

Item: 17

General Meeting of the Council: 9 December 2025.

Chief Social Work Officer Annual Report.

Report by Chief Social Work Officer.

1. Overview

- 1.1. The Scottish Government requires the Chief Social Work Officer (CSWO) to produce an annual report of service quality and performance and key challenges.
- 1.2. The Chief Social Work Officer's annual report for the period 1 April 2024 to 31 March 2025, attached as Appendix 1, provides an overview of performance (strengths, areas for development and plans) of core services within social work and social care in Orkney.
- 1.3. The Scottish Government have a submission deadline of 31 October 2025.

2. Recommendations

- 2.1. It is recommended that members of the Committee:
 - i. Note the Chief Social Work Officer's Annual Report for 2024/25, attached as Appendix 1 to this report.

3. Background

- 3.1. The Social Work (Scotland) Act 1968 requires local authorities to appoint a single CSWO. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions.
- 3.2. As a matter of good practice, it is expected that the CSWO will undertake the role across the full range of a local authority's social work functions to provide a focus for professional leadership and governance for these functions.
- 3.3. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high-risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local

outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

4. CSWO Report Content

- 4.1. CSWOs produce annual reports, based on a template agreed with the Office of the Chief Social Work Adviser. The report guidance and template are intended to assist CSWOs, and focus on local governance arrangements, service delivery, resources, and workforce. They enable CSWOs to present focussed reports for local governance structures, that are also of use to the wider sector.
- 4.2. The format should provide a way of more consistently recording local information, key themes, issues, and learning, which can then be summarised to show a national picture.
- 4.3. Each section does not require an exhaustive list of activities, but should focus on key achievements, activities, trends, outcomes, and learning and where possible offer analysis of the work undertaken, what the outcomes were, and any impact. Where possible, case studies should be provided, as well as feedback from staff and service users, and transferable learning. This should provide a clearer picture of what the significant themes are locally and across the country.
- 4.4. Reporting and analysis should pay particular attention to areas where there has been:
 - Significant activity, changing trends, and outcomes.
 - Significant achievements and consistent challenges.
 - Multi-agency, collaborative practice, communication, and cooperation.
 - Public information, engagement, and involvement.
 - Training, learning, and staff development.

5. The Local context in Orkney

- 5.1. The CSWO report primarily focuses on Social Work activity, though given the significant interlinkage and cross cutting nature of practice between Social Work and Social Care, attention has also been given to the quality and functioning of Social Care services during the reporting period.
- 5.2. Within the local context, Social Care services have some of the most notable challenges especially regarding the aging population demographics and an associated increase in demand, alongside considerable staffing shortages.

- 5.3. As outlined in the CSWO Annual Report, during the reporting period Orkney has continued to make notable progress regarding child and adult protection. Justice Social Work Services also continue to be provided to a high standard.
- 5.4. Adult and Learning Disability Social Work have experienced a significant increase in exposure and demand, which has placed pressure on Orkney's small system. With that said, recognition has been received from the Care Inspectorate that significant progress is being made in all areas.
- 5.5. In Children's Services, Inspection activity has resulted in an improvement in grades awarded for regulated services. The number of looked after children has significantly decreased and child protection planning has become more robust. It is of note to mention that the number of referrals has significantly decreased, which is considered to be influenced by changes to the referral and duty mechanism, with a dedicated duty social worker and higher level of consultation with referrers and multi-agency partners. Furthermore, it is hoped that the reduction in referrals is also indicative of advancements in early help support with children and their families, reducing the need to escalate to statutory care, support, and protection services. There has been a significant push to return children who have been placed in high-cost placements outwith Orkney, which has been an area of progress during the reporting period.
- 5.6. Overall, services remain very busy, working within a context of budgetary limitations. Staff continue to work hard day in, day out and are receiving positive recognition from service users, the Care Inspectorate, and the multi-agency partnership. The support offered by the third sector has been fundamental in supporting core services and the community.

For Further Information please contact:

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Implications of Report

- 1. **Financial:** There are no financial implications arising directly from this report. The Annual Report covers the budget for the Integration Joint Board, the main heads of expenditure and financial outlook. It refers to the significant and increasing financial challenges facing the Council and other public sector partners in delivering the volume and quality of services required, particularly with an aging population in Orkney, that is increasing faster than the national average. The Financial Regulations state that Directors may not incur expenditure in any financial year that cannot be met from the approved revenue budget.

Significant pressures on Council budgets will mean significant savings are required if a balanced budget is to be achieved in the short/medium term.

An Integration Joint Board Recovery Plan is currently being implemented in the financial year 2025/26 to work towards balancing budgets in Social Work and Social Care services.

2. **Legal:** There are no legal implications arising directly from the recommendations contained in this report.
3. **Corporate Governance:** Not applicable.
4. **Human Resources:** The Annual Report details several staffing and workforce challenges which will be important to address in due course to ensure and safeguard the quality-of-service provision and support the staff who are employed to feel safe and effective in their roles.
5. **Equalities:** An Equality Impact Assessment is not required for performance monitoring.
6. **Island Communities Impact:** An Island Communities is not required for performance monitoring.
7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
 - ☐ Growing our economy.
 - ☒ Strengthening our Communities.
 - ☐ Developing our Infrastructure.
 - ☐ Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
 - ☒ Cost of Living.
 - ☐ Sustainable Development.
 - ☒ Local Equality.
 - ☐ Improving Population Health.
9. **Environmental and Climate Risk:** Not applicable.
10. **Risk:** The report refers to public protection and the supports and services the public are entitled to within Legislative frameworks. If not provided this poses a risk to the safety of the public, a risk of legal claims being raised against the Council and potential reputational risks and public trust and confidence risks.
11. **Procurement:** Not applicable.
12. **Health and Safety:** The CSWO Annual Report refers to public protection matters and duty of care matters from employer to employee, to ensure staff are regulated and trained appropriately to undertake the positions they hold.
13. **Property and Assets:** None applicable.

- 14. Information Technology:** Not applicable.
- 15. Cost of Living:** The report refers to local poverty demographics and the need for statutory services to identify and support those in financial difficulty.

List of Background Papers

None.

Appendix

Appendix 1: Chief Social Work Officer Annual Report 2024/25.

CHIEF SOCIAL WORK OFFICER REPORT FOR 2024/2025

Chief Social Work Officer Annual Report 2024/25

for

Orkney Islands Council

By Chief Social Work Officer, Darren Morrow



CHIEF SOCIAL WORK OFFICER REPORT FOR 2024/2025

Structure

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1. Governance, accountability, and statutory functions

1.1. Introduction

I am pleased to present the Chief Social Work Officer's (CSWO) annual report for Orkney Islands Council, for the reporting period 1 April 2024 to 31 March 2025.

On an annual basis the CSWO report provides an overview of the performance of Social Work and Social Care services, and information on statutory decisions made by the CSWO on behalf of the Council.

I have held the role since being appointed permanently on 24 April 2024.

1.2. The Role of the CSWO

The role of the CSWO was established to ensure provision of professional advice in the discharge of a Local Authority's statutory functions as described in Section 5 (1B) of the Social Work (Scotland) Act 1968. It is expected that the CSWO will undertake the role across the full range of a Local Authority's Social Work functions to provide a focus for professional leadership and governance within these functions. The role provides strategic and professional leadership in the delivery of Social Work and Social Care services.

There are also certain functions conferred by legislation directly on the CSWO by name and specific statutory responsibilities are discharged by the CSWO, mainly to decisions about the curtailment of individual freedom, the protection of individuals, and the public. This includes, for example, children in secure accommodation and welfare guardianship for adults. These decisions must be made by the CSWO or by a senior, professionally qualified Social Worker, to whom the responsibility has been delegated by the CSWO and for which the CSWO remains accountable.

In May 1995 the then Scottish Office explicitly recognised that the need for the role was driven by "the particular responsibilities which fall on Social Work services in that they affect personal lives, individual rights and liberties to an extent that other Local Authority services do not" (Circular: SWSG2/1995). Every Local Authority must have a professionally qualified CSWO as set out in Section 45 of the Local Government (Scotland) Act 1994. The qualifications are set down in Regulations which state the CSWO must be registered as a Qualified Social Worker with the Scottish Social Services Council (SSSC).

The overall aim of the CSWO role is to ensure Orkney Islands Council and the Orkney Health and Social Care Partnership receive effective, professional advice and guidance in the provision of all Social Work services, whether provided directly, in partnership with other agencies, or purchased on behalf of the Local Authority. The CSWO has a responsibility for overall performance improvement and the identification, management, and reporting of corporate risks as they relate to Social Work and Social Care services.

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To fulfil these responsibilities, the CSWO has direct access to Elected Members, reporting directly to the Chief Officer, Orkney Health and Social Care Partnership; and wider through the Integration Joint Board; the full Council as required; has direct links to the Chief Executive of the Council and attends the Chief Officers Group (COG).

Elected Members have important leadership and scrutiny roles in Councils and must assure themselves that the quality of service is maintained, and risks are managed effectively.

The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring that only Registered Social Workers undertake those functions reserved in legislation and meet the requirements of their regulatory body and the SSSC Codes of Practice. Any Social Worker or Social Care professional may approach the CSWO for advice.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions by a Local Authority to an Integration Authority e.g., a Health and Social Care Partnership. The responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the Local Authority itself.

The CSWO should also assist authorities in understanding the key role that Social Work plays in contributing to the achievement of national and local outcomes, to improve performance and management of corporate risks.

The CSWO has a range of strategic responsibilities including oversight of professional standards in Social Work services, as well as undertaking the leadership of the profession through the CSWO function.

Social Work services have a statutory duty to provide support, care and protection to the most vulnerable people across their Local Authority area. Access to the majority of services is assessed on the basis of need, and Social Work staff work in partnership with individuals, carers, families and communities to meet the need within the resources available to the service and partner agencies.

1.3. Local Governance Arrangements

In Orkney, the CSWO is a member of:

- The Integration Joint Board, as a non-voting professional advisor, to the voting members.
- Orkney Health and Social Care Partnership's Senior Management Team, comprising the Chief Officer and senior managers responsible for delegated health, social work and social care services.
- The COG as an adviser for Public Protection. COG provides leadership, governance and ensures local accountability, for public protection, in the areas of

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child protection, adult protection, offender management, including Multi-Agency Public Protection Arrangements (MAPPA), for sexual and violent offenders and Multi-Agency Risk Assessment Conference (MARAC) processes, in respect of risks of domestic abuse. Linking to Orkney's community planning partnership, the COG is responsible to Elected Members, NHS Board Members and Scottish Ministers.

- The Children's Services Strategic Group.
- The Orkney Public Protection Committee.
- NHS Orkney's Extended Senior Leadership Team.

