The Highland Council

Agenda Item	**10**
Report No	**HCW-25-25**

Committee: **Health, Social Care and Wellbeing Committee**

Date: **12 November 2025**

Report Title: **Chief Social Work Officer Annual Report 2024/2025**

Report By: **Fiona Duncan - Chief Social Work Officer**

1. Purpose/Executive Summary

1.1 This report introduces the Annual Report by the Chief Social Work Officer (CSWO), for 2024/2025. The report is attached at **Appendix 1**. This report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work and social care services.

1.2 The report provides Members with information as to the range of activities that have been carried out during the past year – thus meeting statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

2. Recommendations

2.1 Members are asked to:

i. **note** and comment on the issues raised in the annual report and the implications for Social Work and Social Sare services within Highland Council and NHS Highland.

3. Implications

3.1 There are no particular Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk or Gaelic implications to highlight. However, the report does refer to the financial and service challenges that the services are facing now, and will continue to face.

4. Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is an annual update report and therefore an impact assessment is not required.

5. Background

5.1 The report highlights the delivery of services across all social work services (children's, justice, mental health and adult social work and social care services). It provides an overview of the professional activity across Highland via the delivery of statutory functions and responsibilities held by the Chief Social Work Officer.

5.2 The challenges and opportunities are articulated within the report. Staffing vacancies across all services continue to be a significant issue although the trainee and 'grow your own' schemes – which are firmly established within Highland – are enabling us to attract and retain staff for key professional posts.

5.3 Improvements to service delivery in children's services is allowing us to drive forward The Promise, by working with families to keep children at home. The focus on Home in Highland is key, as this acknowledges the need for local community resources rather than expensive out of area ones.

5.4 The challenges with Adult Social Care, particularly care homes and care at home, are significant. However, continued focus on local delivery of services is key.

5.5 The protection element within all services remains strong. Ongoing reviews and audits are ensuring we have robust processes in place, as well as being able to flex as required.

5.6 The report, attached as Appendix 1, covers the broad period 2024/2025. However, given the volume and range of current developmental activities in Social Work and Social Care in Highland, the start and end dates of the year are not always rigidly applied.

Designation: Chief Social Work Officer

Date: 22 October 2025

Author: Fiona Duncan

Background Papers: N/A

Appendix: Appendix 1 – Chief Social Work Officer Annual Report 2024/2025

The Highland Council
Comhairle na Gàidhealtachd

Appendix 1 -

Chief Social Work Officer Annual Report 2024/25 Aithisg Bhliadhnail 2024/25 Prìomh Oifigear Obrach-Sòisealta

Contents
Clàr-innse

Introduction and Reflections
Ro-ràdh agus meòrachaidhean

This annual report describes how statutory social work and social care services are being delivered in the Highlands. During 2024/25, numerous challenges have continued to put pressure on front line services. However, progress and achievements during the year have been significant, including the introduction of new services and teams.

Workforce pressures exist across all services and organisations within Highland. Within social work and social care, staff vacancies have, and continue to cause, service delivery risks. However, this has also forced us to think differently and imaginatively about our workforce model.

The importance of working effectively and collaboratively with all partners has never been clearer. Crucially, services are seeing the opportunities that this presents and are striving to achieve better outcomes for the Highland population by being more targeted, working closer to those in the communities, and being more responsive to need. However, within this model, we still require skilled practitioners to carry out their statutory duties. The importance of supporting our workforce to do this has never been more pronounced.

Several key challenges continue to exist across adult social work and social care services in Highland. The most pressing issues relate to Care Home sector viability; meeting need and demand within the Care at Home Service; workforce pressures; and funding instability.

Without doubt, the geographical area and demographic spread within Highland contributes to the intricacies of delivering adult services. Further, the National Care Home Contract fees are not conducive to financial stability for our providers due to the small size of most of our care homes

Funding instability – including lack of sustainable funding – has affected continuity and impact. Further, there is a misalignment of the strategic vision detailed in the adult strategic plan with current operational pressures that are having to be dealt with through crisis management. The development of a care home strategy and commissioning plan are key to changing the model of care within adult social care. Further, locality models - which are progressing under the Transformational Programme – remain central to implementing and driving forward this change.

Children's Services are also facing significant financial challenges particularly in relation to placements for care experienced children and young people. However, these challenges have enabled us to re-focus on the needs and demands in Highland, and how we can best address these. From this, a 3 year plan is being finalised that will allow us to articulate the resources that need to be grown and embedded within our communities; the social work practice that needs to develop and target more effectively; and the re-alignment of budgets that will maximise opportunities for improving outcomes for children and their families.

Whilst the need to attract experienced staff into Highland will remain one of our key goals, the grow your own scheme has proved to be an innovative success – across both HC and NHSH. This is an area that we will continue to build on. However, this initiative, added to

the workforce workstreams that are embedded within the Highland Delivery Plan portfolios – Person Centred Solutions and Workforce for the Future – will target the workforce challenges but encourage and invigorate organisations to work together and develop a workforce for the future.

Chief Social Work Officer, Fiona Duncan

Governance, Accountability and Statutory Functions
Riaghlachas, cunntachalachd, is dreuchdan reachdail

Role of the Chief Social Work Officer

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer CSWO). The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions.

Social Work services are delivered through a number of statutory duties and powers imposed on the local authority, with the CSWO ensuring professional oversight of social work practice and service delivery. This includes professional governance, leadership, and accountability for the delivery of social work and social care services whether provided by the local authority, the health board, or purchased through the third sector or independent sector.

Some duties and decisions which relate to public protection and the restriction of an individual's freedom, must - by law - be made by the CSWO. Whilst the CSWO can delegate authority for some tasks to a professionally qualified and registered social worker, the CSWO remains accountable for all social work functions.

In compliance with their statutory functions, the CSWO has a requirement to produce an Annual Report based on a template agreed with the Office of the Chief Social Work Adviser.

Overview of Governance Arrangements

Within the Highland Council, the Chief Social Work Officer position sits with the Chief Officer for Health and Social Care (HSC). Following the Council's organisational restructure in 2024, seven services were aligned within three Clusters. Health and Social Care now form part of the People Cluster along with Education and Learning. Services within HSC did not change in this restructure and remain as Children's Social Work; Child Health; Justice Services; Mental Health Officer Service; and Emergency Social Work Service (out of hours).

The CSWO retains professional accountabilities for all social work and social care provision. As a statutory officer of the Council, she reports directly to the Chief Executive of Highland Council on these matters.

The CSWO works closely with stakeholders and has delegated authority to make direct reports to the Chief Executive, Elected Members, and the Joint Monitoring Committee within the partnership.

The CSWO is a member of the Corporate Management Team within THC and is a member on many strategic committees and boards. These include:

- Health and Social Care Committee (Highland Council)
- Highland Public Protection Chief Officers Group
- Integrated Children's Services Board
- Child Protection & Adult Protection Committees
- Community Planning Partnership Board
- Joint Monitoring Committee
- Highland Health and Social Care Committee (NHS Highland)

In 2012, HC and NHS Highland used existing community care legislation to take forward the integration of health and social care through a Lead Agency Model – the only area in Scotland to do so. As a result, Adult Social Care was delegated to NHS Highland and Child Health was delegated to Highland Council. Children and Justice Services remained within Highland Council. This model was formalised in 2014.

In June 2024, amendments to the National Care Service Bill would have resulted in the Lead Agency Model ceasing. This triggered meetings with Scottish Government colleagues to discuss implications of this and options for taking this forward. However, the passing of the Care Reform (Scotland) Bill in June 2025 – which replaces the NCS Bill – makes no mention of the Lead Agency Model (either existing or ceasing).

However, Highland Council and NHS Highland have both stated their intention to move away from the Lead Agency Model to a body corporate (IJB). Work is currently ongoing in relation to this with option appraisals being identified to help inform both elected members and the NHS Board. This will also go out for public consultation.

Service Quality and Performance
Càileachd is Coileanadh Seirbheise

CHILDREN AND FAMILIES SERVICE

Child Protection

During 2024/2025, the Service continued to deliver on the Children's Inspection Improvement Plan, particularly around approaches to older young people and in relation to voice and participation. This has resulted in significant progress in child protection, family support, and embedding restorative practice across Highland.

Key developments have been aligned with the Families First Strategy and Keeping The Promise. As a result, we have now been able to move into a broader Child Protection Improvement Plan (as opposed to the inspection improvement plan). This plan includes phase 2 of the Families First Strategy (moving from Home to Highland to Home in Highland).

In relation to child protection (**please see Appendix 1 for the Child Protection Minimum Dataset**), concerns about parental issues remain in the top five reasons for registration, although often co-existing with other concerns. Work is underway with the lead officers from the Child Protection Committee, Violence Against Women Partnership and Highland Alcohol and Drugs Partnership to establish possible joint approaches to addressing parental issues. Neglect also remains in the top five reasons for registration, and the Service is currently developing a neglect toolkit which will be rolled out with appropriate training for staff.

We have also seen growing concerns in relation to criminal exploitation. To combat these concerns, we have introduced the PLACE process and multi-agency partnerships. By working in partnership with Police Scotland, Action for Children, Aberlour and Barnardos, we are now able to provide support for older young people in Highland. The Anchor Project provides an outreach service for younger people at risk of exploitation. Finally, we have also worked with the CYCJ, Youth Action Team and our partners in the Highland Alliance to develop an Older Young People Action Plan to support young people at risk of community harm and those involved with justice services.

The geography of Highland has led us to develop a hub and spoke model for Bairns' Hoose to provide children choice about where they receive the support that is right for them. During 2024, the Service led on refurbishing two adjoining properties in Inverness and a property in Wick, Caithness. Further work to develop interview spaces in Tain and Alness is ongoing.

The Service has continued to develop Bairns' Hoose standards, chairing the Strategic Oversight Board and providing opportunities for teams to apply for Bairns' Hoose funding to support children and young people who had experienced or witnessed harm. Requests included funding for individual activities to support children and families, staff training and consultation work to establish the ongoing needs of children and families following experiences of child protection processes.

Family Group Decision Making in Highland

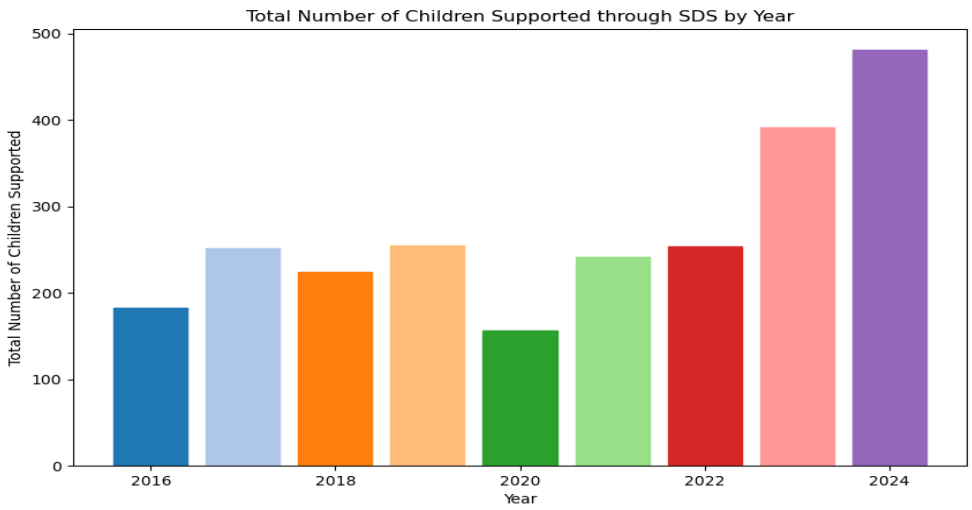
Family Group Decision Making (FGDM) is a rights-based, strength-focused, and future-oriented approach that empowers children and families to have a voice in the decisions that impact them. It enables children and their families to identify their own solutions to challenges and take ownership of the decision-making process. By drawing on the resources of the wider family network, FGDM supports families in developing their own family plan.

FGDM was successfully piloted across the Inverness teams between 2023/2024. Due to positive feedback, it was agreed that FGDM would become embedded in the family teams during 2024/2025. Since its start, almost 150 children (96 families) have been referred to the service with outcomes currently being analysed.

Children's Disability Service

The Children's Disability Service (CDS) continues to provide professionals, parent/carers, and children with access to an additional level of specialist health and social care service where the priority is supporting children with the greatest and/or most complex needs/situations as a result of disability across the Highland area. This year has again seen an increase in the number of children being supported by the Service from early years till transitions to adulthood by 7.8%. The children accessing Self Directed Support (SDS) rose by almost 20% from the previous year.

Total Number of Children Supported through SDS by Year

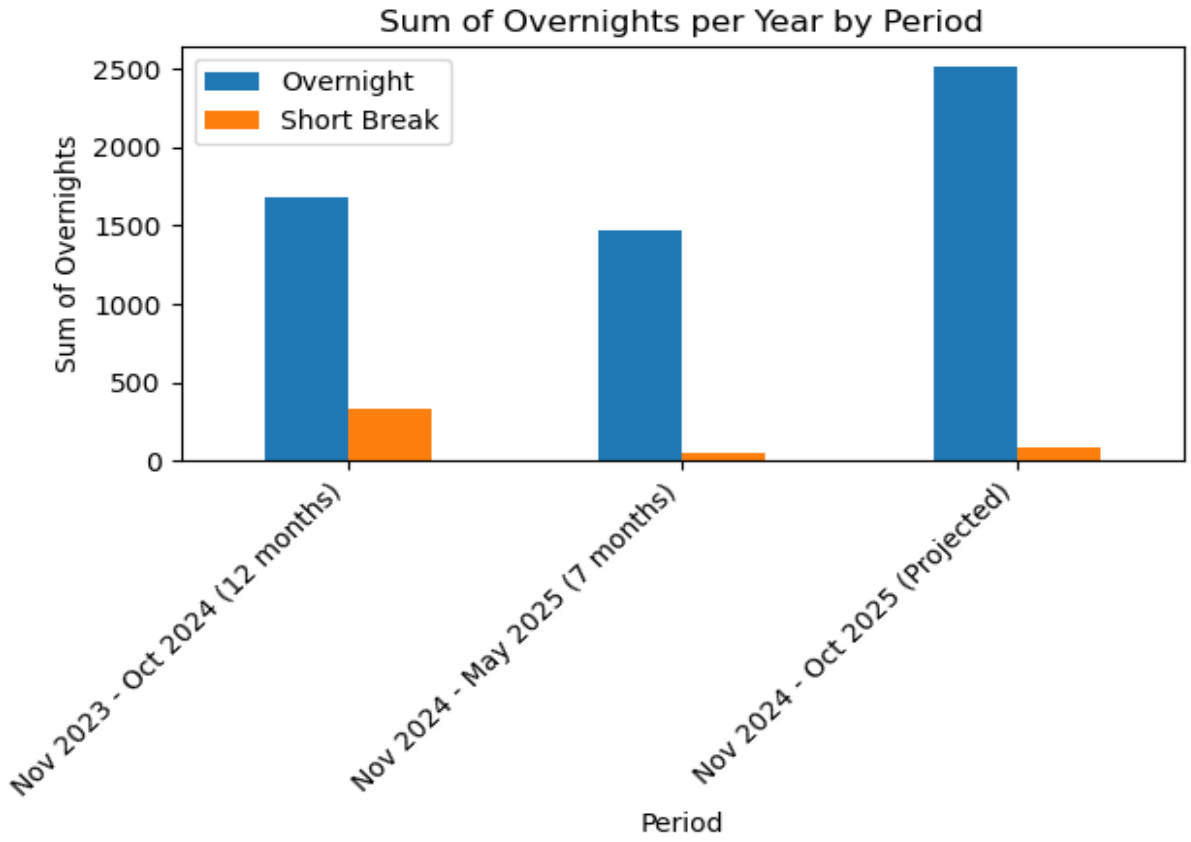


During 2024/2025, the service worked with partners in the 3rd sector, NHSH and SDS Scotland to increase the availability of support to families in Highland from Personal Assistants. This has risen from 17 in 2023 to 72 in 2025. This has enabled an additional 91 children to be supported within their homes.

