlined and proportionate process, enabling more flexible and effective use of IRDs. Revised procedures will provide clearer guidance on when an IRD should be considered and allow IRDs to be initiated at any stage of the adult protection process to support robust multi-agency risk assessment and planning.

Outcomes, Achievements and Service Improvements

The short-life working group also explored barriers to effective health involvement in IRDs. It was recognised that reliance on a rota system, combined with competing clinical demands, could limit timely health participation when IRDs were first raised. This issue was escalated to senior health managers, resulting in agreement on revised arrangements to strengthen engagement. A daily online multi-agency IRD meeting has now been established, with an expectation that all partners attend at an agreed time on days when an IRD is required. Health staff have also been encouraged to protect time when on the rota to ensure effective tripartite discussions take place.

IRDs remain an ongoing area for improvement. Revised multi-agency ASP procedures are due to be implemented in May 2026, and the Quality Assurance Subcommittee will incorporate evaluation of the revised procedures, including the IRD process, within its 2026–28 workplan to provide assurance on their impact and effectiveness.

Consistent and accurate recording of ASP information on health systems

To improve accurate recording, a recording section was added to the NHS Lothian ASP Procedures 2025, available to all staff in the organisation. A recording tab was also added to the ASP NHS Lothian Intranet page, with details of how to record ASP concerns and documentation, for ease of access for all staff.

Over the last two years 2024/2025 and 2025/2026 the NHS Lothian Public Protection Team focussed their single agency audits on ASP recording. Single agency audits were carried out for each area in Lothian, with a quarter of the year focussing on West Lothian. A West Lothian audit report was compiled and shared with good practice highlighted, and also with recommendations for improvement. This was sent to the Chief Nurse and shared with Teams.

At the end of both years there was a Pan Lothian report compiled with comparisons of each area. As well as sharing with Chief Nurses and teams, the annual audit reports were shared with and reported to Public Protection Action Group (PPAG) which is chaired by our Executive Director for Public Protection and attended by the Chief Nurses for each area. The audit for 2025/2026 demonstrated some improvement in this area.

Feedback to referrers

It was noted in the previous biennial report that the partnership is committed to strengthening its approach to providing feedback to referrers, including partner agencies and members of the public. Challenges were acknowledged, particularly in situations where adults have clearly expressed that they do not wish information about them to be shared.

During this reporting period, the ASP Social Work Leadership Group progressed this work by exploring a range of options to support consistent feedback to referrers. These included consideration of standardised responses and the introduction of mandatory prompts within the ASP workflow on the Mosaic recording system. Following careful consideration of the available options, the Leadership Group agreed that providing proportionate, individualised feedback to referrers was the most appropriate and practical approach.

To support this, a mandatory prompt has been embedded within the ASP workflow on Mosaic to ensure that Council Officers confirm that referrers are informed when a duty to inquire has commenced. Team managers have also worked with Council Officers to reinforce expectations around providing further feedback at the conclusion of the inquiry, advising referrers of the outcome where appropriate. This approach supports transparency and partnership working, while remaining sensitive to confidentiality and the wishes of the adult at risk.

Transitions

The previous biennial report highlighted the introduction of the guidance document Transition Between Children's and Adult Services in January 2024. The guidance was specifically developed to support decision-making for 16- and 17-year-olds who may be at risk of significant harm.

The guidance complements existing Child and Adult Protection procedures and is intended for use by professionals across the public, private and third sectors in West Lothian. To evaluate how effectively the guidance was being embedded in practice, the APC's Quality Assurance Subcommittee planned and undertook two joint audits in collaboration with the Child Protection Committee's Quality Assurance Group.

In February and August 2025, APC members received summaries of findings from joint Child and Adult Protection audits of referrals involving 16- and 17-year-olds. Initial findings identified that evidence of consideration and decision-making around progression of referrals between Children & Families and Adult Services could be strengthened. In response, practitioners were reminded of the local guidance and the importance of clearly recording discussions and decision-making between services.

When the audit activity was subsequently repeated, findings were positive and demonstrated improvement. However, further work is ongoing to ensure that discussions between Children & Families and Adult Services are consistently and routinely taking place when referrals are received for young people in transition. This remains an important area of focus to support effective safeguarding and continuity of protection for young adults at this critical stage.

Learning Reviews and Large-Scale Investigations

During this biennial reporting period, there was no requirement to undertake a formal learning review. However, there were three cases where the Learning Review Subcommittee considered all relevant information relating to an adult's circumstances and concluded that, while the criteria for a learning review were not met, there were nevertheless important learning points to be identified.

In each of these cases, plans were agreed to support the dissemination of key learning and to progress any associated improvement actions. Progress against these actions is monitored and reported to both the APC and the Chief Officers Group (COG), ensuring appropriate oversight and assurance.

Outcomes, Achievements and Service Improvements

Towards the end of the reporting period, the Learning Review Subcommittee received a notification for consideration of a learning review relating to an adult who had come to harm while subject to Adult Support and Protection processes. A meeting of the Subcommittee was convened, during which reports from all involved agencies were reviewed. Following this consideration, members agreed to recommend to the APC and COG that an independent learning review be commissioned. This learning review is due to commence in May 2026, with findings to be reported to the Care Inspectorate in line with national guidance.

Three Large-Scale Investigations were undertaken during this biennial reporting period, comprising two involving Care at Home providers and one relating to a Care Home.

The partnership's multi-agency Care Home Collaborative Team continues to play an important preventative role in supporting adults at risk in West Lothian. By enabling early, coordinated multi-agency intervention, the team supports timely risk management and contributes to reducing the need for large-scale investigations within care home settings.

Critical Review Team (CRT)

The Critical Review Team protocol is an escalation protocol whereby practitioners and/or their managers within the partnership can escalate concerns via a notification to senior managers within their respective agency to consider the requirement for a CRT meeting.

The purpose of a CRT meeting is to ensure that senior leaders from all core agencies have oversight of the management of risk for individuals whose circumstances are complex or 'high-risk'. The CRT continues to be seen as a strength within the partnership as it ensures that support of senior managers is provided in the most complex and challenging situations.

Missing Adults Review Group

The Missing Adults Review Group meets quarterly to enable partners to understand and monitor performance, patterns and interventions relating to adults who go missing in West Lothian. The group's primary objective is to ensure that partnership approaches maximise safety, with timely support and intervention provided where required. While maintaining oversight of all adults who go missing, there is a particular focus on those assessed as most vulnerable or at highest risk of harm. The group also supports partnership priorities linked to the Scottish Government's National Missing Persons Framework, including implementation of the Herbert Protocol and the NHS Missing Persons Protocol.