In an Orkney context, the CSWO also undertakes the following duties and responsibilities:

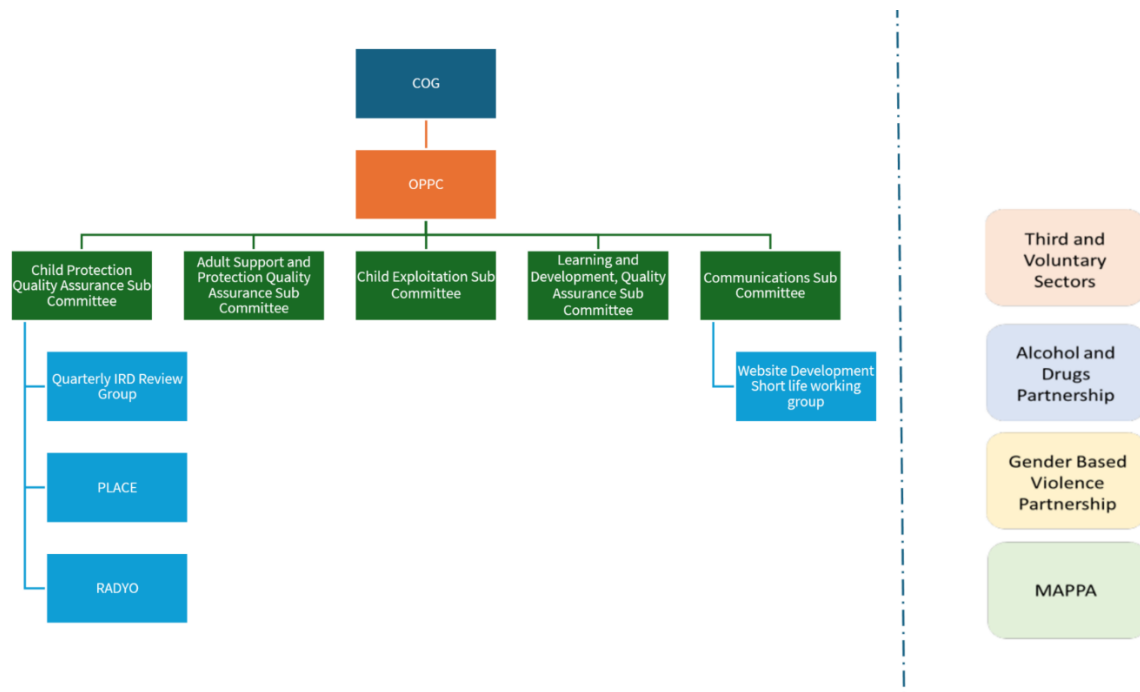
- Chairs the Orkney Health and Social Care Partnership, Social Work and Social Care Governance Board.
- Chairs the Corporate Parenting and local Promise Board.
- Undertakes the role of Agency Decision Maker (ADM) for the Fostering, Adoption, Kinship and Permanence Panel.
- Recipient of all Mental Health and Adults with Incapacity Orders and Guardianship cases.
- Decision maker in relation to Secure Care application for children.
- Representing Orkney Islands Council at a local, regional and national level.

Following the Strategic Inspection of Children Services in 2019, the Orkney Public Protection Committee, in consultation with the Care Inspectorate, implemented a new structure of Sub-committees, in the hope that this would give a focus to and support the pace of improvements required in key areas:

- An additional subgroup, the Communications Subgroup was established in 2025. The Orkney Public Protection Committee's Communications Sub-committee was proposed as an output from the COG Development Day in 2024.
- The decision to establish the group was confirmed by COG and the Orkney Public Protection Committee in December 2024 following reporting of the findings of the COG Development Day where a considerable discussion was held regarding how the Orkney Public Protection Committee interacts, communicates and engages with both the partnership and local communities within Orkney. The first meeting of this Sub-committee was on 10 March 2025 where members discussed the aims and objectives of the group, and proposals for improved ways to engage and communicate with the many areas of Public Protection across Orkney. This included drafting a communications strategy, seeking a suitable public facing internet space and the creation of a local Public Protection Newsletter.

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Please see the Local Governance structure outlined in the diagram below:



The Social Work and Social Care Governance Board meets quarterly. The Board has representation from the Heads of Service and Service Managers across the Orkney Health and Social Care Partnership. The Board scrutinises the quality and performance of all Social Work and Social Care Services, with an additional focus on supporting the workforce to feel supported within their roles, through supervision, training and development. Given Orkney's small size, it is important that the Board draws upon all available resources and best practice approaches across services to support the collective in providing high quality Social Work and Social Care services to the public.

The Corporate Parenting and Promise Board in Orkney aims to ensure Scotland's Promise to all children and young people is fulfilled, with a particular reference to ensuring that the care experienced children, young people and adults within the Orkney community receive the necessary care, support and guidance to achieve, flourish and reach their full potential in society. The Promise Board comprises professionals across the multi-agency partnership and crucially is informed by the voice of people who are care experienced. A Care Experienced Children and Young People's Group was set up in 2025 to ensure the voice, choice and participation of care experienced children and young people, is at the forefront of planning. In 2025, the Promise Board has been actively reviewing and updating Orkney's Good Parenting Plan 2020-2025, with a view to implement an updated plan in 2026. The plan will ensure that care experienced children and young people and adults receive the prioritisation and supports they require to give them the best chance to succeed in life and positively contribute to the community of Orkney.

2. Service Quality and Performance

2.1. Introductory considerations

2.2. The Social Work and Social Care Profession

Social Workers are required to work in the context of legislation, organisational rules, service structures, and hierarchies including Health and Social Care Partnerships. Within this context Social Workers retain a level of autonomy in their work, for which organisational structures must ensure appropriate and robust checks and balances are in place.

The ways in which Social Workers relate to organisational rules and structures, is a key dimension for them in understanding the discretion and professional scope they hold, to make the best possible decisions in the best interests of the people they serve, often the most vulnerable and marginalised children, adults, and older people.

Social care professionals are responsible for supporting individuals to live their lives as fully and independently as possible. This involves providing care and support to people with a range of needs, including older people, people with disabilities, and those with mental health issues. The role is about promoting dignity, respect, and choice, ensuring that people have the opportunity to live fulfilling lives in their communities.

Setting a scene in our remote, rural and island context

Before addressing the quality and performance of the Social Work and Social Care services in Orkney, it is important to set a scene and contextualise key important local demographics, to ensure the overarching context is understood.

2.3. Population

Figures are from the 2022 Census and the National Records of Scotland (NRS).

The key finding is that while:

- Scotland's population growth has escalated in this current decade, Orkney's population growth has stopped, with no increase since 2021.

2.3.1. Population trends this century

In the first decade of the century (2001- 2011):

- Orkney's population grew by 10.2% over the period.
- Far above the growth for Scotland, whose population grew by only 4.5%.

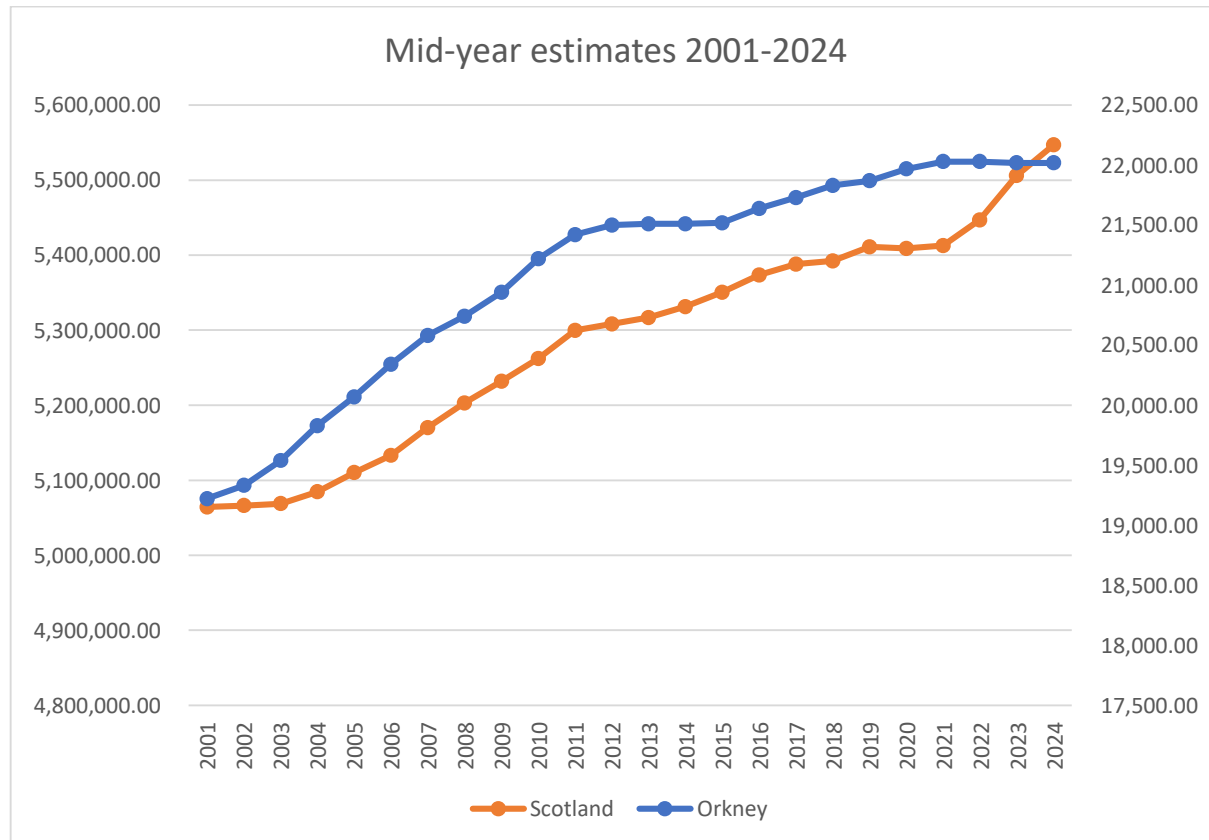
In the second decade (2011-2021):

- Orkney's population slowed to 2.8% growth.
- Only a little higher than the Scottish average of 2.1%.

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In the first four years of the current decade (2021-2024):

- Orkney's population has remained static.
- While Scotland's population has leaped 2.4% in just four years.



2.3.2. Patterns within Orkney – Mainland and ferry linked isles

The 2001, 2011 and 2022 census results show that:

- The past growth was focused on the Mainland and linked Isles with growth over the previous 21 years being twice (16.5%) that of the national average (8.2%).
- From 2011 to 2022, the population of the ferry linked isles has declined by 5.2%.

The mid-year population estimates are not broken down beyond Council districts, but if the overall Orkney population has plateaued, past patterns indicate that there will have been a further decline in the populations of the ferry-linked isles since 2022.

2.3.3. Gender and Age demographics

In 2023, 50.9% of the population were female, whilst 49.1% were male. This compares to 51.4% females and 48.6% males, in Scotland overall.

The population of Scotland is aging; the population of Orkney is aging faster than that of Scotland and the population of most of the ferry-linked isles are aging faster than the population of Orkney Mainland and linked Isles. It is projected that this trend will increase.

From 2013 to 2023, even though Orkney's population grew, there was a 3.5% drop in the working age population.