Consultations with parents / carers and support providers is ongoing to shape the supports available. Between 2023 to 2025, there has been a significant decrease in the number of 3rd sector providers available. In order to provide more sustainable support for care providers we have begun to commission local services within the family home and in the communities.

Short Break Services

The short break service provided by Highland Council (in Inverness, Skye and Caithness) has been unavailable since 2023. However, in partnership with our 3rd sector partners, a short break and overnight care service has been provided.



As we move into 2025/2026, the development of Short Break Provision has been a key target area. This has received the formal backing of elected members with additional funding of £750,000 being agreed in the Council Budget in March 2025. As we move into 2025/2026, projected timelines for the opening of short break provision within the 3 locations have been identified.

Residential Services

During this 2024/2025 annual report period, none of our children's houses were inspected by the Care Inspectorate. However, we remained committed to supporting our young people to focus on their own individual needs and expectations. This included positive school experiences; moving into further education and/or employment; and securing their own tenancies.

The Orchard is a registered home for children and young people in Inverness which comprises of the main building, and two separate facilities in close proximity. The Orchard is registered to provide care for a maximum of 11 children and young people of whom three may be there for short breaks under a shared care agreement.

An unannounced inspection had taken place in December 2023, with an evaluation of 'weak'. The concerning findings of that inspection led to an extensive improvement plan being put in place. When the inspectors returned in May 2024, they noted signs of improvement and graded the inspection 'adequate'. We have remained committed to

making improvements in the Orchard and have invested in the required refurbishments of the main building alongside staff training and development. A more formal review will take place in 2025/2026, with assistance from colleagues in Property and Assets, regarding the long-term suitability of this building for the future needs of this client group.

The Whole Family Wellbeing Programme

The Whole Family Wellbeing Programme (WFWP) is a transformational initiative in Highland, aligned with national strategies such as The Promise, Best Start, Bright Futures, and the National Principles of Holistic Whole Family Support. It aims to deliver early, holistic, and accessible support to families, tackling inequalities and preventing crisis through a whole-system approach.

Governance is led by the WFWP Change Leadership Group, reporting to the Integrated Children's Services Planning Board. Delivery is through nine Local Partnership Network Groups (LPNGs), coordinated by Locality Co-Ordinators. A Strategic Needs Assessment has been completed and is guiding locality-specific priorities.

The WFWP Funding Strategy is structured into three elements:

Element 1: Locality Community-Based Activity Small Grant Fund (grants up to £10k)

- during 2024/2025, £286,583.64 was distributed across 30 projects

Element 2: Collaborative Partnership Fund (grants up to £50k)

- for multi-agency, co-produced projects addressing systemic needs.

Element 3: Transformational Commissioning Fund

- supports Pan-Highland systemic change.

To ensure that the WFWP maximises opportunities within our communities, it is a key component within the Joint Children's Strategic Plan 2025-2030. We intend to expand and develop the LPNG model in element 2 whilst evaluating and scaling successful pilot projects. This offers communities real opportunities to build on the work that has been developed alongside new initiatives, embedding resilience into the communities themselves.

Keeping The Promise in Highland

Highland Promise Board produced their Promise Plan 2025-2028 in February 2025 following significant development work over 2023–2025 (Plan can be found here The Promise - Highland Community Planning Partnership).

Linked to Health & Social Care's commitment to Keep The Promise; in response to Care Inspection findings in 2022; and following UNCRC becoming law in Scotland - a new Children's Rights & Participation Service was developed. Three Children Rights & Participation Officers were recruited in the summer of 2024 and are line managed by the

Programme Manager of The Promise. The service facilitates and develops participation activities for children, young people and families, whilst building staffs confidence and capacity in engagement practice so the voices of children, young people and their families

are at the heart of service planning. The officers also have a key role in implementing the Children & Young People's Participation Strategy.

Asylum Seeking Young People and Resettlement Comraich Service

Comraich is Highland's service that supports unaccompanied asylum-seeking young people as part of the Home Office mandated National Transfer Scheme. Over the past year we have had 17 completed transfers. The young people were all over sixteen years of age. The countries of origin were Eritrea, Iran, Sudan and Vietnam. Sudan is now our biggest population of young people within the Comraich service.

Working in partnership with our housing colleagues and third sector organisations, we have been able to provide safe, short-term housing for our young people while they await the outcome of their asylum application. Our housing is provided across Highland in a mixture of property types. Our young people provide us with positive feedback on the services they receive from the support team, and we are guided by their lived experiences in developing services to best meet their needs. In addition to this we have continued to monitor and evaluate our service delivery, through quality assurance processes, focus groups and regular core group meetings. Due to positive feedback from both the young people and Home Office colleagues of our approach, COSLA invited Comraich to present at a Humanitarian event in November 2024. All staff working within the Comraich umbrella should be proud of their positive impact they are having on so many traumatised young people.

Since May 2024, a multi-agency collaboration between the Military, Highland Council, NHSH and other partners, supported families following their relocation from Afghanistan, in the Cameron Barracks in Inverness. Families were provided with urgent medical care and registered with local GP services. Children's social work and child health staff worked closely with NHSH to deliver health support to children under 5 years and collaborated with Education Services to ensure education and school nursing input was available.

Health Visiting Services established weekly clinics on the army base and worked alongside Community Midwifery and Vaccination Teams from NHS Highland to address outstanding health needs. They also delivered the Universal Health Visiting Pathway, ensuring families received the same standard of care as any UK citizen.

JUSTICE SERVICE

Justice Social Work Reports

Justice Social Work Services continue to produce both quarterly and annual reports that detail performance across a range of quantitative and qualitative measures. These reports—illustrated in *Figure 1* below—demonstrate how Justice Services contributes to the three key outcomes outlined in the *National Outcomes and Standards for Social Work Services in the Criminal Justice System*: Reducing offending, Protecting the public and promoting social inclusion.

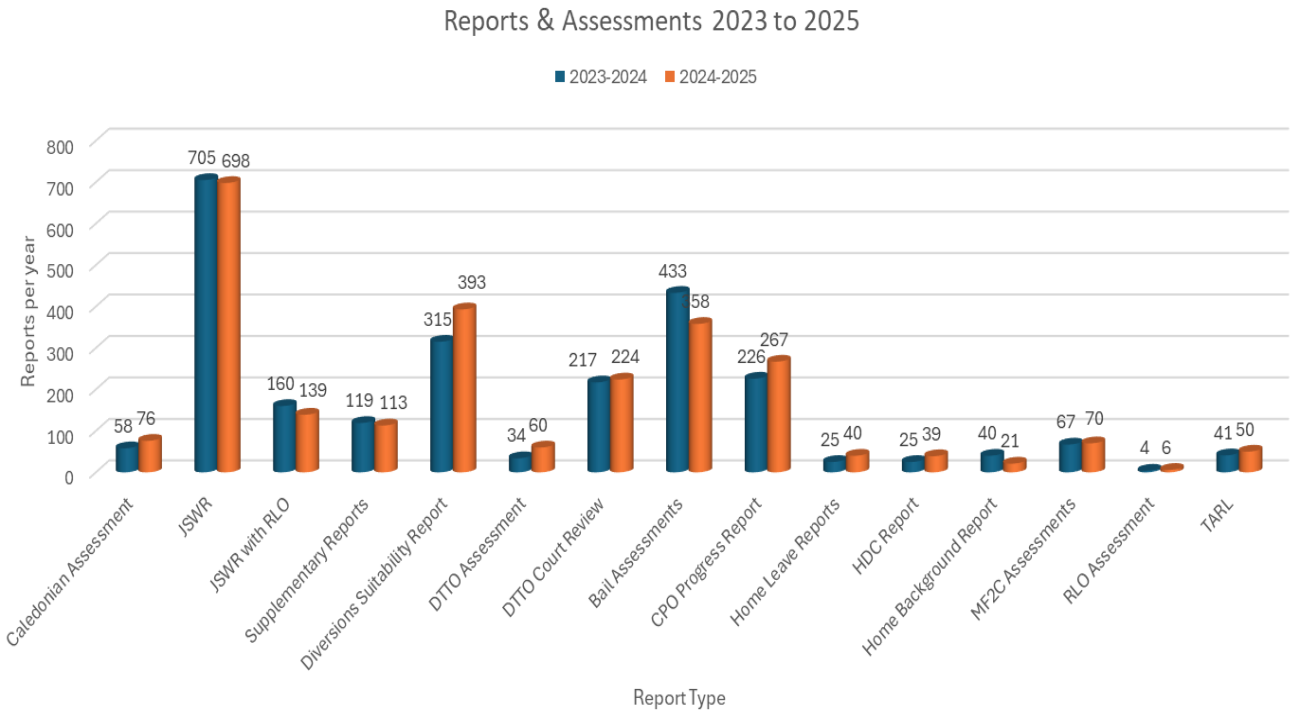


Figure 1 - Reports & Assessments 2023-2024 & 2024-2025

Between the financial years 2023/2024 and 2024/2025, there were notable fluctuations in the number of reports across various categories. Despite some areas experiencing a decline, the overall volume of reports increased by 3.44%, reflecting a modest but positive trend in reporting activity.

Among the report types, Drug Treatment and Testing Order (DTTO) Assessments showed the most substantial growth, with an increase of 76.47%. This was followed by Home Leave Reports, which rose by 60%, and HDC Reports, which increased by 56%. These increases suggest a growing emphasis on community-based monitoring and temporary release evaluations.

In addition, Caledonian Assessments (domestic abuse offences) and Diversions Suitability Reports demonstrated strong upward trends, increasing by 31.03% and 24.76%, respectively. These increases may reflect a broader shift toward rehabilitative and diversionary approaches within the justice system.

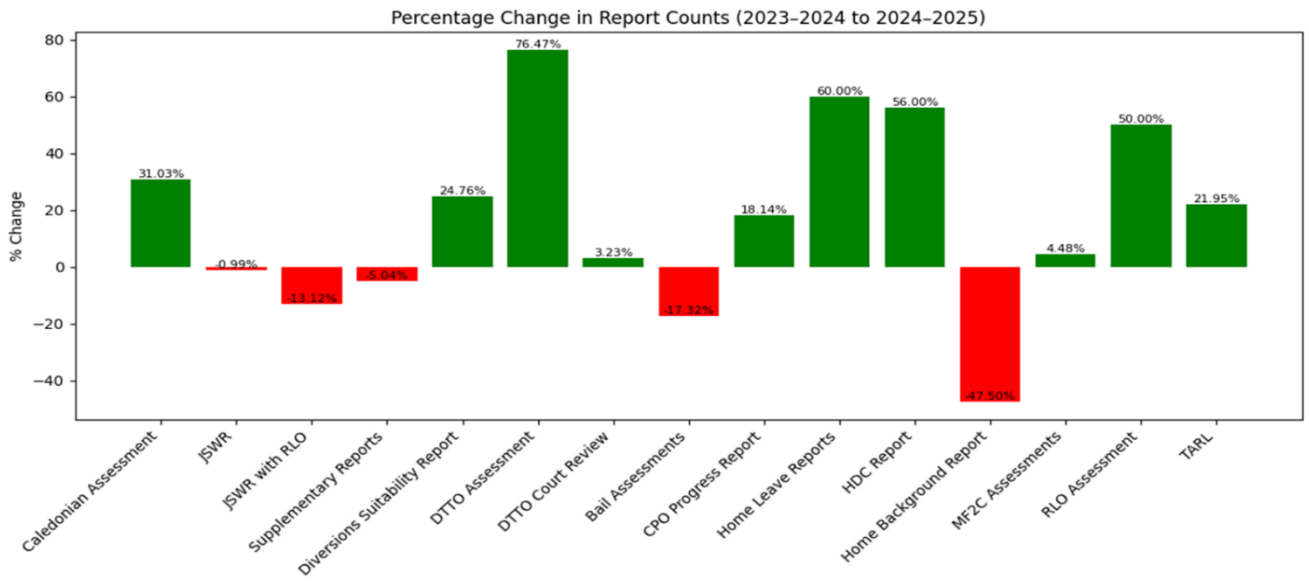


Figure 2- Percentage Change Chart highlighting Positive and Negative values

The Throughcare Assessment for Release on Licence Report (TARL) has been actively used since its formal implementation in 2023. This will be in place of the Home Background Report – hence the reduction articulated in the table.

HMP Inverness

Work continues on the building of the new prison in Inverness. This new prison will see capacity doubled to 200 prisoners and will allow more adult men from the Highlands and Islands to be accommodated in their local area, improving access for families and services. It is expected to open in 2026. We await confirmation regarding the population profile as this will inform the requirements of the prison based social work team.

Multi Agency Public Protection Arrangements (MAPPA)

The Responsible Authorities within the Highlands & Islands are:

- Highland Council
- Orkney Islands Council
- Western Isles Council
- Shetland Islands Council
- Police Scotland
- Scottish Prison Service
- NHS Highland
- NHS Orkney
- NHS Eilean Siar
- NHS Shetland
- The State Hospital for Scotland

These agencies are responsible for the assessment and management of risk presented by offenders who are subject to MAPPA. The NHS Boards and The State Hospital are Responsible Authorities in respect of Restricted Patients only and are deemed Duty To Cooperate Agencies in respect of Registered Sex Offenders.

As at 31/3/2024, the number of Registered Sex Offenders living in the community in Highland was 252, with a further 90 being in custody. Whilst this population remains a very small part of the general population, there has seen a 20% increase in managed offenders

within MAPPA since 2021. Further, as we are seeing an aging offender demographic, we are engaging with colleagues in adult social care due to the issues that this presents.

ADULT SOCIAL CARE

Care Home Overview

Highland relies heavily on the capacity, availability and quality of independent sector care home provision as part of the wider health and social care system, and crucially, to enable flow within this system. As in previous years, there have been continued concerns regarding independent sector viability over the last 12 months, mainly around the ongoing operational and financial sector pressures relating to small scale, remote and rural provision and the challenges associated with attracting and retaining staff, and the financial impact of agency use.

As of 1 April 2025, there were a total of 62 care homes across Highland, 45 of which are operated by independent sector care home providers and 17 of which are in house care homes operated by NHSH. Quality standards within care homes - and care at home – are governed by the Care Inspectorate. Highlighted in Appendix 2 are services inspected during this reporting period.

Spend on commissioned care home provision is around £59.9m pa, with in house costs around £19.2m pa – a total of £79.1m pa on care home spend. There are currently around 1,856 care home beds commissioned or delivered, with approximately 84% of beds commissioned from independent providers.

Over the course of 2024/2025 the following areas have represented key issues in relation to independent sector care home delivery:

- **National Care Home Contract (NCHC):** fee settlement was reached in March 2024 for fees to apply for 2024/2025. Whilst this was accepted nationally by most Scottish Care members, this was highlighted by Highland providers as not fully covering the cost of care. The NCHC presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract (NCHC) rate is calculated on the basis of a 50-bed care home, operating at 100% occupancy.