During this reporting period, the Missing Adults Review Group and the Missing Young Person Review Group were accepted to participate in the National Missing Persons Framework Implementation Project in partnership with Missing People, a registered charity. Between July 2025 and March 2026, Missing People worked closely with both groups, providing consultancy and training support to multi-agency partners across West Lothian.

Outcomes, Achievements and Service Improvements

This work has helped shape the strategic direction and future approach to missing people within the partnership. As the partnership moves into the next reporting period, arrangements are being progressed to merge the Missing Adults and Missing Young Person Review Groups into a single Missing People Review Group. In addition, work is underway to develop a local Missing Persons Protocol, bringing together existing processes and procedures into a single overarching framework to support consistent practice across services working with both children and adults.



National Learning and Improvement Activity

Members of the APC have represented the partnership at the National Adult Support and Protection Implementation Group and all of its subgroups throughout this reporting period. The Chair of the Adult Protection Committee has also represented West Lothian at the National Convenors Group meetings. The partnership is committed to working collaboratively at a national level to achieve the aims and objectives of the National Implementation Group. This collaborative approach is particularly useful in areas that are known to present challenges at a national level such as chronologies and involvement of adults at risk in ASP processes.

The Quality Assurance subcommittee takes learning from nationally published learning reviews and inquiries/investigations and disseminates it locally. Recommendations within these reports are also examined by members and any associated local improvement actions are then incorporated into the subcommittee's workplan. Examples of this type of learning at a national level in this reporting period would include North Lanarkshire's Strategic Case Learning Review: Concerning Events Leading to the Closure of Care Home G and the McCulloch Learning Review as published by the partnership in Highland.

Training, Learning and Development

The APC's Learning and Development Subcommittee is responsible for developing, implementing, monitoring and reviewing a continuous professional learning approach across West Lothian. The Subcommittee has a strong multi-agency membership, with representatives from all key partner agencies attending meetings and contributing to the design and delivery of learning and development activity.

A Learning and Development workplan was developed for this reporting period, incorporating improvement actions aligned with the APC's wider improvement plan. The workplan has been kept under regular review and has adapted responsively as priorities have evolved. For example, where new training needs have been identified through staff feedback or quality assurance and audit activity, the workplan has been updated to ensure these priorities are addressed in a timely way.

A comprehensive programme of multi-agency training continues to be planned and delivered for staff at all levels and across all partner agencies in West Lothian. This is complemented by a range of single-agency training opportunities within individual services. A dedicated Business Support Officer has been in post since 2022 with responsibility for single-agency public protection training. This role has strengthened training overall by enhancing the quality of single-agency provision and increasing capacity across the partnership to deliver multi-agency training.

The Health and Social Care Partnership has also established a Trauma Informed Practice Project Board to coordinate the local rollout of the National Trauma Training Programme. The Board's remit is to support cultural and organisational change through the development of a trauma-informed and trauma-responsive workforce across West Lothian, and the APC is represented within its membership.

During this reporting period, the Chair of the Trauma Informed Practice Project Board provided a detailed update to the APC on progress and future plans. An initial pilot of training delivery within Children & Families services has demonstrated positive outcomes, and preparations are now underway to extend training into Adult Services. The Business Support Officer for Single-Agency Public Protection Training has completed the training-for-trainers programme and will play a key role in supporting delivery of trauma-informed training to practitioners working with adults at risk.

The Learning and Development subcommittee is committed to measuring the impact of training and continuously improving the learning experience for staff to ensure that they feel confident in implementing their training into practice. This reporting period has seen some key changes to training based on feedback from staff. For example, feedback indicated that there was an appetite for some training courses such as the Level 1 and Level 2 ASP multi-agency training to be reviewed and refreshed with more of a focus on interactive sections and increased opportunities for discussion. Members of the Learning and Development subcommittee took this on board and revised training materials accordingly.

Training, Learning and Development

Evaluation of training is routinely undertaken at the end of each course, with all participants invited to complete a short feedback survey. A QR code linked to the survey enables participants to complete the evaluation easily on their mobile devices which has resulted in a positive increase in response rates, providing richer feedback to inform continuous improvement of the training programme. Examples of participant feedback and suggestions for improvement are outlined below.

Level 2 multi-agency ASP training (in-person training with one course offered online)

- "It would be useful to have a couple more case studies that would relate more to workers in different fields"
- "I found the whole course a very useful reminder of roles, responsibilities and duties."
- "More interactive group discussions would be useful"
- "The links to trauma informed resources/information around advocacy and the fire service giving input were most useful."
- "Input from the Fire Service was really helpful"

Level 3 multi-agency ASP training (in-person training)

- "Finding out more about the 3-point criteria was most useful."
- "Understanding the mechanisms of ASP was most useful"
- "Trauma information was most useful"

Council Officer Skills Training (in-person training)

- "It was useful to increase knowledge on Protection orders and the three-point criteria"
- "Learning about Case Conference processes and procedures was most useful."
- "I will use this training every day in practice"

The Learning and Development Subcommittee provides a quarterly analysis of training feedback in the form of a report to the Adult Protection Committee. This supports the Committee in fulfilling its statutory function to promote the continuous improvement of Adult Support and Protection practice through the promotion of good practice, training and staff development.

The West Lothian partnership is committed to a multi-agency approach to much of its ASP training with members of the Learning and Development subcommittee collaborating to deliver various courses across the training calendar. Partners in the voluntary sector including advocacy, the DWP and the Scottish Fire and Rescue Service have continued to provide invaluable input to various training courses and learning opportunities throughout this biennial reporting period.

The Learning and Development Subcommittee supported the promotion of ASP Day in both February 2025 and February 2026, using these opportunities to raise awareness and promote learning across the partnership.

Training, Learning and Development

In 2025, ASP Day activity focused on the national theme of financial harm affecting older adults. Promotion took place across the social media platforms of partner agencies, using nationally produced resources and media items to ensure consistent messaging. A local multi-agency learning event was developed and delivered in both online and in-person formats. The event included input from Police Scotland, the Office of the Public Guardian and the Department for Work and Pensions, providing practitioners with a multi-agency perspective on identifying and responding to financial harm. The session also incorporated a case study based on the McCulloch Learning Review published by the Highland partnership, with facilitated small-group discussions to support reflection on key learning and practice implications.

In 2026, a further multi-agency learning event was planned and delivered to mark ASP Awareness Day, aligned to the national theme of ASP in supportive settings. The session included contributions from the Care Inspectorate and the local Care Home Collaborative Team. Practitioners were supported to explore trauma-informed practice within supportive settings, understand restrictive practice from a regulatory perspective, and gain insight into the day-to-day work of the Care Home Collaborative Team. The event also included an overview of North Lanarkshire's Strategic Case Learning Review: Concerning Events Leading to the Closure of Care Home G, with opportunities for small-group discussion to consider learning and application to local practice.