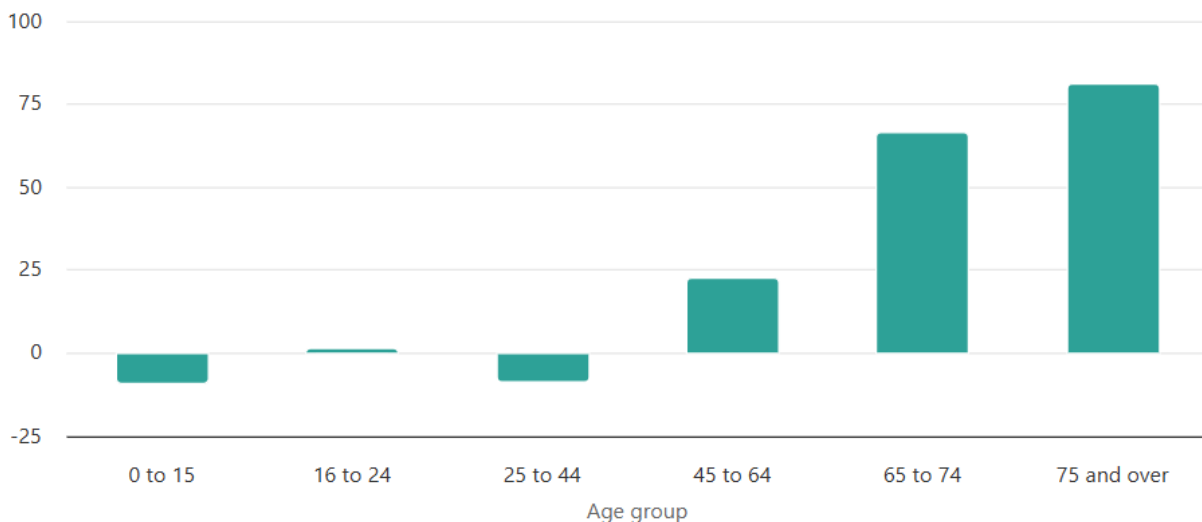
In terms of overall size, the 45 to 64 age group was the largest in 2023, with a population of 6,502. In contrast, the 16 to 24 age group was the smallest, with a population of 1,663.

The age profile of Orkney is increasing substantially. Between 2001 and 2023, the 0 – 15 age group reduced by 9.3%, whilst the 75 and over group saw an increase of 81.3%.

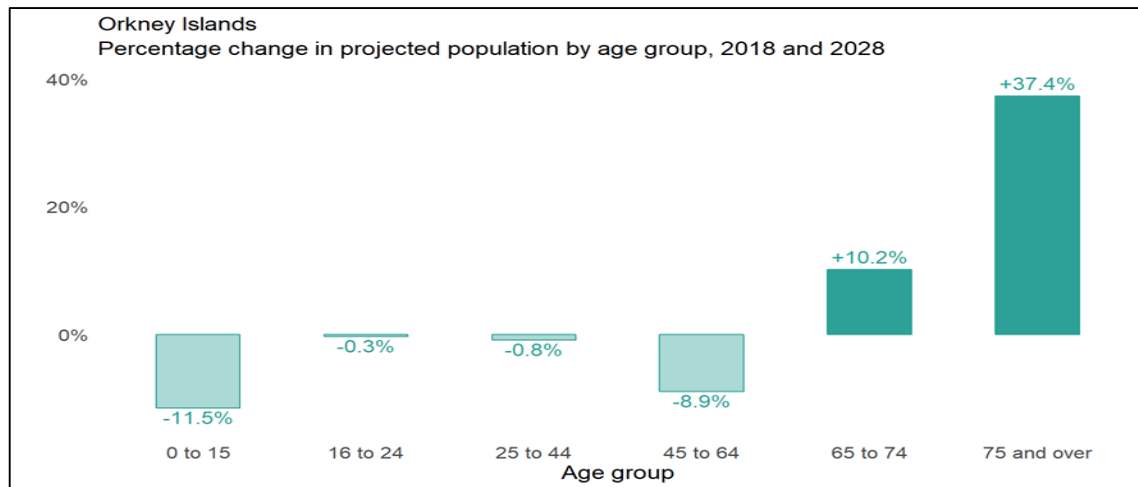
Percentage change in population by age group, 2001 and 2023



Orkney Islands



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In 2024, life expectancy in Orkney for females was 82.7 years, whilst for men the figure was 78.7 years, both significantly higher than the average for Scotland.

By 2037, it is predicted that more than 50% of the population will be 65 or over. As both life expectancy and the proportion of people in Orkney aged over 75 increases, it can be expected a similarly large increase in the number of Orcadians living with co-morbidities, meaning there will be a commensurate increase in demand on health and social care services, especially Care at Home and residential care services. Whilst it is noted that the working age populations are declining, it is imperative that services try to plan ahead to ensure there is a sufficient workforce within the community to meet the needs of all the population from children to adults and the aging population. We have a current reliance on agency staff to provide frontline social care services similar to other parts of Scotland and whilst we are grateful to those staff for their contribution, it comes at a higher cost, and we also are required to pay for travel and accommodation on costs.

Alongside the challenges, the contribution older people make to our society needs to be recognised. People over 65 years of age support our community in many ways – acting as unpaid carers, child minders, and volunteers, amongst many other roles. Their contribution, as wise, experienced, stable, citizens, to the communities and the society, is considerable, providing continuity and stability in our social fabric.

That said, it is important to note that at the time of writing, we are aware that pressures exist in all areas of adult care provision and that regrettably some people are waiting longer than before for the services they require.

2.3.4. Reversing Population decline and restoring demographic balance

The assumption from the Scottish Government and COSLA is that it is not possible to get population growth and address the demographic age balance through natural growth and that inward migration is required, alongside steps to lower outward migration. This migration maybe from elsewhere in the UK (or Scotland in Orkney's case) or from abroad.

An important way to compensate for the changing demographic age balance is by increasing employment rates within the existing population. This includes supporting those who are working part time and want to work full time (especially but not only women), individuals not in employment, education or training ('NEETS') and encouraging older people to remain in the workforce.

There are numerous factors that are key to encouraging this net migration, key amongst them is:

- Housing.
- Transportation.
- Employment opportunities.

All these factors, and others, are relevant to Orkney, and the one most likely to make the biggest immediate impact is housing. This is because most major employers report a difficulty in recruiting staff because of the lack of houses available in Orkney for potential employees to rent or buy.

- **Housing** – Orkney's approach to ensuring there is enough accommodation for those who already live here and those who want to move here is set out in the Local Housing Strategy 2024/29.
- **Transportation** – Orkney's approach to improving transport, within Orkney and between Orkney and the Scottish mainland, is set out in the Local Transport Strategy 2024/44.
- **Employment** – this is addressed in the Community Planning Partnership's Orkney Community Wealth Building Action Plan.
- **Ferry linked isles** – actions needed to address the specific needs of the ferry linked isles are set out in individual islands plans (only a few lack plans or they need to be updated), and the Community Planning Partnership's Locality Plan for the Ferry Linked Isles 2024/26.

2.4. Economy

2.4.1. Figures are from Office for National Statistics

Orkney has a strong economy, with very low levels of unemployment. The unemployment rate in 2023 (when the figures were last updated) was 1.7%, versus 3.4% across the UK.

However, gross pay falls behind that of the UK average, with median weekly pay standing at £549, in 2024, versus £604 for the UK.

This reflects an economy geared towards supporting tourism, where a lot of jobs are seasonal.

2.5. Fuel Poverty

Rates of fuel poverty in Orkney are high, with 31% of the population considered to be in fuel poverty, compared with 24% across Scotland. According to Scottish Government, this situation is exacerbated by a high proportion of low energy efficiency dwellings, as well as the lack of mains gas, meaning households must rely on more costly oil and electricity to heat their homes.

2.6. Child Poverty

The Orkney Partnership Orkney Child Poverty Strategy, published in 2022, showed 467 children to be in poverty, with 390 in absolute poverty, representing 13.1% and 10.9% of children, respectively.

2.7. Unpaid Carers

In 2022, the Scottish Government estimated there are 800,000 unpaid carers in Scotland, including 30,000 young carers in full-time education.

It is very difficult to be sure of the number of unpaid carers, not least because a huge number (around nine in 10 unpaid carers) are unaware of the support available, so do not identify as unpaid carers.

The Carer's Strategy Group (in Orkney) has membership from throughout the statutory and third sectors and is responsible for delivery of the Orkney Unpaid Carer Strategy.

Perhaps the greatest challenge of the last year has been helping unpaid carers to understand the support services available to them. We are currently aware of around 350 carers in Orkney, whilst we estimate the number of unpaid carers to be nearer 3,500. To tackle this, we have worked closely with the Communications teams of both NHS Orkney and Orkney Islands Council, promoting the incredible job that carers do through their social media accounts, as well as the local newspaper and radio station.

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Plans for the coming months include the second Orkney Unpaid Carers Conference, in November 2025, and the appointment of two new, carer-dedicated staff, to promote the unpaid carer agenda in Orkney, as well as provide direct support to unpaid carers.

In summary, it is to be celebrated that Orkney has a high life expectancy, and more people are living for longer. As outlined above, planning for future recruitment and retention of staff will be required to ensure there is a sufficient working age population to meet the health and care needs of those who need care, protection and support.

Without the support of unpaid carers, the health and social care system would falter. It is therefore vital that we find increased opportunities to identify and support unpaid carers.

Social Work and Social Care services and the multi-agency partnership, including the third sector organisations, work steadfastly day in day out to identify those in need and to provide them with the guidance and support they require to enjoy a better standard of life.

2.8. Strategic Priorities of the Health and Social Care Partnership in Orkney

In 2022, the Orkney Health and Social Care Partnership introduced their Strategic Plan 2022 - 2025. The Strategic Priorities were determined through a number of consultation and engagement exercises, undertaken by multiple statutory and third sector agencies, over several months, and considered within the context of a Joint Strategic Needs Assessment, undertaken towards the end of 2021.

Consistent themes were immediately apparent, with mental health, the plight of unpaid carers, and the challenges faced as we grow old, high on the list of people's concerns. Early intervention and prevention were identified as a key theme, whereby there is an understanding that supporting people, at the earliest opportunity, in the right way, by the right people, is key to improved outcomes.

Professional acknowledgment that services must respond to changing public expectation, budgetary challenges, staffing shortages and changing demographics, have resulted in new ideas and innovations in service delivery, such as Community Led Support.

