Annual data report 2026

Moray Adult Protection Committee

Contents

About this report

This report explains Adult Support and Protection activity in Moray between 1 April 2025 and 31 March 2026. It describes what the Partnership has done to identify adults at risk of harm, respond to concerns, reduce risk and improve support.

The report shows that more concerns were referred during the year, while fewer adults needed to move into formal Adult Support and Protection processes. This suggests that earlier contact with adults, better screening and stronger multi-agency discussion are helping practitioners identify the right support sooner.

The report also highlights improvement work across Moray, including multi-agency approaches, learning reviews, training, quality assurance and work to strengthen the voice of adults with lived experience. The aim is to ensure adults are safer, listened to and supported in ways that are proportionate, respectful and person-centred.

SECTION 1: Introduction

This annual data report covers the period 1 April 2025 to 31 March 2026. It provides an overview of Adult Support and Protection activity in Moray, with a clear focus on what the data tells us about the impact on adults at risk of harm and the improvement activity undertaken to strengthen practice, reduce risk and improve outcomes.

The report explains who is being supported, where risks are identified, what types of harm adults have experienced, and how Adult Support and Protection activity is helping to reduce risk. It also shows trends over time, so the Partnership can understand what is changing, what is working well and where further improvement is needed.

- Characteristics and geography of adults at risk of harm in Moray.
- Data on the number of adults actively receiving support from the service at the year end, as well as number of adults who are no longer receiving support
- Types of harm adults have experienced, including prevalence of different forms of harm such as neglect, physical, financial or emotional harm.
- Statistics on adult support and protection activities and workstreams
- Trends over time, supporting the Partnership to identify changes in demand, understand impact, and agree future areas of focus.

The report also aligns with Moray's Strategic Delivery Plan and reports progress against key Public Protection indicators:

- More Adults are protected from harm due to a reduction of risk
- Adults at risk of harm report feeling safer because of their adult support and protection plan
- Adults at risk of harm experience improvement to their health, wellbeing and overall quality of life

In summary, the data suggests that Adult Support and Protection activity in Moray is helping concerns to be identified earlier and responded to in a more targeted way. Referrals increased during the year, which shows that more concerns were being

raised and shared. At the same time, fewer adults moved into formal investigation or Case Conference activity. This suggests that earlier conversations with adults, better screening and stronger multi-agency discussion are helping practitioners identify the right support sooner. Adults can therefore receive help that is timely, person-centred and least restrictive, while formal Adult Support and Protection processes remain focused on situations where they are most needed.

This report is intended to support practitioners, teams and strategic leaders with responsibility for Adult Support and Protection in Moray. It highlights the difference partnership activity is making for adults, while also identifying where further improvement is required to support safer, more person-centred outcomes.

Key terms used in this report

- **Adult Support and Protection (ASP):** Support and protection for adults who may be at risk of harm and who may need support to keep themselves safe.
- **Adult Protection Committee (APC):** The multi-agency group responsible for overseeing Adult Support and Protection work and improvement activity.
- **Initial Referral Discussion (IRD):** A multi-agency discussion used to share information and agree the next steps when there are concerns that an adult may be at risk of harm.
- **Moray Interagency Vulnerable Adults (MIVA):** A local multi-agency process used to coordinate earlier support for adults whose risks are increasing.
- **Large Scale Investigation (LSI):** A coordinated investigation used when there are concerns about the safety or wellbeing of adults within a service or setting.
- **Three-point criteria:** The legal test used to decide whether an adult meets the threshold for Adult Support and Protection intervention.
- **Council Officer:** A trained social work professional who has specific responsibilities under Adult Support and Protection legislation.
- **Getting it Right for Everyone (GIRFE):** A national approach that promotes person-centred, joined-up support for adults.

SECTION 2: Key activities undertaken this year

This section summarises key improvement activity undertaken during the reporting period. It includes updates on previously reported work and new developments across the Partnership, with particular attention to how these activities are improving practice and supporting adults to be safer, more involved and better supported.

Moray Interagency Vulnerable Adults (MIVA) process

MIVA is a key example of how Moray is using multi-agency partnership working to improve outcomes for adults whose risks are escalating. The process enables partners to agree coordinated, preventative support before concerns reach crisis point. Evidence from Workstream 4 shows that MIVA can reduce protective concerns, support earlier intervention and help adults experience more consistent, relationship-based and person-centred support.

MIVA enables Partnership representatives to explore interventions for adults experiencing escalating risk. When introduced in 2022, MIVA primarily supported adults who were repeatedly referred to Social Work through Police Concern Reports. Since late 2025, referral routes have expanded to include Health and Social Work referrals. This has helped practitioners raise concerns earlier and discuss support options in a proactive, person-centred and multi-agency forum.

As part of Workstream 4, MIVA processes and impact were reviewed. Reports to the Adult Protection Committee have shown a significant decrease in Police Concern Reports for adults involved in MIVA. MIVA guidance has also been reviewed, and a one-page information poster has been developed to support practitioners with referrals.

David's experience shows how MIVA can help move support away from repeated crisis responses and towards a more coordinated, person-centred approach. His interview in May 2025 explored whether the support around him felt respectful, inclusive and helpful, and what had changed since professionals began working together through MIVA. All identifiable information has been anonymised to protect David's privacy.

David's experience of MIVA

David was aged between 41 and 64. Before his referral to MIVA, he had already been open to Adult Support and Protection intervention. There were significant and ongoing protective concerns from across the Partnership. David had presented to the Accident and Emergency Department numerous times and had contacted emergency services frequently over a sustained period. This indicated a high level of distress, escalating risk and repeated crisis response.

Our conversation with David focused on the support he received from professionals, his experience of being involved in MIVA, and whether the process felt respectful and inclusive. The discussion also explored how David sees himself now, and what had changed for him since multi-agency support was coordinated through MIVA.

David lives with an acquired brain injury and has experienced difficulties with substance use, which have affected his physical health for a number of years. He has also experienced significant trauma. These factors had affected his ability to accept support and meant that responses needed to be coordinated, consistent, trauma-informed and paced in a way that David could engage with.

A positive impact of MIVA was that David was supported to be involved in meetings about him. He said he felt supported by professionals to attend and confirmed that he was offered choice about how to take part, either online or face to face. David preferred to "be on the computer". This flexibility helped support his participation and ensured his views could be heard in a way that worked for him.

David described feeling particularly well supported by his GP, who visited him at home. He said the GP was kind and listened to him. David also had a support worker, whom he described as "mint". He said the support worker listened to him and helped him feel less lonely. This shows that MIVA helped connect David with support that felt meaningful, accessible and relationship-based.

David continued to describe difficulties in his relationship with emergency services, including Police, Ambulance, Scottish Fire and Rescue and Accident and Emergency colleagues. He explained that, when he contacted services in crisis, he did not always feel listened to. David was also able to reflect that, during crisis, he found it difficult to listen to others or follow instructions. This insight was important because it helped professionals better understand his presentation and plan more consistent responses during periods of distress.

David was supported by both a Justice Social Worker and an Adult Social Worker. He spoke positively about them and said he liked to talk things through with them. David also spoke positively about his Psychiatrist, saying they "made time for me" and describing them as "sound". These trusted professional relationships were central to the progress made through MIVA.

David said that, when he attended meetings, he felt able to share his views. When he could not attend, a Social Worker spoke with him beforehand so that his views could still be represented. This demonstrates that MIVA supported inclusive practice and helped ensure David's voice remained central to decision-making, even when attendance was difficult.

Positive impact for David

Since being referred to MIVA, David has had a more coordinated package of support around him. This included support from his GP, Social Work, Justice Social Work, Psychiatry and a support worker. David identified that having a support worker helped him feel less lonely and gave him someone to talk to. This was a significant positive outcome, as isolation had contributed to distress and crisis contact.