In addition to the comprehensive suite of core ASP training which is currently available in West Lothian, there is also a number of specific training courses which are under review and/or in the process of being developed either following changes nationally or been identified as a result of audit activity that has been progressed. Examples include:

- Crossing the Acts Training – exploring the links between the Adult Support and Protection (Scotland) Act 2007, the Adults With Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003
- Second Worker Training; and
- Hoarding Awareness Training

The National ASP Learning and Development Framework, published in February 2026, was reviewed and discussed by members of the Learning and Development Subcommittee in the context of the existing ASP training offer in West Lothian.

As a result, members agreed to progress work to map current training provision against staff roles and responsibilities, identifying the appropriate level of training required for different workforce groups. This will support the development of an ASP training pathway, providing a more structured and consistent approach to learning and development across the partnership. This work will commence in the next reporting period, with regular progress updates provided to the APC.

Training, Learning and Development

During this biennial reporting period, members of the APC and Child Protection Committee (CPC) participated jointly in a development day and leadership workshop facilitated by an independent safeguarding consultant. The purpose of the session was to support both Committees to undertake a structured self-evaluation, identify shared public protection priorities, and strengthen consistency in approaches to achieving shared outcomes.

The development day explored the complexity of the relationships, roles and interfaces between the APC and CPC, supporting a clearer understanding of how current arrangements contribute to outcomes and sustained improvement. This work aligned with the aspirations of the National Performance Framework, promoting shared ways of working and a cohesive approach to the delivery of effective public protection.



The session identified a number of key strengths, including increased confidence among APC members in the strengthening of systems and processes following inspection, and a strong, shared vision and value base across the Committee. The self-evaluation also highlighted areas for further development, including:

- strengthening the APC's focus on the outcomes and impact of improvement actions
- improving assurance that learning is consistently embedded into practice by single-agency leaders
- enhancing dissemination of learning to frontline managers and staff across all partner agencies
- increasing opportunities for frontline staff involvement in quality assurance activity and enabling the APC to hear directly from frontline practice

As the partnership moves into the next reporting period, the APC will explore these areas for improvement in greater detail and agree specific actions. These actions will be incorporated into the APC Improvement Plan and the Quality Assurance Subcommittee workplan, supporting a robust and effective strategic direction for Adult Support and Protection in West Lothian.

Engagement, Involvement and Communication

The involvement of people with lived experience was identified as an area for improvement following the initial joint inspection of ASP in 2022. In the subsequent Review of Progress, joint inspectors acknowledged that steps had been taken to strengthen the voice of lived experience within APC activity, while noting that further development was required to embed this more consistently.

Building on work highlighted in the previous biennial report, the partnership strengthened its approach during this reporting period by transitioning the short-life working group into a standing Lived Experience and Engagement Group. This Group meets quarterly and provides regular progress updates to both the Quality Assurance Subcommittee and the APC, strengthening governance, oversight and accountability for this area of work.

The Lived Experience and Engagement Group has a diverse and appropriately skilled membership, including operational practitioners alongside key representatives from advocacy services, Carers of West Lothian and the wider voluntary sector. Throughout this reporting period, the Group has progressed a range of activity aimed at increasing meaningful engagement and amplifying the voice of lived experience within ASP arrangements, with demonstrable progress across several areas.

Engagement activity

The ASP Lead Officer and an ASP practitioner worked collaboratively with Carers of West Lothian to deliver two engagement sessions with unpaid carers during this reporting period. These sessions were designed to raise awareness of ASP and to provide carers with an opportunity to share their experiences of ASP processes in West Lothian.

Feedback from these sessions provided valuable insight. Participants shared examples of positive engagement with ASP practitioners following the raising of concerns, alongside constructive reflections on challenges experienced in relation to guardianship processes. Importantly, carers also highlighted the value of having trusted points of contact within services to support ongoing communication and resolution of issues. Feedback from Carers of West Lothian indicated that the sessions were well received, with participants reporting increased understanding of ASP and greater confidence in how to raise concerns in the future.



Engagement, Involvement and Communication

In addition to this targeted engagement, the ASP Lead Officer and representatives from advocacy services and Carers of West Lothian participated in a local Older People's Forum organised by a Care at Home provider. The forum was well attended and provided a further opportunity to raise awareness of ASP, promote early reporting of concerns, and engage directly with older adults within the community.

Towards the end of the reporting period, the Lived Experience and Engagement Group also began exploring opportunities to work with local retailers to raise awareness of ASP, particularly in response to an increase in cases of alleged financial harm involving the purchase of gift cards. Initial contact has been made with a number of supermarkets to explore options such as basic awareness training for staff and in-store engagement activity. This work will be developed further in the next reporting period.

Understanding the experiences of adults at risk of harm

The previous biennial report highlighted work undertaken to review and strengthen mechanisms for gathering feedback from adults at risk of harm and their families and carers. This included revising the survey issued following ASP case conferences, with the intention of improving accessibility and relevance. Despite these changes, and active encouragement from administrative staff and Council Officers, completion rates for the online survey remained consistently low. This limited the partnership's ability to fully understand lived experience and to use this feedback systematically to inform improvement.

In response, members of the Lived Experience and Engagement Group undertook further reflection on how feedback was being sought and considered whether alternative approaches might better support meaningful engagement. The Group concluded that a more relational and personalised approach to gathering feedback was likely to be more effective than reliance on an online survey alone. It was recognised that ASP processes can be complex, emotionally challenging and, at times, overwhelming for adults and families, and that this may act as a barrier to engaging with formal feedback mechanisms.

As a result, the Group recommended to the Quality Assurance Subcommittee and the APC that a pilot be introduced to test a different approach. This involved making direct contact with adults and/or their families or carers at the conclusion of the ASP process to invite feedback, where it was appropriate and safe to do so.

The pilot ran between April and August 2025. While the overall volume of feedback gathered during this period remained modest, members agreed that the quality and depth of feedback was significantly improved. Feedback was more detailed, reflective and informative than that previously obtained through the online survey, providing richer insight into how ASP processes are experienced in practice. On this basis, the APC agreed that the approach should be adopted on an ongoing basis.

Engagement, Involvement and Communication

What adults and families told us

Feedback gathered through direct contact has provided valuable insight into both strengths and areas for improvement within ASP practice.

Some adults and family members described positive experiences of ASP processes, highlighting clear communication, supportive practitioner relationships and effective chairing of case conferences. In particular, families valued situations where professionals worked collaboratively, ensured that meetings were well explained, and took action to involve the most appropriate staff to support improved outcomes. These experiences reinforced the importance of coordinated, multi-agency working and skilled leadership within ASP processes.