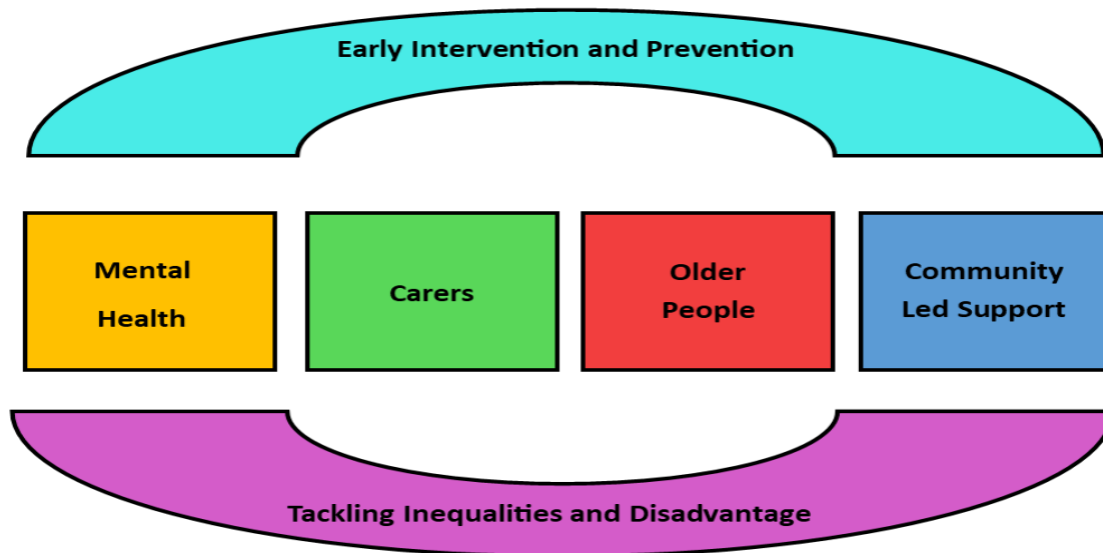
The Priorities must be considered within the broader context and recognition that helping people to maintain their health and wellbeing, providing access to preventative services, and delivering for everyone regardless of circumstance, will encompass every aspect of strategic planning and service delivery.

It should be noted that no single Strategic Priority sits in isolation; each has a direct influence and effect on all Social Work and Social Care Service Plans/Improvement Plans. This means co-production, across every aspect of service delivery in the Health and Social Care sector (and in public services delivery, in general) is essential to

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successfully deliver upon the stated Strategic Priorities and, most importantly, improve the health and wellbeing of people in Orkney.

The six key Strategic Priorities agreed are:



In 2025, an updated strategic plan was introduced. Following significant consultation and engagement with key stakeholders, it was agreed that the original six strategic priorities should progress to the updated Plan. The previous Strategic Delivery Plan achieved a lot, though there was a consensus that there was more work to be done with the priorities set, thus new updated actions and outcomes have since been set, which will be mapped and tracked to evidence progress and impact over the next three years.

2.9 Cross Cutting Matters

2.9.1. Trauma-informed Practice

Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. They build on evidence developed over several decades. Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. Trauma-informed practice aims to:

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- Increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff. Improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use.
- It seeks to prepare practitioners to work in collaboration and partnership with people and empowers them to make choices about their health and wellbeing.

In this reporting period, trauma-informed training and development of staff has been a key focus with planning undertaken to ensure the workforce is trauma informed to support interactions and communication with clients and service users, but also to support staff to manage the impact of vicarious trauma. This promotes the foundations of relationship based social work practice and strengths-based social work practice.

Work is also actively underway to continue providing trauma-informed training to the Multi-Agency Partnership. The Council's Learning and Development Officer is currently exploring the National Trauma Training Pathway and the courses available via NHS Education for Scotland (NES), with plans to roll this out across the workforce as mandatory training; the courses are graded. For the first year, in 2024, the Scottish Government, confirmed that a £50,000 allocation of trauma monies would be recurring. This provides consistency and the ability to explore recruitment of a Trauma Lead, to bring Orkney into alignment with many of the other Councils across Scotland. This will support the systematic implementation of a trauma informed pathway across Orkney Health and Social Care Partnership and Orkney Islands Council.

2.9.2. Public Protection Agenda

Improving our approach and practice in public protection is the single most important aspect of cross cutting work, across Social Work and Social Care services, and with our community planning partners in children's and adults' services.

2.9.3 Inspection Activity

The Care Inspectorate undertakes regular inspections of all registered services and indicates a formal assessment of the standard on a graded scale.

The Care Inspectorate grades are:

- 1 - Unsatisfactory – major weaknesses – urgent remedial action required
- 2 - Weak – important weaknesses – priority action required
- 3 - Adequate – strengths just outweigh weaknesses
- 4 - Good – important strengths with some areas for improvement
- 5 - Very Good – major strengths
- 6 - Excellent – Outstanding or sector leading.

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The Care Inspectorate reviews the following quality indicators when undertaking inspections by assessing:

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care planned?

Self-evaluation and improvement work has been further progressed during this reporting period and will be outlined in more detail below. Several Social Work and Social Care services have been subject to inspection by the Care Inspectorate during the reporting period, which will be contextualised in the relevant service updates throughout the report.

Recruitment challenges is a cross-cutting matter which are covered in further detail throughout the report.

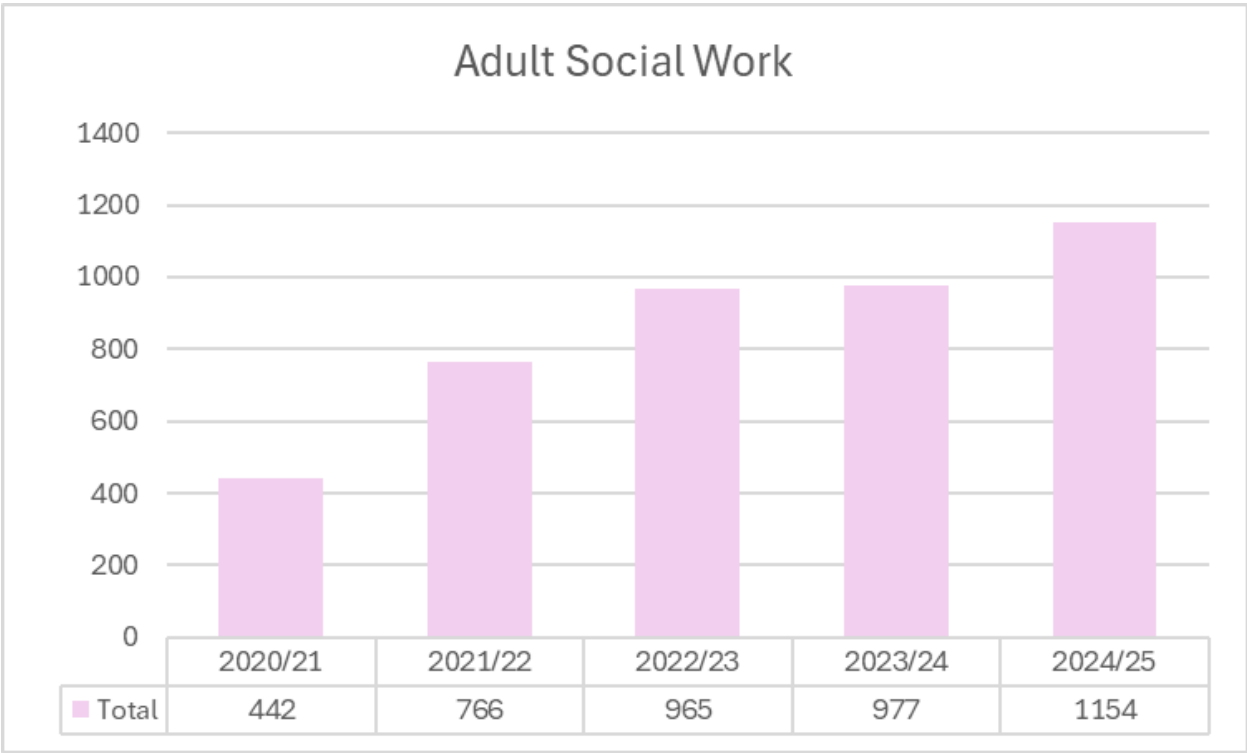
There have been further developments across Social Work services with the systems support resource, of the Social Work management information system (PARIS). There is ongoing work to be undertaken in this area to ensure the information management system supports service delivery on the ground and supports Social Workers to accurately record the breath and scope of work they are undertaking. A project plan was developed in early 2024 and is progressing nicely with numerous newly introduced systems recording procedures. A key component of the project is to onboard the Criminal Justice Service to the PARIS System, which is on track to be achieved by the end of 2025.

2.10. Adult and Learning Disability Social Work Services

Adult and Learning Disability Social Work services includes services for adults, older people and all people with a learning disability, including those transitioning into adult services. It also supports activity in relation to Adult Support and Protection (ASP), Adults with Incapacity, Self Directed Support, unpaid carers and the legislative duties of Mental Health Officers (MHOs).

More recently, children's services have become more involved with supporting the delivery of learning disability Social Work services for children and young people. Currently, a Resource Management Meeting mechanism is being established to ensure equity and fairness in the allocation of respite and Self-Directed Support allocations for children and young people.

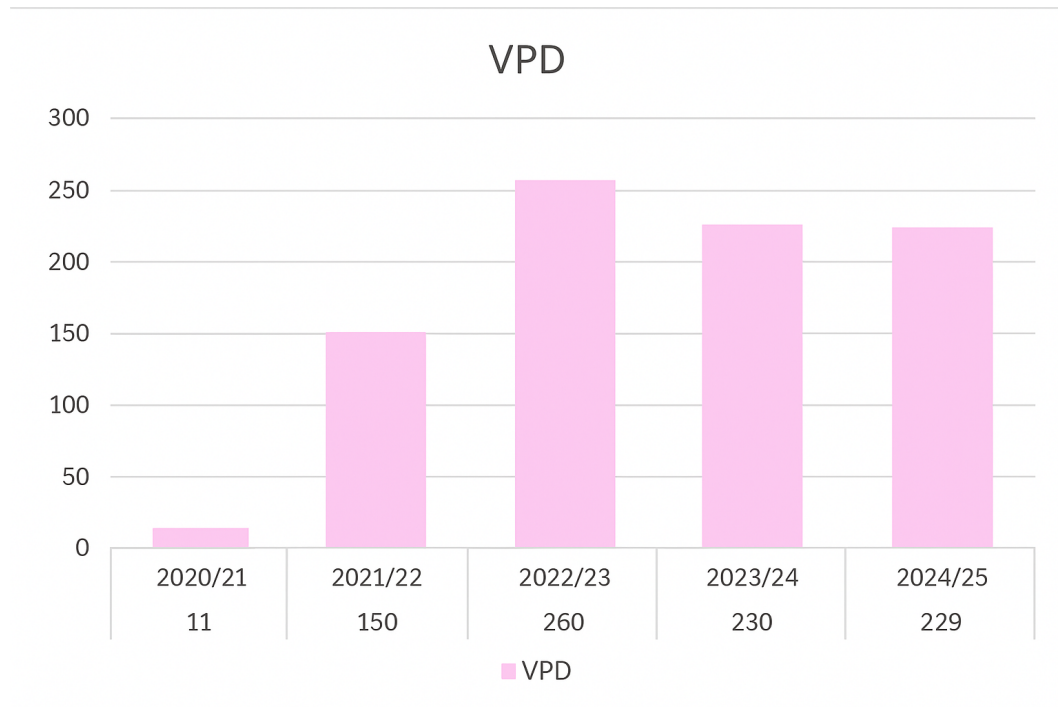
In the 2024/25 reporting period, Adult and Learning Disability Social Work services received 1,154 referrals – this did not include ASP referrals nor referrals to the MHO service, however, it did include 50 referrals to the learning disability part of the service. The graph below shows the significant increase of almost 300%, in referrals to the service, since the 2020/21 reporting period.