The impact of MIVA can also be seen in the reduction of protective concerns for David. At the beginning of his involvement, more than 10 protective referrals were received within a three-month period. Following sustained multi-agency involvement, there were periods of calm where no concerns were raised and months where no referrals were received. While protective referrals did not stop completely, they reduced to a more manageable level. This meant that, when David experienced distress, professionals were better able to respond in a coordinated way, talk through what had happened with him and offer support to reduce risk.

David's experience evidences the positive impact of MIVA. The process helped partners move from repeated crisis responses to a more planned, joined-up and person-centred approach. It strengthened professional understanding of David's needs, supported his involvement in decisions, reduced protective concerns, improved access to trusted support and contributed to more stable periods in his life. For David, MIVA did not remove all risk, but it reduced the level of concern and helped ensure support was more consistent, compassionate and responsive to his circumstances.

During the reporting period, MIVA supported 40 people. Of these, 12 identified as male and 28 as female. The number of people supported demonstrates the continued role of MIVA as a preventative, multi-agency route for adults experiencing escalating risk, helping partners coordinate support earlier and reduce reliance on repeated crisis responses.

Workstream 4 – Joint Self-Evaluation

Last year's data report referenced Workstream 4, which was then at an early stage. This section provides an update on the self-evaluation and the learning identified for Moray.

In December 2024, Partnerships were invited to express an interest in joining Workstream 4. The purpose was to undertake supported self-evaluation using the ASP Quality Indicator Framework S5.7, which focuses on preventative and proactive approaches to supporting adults where risk is escalating and where straightforward application of the three-point criteria can be difficult.

ASP Quality Indicator Framework S5.7

'Effective support and early intervention for adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply'

Moray submitted an expression of interest using the Moray Interagency Vulnerable Adults (MIVA) process as the basis for self-evaluation. Moray was accepted as one of six self-evaluation Partnerships, alongside five learning Partnerships from across Scotland.

The methodology was agreed jointly by learning and self-evaluation partners and facilitated by the Joint Inspection Team through a Delivery Group. Collaborative Group meetings supported discussion, testing and refinement of the methodology so that it was relevant and appropriate for all participating Partnerships.

A multi-agency group of practitioners from across the Partnership completed the self-evaluation alongside the Care Inspectorate. The same practitioners undertook each element of the methodology, supporting consistency and enabling detailed, reflective discussion at each stage.

Following completion of the methodology activities, time was taken to collate and analyse the learning. The Partnership used ASP Quality Indicator Framework S5.7 to measure findings against the illustrations of quality. This was completed collaboratively by practitioners, supported by the Joint Inspection Team, and enabled robust discussion, analysis and cross-referencing before a grading was agreed using the Care Inspectorate's six-point evaluation scale.

The self-evaluation highlighted that MIVA is a proactive and preventative approach that is supporting adults in the community. The findings provided confidence that:

- MIVA has supported a reduction in protective concerns for adults.
- MIVA supports the Partnership in further embedding professional curiosity and keeps discussion active about adults who may need additional support.
- MIVA supports risk management and Partnership oversight of adults with substantial risk.
- Management oversight of health records was evident in case file reading.
- Initial Referral Discussions and MIVA meetings were well attended by partners, robust in approach and focused on the adult's wider circumstances.
- Adult Support and Protection documentation and investigations were undertaken with clear management oversight and to a high standard.

The self-evaluation has strengthened understanding of the current process and supported improved communication across services. Importantly, it has provided evidence of impact for adults, particularly where coordinated multi-agency discussion has reduced risk, strengthened oversight and enabled earlier support.

Areas for further improvement have been incorporated into the ASP improvement and implementation plan and will be overseen by the Adult Protection Committee and the Public Protection Chief Officers Group.

Some improvement areas extended beyond ASP and required wider action across health and social care. For example, the self-evaluation highlighted the need for clearer record-keeping arrangements, leading to the implementation of a naming convention to improve ease of access and consistency. Other issues, including low attendance at some training events, reduced capacity and increased pressure across Social Work teams, have been added to the Practice Governance Risk Register. Actions to mitigate and improve these areas are progressing and are also reflected in the Social Work Delivery Plan, reported quarterly through Practice Governance and included within individual team plans.

Multi-Agency Learning Reviews

During the reporting period, the Partnership received two new notifications for Learning Review consideration. Neither of these new notifications progressed to a Learning Review. In addition, work continued on a Learning Review relating to Adult B, which had been notified during the previous financial year in February 2025. Learning Reviews provide an important opportunity to understand practice, identify learning and strengthen future responses for adults at risk of harm.

To support completion of the Learning Review for Adult B, the Adult Protection Committee commissioned an external reviewer. Adult B's circumstances are complex, and the review will support the Partnership to identify learning, improvement actions and any required changes to practice.

The Learning Review commenced in December 2025 and is expected to reach a conclusion in June 2026.

Large Scale Investigations (LSI's)

During the reporting period, Moray undertook one Large Scale Investigation. Significant work was undertaken to support a registered care home for adults with learning disabilities. Improvement activity was progressed alongside the care home, supported by Partnership colleagues and the Care Inspectorate. The LSI was closed in March 2026.

Following all significant ASP activity, time is taken to reflect on what worked well, what could be strengthened and how learning can improve future practice. This reflective approach helps the Partnership identify good practice, address areas for improvement and ensure that learning is translated into action.

As part of the LSI, work was undertaken to hear directly from families and the adults most affected. Two family focus groups were held, one at the beginning of the process and one near the end. This allowed the Partnership to understand whether people were seeing and experiencing improvement. Overall, families expressed cautious optimism and were encouraged by the progress made. Their feedback helped the LSI team and the care home understand what was improving, what still required attention and how ongoing quality assurance and enhanced monitoring should be shaped.

Focus groups were also held with care home staff to support open communication and shared learning. Feedback reflected significant and sustained improvement across all key areas explored during the LSI. Staff described a service that was more stable, well led, organised and supportive, with a stronger and more open culture supported by visible and approachable management. Morale improved, and staff reported that adults were experiencing a better quality of life, with increased structure, meaningful activities and more consistent opportunities for engagement.

Practitioners involved in the LSI were also invited to reflect on the process. Weekly drop-in sessions created space for discussion, learning and improvement. Practitioners highlighted strong multi-agency collaboration, clear action planning and a shared understanding of risk. This helped build confidence in the LSI process and supported a culture where staff felt involved in shaping future improvement.

Since the conclusion of the LSI, work has continued to strengthen how Moray conducts future Large-Scale Investigations. Following the publication of the national LSI guidance in October 2025, a Grampian approach is being used to review local practice against national expectations. A practitioner toolkit is being developed to support consistency and confidence. This will include templates and resources for practitioners, adults and families, and is expected to be completed in late 2026.

National Adult Support and Protection Day – 20 February 2026

This year's ASP Awareness Day theme was Adult Support and Protection within supported settings. To raise awareness, partners across Grampian delivered a 'lunch and learn' session exploring this topic and showcasing the work undertaken each day to support adults in our communities. An expert panel from across Grampian responded to questions from participants. Approximately 145 practitioners attended.

Further awareness raising took place across social media throughout the week. The week concluded with a joint statement from the Conveners of the three Adult Protection Committees.

Grampian Multi-agency Core Group Standards

A Short Life Working Group was established in 2025 to develop a shared set of multi-agency standards for Core Groups supporting adults at risk of harm across Grampian. The standards have been approved by each Adult Protection Committee, and training and awareness materials are being developed to support their launch. The aim is to strengthen shared ownership, improve consistency and ensure adults remain central to discussions, decisions and actions intended to support their safety.

Grampian Multi-agency Case Conference Standards

One of the most significant developments has been the introduction of Grampian-wide multi-agency Case Conference Standards. These standards were developed collaboratively across all partners, including advocacy, and informed by practitioner experience, audit activity and learning from reviews. Following consultation, the standards were approved by all three Adult Protection Committees and implemented from December 2025. This represents a major step forward in ensuring consistent, high-quality decision-making and participation across Case Conferences throughout Grampian.