- **Recruitment:** Independent providers (and NHSH care homes) continue to experience difficulties in recruiting and retaining staff and this represents a high risk across the sector. The most significant difficulties are with recruiting nurses to work in care homes. There is an increasing use and reliance on overseas recruitment, which is a slow and expensive process, time consuming and requires available accommodation and additional support for these staff to settle, learn cultural differences in delivering care and integrate into a foreign country. The input from the Care Home Career and Attraction Lead has been key to supporting this area.

- **Large Scale Investigations (LSIs):** there were 4 LSIs in care homes across Highland during 2024/2025. All these care homes received significant support from the Partnership across several areas to support the provider to make and sustain improvements.

Market and Service Changes

There have been 6 independent sector care home closures since 2022 with the last closure being a 50 bedded care home in April 2024. There have been three care home acquisitions by NHS Highland/The Highland Council since November 2020 with the latest acquisition, Moss Park, Fort William concluding in April 2025 as confirmed below. A common theme across all the closure and acquisition situations relate to staff recruitment and retention, the cost of securing agency and financial viability.

It is also relevant to note that there have also been temporary closures within our in-house care home provision. During 2024/2025, 2 care homes have temporarily closed with one reopening in November 2024 and the other due to reopen in May 2025 after an extensive recruitment campaign. These have arisen due to acute staffing shortages which has meant that the services have not been able to be safely and sustainably staffed.

The cumulative and current impact of the care home closures since March 2022, is a reduction of 204 registered beds. However, in terms of forward developments and expected capacity, the following is understood:

- There is additional capacity becoming available in June 2025 in the new build 56 bed care home in Inverness.
- There are planning applications intended for 2 care homes for additional wings, which will provide a further 22 beds. Subject to planning approval, work is expected to begin later in 2025.

The above developments will create a total of 78 beds.

Care at Home Services

There are currently (April 2025) 16 providers of care at home services, commissioned by NHS Highland, delivering around 9,200 hours of provision per week. Total expenditure on commissioned care at home services is around £14.5m per annum. Activity levels have been consistently reducing over recent years, with a reduction of around 1,000 hours in activity since March 2021.

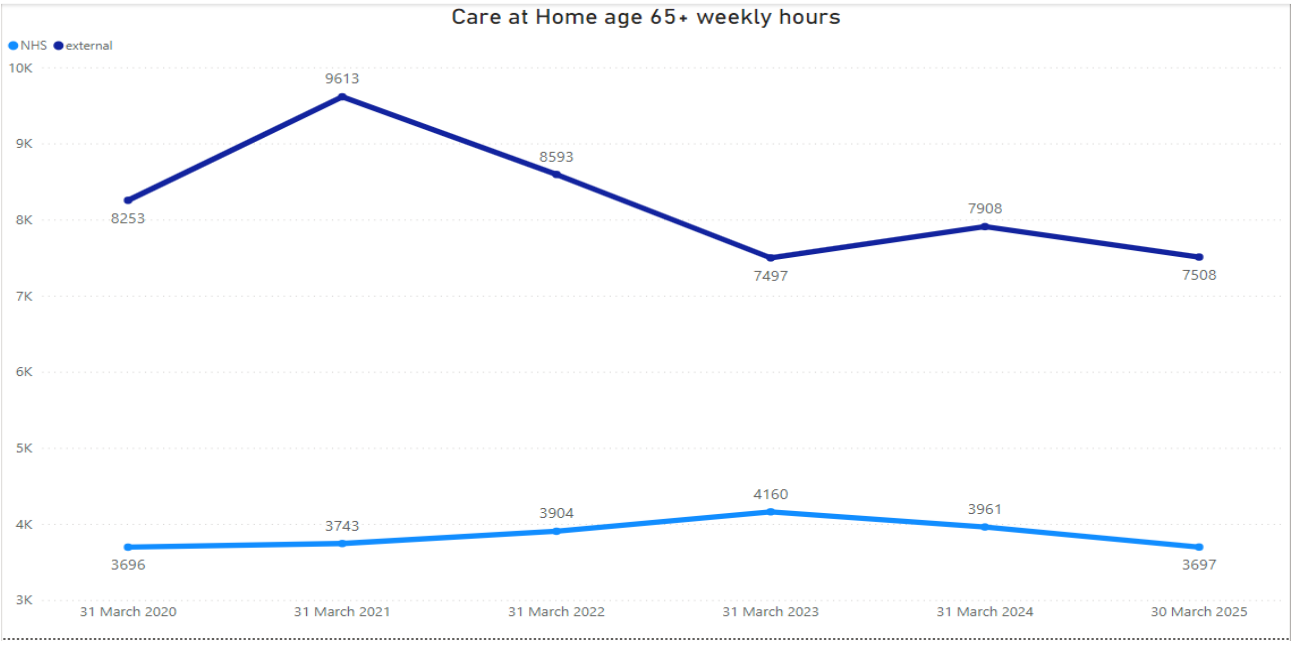
NHS Highland also delivers care at home services and has 9 registered services delivering around 4,150 hours of provision per week, at an annual cost of £18.1m pa. In house activity levels have been reasonably static over recent years, with a small increase in overall provision specifically due to service cessations/closures that are now delivered in house where the sector has been unable to provide a replacement service. There is significant operational variation of these services across geographies.

- There is currently in the region of 2,980 hours per week of unmet need (April 2025), with 43 people currently delayed in hospital waiting for a care at home package.
- Various mitigating actions have been undertaken to seek to reduce the decline of commissioned volumes and move towards increased activity, through the development of provider proposals and implementation of a tariff review in October 2024, at an annual projected cost of £0.368m. This review reflected increases for operator costs and carer mileage.
- There is a reduced workforce from which to recruit, providers are unable to attract and retain staff due to lower terms and conditions, role demand and perception,

NHSH recruitment from sector providers, and there are increased obstacles and restrictions from overseas recruitment.

- The measures previously implemented have not been sufficiently significant to address this downward trend.

There have now been 5 care at home provider terminations since December 2023, with a loss of around 1,100 hours per week. Some of the subsequent service transfers have been to other independent sector providers, but activity has transferred to in house provision, resulting in greater cost and pressure on single services.



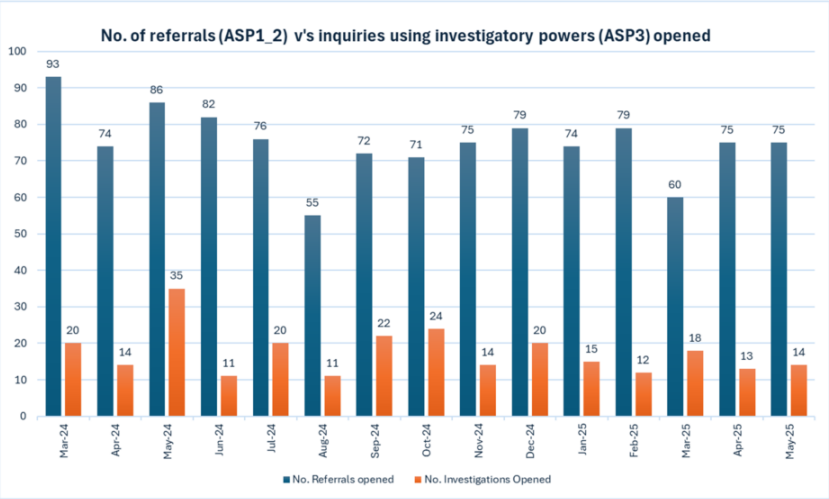
Strategic Direction

NHSH/THC have been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is the direction as set out in the Joint Strategic Plan. However, there has been and continues to be, immediate and operational challenges due to anticipated care home closures, which require to be addressed.

Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered out of necessity. Further, work to progress a care home strategy, commissioning plan and market facilitation plan has been delayed due to operational pressures.

Crucially, capacity has now been created within the Partnership's joint Transformational Programme – with Highland Council having identified £20m to encourage and drive forward transformational change. This transformational activity will consider sustainable forward local care models with particular emphasis on localities and community ownership and empowerment, ultimately leading to a different model of care across Highland.

Adult Support and Protection
Adult Support and Protection activity across social work with other key partners remains a significant component part of adult services statutory practice.



2024/25: conversion rate of ASP1 to ASP3 = 24%

Q4 2024/25 conversion rate = 21%

There is a commitment to auditing, reviewing and implementing recommendations in relation to adult protection practice in social work. The most recent audit concluded that there is clear evidence of good practice, particularly in multi-agency collaboration, timely interventions for risk analysis and decision making when supporting a person. Many adults have experienced improved safety and wellbeing as a result of an ASP process. Improvements from part of an overarching action plan.

Adults with Incapacity.

In Highland there are currently 978 people who are subject to Welfare Guardianship orders.

	Mar 25
Private Welfare Guardianship (PWG)	680
Local Authority Welfare Guardianship (LAWG)	298
Total	978

An audit of social work services in relation to the review of Welfare Guardianship orders is being undertaken in May 2025. This will examine Guardianship reviews – timescales and quality of.

MENTAL HEALTH OFFICER SERVICE

Adults with Incapacity Act 2000: The 2000 Act

The bulk of statutory AWI work undertaken by MHOs is in the form of Court reports in respect of Local Authority and Private Welfare Guardianship applications. Welfare Guardianship Orders and/or Intervention Orders are used, where necessary, to provide a legal basis for the provision of care and support to individuals deemed to lack the mental capacity to make specific decisions independently. The local authority has a duty to supervise private guardians in their use of powers under the 2000 Act. Where an order appears to be necessary, and there is no person able or willing to apply, the Local Authority has a responsibility to do so. In such cases, the CSWO becomes the local authority guardian.

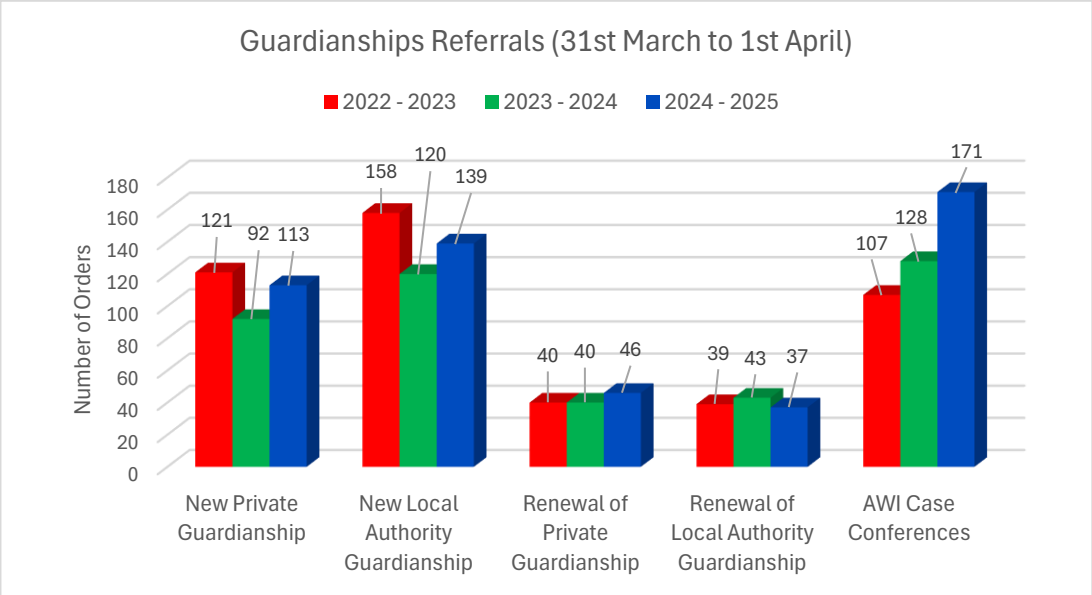
AWI case conferences continue to increase year on year. Following the use of emergency legislation in 2021 and returning to ordinary working practice, the number of guardianship applications and renewal requests has remained significantly high. This persistent volume must be managed within current capacity, which is very challenging. Allocations are carefully considered to prioritise the most vulnerable individuals in the community, and individuals awaiting hospital discharge.

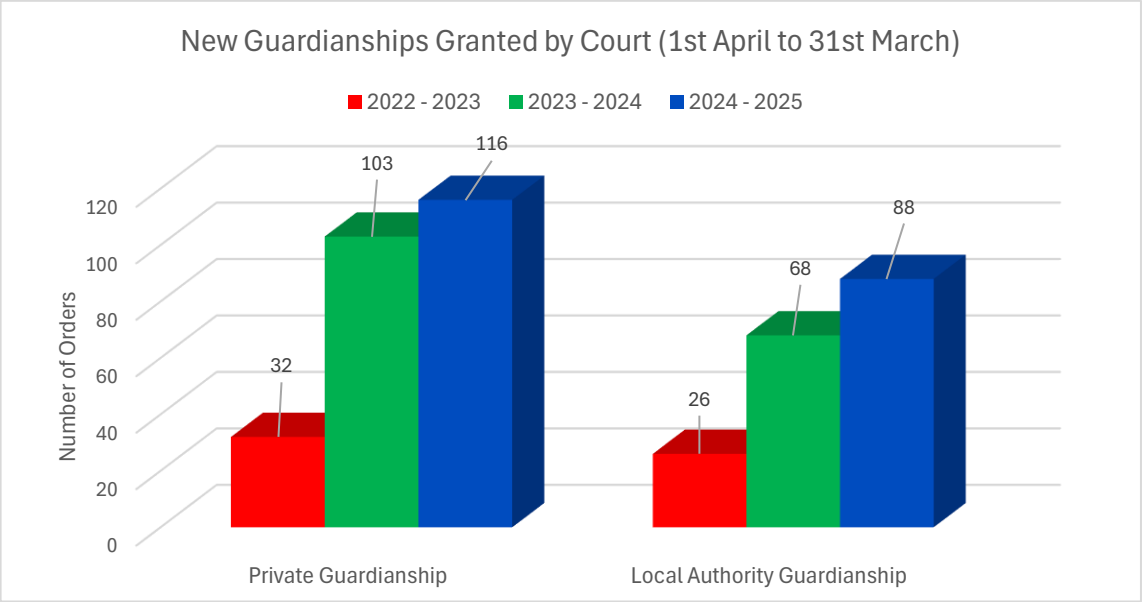
A complete redesign of how AWI tasks are triaged and allocated has been implemented in the past year. The point of Highland MHO Service allocation is now aligned with the commencement of statutory MHO responsibilities. Other elements of the administrative process are managed by NHS Highland colleagues.

There has been a sharp rise in the court appointing a safeguarder to represent and safeguard the interests of adults with incapacity in legal proceedings. These requests have significantly increased following developments in English incapacity legislation and subsequent Scottish case law. The fees for safeguarders are often charged to the Highland MHO Service budget, which has caused a significant budget pressure. This was

highlighted as a pressure to Council and subsequent one-off funding (£100k) was allocated to offset this cost.

Highland demographic projections indicate a sharp rise in our aging population, which will likely lead to a continual increase in AWI referrals. Assessing impact of this is actively being reviewed.