Other feedback highlighted more challenging experiences. Some adults described the ASP process as intrusive and distressing, particularly in relation to access to personal health and financial information. While acknowledging the protective intent of ASP interventions, these adults reported feeling a loss of control and, at times, a lack of understanding about why certain powers were being used. Feedback consistently emphasised the importance of being listened to and of having information explained clearly and more than once, particularly at points of high stress.

Importantly, several adults highlighted the positive impact of advocacy. Where advocacy was involved, adults reported improved understanding of the process, greater confidence to express their views, and a stronger sense that their rights and wishes were being respected. This reinforces the critical role of advocacy in supporting rights-based practice within ASP.

Learning and improvement arising from feedback

Feedback gathered through this approach has been routinely shared with the Quality Assurance Subcommittee and the APC, alongside analysis and recommendations for improvement. Common themes identified include:

·a need for clearer and more accessible explanations of ASP processes and powers
·anxiety about privacy, confidentiality and information-sharing
·uncertainty among adults and families about what protective measures are available and what outcomes ASP can realistically achieve

In response to these themes, the Lived Experience and Engagement Group agreed to develop an information leaflet to be shared with adults at the outset of the ASP process. The purpose of the leaflet is to provide clear, accessible information that adults can revisit after initial contact with services. It explains the ASP process, the potential use of statutory powers, what adults can expect at different stages, and how advocacy and other supports can be accessed.

Engagement, Involvement and Communication

Benchmarking with other partnership areas was undertaken to inform this work, and a local leaflet was subsequently developed and approved by the APC. The leaflet is currently being reviewed by speech and language colleagues, who are developing an Easy Read version to ensure accessibility. The materials are expected to be available for use in early 2027.

Ongoing challenges and next steps

While the revised approach to gathering feedback has been more effective than previous methods, challenges remain. In some cases, it has not been appropriate to contact adults directly due to acute mental health needs or cognitive impairment. In other situations, gathering feedback is more complex where family members or carers are suspected perpetrators of harm.

To help address these challenges, advocacy partners have played an increasingly important role in contributing feedback on behalf of adults they support. Advocacy services have begun providing structured, written feedback to the Lived Experience and Engagement Group and the APC on a quarterly basis. This feedback highlights both areas of strength and opportunities for improvement observed through advocacy involvement.

Advocacy feedback has consistently emphasised the importance of early advocacy involvement, clear communication, and practitioner willingness to adapt approaches in response to adults' views. Positive examples included adults being supported to review reports in advance of meetings, having their views clearly reflected in decision-making, and achieving outcomes that improved safety and wellbeing.

Overall, the work undertaken during this biennial period demonstrates a more intentional, structured and reflective approach to understanding lived experience. While further development is required—particularly in engaging adults who are harder to reach—the shift towards direct engagement, strengthened advocacy involvement and tangible changes to practice provides a stronger foundation for ensuring that lived experience meaningfully informs quality assurance, learning and continuous improvement within Adult Support and Protection in West Lothian.

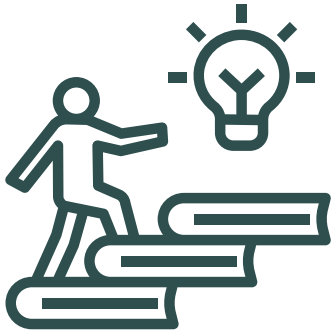


Challenges and Areas for Improvement

Throughout this biennial reporting period, the APC, senior leaders and Chief Officers within the West Lothian partnership have maintained a clear focus on addressing areas for improvement identified through the Joint Inspection Review of Progress in 2024 and the APC's Improvement Plan.

As outlined earlier in this report, joint inspectors recognised that the partnership had made significant and demonstrable progress across key areas of ASP practice. However, inspectors also identified a small number of areas where continued focus and improvement are required.

A wide range of improvement activity has been progressed during this period, with corresponding changes to practice, processes and governance arrangements described throughout this report. While this activity has resulted in notable and sustained improvement, the partnership has also taken a reflective approach to identifying ongoing challenges and areas where further development is required as it moves into the next biennial reporting period.



Inter-Agency Referral Discussions (IRDs)

The work undertaken by the multi-agency short-life working group established during this reporting period highlighted a number of barriers affecting the effectiveness of Inter-Agency Referral Discussions (IRDs). These included challenges in achieving timely tripartite engagement, consistent information-sharing and shared risk assessment at the earliest stage of the process. While a number of process changes have been introduced to mitigate these issues, IRDs remain an identified area for continued improvement.

The Quality Assurance Subcommittee has identified the need to strengthen consistency and quality across all stages of the IRD process. This includes ensuring a clear and consistent approach to initiating, participating in and concluding IRDs, as well as improving the quality of recording. Importantly, the Subcommittee has emphasised that IRDs must consistently fulfil their core purpose: providing a robust multi-agency forum for Police, Health and Social Work to jointly assess risk and agree proportionate interim risk management plans to safeguard adults while inquiries are progressed.

Revised multi-agency ASP procedures are scheduled for implementation in May 2026. As the partnership enters the next reporting period, the Quality Assurance Subcommittee will evaluate the impact of these revised procedures in practice, including their effectiveness in strengthening IRD processes. This evaluation will support ongoing assurance and enable the APC to assess whether the revised arrangements are delivering improved consistency, timeliness and outcomes for adults at risk of harm.

Challenges and Areas for Improvement

General Practitioners & Information sharing

During this reporting period, the partnership identified challenges relating to information-sharing with General Practitioners (GPs), an issue recognised both locally and nationally. In some instances, GPs expressed reservations about sharing information for ASP purposes, reflecting wider uncertainty and inconsistency in interpretation of legal duties. This national challenge prompted legislative review and amendments to strengthen clarity around information-sharing responsibilities.

While national solutions were being explored, the APC took a proactive and pragmatic approach to mitigating local impact. Members worked collaboratively with the Clinical Director for General Practice within the Health and Social Care Partnership to identify and implement an interim local solution that would support timely and proportionate information-sharing at the inquiry stage.

This collaborative work resulted in the development of a standardised information-request template for use by Council Officers when seeking information from GPs during initial ASP inquiries. The template provides clarity around the purpose and legal basis for information-sharing and is supported by a clear escalation route through the NHS ASP Advisor and ASP Lead Officer where difficulties arise. This has strengthened consistency, reduced ambiguity, and improved professional confidence on both sides.

Feedback from Council Officers and GP practices indicates that this standardised approach has led to more timely and effective information-sharing in the majority of cases, supporting improved risk assessment and decision-making at the earliest stage of the ASP process. However, some challenges remain. In particular, occasional delays continue to arise due to uncertainty about authority to share information or queries regarding charging for information, which can impact the timeliness of inquiries.