Learning and Development in ASP

In Moray, and across Grampian, there is a clear commitment to multi-agency learning and development in Adult Support and Protection. Training is designed to support consistent standards, strengthen shared understanding and help practitioners across partner agencies recognise risk, respond proportionately and keep the adult's voice central to decision-making.

Throughout the reporting period, the Grampian Adult Support and Protection Learning and Development Group continued to meet regularly, providing strategic oversight of ASP learning and development activity across the region. Through its broad multi-agency membership, the Group offers a robust governance structure that supports the coordination, scrutiny and continuous improvement of learning and development activity. This has enabled the effective prioritisation, planning and delivery of learning opportunities that are proportionate, responsive to emerging needs, and aligned with local and national priorities.

The refresh of Council Officer Training has now been completed. This provides a more consistent learning offer for Council Officers and supports confident, lawful and person-centred practice when undertaking ASP inquiries and investigations.

Alongside our core Grampian training we have also introduced Grampian wide multiagency training modules. These developments have been successfully embedded within the wider learner offer and compliment established programmes such as the Multiagency Risk Assessment Training and Professionals Curiosity.

A particular highlight towards the end of the reporting period was the development and launch of the ASP, Addictions and Bias Programme. This training was developed in response to findings from multiagency ASP reviews undertaken in Grampian and demonstrates how learning from review activity can be translated into practical learning interventions to strengthen professional practice and improve outcomes for adults at risk of harm. Another example was the Grampian session held in March 2026, Beyond the Checklist: Demystifying the 3-Point Criteria. This was attended by 226 practitioners from across Grampian. The session explored common challenges when applying the three-point criteria and supported practitioners to make informed, confident and consistent decisions. Feedback was very positive, with participants valuing the interactive workshop and the contributions from guest speakers across the Partnership. A summary of the feedback is set out below.

- The average rating of the relevancy of the event to practitioner role 4.68/5
- Knowledge and skills gained included a stronger foundation in safeguarding process, deeper understanding of executive functions and practical strategies for multiagency working and escalation
- The combination of expert presentation, case studies and real world examples contributed to meaningful professionals development for all participants
- Overall quality of the event received an average rating of 4.60/5

Feedback also identified improvements for future sessions. Participants asked for more interactive elements, including breakout groups, and more time for case studies, discussion and questions. This feedback will be used to strengthen future training sessions.

Further feedback is scheduled for 6-months after the event to monitor any positive impact on practice.

The training programme has been further enhanced through the development of a range of targeted e-learning resources designed to support specific aspects of ASP practice. These include modules on Inter-agency Referral Discussions, Case Conference Standards and the Capacity Pathway for Protection-Based Decisions, providing accessible and flexible learning opportunities for practitioners across the workforce.

To improve awareness of, and access to, learning opportunities, the Grampian ASP Learning and Development Group developed a structured communication approach, including the introduction of a quarterly learning and development newsletter, GrASP Insights. The newsletter serves as a central source of information on local and national ASP learning opportunities, while also promoting reflective practice through topical articles, practice updates and learning resources.

Within Moray, the ASP Training Facilitator continues to deliver training internally and externally, with a training calendar available through Eventbrite. During the reporting period, 71 training sessions were delivered, attended by 362 participants. Module 2 ASP training had the highest level of engagement, accounting for 42% of sessions delivered (30 sessions) and 52% of all participants (190 out of 362). Module 2 is a multi-agency session attended by a broad range of services, including Social Work, Housing, care services and support providers.

The ASP Training Facilitator also delivered sessions directly to care homes. Seventeen sessions were held, attended by 106 participants. Training and support were also provided to third sector organisations, including day care providers, supported living services and Rape Crisis. Sixteen sessions were delivered to these organisations during the year.

Feedback from training sessions has been largely positive. Participants consistently reported increased confidence and awareness of Adult Support and Protection concerns. Attendees also commented positively on the facilitator's experience and ability to adapt sessions to meet participants' learning needs.

> "Good atmosphere for questions" "Really enjoyed the course, good pace"
>
> "Clear, very experienced trainer who was able to adapt and run with discussion"

Improvement actions included opportunities to enhance the interactive elements of the training to further strengthen learning.

Adult Social Work also host the ASP Forum – a forum open across Social Work with representation from partners and meets every six weeks, providing a regular space for collaborative practice, training and awareness raising. Records of meetings are stored on internal SharePoint systems and provide a helpful resource for practitioners, supporting ongoing learning and consistent practice across Moray. At times throughout the year this forum is opened up to include practitioners from across Grampian. A planned session in July 2026 will look at the progress on the implementation of Getting it Right for Everyone (GIRFE) and its strong links to ASP.

Across Grampian, NHS colleagues have an ASP Champions programme which brings health practitioners together to discuss practice, share learning and support consistent Adult Support and Protection responses.

Moray ASP Learning and Development Subgroup

The L&D Subgroup has supported the local implementation of the Grampian-wide ASP Referral V2 Form and Thresholds document. Information was shared across Area Teams, and local training was updated to incorporate both documents. ASP Operational Group Meetings, Social Work Practice Meetings and ASP Forums were also used to support implementation. Previous referral forms have now been withdrawn, and the new form is in full use across the partnership
.
Work continued to embed the Thresholds document with Care Homes and Providers, encouraging its use to inform referrals and support discussion around ASP referrals, where appropriate. The document is now included in all relevant training, with copies provided to participants for future reference. A recent reduction in referrals not meeting the three-point criteria may indicate that the document is supporting improved referral decision-making

Additional training has been developed in relation to resident-on-resident disputes to incorporate newly established guidance into care home training. This was implemented in August 2025 and support from our Care Home Support Team was integral to this.

Mental Health and Personality Disorder Awareness was identified as a local learning need. In January 2026, a Consultant Psychiatrist delivered a training session on personality disorders, attended by approximately 50 staff from Adult and Children's Services. Further opportunities for similar training across services or Grampian remain under consideration. Feedback from wider events also indicates a need for broader foundational mental health training, which may be more appropriately led by wider social work training teams.

A consultation of The National Adult Support and Protection Learning and Development Framework Consultation document took place by the group in August 2025, with feedback submitted prior to implementation. The framework has since been launched.

The Subgroup also considered community alcohol access and licensing issues, including increased alcohol consumption in private homes. Awareness-raising opportunities were explored through the National L&D Group, with potential messaging aimed at delivery drivers, taxi drivers and postal workers. This action was progressed, although formal feedback has not yet been received.

In relation to alcohol and drug use messaging, work remains ongoing with contact planned with Public Health Scotland regarding a potential Grampian-wide approach and provide feedback to the group.

There is agreement that a shared Public Protection training approach would be beneficial locally. ASP core officer modules and mandatory training would remain unchanged, while broader themes such as hoarding, trauma-informed practice and chronologies could be delivered through a Public Protection training forum. Planning discussions are progressing to develop a training calendar.

Following feedback from practitioners, a Protection Order Toolkit was drafted in collaboration with partnership colleagues to support practitioners with Protection Order applications. The draft Toolkit is currently out for consultation. If endorsed, it will be used operationally to guide practitioners through the process.

In the past year a multiagency Short Life Working Group on Hoarding and Self-Neglect was established. Focus groups were held to gather practitioner views, explore local case examples and identify local service needs. It is anticipated that a practitioner Toolkit will be developed to better inform those working with vulnerable individuals where hoarding or self-neglect is a concern.

The Voice of people with Lived Experience

Over the past year, we have worked to strengthen our partnership with the Lived and Living Experience Panel. This recognises that people with lived experience can provide important insight into what works well, what feels difficult and what needs to change. Their involvement helps ensure Adult Support and Protection services are trauma-informed, collaborative and responsive to the people who use them.

The LLEP brings together individuals with lived and living experience of ASP who contribute insight to improve communication, processes and practice. ASP has established a structured approach to engagement, with opportunities to present materials for review on a two-yearly basis. The current cycle includes a Special Focus Group, with initial feedback expected by the end of June 2026. Materials under review include ASP introductory leaflets, Case Conference agendas, Statement of Views documents, Protection and Action Plans, and feedback questionnaires.