2.11. Adult Support and Protection

In 2024/25 there were 229 Police Vulnerable Person Database (VPD) referrals, which is a decrease of six from the previous reporting period. The Adult and Learning Disability Social Work service have now collated five-year VPD data, which highlights the significant increase over the past five years of the identification of vulnerable adults by Police Scotland colleagues.

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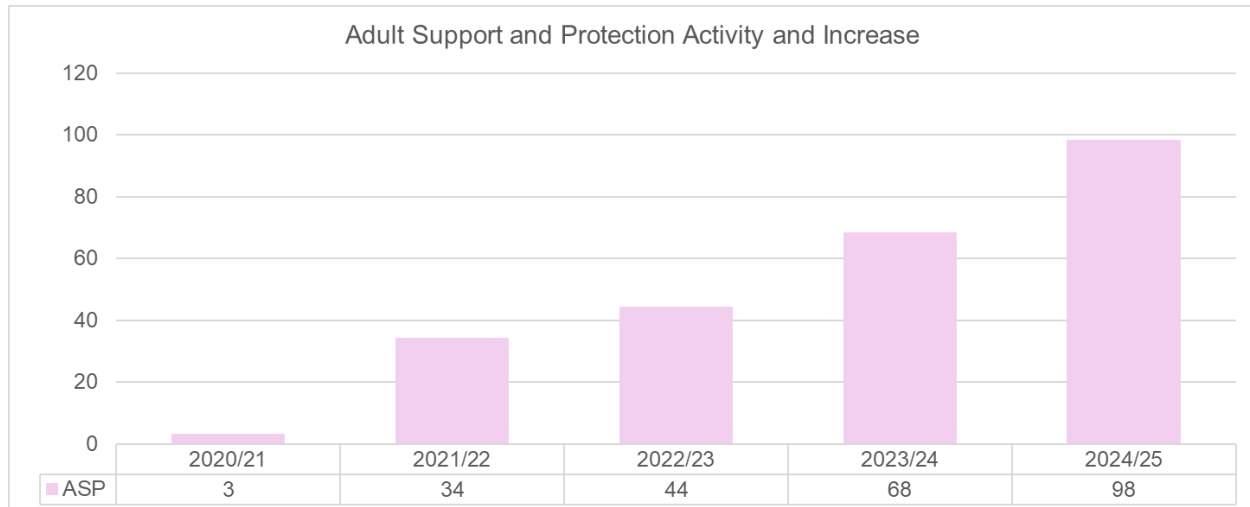


2.11.1. ASP Referrals

In 2024/25, there were 98 ASP referrals. Of the 98 referrals, 73 resulted in Inquiries with Investigative Powers. There were 19 Adult Protection Case Conferences, 13 of these were Initial Adult Protection Case Conferences and six were Review Adult Protection Case Conferences.

The graph below highlights that ASP referrals have increased significantly from three in 2020/21 to 98 in 2024/25. This increase demonstrates the positive impact of ASP services in Orkney which has seen significant engagement across the Partnership. Awareness of ASP locally has increased with the service proactively engaging with the community via local radio interviews on key dates such as ASP Day and Hoarding Awareness Week. Practitioner Guidance has also been created by the service and shared across the Multi-agency Partnership – The Orkney Practitioner Guidance: Hoarding and Self Neglect Protocol and Toolkit and The Orkney ASP Shared Chronology Guidance are both highlighted as national exemplars and can now be found and accessed on the IRISS ASPIre Hub. ASP referrals are likely to continue to increase with the publication of the Draft ASP Learning and Development Framework in December 2025, as more training will be offered to partners when implemented.

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There was one Large Scale Investigation (LSI) during this reporting period commencing in December 2024. This will be explained in further detail below.

2.12. Joint Inspection of Adult Support and Protection: Review of Progress

Following the Joint Inspection of the Orkney Partnership between 31 October 2022 and 11 April 2023, Orkney was identified as one of six partnerships across Scotland where important areas of weakness outweighed strengths and as such a Progress Review was undertaken between September and December 2024, with the findings published in January 2025. It was however recognised within the 2022/23 Joint Inspection that the Orkney Partnership was similar to all others across Scotland and was facing the unprecedented and ongoing challenges of recovery and remobilisation as a result of the COVID-19 pandemic. Whilst the 2022/33 Joint Inspection findings recognised the significant work already underway and the substantial progress made, the overall two-year focus on the inspection i.e. records from 2020 – 2022, was such that the grades awarded were that of weak in respect of the two key questions:

- How good were the partnership's key processes for Adult Support and Protection?
- How good was the partnership's strategic leadership for Adult Support and Protection?

The Joint Inspection did not in fact reveal areas for improvement that the Partnership were not already aware of and thus the associated ASP Improvement Plan consisted of actions which had already been recognised as required and, were underway. The Improvement Plan had been submitted to, and confirmed as acceptable by, the Care Inspectorate.

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The methodology of the Joint Inspection of Adult Support and Protection Review of Progress included analysis of supporting documentary evidence, scrutiny of Health, Police and Social Work records of adults at risk of harm and, staff focus groups. To indicate progress of the priority areas for improvement identified in the 2022/23, Phase Joint Inspection, the RADAR model (Results, Approach, Deployment, Assessment and Refinement) was used to identify how effectively and efficiently partnerships approached their improvement work.

These were identified as:

- Minimal Progress.
- Some Progress.
- Significant Progress.

The six priority areas for improvement from the 2022/23 Joint Inspection are highlighted below with the outcome of the 2024/25 Review of Progress:

1. Strategic leaders should ensure the delivery of competent and effective adult support and protection key processes for all adults at risk of harm in line with their statutory responsibilities – **Significant progress made.**
2. Risk assessment, chronologies, investigations, and protection planning all require immediate improvement – **Significant progress made.**
3. Change and improvement following the independent review in 2021 needs to be accelerated. ASP should be a critical improvement priority for strategic leaders across the partnership – **Significant progress made.**
4. The partnership's strategic oversight of progress should be strengthened. Effective governance and quality assurance arrangements are needed to support improvements in practice – **Significant progress made.**
5. The involvement of adults at risk of harm at all stages of the ASP process should be improved – **Significant progress made.**
6. Strategic planning and decision-making should be informed by the lived experience of adults at risk of harm and their unpaid carers – **Significant progress made.**

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Key embedded developments and improvements have been noted in relation to the six areas for improvement.

Area for Improvement 1 – it was noted that the partnership had implemented refreshed procedures and guidance, which were well shared, embedded and understood and that these were the drivers for significant progress in the delivery of competent and effective ASP key processes.

Area for Improvement 2 – key highlights were the increased presence and quality of multi-agency and timely risk assessments had improved considerably, the majority of chronologies were graded 'good or better', and all Protection Plans were up to date and were 'good or better' in terms of quality.

Area for Improvement 3 – strong collaboration and clear progress was noted as being evident. Dedicated Council Officer training and wider ASP training had been rolled out with newly qualified staff being well supported to undertake the Council Officer role. The development of the Project Board to improve the electronic case recording system, had improved the quality of Social Work case files.

Area for Improvement 4 – the commissioning of an external biennial audit and introduction of the Council Officer survey and supervision audit tool were regarded as positive developments to complement the Council Officer Learning Audit tool. The presence of the Service Manager with responsibility for ASP at the Orkney Public Protection Committee was regarded as impactful on the development of policy and practice. The Orkney Public Protection Committee and COG had clearly had continual oversight and updates in respect of the Improvement Plan.

Area for Improvement 5 – It was noted that there was consistent and trauma-informed consideration of adults' views throughout the entire adult support and protection process. Independent advocacy had been recommissioned. Evidence of embedded feedback and evaluation had driven changes to practice and the quality of support all adults at risk of harm received was 'good or better.'

Areas for Improvement 6 – the significant progress in this area was noted as being supported by two key elements: the development and embedding of a case conference survey which included adults and their carers and, the development of an approach to deliver accounts of lived experience to the Orkney Public Protection Committee and COG. This culmination of strategic and practice-based engagement of those with lived experience, placed the partnership in a strong position in terms of their decision making.

2.13. Services provided by MHOs

Approximately 125 people required support by MHOs during this reporting period, an increase of 25 from the previous period. The four MHOs included within the reporting period provide a service 24 hours per day, 365 days per year, in addition to their substantive posts. People who did not require an MHO were supported by a Social Worker from the Community Mental Health Team.

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Table 1 below shows activity levels for Guardianship and Intervention from 2019-2025:

Type of Order/Intervention (Guardianship)	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
New welfare guardianship orders where the CSWO is the Guardian.	*	6	*	5	7	5
Total orders for which the CSWO is the Guardian.	15	22	17	25	22	24
Number of assessments made by MHOs in relation to applications for welfare guardianship including private and CSWO applications	40	22	16	20	11	16
Number of private Guardians being supervised by Officers of the Local Authority.	63	32	54	50	52	53

Note: * indicates fewer than five.

Compulsory Orders are intended to create individual measures for the care of patients who requires a degree of compulsion to accept these, done by means of a care plan which may specify detention. There were seven Compulsory Orders during this reporting period and were all under the age of 65.

Short term detentions follow an assessment undertaken by a Psychiatrist, to which an MHO must consent to secure the immediate safety of a patient and lasts 28 days.

Emergency detentions are intended to secure the immediate safety of a patient when there is no Psychiatrist available to undertake an assessment for short term detention. They are undertaken by Hospital Doctors or GPs, with consultation with an MHO. These last 72 hours with no right of appeal and generally it is not the preferred option. There were 12 adults detained in this reporting period, all of whom were transferred to Royal Cornhill Hospital, Aberdeen.

There were seven Mental Health Tribunals either in person at Royal Cornhill Hospital or via video link in this reporting period.

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Table 2 below provides activity levels for mental health intervention and orders from 2019-2025.

Type of Order	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Compulsory Orders	0	6	*	*	7	8
Short term detentions	*	*	*	20	9	8
Emergency detentions	7	7	16	12	11	12
Other MHO assessments (those not leading to detentions, assessments to extend or vary orders, and social circumstances reports)	7	23	62	62	56	65
Mental Health Tribunals	*	6	*	*	8	7

Note: * indicate fewer than five.

2.14. Mental Welfare Commission – Announced Visit

The Mental Welfare Commission undertook an announced visit to Orkney between 23 and 25 July 2024 to Services in NHS Orkney, Orkney Health and Social Care Partnership and the Orkney community. The Mental Welfare Commission made four recommendations following their visit, with recommendation three pertaining to the MHO service:

- The Commission should receive a copy of the independent review into MHO services in Orkney.

This was on the back of the Orkney Health and Social Care Partnership commissioning an external consultant to propose a tailored leadership model for MHOs to adopt within an Orkney context.

2.15. Justice Services Activity

Justice services continued to deliver on their statutory responsibilities during the reporting year. Duties included preparation of court reports and risk assessments, to aid the Court in making effective sentencing decisions; reducing re-offending and protecting the public through supervision and management of offenders subject to community-based disposals; rehabilitation of offenders subject to custodial sentences and supporting people subject to Diversion from Prosecution.

The Justice team completed various reports during the reporting period, which is representative of the size and nature of previous justice activity in Orkney prior to 2020/21 and the global pandemic.

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During this reporting period there was a total of 75 reports completed, and 56 Community Payback Orders (CPOs) imposed by the Court.