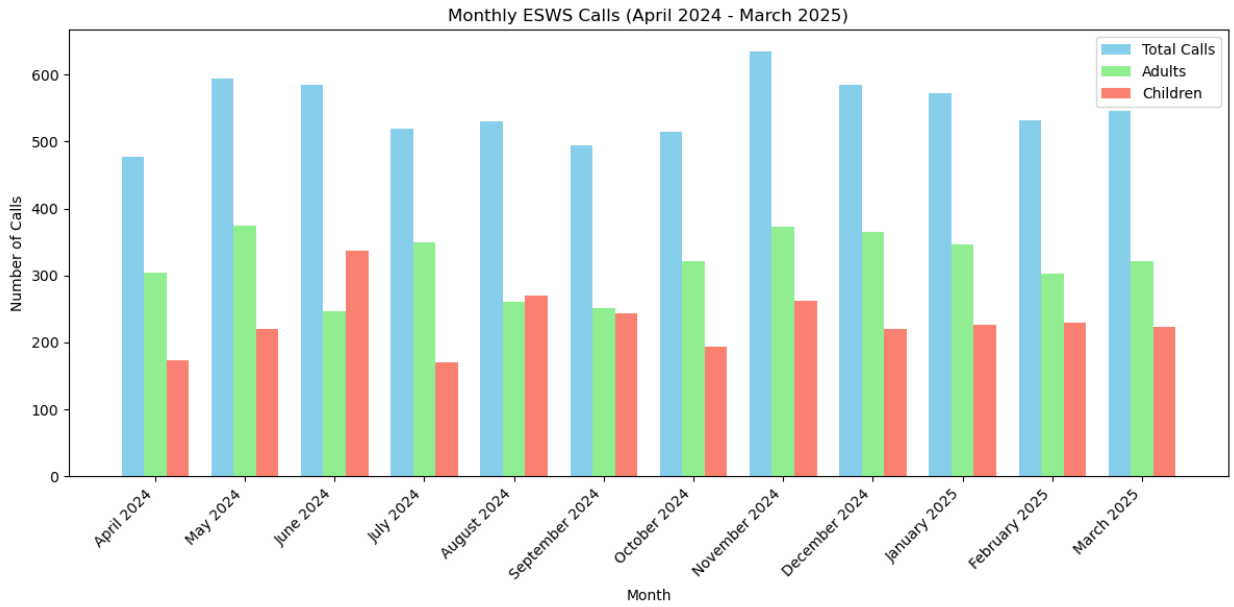




EMERGENCY SOCIAL WORK SERVICE (ESWS)

The Emergency Social Work Team (ESWS) continued their key role in ensuring social work and social care concerns were dealt with out of office hours. The ESWS is a dedicated standalone team, with all staff being qualified mental health officers. As a result, they are able to provide professional advice to colleagues specifically in relation to mental health legislation.

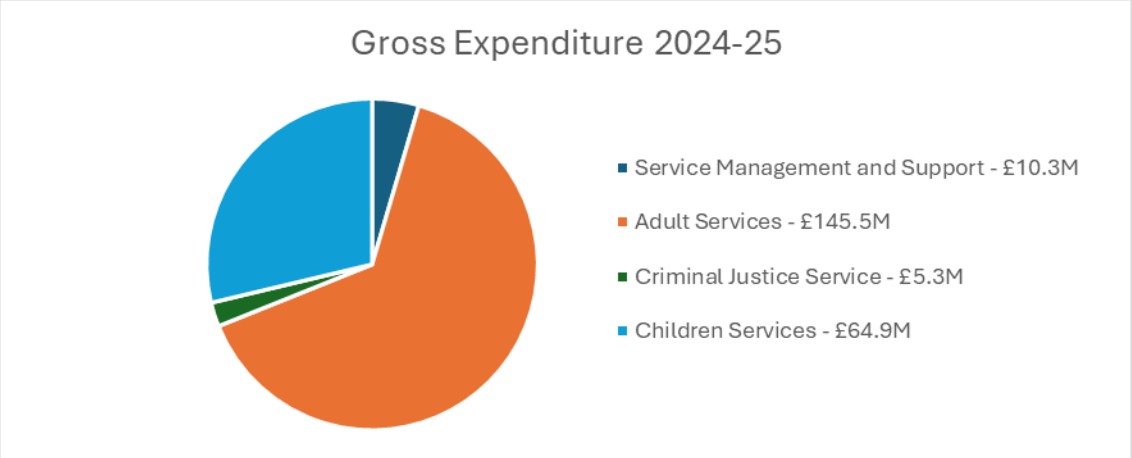
During the year, there were a total of 6585 calls, the majority being in relation to adult concerns. The graph below articulates periods of increased demand, which often correlates with school holidays or other social factors.



During 2024/2025, 57.98% related to adult calls, whilst 42.02% were for children. This saw a slight change from the previous year with child calls increasing (was 38.63% in 2023/2024). This increase appears to correlate with increased pressures on the family teams. In relation to adult calls, the appointment of managers in some areas of Highland to manage the care at home services out of hours (as part of its day-to-day service delivery), had a positive effect on ESWS as they did not need to pick up this activity.

Resources
Goireasan

The gross expenditure on social work and social care services for the financial year 1st April 2024 to 31st March 2025 totalled £226M which is a significant percentage of the overall Highland Council budget. The below chart illustrates the component parts of the service.



Children's Services saw a £4m overspend at the end of 2024/2025. The most significant cost being in the area of care experienced children and residential placements for those with complex needs who could no longer be cared for at home. Highland are also experiencing a growing demand for SDS packages which are now showing as a major pressure for the services.

The Service has also been required to make redesign and efficiency savings; these are proving very challenging with historic unachieved savings adding to the overspend of the service. These cost pressures are partially offset by the high number of Social Worker vacancies across the Services, which although is a national challenge is a more significant issue within the rural communities of Highland.

The Justice Service expenditure totalled £5.3M in 2024/2025 and is fully funded by Grant from the Scottish Government. Due to the geographical spread of Highland, pressures exist around service delivery within communities. Staff vacancies do exist.

As part of the lead authority model the delivery of Adult Social Care is delegated to NHS Highland, the total expenditure in 2024/2025 was £142.445m This Service is under continued pressure with the increased demands as the needs of our adult population becomes more complex. This Service has also been required to achieve significant savings and these are proving very challenging to achieve.

Moving into 2025/2026 period, the service will be reporting into the Budget Review Group (chaired by THC Chief Executive). This group scrutinise spend and savings targets. Working closely with finance colleagues, an agreed action plan will be identified to enable close monitoring and control of budgets whilst highlighting pressures, as they arise.

Workforce (Training, Learning and Development)
Feachd-obrach (Trèanadh, ionnsachadh is leasachadh)

The creation of the HSCW Workforce Plan 2022/2025, has given clear focus for the service and organisation due to the numerous workforce challenges being faced. Summary includes**:**

- At the end of March 2025, the vacancy rate within children's social work was 44%. This figure has been affected through the creation of new teams within the Families First Strategy where internal staff movement across services has resulted in vacant front-line posts (whilst vacancies are a concern, we have also been able to a retain skilled staff within the organisation).
- There was a positive movement regarding staff turnover where this reduced from 14.7% to 10.5% in 2024/2025. However, this also impacted on the above vacancy rate.
- Critical key posts have been identified for succession planning following the introduction of a succession planning toolkit. This have been rolled out across the Senior Management Team who are using this to inform the workforce plan.
- The rolling trainee programme has successfully delivered 4 newly qualified social workers in 2024. Further, trainees have been allocated posts within their local community to help retain them in the future.

Actions we are taking to address recruitment and retention issues:

- Reviewing long standing vacancies to determine if work can be organised differently.
- Implementing a different workforce model where some longstanding social work vacancies are being converted into fixed term Social Work Assistants posts alongside other support worker roles. This is adding more resilience to the teams.
- A full review of all support worker roles has been triggered to enable more targeted tasks but also, to create clear progression routes for staff, should they wish to pursue this.

Staff Wellbeing and Performance

We introduced several important updates to support staff health and wellbeing at work. Firstly, the new Violence and Aggression Reporting System via Assure now requires an investigation before cases are closed – thus ensuring the incident is assessed fully.

Our Physiotherapy Service is completely free of charge—for both staff and service areas. Staff can access up to six sessions either virtually (via Teams across Highland Council) or in person (currently in Inverness only). We encourage staff not to ignore discomfort or pain as early support is available. Lastly, training is now available from PAM, our occupational health provider, on how to make effective referrals for Occupational Health, Health Surveillance, or Physiotherapy.

Trainee Social Worker Scheme

The trainee social worker scheme in Highland is playing a key role within the workforce plan. We access the Higher Education Institute (HEI) - the Open University – as they have significant experience and success regarding distance learning, which, given Highland's geography, is a significant and necessary consideration.

In recognition of the skilled and experienced workforce within Highland's wider workforce and current recruitment difficulties in social work, the scheme was extended to include up to 1 external candidate in 2025. As expected, the recent advert for 4 Trainee Social Workers in 2025 has proved popular with interviews planned for June 2025.

THC currently employs 9 Trainee Social Workers with 5 Trainee Social Workers due to graduate in 2025 (4 in Care and Protection Teams and 1 in Justice). This marks continued success in the 'Grow your own' programme across Highland.

Highland Council Social Work placements 2025

(10 placements: 9 Open University students and 1 Dundee University student)

The Principal Officer within Social Work continues to chair the steering group for the Open University and represents THC on the development group for the pilot Graduate Apprenticeship in Social Work. The Open University and Robert Gordon University plan to develop their own Graduate Apprenticeship in Social Work following the pilot due to start in October 2025 (by the University of the West of Scotland).

The Practice Educator continues to represent THC at joint Practice Educators and HEI's workshops and was the Practice Educator to 6 Trainee/ Student Social Workers so far in 2025.

Whilst we have, and continue to try, to recruit experienced staff, numbers are very small. Consequently, we have an imbalance in our services due to increasing numbers of newly qualified staff. Further, as newly qualified staff have to take on additional learning, their ability to help reduce workload demands, is reduced. The Trainee Social Work scheme currently runs bi-annually and we remain committed to this scheme as it is helping us retain

and attract into social work posts. Consideration is currently being given to whether an annual intake of students should happen. However, this needs to be fully costed.

Adult Social Work

Continuing to grow and develop the trainee scheme continues to be a major driver within Highland. In Adult Social Work services, there is currently:

- 5 Trainee social workers
- 2 Trainees graduated in November 2024 (bringing the previous number from 7 to 5)
    - 3 Trainees will graduate by the end of 2025
    - 1 will graduate in 2026 and the other in 2028.

The scheme has been a success and we are growing and sustaining the availability of practice educators, to enable social work team managers to consider a trainee when a vacancy arises. There are currently 10 educators with a further 2 undertaking the training this year.

Further, there are currently 6 newly qualified social workers in post in adult services, individually and collectively they receive dedicated support to ensure they are meeting the requirements of their registration

Continuous professional development has been an area of focus in addition to statutory and mandatory training requirements. There has been a successful suite of sessions over the year including:

- Chronologies
- Risk Assessment
- Case Recording
- Supervision (for managers and seniors)
- Practice Educator development day

Adult Services have developed a social work and social care practice and service model. This is based on the themes from the SDS standards, outcome focussed standards and relationship-based practice. The implementation will be a focus through 2025/2026.

It is essential that the service becomes suitably informed by data. The planned replacement of the social work recording database will assist significantly with this.

As demonstrated throughout this report there are areas of improvement and transformational work that is enhancing practice and improving outcomes. However, the level of sustained demand on reducing social care services and increasing adult protection activity and demand for supporting with hospital flow means an ongoing and sustained pressure on the workforce.

In adult services, staff vacancies are creating pinch points of risk to service delivery in certain areas of highland. However, the volume of vacancies in their entirety is not out of line to vacancy rates nationally**.**

North Partnership Newly Qualified Social Work Conference

The Newly Qualified Social Worker (NQSW) Supported Year was fully implemented nationally in October 2024. To assist with this, a North Partnership conference for our NQSWs was held in April 2025. The event was open to final year students and Social

Workers in their first two years of practice working across Children's Services, Justice, and Adult Services.

The event at the Drumossie Hotel attracted 88 delegates from across Highland, Moray, Argyll and Bute, Shetland, Orkney and Eilean Siar. Funding from the Scottish Government enabled this rare and highly valuable opportunity for staff across the North and West to come together to learn and support each other.

World Social Work Day

As Chief Social Work Officer, I have given a commitment to bringing social work staff from both THC and NHS Highland together to celebrate World Social Workday. We have hosted very successful events in March 2024 and 2025 – with guest speakers and workshops – and work is underway in preparing for 2026. As a profession, it is important that staff are able to come together to learn and grow, but also, to be supported by one another.

Introduction to Equality, Inclusion and Children's Rights.

We provide **Introduction to Equality, Inclusion and Children's Rights** training for staff across health and social care and education. Within this is a focus on identifying and addressing bullying.

Collaboratively, with Highland One World and ACAMHA (African, Caribbean, Asian and Mixed Heritage Association), we have established the Highland Anti Racist Education Network.

Looking Ahead
A’ coimhead air adhart

During 2024/2025, Highland social work and social care services have remained focussed on the challenges they are being presented with, whilst also identifying innovative solutions to these. We have remained committed to learning and development for all staff thus ensuring we have a suitably skilled and informed staff group.

Significant pieces of legislation will be introduced either later this year or next year. These include:

- Care Reform (Scotland) Act 2025
- Children (Care and Justice) (Scotland) Bill

The above will have significant impact on our services and we are currently focussed on what this will/could mean for practice, our clients, and THC and NHSH.

There will be changes to the funding formula for Justice Social Work and we remain concerned that the rural and urban landscape of Highland may not be fully acknowledged or addressed within this formula.

Workforce challenges, increasing demand and budget pressures will require continued focus.

Whilst the above will present significant challenge, the improvements that have continued to be made during 2024/2025 demonstrate the commitment and dedication of all to strive to improve and better service delivery, so that the public are protected as well as supported to achieve better outcomes.

Appendix
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Appendix 1 Child Protection Minimum Dataset

Appendix 2 Care Homes and Care at Home Services: Care Inspectorate Grades

Appendix 1: Child Protection Minimum Data Set Report

Child Protection Register – Numbers & Rates

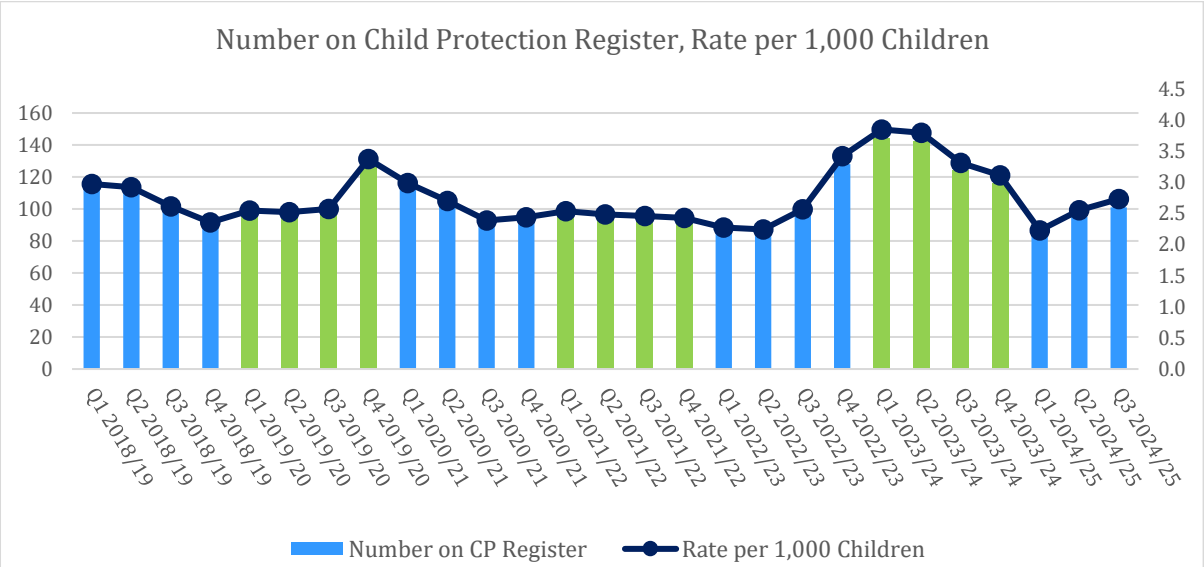

Chart 1: Number of Children on the Child Protection Register and Rate per 1,000 Children Registered

Chart 1 above shows the number of children registered on the Child Protection Register. Large sibling groups being registered or de-registered can also impact on overall figures.