In exchange, ASP supports the partnership through delivery of ASP training opportunities and by providing ASP Consultant representation on the Moray Wellbeing Hub Advisory Panel. This reciprocal approach builds capacity, supports participation and ensures the partnership is meaningful and skill-building for those involved.

The aim of this work is to ensure ASP communication and processes are clear, accessible and person-centred, enabling individuals to understand and experience their rights, participate fully and receive trauma-informed support. A strong quality assurance process underpins this work: feedback from the panel is formally captured, developed into recommendations and reported to APC. Agreed actions are implemented within set timescales and progress is reported back to the panel, ensuring transparency, accountability and continuous improvement.

This approach will improve Adult Support and Protection by making information clearer and more accessible, increasing engagement and strengthening people's understanding of their rights and support options. It will also help ensure services are shaped by real experiences. Ultimately, this supports better outcomes, more effective protection and a more responsive, person-centred service that upholds the principles of Getting it Right for Everyone.

SECTION 3: Quality Assurance, audit and performance

The Data and Performance Subgroup of the Adult Protection Committee identify trends, areas for improvement and examples of good practice. The subgroup analyses available data, draws on operational insight from practitioners and produces regular reports for the Adult Protection Committee. This supports a clearer understanding of demand, quality and impact across Adult Support and Protection in Moray.

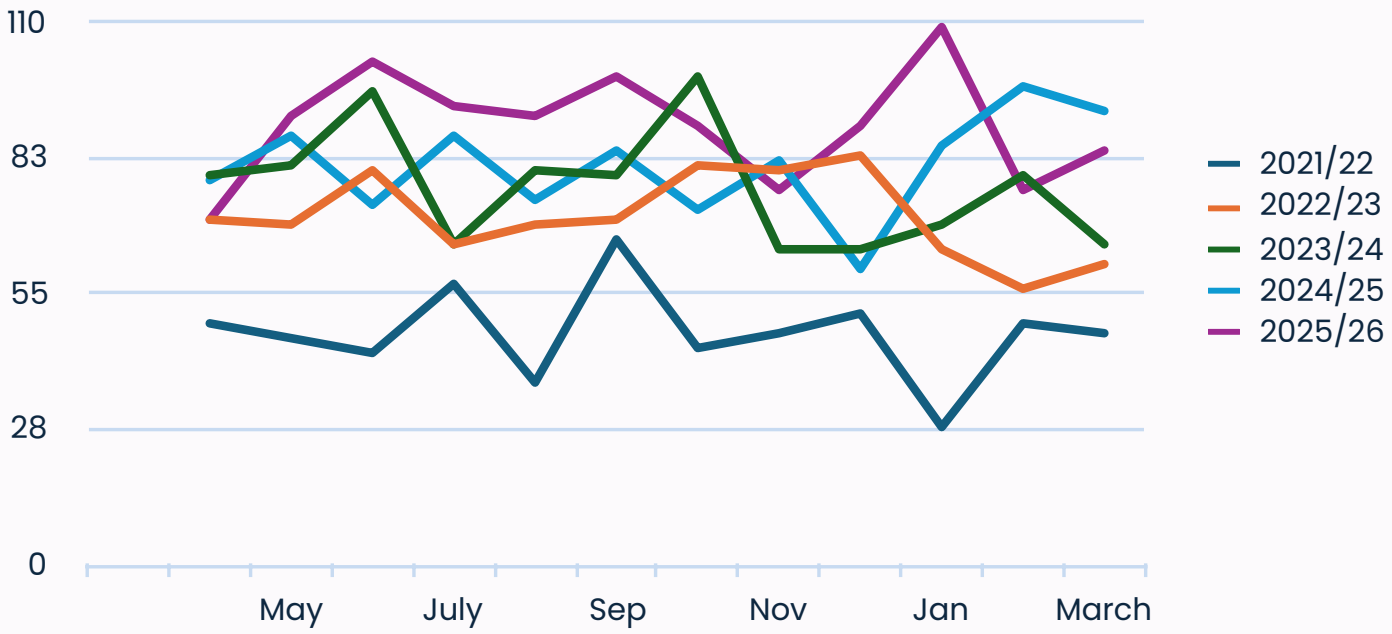
During 2025/26, work continued to embed the National Data Set for Adult Support and Protection. Moray is also preparing to move to a new Social Work recording system, with implementation expected by March 2027. This transition has limited the ability to make further changes to the current system, but it also provides an important opportunity. The Partnership is confident that the new system will support improved reporting quality, stronger data oversight and better visibility of performance across services.

Data is collected on a quarterly basis and analysis is undertaken by both the Subgroup and within our ASP Operational Working Group before reporting to Adult Protection Committee and forums across the Partnership.

During 2025/26, Social Work received 1,069 Adult Support and Protection referrals. This compares with 971 referrals in 2024/25, representing a 10.1% increase from the previous year.

Figure 1 below shows the increase in the number of referrals received since 2021/22. It shows an increasing trend over the period.

ASP Referrals



The data shows an increase in referrals since 2021/22. During the same period, Initial Referral Discussions and investigative activity have reduced. This suggests that improved screening and earlier contact with adults are helping practitioners identify the most appropriate response at an earlier stage.

In the previous reporting period, Moray saw an increase in the number of Initial Referral Discussions. This was identified as an area requiring further analysis. Across Grampian, all three local authorities use Initial Referral Discussions, but Moray had a higher number than neighbouring areas. Discussion at Grampian and local operational groups identified that home visits and telephone contact with adults were not routinely taking place at referral and screening stage. This meant that opportunities for early, preventative support were sometimes missed, which contributed to more referrals progressing to Initial Referral Discussion.

As part of inquiry activity following an ASP referral, Social Work completes a formal screening document. This supports initial information gathering and provides a clear evidence base for decision-making. Over the last year, Moray has strengthened practice by ensuring that contact with the adult is made during this stage wherever appropriate. These conversations, whether face to face or by telephone, help Social Workers better understand the adult's situation and identify the most proportionate support. This has contributed to fewer adults moving to IRD or other formal ASP interventions. Social Worker feedback shows that, although this approach can be time-consuming and affects screening timescales, it is more personal, supports earlier involvement of the adult and helps keep decision-making grounded in the adult's lived experience.

Monthly audit activity is undertaken by Senior Social Workers to support consistent oversight of screening activity and monitor quality. The audits identify good practice,

required actions and learning needs. Findings are discussed within the ASP Operational Group, directly with practitioners and through supervision. Collated findings are reported to the Adult Protection Committee every six months, supporting a cycle of quality assurance, learning and improvement.

Our Senior Social Worker for Adult Support and Protection takes an active role in overseeing this audit activity. An audit report presented to the Adult Protection Committee and Practice Governance Board summarised the audits undertaken between April 2025 and December 2025. The report highlighted good practice across the Social Work workforce, including:

- Detailed referrals received of adult's situation and clear evidence of supports in place to reduce risk.
- Social Workers clearly detail identified or potential risks to the adult.
- Social Workers clearly identified the protective factors in place to support adults.
- ASP 3-point criteria is being clearly considered and analysed, with each part of the criteria evidenced.
- Clear analysis and clear documentation of conversations with referrer and relevant professionals recorded.
- Information is passed quickly onto relevant professionals ensuring timely intervention is actioned as required.

The audit also identified areas for improvement, including inconsistent contact with adults during screening, particularly in the earlier part of the financial year. It also highlighted challenges for Senior Social Workers in completing the audit tool consistently, which resulted in fewer audits being completed than planned.

