Agenda Item	8
Report No	JMC/20/26

The Highland Council

Committee: **Joint Monitoring Committee**

Date: **03 December 2026**

Report Title: **Chief Social Work Officer Annual Report 2025-2026**

Report By: **Chief Social Work Officer**

1 Purpose/Executive Summary

1.1 This report introduces the Annual Report by the Chief Social Work Officer (CSWO), for 2025/2026. 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 social work and social care services within the local authority area.

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 faced - and potential will face in the coming year.

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 Care 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 directly arising from this report.

However, this report does refer to the financial and resource issues which can and could continue to impact on service delivery. These issues, unless resolved, will potentially impact on the ability for services to meet expectations detailed in new legislation.

Significant existing pressure on budgets for Children's Services (managed by the Council) and Adult Social Care, (managed by NHS Highland) require focused attention and budget recovery plans are in place in both organisations looking at how expenditure can be managed within existing resources whilst also delivering efficiency savings.

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 a monitoring an update report and therefore an impact assessment is not required.

5 Backgrounds

5.1 The report highlights the delivery of services across Children's Social Work; Child Health; Justice Service; Mental Health Officer Service; Adult Social Work; Emergency Social Work Services; and Adult Social Care. It provides an overview of the activity in relation to the delivery of statutory functions and responsibilities held by the CSWO.

5.2 The overall purpose of the CSWO is to provide professional advice on the provision of social work services to elected members and officers. There are a small number of areas of decision making where legislation confers functions directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of individuals and the public.

5.3 The CSWO has a range of other strategic responsibilities including leadership and accountability for professional standards in social work services; assistance to the local authority and its partners in understanding the complexities and cross cutting nature of social work services; and to support overall performance management and management of corporate risk.

6 Activities during 2025/2026

6.1 The report attached at **Appendix 1** summarises the key activities of the CSWO in Highland during 2025/2026. Whilst it does not provide an exhaustive description of the range of duties and responsibilities undertaken, it does seek to provide a broad overview.

6.2 The challenges and opportunities are articulated in the report. Staffing vacancies with Children's Social Work continues to be high. To mitigate some of this risk, the service has increased its investment in the 'grow your own' trainee scheme, whilst also redesigning structures to build resilience through the creation of social work assistant posts and a more streamlined and targeted support worker structure.

6.3 Ensuring that the principles of keeping The Promise are embedded in all our services across the Council and in our partnership activity has been a key priority over the period of this report and this strong commitment to our corporate parenting responsibilities will continue as we go forward. Alongside this, we remain committed to improving outcomes for all our children and families through a focus on prevention and early intervention and including initiatives like the development of Family Group Decision Making.

Investment over the past 2 years is enabling teams within children's social work, child health and education to work more effectively together with a renewed focus on keeping children within the family home when possible. We are building and developing kinship teams as well as actively targeting communities as we need to increase the number of foster carers we have. Additional funding in March 2026, will see us bring on board another 3 children's houses thus increasing our capacity to keep children in Highland, and/or support some of our young people to return to the area. Emphasis is on shifting the balance of care - from crisis work to earlier intervention and prevention.

6.4 Keeping young people out of the justice system is a key priority for the Youth Action Service and aligns with national policy. This will continue to be a priority for 2026/2027.

6.5 Justice Services are performing well. Due to the current prison population crisis, the service will need to be ready to expand community options for the Courts. This will be done in partnership and driven by legislative change.

6.6 Adult Social Work and Social Care continues to face significant challenges regarding availability of resources. However, community-based support arrangements have been identified and taken forward as the continued focus on local delivery of services is key.

6.7 The protection element across all services remains strong. Ongoing reviews and audits are helping to inform practice as well as driving better practice.

6.8 Whilst this report covers the period 2025/2026, the start and end dates of the year are not rigidly applied thus enabling a more informed position to be given.

Designation:	Chief Social Work Officer
Date:	15 October 2026
Author:	Fiona Duncan – Chief Social Work Officer
Appendices:	Appendix 1 – CSWO Annual Report 2025/2026

Appendix 1

Chief Social Work Officer Annual Report 2025/26

Aithisg Bhliadhnail 2025/26 Prìomh Oifigear Obrach-Sòisealta

By Fiona Duncan, Chief Social Work Officer

CONTENTS

1. **Introduction and Reflections**

2. **Governance, Accountability and Statutory Functions**

3. **Service Quality and Performance**

   - Children and Families Service
   - Justice Service
   - Adult Social Work and Social Care
   - Mental Health Officer Service
   - Emergency Social Work Service

4. **Resources**

5. **Workforce**

6. **Looking Ahead**

INTRODUCTION AND REFLECTIONS

This annual report describes how statutory social work and social care services have been delivered in Highland during 2025/26. Challenges and pressures have been evident whilst opportunities to improve and progress have been encouraged and taken forward. Services have continued to adapt and transform within this very pressurised environment.

During 2025/26, recurring themes across all social work services and social care have been evident. These have included sustained demand and capacity pressures; workforce challenges (particularly vacancies and the newly qualified social workers learning year); constraints in available care and support provision - in adults, social care provision in the community to enable SDS to be fully utilised, whilst in children's, the lack of suitable placement options and the subsequent impact on children and their families; pressures within justice system particularly suitable accommodation and access to mental health services; and numerous legislative and policy changes – all bringing increased expectations but without commensurate funding or resource.

Whilst the above articulates significant challenges, the social work and social care workforce have continued to deliver high quality services whilst actively promoting continual learning and practice improvements. Audit cycles have been embedded in all services which brings ownership and leadership to all those working in teams. Further, we have utilised external expertise as and when appropriate to help balance internal scrutiny with national best practice. An example being the Children and Young People's Centre for Justice (CYCJ) to help make improvements with regard supporting young people in conflict with the law.

Highland continues to invest in our 'grow our own scheme' and we are now seeing real positive impacts through the reduction in vacancies (although children social worker vacancies remain high). Improved pathways for access to trainee schemes have been developed through changes to support worker roles within services. This has resulted in many trainees being recruited from our current workforce and brings a sense of ownership and belonging.

Children's services (social work and child health) are now aligned with Education in the People Cluster. This is helping senior managers to work better together as well as move towards more collaborative practice, thus ensuring that services are easier to access and fit for current demand. Child Health Services are playing a key role in working alongside families – particularly those experiencing inequalities – enabling workers to assess and intervene earlier.

The use of data is assisting with qualitative information as well as quantitative. Within Justice Services, positive feedback from beneficiaries, the Courts, and clients themselves, describe a service that is focussed on both managing risk and improving outcomes, whilst also being person-centred. Within Children's Services, improvements in the assessment and planning process for child protection has resulted in the voice of the child and family being clearly heard and informing the process.

Whilst significant challenges remain within Adult Social Work and Social Care, the past year has seen a particular focus on establishing and embedding local responses, particularly community led support. Having 'good conversations' is at the heart of this with the focus on using community spaces to connect people to a range of local supports and information.

Budget challenges have brought renewed focus on shifting the balance of care – in both children and adult services. Ultimately, we aim to improve outcomes for people we work with and the shifting the balance of care is geared towards supporting people (children and adults), at home and in the community – with access to services and assistance in a timely and flexible manner. This will continue to be our focus over the coming years.

Highland's social work and social care workforce strives to deliver and evolve services to meet individual needs. It has faced, and will continue to face, challenges described above. However, being supported to learn and develop are key components to enabling improvements in practice. Through the continuing development of the workforce plan, our focus remains on investing in our workers. Having the skills and knowledge to effect practice and deliver better outcomes is at the heart of what we are aiming for and as CSWO, I remain committed to doing this.

Fiona Duncan, Chief Social Work Officer

GOVERNANCE, ACCOUNTABILITY AND STATUTORY FUNCTIONS

The Role of the Chief Social Work Officer

The role of the Chief Social Work Officer (CSWO) was established to ensure that the provision of appropriate professional advice was given to elected members and senior officers in the discharge of a local authority's statutory functions.

As social work services are delivered through a number of statutory duties and powers, the CSWO provides professional oversight and governance 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 commissioned through the third sector or independent sector.

In Highland, the integration of health and social care exists within a Lead Agency Model – the only area in Scotland to do so. As such, NHS Highland takes responsibility for Adult Services including adult social care and community health support, while the Highland Council leads on Children's Services, including children's social work and child health. Justice Services and the Mental Health Officer Service remain within Highland Council. Within the Lead Agency Model, the CSWO maintains professional oversight and governance of social work and social care services in both organisations.

The Highland Council and NHS Highland have been carrying out options appraisals regarding future organisational arrangements for the delivery of health, social care and social work services to ascertain if the Lead Agency Model should remain, or whether it should move to a

body corporate (ie. Integrated Joint Board). This work has been paused whilst awaiting greater clarity regarding the Scottish Government's plans for public sector reform, particularly in relation to NHS territorial Boards and what this means for integrated partnership arrangements.

Overview of Governance Arrangements

Within Highland Council, the CSWO holds the position of Chief Officer Health and Social Care. This entails direct management and strategic oversight of Children's Social Work; Child Health; Justice Social Work; Mental Health Officer Service; and the Emergency Social Work Service.

The CSWO retains professional accountability for all social work and social care provision. As a statutory officer, she reports directly to the Chief Executive of Highland Council on these matters. She also provides professional advice to the Chief Executive, Elected Members and the Corporate Management Team. Professional advice in relation to Adult Social Work and Adult Social Care is provided to the Chief Executive of NHS Highland; the Chief Officer of the Highland Health and Social Care Partnership; and senior social work managers.

The CSWO is a member of a various strategic structures across both organisations. These include:

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

To improve governance oversight, the CSWO established the Clinical, Care and Social Work Governance Board in Highland Council in 2025. This board provides a much more robust process for examining practice matters as well as examining complaints, absence management, and violent incidents in more detail thus helping identify any trends or issues that require to be addressed. It also provides a forum for articulating good practice, particularly collaborative working across professions and services.

SERVICE QUALITY AND PERFORMANCE

CHILDREN AND FAMILIES SERVICE

During 2025/26, the service has continued to address ongoing workforce issues alongside significant pressures with regard availability and suitability of placement options for our most vulnerable children and young people. These issues and pressures have resulted in us developing and improving practice to enable the shift in the balance of care to fully take place.

Whilst the child protection data set **(appendix 1)** provides a plethora of information, further assessment and narrative is always required to help inform the position. The Service has made use of the data available to understand the issues affecting children and young people in Highland. Examples of this include a review of re-registration data; consideration of data in relation to exploitation and group-based exploitation; and an improvement project in relation to pre-birth child protection processes.

Audits in relation to Interagency Referral Discussions (IRDs) continue to take place bi-monthly with results showing a high level of compliance in relation to the IRD process. Highlights from the annual dataset show a high level of conversion from initial child protection planning meetings to registration (88%) which suggests appropriate thresholds within Highland are aligned with the national figures **(appendix 1: Chart 8)**.

Referrals to the Scottish Children's Reporter Administration (SCRA) show a gradual decrease on non-offence grounds but an increase on offence grounds **(appendix 1: Chart 13)**. The CPC Quality Assurance group will consider this data further in 2026/27, particularly in line with the implementation of the Care and Justice Act as the drive is to reduce the number of young people in the justice system.

Highest concerns continue to be parental drug and alcohol use, parental mental health, neglect and domestic abuse **(appendix 1: Chart 11**). The Public Protection Partnership are working together to consider how joint working across all Committees could improve approaches to these issues.

Exploitation remains a key area of concern in Highland, with increasing numbers of young people being identified as being criminally and/or sexually exploited, or at risk. Whilst this is partly due to an increased awareness of exploitation indicators across the partnership, it also indicates increasing risk within communities in relation to both criminal and sexual exploitation.

The Service and partners are currently leading a review of contextual safeguarding approaches in Highland, with a view to developing a single contextual safeguarding framework in 2026/27. This review, alongside the findings of the Child Sexual Abuse and Exploitation national inquiry, and subsequent public inquiry will help inform how we address exploitation in the Highlands.

The Service has continued to work with the Children and Young People's Centre for Justice (CYCJ) using the Scottish Approach to Service Design to look at ways of improving approaches to young people in conflict with the law, and those at risk of community harm. This includes a review of Highland's Place of Safety and the wider implications of the Care and Justice Act.

Care and Risk Management (CARM) processes have been reviewed and updated to reflect the UNCRC and The Promise, with an increased focus on the 'Care' elements alongside Risk Management. Continued use of CARM in Highland will be considered as part of the wider Re-imagining Youth Justice project. CYCJ have delivered specialist training for our Youth Action Service, Quality Assurance and Reviewing Officers and the wider workforce in this area.

Following recognition that within Highland, there was a variance in the understanding of GIRFEC and a shared language across the partnership, GIRFEC guidance and Child Protection procedures were collated into a single set of documents in December 2024 to ensure clarity of processes, language and connections across universal and targeted services. In 2025/26, the Service has supported the Integrated Children's Service Board in developing a GIRFEC e-module for all staff, and delivery of GIRFEC and Child Protection training across Highland. A GIRFEC Strategic Group has been established to ensure practitioners have access to additional practice guidance where required.

A full multi-agency case file audit took place in August 2025 to establish the quality of assessment and planning processes for child protection. This showed improvements in the inclusion of the voices of children and families, quality of assessments and effective relationships where familial harm occurs. Areas for further improvement included the quality of chronologies, ensuring the voices of all parents/carers are included in assessment and planning processes, and that child protection plans are SMART. An action plan has been developed and further guidance on chronologies is being progressed. The practice issues surrounding the quality of chronologies is long-standing, but the CareFirst replacement is seen as an opportunity to improve the quality of these. A review of the child's plan is also underway.

The roll out of the Scottish Child Interview Model (SCIM) and Bairns' Hoose in Highland continues to develop with hubs in Inverness and Wick, and spoke sites in Alness, Skye and Tain. A Bairns' Hoose Health Co-ordinator and Bairns' Hoose Co-ordinator have been appointed to progress implementation of the Bairns' Hoose standards. Garden offices built in the Inverness and Wick sites will enable co-working and a potential base for the SCIM Team. In 2026/27, further developments will support a spoke site in the Fort William area. 100% of joint investigative interviews are now being carried out using the SCIM Model and feedback from children and young people has been positive.

Children's Disability Service

Throughout 2025/26, focus has been on improving our understanding of the prevalence of disability across Children's Services so that we can provide the right support at the right time. From this activity, we now know:

- Disability recording is strongest within Continuing Care, Aftercare and Care and Risk Management cohorts.
- Child Protection Register data suggests ongoing work is required to identify and record disability-related need.

- Continued focus is required to reduce the number of children and young people recorded as unknown or not yet assessed.

Moving into 2026/27, we aim to introduce a Resource Allocation System which will support a more transparent, consistent and equitable approach to allocating of resources. This will align with the review of Self-Directed Support and Funding Panel arrangements. The programme of improvement activity currently underway provides a strong foundation for developing a more transparent, sustainable and needs-led disability service across Highland.

In 2025, an audit into transitions was carried out to review if there were effective transition arrangements in place when children moved into adult services. Due to the lead agency model and its delegated services, Internal Auditors of both the Council and NHSH undertook separate audits of the transitions process within their respective organisations, but within an agreed scope and remit.

The Highland Council audit concluded that at an operational level, the Joint Transitions Team was working collaboratively and prioritising the needs of young people during their transition to adult services. However, there was a need to develop and improve comprehensive written procedures, current agreements, and proactive planning – which management needed to take the lead on. NHS Highland Auditors concluded that their organisation required to make substantial improvements with regard processes, timescales, and development of packages.

Some young people have encountered significant delays in their transitioning due to a lack of suitable adult placements. This is not an acceptable position and as such, we are working with colleagues in NHS Highland to encourage improvements with the existing processes. An escalation Board has been established to identify any issues and address these accordingly.

Inspections

A number of inspections have taken place during the year. This included the Placement Services (May 2025), which involves fostering; adoption; and adult placement continuing care.

a) Fostering Service

Evaluated	March 2024	May 2025
Wellbeing	Adequate	Adequate
Leadership	Adequate	V Good
Staff Team	V Good	V Good
Child Planning	Good	V Good

b) Adoption Service

Evaluated	March 2024	May 2025
Wellbeing	Good	Good
Leadership	V Good	V Good
Staff Team	V Good	V Good
Child Planning	V Good	V Good

c) **Adult Placement Continuing Care** (Highland Council Adult Placement Service is linked to the Highland Council Fostering service and supports young people remaining with their caregiver families past the age of 18 years old in continuing care).

Evaluated	May 2024	May 2025
Wellbeing Support	Weak	Good
Leadership	Adequate	V Good
Staff Team	V Good	V Good
Care Planning	Weak	V Good

From the above, it is evident that investment in the teams, alongside the direction and leadership being provided through a relatively new management team, have all had positive impacts on service delivery. This is a key area moving forward with regard shifting the balance of care and progress being made is encouraging.

Further inspections took place within our residential houses, with the focus on Rights Support. These included:

- The Orchard, Inverness (May 2025) Adequate
- Old School House, Killen (July 2025) Good
- Arach House, Dingwall (October 2025) Good
- Ashton House, Inverness (May 2025) V Good

Whilst the above grades are generally positive, significant work is being focussed on The Orchard and Arach House due to the level of demand that is required in terms of both crisis intake (Arach), as well as the introduction of short breaks (Orchard).

Unaccompanied Asylum Seeking Young People - Comraich Service

Comraich is Highland's service that supports unaccompanied asylum-seeking young people as part of the Home Office mandated National Transfer Scheme. As a result of the significant achievements, challenges and opportunities presented throughout the year, I have included the full update report (**Appendix 2**). This perhaps demonstrates partnership working at its best and something that we, in Highland, should be very proud of. However, challenges exist particularly in relation to housing/accommodation options. Due to increased numbers of UASC expected in 2026/27 (as part of the Home Office allocation system), this pressure will continue to rise.

Child Health Service

Throughout the year, Child Health services have continued to strengthen their contribution to improving outcomes for children and families through a focus on prevention, early intervention and addressing inequalities**.**

Key developments have included the establishment of the Promise Health Team, bringing together specialist nursing staff and Speech and Language Therapists to support children and young people with care experience and improve outcomes in line with The Promise. During 2025/26, Highland has seen the development of a specialist Promise Health Team of nurses and speech and language therapists, specifically working with families, family-based care, residential care (in and out of Highland) to address both the causes and consequences of experiencing care.

Significant progress has also been made in shifting the balance of care towards earlier support through the refocusing of School Nursing and Health Visiting services. School Nurses have increasingly targeted support towards families experiencing inequalities, with a particular emphasis on building workforce knowledge and skills in relation to drugs and alcohol, enabling frontline practitioners to undertake earlier assessment and intervention with families affected by substance use.

