



Dundee Adult Support and Protection Biennial Addendum 2024–2026

To accompany the Protecting People Annual Reports 2024–25 and 2025–26

Reporting period: 1 April 2024 to 31 March 2026



**Protecting
People**
in Dundee

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1. Purpose and Statutory Basis

This addendum has been prepared by Dundee's Adults at Risk Committee to meet the biennial reporting duty under section 46 of the Adult Support and Protection (Scotland) Act 2007. It covers the period from 1 April 2024 to 31 March 2026 and should be read alongside Dundee's Protecting People Annual Reports for 2024-25 and 2025-26.

The two annual reports describe the wider Protecting People context, shared governance arrangements, cross-cutting improvement activity and the work of the Adults at Risk Committee. This addendum does not repeat that material in full. Instead, it brings together the Adult Support and Protection (ASP) evidence across the two years, explains how statutory responsibilities were maintained within Dundee's integrated arrangements, and provides focused analysis of performance, assurance, learning and improvement.

Dundee's approach recognises that adults at risk may experience overlapping issues including trauma, mental ill health, substance use, domestic abuse, exploitation, poverty, housing instability and social isolation. The integrated Protecting People structure aims to support a more coordinated, whole-person response while retaining clear oversight of the specific duties and functions set out in adult support and protection legislation.

Reading this report. The Protecting People Annual Reports remain the main account of partnership activity in each year. This addendum provides the statutory ASP lens across the full biennial period. Where data definitions changed or evidence is still developing, this is stated clearly.

2. Dundee's Integrated Protecting People Context

2.1 Integrated Governance Arrangements

During 2024-25, Dundee moved from separate strategic committees focused on individual areas of harm to an integrated Protecting People model. Adult Support and Protection, violence against women and girls and suicide prevention are now brought together through the Adults at Risk Committee, while the Children at Risk Committee provides parallel oversight for children and young people. Shared sub-groups support improvement and transformation, communications, workforce development, participation and engagement, performance management, quality assurance, learning reviews, trauma-informed practice, gendered services and prevention.

The Protecting People Chief Officers Group provides senior oversight. The Alcohol and Drug Partnership, Community Justice Partnership and Tayside Multi-Agency Public Protection Arrangements retain their distinct remits while linking to the shared governance and improvement structure.

2.2 Maintaining Statutory ASP Oversight

The Adults at Risk Committee retains responsibility for scrutinising the effectiveness of local arrangements to support and protect adults at risk of harm, promoting cooperation between relevant bodies, identifying improvement priorities and providing assurance to Chief Officers. Individual agencies remain responsible for the quality and effectiveness of their own ASP practice, procedures and service delivery. The Committee provides collective oversight by bringing together evidence from performance reporting, single-agency governance, audit and self-evaluation, inspections, learning reviews, workforce feedback and the experiences of adults and carers.

2.3 Links with Wider Public Protection Activity

The wider structure reflects the reality that risk does not sit neatly within a single pathway. Adult protection may intersect with domestic abuse and gendered harm, suicide and self-harm, alcohol and drug use, mental ill health, exploitation, justice involvement, transitions from children's services and risks affecting other family members. Shared governance is intended to improve information sharing, reduce duplication and strengthen coordinated responses, including for adults whose needs do not meet the statutory ASP threshold but who still require multi-agency protection support.

3. ASP Governance and Statutory Functions

3.1 Role and Accountability

The Adults at Risk Committee brings together senior representatives from Dundee City Council, NHS Tayside, Police Scotland, Scottish Fire and Rescue Service, third-sector organisations, independent providers and other relevant partners. It is led by an Independent Chair and reports through the Protecting People Chief Officers Group. This provides a route for scrutiny, professional challenge, escalation and collective accountability.

3.2 Oversight of Statutory ASP Duties and Processes

Across the reporting period, the Committee maintained strategic oversight of the local ASP system through regular scrutiny of the ASP national minimum dataset, including referral and screening activity, inquiries, investigations, case conferences and protection planning. This scrutiny is now undertaken through the Protecting People Performance Management Sub-group, which considers trends, data quality, thresholds and emerging concerns, and seeks explanation or further assurance where required. The Sub-group has also developed exception and escalation reporting to draw attention to significant risks, recurring issues and matters requiring collective discussion or action. This supports more focused scrutiny, rather than relying on routine review of the full dataset at every committee meeting. A protecting people integrated performance report was developed to support this exception and escalation process, bringing together the national minimum datasets across Protecting People. For Adult Support and Protection, this is complemented by a team-level management report shared with Social Work managers, enabling operational scrutiny of referral activity, stages of ASP work, types of harm, incomplete process steps and participation in case conferences.