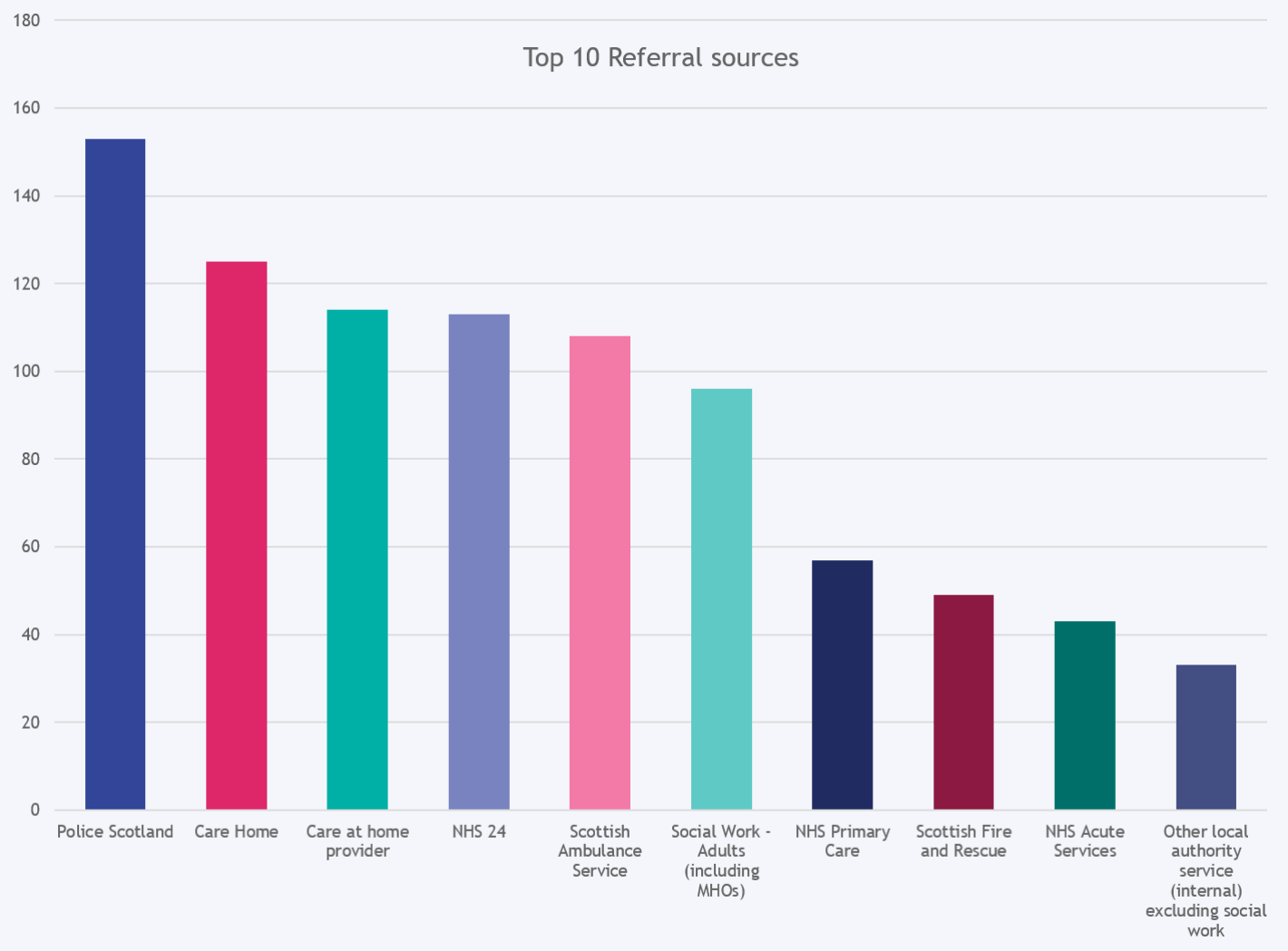
Focused discussion took place at both the Adult Protection Committee and Practice Governance Board. As a result, Team Managers agreed to support Senior Social Workers with protected time to complete audits, and the required number of audits was reduced in recognition of the positive findings already identified. Ongoing monitoring continues through the ASP Operational Group. This balances workforce pressures with the need to maintain meaningful single-agency quality assurance.

Although ASP referrals increased during the reporting period, IRD and investigative activity reduced, and there was no corresponding increase in Initial or Review Case Conferences. This reflects a more proportionate and person-centred response. Improved screening, earlier contact with adults and robust multi-agency discussions are helping practitioners identify protective factors, reduce risk and provide support without keeping adults within formal ASP processes for longer than necessary. This supports the least restrictive principle while maintaining a clear focus on safety and wellbeing.

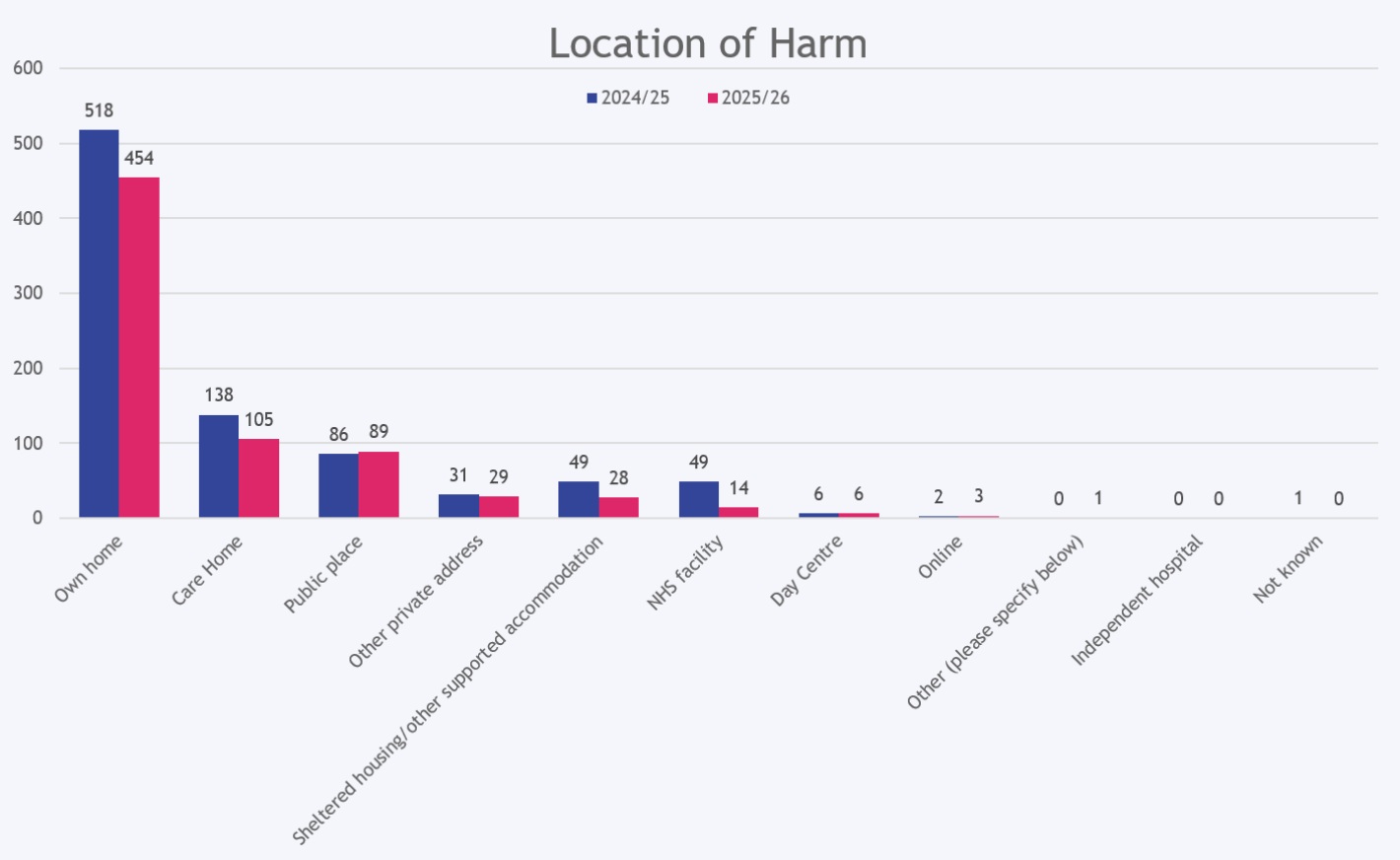
Adult Suport and Protection	2023/24	2024/25	2025/26	% Change
ASP Referrals	923	971	1069	10%
ASP Intial Referral Discussions	127	148	84	-43.2%
ASP Investigations	70	74	18	-76%
Direct to Case Conference	Not recorded	Not recorded	29	Not applicable
ASP Case Conferences	38	33	33	0%
ASP Case Conference Reviews	69	67	55	-18%

Referral and activity data shows that ASP demand has increased, while IRD and investigative activity has reduced. This is an important positive indicator. Audit and quality assurance activity looking at the outcomes of screening ASP audits suggests that we are having earlier contact with adults, improved screening activity and more robust multi-agency decision-making are helping practitioners identify the right response sooner. Adults are therefore less likely to move through formal ASP processes where risk can be reduced or managed through proportionate support at an earlier stage.