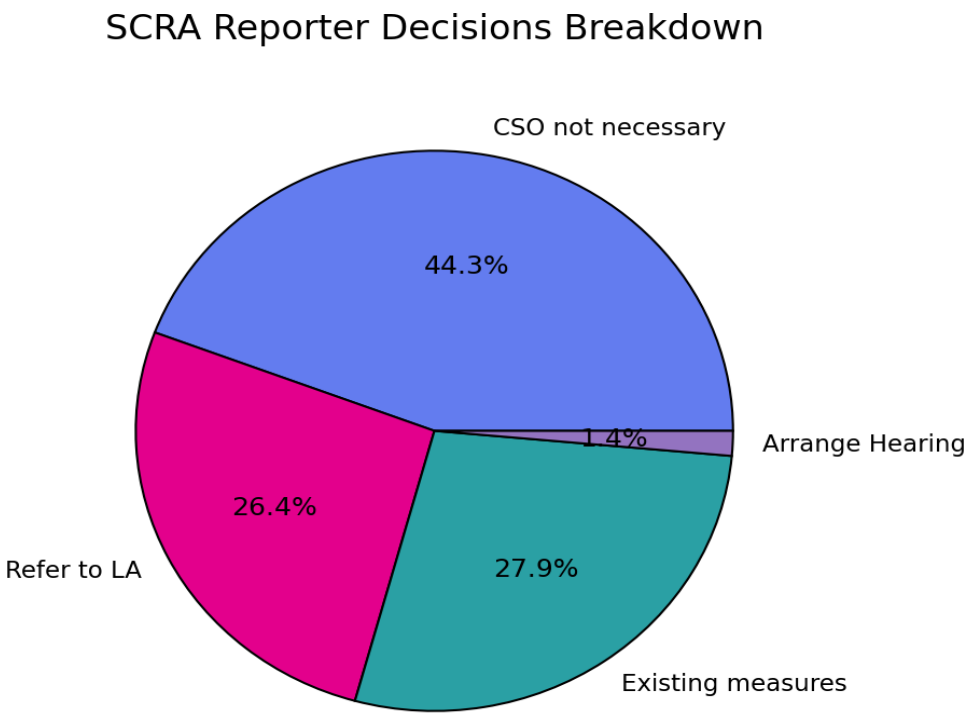
Dedicated nursing and Speech and Language Therapy roles have also been provided to support the delivery of the Bairns' Hoose programme. Alongside these developments, services have continued to refocus on the delivery of the Universal Health Visiting Pathway, strengthening early prevention and intervention to ensure children and families receive the right support at the earliest opportunity.

Youth Action Service

Over the 12-month period, youth justice activity in Highland has remained steady and consistent, with a strong emphasis on early intervention and community-based responses. There have been:

- 200 offence referrals received
- 115 individual children referred

From these referrals, the Scottish Children Reporter’s Administration (SCRA) decision making continues to reflect a strong welfare based and diversionary approach:



(Note: CSO = compulsory supervision order)

Over the past year, the Youth Action Service in Highland has continued to evolve in response to national policy developments and local priorities, with a strong focus on prevention, early intervention, and ensuring that children and young people receive the right support at the right time. This is at the heart of the Children (Care and Justice) (Scotland) Act 2024.

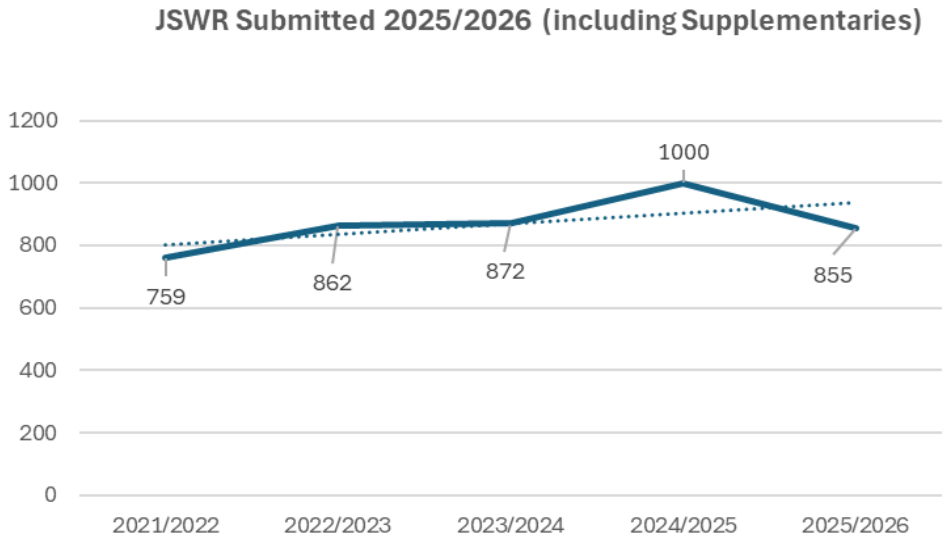
To date, we have begun implementing several aspects of the Act locally, including progressing planning for the increased use of the Children's Hearings System for 16–18 year olds and preparing for associated changes in practice, decision-making, and partnership working. However, full implementation is ongoing, with further national guidance, procedural clarity, and system alignment still to come into effect over the next phases. Our priority focus will be on:

- Strengthening early and effective intervention approaches, ensuring children are supported at the earliest opportunity;
- Embedding trauma-informed practice across all services;
- Enhancing multi-agency collaboration, particularly with key partners such as the Procurator Fiscal Service, Police Scotland, and the third sector;
- Ensuring that decision-making pathways are clear, consistent, and rights-based, particularly for older adolescents navigating complex systems, including reviewing our current pathways of support.

JUSTICE SERVICE

Justice Services continue to deliver strong overall performance; positive client outcomes; and high levels of community impact. Across Justice Social Work Reports (JSWR), Community Payback Order (CPO) Supervision, and Unpaid Work services, the service maintained high standards of risk assessment, report quality, client engagement, and stakeholder satisfaction.

Justice Social Work Reports submissions decreased from 1,000 in 2024/25 to 855 in 2025/26, representing a 14.5% reduction. Despite this decline, activity remains substantially higher than pre-2024 levels, indicating sustained service demand.



Community Payback Orders

There is a correlation between the number of Court Reports and subsequent Court Orders. Due to the reduction in reports being requested, there has been a knock-on effect of a reduction in Community Payback Orders, decreasing from 670 in 2024/25 to 547 in 2025/26, representing an 18% decline. Quality assurance findings indicate that practice remains consistently strong—responsive, risk-aware, and well-tailored to meet the needs of individuals, particularly in more complex cases.

Supervision orders in 2025/26 are heavily concentrated within two main teams, with Inverness alone accounting for almost half of all cases, with the largest share at 44%, managing nearly half of all supervision orders.

Dingwall represents the second highest proportion at 29%, meaning that Inverness and Dingwall together account for 73% of all orders.

Key strengths identified include:

- 97% completion of appropriate risk assessments

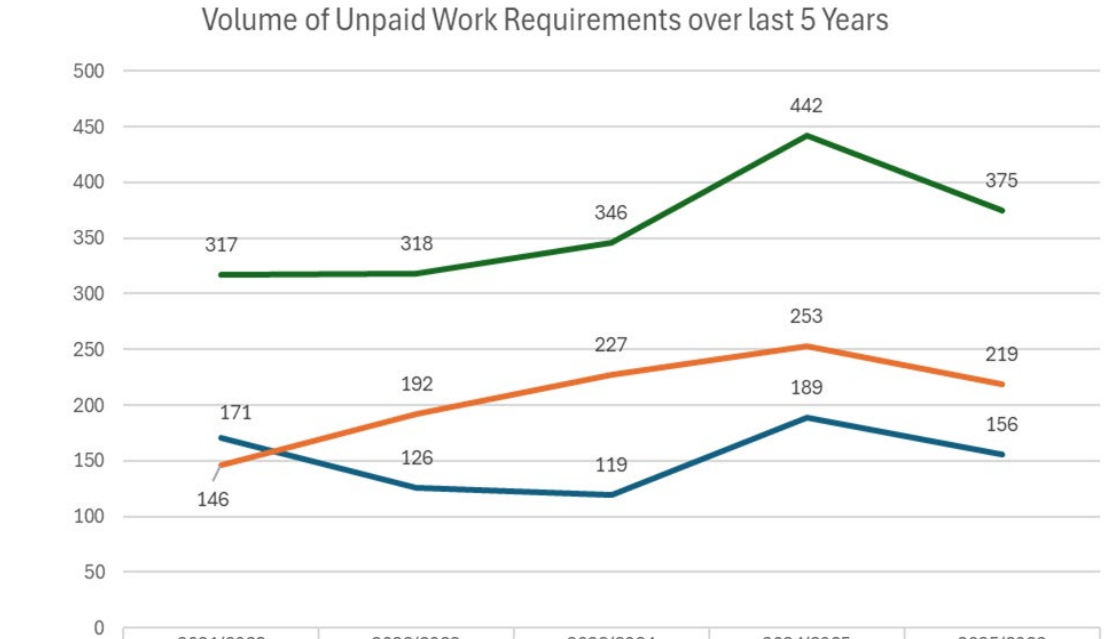
- 95% of individuals receiving timely contact from a case manager within five working days
- Effective management of non-compliance, supported by proactive follow-up activity
- Evidence of structured and purposeful interventions in 76% of audited cases, demonstrating a strong focus on delivering planned, outcome-oriented support

These findings reflect a service that continues to deliver high-quality, person-centred support while maintaining a clear focus on risk management and positive outcomes. Encouragingly, service user outcomes remain highly positive. All respondents (100%) reported that supervision had supported a reduction in offending behaviour, and 97% indicated they were treated with respect, reflecting the professionalism and impact of frontline practice.

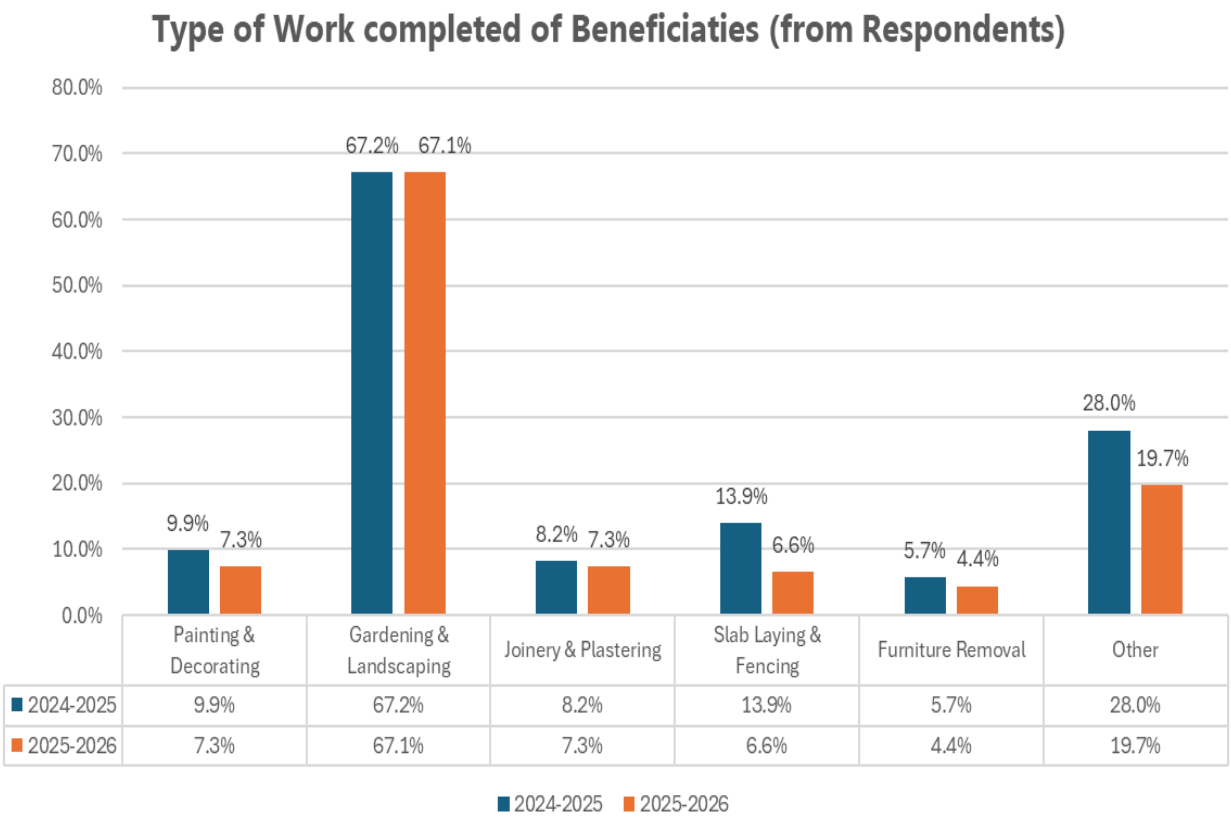
Unpaid Work Services

A level 1 unpaid work requirement is a community sentence that orders an offender to complete between 20 and 100 hours of unpaid work. A level 2 requirement is between 101 and 300 hours of unpaid work. A level 2 requirement is regarded as a direct alternative to custody.

During 2025/26, Unpaid Work requirements decreased across both Level 1 and Level 2 orders, alongside a 13% reduction in the total hours issued by courts. However, the average number of hours per order increased, indicating a shift towards more intensive and targeted interventions at an individual level.



	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
Level 1	171	126	119	189	156
Level 2	146	192	227	253	219
Total	317	318	346	442	375



The above table illustrates the activities carried out on unpaid work. Feedback from individuals undertaking unpaid work and community beneficiaries continues to be exceptionally positive, reflecting both the quality of delivery and the value of the service:

- 99% reported a sense of achievement
- 97% highlighted positive support from supervisors
- 96% of beneficiaries reported high levels of satisfaction with completed work
- 98% indicated that the work delivered a meaningful benefit to the community

Quality assurance findings show strong improvement across assessment quality, offending analysis, evidence usage, and presentation standards. Significant progress has been achieved in analytical practice relating to planning, insight into offending, and documentary evidence. Risk assessment compliance remained exceptionally strong, with most indicators achieving between 95% and 100%.

Multi Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) are a set of statutory arrangements of which the primary purpose is to maintain public protection and the reduction of serious harm. The protection of children, adults at risk and other members of the public are paramount. It is a structure by which registered sex offenders, mentally disordered restricted patients and other offenders who, by reason of their conviction, pose a risk of serious harm to the public are

managed through the effective sharing of relevant information, and the assessment and management of that risk.

On 31 March 2026, there were 286 Registered Sex Offenders living in the community managed under MAPPA. A further 121 were in custody.

Across Scotland, there has been an increasing trend of individuals and community groups often using social media platforms, online forums and public demonstrations to identify and publicise the whereabouts of men convicted of sexual offences living within local communities. This is a concerning trend as these actions can undermine the multi-agency arrangements in relation to managing risk within local communities and may have a destabilising effect on offenders who are subject to statutory supervision. Potentially such actions could have the impact of increasing the likelihood of further offending and/or disengagement with agencies. It is also recognised that in some cases, innocent individuals who may be wrongly identified.

Key trends - national and local - include:

- Increasing offender numbers year on year, not matched with additional funding
- Shortage of suitable/manageable properties due to the housing crisis.
- An ageing offender population and increasing complexity of need is resulting in challenging demands for agencies.
- The increased reporting of historical sexual offending by victims and pro-active policing is ensuring those individuals are rightly brought to justice.

In 2028, we will see the launch of the Multi-Agency Public Protection System (MAPPS). This is a Home Office data base system that will contain all information on those individuals who have committed sexual and/or very violent offences. This will replace the current system - ViSOR (Violent and Sex Offender Register). Highland Council have signed up to this system along with our colleagues in the Islands, as well as NHS Highland and Police Scotland. We are currently working towards readiness for using this system with access to the practice element of the system starting in 2027.

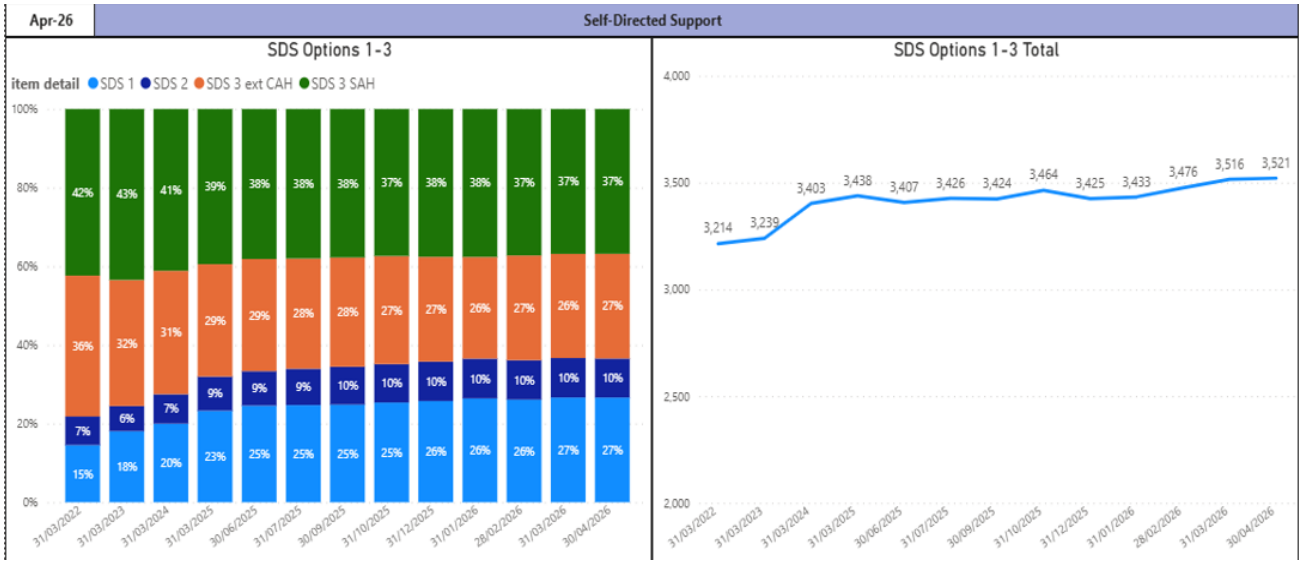
ADULT SOCIAL WORK AND SOCIAL CARE

Adult Social Work and Social Care in Highland continue to face a number of challenges in service delivery due to both resource availability and a lack of workforce numbers (particularly in the social care field). Resilience issues are evident.

Over the past two years, the Partnership has focussed on Transformation, whereby the aim is - using the ethos underpinning Self Directed Support - that local responses are appropriate and proportionate to ensure that people receive the right support at the right time to enable them to maintain healthy and fulfilling lifestyles. Through successful delivery of this, statutory services would then be accessed for those with the most critical level of need. Work in this area is multifactorial and has included engagement with local hubs and community groups to enable change. Unfortunately, the impact of this has yet to be fully realised.