Table 3 below provides details of Justice Social Work activity from 2019-2025.

Table 3: Justice Activity from 2019-2025

Justice Activity	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Social Work Court Reports	82	30	55	70	69	76
Supplementary Reports and Review Reports	*	9	*	7	5	*
Home Leave and Home Circumstance Reports	*	*	0	0	*	*
CPOs	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
CPOs imposed by the Court	59	30	28	60	56	44

Note: * indicate fewer than five.

In contrast to the number of Social Work Court Reports completed during 2023/24, where there was a marginal decrease in the number of reports completed from the previous year; 2024/25 noted an increase of just over 10% in the number of requests. This increase, however, was not reflected in the number of CPOs imposed by the Court, which decreased by around 21%. It is widely recognised that supporting people within their community is both beneficial to individuals and communities, therefore this reduction in CPOs was perhaps, not anticipated; and it was predicted that there might be an increase in the use of community-based disposals. This premise, however, holds true in part as the decrease appears to be accounted for by various means including deferments, monetary penalties and admonishment. As such, should this trend continue, Justice services will undoubtedly see a parallel increase in the resources required across the service and the workforce.

MARAC is established for people who are experiencing high risk domestic abuse in Orkney. As one of the key multi-agency forums to address domestic abuse in Scotland, MARACs can ensure all victims at high risk of serious harm receive a robust response. There are 12 MARAC areas across Scotland with Orkney being part of the Highlands and Islands operating group which continues to be supported and developed through *SafeLives*.

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SafeLives recommends that each MARAC discusses at least 40 cases per 10,000 adult female population, based on analysis of the prevalence of high-risk victims/survivors, including those who do not report to the Police. For repeat referrals, the recommended level for an established MARAC is between 28 and 40%. A repeat is defined as any instance of abuse between the same victim/survivor and perpetrator(s) within 12 months of the last referral to MARAC.

Between April 2024 and March 2025, 35 MARACs in Scotland discussed a total of 7,438 cases, representing an increase of 2.7% (198 cases) compared to the previous year.

The number of cases discussed per 10,000 adult female population however decreased from 32 to 31 and therefore continues to remain below the SafeLives recommended rate of 40 cases per 10,000 adult female population. The percentage of repeat cases ranged from 13.1% to 47.3%.

From April 2024 to March 2025, the Orkney MARAC heard 30 cases, this witnessed an increase to 32 cases during this reporting period, but despite this marginal increase it nevertheless remains below the SafeLives recommendation of 40. Repeat cases reported across the Highland grouping was 21.1% which was also below the recommended levels.

The Orkney multi-agency Partnership is committed to work with SafeLives to develop MARAC and this includes providing consistency and resilience in relation to the MARAC Chair role. Quarterly Chair training has been provided by the MARAC Coordinator during this period resulting in three additional Orkney Chairs. A rotating rota is now in place with six MARAC representatives providing the Chair role.

MARAC risk assessment training was also offered during this period with individuals from across the multi-agency partnership attending.

Consequently, the rise in referrals being made to MARAC coupled with an increase in available MARAC Chairs, perhaps reflects an escalation in MARAC awareness and understanding of the referral pathway and evidence of third sector partners in Orkney providing high level support and intervention for victims of domestic violence.

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 is paramount. It is a structure by which registered sex offenders, mentally unwell 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.

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Orkney continues to be part of the Highlands and Islands MAPPA grouping area with representation being made at the Highlands and Islands Strategic Oversight Group (HIMSOG). In the period 1 April 2024 – 31 March 2025, all MAPPA key performance indicators were met 100%. Case file and MAPPA meeting audits support the effective operation of MAPPA.

The number of individuals managed under the auspices of MAPPA within Orkney remains consistently low. For context, some core figures across the Highlands and Islands MAPPA are as follows:

- On 31 March 2025 there were 288 offenders in the community being managed under MAPPA (Level 1 – 274, Level 2 – eight, Level 3 – zero, restricted patients – six).
- In the same period, the number of registered sex offenders returned to custody for breaching their statutory conditions remains very low at 2 on average.
- Number of registered sex offenders within the Highlands and Islands area, subject to MAPPA arrangements, on 31 March 2024 (in the community and in custody) was 380 persons.
- Number of Registered Sex Offenders notified to Jobcentre Plus was 35 (31 in the community).

The figures above represent an increase from the previous reporting period, however the number of individuals subject to MAPPA arrangements in Orkney has remained relatively static, with the highest number at any one time over the reporting period, being eight.

Training opportunities for staff relevant to the justice role and risk management has continued, with Social Work staff undertaking a variety of training including SARA V3, Risk Matrix 2000, STABLE and Acute training plus LSCMI risk assessment training.

2.16. Appropriate Adult Service

Appropriate Adults provide support to adolescents and vulnerable adults who have been detained for questioning by Police Officers or being interviewed by any statutory organisation.

The Appropriate Adult service in Orkney had successfully been run as a voluntary organisation for almost 20 years in Orkney. Following a statutory change, since 2020 the service has been transitioning over to the Local Authority. In Orkney, this transition was stalled by COVID-19. The Appropriate Adult services continue to engage with national colleagues and the Care Inspectorate as the service embeds into Orkney Health and Social Care Partnership. This has seen onward reporting and undertaking of self-evaluation using templates provided by the Care Inspectorate. The service

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utilisation increased over this period with a total of six call outs over this reporting period, a figure that has already been surpassed in the current year.

2.17. Children and Families Social Work

Children and Families Social Work incorporates duty and assessment, Child in Need, Child Protection, Looked After Children, Children with Disabilities and Through Care. There has been a significant focus on early intervention over this reporting period, as well as progressing Permanence Plans for children in care and providing intensive support, to enable children to remain at home with their families.

During the previous reporting periods, there was a focus on recruiting to the full complement (nine Social Workers), either with agency or permanent Social Workers, to stabilise the service and attract more permanent Social Workers. This strategy has largely been successful, with more and more positions being recruited to on a permanent basis, including some agency workers making the decision to apply for permanent roles, after seeing the positive changes achieved within the service.

There is, however, a national recruitment issue in frontline children and families' teams, resulting in a level of dependency on interim workers; remote, rural and island complexities exacerbate this challenge further. Most importantly, the statutory requirement to provide Social Work services for children and young people, particularly in the field of child protection, requires the ability to respond to need quickly and the need for experienced and knowledgeable child protection practitioners. Temporary arrangements to ensure this capacity has incurred additional, unfunded expenditure. Costs are also incurred for agency Social Worker travel and accommodation, in addition to the salary and agency fee charges.

Table 4: Under 18 Referrals by Year

Financial Year	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Total	1007	535	930	647	780	602

It is of note to mention that there has been a significant reduction in the number of referrals into children's services in the reporting year 2024/25, of 178, compared to 2023/24. This is likely due primarily to two factors, firstly a review of the Duty Social Work system was undertaken, and a dedicated Duty Officer now manages all referrals into the service. A new consultation process has been embedded whereby referrers can call up to discuss the need to make a referral or to signpost to other services for support. Secondly, it is likely that improvement in Early Help Support via the Early Help Team hosted by Community Learning and Development and support offered by third sector community services has resulted in families receiving support at a lower level of the continuum of need, reducing the need for escalation up the continuum to statutory care, support and protection services.

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2.17.1. Child Protection

Table 5: Child Protection Registration Figures from 2019-2025

During the Year	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Child Protection Registrations	18	18	21	12	23	24
Children De-registered	5	11	10	9	11	13
New Registrations	14	6	16	*	20	16

Note: * indicate fewer than five.

Child protection remains a top priority in Orkney children's services partnership with further development of procedures, protocols, training and development and continual self-evaluation throughout the reporting period. The Orkney Inter-agency Referral Discussion (IRD) protocol has been updated to include a new template for recording IRDs to ensure consistency across the services and includes changes such as, IRDs now being facilitated and minuted by the agency requesting the IRD and highlighting the responsibility of the Chair and all members, to ensure multi-agency partners and third sector organisations, where appropriate, are invited to IRDs.

In terms of Child protection figures, Child protection registrations have increased by one over the most recent reporting period, however, numbers of new registrations have decreased from 20, in the 2023/24 reporting period, to 16 in this reporting period. During this reporting period, there has been a continual focus on:

1. Ensuring all efforts are made by the multi-agency partnership to work intensively with "edge of care" families to manage risks at home under a Child Protection Plan, rather than removing children from parental care, resulting in them having to possibly be placed in placements Out with Orkney.
2. Regular reviews of child in need cases open more than six-12 months and escalating cases to child protection where positive change has not been achieved in this time and the concerns continue.

The number of deregistrations per year has steadily increased over the past three years. This is reflective of the service holding Review Child Protection Meetings on a three-month basis where appropriate, rather than six monthly, and monthly core group meetings being chaired by a Team Manager, to ensure Child Protection Plans have SMART actions and are progressed in a timely manner, to ensure children are not subject to child protection registration, for longer than necessary.

As discussed, between the last and the current reporting periods, there were 16 registrations on the child protection register, none of which were re-registrations from the three years prior.

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The mean length on a Child Protection Plan for this period was 35 weeks and six days, which is approximately 8.2 months.

This is indicative that Child Protection Plans are having the desired impact and promoting increased safety for children and young people, subsequently reducing the need for re-registration. It is also reassuring that the average length of plan is under nine months which demonstrates that interventions and supports are timely, which results in a reduction in trauma and harm to children and young people.

2.17.2. Looked After Children

Table 6: Looked After Children Trends from 2019-2025

During the Year	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Looked After at Home	10	15	13	10	6	9
Looked After Away from Home	29	21	39	33	35	15
Totals	39	36	52	43	41	24

Over the most recent reporting period, there has been a significant decrease in Looked After Children numbers from 41 to 24. During this time, the Children and Families service has focused on reviewing cases where there had been previous “drift and delay” and ensuring Permanence Plans were progressed as a priority, as well as a focus on reunification back to parental care where safe to do so, also moving children and young people from foster care/residential placements, to kinship care placements and supporting kinship carers to secure Residence Orders as part of the child’s Permanence Plan.

The number of children looked after at home has slightly increased, reflective of an additional focus/priority of the service and multi-agency partnership, to keep children at home with their families with intensive supports in place rather than being removed from parental care, recognising the value and importance of children growing up with a sense of belonging and connection to their families and community.

In 2023/24, there were 13 children cared for outwith the Orkney community, in 2024/25 this number decreased to seven. This was as a response to a significant drive to return as many of our care experienced children and young people to the Orkney community.

Table 7: Children Referred to Reporter from 2019-2025

Referrals and Children’s Hearings	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Number of Children	57	43	69	59	68	33
Number of Children’s Hearings Held	83	59	96	93	55	63

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In line with the significant decrease in Looked After numbers as outlined above, this naturally is reflected in the significant decrease in Children referred to Scottish Children's Reporter Administration (SCRA), from 68 in 2023/24, to 33 in this reporting period.

The number of hearings has however increased over this reporting period, which is reflective of factors such as additional hearings being requested in cases where Permanence Plans have been progressed, to either present an updated Permanence Plan to the Panel following the outcome of updated parenting/kinship/sibling assessments and in some cases, advice hearings being held.