Source of Referrals



A significant number of referrals continue to come from Police Scotland. Moray received 153 ASP referrals from Police Scotland during the reporting period. Relatively few referrals were received from families or members of the community, which is consistent with the national picture. The implementation of the National Data Set has supported more accurate categorisation of referral sources. This information is reviewed through the ASP Operational Group, enabling the Partnership to identify increases or decreases in referral patterns and target awareness raising or improvement activity where needed.



Police Scotland remained a significant source of ASP referrals, with 153 referrals received during the reporting period.

The most common location of harm was the adult's own home. This was recorded in 454 inquiries, compared with 518 in the previous year. This is consistent with national data. The second most common location of harm was a care home.

Initial Referral Discussions (IRDs)

During the reporting period, 1,069 adults were referred to the lead agency for Adult Support and Protection screening. The outcome of screening depends on the adult's circumstances and the level of risk identified. Some adults do not meet the threshold for Adult Support and Protection intervention but may still be offered other forms of support.

Following screening activity outcomes can be:

- Further Social Work intervention
- No support required
- Proceed to Initial referral Discussion (IRD)
- Referral to external supports/agencies
- Social Work Team referral

If a practitioner believes that an adult may meet the three-point criteria, an Initial Referral Discussion takes place. This brings relevant partners together to share information, consider risk and agree the next steps. The discussion helps ensure decisions are based on the adult's circumstances and the information available from different services.

ASP Investigations and direct to Case Conference

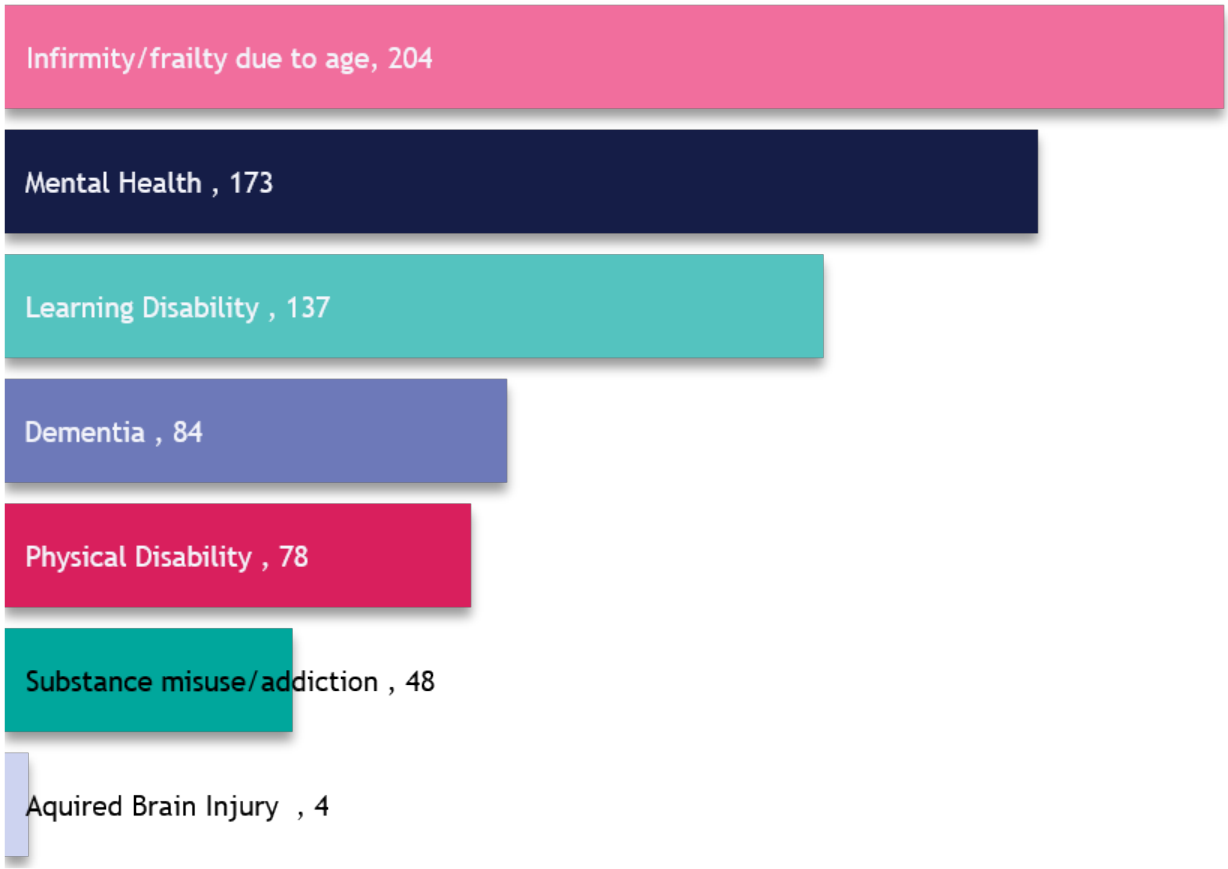
Following an IRD, an outcome may be to proceed to inquiry using investigative powers. In Moray, 18 investigations took place during the reporting period, a significant reduction from 74 in the previous year (-76%). Investigations are led by Council Officers and remain an important part of ASP practice where they are required to understand the adult's circumstances and identify actions to reduce risk. The reduction is partly linked to the introduction of a direct route from IRD to Case Conference where the adult's situation is already well documented and the adult is known to services. During the reporting period, 29 adults proceeded directly to Case Conference from IRD.

Following an Initial Referral Discussion, one outcome may be to proceed to investigation and another may be to move directly to Case Conference. During the period before a Case Conference, practitioners continue to gather information. This can identify protective factors that were not known earlier. Of the 47 adults initially thought to meet the criteria following Initial Referral Discussion, 14 did not progress to Case Conference because further information showed that risk could be reduced or managed in another way.

The overall reduction in investigative activity is linked to stronger multi-agency discussion at IRD, earlier contact with adults at referral stage and more effective identification of protective factors. This has had a positive impact for adults because it supports timely help, reduces unnecessary formal intervention and ensures ASP activity remains proportionate to risk.

Primary Vulnerability Experienced

As part of the national data set, Moray records information about the primary vulnerability experienced by adults referred to Adult Support and Protection. This helps the Partnership understand more about the needs of adults being referred and plan appropriate support. Moray has moved away from using the term "client", as we do not believe it is the most respectful term in health and social care. We refer instead to the people we support as adults. Of all Adult Support and Protection referrals received during the year, 28% related to adults experiencing infirmity or frailty due to age, 24% related to adults experiencing mental health vulnerabilities, 19% related to adults with a learning disability and 12% related to adults living with dementia.