These arrangements complement, rather than replace, the responsibility of individual agencies to monitor and assure the quality of their own operational practice, decision-making and compliance with statutory duties.

3.3 Multi-Agency Cooperation

Cooperation across statutory and non-statutory partners remained central to the delivery of ASP functions. Learning from the 2023 Significant Case Review on behalf of Ms L, quality assurance activity and the ASP joint inspection in late 2023 and early 2024 identified the need for clearer multi-agency screening, shared risk assessment and coordinated decision-making. Dundee therefore began developing a new Adults at Risk Pathway. Its Adult Multi-Agency Screening Hub brings together health, social work, police and housing to support earlier information sharing and more consistent consideration of risk, statutory thresholds and appropriate onward support. The teams were co-located in 2025. Further work is required during 2026 to complete the redesign of the Health and Social Care Partnership social work front door and introduce regular joint multi-agency screening. Alongside this, the Team Around the Adult and Lead Professional model is being developed to clarify shared responsibility for adults with multiple and interconnected needs, including those who do not meet the statutory ASP threshold but require coordinated support.

3.4 Assurance Arrangements

During the biennial period, the Committee tested the effectiveness of ASP arrangements through regular performance scrutiny and targeted review of practice. A multi-agency ASP audit undertaken between 29 October and 1 November 2024 reviewed 20 cases across eight areas of practice, and an ASP staff survey conducted between December 2024 and February 2025 received 85 responses from six partner sectors. The Committee considered these findings alongside the 2023 joint inspection, single-agency assurance and learning-review activity, agreed priorities for improvement and sought evidence of progress through its governance arrangements.

4. What Our Data Tells Us

Data assurance note. Dundee changed its referral-counting arrangements during the reporting period to align more closely with national reporting. Previously, all referrals including referrals submitted as a general welfare concern counted as ASP referrals at the point of receipt. Under the revised approach, all notifications from sources except Police Scotland are unchanged (ie they are treated as ASP referrals from the instance of notification). Notifications from Police Scotland are counted as ASP referrals in the instances where the vulnerable person is noted as being at risk. All Police Scotland notifications that do not have this marker but that are deemed by the Protection teams to need further inquiry under ASP procedures are also counted as ASP referrals. Therefore, if an ASP notification is received from Police Scotland, with no marker for 'at risk' and does not meet the ASP screening criteria is no longer counted as an ASP referral.

The 2024-25 published annual report recorded 4,480 ASP referrals, while the earlier national minimum dataset comparison recorded 4,575. The 2025-26 annual report recorded 2,395 ASP referrals after the revised approach was applied. The lower total therefore reflects the separation of concerns from statutory ASP referrals and should not be interpreted as evidence of a comparable reduction in overall concern or demand.

4.1 Referral and Screening Activity

The combined referral and screening data shows a sustained increase in the overall volume of adult, ASP and welfare concerns received and screened over the five-year period, rising from 3,085 in 2021-22 to 5,355 in 2025-26. For the first three years, concerns were not separately reported as ASP-specific referrals and wider adult welfare concerns. During the current biennial period, Dundee changed its referral-counting arrangements to distinguish statutory ASP referrals from wider welfare concerns. When the revised definition is applied, 1,950 of the 2024-25 concerns and 2,395 of the 2025-26 concerns were identified as ASP-specific referrals. The remaining concerns still required receipt and screening but were recorded as wider adult or welfare concerns because they were not identified as referrals under the statutory ASP process. This demonstrates that the change in the published ASP referral total does not represent a reduction in overall demand: the total volume of concerns increased across the five-year period, and both ASP-specific referrals and wider welfare concerns increased during the current biennial period.

Measure	2024-25	2025-26
All adult or welfare concerns received and screened	4,580	5,355
ASP-specific referrals under the revised definition	1,950	2,395
Wider adult welfare concerns	2,630	2,960

Police Scotland remained the largest referral source in the minimum dataset, followed by NHS 24 and other health services. This highlights the importance of consistent referral information, joint screening and clear feedback routes between agencies.