Self Directed Support

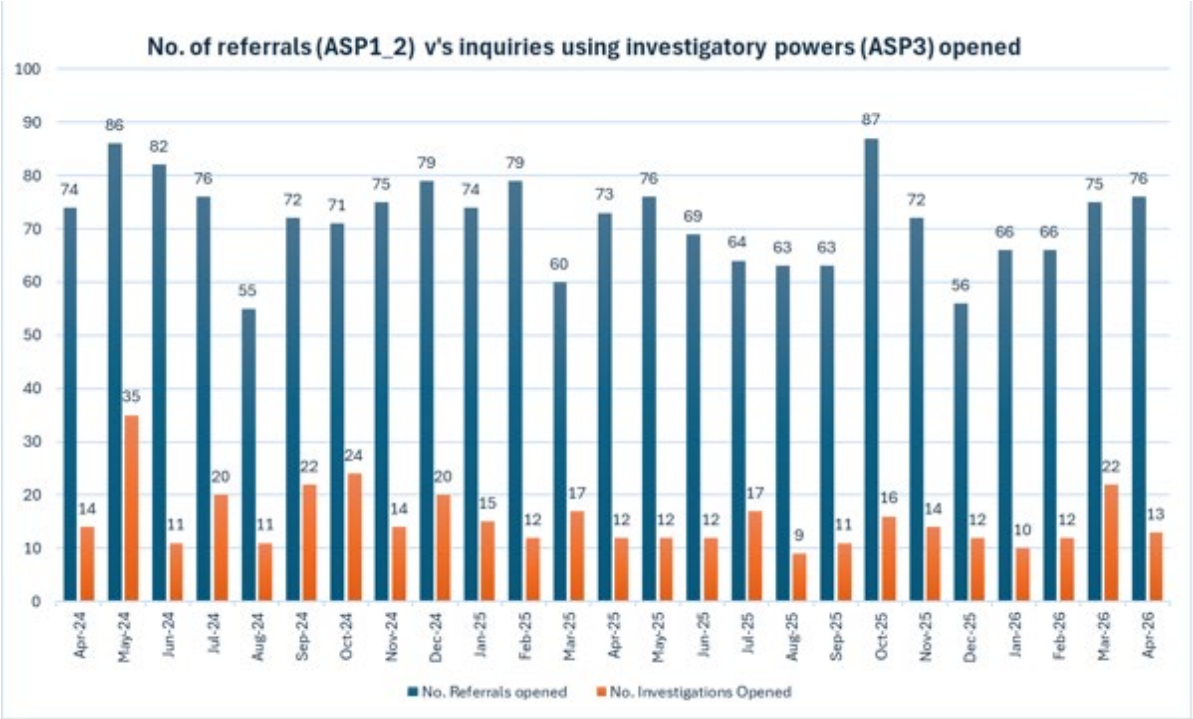
It is the aim that in Highland, all 4 options of Self Directed Support (SDS) are utilised appropriately and that there is a steady increase in the use of Direct Payments to correlate with a reduction in traditional services. The following graph does indicate we are meeting the strategic direction.



However, recruitment and retention of social care staff including personal assistants remains incredibly challenging. As a result, £1.85m of reclaims accumulated over the past 6 months will be made. These reclaims relate to care that cannot be provided.

Adult Support and Protection

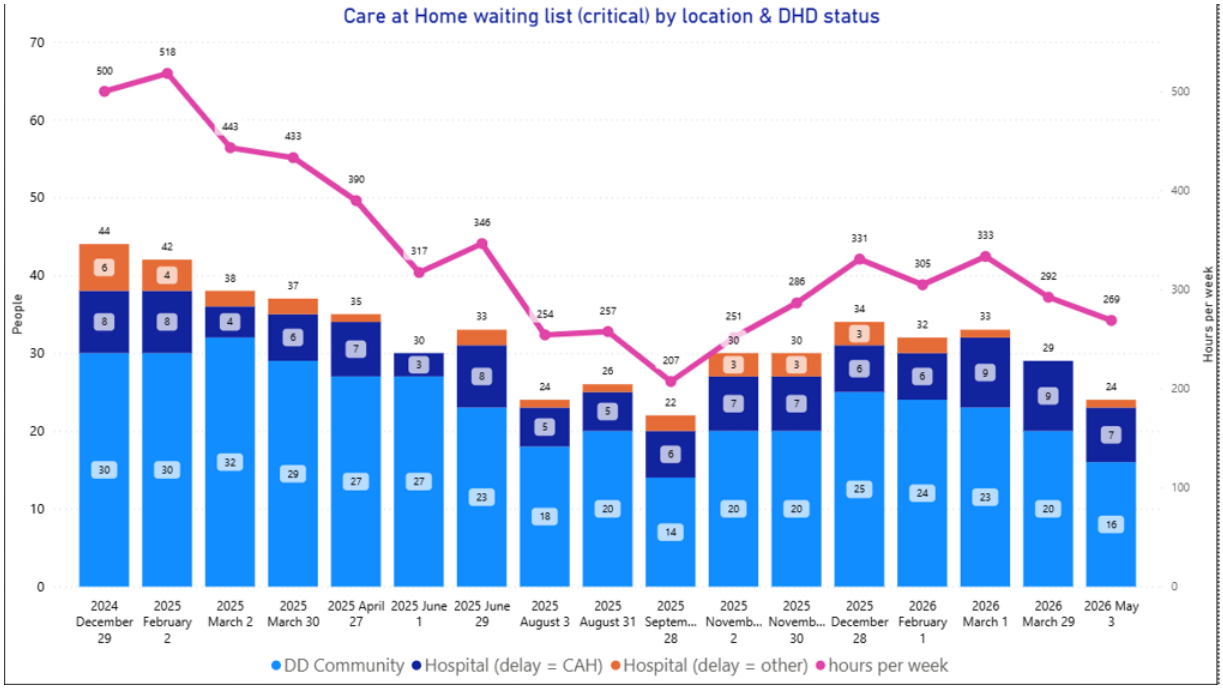
Adult Support and Protection (ASP) activity remains similar to last year with the vast majority of referrals being made via Care Homes, with family/friends/neighbours being the second highest.



Through 2025 and 2026, there continued to be sustained demand for statutory intervention creating pressures within the social work system. Work is commencing via the Care Home Collaboration services to review the number of adult concerns being received from Care Homes as only a small proportion translate to adult protection inquiries.

Care at Home

There has been an area of focus to reduce the waits for those in critical need to commence a care at home service. Due to capacity constraints this remains a challenging picture. A significant proportion of care at home service delivery is provided by the independent sector. Sustaining service delivery is pressured across the board with hand backs continuing most recently in Caithness and in Cromarty but has also included areas of Lochaber. The graph below articulates the waiting lists for care at home and highlights the challenges being faced at this time.

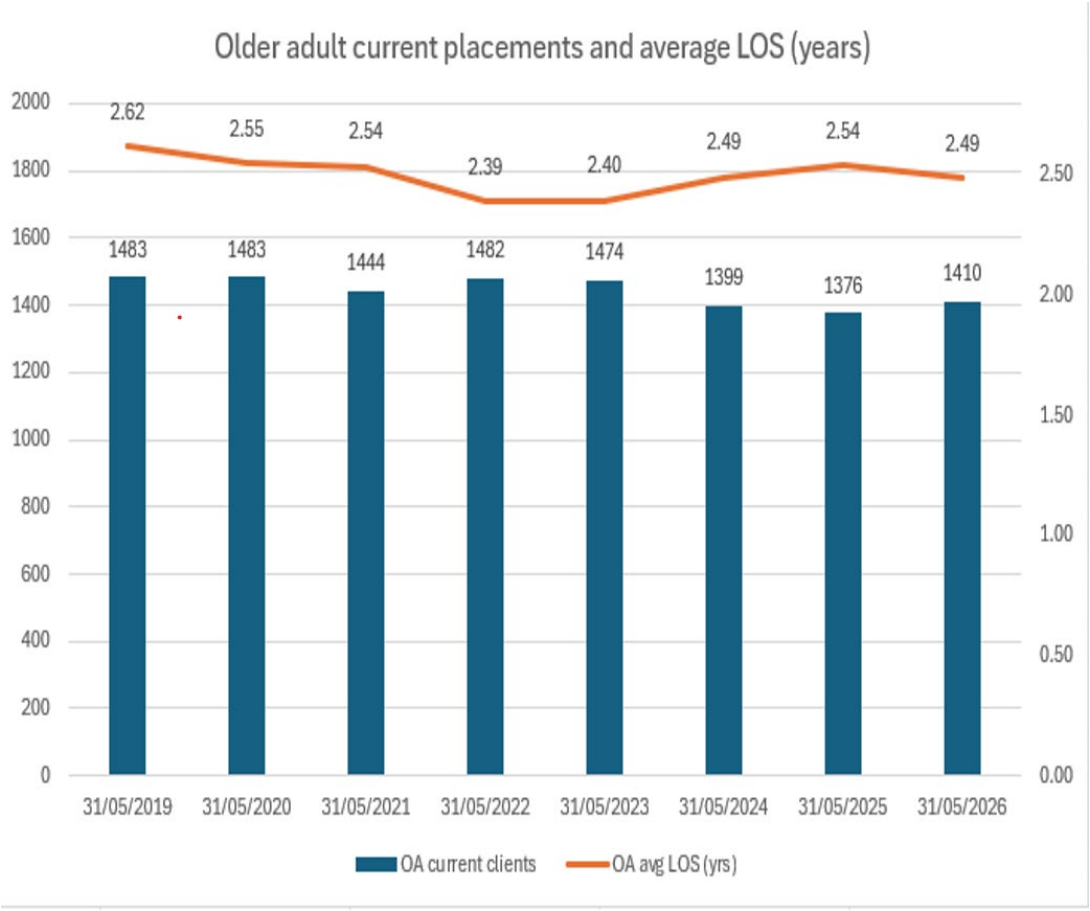


The Health and Social Care Partnership have a focus on the national Discharge without Delay programme. This includes embedding modes of discharge to assess and home first. They incentives need to work with existing services to ensure resources are targeted in priority areas. There is growing evidence that discharge to assess is reducing the level of long-term maintenance care a person requires. The Care at Home Assurance and Transformation Programme will play a key role in driving forward improvements in this area.

Care Homes

Highland has a total of 62 Care Homes. 46 are operated by the independent sector and 16 are operated by NHS Highland. Three of the NHS operated homes are nursing homes, all of which were previously operated by the independent sector. The size of care home varies dramatically with the smallest service having 4 beds and the biggest registered service having 94 beds.

The number of care homes for older people in the Highlands has reduced by 18% between 2014 and 2024. At the same time, the population aged 75+, has increased significantly.



The strategic aim is to improve community services and resources to enable people to remain in their home for as long as possible. By doing so, the numbers of residential places in care homes would reduce – through the shifting the balance of care.

During the year, two in-house service areas have been subject to enforcement action via the Care Inspectorate – the Care at Home Service in Sutherland and a Nursing Home on Skye. Significant concerns were raised by the Care Inspectorate in relation to an independent Care Home in Inverness in 2025/26. Further, this care home was subject to a BBC investigative documentary. Action plans were agreed with the Care Inspectorate in all cases and progress has been made.

At the time of writing there are no active Large-Scale Investigations in place in any commissioned or inhouse social care service.

Appendix 3 details all inspections carried out in care homes and care at home provision within Highland. Aside from the above actions, the level of care and service provided continues to be of a high standard.

Adults with Incapacity

There are currently 1020 people in Highland subject to Guardianship orders. Of these, 711 are private guardianship orders, and 309 are Local Authority.

The number of guardianship orders being sought and granted has increased year on year. There was a slight dip in January, possibly due to delays in applications being heard by the Court over the festive period and orders that had ceased.

Table 1: Statutory demand

	Dec-24	Dec-25	Jan-26	April 26
PWG Orders	678	713	707	711
LA Orders	295	312	312	309
Total Guardianship Orders	973	1025	1019	1020

However, these figures highlight the increasing statutory demand on finite health and social work resources. Combined with an ageing population and rising future demand, this presents an increasing level of risk.

Reviewing welfare guardianship orders and supervising private welfare guardians is a statutory social work function. It safeguards vulnerable adults from harm, provides guidance and support to guardians in carrying out their role, and offers oversight of how legal powers are being used to support decision-making. However, figures at the end of 2026 state that only 49.2% of reviews were up to date. Whilst acknowledging the various workforce pressures which exist, this is an area requiring immediate attention and action.

NHS Highland took over responsibility for the recording and management of statutory orders in respect of AWI legislation from the Highland MHO service in January 2026. It is hoped this will speed up access to the sharing and accessing of information between services and enable speedier allocation of medical reports for LAWG applications.

MENTAL HEALTH OFFICER SERVICE

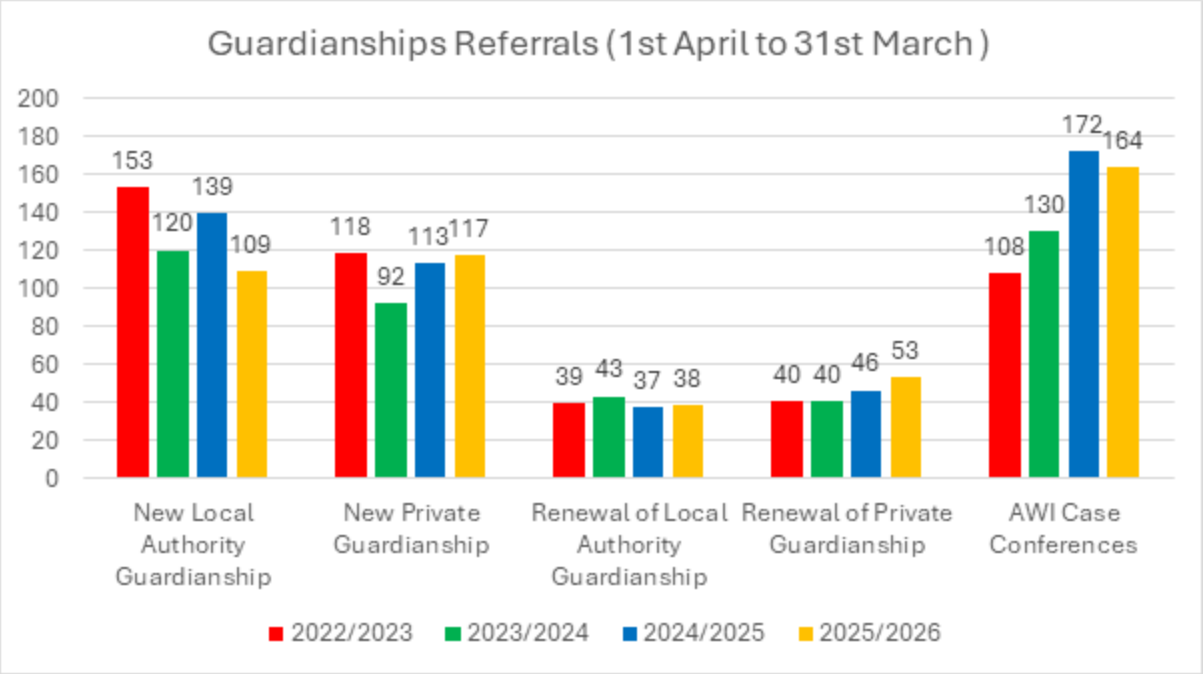
Adults with Incapacity Act 2000: The 2000 Act

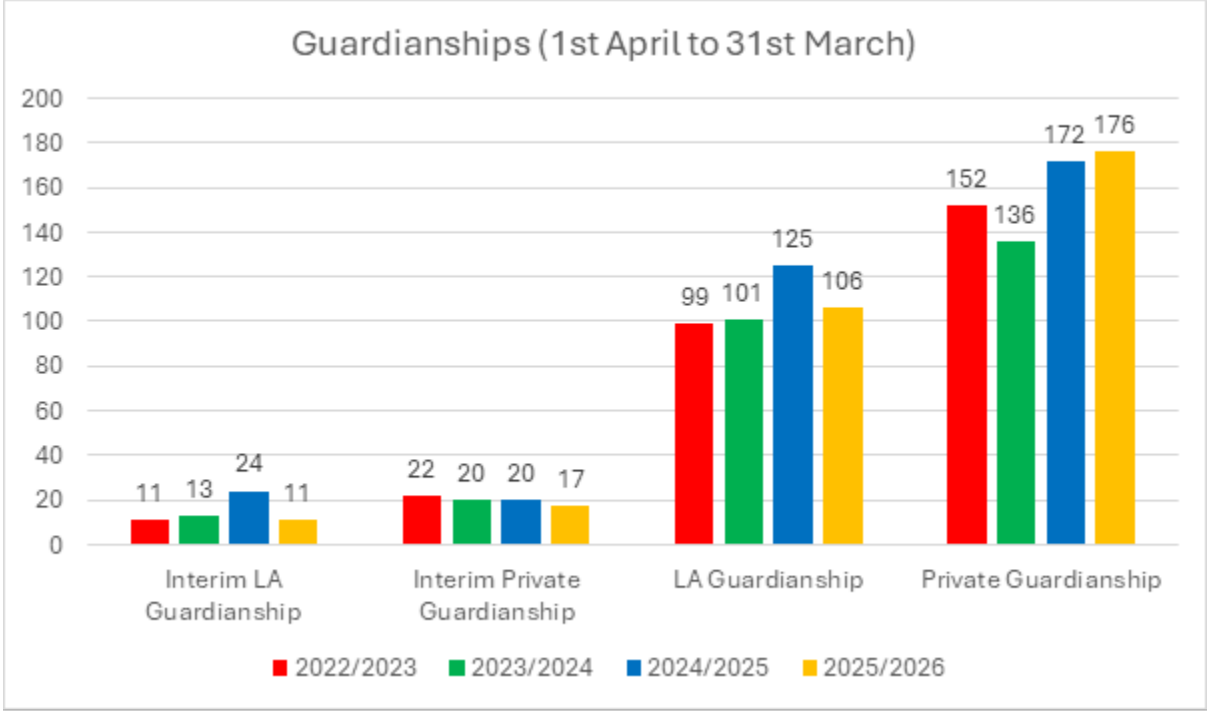
The Adults with Incapacity (Scotland) Act 2000, sets out the legal framework for regulating intervention in the affairs of adults who may not have the capacity to make important decisions

about their welfare or matters relating to property and finance. The legislation defines an individual as an adult from the age of 16 years.

The bulk of statutory Adults With Incapacity (IWA) work undertaken by Mental Health Officers (MHO) 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 cognitive capacity to make specific decisions independently.