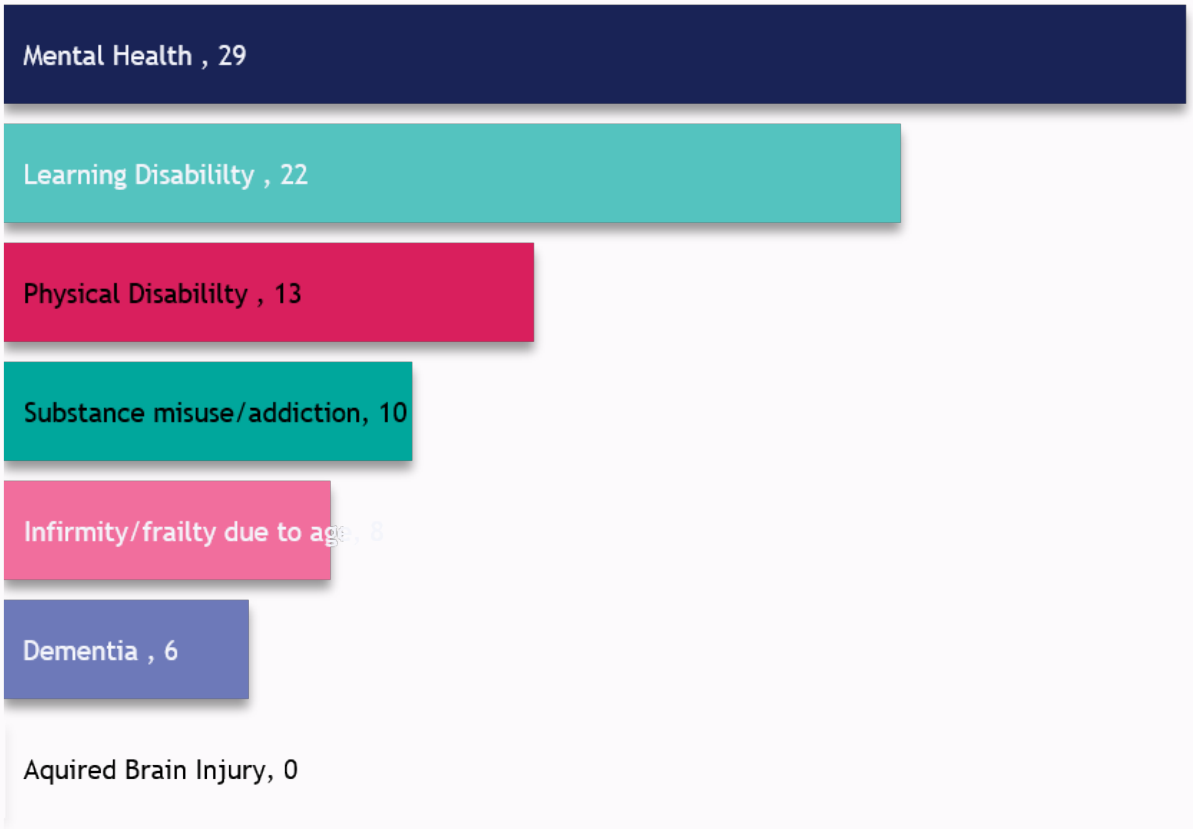


The chart data shows that infirmity or frailty due to age was the most common primary vulnerability recorded in ASP referrals, followed by mental health vulnerabilities, learning disability and dementia.

Of the referrals received that result in inquiry utilising investigatory powers under ASP you will see 33% of adults are recorded as having mental health as their primary vulnerability and 25% classed as learning disability. This also is indicative of the primary vulnerability of adults open to ASP process (beyond initial case conference). These adults are some of the most vulnerable in our communities.

Where referrals progressed to inquiry using investigatory powers, mental health and learning disability were the most commonly recorded primary vulnerabilities in the available data.

As noted earlier, MIVA has supported better outcomes for some adults who may come into contact with Adult Support and Protection. By working jointly with partners across Moray, practitioners can hold focused discussions about how best to support adults, including during periods of crisis. However, some adults may not want support or may feel unable to accept it. This can create challenges for professionals, who must balance support and protection with the adult's right to make choices. For this reason, practitioners need strong skills in risk assessment, risk management and multi-agency decision-making. In September 2025, Moray held a multi-agency session on adults who may be "out of sight" or difficult to engage. The session explored executive functioning, safe and well checks, risk assessment, risk management and learning from significant events across Scotland.



Adults under ASP Process

During the reporting period, 25 adults were no longer considered to be at risk of harm. These decisions are made in multi-agency settings, either through Core Group meetings or Initial/Review Case Conferences, ensuring that decisions are shared, evidenced and focused on the adult's current circumstances. The reasons adults were no longer considered at risk varied and are summarised below.

The chart data shows that 25 adults were no longer considered at risk during the reporting period. At year end, 22 adults met the three-point criteria, compared with 40 at the previous year end.

- The adult had died, and this was not believed to be related to the harm they had experienced.
- The adult had moved to another local authority area.
- Local authority guardianship was in place.
- The adult's situation had improved, and they were no longer considered to be at risk of harm.

The length of time adults were considered at risk varied, from three months to three years and six months. On average, adults who no longer met the three-point criteria had been considered at risk for approximately six months. Case records evidence that Core Group meetings and multi-agency partnership working took place during this period to reduce or mitigate risk. This demonstrates the positive impact of coordinated ASP activity in supporting adults to become safer and reducing the need for ongoing formal protection processes.

Last year's report noted that work was underway to establish clearer senior management oversight where adults remained subject to ASP processes for sustained periods. The Health and Social Care Partnership has now introduced a significant event procedure, allowing high-risk situations to be escalated for senior oversight. It is too early to measure the full impact, but this is expected to strengthen governance, support timely decision-making and provide additional assurance in complex situations. Discussion also continues through the ASP Operational Meeting, where situations of concern can be explored in a supportive multi-agency environment.

At the end of the reporting year, 22 adults in Moray were considered to meet the three-point criteria following Case Conference. This was a significant decrease from the previous year, when 40 adults met the criteria.

Views of the Adult

Adults' views are central to Adult Support and Protection practice. Prior to Case Conferences and Core Group meetings, adults are supported to share their views through a Statement of Views document or through other approaches that work better for them. This helps practitioners understand the adult's experience, what matters to them, and what support they feel is needed.

The Statement of Views focuses on the adult's thoughts and feelings about the ASP process, what is going well, what is difficult, what support is needed, and whether they feel at risk of harm. Adults are also asked if they need support to attend or participate in their meeting.

- Since the last meeting what has been happening?
- What is going well?
- What is not going well?
- What additional support do you need?
- Do you believe you are at risk of harm?
- Is there any other support you need to attend your meeting?

Not all adults completed a Statement of Views document. In some cases, adults declined to complete it, shared their views verbally, or had their views recorded within the Case Conference minute. This demonstrates the importance of offering flexible ways for adults to participate and ensuring their views are recorded consistently.

- Adult declining to complete the document
- Views being communicated orally (not using the form)
- Views recorded within the Case Conference minute

During the reporting period, 88 Adult Support and Protection Case Conferences took place. This included 33 Initial Case Conferences and 55 Review Case Conferences. Adults were invited wherever appropriate, but attendance is only one way to participate. Adults' views were shared in different ways, including directly by the adult, through advocacy, by Social Work, or by family members, guardians or care providers.

Case Conferences and adult participation, 2025/26

Measure	Number
Adult Support and Protection Case Conferences	88
Initial Case Conferences	33
Review Case Conferences	55
Adults confirmed as attending their Case Conference	16
Family members attending	6
Statement of Views documents confirmed as completed	20
Case Conferences where an advocate was recorded as present	21

The chart data above shows that 88 Case Conferences took place during the year. Adult participation was supported in different ways, including attendance, advocacy, family support and Statement of Views documents.

- 16 adults were confirmed as attending their Case Conference.
- 6 family members attended, with 2 adults also present.
- 20 Statement of Views documents were confirmed as completed, although recording was not consistent across all cases.
- 21 Case Conferences recorded an advocate as present.
- Adults' views were shared directly by the adult in 12 cases and by an advocate in 14 cases.
- Social Workers shared adults' views in 36 cases, although it was not always clear whether this reflected a formal Statement of Views or a professional summary of the adult's views.
- Views were also shared by family members, guardians or care providers in 9 cases.