Looking ahead, the partnership anticipates that the amendment to section 5 of the Adult Support and Protection (Scotland) Act 2007, alongside the forthcoming revised national guidance for General Practitioners, will provide greater clarity and confidence to support consistent information-sharing practice. However, the APC recognises that this remains an area requiring continued attention at both local and national levels.

The partnership will continue to monitor the effectiveness of local arrangements and contribute to national discussions, recognising the critical role that General Practitioners play in identifying risk, sharing relevant information and supporting effective ASP processes.

Challenges and Areas for Improvement

Adult Protection and Domestic Abuse

Learning identified from a case considered for a learning review during this biennial reporting period highlighted the need for clearer, more meaningful guidance to strengthen practice at the interface between ASP and domestic abuse. In response, the Lead Officers for ASP and Gender-Based Violence worked collaboratively to develop Good Practice Guidance for ASP and Domestic Abuse. This guidance was subsequently approved by the APC and disseminated widely to practitioners to support more consistent, informed and proportionate decision-making.

As outlined in the What Your Data Tells You section of this report, there has been a significant increase during this reporting period in inquiries (without the use of powers) where domestic abuse has been recorded as the primary type of harm. While the current working hypothesis is that this reflects improved recording practices rather than a substantive increase in prevalence, the APC's Quality Assurance Subcommittee has recognised the importance of understanding this trend in greater depth.

In response, the Subcommittee has agreed to explore this further as part of its forward workplan, to gain assurance regarding thresholds, pathways and decision-making in ASP inquiries where domestic abuse is the primary concern. This will support the partnership to identify any further learning or areas for improvement and ensure that responses to domestic abuse within ASP processes are aligned, proportionate and effective.

Lived Experience & Engagement

Key improvements in relation to lived experience and engagement are outlined within the Engagement, Involvement and Communication section of this report. This work represents a positive shift towards more meaningful and structured engagement with adults, families, carers and advocacy partners, and demonstrates the partnership's commitment to strengthening rights-based and person-centred practice.

Notwithstanding this progress, the involvement of people with lived experience remains an ongoing area for improvement, as recognised both locally and at a national level. Feedback gathered through engagement activity and quality assurance processes continues to highlight variability in how consistently lived experience informs practice, learning and service improvement across ASP processes. This reflects the complexity of the work, the vulnerability of many adults involved, and the challenges associated with engaging some individuals in a safe, ethical and meaningful way.

The APC remains committed to embedding lived experience more systematically within its governance, quality assurance and improvement activity. The APC, through the Quality Assurance Subcommittee and the Lived Experience and Engagement Group, has agreed to maintain a clear focus on strengthening this area of work over the next reporting period. This will include building on existing engagement mechanisms, expanding opportunities for feedback to influence decision-making, and improving assurance that learning from lived experience is translated into tangible improvements in practice.

Challenges and Areas for Improvement

As the partnership moves forward, lived experience will continue to be recognised as a critical source of insight in understanding the impact of Adult Support and Protection processes, shaping improvement priorities, and supporting more effective outcomes for adults at risk of harm in West Lothian.

Chronologies

Multi-agency quality assurance activity undertaken during this biennial reporting period has identified measurable improvement in the use of chronologies within ASP inquiries. This reflects focused work by the APC Quality Assurance Subcommittee and the Social Work ASP Leadership Group to strengthen expectations around the consistent use of chronologies and to improve their quality and effectiveness in supporting assessment, decision-making and risk management.

Notwithstanding this progress, further work is required to ensure that improvements in the quality of chronologies are consistently embedded in practice. Quality assurance activity continues to identify variability in the standard and analytical value of chronologies, highlighting the need for ongoing focus on how chronologies are used to inform professional judgement rather than simply being completed as a procedural requirement. Chronologies therefore remain an identified area for improvement, both locally and at a national level.

The ASP Lead Officer has continued to contribute to national improvement activity through active involvement in the National Chronologies Group and its Implementation Subgroup. This has supported shared learning, benchmarking and the exchange of good practice across partnership areas and has informed local improvement activity in West Lothian.

As the partnership moves into the next reporting period, the APC will maintain a clear focus on strengthening the quality and consistent use of chronologies through continued quality assurance activity, leadership oversight and engagement with national improvement work. This will support improved analysis, more informed decision-making and stronger outcomes for adults at risk of harm.

Recording of ASP matters by health staff

The move for NHS Lothian from mandatory e-learning on Learn-Pro platform to Turas has led to some challenges around getting training data in relation to teams / compliance.

The NHS Lothian Public Protection Team are working with Turas to support and obtain this data, and have sent out communications to all managers, asking them to ensure their staffs profiles, are updated and correct. This will greatly support with ensuring data is accurate meets the required standards. In the coming year NHS Lothian's ASP Advisors will focus our single agency audit work around mandatory Public Protection training compliance.

Challenges and Areas for Improvement

Self-Evaluation

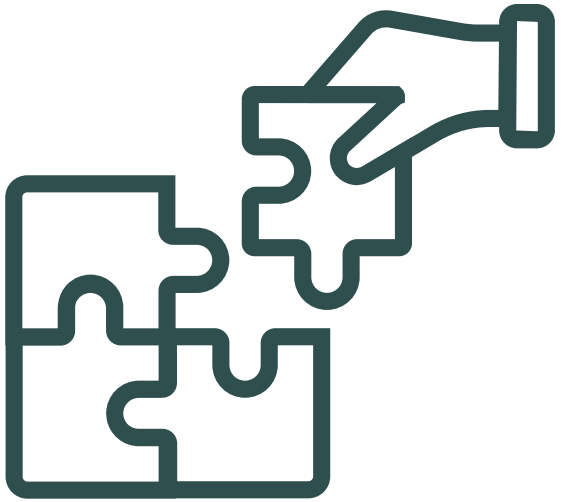
Following publication of the Care Inspectorate's Quality Improvement Framework (QIF) for ASP in October 2024, the partnership reviewed and refreshed its approach to quality assurance and self-evaluation.

Local audit tools and quality assurance templates have been adapted to ensure a clearer focus on "what good looks like", as set out within the QIF, supporting a more consistent, strengths-based and outcomes-focused approach to evaluating practice.

Alongside implementation of the QIF, members of the APC have actively monitored and engaged with national developments to strengthen self-evaluation capability. This has included oversight and monitoring of progress of the Workstream 4 pilot led by the Institute for Research and Innovation in Social Services (IRISS), which aimed to build skills, knowledge and capacity for effective self-evaluation in ASP across Scotland.

Looking ahead to the next biennial reporting period, the partnership is well positioned to build on this foundation. IRISS is due to publish detailed findings from the Workstream 4 pilot, and the Care Inspectorate will publish co-designed self-evaluation tools developed through the pilot to support a more consistent national approach. These resources will support the APC to further strengthen its self-evaluation activity and provide greater assurance about the quality and impact of ASP arrangements.