2.17.3. Family Support Team

The Family Support team within Children and Families Social Work services was born out of additional investment following the 2019 Joint Inspection of Children's Services. The team works closely with the Social Work Team on open cases to the service. The team comprises a Team Manager, and three Family Support Workers who support with early intervention and prevention, educational parenting work and a vast array of supports for children and young people to promote their emotional wellbeing, confidence and self-esteem. The team also supervises family time between Looked After Children and their parents/family and where required, will prepare reports for Child Protection Planning meetings, Looked After Child Reviews and Children's Hearings.

In addition to the above, two of the team are now training and are facilitating Family Group Decision Making across the service. Where families experience challenging times, family group decision making is a way of supporting a child's extended family and friends to play an active role in decision making about how that child should be looked after. With support from a family group decision-making coordinator, families develop a plan, which they also agree with the allocated social work.

2.18. Children and Families Authority Wide Services

Children and Families Authority Wide Services have been overseen during the reporting period by an Interim Service Manager with responsibility for the following provisions:

- Orkney Fostering Service.
- Orkney Adoption Service.
- Orkney Adult Placement (Continuing Care) Team.
- Through Care/Aftercare Support.
- Children and Young Person Residential Care/Short Break Services (Rendall Road, and Aurrida House).

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Fostering, Adoption, Adult Placement (Continuing Care), Throughcare and Aftercare services (four Social Workers on permanent contracts) are the responsibility of one Team Manager, which over the reporting period has been filled on an interim basis. In Summer 2025, the Team Manager post was filled on a permanent basis by a Social Worker progressing into management.

Within residential services, Rendall Road and Braeburn Court come under the responsibility of one Registered Manager (32 members of staff including seniors, full time, part time, relief and domestic) and Aurrida House a separate Registered Manager (25 members of staff including seniors, full time, relief and domestic). Both residential provisions have strong, long term permanent managers. One of the managers is currently undertaking the Grow our Own Social Work Programme.

2.18.1. Fostering, Adoption and Adult Placement (Continuing Care) Services

Orkney Fostering Service has been registered since 21 December 2005 and provides a fostering and family placement service for children and young people aged from zero to 18 who are assessed as in need of alternative family care. The service recruits, provides training and supports caregiving families to provide a range of fostering placements to children including permanent, long term, interim and short break.

Orkney Adoption Service has been registered since 21 December 2005. The Adoption service provides a service for children and young people, aged from birth to 18 years, and their families who are assessed as in need of this service. The service recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members.

Orkney Adult Placement Service has been registered with the Care Inspectorate since 10 September 2020, and it provides a continuing care service to young people who are living in foster care. This allows young people to remain with foster carers until the age of 21.

These services were re-inspected towards the end of 2024, and the tables below highlight that there was no downgrading in any areas with all areas (aside from one which remained the same) seeing an improvement in grade.

During the reporting period there has been further stabilisation and self-evaluation which has allowed for clearer planning and realistic priorities to take forward in 2025/26. These included:

- Formal approval of the Financial Policies for Foster Carers, Kinship Carers and Adopters which has resulted in increased interest to be assessed.
- Further attempts to recruit permanent staff to the roles of Team and Service Manager.

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- Further development of quality assurance mechanisms and review/update of the Improvement Plan.

Table 8: Inspection Grades for Comparison 2023/24.

(Key: Red – drop in grade; Amber – no change; Green improved Grade).

Fostering Service

	2024	2023
How well do we support people's wellbeing?	4 - Good	2 - Weak
How good is our leadership?	3 - Adequate	2 -Weak
How good is our staff team?	4 - Good	3 - Adequate
How well are our care and support planned?	4 - Good	3 – Adequate

Adoption Service

	2024	2023
How well do we support people's wellbeing?	4 - Good	2 - Weak
How good is our leadership?	3 - Adequate	2 - Weak
How good is our staff team?	4 - Good	3 - Adequate
How well are our care and support planned?	4 - Good	2 - Weak

Adult Placement (Continuing Care) Service

	2024	2023
How well do we support people's wellbeing?	4 - Good	4 - Good
How good is our leadership?	3 - Adequate	2 - Weak
How good is our staff team?	4 - Good	3 - Adequate
How well are our care and support planned?	4 - Good	3 - Adequate

Overall, the Fostering, Adoption and Adult Placement Services are progressing on an improvement trajectory. There are a number of positives to celebrate though there are also defined areas for development, with consistency of the workforce, updating of relevant policies and procedures, and recruitment of a permanent management team continuing to be a priority.

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With regard to the Corporate Parenting and Promise agenda, it is important that all multi-agency partners within the partnership understand and implement their responsibilities to our care experienced children and young people, to ensure they are supported to heal from their prior adverse childhood experiences and be provided with the support they require across all areas of their life to grow into independent adults with encouraging life prospects, supported to reach their full potential and to contribute positively to society. During 2024/25, work has been undertaken to review Orkney's Good Parenting Plan 2020-2025, to propose an updated plan for 2026-2030.

Orkney needs more Foster Carers. To support this the financial offer to Foster Carers was reviewed, in the hope it would entice people from the Orkney community to become a professional Foster Carer. The updated Financial Policy and Procedure for Foster Carers and Kinship Carers and Adoption Allowance Scheme was approved by Council in early 2025. The new offer is competitive in nature to recognise the professional role and to promote an increased Foster Carer workforce in Orkney.

In June 2025, following Foster Care Fortnight, the team began the implementation of a new strategy to recruit foster carers. They estimated that 10 fostering families were needed in Orkney (a combination of emergency, short and long term) to meet the needs of our children. This would allow them to stay in Orkney throughout their time in foster care without being separated from all that is familiar and lessen the need to use as many costly out of authority placements.

Information was included on the Orkney Islands Council Facebook page and website with links to the updated fee and allowance structure as well as information on what it means to foster, and the difference carers make to children's lives. A previous Foster Carer shared her story on the website about why her family decided to foster and what it meant to them and the children they cared for. A banner was placed opposite the local Tesco junction. In my capacity as Head of Children, Families and Justice Services, I was interviewed on Radio Orkney about the recruitment campaign and the Fostering and Adoption team also held drop-in sessions for people to explore fostering.

The team have received emails from potential carers, and several people also attended the drop-in sessions. Of those who made contact, the team have been able to assess and add to their short break carers complement and the team have another assessment underway. The team continues to hear from people who wish to explore if becoming foster carers is right for them and the children they would care for. Whilst the team acknowledge the difficulty in recruiting Foster Carers nationally, they continue to work with the national campaign so that locally we can move towards achieving our aspirations and this will continue into the year ahead.

2.18.2. Throughcare/Aftercare Support Service

One dedicated Throughcare/Aftercare Social Worker continued to manage the work in this area for the period to ensure that all those eligible had revised assessments and Pathway Plans. The Improvement and Reviewing Officer continued to exercise a fundamental role in Chairing the Pathway Planning meetings to ensure independent oversight of the progression of the plan.

Re-evaluation of the service within the period suggested that having one worker dedicated to this role was in fact a vulnerability in terms of service continuation should that Officer be off work for either planned or unplanned extended leave. What continued to be of priority is that this group of young people continue to have established relationships if they are to feel truly supported into adulthood and beyond, so this was incorporated into their pathway plans. It was pleasing that a final draft of the Financial Policy and Procedure for Throughcare/Aftercare was completed in spring/summer 2025 and subsequently approved by Council, bringing clarification, equity and consistency in this area.

Another important feature in this reporting period, which was confirmed at the established Promise Board, was the commitment to support young people within this service beyond their 26th Birthday where there was an identified need. Continued support from resources throughout the community for young people such as the Orkney Blide Trust, Relationship Scotland Orkney, Youth Café, Right There and Who Cares? Scotland has again proven to be of great importance. Moving into 2025/26 discussions are underway in terms of restructure of the service to ensure continued stability for those of whom we have a corporate parenting responsibility in the throughcare/aftercare remit with a likelihood that allocations will be shared across all Social Workers in the frontline Social Work team.

2.18.3. Residential Care/Short Break Services

Rendall Road and Braeburn

Children's Residential Services are situated over two properties in Orkney with a total of 6 bedrooms.

The inspection report, which was published on 12 September 2024, evaluated the service as good which was an improvement on the previous grade of adequate (last inspected 20 October 2023) identifying key improvements, with only one area of improvement made.

The key messages within the published inspection report were:

- Suitable assessment of staffing needs was routinely undertaken.
- Significant progress had been made with key aspects of training for carers.

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- Admissions and matching procedures were consistently applied.
- Improvement to the physical environment was observed.
- A well-considered approach to improvement planning and self-evaluation had been adopted with clear evidence of involvement from senior leaders and partners; more robust quality monitoring was being developed.
- The language and style of recording the service improvement plan, helped to evidence the priorities more clearly for improving outcomes for children and young people.

The one previous requirement and four areas for improvement had been met with one new area for improvement identified which was:

- To ensure that all mandatory training for carers was completed timeously.

Aurrida House

Registered since 1 April 2002, Aurrida House provides respite care to young people and provides services for young people who need support arising from a physical, sensory or learning disability which may include challenging behaviour and complex health needs.

Aurrida House continues to be an excellent resource for children and young people which is reflected within its inspections which was last undertaken in October 2022 with no requirements or areas for improvements made with all three areas for improvements addressed from the previous year. The grade awarded was Very Good.

During the period 2024/25, the service was not subject to re-inspection however it is anticipated this will follow early within the period 2025/26. An area of priority is to address the demand for the service and ensure equity and fair access to much needed respite support for carers. This is something that continues to be under review alongside the Carers Strategy and the need to look at available resource across Orkney for unpaid carers if the demand is to be met. The service continues to adopt an approach of continued self-evaluation to ensure best practice for children, young people and their families. A Resource Management Meeting mechanism is in place to consider new assessments and recommend support plans to ensure robust scrutiny over the approvals process, supporting budgetary management, equity and careful management of the finite supports available.

2.19. United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) was ratified in 1991 and came into force on 15 January 1992 but has not been incorporated into UK law. Although it declares inalienable rights it does not provide for any mechanism of enforcing those rights in the domestic UK Courts. The UK Government is bound by the

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UNCRC. On 16 July 2024, the UNCRC (Incorporation) (Scotland) Act 2024 became Law in Scotland.

The Law expects that local authorities will have in place appropriate and effective policy, practice, and procedure, which can deliver the rights contained in the UNCRC.

The UNCRC places the child at the centre which requires a paradigm shift in approach, viewing the child as an independent person and not an object of concern or protection. There is a fundamental need to accept the child's right to express their views.

The Orkney Children's Services Strategic Group has established a UNCRC sub-group to focus on the review of policies and procedures leading to and following the passing of the Act. This has also triggered a review of the local multi-agency voice of the child procedure. Liaison continues to be underway with key stakeholders to ensure updated procedures are compliant with the Law and to support children to express their views in decision making forums that affect them and to ensure they have a diversity of options available to them to express themselves fully, including advocacy now being offered to all children open to children services, rather than just those who are looked after. The Orkney child friendly complaints processes: and confirmation of an independent legal advice pathway are also under review to ensure there are clear processes in place, should children wish to make a complaint or seek independent legal advice.