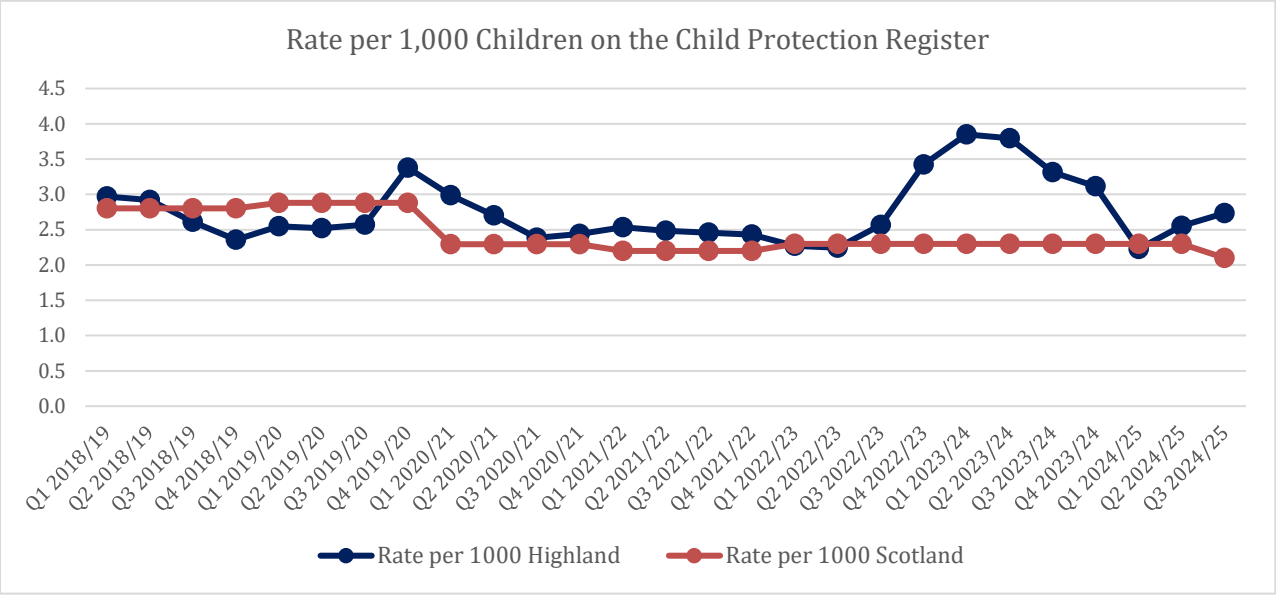

Chart 2: Rate per 1,000 Children on the Child Protection Register – Highland Council v Scotland

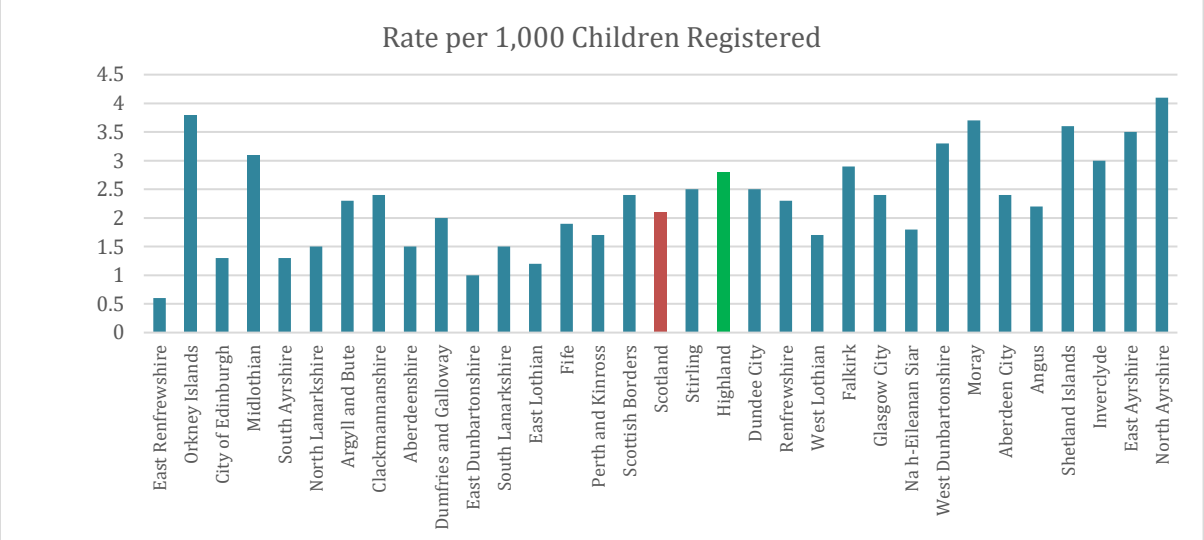

Chart 3: Rate per 1,000 Children on the Child Protection Register – Highland Council in comparison with other Local Authorities

The Scottish Government have published their 2023-2024 Social Work Statistics which shows the national Rate per 1,000 Children Registered in Scotland has decreased slightly from 2.3 to 2.1 – seen in Chart 2 above.

In Highland, in Q1 2024/2025 the Rate per 1,000 Children Registered was at 2.2 – very close to the current national average. But with the current higher number of children registered in Q3, Highland now sits above the national average at 2.7. However, this is the 3rd lowest in the last 8 quarters.

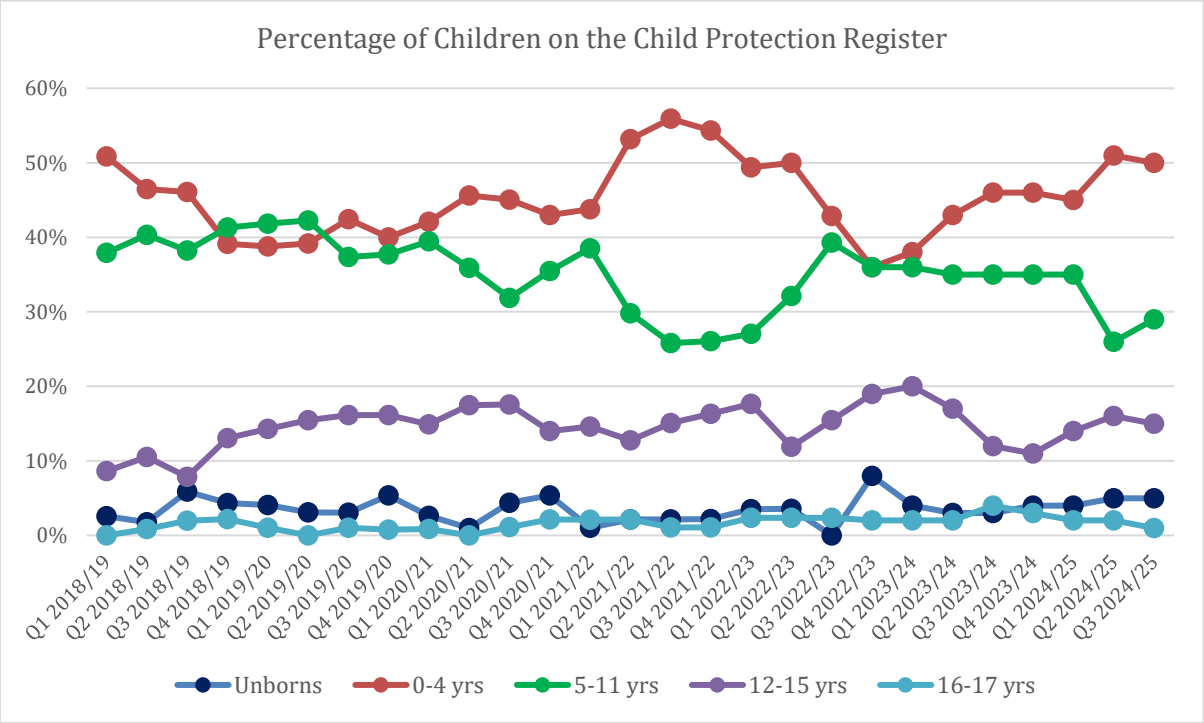

Chart 4: Percentage of Children in Age Bracket on the Child Protection Register

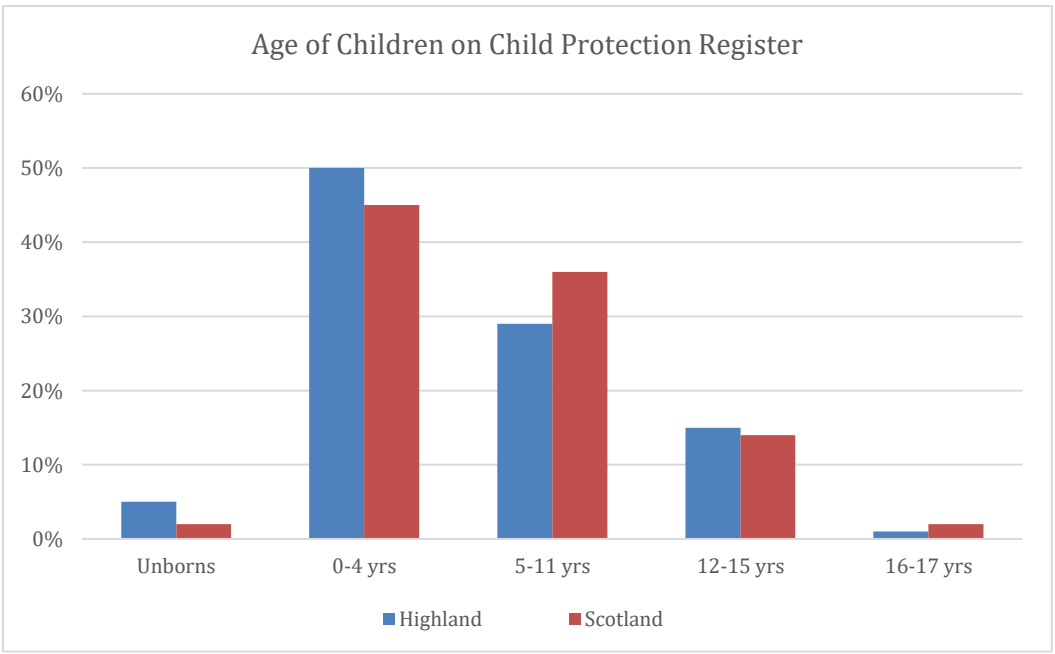

Chart 5: Percentage of Children in Age Bracket on the Child Protection Register

Chart 4 above shows the proportion of children registered on the Child Protection Register at the end of each quarter by age. As can be seen, 0–4-& 5–11-year-olds make up the highest proportion of those registered since Q3 2019/2020. From Q1 2023/2024 there has been a rise in 0–4-year-olds, although in the most recent quarter we see a decline. This movement coincided with a drop in 5–11-year-olds, but again there is movement towards

more normal levels. Despite some gentle undulations, the remaining 3 age brackets have stayed at constant levels. The percentage distribution we see now represents more of a return to normal levels following unusual movement in Q2 2024/2025 & Q3 2021/22.

Chart 5 above shows the age of the children currently on the Child Protection Register compared to the national figures, as released in the 2023-2024 Social Work Statistics publication. Highland shows a slightly higher number of 0–4-year-olds and a slightly lower number of 5–11-year-olds, when compared to Scotland. Although, there has been a levelling of these figures recently in Q3 2023/2024, Chart 4 illustrates the change.

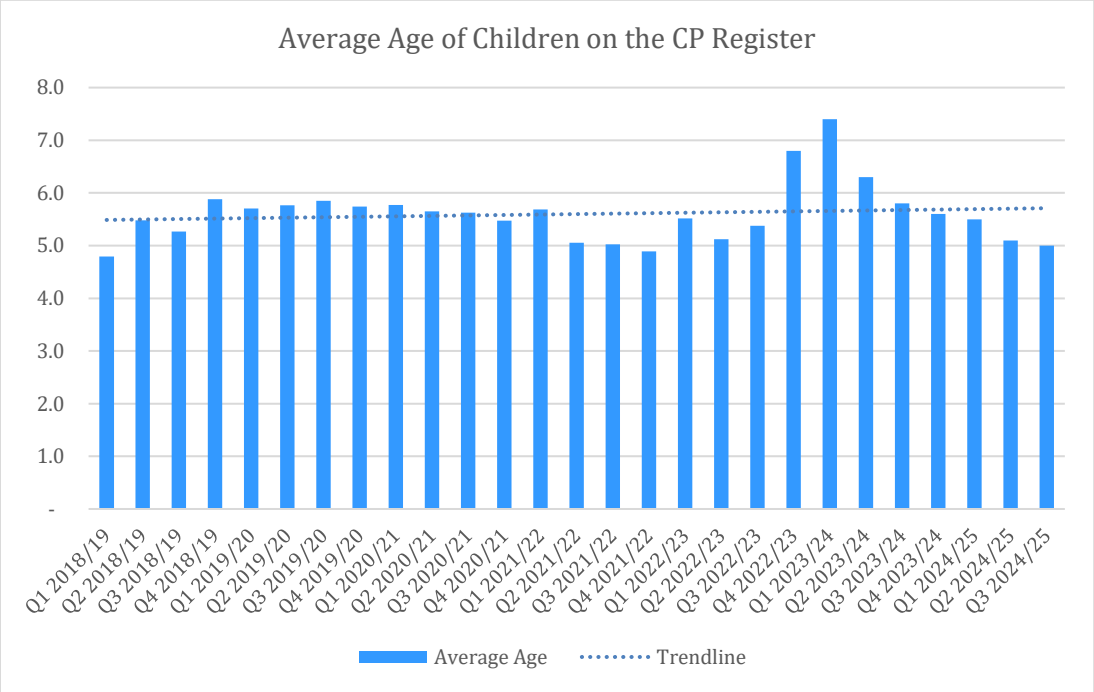

Chart 6: Average Age of Children Registered on the Child Protection Register

Chart 6 above shows the average age of all children registered on the Child Protection Register – including those unborn. There has been a gradual decline in the age of children that are registered since Q1 2023/2024 although in the most recent quarter the decline is less pronounced at only -0.1.