The following tables show the number of referrals and orders made over the past 4 years:

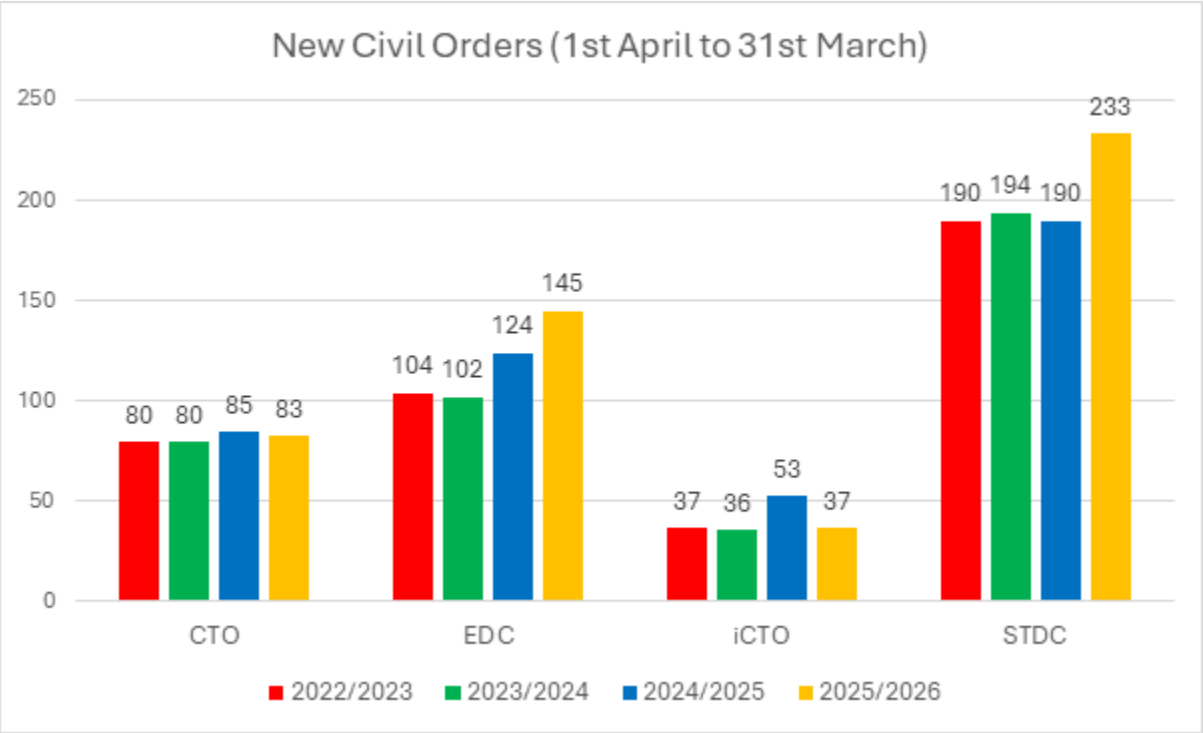




The Mental Health (Care & Treatment) (Scotland) Act 2003: The 2003 Act

Intervention under the 2003 Act involves MHO consideration of compulsory detention for the purpose of providing mental health care and treatment. Specific tasks include providing or withholding consent to detention and providing applications to the Mental Health Tribunal.

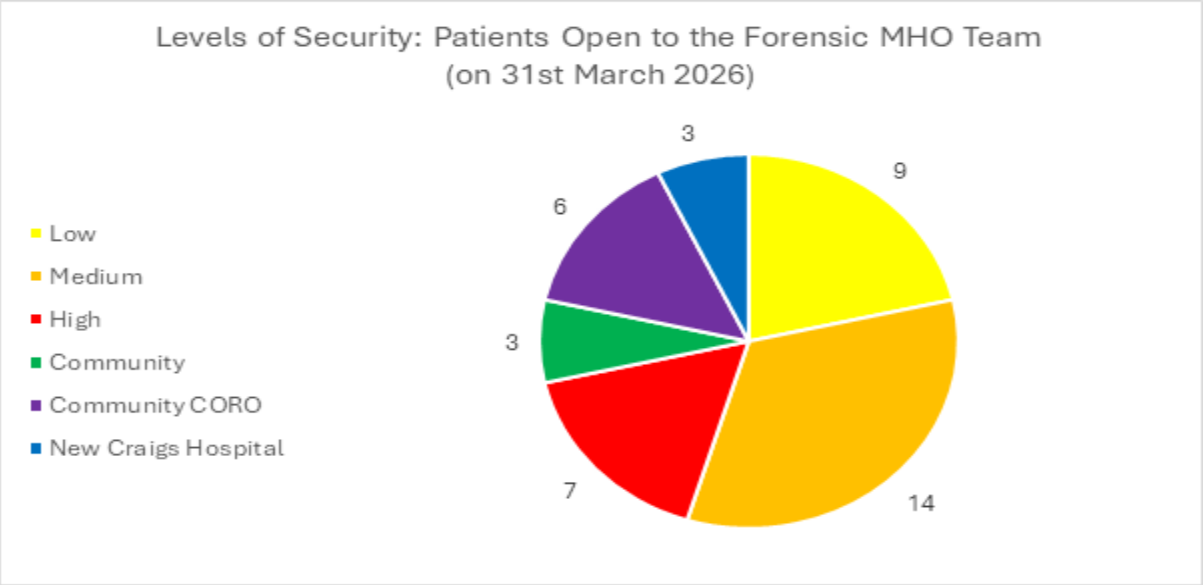
The use of Emergency Detention Certificates (EDC) and Short-Term Detention Certificates (STDC) has remained concerningly high since 2021. This year has seen a substantive jump in the use of both pieces of legislation compared to previous years (please see graph below). The reason for a rise in the use of EDCs and STDCs could be better understood but is likely influenced by significant resource restraints, such as hospital bed availability.



Forensic MHO Service

The Forensic MHO team is part of the Highland Forensic Service. This is a multidisciplinary team involving NHS colleagues from various disciplines. Forensic MHOs work with and provide training for multi-agency partners such as Justice Social Work, Police Scotland, the Crown Office and Procurator Fiscal Service, the Court and Tribunal services, Prisons services, MAPPA (Multi Agency Public Protection Arrangement) colleagues, the Scottish Government Health Directorate (SGHD), and the NHS. The overarching consideration of Forensic Mental Health Practice is public protection. Forensic MHOs work with inpatients within low, medium, and high secure hospital settings, and with outpatients in the community, who are subject to statutory mental health legislation.

Forensic MHOs work with both the patient and their families and remain a consistent point of contact with their local area. Of the patients who are out of area, the largest proportion is in medium secure hospital care. There is a significant number of patients within medium and low secure patients who are requiring or likely to require community placements in the next few years.



Due to the aging population within Highland, forecasting future demand for MHO Services is underway.

A joint initiative between Highland Council and NHS Highland will be launched in June 2026 to encourage every adult across the Highland region to consider putting a Power of Attorney (PoA) in place. If successful, consideration will be given to repeating this next year.

EMERGENCY SOCIAL WORK SERVICE

Highland Council's Emergency Social Work Service (ESWS) is a dedicated, stand-alone team with all staff members being qualified mental health officers. This service works out of hours (ie 5pm until 9am Monday to Friday and all weekends), covering all children and adult emergency calls throughout Highland.

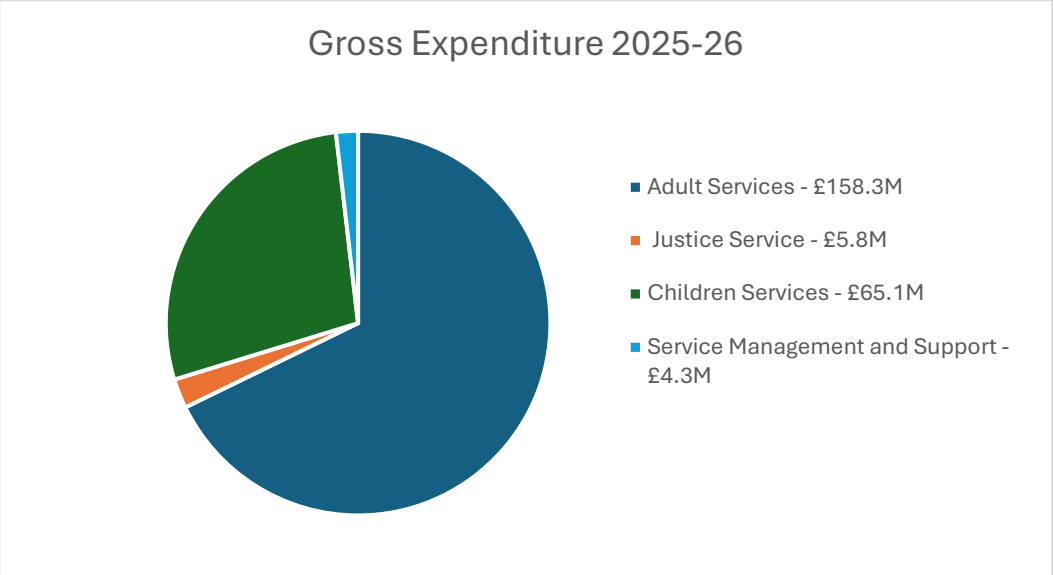
During 2025/26, the team dealt with 7619 calls – this increased from the previous year's total of 6585. This increase in calls appears to be linked to both winter pressures and a major surge in January due to storms. 55% of calls related to adults and 45% to children.

Calls to ESWS will often highlight issues that need to be addressed within service teams. For example, not having care at home management cover in Sutherland/Caithness, resulted in numerous calls to the team regarding staff sickness; breakdowns; etc. This was relayed back to NHS managers and a new system is now in place.

Whilst ESWS demand is relatively stable, its work is characterised by seasonal peaks and occasional incident-driven surges. Despite this however, the service provides a responsive service ensuring that any emergencies are dealt with speedily and appropriately.

RESOURCES

The gross expenditure on social work and social care services for the financial year 1st April 2025 to 31st March 2026 totalled £233M which is a significant percentage of the overall Highland Council budget. The below chart illustrates the component parts of the service.



Children's Service

Children's Social Work Service budget was overspent by £3.2M in 2025/26. The most significant being the cost of residential care for children with complex needs who could no longer be cared for at home. Highland is also experiencing a growing demand for SDS packages which are now showing as a major pressure.

The Service also has a number of significant redesign and efficiency savings to deliver combined 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 a national challenge, is a more significant issue within the vast geographical spread of Highland.

During 2025, significant work was carried out to articulate spend within the service – information on where, on what, and in what numbers was collated. The position in relation to Care Experienced placements was particularly challenging and contributed to an overspend of £4.2m in independent and 3rd sector placements.

The above culminated in the development of the Children's Services Recovery Plan – referenced as 'Improving Children's Care and Support' in the Person Centred Solutions Portfolio in the Council's Operational Delivery Plan. Through the shift in the balance of care, the budget will be allocated to areas we want to see grow and develop (particularly support for children to remain at home; kinship; and fostering). In addition to this, The Council has

committed substantial capital investment to develop more suitable accommodation within Highland, though refurbishing and extending existing premises as well as purchasing additional properties. Savings will be achieved from a reduction in use and spend of high cost placements both in and out of Highland.

Due to the significant work that requires to be undertaken with regard the children's recovery plan, the Council agreed in March 2026 to provide an additional £3.5m for the Children's Services budget. Whilst this is a one-off payment, the aim is to enable the recovery plan to be fully implemented thus helping to drive forward the necessary changes within practice and service delivery.

Justice

The Justice Service expenditure totalled £5.8M in 2025/26 and is fully funded by a section 27 Grant from the Scottish Government. This ring-fenced grant is fully committed within the year ensuring that Justice meets its statutory duties and requirements.

Adult Services

Adult Services total expenditure was £158.3M with the majority being the delivery of the Adult Social Care Services - which is delegated to NHS Highland via the lead agency model. This Service is under continued pressure with the increased demands as the needs of our adult population becomes more complex. Further, the vast geographical area raises significant challenges for both the delivery of services but also, for the ability to recruit to the workforce. Whilst this Service has had significant savings identified, these have not been achieved. At the end of 2025/26, there was an overspend position of £26m with similar pressures being reported in the current year.

MHO Service and Safeguarder Costs

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. The Council allocated temporary funding of £100k as an agreed pressure, but a longer-term solution is required. The appointment of a safeguarder is at the discretion of the Sheriff.

WORKFORCE: TRAINING, LEARNING AND DEVELOPMENT

Workforce Overview

Highland's Council's Health and Social Care workforce equates to:

HSC Services (Highland Council)	FTE
Children's Social Work Services	637
Justice Service	89.62
Child Health	200
MHO	27.3
Emergency Social Work Services	9.71

During the past few years, significant focus has been on active recruitment including the trainee social worker schemes. Whilst proving successful, vacancies still exist – particularly in children's social work. These vacancies continue to cause major pressures within the service.

Within NHS Highland, 15 adult social work teams are located throughout Highland. Whilst vacancies can fluctuate, the use of the trainee scheme and active recruitment drives have helped keep vacancies to approximately 10 posts in total.

Adult Social Work (NHS Highland)	FTE
Social Work Team Managers	15
Senior Social Workers	16
Social Workers	92
Social Work Assistant Practitioners	46

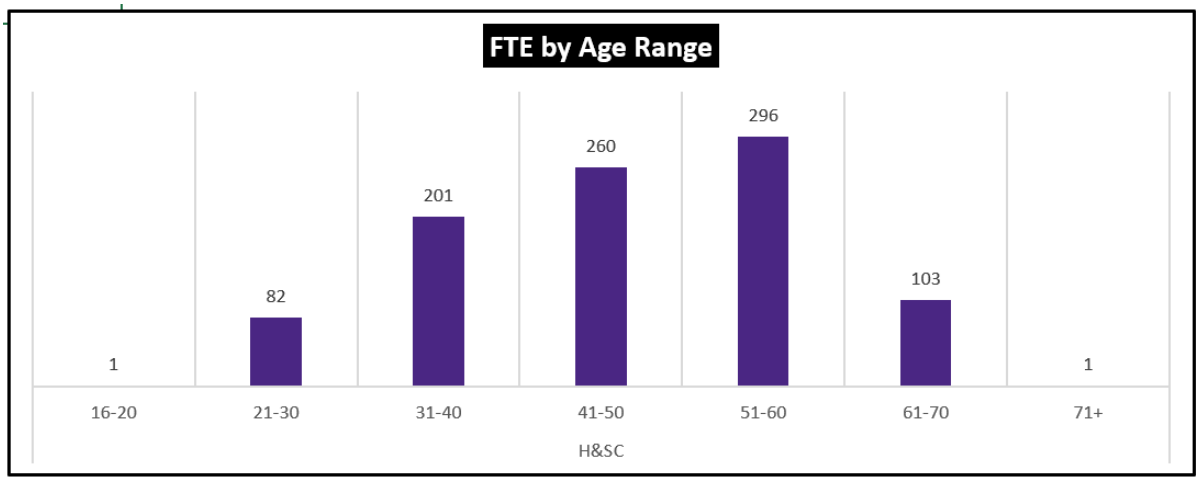
The workforce in adult social care is far more fragile than adult social work colleagues. Workforce shortages are significant, driven by out-migration of working age people, high housing costs and ongoing recruitment challenges. These pressures directly contribute to higher operating costs; challenges in maintaining safe and sustainable staffing levels; and increased demand for care home placements.

Adult Social Care (NHS Highland)	FTE	Head Count
Day Care	20.5	25
Care Homes	251.7	307
Care at Home	305.1	421
Total Adult Social Care Workforce	**577.3**	**752**

On average, 17% of our daily staffing is supplementary staffing with the highest single care home being at 33%. 36 registered in-house beds are currently closed due to lack of staffing.

Average age

40% of Highland Council staff within HSC are currently aged 51 years or older, indicating an ageing workforce profile that may impact future workforce planning. However, to help address future skills gaps based on the age demographics, the Person-Centred Solution Portfolio has a dedicated project focused on Developing the Workforce.



Staff Wellbeing and Performance

The Highland Council Health & Social Care services are following the national trend with increased sickness absence, with an annual average number of 19.11 days lost per person. The Council has increased its focus on attendance management by introducing a number of attendance management officers to support services to manage absence effectively. 86% of Health & Social Care managers have now completed the Attendance Management Training.

With regard absences, the main reason for short term absence is viral/cold/flu. The Council has approved the proposal to offer all staff the Flu Vaccination in 2026. Mental health related absence remains within the top reasons of long-term absences across the service.

The Council has launched a Mental Health and Wellbeing helpline, providing easy access to mental health support services like the Employee Assistance Programme, NHS24, Samaritans and the internal Mental Health First aiders.

Development of the Workforce

The creation of Highland Council's HSC Workforce Plan 2022-2025 gave clear focus for articulating and mitigating the numerous workforce challenges being faced by the services and the organisation. By the end of March 2026, the summary included:

- A vacancy rate within children's social work of 30% (compared with 44% in 2024/25)
- By reviewing long term vacancies, resources were reallocated resulting in an increased number of trainee social workers, alongside the creation of additional social work

assistant posts. This reallocation came from the more difficult to recruit social work posts.

- A more defined career pathway for those in our Support Worker establishment has also been established.
- A positive movement regarding staff turnover with this further reducing from last year from 10.5% to10.1%, thus showing a continuous increase in the retention of staff year on year.

Moving into 2026/27, and detailed in the updated Workforce Plan, the Service is in the process of designing a workforce learning and development framework with the purpose to develop a skilled, confident, and integrated workforce that can deliver high-quality, family-centred services, aligned with:

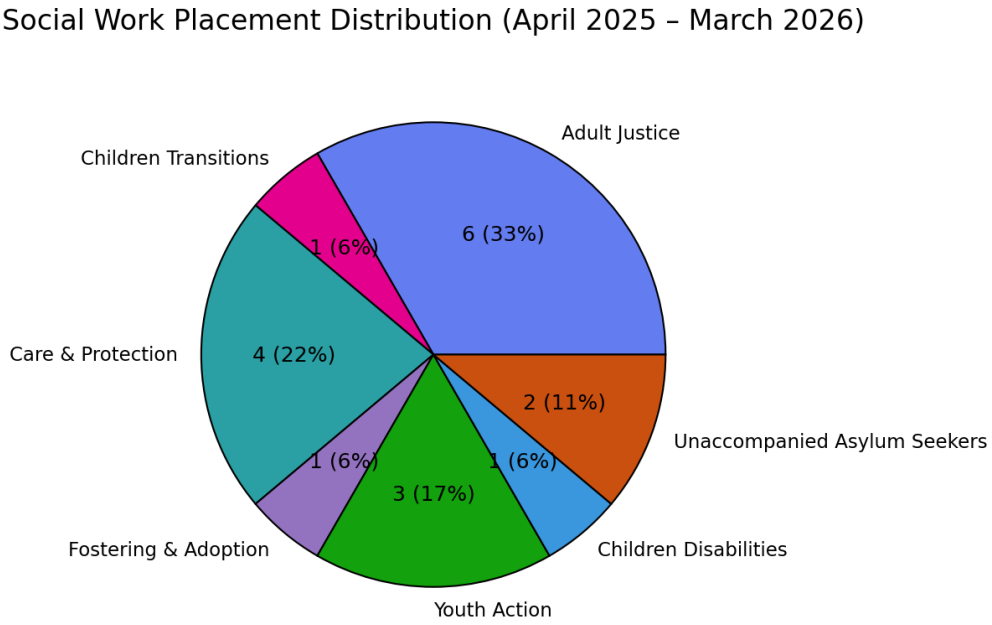
- National policy and standards
- Local strategic priorities and population needs
- Multidisciplinary and partnership working

It will be a tiered framework with multiple levels. Level 1 is a foundation level that will apply to all Health and Social Care staff to ensure a common baseline of knowledge, values and language. The next levels will apply to enhanced practitioner and specialist levels; and the final level covers leadership styles, enabling system leadership, service development, and quality improvement.

Trainee Social Worker Scheme

The Trainee Social Worker Scheme in Highland continues to play 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.

As planned, the Trainee Social Worker Scheme was extended to external applicants in 2025. Six new Trainees took up post in 2025 with 5 Trainees graduating (4x in Children's Services and 1 in Justice). Due to the continued success of the scheme, alongside staffing recruitment and retention challenges, it was agreed that an additional cohort would be sought in 2026. As expected, there is significant interest in the 4 new Trainee positions with interviews arranged for June 2026.



18 Social Worker trainees/students were in Highland Council placements from April 2025 - March 2026. 16 were Open University students, 1 Dundee student and 1 Robert Gordon student.

The full-time Practice Educator is currently supporting 5 Trainees in placements across the service. The Practice Educator also provides ongoing group sessions for THC's sponsored Trainee Social Workers.