Feedback from adults and those supporting them included positive examples of involvement, choice, advocacy and support. Adults told us:

- "I felt involved in the decisions that were made, as I was allowed to speak when I wanted to."
- "I will attend the meeting with Mum supporting. She has access to Teams and the internet."
- "I don't like attending meetings but my advocate will on my behalf."
- "I'm good at the moment. It's like I've been on a boat for ages and now on solid ground."
- "I now have the support I need which wasn't there before."

This feedback highlights positive impact. Some adults felt listened to and involved in decisions. Others valued having a trusted person, family member or advocate support them to participate. Feedback also showed that, for some adults, ASP intervention contributed to increased stability and access to support that had not previously been in place.

The feedback also identified areas for improvement. Some adults did not feel comfortable attending meetings, and some described Case Conferences as difficult or embarrassing. One adult said they did not trust Social Workers because of previous experiences. Another adult's views, shared by a Social Worker, described feeling rushed into decisions and not appropriately supported. These comments are important and show that participation must feel meaningful, safe and respectful for each adult.

Overall, the feedback shows that adults' views are being sought and shared, but not always in a consistent way. Attendance numbers should not be viewed in isolation, as some adults choose not to attend meetings or find formal meetings difficult. However, it is positive that views were still represented through advocacy, family members, Social Workers and other trusted people. Advocacy was particularly important in supporting participation and ensuring adults' views were heard.

Moving forward, we will strengthen how adults' feedback is captured, recorded and used. This will include improving consistency in recording Statements of Views, supporting practitioners to record views in the adult's own voice wherever possible, increasing adult involvement in Case Conferences and Core Groups, and working with advocacy partners to support timely and meaningful participation. This learning will inform future improvement activity so that adults experience Adult Support and Protection processes as clearer, more inclusive and more person-centred.

SECTION 4: Fiona's Story

Fiona's story demonstrates the difference Adult Support and Protection can make when harm is hidden, complex and difficult to evidence. Timely inquiry, professional curiosity and coordinated multi-agency support helped Fiona move from a situation where her voice was limited and risk was high, to one where she was safer, listened to and supported to make choices about her life.

For Fiona, the impact was significant. She moved from a harmful and highly restrictive family environment into safe accommodation where she could begin to recover, communicate more freely and build trust with the people supporting her. The intervention reduced immediate risk, strengthened Fiona's voice in decision-making and enabled support to be planned around her wellbeing, safety and independence.

Background

Fiona's family had previously been known to services, but earlier concerns had not progressed because disclosure was limited. In this referral, practitioners used information from Fiona's sister to look again at the pattern of concern. This demonstrated professional curiosity, persistence and multi-agency information sharing where harm may have been hidden.

Fiona was referred to Adult Support and Protection after information was shared by a family member that raised serious concerns about harm and controlling behaviour within the family home. Practitioners considered this new information alongside previous concerns and used professional curiosity and multi-agency information sharing to better understand the level of risk.

This history highlighted the importance of revisiting earlier concerns when new information becomes available, rather than assuming the absence of previous disclosure meant harm was not present. The later response showed improved professional curiosity and a more coordinated approach to understanding risk across the family.

A multi-agency IRD identified that the three-point criteria for Adult Support and Protection were met for Fiona and her brothers and sisters. Each sibling was allocated a Council Officer, with health professionals involved to support both investigation and wellbeing. This provided early coordination, clear accountability and a shared understanding of risk.

Fiona expressed a wish to leave the family home and was immediately supported to move to a place of safety. At this stage, she presented as highly traumatised, with very limited communication, and was assessed as lacking capacity in several areas. A welfare guardianship application was progressed to safeguard her wellbeing and support decision-making.

Fiona was initially placed in emergency respite and then moved to permanent supported accommodation, where she remains.

Making a Difference

Through consistent, trauma-informed, multi-agency support, including Social Work, health colleagues, advocacy services and Police Scotland, Fiona experienced significant and sustained change.

Increased voice and communication: Fiona progressed from minimal communication to clearly expressing her needs, wishes and experiences.

Improved safety and stability: Fiona was removed from a harmful environment and supported in a safe setting before moving into her own tenancy.

Justice and protection: Fiona's disclosures contributed to a wider police investigation, which progressed to criminal proceedings.

Independence and empowerment: Fiona developed decision-making skills and confidence, enabling greater autonomy in her daily life.

Advocacy and Participation

The investigation progressed to an Initial Adult Support and Protection Case Conference. Fiona attended the meeting, supported by her advocate, who ensured her voice was heard by presenting a Statement of Views on her behalf.

Through advocacy support, Fiona was able to communicate important aspects of her experience and wishes, including:

That she feels safe, happy and well supported in her current accommodation.
Positive relationships with staff, whom she described as kind, supportive and respectful.
Enjoyment of daily routines and activities, including shopping, baking, creative work and social outings.

Pride in her achievements and growing confidence through structured and meaningful activities, particularly creative expression.

A wish to be included in decisions about her life, with any changes made at a pace she feels comfortable with.

Identification of supportive strategies that help her regulate emotions and communicate when anxious.

The advocate's role was central in ensuring Fiona's views were clearly represented within a formal multi-agency setting. This reinforced a person-centred and rights-based approach throughout the process. Fiona also expressed her wish for continued advocacy support at future meetings.

Outcome

As Fiona's confidence, communication and capacity improved, it became clear that long-term restrictive measures were not required. Guardianship was not continued, reflecting her increased ability to make decisions with appropriate support.

At the Initial Case Conference, the concerns did not meet the full three-point criteria for ongoing Adult Support and Protection intervention, as risk had been effectively mitigated through extensive safeguards and coordinated support.

Financial matters were also stabilised, with appropriate supports in place through the Department for Work and Pensions.

This case did not progress beyond the initial Adult Support and Protection investigation stage. The inquiry process enabled proportionate safeguards to be implemented early, ensuring a least restrictive approach, with ongoing support coordinated across partner agencies rather than through formal ASP processes.

Impact

Fiona's journey reflects a significant transformation. With the right support, she moved from being highly traumatised, isolated and thought to lack capacity in several areas, to living more independently, expressing her views and making informed choices with support. She has consistently indicated that she feels safe, happy and well supported, and that her views are listened to and respected.

This case demonstrates the positive impact of ASP in Moray: timely inquiry, professional curiosity, advocacy and coordinated multi-agency support reduced risk, upheld Fiona's rights and enabled her to experience greater safety, stability, independence and choice. Fiona's experience shows how timely support, advocacy and coordinated multi-agency working can help an adult become safer, more confident and more involved in decisions about their life.

SECTION 5: Conclusion and next steps

This report shows that Adult Support and Protection activity in Moray is supporting earlier identification of risk, stronger multi-agency working and more person-centred responses for adults at risk of harm. Referrals increased during the year, while fewer adults moved into formal investigation or ongoing protection processes. From quality assurance activities we are seeing improved screening, earlier contact with adults and coordinated discussion helping practitioners identify the right support sooner.

The Partnership will continue to strengthen practice by improving the consistency of recording adults' views, developing learning and development opportunities, embedding quality assurance activity and using lived experience to shape clearer and more accessible information. The focus for the year ahead will remain on reducing risk, supporting adults' rights and ensuring that Adult Support and Protection activity is timely, proportionate and centred on what matters to the adult.

Moray HSCP

Find out more about the Moray Integration Joint Board and Moray Health and Social Care Partnership on our website:

https://hscmoray.co.uk/index.html

Follow us on social media

Facebook @hscmoray
Instagram @hscmoray

For further information contact:

Health & Social Care Moray
Moray Council Offices
High Street
Elgin
Moray IV30 1BX

Gram.hscmcorporate@nhs.scot