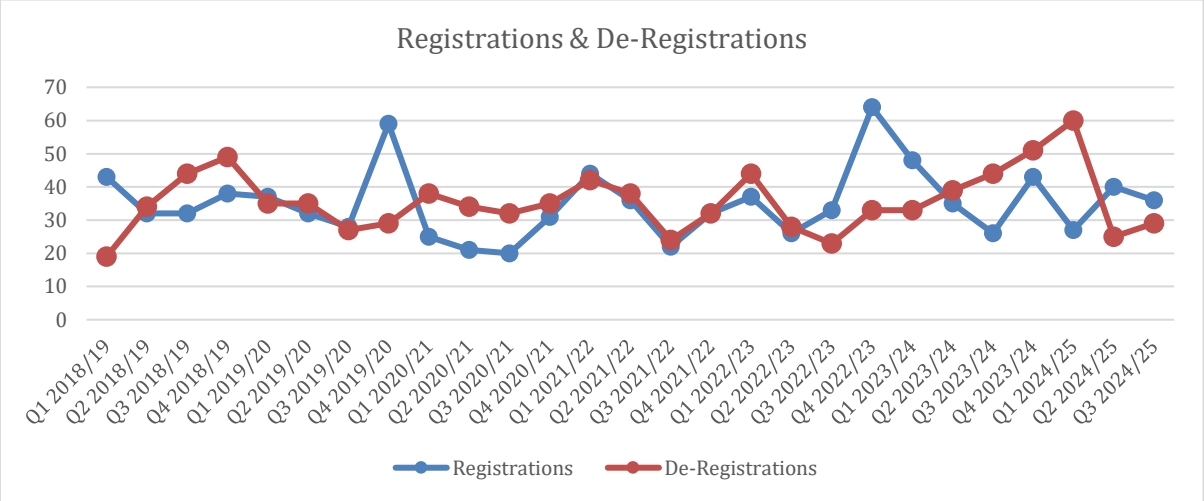

Chart 7: Registrations & De-Registrations of Children on the Child Protection Register

Chart 7 above shows the number of quarterly registrations and de-registrations from the Child Protection Register in the period. Historically overall numbers tend to follow each other closely. However, in Q1 2024/2025 we saw sharp drop in de-registrations following a

steady rise from Q1 2023/2024. There now a return to more familiar levels. Again, it should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

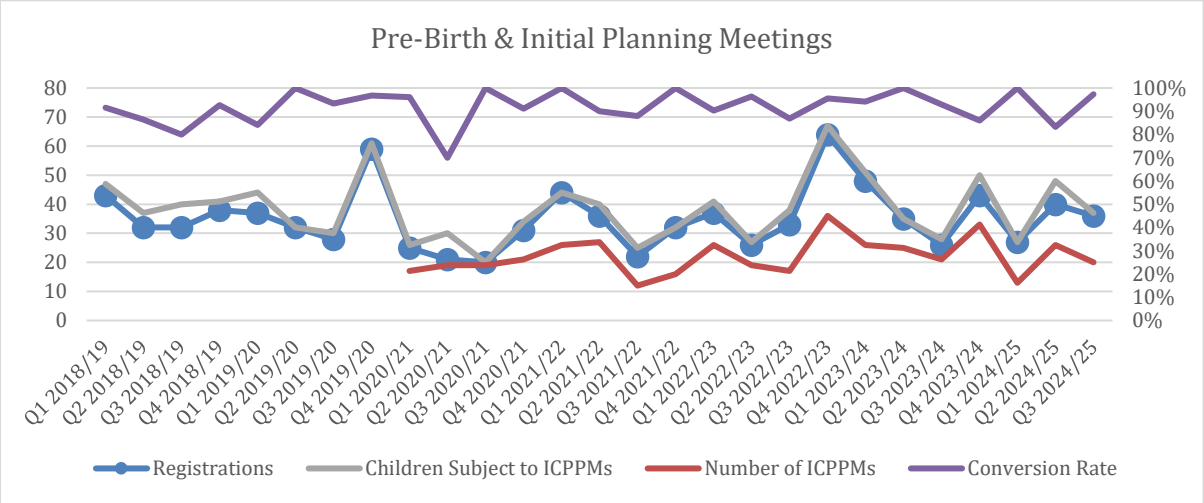

Chart 8: Pre-Birth & Initial ICPPM Conversion Rates

Chart 8 shows the number of children subject to an Initial Child Protection Planning Meeting (ICPPM), the total number of ICPPMs, and the conversion rate of ICPPM for each quarter. Please note, these meetings were previously referred to as Child Protection Case Conferences (CPCCs). This data provides an indicator of the type or level of cases being taken forward to ICPPM. A low percentage (conversion rate) potentially indicates that greater focus ought to be placed on the Investigation, Assessment, and Interagency Referral Discussion stages. The conversion rate has only fallen below 90% three times since Q3 2021/22, while in the current quarter we see a rate of 97%. This suggests that thresholds for proceeding to ICPPM in Highland are good.

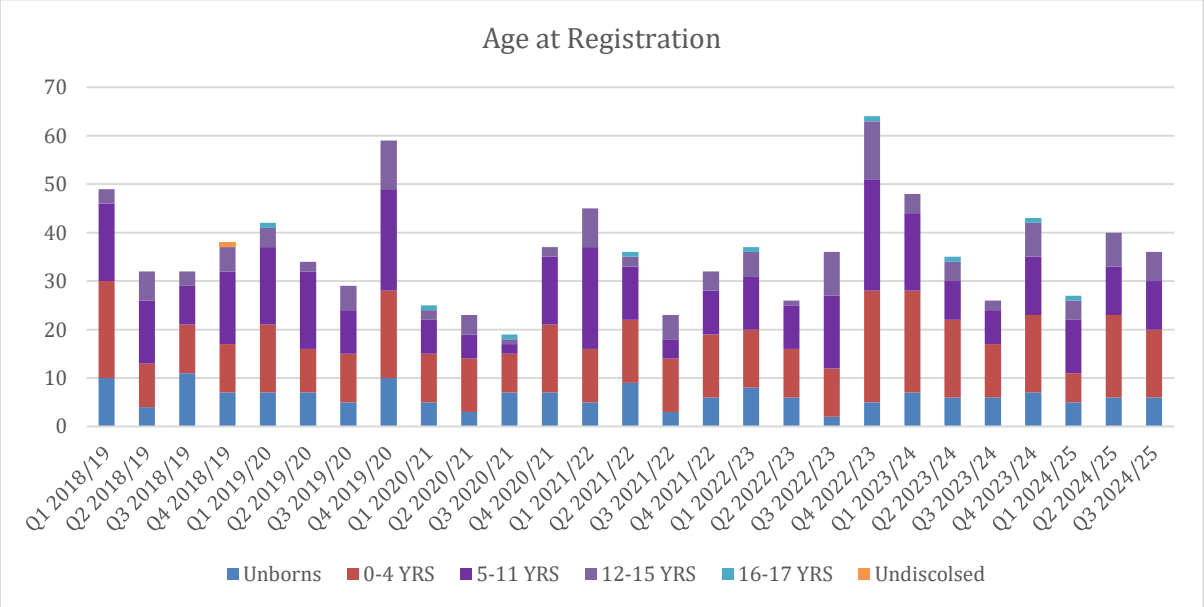

Chart 9: Age of Child at Registration

Chart 9 above shows the trend in the age of children registered on the Child Protection Register in that quarter. While there is variation in the overall figure, it would appear to indicate a trend in a slight increase in the number of 0–4-year-olds; this ties in with Chart 4 showing the percentage of children in each age bracket on the Child Protection Register.

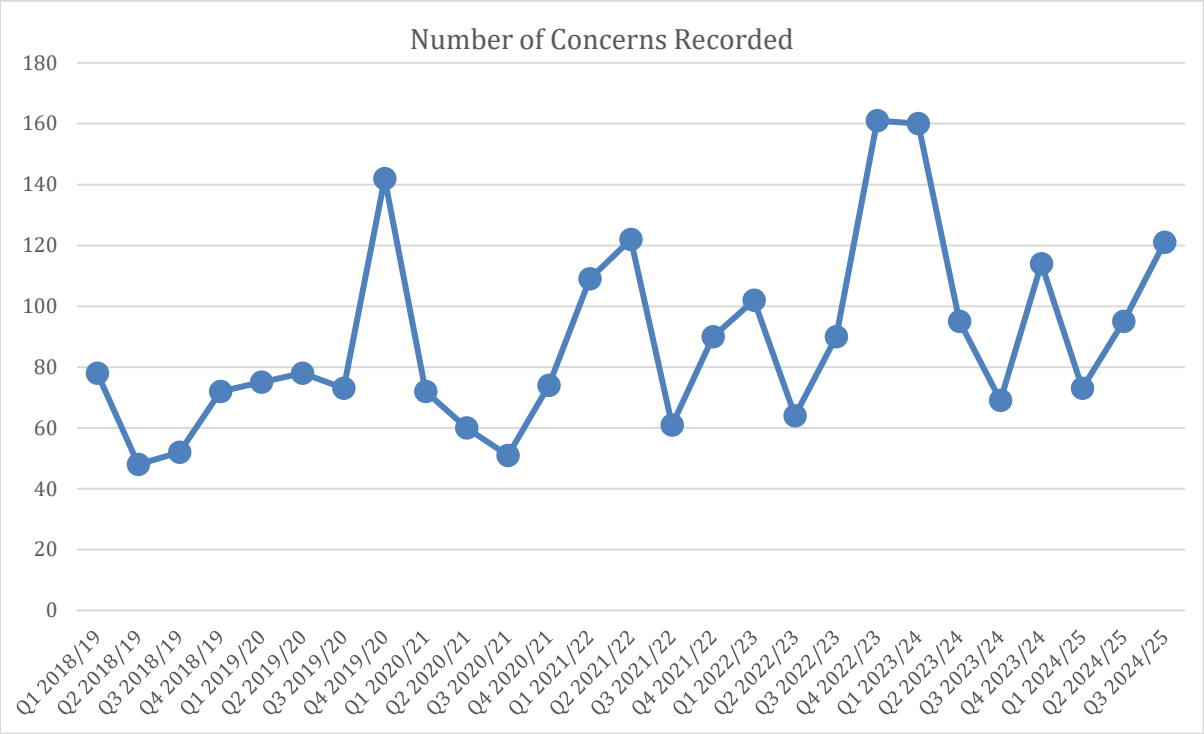

Chart 10: Concerns Recorded Children Registered on the Child Protection Register

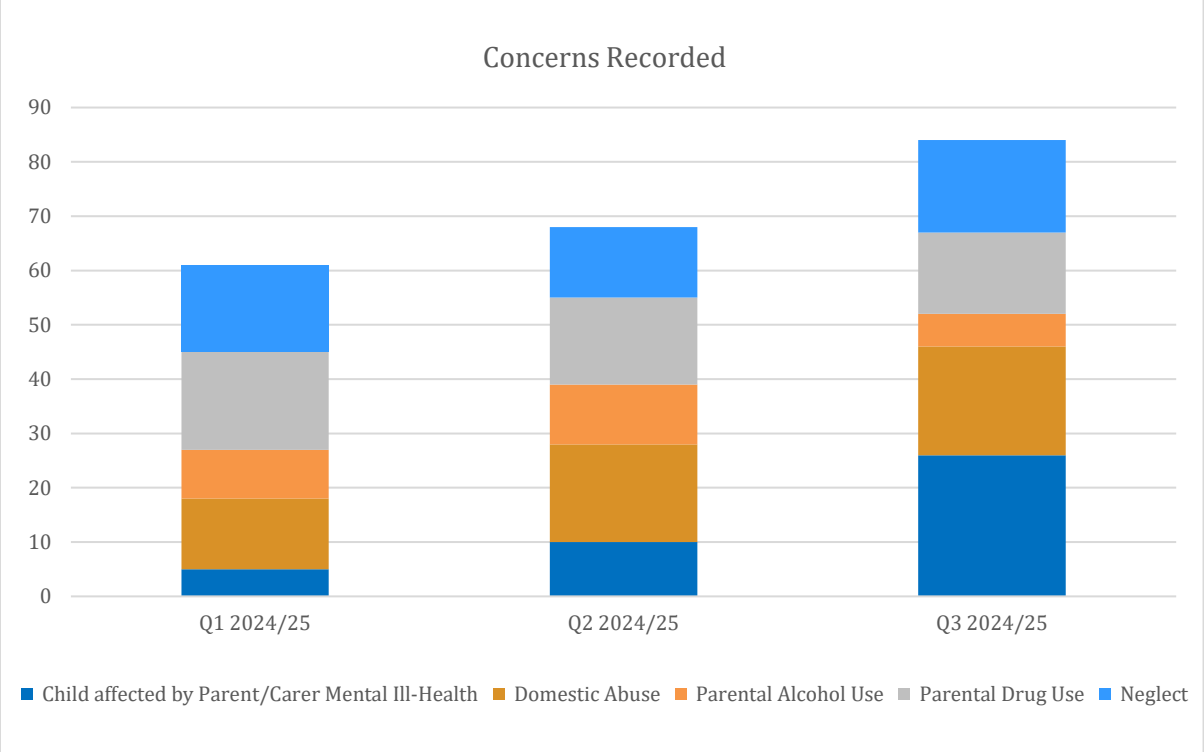

Chart 11: Top 5 Concerns Recorded at ICPPM

Chart 10 highlights all concerns that have been recorded for children registered on the Child Protection Register. In Q3 2024/2025, there were 121 concerns recorded and showed an increase from 95 in the prior quarter. Child affected by Parent/Carer Mental Ill-Health (26) was the most common concern recorded across Highland, followed by Domestic Abuse (20), then Neglect, Emotional Abuse and Parental Drug Use. Although Domestic Abuse and Parental Drug Use continue to feature near the top of the list being the highest concerns in the previous 3 quarters and the 2nd highest in this quarter. We also see Child affected by Parent/Carer Mental Ill-Health appearing at the top of the list for the first time. Following further investigation, it becomes apparent that 15 of the 26 concerns relate to

children who are part of large sibling groups, which can explain the higher-than-normal number.

Chart 11 shows the breakdown in the five most common concerns for each quarter within the current year. Using data starting in Q1 2018/2019 the average number of concerns per child is currently 2.54.

The five largest concerns registered in descending order for Q3 2024/2025 are: Child affected by Parent/Carer Mental Ill-Health, Domestic Abuse, Neglect, Emotional Abuse and Parental Drug Use (as seen in Chart 11). This is useful data in terms of service planning and development and working with partners within the Alcohol and Drugs/Violence Against Women Partnerships. However, it is important to note that other types of abuse can have significantly higher risks for a smaller number of children (e.g. criminal exploitation).

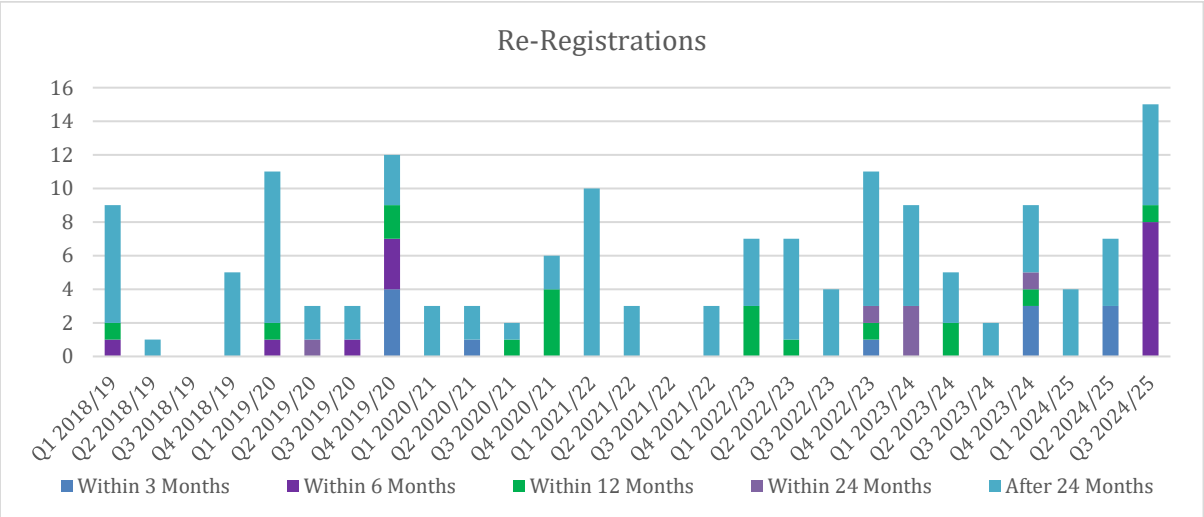

Chart 12: Re-Registrations

Chart 12 above shows the number of re-registrations of children on the Child Protection Register in each quarter. There was a larger number of re-registrations in the most recent quarter, but following an investigation it was found the this this was due to large sibling groups.