Adult Services also continue to utilise the trainee scheme, where workforce needs require. There are currently four Trainee Social Workers within Adult Services, two of whom are expected to graduate by the end of 2026. As workforce stability has improved, most vacancies are now being successfully filled, with an increasing proportion of appointments being Newly Qualified Social Workers (NQSWs).

Over the past three years, four staff members within Adult Social Work have undertaken the Practice Learning Qualification, with three successfully achieving the award, bringing the total number of Practice Educators to 11. This increase in qualified Practice Educators has strengthened placement capacity across Adult Services and, during 2026, six social work student placements have been provided.

The Principal Officer within the Social Work Service, continues to chair the steering group for the Open University. Both the Principal Officer and Practice Lead (Learning and Development) continue to represent THC in discussion with the Higher Education Institution social work qualifying programmes and post qualifying learning.

Newly Qualified Social Workers (NQSW)

Over the last year we have had 8 NQSW complete their Supported Year and we currently have 11 NQSW on the programme with a further 2 NQSW recently recruited but not yet in post.

Whilst the implementation of the NQSW Supported Year provides a framework for supporting newly qualified staff, it has also brought pressure within the services as these workers have to spend significant time on additional learning and training requirements rather than building on their knowledge and experience 'in-house'.

Managers are proactively supported to undertake developmental meetings throughout the NQSW's first year in practice, and monthly facilitated peer support sessions are provided for all NQSWs. In addition, eight experienced social workers have completed coaching and mentoring training and are matched with newly qualified workers on commencement in post.

Local Learning Partnership (LLP)

The Scottish Government agreed funding of three Local Learning Partnerships as part of a national test-and-learn programme. Each partnership could receive up to £200,000 for one year, with at least one LLP required to operate partly or fully in a remote or island area.

A joint bid was made at the end of March 2026 from Highland Council, in partnership with NHS Highland, Comhairle nan Eilean Siar and the Multicultural Family Base (Edinburgh). The proposal included shared challenges across these organisations, including high vacancy rates, workforce pressures, geographical remoteness, limited availability of student placements, and difficulties supporting learners and staff in rural and island settings. The partnership also recognised increasing workforce diversity and the need for more structured support for international and minority ethnic students and newly qualified social workers.

On 12th May 2026, we were advised that the bid was successful. Scottish Government feedback was very positive, highlighting innovation in understanding and supporting the multicultural needs of students and staff. They felt we had a strong, established approach already in Highland and are interested to see how this could be replicated across the region. They felt the proposal was highly collaborative and praised the involvement of lived-experience experts and students as key team members going forward.

Training Updates

The Togetherness Programme (formerly known as the Solihull Programme), is an evidence-based approach to improving emotional health, wellbeing and family relationships. This training has been expanded significantly, with over 150 staff completing Level 1 and 2 training during the last 12 months and a further rollout planned across the partnership.

The Learning and Development Strategy has been updated to reflect local and national priorities. Additional training has been provided for staff and managers in relation to exploitation and trafficking, as well as master classes in relation to parental mental health

and online harm. The CPC Training Officer has worked with partners to develop a range of e-modules and update core child protection training programmes. The CPC Conference held in June 2025 attracted over 120 participants and focussed on online harm with inputs from the Internet Watch Foundation, along with a series of workshops on current child protection issues – implementation of ICON, exploitation, youth justice, misogyny and digital safety.

During this reporting year, the Youth Justice Service has prioritised workforce development and practice improvement, with a particular emphasis on:

- Training and updated guidance for Care and Risk Management (CARM) processes;
- Implementation of the START:AV (Short-Term Assessment of Risk and Treatability – Adolescent Version) framework;
- Enhanced understanding and response to sexual harmful behaviour through AIM3 training

In addition, there has been a focus on developing a pathway and intervention resource for practitioners working with young people using substances in Highland. This has been rolled out within Youth Action, School Nursing and Action for Children teams in the first phase, with the intention of widening use across select services in the future. The Youth Action Nurse and the Child and Adult Mental Health Service's Drug and Alcohol team are supporting the training, development and ongoing support to the staff teams across Highland.

World Social Work Day

Following on from my commitment to bringing social work staff together annually, a conference was held for World Social Work Day on 17th March 2026 in Inverness. The conference theme was 'Hope and Harmony.' Guest speakers included Professor Fiona Dyer – Children and Young People's Centre for Justice who presented on building hope for a rights respecting future and Karyn McCluskey from Community Justice Scotland. Workshops included hopeful practice and welfare rights. THC and NHS Social Work staff enjoyed the opportunity to network and be brought up to date with that national social work landscape.

LOOKING AHEAD

During 2025/26, Highland social work and social care services have remained focussed on addressing the challenges they are being presented with whilst embedding and building effective practice in teams and communities. Whilst we continue to build our 'grow our own scheme' we also are investing in the learning and development of our workforce. These two areas will be key to our future success.

Legislative changes will bring additional duties and tasks on all services. We are preparing for the introduction of the new national Diversion from Prosecution guidance, due to be implemented in August 2026. This will introduce two clear diversionary pathways, designed to

ensure that young people are directed away from formal justice processes where appropriate and into supportive, needs-led interventions. This change will sit alongside the broader extension of the Children's Hearings System to 16 – 18-year-olds under the Care and Justice Act, further shifting the balance towards welfare-based responses.

Confirmation regarding the funding for both the Children (Care and Justice) (Scotland) Act 2024, as well as the Children (Care, Care Experience and Services Planning) (Scotland) Act 2026 should be received this coming year. Whilst both of these pieces of legislation will have significant impact on the delivery of The Promise, adequate funding is required to enable this to become a reality. The increasing concerns regarding the lack of appropriate placements for young people, highlights the very real issues within the whole system – where matching expectations to resource availability – are not currently aligned. The Scottish Government have stated their desire to address this issue, and we await further information regarding funding allocations.

During 2026, significant pressures have emerged with regard the prison population in Scotland. Sitting at a record ever high (over 8500 prisoners), has resulted in the Scottish Government implementing emergency command structures to examining all options which could reduce the flow into prison.

The Scottish Sentencing and Penal Policy Commission published its final report, Justice That Works, on February 6, 2026. This sets out a blueprint to address Scotland's rising prison population and reform the criminal justice system. Moving forward, there is a clear expectation that penal reform will happen. This, alongside the opening of HMP Inverness in Spring 2027, could provide a real opportunity for Justice Social Work to build on its expertise and knowledge of risk assessment and management alongside robust and effective supervision of community court disposals. However, there will need to be a significant transfer of resources from custodial establishments into community resources if this penal reform is to be fully achieved.

Within Highland Council, Social Work Services and Child Health now sit within the People Cluster alongside Education. This provides significant opportunities to work more effectively and efficiently together particularly alongside the expansion of preventative services via the Whole Family Wellbeing Programme.

The Scottish Government's announcement regarding Public Sector Reform alongside the Programme for Government will have significant impact for both organisations (Highland Council and NHS Highland), as well as the workforce in social work and social care. Whilst it is too early to articulate what these implications will be, the Chief Social Work Officer will play an important role in contributing, assessing and commenting on proposals. A key task will be to ensure that the workforce are supported to continue working effectively to ensure current statutory duties and responsibilities are being met, and that clients and their families are achieving positive outcomes.

APPENDIX

Appendix 1: Child Protection Minimum Data Set

Appendix 2: Comraich Update 2025/26

Appendix 3: Care Home and Care at Home Inspections Table

Appendix 1: Child Protection Minimum Data Set Report

Child Protection Register – Numbers & Rates

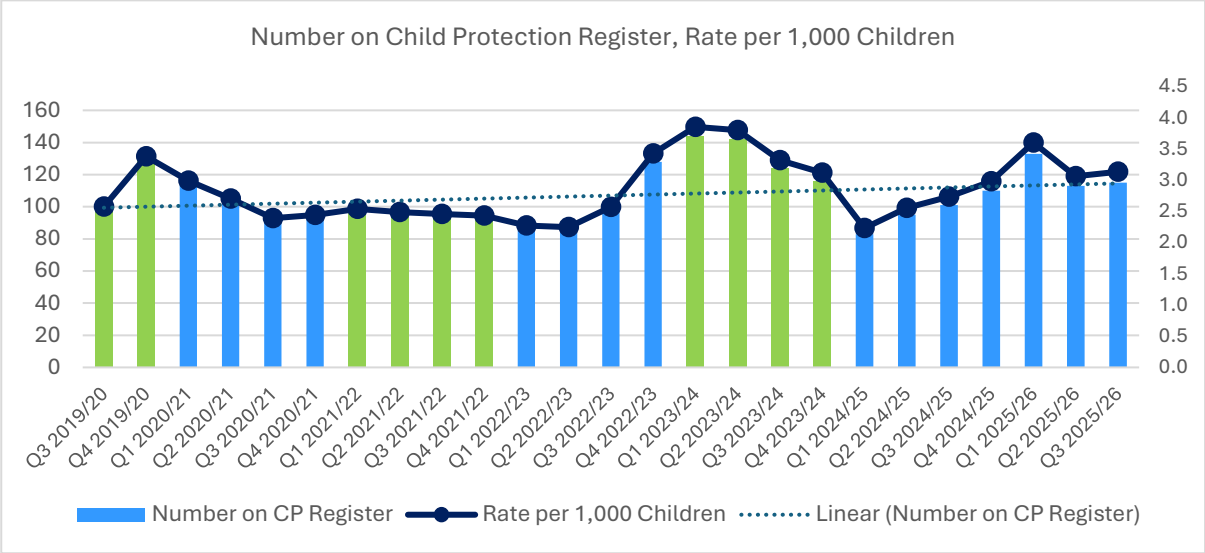


Chart 1: Number of Children on the Child Protection Register and Rate per 1,000 Children Registered

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.

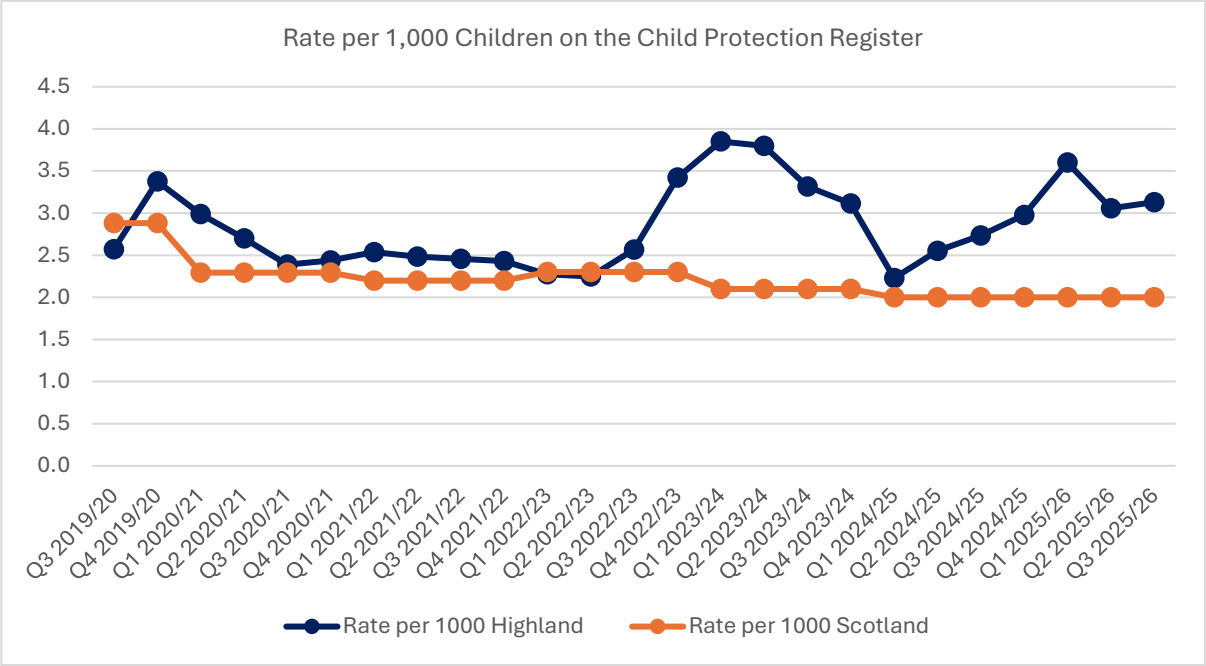


Chart 2: Rate per 1,000 Children on the Child Protection Register – Highland Council v Scotland

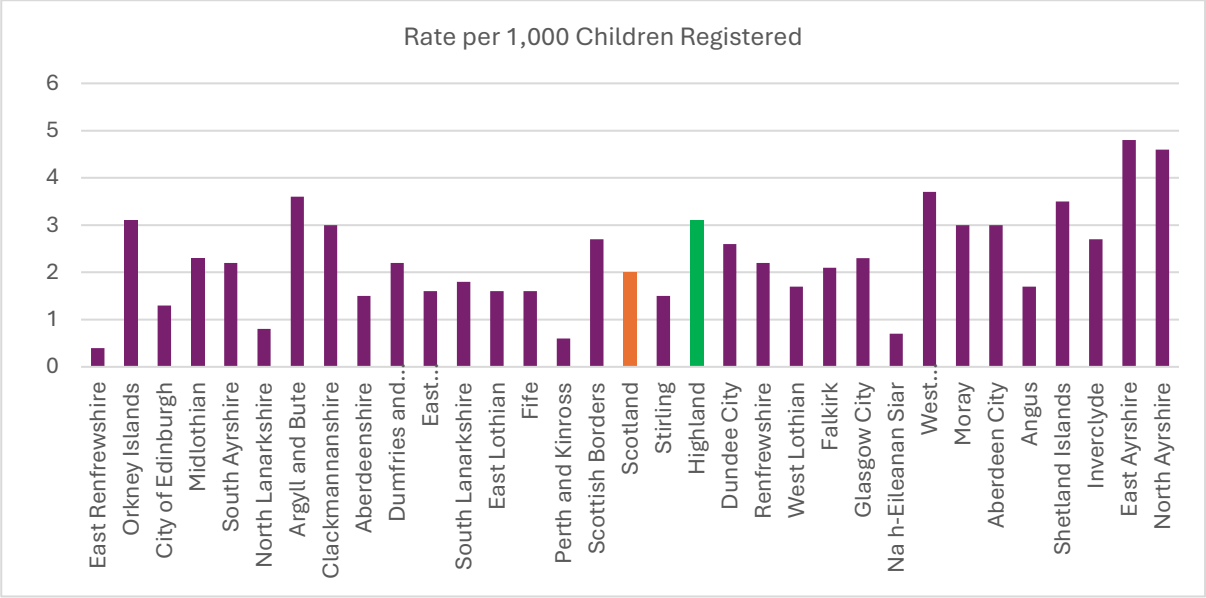


Chart 3: Rate per 1,000 Children on the Child Protection Register – Highland Council in comparison with other Local Authorities

The Scottish Government have published their 2024-2025 Social Work Statistics which shows the national Rate per 1,000 Children Registered in Scotland has decreased slightly from 2.1 in 2023 -24 to 2.0 – seen in Chart 2 above.

In Highland, in Q1 2024/25 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 2025/26, Highland now sits above the national average at 3.1, which is the 3rd highest in the last 8 quarters.

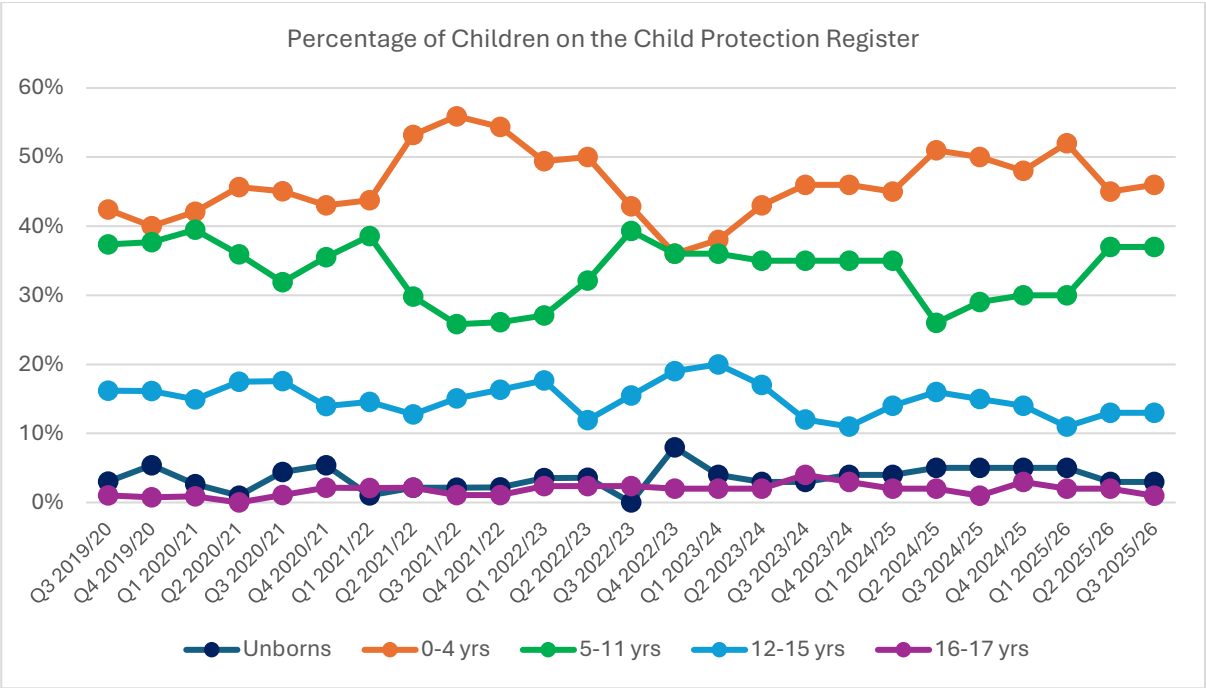


Chart 4: Percentage of Children in Age Bracket on the Child Protection Register

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 2019/20. From Q1 2023/24 there has been a rise in 0–4-year-olds, in this quarter, we see a small rise from 45% to 46%. This movement has coincided with 1% drop in 16–17-year-olds, but again this direction is towards a more normal balance. 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 expected levels following the unusual movement in Q2 2024/25 & Q3 2021/22.