4.2 Inquiries, investigations and case conferences

Measures with a consistent five-year series:

Measure	2021-22	2022-23	2023-24	2024-25	2025-26
Investigations	61	95	101	68	103
Initial case conferences	58	88	91	58	70

Measures with a consistent two-year series:

Measure	2024-25	2025-26	Commentary
Duty to inquire without investigation	403	439	Activity increased by 36, indicating that more ASP-specific referrals required further inquiry and assessment without the use of investigatory powers.
Review case conferences	162	148	Review case conferences reduced by 14. This should be considered alongside the number and duration of active protection plans rather than interpreted on its own as either an improvement or deterioration.

The five-year series shows that formal ASP activity did not rise continuously across the biennial period. Investigations increased from 61 in 2021-22 to 101 in 2023-24, fell markedly to 68 in 2024-25 and then returned to 103 in 2025-26, broadly the level recorded immediately before the biennial period. Initial case conferences followed a similar pattern, rising from 58 in 2021-22 to 91 in 2023-24, falling to 58 in 2024-25 and recovering to 70 in 2025-26, although remaining below the levels recorded in 2022-23 and 2023-24. The biennial period therefore reflects a dip followed by recovery rather than a straightforward or sustained increase. Within the measures for which only a consistent two-year comparison is available, duties to inquire without investigation increased from 403 to 439, while review case conferences reduced from 162 to 148. The reduction in review activity requires further analysis alongside the number and duration of active protection plans and should not be interpreted on its own as either improvement or deterioration. The data also shows that, where adults met the three-point test, statutory ASP intervention was not always the most appropriate or proportionate route. In line with the least restrictive principle, some adults were offered support through non-ASP pathways where this better matched their circumstances, wishes and level of risk. For duties to inquire, this applied to 85 adults in 2023-24, 110 in 2024-25 and 99 in 2025-26; for investigations, it applied to 12 adults in 2023-24, 10 in 2024-25 and 22 in 2025-26. This reinforces the need to consider both threshold and proportionality when interpreting ASP activity data.

Taken together, the minimum dataset presents a picture of rising demand and an increasingly complex operating context, although the individual measures do not all follow a consistent upward trend. The available data indicates continuing high and increasing demand across the biennial period, while the profile of inquiries spans multiple forms of harm and a wide range of support needs. Many concerns required further inquiry or alternative support even where they did not progress to investigation. Investigations and initial case conferences fluctuated, with a marked fall in 2024-25 followed by recovery in 2025-26. The overall picture is therefore not one of steadily increasing statutory activity at every stage, but of services responding to a growing volume and breadth of concerns, often involving overlapping risks and requiring ongoing multi-agency support.

4.3 Types and Locations of Harm

In 2024-25, welfare concerns were the most frequently recorded type of harm within investigations (44%). Financial or material harm and psychological or emotional harm were also prominent (both 9%). Welfare concerns also were the most frequent type of harm in the year 2025-26 (33%); this was followed by financial or material harm and self-harm (16% and 9% respectively). The adult's own home was the most frequently recorded location, accounting for 43 of 68 investigations (63% in 2024-25 and 73% in 2025-26).

This reinforces the need for practitioners to recognise risk in domestic and community settings, including coercion, neglect, self-neglect and financial harm, and to coordinate support around the adult rather than relying on service boundaries.

4.4 Demographic Profile

Women represented 62% of adults with an inquiry in 2024-25, compared with 37% for men. In 2025-26, the profile was more even, with women accounting for 54% and men 45%. The largest age groups reported in 2025-26 were adults aged 55-64 and 25-39.

4.5 Adult Participation, Advocacy and Protection Measures

For the period covered by the minimum dataset extract, 57 adults were invited to case conferences and 37 attended. Eighty-seven independent advocates were invited and 67 attended. The dataset also recorded 36 applications for banning or temporary banning orders, of which 13 were granted, together with a small number of assessment-order and removal-order applications.

5. Outcomes, Achievements and Service Improvements

5.1 Improvements in core ASP practice

The 2024 multi-agency ASP audit and 2024-25 staff survey identified positive practice alongside areas requiring further improvement. In the audit, 74% of risk assessments were rated good or better, 85% of cases demonstrated dignity, compassion and respect for the adult's views, and 70% showed some improvement in safety or protection. The staff survey found that 86% of respondents understood the three-point criteria, 95% felt supported to work collaboratively and 90% understood the roles of other agencies. The evidence also highlighted continuing variation in the quality of chronologies and risk analysis, early multi-agency communication, sharing of case-conference records and protection plans, recording of adult involvement and advocacy, and communication between strategic leaders and frontline staff. In the survey, 56% of respondents did not know who their Adults at Risk Committee representative was and a further 12% reported having no representative. The findings were triangulated with the 2023 joint inspection and used to shape quality assurance, workforce development, communications and Adults at Risk Pathway improvement activity. This included continued work on analytical chronologies, risk formulation, legal literacy and consistent application of the three-point test. From March 2025, Dundee also participated in the IRISS Leading Chronologies Improvement pilot across