Re-registrations can provide an indicator of the quality of assessment, decision making and planning for children. For example, if there were a high number of children re-registered within 3-6 months, planning and decision making in relation to de-registration may be questioned. Where risk may have been reduced significantly and families are receiving support, children may be de-registered from the child protection register. However, at a later stage the family may experience further crises which puts a child/children at risk of harm. This is particularly the case where substance use, domestic abuse and/or parental mental health is a vulnerability. Re-registrations provide an indication The Quality Assurance Sub-Committee will consider re-registrations within the Audit Cycle and findings reported to the Child Protection Committee. All re-registrations within 12 months are reviewed by the Strategic Lead for Child Protection in Social Work.

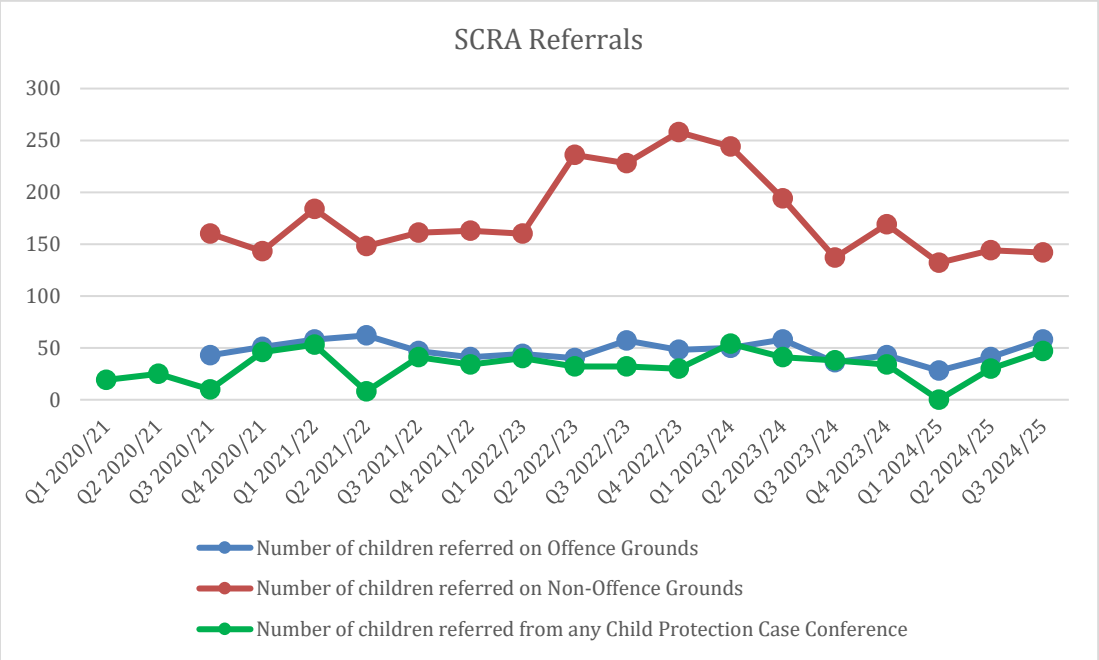

Chart 13: SCRA Quarterly Referrals

Chart 13 shows the number of children referred to the Children's Reporter on Offence Grounds, Non-Offence Grounds and from any CPPM. The quarterly figures are primarily available from Q3 2020/2021.

As can be seen, there tended to be little variation in the figures until quarter Q2 2022/2023, where the number of children referred on Non-Offence Grounds increased significantly. It remained at a high level up until quarter Q1 2023/2024, but since then there had been a drop in each subsequent quarter and now we see a stable level in the last 3 quarters. In the last 3 quarter there has been a slight rise in children referred on offence grounds with 58 in Q3 2024/2025, compared to 28 in Q1. Although it should be noted that 28 is the lowest number recorded, so 58 is not far from the average of 47 over the last 17 quarters.

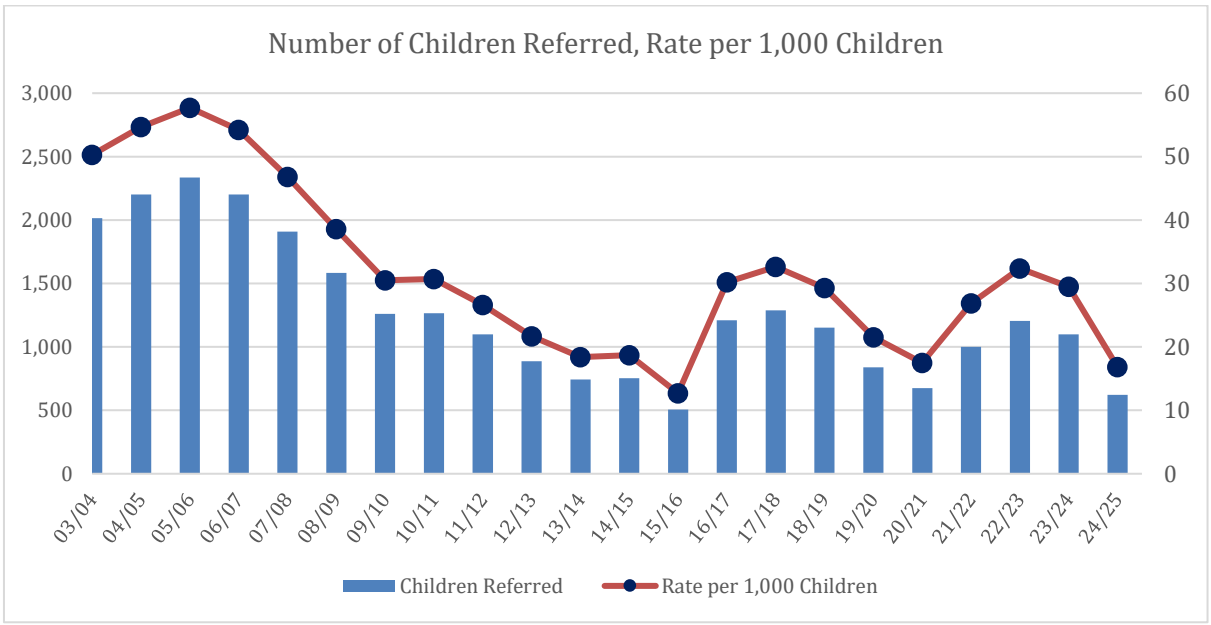

Chart 14: SCRA Annual Referrals

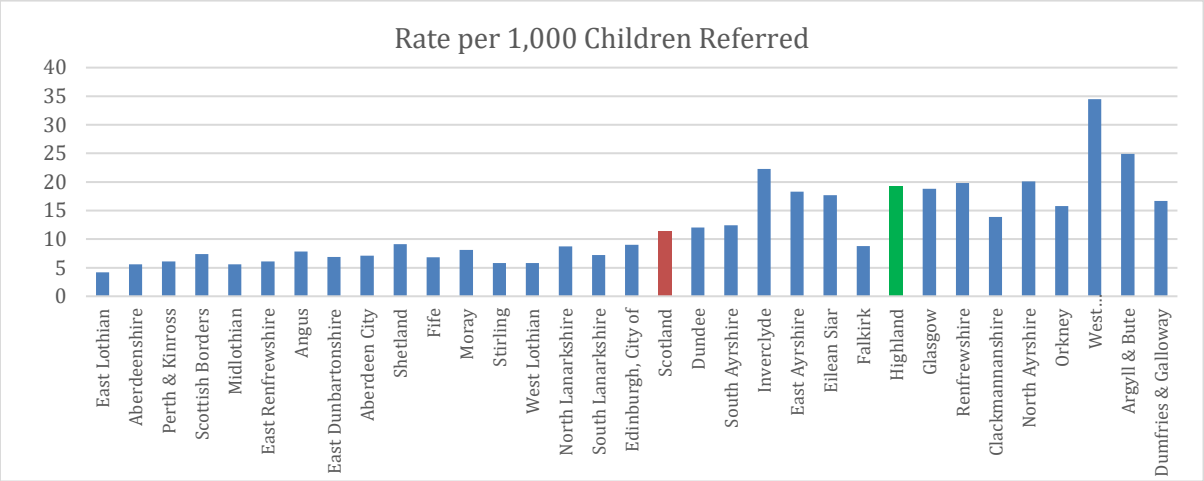

Chart 15: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

Chart 14 shows the total number of children referred and the Rate per 1,000 Children Referred over an almost two-decade period. There had been a significant drop in the number being referred, although the 2023/2024 figure of 1098 children, or 29.4 children per 1,000 children, is the 12th highest since figure 2004. Although a decrease compared 22/23 when there were 1205, or a rate of 32.5. Progress is being made and there is a general trend of decreasing numbers which can be seen in the current quarter (16.8 rate per 1000), despite the sharp increase in 2021/2022.

Chart 15 above shows the Rate per 1,000 Children Referred at a national level for the most recent update in 23/24. Highland Council's position of 25th out of 32 can be seen in green, with a rate of 16.8 Children Referred per 1,000 Children, while the national average is highlighted in orange, a rate of 11.4 Children Referred per 1,000 Children. Please note the rate is calculated using data from Q1 2024/2025 to Q3 2024/2025 only and is expected to rise when Q4 data is available.

It should also be noted that these charts do not take account of the referrals on non-offence grounds as detailed above.

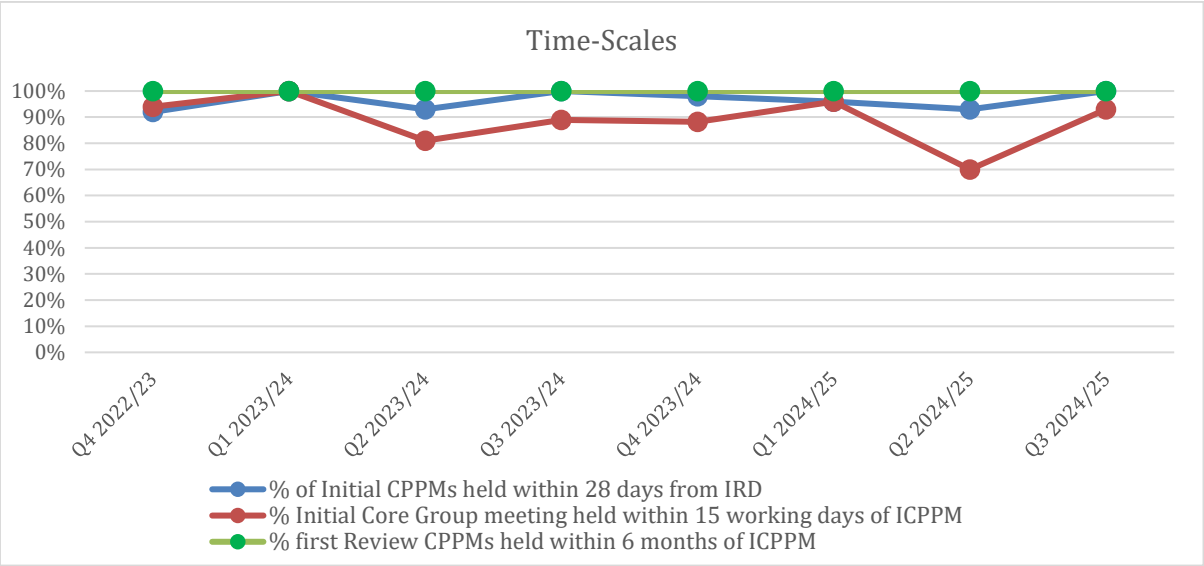

Chart 16: Percentage of Meetings held within timescales.

Chart 16 above shows the timescales for Initial Child Protection Planning Meetings being held from notification of concern, followed by the Initial Core Group and Review dates. This figure tends to remain relatively high and consistent.

There has been an increase in the % of Initial core Group meetings held within 15 days of ICPPM in this quarter (93%), the 2nd highest in the last 6 quarters and substantial rise compared to the previous quarter. The percentage represents 2 meetings out of 27 which did not occur within 15 days.

The CPC will monitor timescales closely and raise any concerns regarding trends in this area with appropriate agencies. Please note, timescales in Highland are currently tighter than those outlined nationally. In line with the National Child Protection Guidance, from September 2023 Highland moved to national timescales.

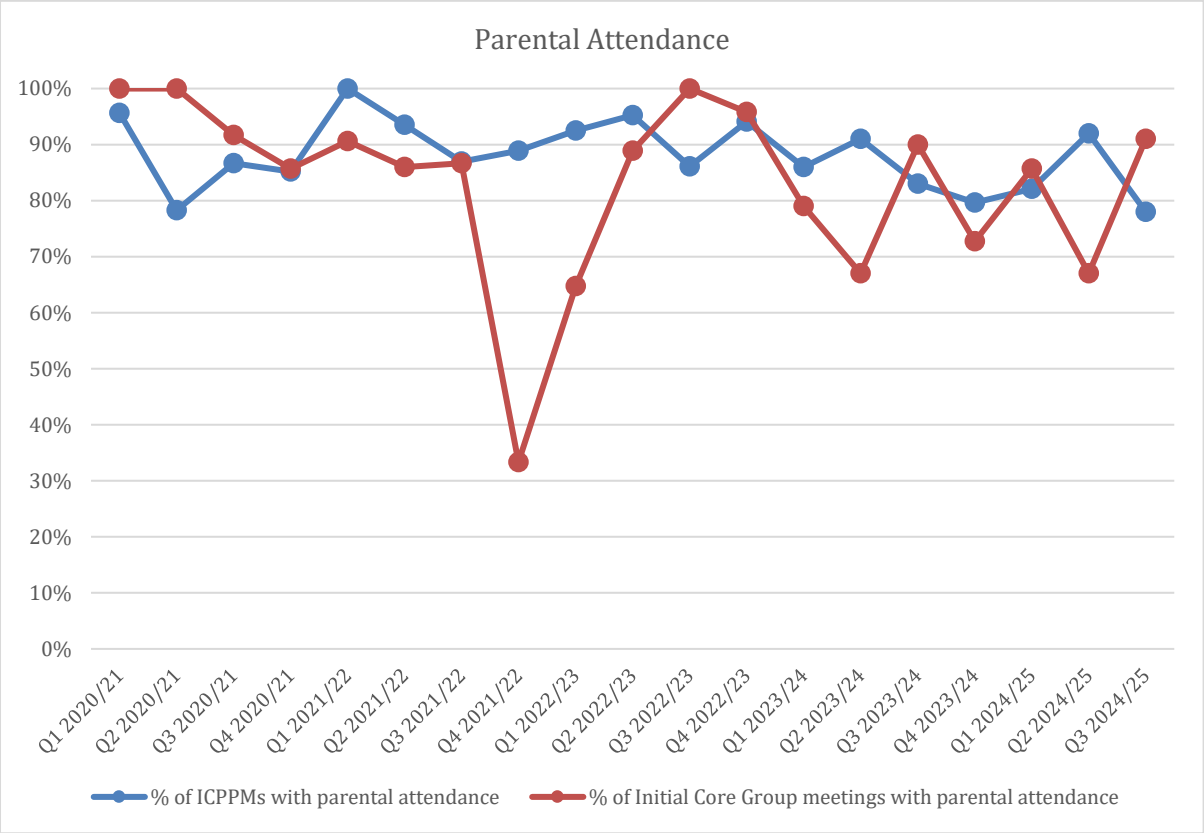

Chart 17: Percentage of Initial Child Protection Planning Meetings where at least one person who usually has care of the child attends.