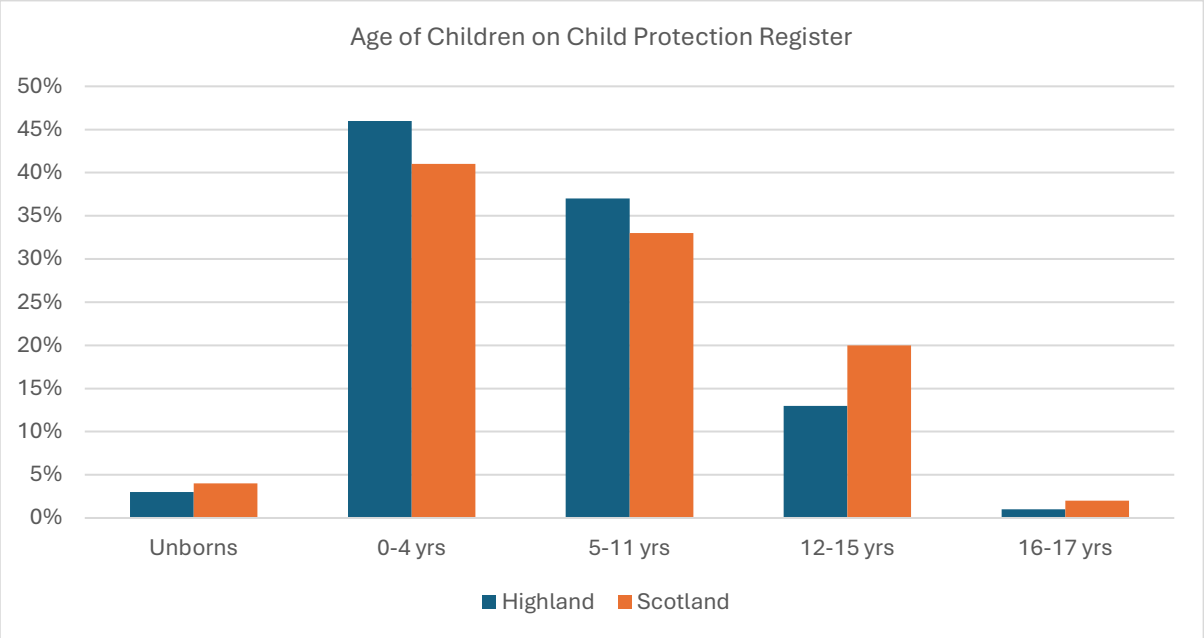


Chart 5: Percentage of Children in Age Bracket on the Child Protection Register

Chart 5 above shows the age of the children currently on the Child Protection Register compared to the national figures, as released in the 2024-25 Social Work Statistics publication. Highland shows a slightly higher number of 0–4-year-olds (52) and 5 -11-year-olds (42), as well as a slightly lower number of 12–15-year-olds (15), while the remaining bands are a similar percentage when compared to Scotland. Movement of these figures can be seen in Chart 4.

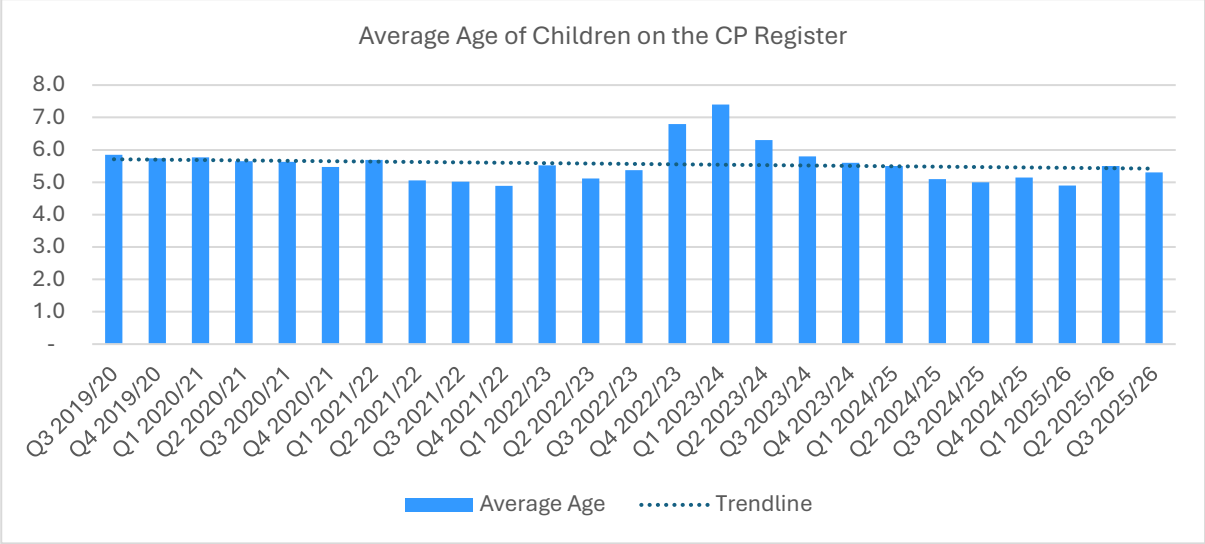


Chart 6: Average Age of Children Registered on the Child Protection Register

Chart 6 above shows the average age of all children registered on the Child Protection Register – including those unborn. There has been a decline in the age of children that are registered since Q1 2023/24, but the last 2 quarters we have seen a slight increase. The current quarter is the 2nd highest since Q2 2024/25. While looking at the trend line over a 6-year period there has been very little change.

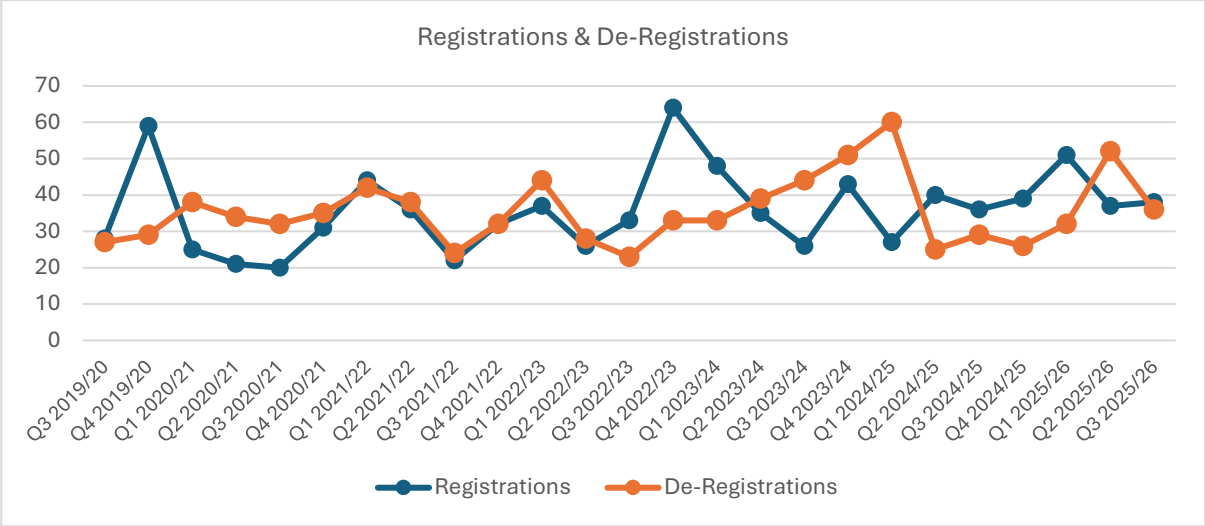


Chart 7: Registrations & De-Registrations of Children on the Child Protection Register

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 2024/25 we saw a sharp drop in de-registrations following a steady rise from Q1 2023/24. In the current quarter we see a drop in de-registration while the number of registrations has

remained about the same. Again, it should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

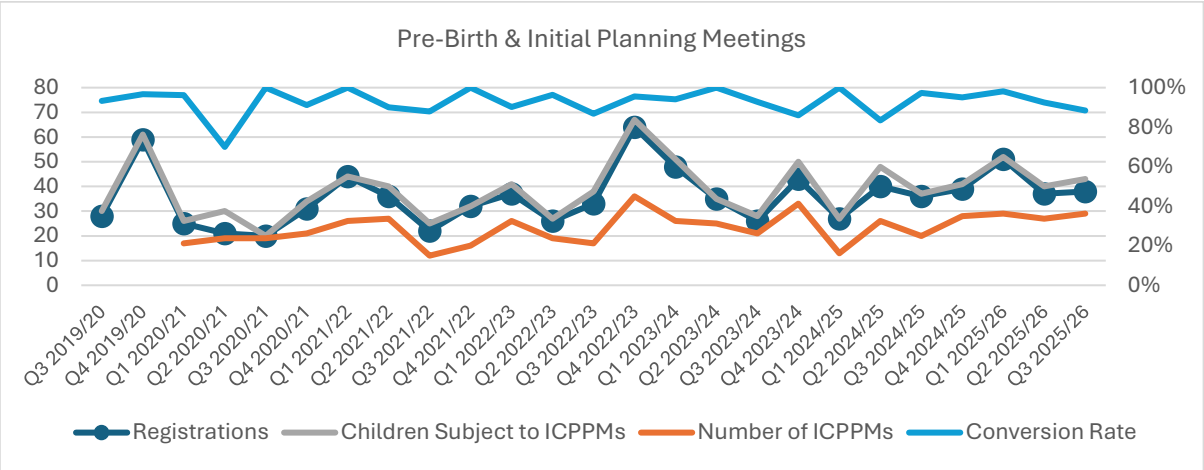


Chart 8: Pre-Birth & Initial ICPPM Conversion Rates

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 85% once since Q1 2021/22, while in the current quarter we see a rate of 88%. This suggests that thresholds for proceeding to ICPPM in Highland are good.

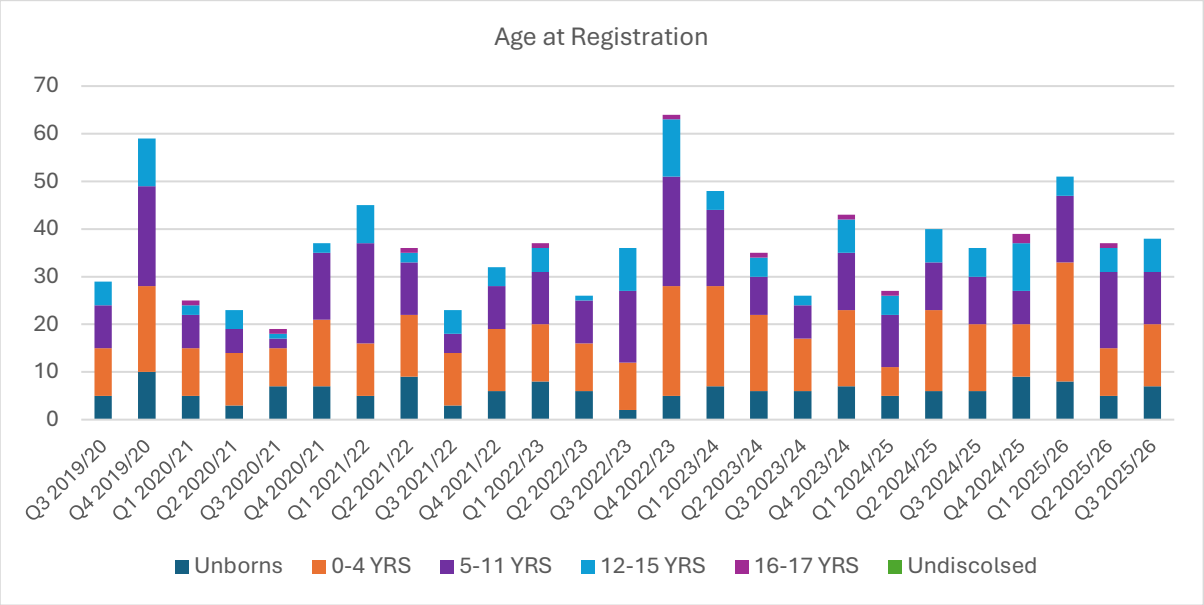


Chart 9: Age of Child at Registration

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 an increase in the number of 0–4-yr-olds & 5-11 yr-olds since Q4 2022/23: this ties in with Chart 4 showing the percentage of children in each age bracket on the Child Protection Register

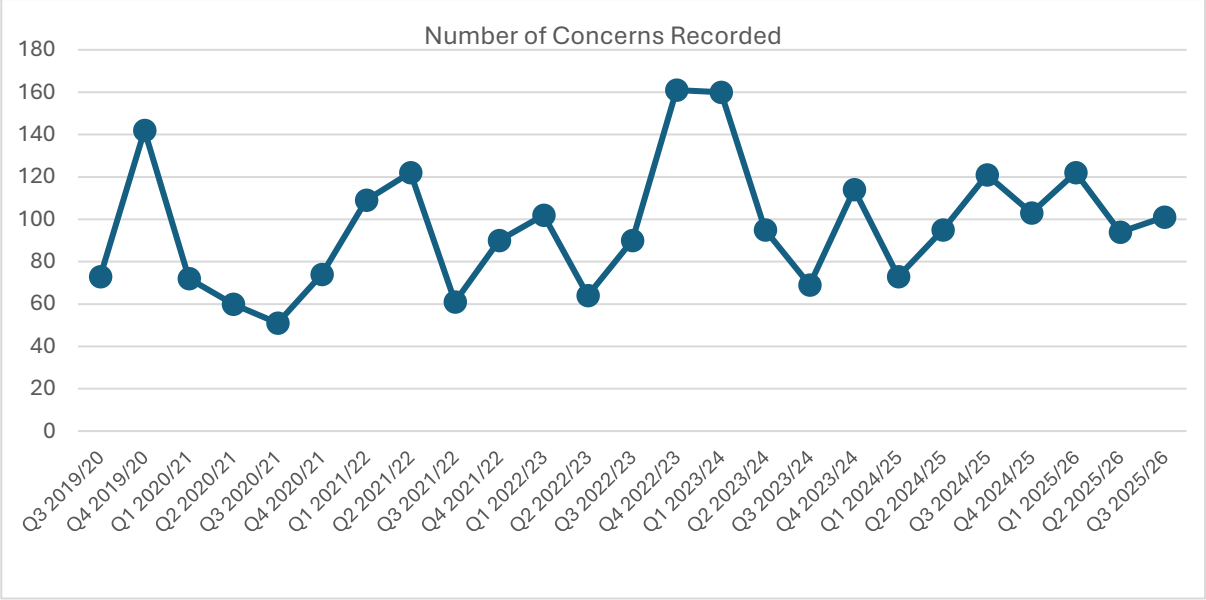


Chart 10: Concerns Recorded Children Registered on the Child Protection Register

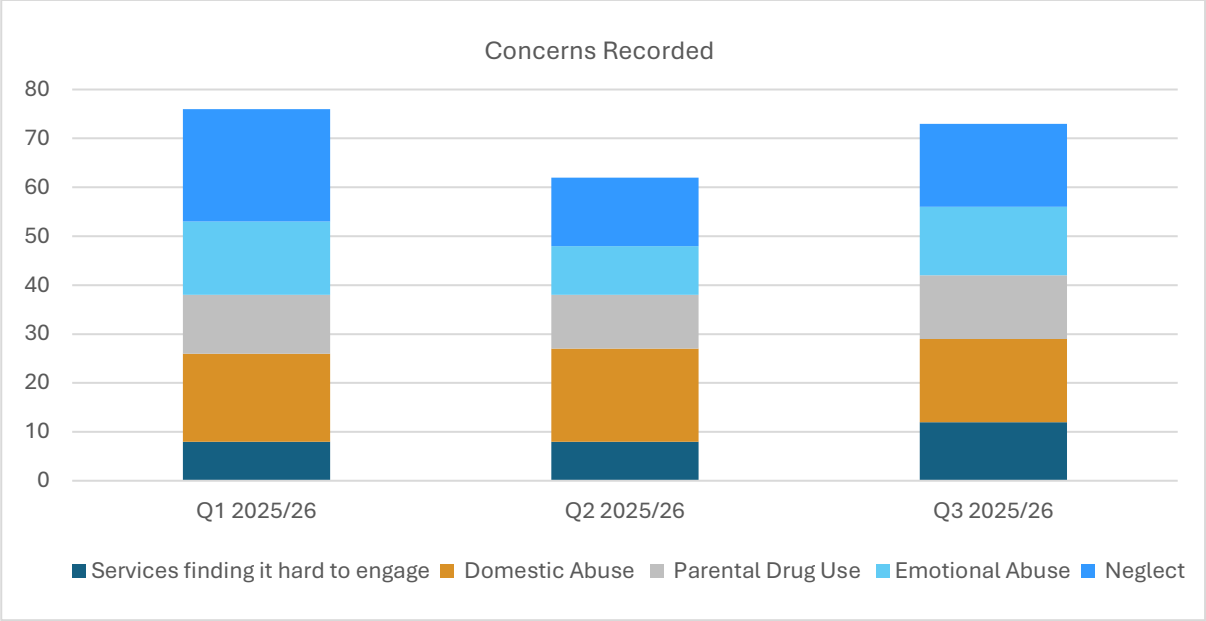


Chart 11: Top 5 Concerns Recorded at ICPPM

Chart 10 highlights all concerns that have been recorded for children registered on the Child Protection Register. In Q3 2025/26, there were 101 concerns recorded showing an increase from 94 in the prior quarter. Domestic Abuse (17) and Neglect (17) were the most common concern recorded across Highland, followed by Emotional Abuse (14) and Parental Drug Use (13), Services Finding it Hard to Engage (12), and Child Affected by Parent Carer Mental Health (11). Looking at data for the reporting year 2025/26 so far, Domestic Abuse (54) and Neglect (54) are the most common concern type within the last 3 quarters, closely followed by Parental Mental Health (41).

Chart 11 shows the breakdown in the five most common concerns for each quarter within the current year. Using data starting in Q1 2018/19 the average number of concerns per child is 2.54, in this quarter we see 2.66 concerns per child a slightly higher number of concerns.

The five largest concerns registered in descending order for Q3 2025/26 are: Domestic Abuse, Neglect, Emotional Abuse, Parental Drug Use, and Services Finding it Hard to Engage (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).

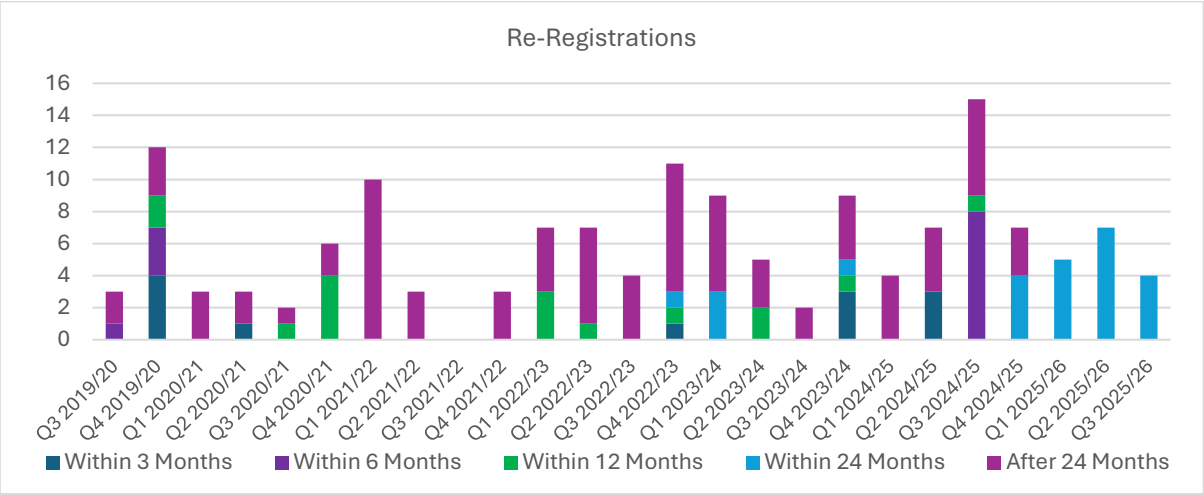


Chart 12: Re-Registrations

Chart 12 above shows the number of re-registrations of children on the Child Protection Register in each quarter. 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.