In addition, the ASP Lead Officer has contributed to national workshops to support development of the ASP pathway within the Scottish Learning and Improvement Framework for Adult Social Care Support and Community Health (SLIF). This emerging suite of tools and guidance will further support the APC in planning, undertaking and evidencing self-evaluation and improvement activity over the coming years.



Looking Forward

The West Lothian partnership remains firmly committed to a culture of continuous improvement, grounded in the APC vision that all adults at risk should be safe, supported and protected from harm. This commitment underpins strategic leadership, quality assurance activity and partnership working across ASP.

As the partnership looks ahead, there is a clear focus on sustaining the positive messages and improvements recognised through the joint inspection and subsequent Review of Progress, while continuing to address areas requiring further development. As the APC prepares to develop its next Improvement Plan for 2026–2028, a number of priority areas have been identified to guide activity over the next reporting period.

Key areas of focus will include:

- **Building on progress in lived experience and engagement,** strengthening opportunities for adults, families and carers to meaningfully influence ASP processes, quality assurance activity and strategic decision-making.
- **Strengthening the APC's focus on outcomes and impact,** ensuring improvement activity leads to demonstrable change, and increasing opportunities for frontline staff to contribute to quality assurance and for the APC to hear directly from frontline practice.
- **Further strengthening Inter-Agency Referral Discussions (IRDs)** to ensure they consistently fulfil their core purpose as a robust multi-agency forum for Police, Health and Social Work to jointly assess risk and agree proportionate interim risk management plans.
- **Implementing the National Adult Support and Protection Learning and Development Framework,** including the development of a local ASP training pathway that provides a structured, consistent approach to workforce learning aligned to roles and responsibilities.
- **Embedding self-evaluation more systematically**, using the Care Inspectorate's Quality Improvement Framework, tools developed through Workstream 4, and the ASP pathway within the Scottish Learning and Improvement Framework (SLIF) to inform improvement planning.
- **Continuing to refine key ASP processes**, with a focus on quality, consistency and evaluating the impact of revised multi-agency ASP procedures.
- **Developing a local Missing Persons Protocol**, bringing together existing arrangements into a single, coherent framework to support consistent practice across services working with both adults and children.

Looking Forward

- **Maintaining active contribution to national learning and improvement activity**, ensuring local practice is informed by, and contributes to, national developments.
- **Strengthening assurance that learning is embedded in practice**, improving dissemination of learning to frontline managers and practitioners across all partner agencies.

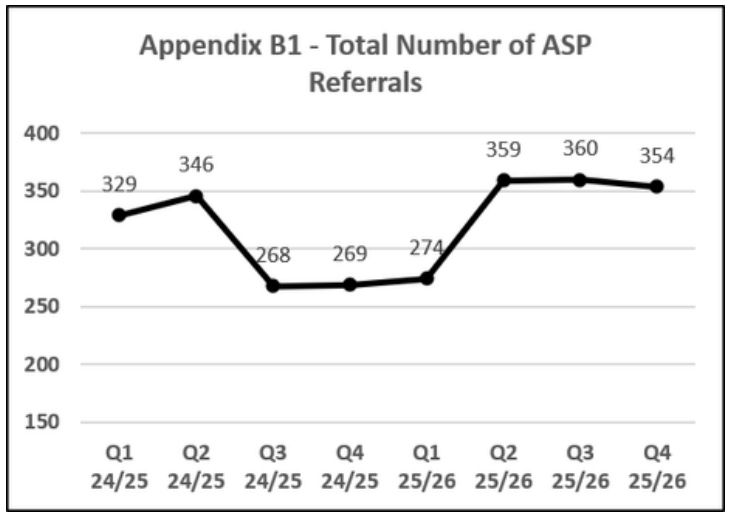
Throughout this report, a wide range of improvement activity and associated positive impact has been evidenced, including changes in practice, strengthened processes and improved performance data. These developments have contributed to improved outcomes for adults at risk of harm in West Lothian. The partnership has also taken a reflective approach in identifying challenges and barriers, which have been explored in detail to inform future improvement.

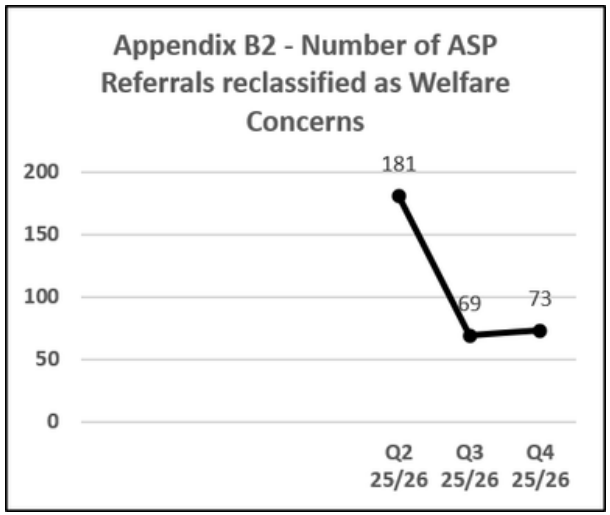
Members of the APC and its Subcommittees will continue to represent West Lothian in national forums and working groups, working collaboratively to improve outcomes for adults at risk both locally and nationally.

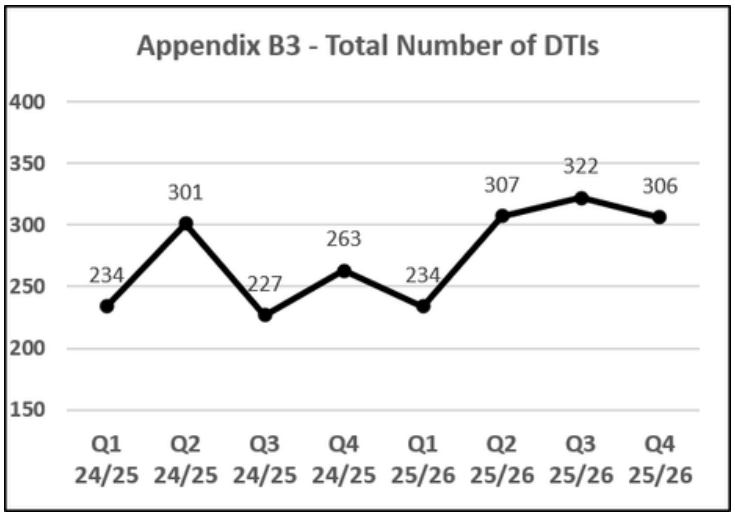
The APC is committed to maintaining the momentum built over the past two years. This will be achieved through continued strong partnership working, sustained leadership focus, and a commitment to a learning culture that supports staff with relevant, high-quality development opportunities. Together, these arrangements will support the continued strengthening of ASP arrangements across West Lothian.