selected adult, children and families, and community justice social work teams. Five team managers used a structured reflection and assessment tool to explore how chronologies are valued and used in practice, to strengthen analysis, clarify the role of managers and embed discussion of chronology quality within supervision. Learning from the pilot is intended to inform wider implementation, practice examples, updated guidance and future monitoring and evaluation. Dundee also developed chronology e-learning with Perth and Kinross, which was subsequently made available nationally.

Chronology improvement was also supported through individual and team goal orientated reflective team sessions, rather than relying solely on standalone training. Practitioner feedback indicated that this team-based approach supported shared reflection, understanding and a wider culture of continuous improvement. Early performance evidence showed recorded completion of ASP chronologies increasing from 9% to 17%, while general chronologies increased from 21% to 34%. Although completion rates do not assess the analytical quality of chronologies on their own, they indicate increased attention to chronology practice within adult services. Continued rollout and peer-audit arrangements using the same reflective methodology are intended to strengthen the quality and effectiveness of chronologies further.

5.2 Adults at Risk Pathway

Significant development work took place on a new Adults at Risk Pathway. Its two central components are the Adult Multi-Agency Screening Hub and the Team Around the Adult and Lead Professional model. Health, social work and police teams were co-located as part of the Hub's development, with housing also contributing. Draft Team Around the Adult guidance was developed to support earlier identification of risk, coordinated assessment, clearer responsibility and sustained support for adults with multiple needs, including those who do not meet the threshold for statutory ASP intervention.

Agreement to appoint a dedicated Development Officer increased the capacity available to move the pathway from design into implementation during 2026-27.

5.3 Guidance, Procedures and Learning

The revised national ASP Code of Practice was incorporated into local procedures and launched, Council Officer training and multi-agency Second worker and Defensible Decision Making learning sessions reviewed, with increased attention to trauma and person-centred practice. Large Scale Investigation procedures were updated to align with national guidance. Dundee also reviewed its learning offer against Scotland's new Adult Support and Protection Learning and Development Framework, provided implementation feedback nationally and prepared a refreshed local framework alongside a newly formed council officer register for launch in 2026/2027.

5.4 Evidence of Impact and Remaining Gaps

The available evidence indicates stronger practice foundations: improved chronologies and risk assessments, better aligned procedures, more consistent data, and clearer multi-agency pathway design. The case-conference data also provides an initial measure of adult and advocacy involvement. However, evidence of direct outcomes remains less developed. Dundee therefore needs to strengthen routine feedback from adults and carers, follow-up after ASP intervention, analysis of onward support, and measures of whether people feel safer, heard and better supported.

6. Learning Reviews, Inspection and Quality Assurance

6.1 Adult Learning Review Activity

Over the reporting period there were 14 referrals between January 2024 and December 2025, eight of which related to adults. Across all ages, seven referrals progressed to a Learning Review. During 2025-26, the Adults at Risk Committee commissioned three adult learning reviews. During 2025-26, the Adults at Risk Committee commissioned three adult Learning Reviews. Two were formally commenced during the biennial period, while the third is scheduled to commence in 2026 when capacity allowed. One finished during the reporting period, and another due to be finished early in the 2026/2027 year.

The wider programme of learning review used a range of proportionate methods, including externally commissioned reviews, internal reviews with practitioner and manager events, case-file reading and thematic analysis. Care Inspectorate feedback on reviews has provided positive assurance about its proportionality, evidence base, governance and focus on improvement.

The volume and complexity of Learning Review activity placed significant pressure on capacity across the partnership during the reporting period. Reviews require sustained input from reviewers, practitioners, managers, the Protecting People Team, business support, information governance and legal colleagues, as well as oversight through the Learning Review Group, Committees and Chief Officers Group. The workload extends beyond conducting the review itself to include referral screening, information gathering, family liaison, staff engagement, report writing and quality assurance, action planning, communication of learning and monitoring of improvement. Where several reviews and action plans were progressing at the same time, this affected the pace at which some reviews could commence or conclude and reduced the capacity available to implement and evidence learning.