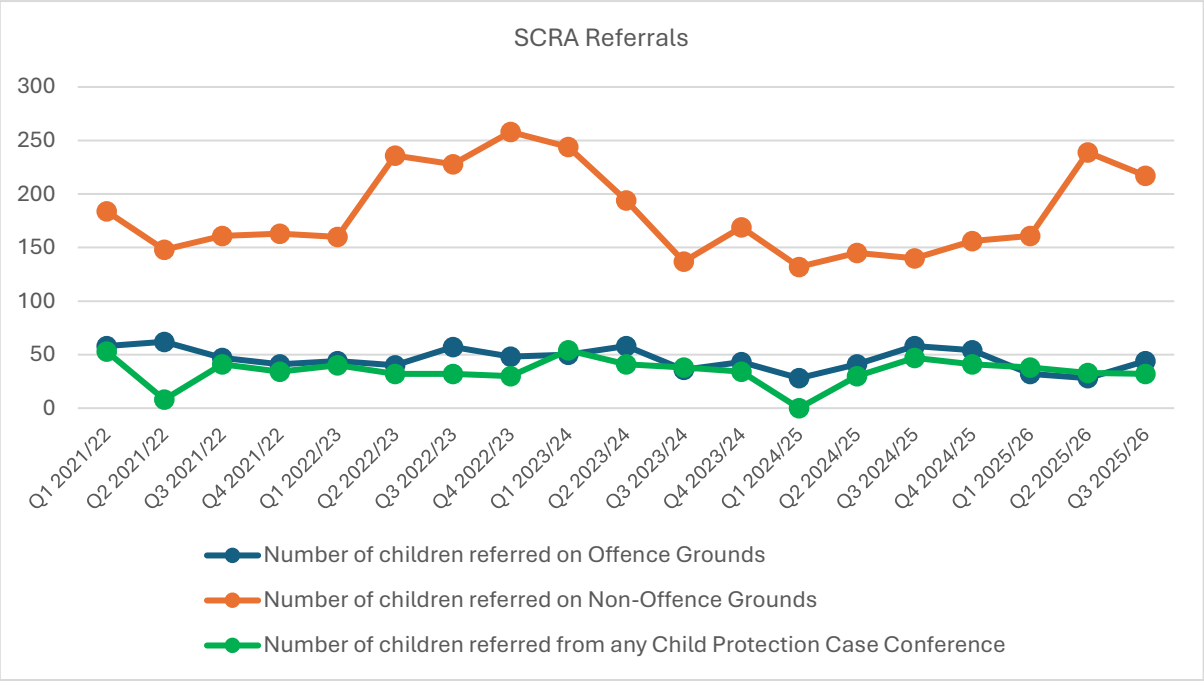


Chart 13: SCRA Quarterly Referrals

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 2020/21.

As can be seen, there tended to be little variation in the figures until quarter Q2 2022/23, where the number of children referred on Non-Offence Grounds increased significantly. It remained at a high level up until quarter Q1 2023/24, followed a drop in each subsequent quarter. By contrast in the Q2 2025/26 we see an increase again (78 more than the previous quarter). However, in the current quarter the number of referrals on non-offence has fallen again by 22. While at the same time there had been an increase in children referred on offence grounds (28 more).

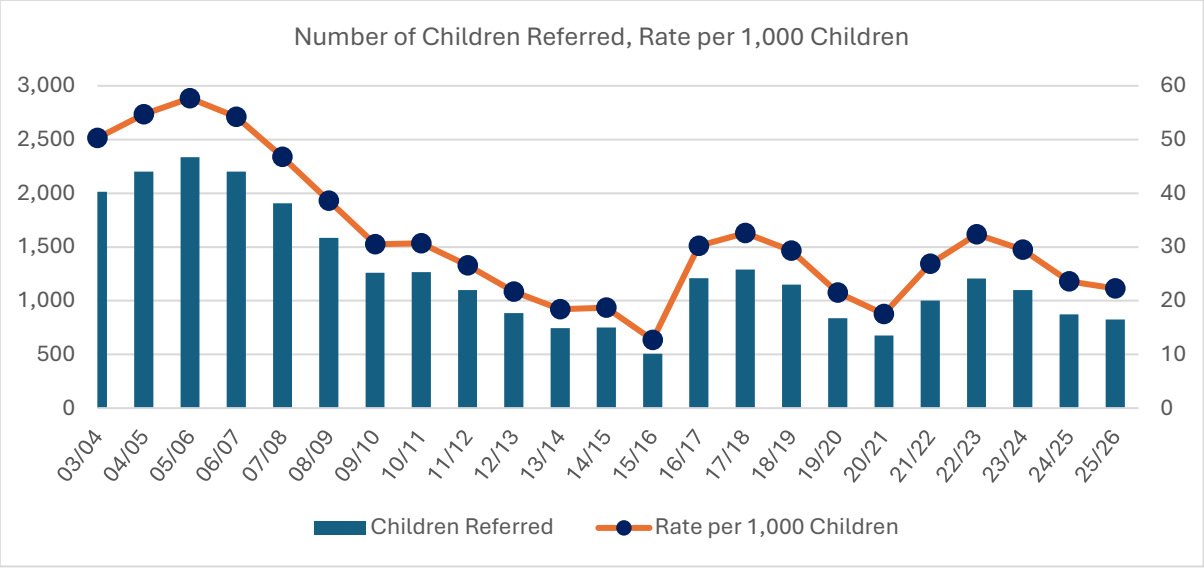


Chart 14: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

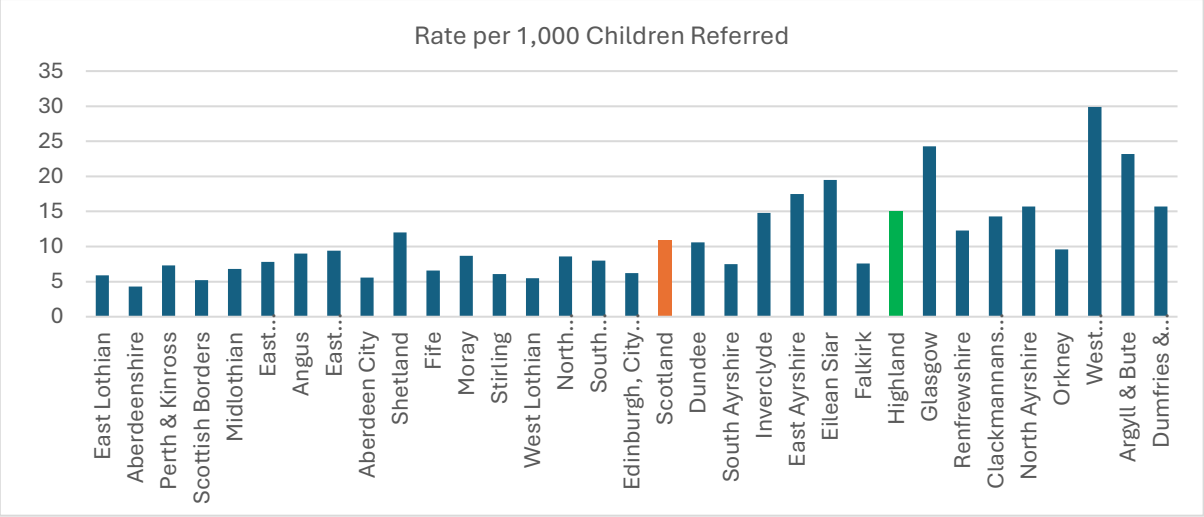


Chart 15: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

Chart 14 shows the total number of children referred and the Rate per 1,000 Children Referred over an almost two-decade period. There has been a significant drop in the number being referred since 03/04 with a figure of 824 children for 25/26, or 22.3 children per 1,000 children, this is the 7th lowest since 2004. The highest rate was recorded in 05/06 at 57.7 or 2,335 children referred. More recently there has been decrease compared 22/23 when there were 1205 referred, or a rate of 32.5. Progress is being made and there is a general trend of decreasing numbers with a small drop in this quarter, the latest total figure for the year (25/26) is 824 children, or 22.3 rate per 1000.

Chart 15 above shows the Rate per 1,000 Children Referred at a national level for the most recent update in 24/25. Highland Council's position of 25th out of 33 can be seen in green, with a rate of 15 Children Referred per 1,000 Children, while the national average is highlighted in orange, a rate of 10.9 Children Referred per 1,000 Children. Please note the rate is calculated using data from Q1 2025/26 to Q3 2025/26 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.

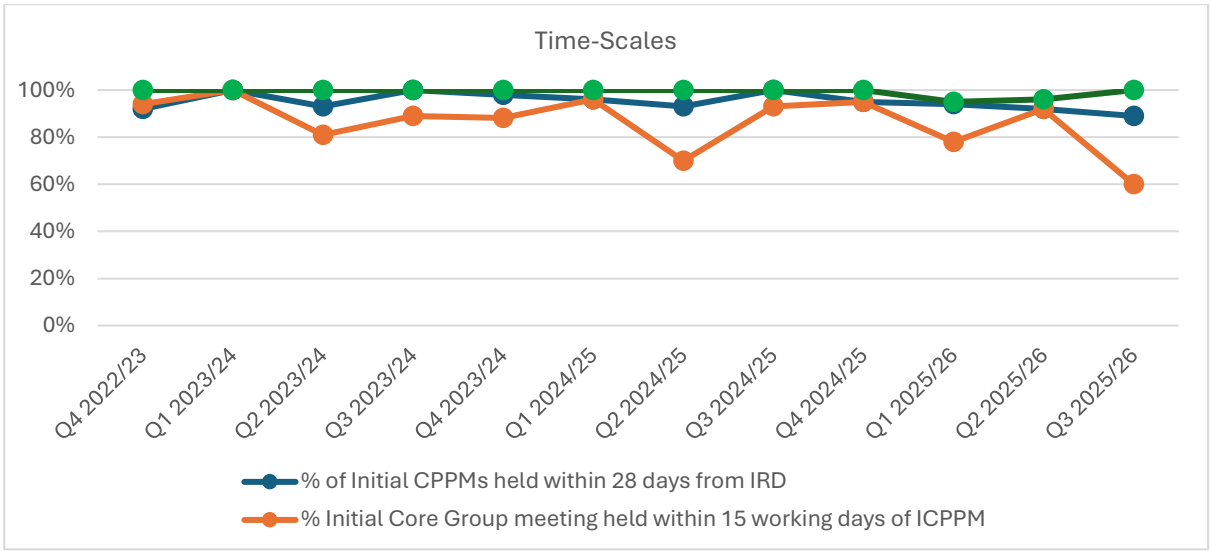


Chart 16: Percentage of Meetings held within timescales.

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 a large decrease in the % of Initial core Group meetings held within 15 days of ICPPM in this quarter (60%), this is the lowest since Q4 2022/23 and a drop of 32% compared to the previous quarter (92%). However, it just be noted that the percentage represents 5 meetings out of 12 which did not occur within 15 days and 2 of these meetings took place within 16 days. Due to the low numbers If these 2 meetings had occurred 1 day earlier, then the % would be 75.

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.

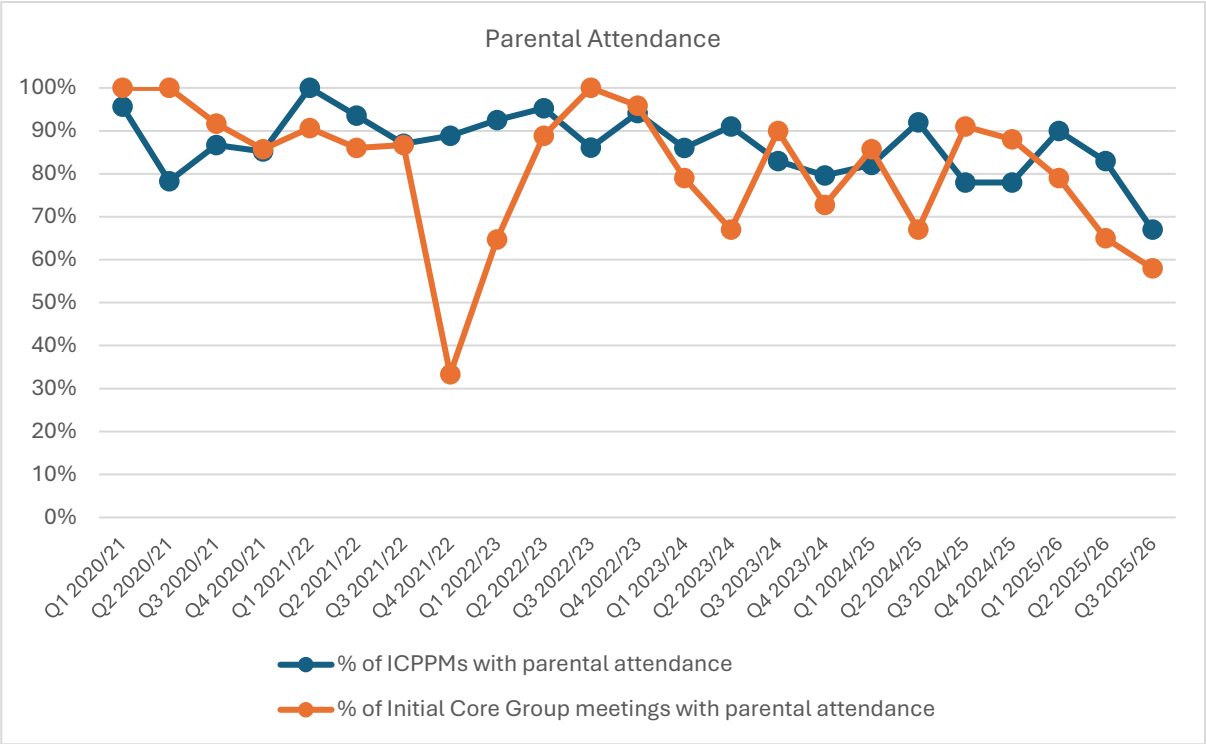


Chart 17: Percentage of Initial Child Protection Planning Meetings where at least one person who usually has care of the child attends.

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 drop in Initial Core Group meetings with parental attendance in the last 4 quarters with 58% in this quarter vs 65% in the previous quarter. It should be noted however that the % represents only 12 meetings out of 34 that did not have parent attendance and in addition this includes 4 sibling groups.

Please note that the large drop in Q4 2021/22 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.

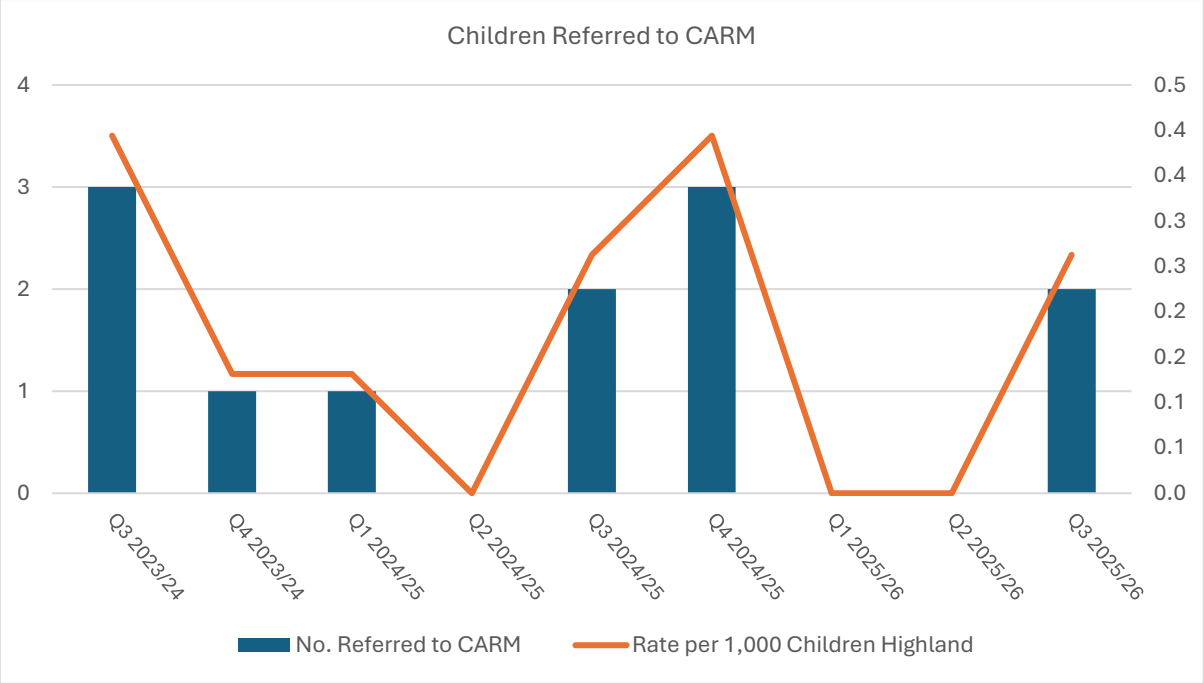


Chart 18: The Chart above shows the number of CARM referrals and the rate per 1,000 children in Highland

The number of children referred to CARM in Highland has been consistently low over the last 9 quarters with an average of 1.3 children being referred every quarter. This quarters data (Q3 2025/26) shows that there has been 2 YP referred, this is an increase of 2 compared to the previous quarter. Zero has been recorded 3 times since records began in Q3 2023/24.

If the data is combined for the previous 4 quarters there has been a total of 5 CARM referrals, which is rate of 0.3 per 1000 based on a population of 15,855 YP aged 12-17 in Highland.

The national average for Scotland was 0.3 per 1,000 children for 2023-24 (Annual national benchmarks 2023-24 Statistics). During the same period the rate for Highland was 0.3 per 1000 children. (Children Aged 12-17 yrs)

Appendix 2 Comraich Update 2025/26



A Highland Welcome: Providing Sanctuary, Safety and Opportunity

1. Foreword

Comraich is a Gaelic word meaning sanctuary, shelter, and refuge. It is a fitting name for Highland Council's response to supporting Unaccompanied Asylum-Seeking Children (UASC) arriving in the Highlands through the UK Home Office National Transfer Scheme (NTS).

This report highlights the progress, achievements, and challenges experienced during the 2025/26 financial year. It celebrates the collective effort of Highland Council, partner agencies, local communities, and, most importantly, the remarkable young people who have made Highland their home.

At its core, Comraich is about ensuring that children who have fled war, persecution, violence, and exploitation are welcomed into safe and supportive communities where they can recover, grow, and build positive futures.

2. Strategic Context & Principles

National Transfer Scheme (NTS) – A Shared Humanitarian Responsibility

The National Transfer Scheme (NTS) was introduced in 2016 to promote a fair and equitable distribution of UASC across local authorities. Initially operating within England, the scheme was extended on a voluntary basis across Scotland, Wales, and Northern Ireland in 2018 before becoming mandatory in 2022 for local authorities whose UASC population remained below 0.1% of their child population.

The scheme ensures that no single area bears a disproportionate responsibility for supporting children arriving in the UK alone and seeking protection. It sets out the legislative framework and operational guidance for the safe transfer of children in accordance with the *Immigration Act 2016*.