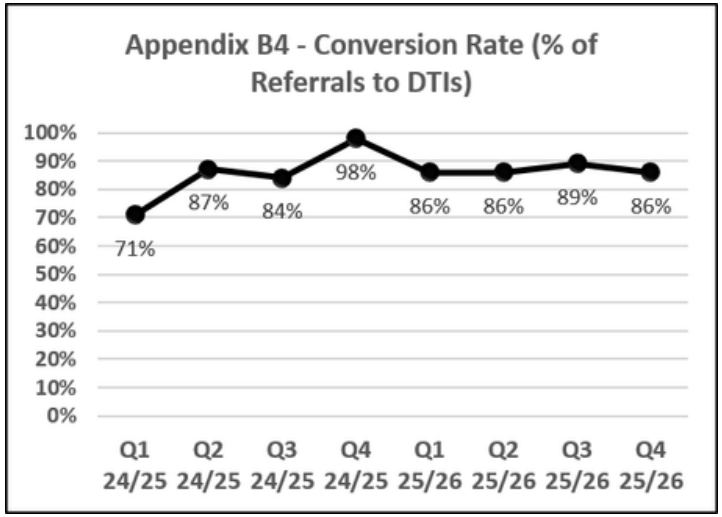
Source of referral	Number of referrals in 2024/25	% of total referrals in 2024/25	Number of referrals in 2025/26	% of total referrals in 2025/26
Mental Welfare Commission for Scotland	0	0.0%	0	0.0%
Care Inspectorate	11	0.9%	7	0.4%
Healthcare Improvement Scotland	0	0.0%	0	0.0%
Office of the Public Guardian	3	0.2%	5	0.3%
Police Scotland	530	43.7%	627	37.5%
NHS 24	26	2.1%	42	2.5%
NHS Primary Care	41	3.4%	97	5.8%
NHS Acute Services	12	1.0%	56	3.4%
NHS Specialist Drug and Alcohol Services	1	0.1%	2	0.1%
NHS Community Health Services	16	1.3%	25	1.5%
Mental Health Services – Hospital and Community	27	2.2%	19	1.1%
Other health (eg public health, private healthcare, prison healthcare)	5	0.4%	50	3.0%
Social Work - Adults (including MHOs)	98	8.1%	71	4.3%
Social work - Children and Families	11	0.9%	11	0.7%
Out of region social work / other (external) local authority	0	0.0%	5	0.3%
Other local authority service (internal) excluding social work	0	0.0%	10	0.6%
Scottish Ambulance Service	36	3.0%	59	3.5%
Scottish Fire and Rescue	22	1.8%	17	1.0%
Scottish Prison Service	1	0.1%	0	0.0%
Care Home	61	5.0%	117	7.0%
Care at home provider	88	7.3%	83	5.0%
Housing	66	5.4%	94	5.6%
Education	5	0.4%	1	0.1%
Children's Services	0	0.0%	11	0.7%
Self (adult at risk)	5	0.4%	6	0.4%
Unpaid carer	0	0.0%	1	0.1%
Family, friend or neighbour (who is not an unpaid carer)	59	4.9%	104	6.2%
Other member of the public (not covered by 20 or 21)	0	0.0%	29	1.7%
Third sector organisation (not covered by the above)	28	2.3%	52	3.1%
Financial institution	4	0.3%	1	0.1%
DWP / Social Security Scotland	N/A	N/A	4	0.2%
Anonymous	5	0.4%	11	0.7%
Other	51	4.2%	53	3.2%
Total	**1212**		**1670**	

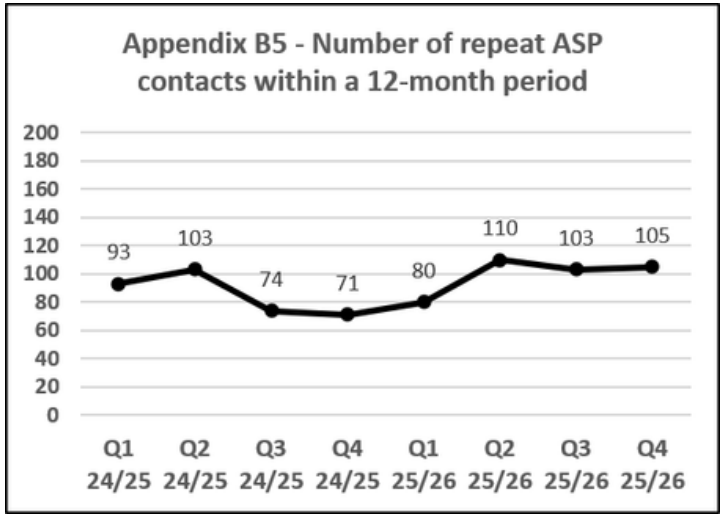
Appendix B


Appendix B1 - Total Number of ASP Referrals
400
350
300
250
200
150
329
346
268
269
274
359
360
354
Q1 24/25
Q2 24/25
Q3 24/25
Q4 24/25
Q1 25/26
Q2 25/26
Q3 25/26
Q4 25/26

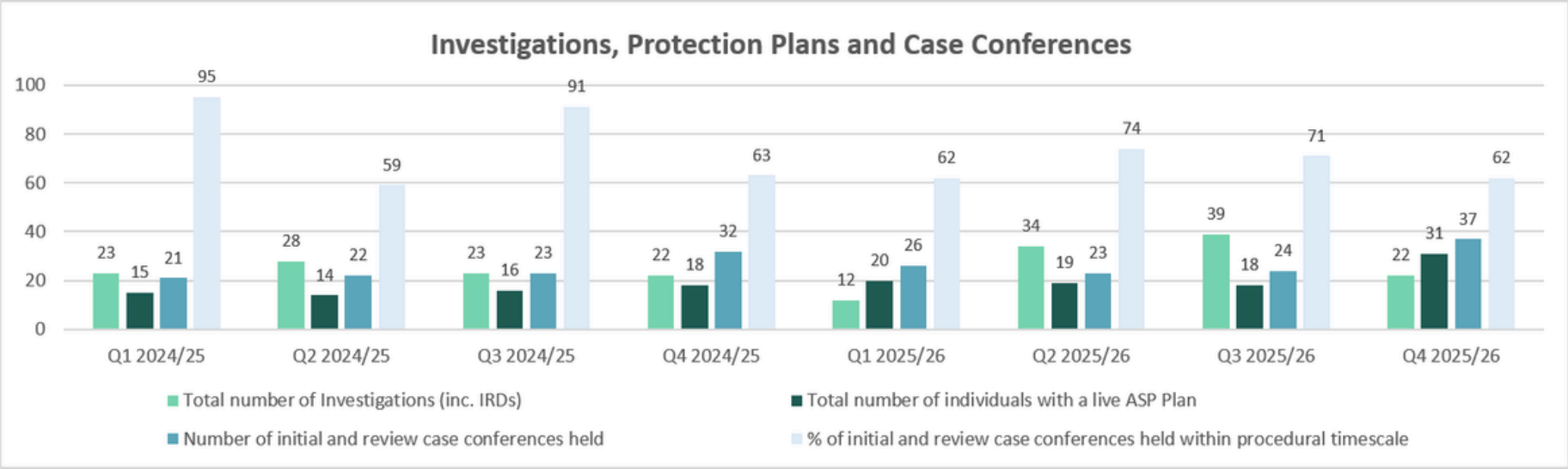

Appendix B2 - Number of ASP Referrals reclassified as Welfare Concerns
200
150
100
50
0
181
69
73
Q2 25/26
Q3 25/26
Q4 25/26