During the reporting period, Dundee introduced prioritisation criteria and developed a proportionate range of review approaches so that available resources could be focused where multi-agency review activity was most likely to add value. This included reflective case discussions, thematic reviews and more comprehensive internal or externally supported reviews, alongside alternative learning routes where a formal Learning Review was not the most appropriate response. Further work following the reporting period has strengthened screening, scheduling and escalation arrangements, with the intention of supporting transparent and defensible decisions, protecting the quality of reviews and balancing new review activity with the need to complete, implement and evaluate existing learning.

6.2 Learning Review Emerging Learning Themes

Adult-related referrals and reviews highlighted recurring themes of multi-agency coordination for people with complex needs; engagement and access; recognition of neglect, self-neglect, cognitive decline, domestic abuse, substance use and suicide risk; adult and family voice; the adult-child interface; application of ASP thresholds, legislation and responsibilities, mental health and adults-with-incapacity legislation; escalation and professional challenge; risk assessment and chronologies; case transfer; and trauma-informed, person-centred practice.

These themes are interconnected. Information sharing, gaps in attendance, differing thresholds or incomplete chronologies can limit shared risk formulation and delay coordinated action. Conversely, clear pathways, professional curiosity, timely escalation and meaningful involvement of the adult support safer and more proportionate decisions.

6.4 Inspection and Quality Assurance

During the period, the Adults at Risk Committee continued to oversee improvement arising from the joint ASP inspection and the Ms L Significant Case Review and previous audit work.

Dundee participated in the Care Inspectorate's supported Adult Support and Protection self-evaluation workstream 4. This strengthened local capability and confidence in multi-agency self-evaluation and informed both the development of the Adults at Risk Pathway and Dundee's wider Protecting People quality assurance approach. During 2025, the Adults at Risk and Children at Risk Committees agreed to move from repeated annual multi-agency process audits to a more in-depth biennial self-evaluation model, supported by proportionate single-agency assurance between exercises.

The developing model aims to bring together case-file evidence, performance data, workforce feedback, learning reviews and the experiences of people who use services. Its purpose is to move beyond checking whether processes have been followed and provide stronger assurance about how effectively agencies understand risk, work together, uphold people's rights and improve safety, experiences and outcomes. The approach was developed and agreed within the 2024-26 reporting period; detailed preparation continued after 31 March 2026, with the first integrated Protecting People self-evaluation scheduled for November 2026.

The focus of the 2026 Multi-Agency Self-Evaluation has been informed by the emerging recurring themes from Learning Reviews, considered alongside findings from the Care Inspectorate, previous multi-agency audit and wider quality-assurance activity. Bringing this evidence together identified areas where the partnership requires stronger assurance, including risk assessment and professional judgement, rights and participation, multi-agency coordination, whole-family working, transitions and outcomes. The self-evaluation will test whether improvement in these known areas is becoming embedded in practice and making a difference to people rather than process assurance.

7. Training, Learning and Workforce Development

Workforce learning priorities were shaped by inspection findings, the multi-agency audit, staff feedback and learning reviews. Priority areas included chronologies, risk assessment and formulation, trauma-informed practice, legal duties and thresholds, the Council Officer and second-worker roles, professional curiosity, escalation and coordinated responses to complex needs.

Dundee launched a local ASP Learning Framework in 2024-25 and subsequently aligned it with the national Adult Support and Protection Learning and Development Framework. The partnership acted as an implementation feedback site, identifying practical gaps and usability issues. A refreshed Dundee framework is planned for launch in 2026-27.

The Trauma-Informed Supervision Framework was launched and promoted across Social Work services to support managers and practitioners to apply trauma-informed principles within reflective supervision. Implementation and evaluation arrangements are being developed to assess impact and inform further improvement. Dundee has also participated in Social Work Scotland discussions about trauma-informed and reflective supervision across local authorities. NHS Tayside is also implementing the NES Trauma-Informed Practice Framework and, where appropriate, has introduced complex-case supervision for staff working outside specialist protection services.

Learning review training was also provided to strengthen the local pool of reviewers and improve understanding of roles and responsibilities across review teams and strategic groups. Shared Protecting People work included a multi-agency Learning Needs Assessment and a Learning Quality Assurance Toolkit intended to improve the consistency and quality of learning across agencies.

During the reporting period, the partnership strengthened the evidence base for workforce development through manager consultation and a multi-agency Learning Needs Assessment, which received nearly 200 responses. Initial findings identified the need to increase awareness of the Protecting People Learning Framework, make learning easier to access, provide clearer pathways for different workforce roles and expand practical, reflective and work-based learning. The findings informed the continued alignment of Dundee's ASP learning offer with the new national framework and the development of a Learning Quality Assurance Toolkit. A Council Officer Register was also established to provide managers with clearer oversight of training and refresher requirements; 115 staff were identified as eligible for inclusion.