Highland Council recognised early the importance of preparing for this responsibility:

- **2022 Scoping:** Council officers visited Kent to meet the Small Boats Operational Group and Kent Intake Unit to better understand the lived experiences, vulnerabilities, and support needs of arriving children.
- **Operational Design:** These insights shaped Highland's strategic response, informing a model of care centred upon safety, compassion, and opportunity.

Children First, Always

Highland Council firmly believes that unaccompanied asylum-seeking children are, first and foremost, children. Many have experienced significant trauma before reaching the UK, including conflict, famine, exploitation, and life-threatening journeys.

- **The Promise:** In Scotland, *The Promise* (5 February 2020) committed us to ensuring that all children grow up loved, safe, and respected. Comraich extends this commitment to children arriving from across the world.
- **Legal Duty:** Under Section 25 of the *Children (Scotland) Act 1995*, local authorities have a legal duty to safeguard children in need. Upon arrival, these youth become looked after children, entitled to identical care, protection, and opportunities as any other child in Highland.
- **Safeguarding:** Ongoing risks such as trafficking, criminal exploitation, forced labour, and abuse make safeguarding a continual operational priority.



3. The Comraich Partnership Model

Recognising that no single service could meet all aspects of a young person's needs, Highland Council established a multi-agency infrastructure to deliver holistic outcomes across health, education, culture, and housing.

Multi-Agency UASC Steering Group

- Education Services
- NHS Highland
- Housing Services
- Social Work Services
- Police Scotland
- High Life Highland
- Aberlour
- Barnardo's
- Action for Children
- Right There

Third Sector Support Alliance

The core Comraich Service was developed through a dedicated delivery alliance consisting of:

- **Aberlour**
- **Barnardo's**
- **Right There**
- **Gateway**

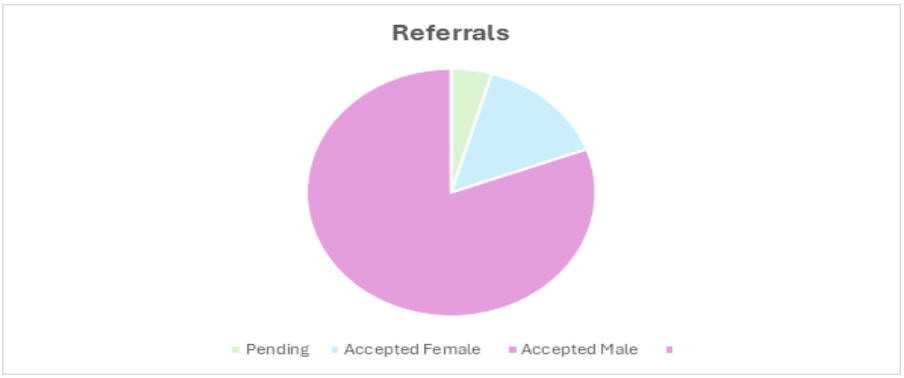
Together, these organisations provide a wrap-around model focused on helping young people feel safe, settle into their communities, and prepare for independent adulthood.

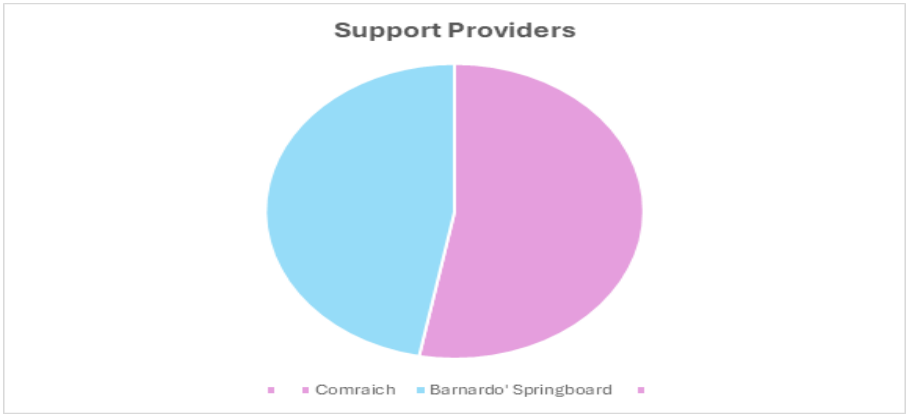
4. Comraich by the Numbers As of 2 July 2026

Service Throughput and Demographics

Performance Measure	Total
Referrals received since service commenced	113
Young people who have accessed support	84
Young people supported during 2025/26	46
New referrals during 2025/26	25
* Male referrals	14
* Female referrals	11
Young people achieving settled status in 2025/26	28
Total referred to Barnardo's Springboard TCAC	39

Note: Of the young people supported through Barnardo's Springboard Throughcare and Aftercare Service during the year, four chose to settle outside the Highland area after obtaining settled status, and one young person successfully transitioned out of support services.





Support & Operational Contact Volumetrics

The Comraich team provided extensive practical and emotional contact during 2025/26, highlighting the highly responsive, relationship-based nature of the service.

5. Operations & Infrastructure

Accommodation and Stability

The foundation of recovery is safety. Comraich provides a varied accommodation portfolio alongside 24/7/365 availability via allocated workers and an out-of-hours rota.

Every young person receives a dedicated Social Worker, an allocated Support/Key Worker, personalised support plans, and out-of-hours coverage. Accommodation pathways include:

- Individual supported accommodation
- Shared cluster accommodation
- Outreach support services
- Foster care placements *(One young person remains successfully supported within a foster care family environment, having arrived in Highland before their 16th birthday).*

Housing Challenges and Future Projections

The Comraich property portfolio currently consists of **28 properties** located across:



- Inverness
- Muir of Ord
- Dingwall
- Alness
- Invergordon
- Tain

Properties range from one-bedroom flats to larger shared houses operating under House in Multiple Outcome (HMO) licences.

Critical Risk: Housing Availability

Since the Scottish Parliament formally declared a national housing emergency in May 2024, competition for housing stock has intensified. This is particularly critical in the Inner Moray Firth and Ross-shire areas due to proximity to transport, education, and services.

With **52 referrals forecasted for 2026/27**, accommodation resources face intense pressure. Limited move-on options mean some young people remain in shared accommodation after receiving settled status, delaying their progression to fully independent living and restricting capacity for new arrivals.

6. Education, Employment & Integration

Secondary Education

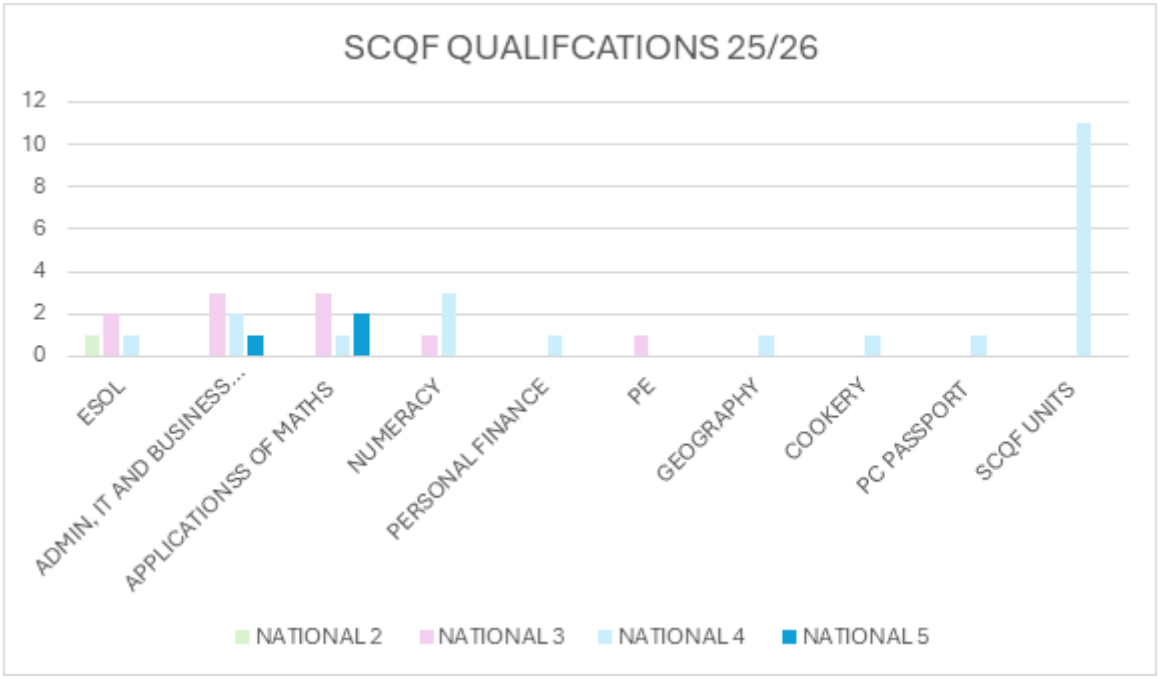
- **14 young people** attended Highland secondary schools during 2025/26, studying from National 2 through to National 5 levels.
- **13 young people** successfully achieved SCQF qualifications.
- **Key Success:** One young man achieved five qualifications and secured a place on the Level 1 Vehicle Maintenance and Repair programme at UHI Inverness, starting August 2026.

Further Education

24 young people attended college during the 2025/26 academic year:

- **20** studied through UHI colleges (including 8 enrolled in full-time ESOL programmes and 1 studying a National Progression Award in Business and Administration).
- **4** studied in England.

Curriculum Evolution: Feedback indicates students prefer studying practical/vocational subjects alongside ESOL rather than learning English in isolation. Staff at UHI Inverness have collaborated on a proposed *ESOL and vocational taster programme* to lower anxieties and bridge paths into employment. However, wider funding pressures within the tertiary education sector mean this initiative currently requires additional local authority funding.



Employment and Independence



Many young people successfully balanced education with part-time employment or transitioned directly into full-time work. Financial independence has allowed young people to save money, take driving lessons, purchase vehicles, furnish tenancies, and travel independently.

7. Culture, Wellbeing & Community

Language and Integration Pathways

To overcome initial communication barriers, Comraich deploys face-to-face and telephone interpretation, translation tech, and dedicated ESOL teaching. The Home to Highland Team provides a dedicated Transitions Coordinator and ESOL teacher to help young people navigate education. Long-term progression pathways are linked with Skills Development Scotland, the Highland Council Employability Service, and local support agencies.

Culture, Faith and Identity

To cultivate a genuine sense of belonging, young people are supported to access places of worship, celebrate religious festivals, and maintain cultural practices. Support staff work closely with local faith leaders, including at the Inverness Mosque, to ensure care remains culturally informed and person-centred.

Social Connections: The Friday Drop-In

Every Friday, Comraich hosts a social drop-in group. It provides an informal, low-barrier environment where partner organisations can engage with youth naturally. Activities include:

- Cooking sessions and cultural celebrations
- Games, arts, and crafts
- Group discussions and community outings



Spotlight: Rewild and Recover

A major highlight of the year was the participation of eight young people in the **Rewild and Recover Programme** at Trees for Life's Dundreggan Rewilding Centre in Glenmoriston. Set within the restored Caledonian Forest, this residential programme utilized Highland's natural environment to facilitate therapeutic trauma recovery, boost confidence, and foster deep social connections.

8. Looking Forward & Conclusion

Spotlight: The 'From Home' Café Launch

On Thursday 18 June 2026, the 'From Home' Café opened its doors to the public at the Capstone Centre on Alness High Street. The pop-up café was the culmination of months of intense cross-agency collaboration and partnership, with organizers travelling as far as Glasgow to procure authentic, specialized ingredients from Eritrean and Somalian restaurants.

The launch was an overwhelming success, drawing well over 100 residents from the local community who gathered to experience a rich cultural exchange through food, drink, art, and live entertainment.

Powered by Youth, Welcomed by Community

While numerous partners contributed resources, the event was entirely powered by the heart, soul, and tireless work of the Comraich young people. Over several weeks of preparation, they took full ownership of the project:

- **Event Curation:** Devised the concept, designed the marketing posters, and selected the name: *From Home*.
- **Art & Music:** Created original paintings and curated playlists that reminded them of their home countries. One young person composed and performed an original song specifically for the launch.

- **Culinary Execution:** Brought forward family recipes and traditional hospitality customs. On the morning of the event, the young people prepared all the food independently and managed the front-of-house service.

As the day progressed, the energy became infectious, with more young people stepping forward to volunteer. Their primary focus remained ensuring their guests felt comfortable and cared for, drawing immense pride from sharing their respective cultures with their new neighbours.



Community Impact

In a moving exchange of solidarity, local attendees filled a "Tree of Knowledge" with numerous written messages of support, advice, and gratitude for the young people.

The youth involved reported having the "best day" and are already eagerly planning the next iteration. The exceptional level of collaboration, kindness, and community integration demonstrated by the *From Home* café embodies the very best of the Highlands, proving how much can be achieved when communities connect.

Future Priorities

As referral volumes scale, Comraich will focus on mitigating risks surrounding housing deficits, securing sustainable funding for vocational ESOL pathways, and expanding service capacity. These challenges are balanced against clear system strengths: trauma-informed practices, responsive safeguarding, dedicated multi-agency staff, and the immense resilience of the young people themselves.

Conclusion

Comraich represents Highland Council at its best: compassionate, ambitious, and deeply ethical. The young people supported have survived experiences that challenge the imagination, yet they continue to show extraordinary courage.

While the practical and financial demands are real, the returns, seen in every qualification gained, job secured, and independent tenancy established, enrich the entire Highland community. Comraich is more than an operational service, it is a shared promise that every child seeking safety in Highland will be met with dignity and given the foundation to build a brighter future.

Appendix 3: Care Home and Care at Home Inspections Table

Care Homes in North Highland - Care Inspectorate Grades Effective

31/03/2026

* Data is based on the Care Inspectorate Datastore as at 31 March 2026,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 a previous inspection.

Care Homes in North Highland										
						Quality Inspection Framework Evaluations ***				
Service Town	Service Name	Subtype	In-House or Independent Sector	Number of Registered Places	Last Inspection Date	How well do we support people's wellbeing?	How good is our Leadership?	How good is our staff?	How good is our setting?	How well is care and support planned?
Ballachulish	Abbeyfield Ballachulish (Care Home)	OP	Independent	37	19/09/2025	5	5	5	5	6
Inverness	Aden House (Care Home)	OP	Independent	24	18/12/2025	4	3	4	4	4
Inverness	Ballifeary House	OP	Independent	24	05/08/2025	4	4	4	4	4
Inverness	Beechwood House	Alcohol & Drug	Independent	15	22/01/2026	4	3	3	4	3
Inverness	Birchwood Highland Recovery Centre	MH	Independent	23	24/11/2025	4	4	4	4	4
Nairn	Bruach House	OP	Independent	22	07/01/2026	5	4	5	5	4
Inverness	Cameron House (Care Home)	OP	Independent	30	21/10/2025	4	3	4	4	4
Nairn	Carolton Care	OP	Independent	20	19/12/2024	4	4	5	4	4
Alness	Catalina Care Home	MH	Independent	28	26/03/2026	3	3	3	3	3
Inverness	Cheshire House (Care Home)	PD	Independent	16	14/10/2025	4	4	4	4	4
Inverness	Culduthel Care Home	OP	Independent	65	01/09/2025	5	5	5	5	4
Inverness	Daviot Care Home	OP	Independent	94	18/02/2026	4	4	5	4	4
Fortrose	Eilean Dubh	OP	Independent	40	30/09/2024	5	5	5	5	5
Muir of Ord	Fairburn House	LD	Independent	40	08/08/2025	5	4	5	4	5
Dingwall	Fodderty House	OP	Independent	16	14/01/2026	5	4	5	4	4
Beauly	Fram House	LD	Independent	5	01/08/2025	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	25/04/2025	5	5	5	5	4
Inverness	Kingsmills Care Home	OP	Independent	60	29/08/2025	5	5	4	4	5
Inverness	Kinmylies Lodge	MH	Independent	18	02/05/2025	5	5	4	5	4
Invergordon	Kintyre House (Care Home)	OP	Independent	41	18/02/2026	4	4	4	3	4
Grantown-on-Spey	Lynemore	OP	Independent	40	04/07/2025	4	5	5	5	5
Inverness	Maple Ridge Care Home	LD	Independent	18	05/10/2023	4	4	4	4	4
Inverness	Mayfield Lodge	LD	Independent	12	02/12/2025	4	3	3	3	4
Inverness	Morar Highland (Formally Castlehill)	OP	Independent	88	17/12/2025	3	3	3	3	3
Invergordon	Mull Hall (Care Home) New registration - previous grades	OP	Independent	42	06/05/2025	5	4	4	4	4
Dornoch	Oversteps (Care Home)	OP	Independent	24	30/07/2025	4	4	4	4	4
Thurso	Pentland View - Highland	OP	Independent	50	17/10/2024	5	4	5	4	5
Inverness	Pittyvaich	OP	Independent	58	28/03/2026	4	5	4	5	4
Alness	Redwoods Care Home	OP	Independent	42	06/08/2024	5	5	5	5	5
Wick	Riverside House Care Home	OP	Independent	44	09/09/2025	5	4	5	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	21/01/2026	5	5	5	5	5
Inverness	Southside Care Home	OP	Independent	33	21/03/2025	5	4	5	4	4
Nairn	St Olafs Care Home	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	25/08/2025	5	4	4	5	4
Dornoch	The Meadows (Care Home) New registration - previous grades	OP	Independent	40	20/06/2023	4	4	4	4	4
Muir of Ord	Tigh-na-Cloich	LD	Independent	4	01/08/2025	5	4	5	5	5
Muir of Ord	Urray House	OP	Independent	40	16/02/2026	5	5	5	5	5
Nairn	Whinnieknowe (Care Home)	OP	Independent	24	28/01/2026	4	4	4	4	4
Dingwall	Wyvis House Care Home	OP	Independent	50	12/12/2025	5	4	5	4	4
Inverness	Ach-an-Eas (Care Home)	OP	NHS Highland	24	13/01/2026	4	4	4	4	4
Isle of Skye	An Acarsaid (Care Home)	OP	NHS Highland	10	10/12/2025	3	2	2	4	3
Thurso	Bayview House (Care Home)	OP	NHS Highland	23	30/09/2025	4	5	4	3	5
Acharacle	Dail Mhor (Care Home)	OP	NHS Highland	6	21/09/2022	4	3	4	4	5
Grantown-on-Spey	Grant House (Care Home)	OP	NHS Highland	20	17/07/2025	4	4	4	4	4
Portree	Home Farm Care Home	OP	NHS Highland	35	22/01/2026	4	4	3	3	4
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 (Care Home)	OP	NHS Highland	8	18/07/2025	5	4	4	4	5
Newtonmore	Mains House	OP	NHS Highland	25	26/02/2026	4	4	4	3	4
Thurso	Melvich Community Care Unit (Care Home)	OP	NHS Highland	6	28/05/2025	5	4	4	4	3
Fort William	***Moss Park Nursing Home (under Invernevis Reg)	OP	NHS Highland	40	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	24/04/2025	5	5	5	5	5
Gairloch	Strathburn (Care Home)	OP	NHS Highland	13	12/09/2025	4	5	5	4	4
Fort Augustus	Telford Centre (Care Home)	OP	NHS Highland	10	28/01/2026	4	3	3	5	4
Kingussie	Wade Centre (Care Home)	OP	NHS Highland	11	30/01/2026	5	4	5	4	4

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