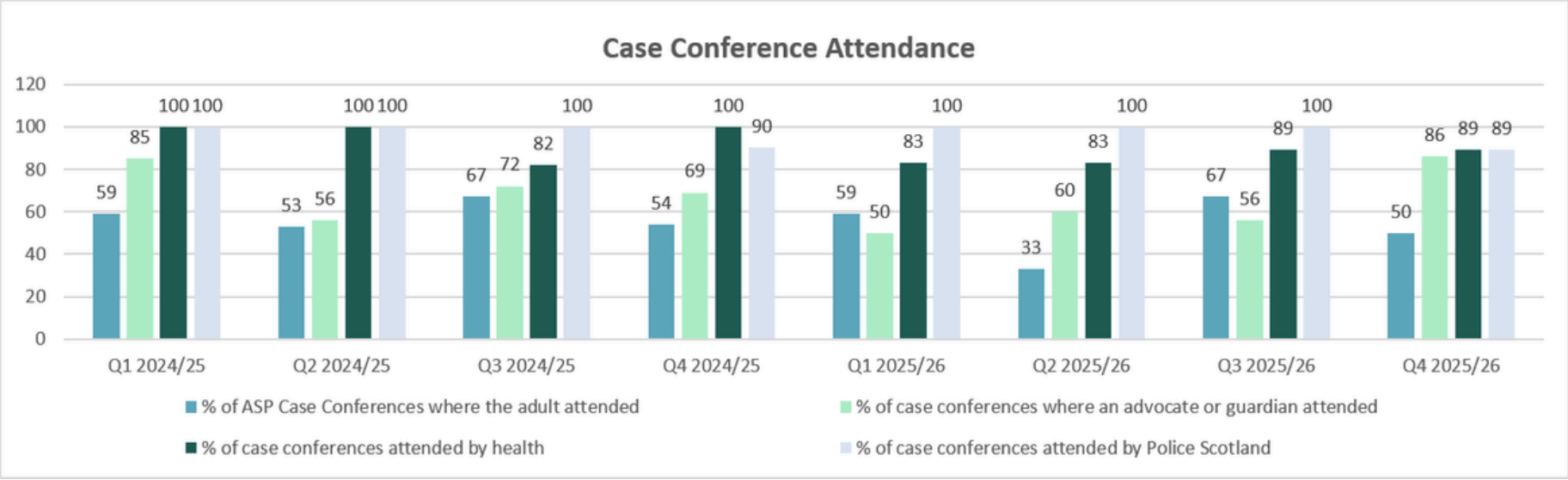

Appendix B3 - Total Number of DTIs
400
350
300
250
200
150
234
301
227
263
234
307
322
306
Q1 24/25
Q2 24/25
Q3 24/25
Q4 24/25
Q1 25/26
Q2 25/26
Q3 25/26
Q4 25/26


Appendix B4 - Conversion Rate (% of Referrals to DTIs)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
71%
87%
84%
98%
86%
86%
89%
86%
Q1 24/25
Q2 24/25
Q3 24/25
Q4 24/25
Q1 25/26
Q2 25/26
Q3 25/26
Q4 25/26


Appendix B5 - Number of repeat ASP contacts within a 12-month period
200
180
160
140
120
100
80
60
40
20
0
93
103
74
71
80
110
103
105
Q1 24/25
Q2 24/25
Q3 24/25
Q4 24/25
Q1 25/26
Q2 25/26
Q3 25/26
Q4 25/26

Appendix C


Investigations, Protection Plans and Case Conferences
100
80
60
40
20
0
95
91
59
63
62
74
71
62
23
15
21
28
14
22
23
16
23
22
18
32
12
20
26
34
19
23
39
18
24
22
31
37
Q1 2024/25
Q2 2024/25
Q3 2024/25
Q4 2024/25
Q1 2025/26
Q2 2025/26
Q3 2025/26
Q4 2025/26
Total number of Investigations (inc. IRDs)
Total number of individuals with a live ASP Plan
Number of initial and review case conferences held
% of initial and review case conferences held within procedural timescale


Case Conference Attendance
120
100
80
60
40
20
0
100 100
100 100
100
100
100
100
100
100
59
85
53
56
67
72
82
54
69
90
59
50
83
33
60
83
67
56
89
50
86
89
89
Q1 2024/25
Q2 2024/25
Q3 2024/25
Q4 2024/25
Q1 2025/26
Q2 2025/26
Q3 2025/26
Q4 2025/26
% of ASP Case Conferences where the adult attended
% of case conferences where an advocate or guardian attended
% of case conferences attended by health
% of case conferences attended by Police Scotland

Appendix D

Demographics	2024/25	2025/26
Top Age-band for all inquiries with and without powers	65+	65+
Inquiries with and without powers carried out for Males	43%	40%
Inquiries with and without powers carried out for Females	56%	59%
Inquiries with and without powers carried out for Trans or non-binary adults	0%	0%
Top 3 types of harm - Inquiries WITH Powers	Financial harm	Self-Neglect
	Physical harm	Physical harm
	Self-Neglect	Financial Harm
Top 3 types of harm - Inquiries WITHOUT Powers	Physical harm	Physical harm
	Self-Harm	Domestic Abuse
	Psychological harm	Self-harm
Top 3 Client Categories - Inquiries WITH Powers	Other	Dementia
	Mental Health	Mental Health
	Dementia	Physical disability
Top 3 Client Categories - Inquiries WITHOUT Powers	Other	Mental Health
	Mental Health	Other
	Physical disability	Substance misuse/addiction
Top 3 Locations of harm - Inquiries WITH Powers	Own Home	Own Home
	Care Home	Care Home
	Public Place	Public Place
Top 3 Locations of harm - Inquiries WITHOUT Powers	Own Home	Own Home
	Care Home	Public Place
	Public Place	Care Home