Detailed analysis and follow-up focus groups are planned for 2026-2027. The Workforce Development Group is developing a shared evaluation approach and more consistent arrangements for recording reach, feedback and practice impact.

8. Engagement, Involvement, Advocacy and Communication

The minimum dataset provides an initial view of participation in case conferences: 57 adults were invited and 37 attended during the period covered by the extract. Attendance alone does not demonstrate meaningful influence, but it provides a baseline for examining whether adults are supported to understand, contribute to and shape decisions about their safety and support.

Independent advocacy is an important safeguard within ASP. The dataset recorded 87 advocate invitations and 67 attendances at case conferences. Further analysis is needed to understand when advocacy was offered, reasons for non-attendance, whether communication needs were identified, and how advocacy affected participation and outcomes.

Learning review activity strengthened arrangements for involving adults and families where appropriate and safe. A more consistent approach was introduced through family liaison strategies, which require each review to identify who should be involved, how their views will be sought, any advocacy or communication support required, and how they will be kept informed of progress, findings and delays. This also led to resources developed to support frontline practitioners to better engage with family and carers where appropriate in care planning, with further work planned in 2026 to adapt and expand this guidance.

Dundee strengthened its wider commitment to lived and living experience through the shared Participation and Engagement Group, communications sub-group, workforce newsletter and refreshed Protecting People public information. However, routine evidence that adults' views influence individual ASP decisions, service design remain strategic priorities for development. This will be addressed through interviews within the 2026-27 self-evaluation programme and the development of a stronger participation framework.

9. Challenges and Areas for Improvement

- **Demand, thresholds and complexity.** High referral volumes and overlapping needs require consistent screening and clear routes to support, including where the statutory three-point test is not met.
- **Data quality and comparability.** Changes to referral counting mean the two annual totals cannot yet be compared directly. A validated baseline and clearer outcome measures are required.
- **Implementation capacity.** The Adult Multi-Agency Screening Hub, Team Around the Adult and wider front-door redesign require sustained operational and strategic capacity while core services continue.
- **Learning review demand.** Increased referrals and commissioned reviews have affected timescales and the capacity available to implement and evidence learning.
- **Adult voice and advocacy.** Invitations and attendance need to be supplemented by evidence that adults understand the process, influence decisions and experience improved safety and support.
- **Inspection and action-plan assurance.** A clear, evidenced position is required on completed and continuing actions from the joint inspection, Ms L review and subsequent adult learning reviews.
- **Workforce and financial pressures.** Resource constraints can limit prevention, training, multi-agency engagement and the pace of improvement.

10. Priorities for 2026-2028

1. Implement and evaluate the Adults at Risk Pathway, including the Adult Multi-Agency Screening Hub and Team Around the Adult and Lead Professional model.
2. Strengthen statutory ASP assurance through integrated performance reporting, audit, self-evaluation and development of clear risk escalation processes.
3. Improve understanding of adults who do not progress through statutory ASP, including support offered, onward pathways and outcomes.
4. Further embed adult voice, independent advocacy and lived experience in individual practice, quality assurance and strategic improvement.
5. Continue to implement and refine the learning review process through prioritisation, proportionality and scheduling arrangements, and align overlapping actions from multiple reviews around measurable improvement.
6. Launch and evaluate the refreshed ASP Learning and Development Framework.
7. Use the Protecting People self-evaluation approach to strengthen evidence of adults' experience, safety and outcomes, alongside reconciling the national minimum dataset and documenting data definitions.
8. Strengthen links with substance use, suicide prevention, violence against women and girls, neglect, mental health, housing, justice and transitions work.

11. Public Protection Reporting Statement

This addendum is submitted with the following reports:

- Protecting People Annual Report 2024-25;
- Protecting People Annual Report 2025-26; and
- Dundee Adult Support and Protection Biennial Addendum 2024-2026.

Together, these reports cover 1 April 2024 to 31 March 2026. The annual reports describe Dundee's wider activity across adult and child protection, violence against women and girls, suicide prevention, alcohol and drugs, community justice and related multi-agency public protection arrangements. The ASP sections of the annual reports and this addendum provide the focused account of adult support and protection governance, statutory activity, performance, assurance, learning and improvement.

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