Chart 17 above shows the percentage of attendance from parents at an Initial Child Protection Planning Meetings and the percentage of attendance from parents at an Initial Core Group Meeting.

The figures for both tend to be consistently high across the periods although there is a rise-in Initial Core Group Meeting attendance in this quarter, following a drop in the previous quarter. While at the same time there was a decrease in parental attendance for ICPPMs (78%).

Please note that the large drop in Q4 2021/2022 in the percentage of parental attendance at Initial Core Group Meetings appears to be an anomaly and the figures have since returned to expected levels.

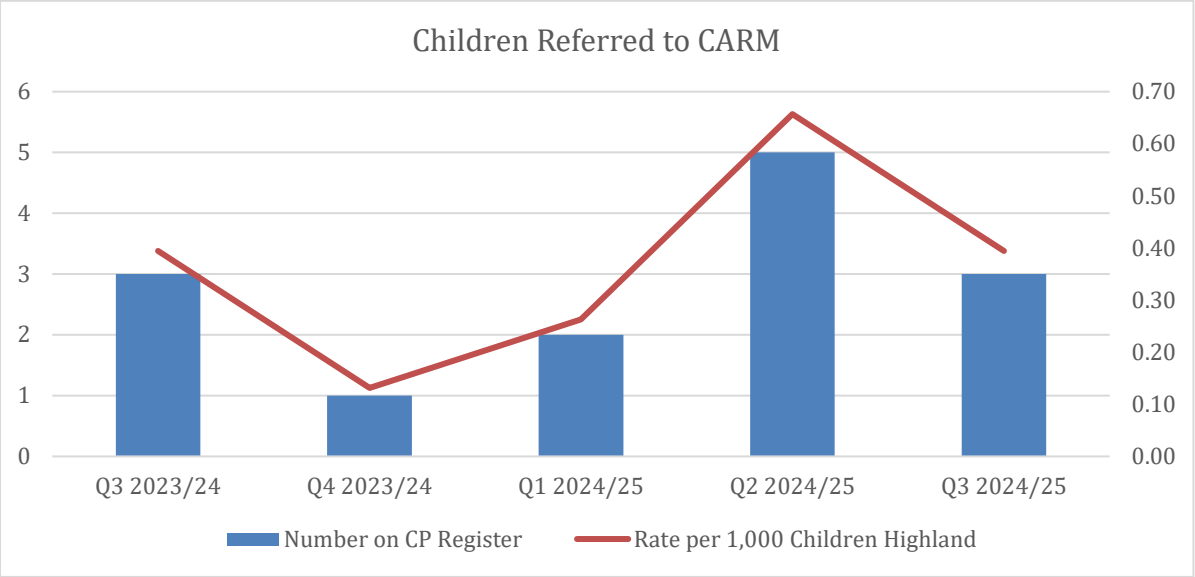

Chart 18: The Chart above shows the number of CARM referrals and the rate per 1,000 children in Highland

The number of children referred to CARM in Highland has been consistently low over the last 5 quarters with an average of 2.8 children being referred every quarter. This quarters data (Q3 2024/2025) shows that there has been 3 YP referred, 2 less than the previous quarter.

If the data is combined for the last 3 quarters there has been a total of 10 CARM referrals for 2024/2025 to date, which is rate of 1.3 per 1000 based on a population of 7,611 YP aged 12-17 in Highland.

The national average for Scotland is 0.3 per 1,000 children for 2023/2024 (Annual national benchmarks 2023/2024 Statistics). During the same period, the rate for Highland was 0.1 per 1000 children. (Children Aged 12-17 yrs)

Appendix 2 Care Homes and Care at Home Services: Care Inspectorate Grades

Care Homes and Care at Home services in North Highland - Care Inspectorate Grades effective as at **30 April 2025**

* Data is based on the Care inspectorate Datastore as at 30April 2025 and as such may not reflect the most up to date grading position

** Note Key Question 1 is always inspected, however some inspections only focus on specific Key Questions and some grades will be from the previous inspection.

Grading Legend	
0	Not inspected
1	Unsatisfactory
2	Weak
3	Adequate
4	Good
5	Very Good
6	Excellent

Care Homes in North Highland

Service Town	rvice Name	Subtype	In-House or Independent Sector	Number of Registered Places	Last Inspection Date	Quality Inspection Framework Evaluations				
						Key Question 1: How well do we support people's wellbeing?	Key Question 2: How good is our Leadership?	Key Question 3: How good is our staff?	Key Question 4: How good is our setting?	Key Question 5: How well is care and support planned?
Ballachulish	Abbeyfield Ballachulish (Care Home)	OP	Independent	37	09/12/2022	5	5	6	6	6
Inverness	**Aden House (Care Home)**	**OP**	**Independent**	**24**	**21/02/2025**	4	4	4	4	4
Inverness	**Ballifeary House**	**OP**	**Independent**	**24**	**11/03/2025**	3	5	4	4	4
Inverness	Beechwood House	Alcohol & Drug	Independent	15	16/08/2022	4	4	4	5	5
Inverness	**Birchwood Highland Recovery Centre**	**MH**	**Independent**	**23**	**12/08/2024**	4	3	4	4	3
Nairn	**Bruach House**	**OP**	**Independent**	**22**	**27/02/2025**	5	4	5	4	4
Inverness	**Cameron House (Care Home)**	**OP**	**Independent**	**30**	**20/02/2025**	3	3	3	3	3
Nairn	**Carolton Care**	**OP**	**Independent**	**20**	**19/12/2024**	4	4	5	4	4
Inverness	**Castlehill Care Home - active LSI**	**OP**	**Independent**	**88**	**10/02/2025**	3	3	2	4	3
Alness	**Catalina Care Home**	**MH**	**Independent**	**28**	**13/05/2024**	4	4	4	4	4
Inverness	**Cheshire House (Care Home)**	**PD**	**Independent**	**16**	**18/07/2024**	4	5	4	6	5
Inverness	Culduthel Care Home	OP	Independent	65	24/06/2022	4	5	4	4	4
Inverness	**Daviot Care Home**	**OP**	**Independent**	**94**	**05/12/2024**	4	4	5	5	4
Fortrose	**Eilean Dubh**	**OP**	**Independent**	**40**	**30/09/2024**	5	5	5	5	5
Muir of Ord	Fairburn House	LD	Independent	40	08/08/2022	5	4	5	5	5
Dingwall	**Fodderty House**	**OP**	**Independent**	**16**	**07/11/2024**	4	4	5	4	4
Beauly	Fram House	LD	Independent	5	21/11/2023	5	4	5	5	5
Nairn	**Hebron House Nursing Home Ltd**	**OP**	**Independent**	**22**	**14/11/2024**	4	4	4	4	4
Inverness	**Highview Care Home**	**OP**	**Independent**	**83**	**03/10/2024**	5	5	5	5	5
Nairn	**Hillcrest House**	**MH**	**Independent**	**23**	**24/03/2025**	5	5	5	5	5
Tain	**Innis Mhor Care Home**	**OP**	**Independent**	**40**	**28/08/2024**	5	5	5	5	5
Achnasheen	**Isle View Care Home**	**OP**	**Independent**	**25**	**13/06/2024**	5	4	5	4	4
Inverness	**Isobel Fraser Home**	**OP**	**Independent**	**30**	**31/07/2024**	5	5	5	5	4
Inverness	**Kingsmills Care Home**	**OP**	**Independent**	**60**	**17/07/2024**	3	4	3	4	4
Inverness	Kinmylies Lodge	MH	Independent	18	04/10/2022	5	5	4	5	4
Invergordon	**Kintyre House (Care Home)**	**OP**	**Independent**	**41**	**01/10/2024**	4	4	4	2	5
Grantown-on-Spey	**Lynemore**	**OP**	**Independent**	**40**	**17/12/2024**	3	4	4	5	4
Inverness	Maple Ridge (Care Home)	LD	Independent	18	05/10/2023	4	4	4	4	4
Inverness	**Mayfield Lodge - active SIP**	**LD**	**Independent**	**12**	**26/03/2025**	2	2	3	3	2
Invergordon	**Mull Hall (Care Home)**	**OP**	**Independent**	**42**	**24/12/2024**	4	3	4	3	3
Dornoch	**Oversteps (Care Home)**	**OP**	**Independent**	**24**	**28/02/2025**	3	3	3	4	4
Thurso	**Pentland View - Highland**	**OP**	**Independent**	**50**	**17/10/2024**	5	4	5	4	5
Alness	**Redwoods (Care Home)**	**OP**	**Independent**	**42**	**06/08/2024**	5	5	5	5	5
Wick	**Riverside House Care Home**	**OP**	**Independent**	**44**	**26/09/2024**	4	4	4	4	4
Dingwall	**Seaforth House Ltd (Care Home)**	**LD**	**Independent**	**22**	**14/11/2024**	4	4	4	4	4
Wick	**Seaview House Nursing Home**	**OP**	**Independent**	**42**	**17/10/2024**	5	5	5	4	5
Inverness	**Southside Care Home**	**OP**	**Independent**	**33**	**21/03/2025**	5	4	5	4	4
Nairn	**St. Olaf - Cawdor Road**	**OP**	**Independent**	**44**	**11/09/2024**	5	4	4	5	4
Strathpeffer	**Strathallan House (Care Home)**	**OP**	**Independent**	**32**	**10/06/2024**	5	4	5	4	4
Nairn	**The Manor Care Centre**	**PD**	**Independent**	**43**	**10/05/2024**	4	4	4	4	4
Dornoch	The Meadows (Care Home)	OP	Independent	40	20/06/2023	4	4	4	4	4
Muir of Ord	Tigh-na-Cloich	LD	Independent	4	21/11/2023	5	4	5	5	5
Muir of Ord	Urray House	OP	Independent	40	18/09/2023	5	5	5	5	5
Nairn	**Whinnieknowe (Care Home)**	**OP**	**Independent**	**24**	**19/02/2025**	5	4	4	4	4
Dingwall	**Wyvis House Care Home**	**OP**	**Independent**	**50**	**23/07/2024**	4	4	4	4	4
Inverness	**Ach-an-Eas (Care Home)**	**OP**	**NHS Highland**	**24**	**10/01/2025**	3	4	4	4	3
Isle of Skye	**An Acarsaid (Care Home)**	**OP**	**NHS Highland**	**10**	**10/02/2025**	4	3	4	4	3
Thurso	**Bayview House (Care Home)**	**OP**	**NHS Highland**	**23**	**27/02/2025**	3	4	3	4	4
Acharacle	Dail Mhor (Care Home) - Temporarily closed	OP	NHS Highland	6	21/09/2022	4	3	4	4	5
Grantown-on-Spey	**Grant House**	**OP**	**NHS Highland**	**20**	**21/02/2025**	3	4	4	4	4
Portree	**Home Farm Care Home**	**OP**	**NHS Highland**	**35**	**10/01/2025**	4	3	4	3	3
Fort William	Invernevis House (Care Home)	OP	NHS Highland	32	07/08/2023	5	4	4	4	4
Ullapool	**Lochbroom House (Care Home)**	**OP**	**NHS Highland**	**11**	**05/11/2024**	5	5	5	5	5
Mallaig	Mackintosh Centre - Temporarily closed	OP	NHS Highland	8	22/08/2023	4	2	4	4	3
Newtonmore	**Mains House**	**OP**	**NHS Highland**	**25**	**24/05/2024**	4	3	4	3	3
Thurso	**Melvich Community Care Unit (Care Home)**	**OP**	**NHS Highland**	**6**	**17/12/2024**	4	3	3	4	3
Fort William	Moss Park Nursing Home	OP	NHS Highland	22	24/07/2023	4	4	4	4	4
Wick	**Pulteney House (Care Home)**	**OP**	**NHS Highland**	**18**	**07/03/2025**	5	4	5	5	5
Golspie	Seaforth House (Care Home)	OP	NHS Highland	15	14/06/2022	4	5	5	5	5
Gairloch	**Strathburn (Care Home)**	**OP**	**NHS Highland**	**13**	**20/05/2024**	4	3	4	4	3
Fort Augustus	**Telford Centre (Care Home)**	**OP**	**NHS Highland**	**10**	**28/06/2024**	4	4	5	4	4
Kingussie	**Wade Centre (Care Home)**	**OP**	**NHS Highland**	**40**	**30/01/2025**	5	4	5	4	4

Grading Legend	
0	Not inspected
1	Unsatisfactory
2	Weak
3	Adequate
4	Good
5	Very Good
6	Excellent

Registered Care at Home providers in North Highland

Operational Area	Service Name		In-House or Independent Sector		Last Inspection Date	Quality Inspection Framework Evaluations				
						Key Question 1: How well do we support people's wellbeing?	Key Question 2: How good is our Leadership?	Key Question 3: How good is our staff?	Key Question 4: How good is our setting?	Key Question 5: How well is care and support planned?
Inv, MR	British Red Cross – Support at home		Independent		02/06/2023	5	5	6		4
WR	**Buddies Care Service**		**Independent**		**07/11/2024**	5	5	5		6
ER	Carr Gomm		Independent		04/05/2023	5	5	4		4
Inv, Nairn, Loch	**Castle Care(Scotland) Ltd**		**Independent**		**26/08/2024**	4	4	4		4
Caith, ER, Loch	**Centred (Birchwood Highland)**		**Independent**		**06/06/2024**	5	3	5		4
MR	Contrast Care Limited		Independent		05/07/2023	5	5	0		0
Loch	**Enable (Previously Crossroads Caring Scotland- Lochaber)**		**Independent**		**01/04/2024**	4	4	0		0
Caith, Inv	**Eildon Limited**		**Independent**		**02/12/2024**	4	3	4		4
MR	**Eilean Dubh Home Care**		**Independent**		**24/01/2025**	5	4	4		4
Inv E	**Fraser Home Care Limited**		**Independent**		**07/08/2024**	5	5	5		5
Suth	Highland Croft Home Care		Independent		11/07/2023	5	4	4		5
Inv, ER, MR, Nairn	Highland Home Carers		Independent		13/07/2023	4	5	4		5
Inv E, Nairn, WR	Highland Homeless Trust - Gateway		Independent		30/05/2023	5	5	4		5
Inv W, Loch	Sunflower Home Care (Highland Hospice)		Independent		26/06/2023	4	4	4		4
ER, MR	Home Care (Scotland)		Independent		22/05/2023	5	5	5		4
Inv	Jude's Homecare Limited		Independent		26/09/2023	4	4	0		0
Inv E	**We Care - Contract terminated 18 April 2025**		**Independent**		**06/08/2024**	4	3	3		4
	North Highland Care @ Home Service		**NHS Highland**		**06/02/2025**	4	4	4		4
	West Highland Care at Home Service		**NHS Highland**		**17/09/2024**	4	4	4		3
	Sutherland Care at Home		NHS Highland		14/05/2025	1	1	1		2
	Care at Home and Enablement Service Nairn		**NHS Highland**		**25/04/2024**	5	5	5		5
	Care at Home and Enablement Service Badenoch and Strathspey		**NHS Highland**		**09/09/2024**	5	5	5		5
	Care at Home and Enablement Service Mid Ross		NHS Highland		08/09/2023	5	5	5		5
	Care at Home and Enablement Service East Ross		NHS Highland		01/09/2023	5	4	4		4
	Care at Home and Enablement Service Inverness		NHS Highland		17/11/2023	5	4	4		4