During the reporting period, Officers have continued to track and monitor advocacy closely to ensure all our young people have various means and opportunities to be involved in their planning – not only via formal advocacy but informal advocacy too. When considering ways in which we are ensuring that children and young people of Orkney can share their voices, we want to ensure they have independent options outwith the Social Work department to share their voices and ensure that they are heard. We have been monitoring and capturing data on the three main ways we are ensuring that children have the opportunity to have their voices heard – although it is appreciated it is not limited to these types. The three we have focused on is independent advocacy provided by Who Cares? Scotland, feedback forms and via young people attending their meetings themselves. We have also introduced QR codes where young people can fill in forms online. Advocacy through Who Cares? Scotland remains the main form of advocacy used by the young people of Orkney (in 2025 a competitive commissioning exercise was undertaken and Who Cares? Scotland secured the tender for a further three-year period) and the feedback and take up of this support and service has been significant. We also have some young people attending and contributing to their own meetings and work continues in this area to try and promote this more and have more active participation from our young people in their meetings. In addition to the above, there has been the introduction of the Young People's Group since November 2024 which is an advocacy group for young people who have been through or are going through the child protection process or Care Experienced young people aged 12-17. All views are fed into the Promise Board to steer the priorities of the Board and to support our assessment of progress against the targets set in our current Good Parenting Plan.

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To provide a snapshot between August and October 2024 there were 11 children on Orkney's Child Protection Register and of those all had been offered formal advocacy, 100%. Of those 11, nine were accessing formal advocacy through Who Cares? Scotland which made up 81.8%

During the same period active Looked After Child/Care Experienced numbers were at 25. Of the 25 young people – 15 of our young people were engaging with Who Cares? Scotland and 10 were not – therefore meaning 60% of our Looked After young people were accessing formal advocacy. Of the 40% who are not, they continued to be made aware of their right to advocacy and were supported to attend their meetings in person and/or provide written feedback forms. The above levels of advocacy uptake are to be celebrated, and the percentages are understood to be notably higher than other Council areas across Scotland.

During the reporting period, work has been undertaken to prepare for a multi-agency review of our child friendly complaints; and there have been examples of children now being supported to access independent legal advice.

The above provides reassurance of our compliance with the UNCRC (Incorporation) (Scotland) Act 2024.

2.20. Children's Services Audit Activity

In Summer 2024, children's services implemented an internal audit schedule. Audit templates were devised drawing upon Care Inspectorate suggested templates and methodologies. The audit cycle runs on a quarterly basis. Audits are chosen in line with particular areas of interest and themes. On a regular basis the Improvement and Reviewing Officer has the responsibility to complete an update report which is submitted to the Orkney Public Protection Committee. Audits are a fundamental activity as part of a quality assurance framework. The Audit methodology implemented within Orkney children's services is collaborative in nature, to ensure it is done with and not to practitioners and to support a culture whereby audit activity is welcomed. Upon analyses of the audits, the outcomes have been variable in quality. With that said, across the reporting period there has been a general theme of improved audit outcomes with some goods and very goods awarded.

A quarterly IRD quality assurance meeting is chaired by the Service Manager for Social Work. This is a multi-agency forum which reflects on the quality of IRDs in child protection. As above, the outcomes have been variable in nature, though there has also been a general trend of improved consistency and more robust decision making in IRD practice noted. One of the fundamental strengths is that there is a drive to ensure education presence in all IRDs for children in an educational provision and Education are now in attendance in the vast majority of IRDs, informing the decision-making process.

2.21. Community and Social Care Services

Similar to other service areas within the Orkney Health and Social Care Partnership, Community and Social Care services have continued to deliver services in a challenging landscape with ongoing pressures and systemic fragility. Despite that, supporting individuals meet their goals and outcomes through a person centred lens while remaining in their local communities with their families and friends, remains the ongoing focus of the services.

The demography of Orkney provides evidence that the aging population is growing – there is a forecast increase of 30% more individuals over 65 by 2035; a 37.4% increase in individuals over 75 by 2028 and the number of individuals aged 80 and over is forecast to double by 2035. There is demand growth in individuals being referred for Care at Home provision and for individuals requiring care home placements.

There has also been an increase in emergency and crisis situations within the communities where older individuals have required rapid and creative interventions to keep them safe, mitigate risk and to avoid those individuals having to leave Orkney to receive care and support. The increase in crisis situations that have arisen has, undoubtedly, placed additional pressures on the limited resources available both in terms of workforce and capacity availability, (Care at Home packages, care home beds, respite placements). However, despite the limited resources, there have been many success stories, across Orkney, where creativity, collaboration and multi-disciplinary approaches to solution focused provision have had positive outcomes for individuals and their families.

All Inspections, for Community and Social Care services, undertaken by the Care Inspectorate, for the period of this report are detailed within the Care Inspectorate heading of this segment of the report.

2.21.1. Care Homes

Orkney Health and Social Care Partnership/Orkney Islands Council operate three residential care homes, for individuals 65 years of age and above. Each of the care homes provide care and support to individuals who have a range of long-term conditions and co-morbidities and have been assessed as no longer being able to remain at home due to their care needs thus requiring residential care.

St Rognvald House is located in Kirkwall and has 44 rooms – 40 of the rooms are for permanent placements with the remaining four operated as respite placements. All the rooms are single occupancy accommodation. 44 is the capacity when the care home is fully open and functioning at full occupancy. The status of St Rognvald House is discussed further within this section of the report.

Smiddybrae House is situated in Dounby and has 32 rooms – 30 of the rooms are for permanent placements with the remaining two operating as respite placements. Two of the 32 rooms are double rooms with the remaining 30 being single occupancy. The

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double rooms, which are often occupied by a single individual, can impact on performance data and reflect lower occupancy levels than is the case.

Hamnavoe House is located in Stromness and has 30 rooms – 27 of the rooms are for permanent placements with the remaining three operating as respite placements. All the rooms are single occupancy accommodation.

The demand for permanent residential care home placements has continued to be a pressure area and with St Rognvald House being closed to new admissions since the beginning of December 2024 that has reduced potential capacity further. Despite that there have been 44 individuals who have transferred/moved into the care homes on a permanent basis, in this reporting period. The breakdown for 2024/25 is shown below:

Table 9: Admissions

Month	Admissions					
	St Rognvald House		Smiddybrae House		Hamnavoe House	
	Physically Frail	Dementia	Physically Frail	Dementia	Physically Frail	Dementia
April 2024	0	1	0	1	1	0
May 2024	0	0	1	0	1	0
June 2024	1	0	0	2	0	1
July 2024	1	1	0	1	0	0
August 2024	0	3	0	1	1	0
September 2024	1	4	1	1	0	0
October 2024	0	0	1	1	0	0
November 2024	2	0	0	0	0	0
December 2024	Voluntary Moratorium	Voluntary Moratorium	0	0	0	0
January 2025	Voluntary Moratorium	Voluntary Moratorium	0	4	1	1
February 2025	Voluntary Moratorium	Voluntary Moratorium	1	3	0	0
March 2025	Voluntary Moratorium	Voluntary Moratorium	0	3	0	0

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The waiting list for individuals assessed as requiring residential care is managed via a Resource Management Meeting which meets twice weekly and is multi-disciplinary in nature. On 31 March 2025 there were 10 individuals waiting on a residential care home placement in Orkney – five individuals were delayed in hospital, and five individuals were within the communities of Orkney.

St Rognvald House has had a voluntary moratorium in situ since 2 December 2024 and at 31 March 2025 the voluntary moratorium remained live. In addition to the voluntary moratorium, St Rognvald House has been subject to ASP LSI, since 6 December 2024 and similarly, at 31 March 2025, the LSI remained ongoing. The concerns that led to the voluntary moratorium and the LSI were in relation to a myriad of concerns in connection to ASP as well as the volume of ASP referrals that were being made, the standard of care and support provision to individuals residing within the establishment including medication management and administration.

The Care Inspectorate carried out an unannounced inspection within St Rognvald House on 4 and 5 December 2024 which concluded on 10 December 2024 when feedback was provided to representatives of the service. The Inspection findings and evaluations were as follows:

How well do we support people's wellbeing?	2	Weak
How good is our leadership?	2	Weak
How good is our staff team?	2	Weak
How good is our setting?	3	Adequate
How well are our care and support planned?	2	Weak

In addition, there were six requirements given across the five thematic areas that were all given a completion timescale of 28 February 2025. A summary of the requirements is as follows:

How well do we support people's wellbeing?	<ol style="list-style-type: none">1. People must be supported to experience care and support that is safe and right for them.2. The provider should ensure communication methods between staff does not impact on the experiences of those living in the care home.
How good is our leadership?	<ol style="list-style-type: none">1. The provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

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	2. The provider must ensure people are kept safe and their health and wellbeing are promoted, by the service having robust and communication and reporting systems.
How good is our staff team?	1. The provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure staff deployment is appropriate to meet people's holistic needs and wishes.
How good is our setting?	N/A.
How well are our care and support planned?	1. The provider must ensure service users' holistic needs are accurately assessed, documented and effectively communicated between all relevant staff and met.

The Chief Officer established an Improvement and Monitoring Team mid-February 2025, initially with four members, with a fifth member joining a few weeks later. Each of the members having been released from their substantive posts to allow them to fully immerse themselves in the improvement work within St Rognvald House, working in tandem with the Interim Registered Manager, the LSI Leads and the then Service Manager (Social Care).

From mid-February 2025 there was a significant difference in every theme of the LSI process. There was a structure explained as to how the work was going to be taken forward - minimising safety and risks for residents and service users being the first priority, pertaining to the concerns and risks already identified. There was the creation of an overarching Improvement Action Plan encompassing the Action Plan that had been developed to meet the Care Inspectorate requirements and clear and concise information sharing evident at the weekly LSI meetings which remained the case as at 31 March 2025.

On 6 March 2025, Care Inspectorate Officers carried out an unannounced review visit to St Rognvald House. The high-level feedback provided to the service was the Care Inspectorate were very reassured by the improvements and noted good progress made. Although it is outwith the reporting cycle of this report it is noteworthy to include that a further unannounced review was carried out by Care Inspectorate Officers on 2 April and 3 April 2025. The high-level feedback provided 2 April 2025 was:

- Inspectors could see improvements having been made across a variety of areas.
- Two out of the six requirements were met, which was a third overall.
- The Inspectors could see, across the other four requirements, work had been done, and improvements commenced but it was too early to confirm requirements having been met.

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- The Inspectors recognised and acknowledged all the hard work and improvement work that had been carried out and undertaken, in St Rognvald House, since the Interim Registered Manager came into post in early February 2025.
- Further recognition of how much work has been undertaken in such a short space in time.

The requirements that were met were:

How well do we support people's wellbeing?	The provider should ensure communication methods between staff does not impact on the experiences of those living in the care home.
How good is our staff team?	The provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure staff deployment is appropriate to meet people's holistic needs and wishes.

The Care Inspectorate extended the date for the remaining requirements to be completed with the new timescales being May 2025.

At the point of completion of this report, albeit outwith the reporting period, it is reassuring to note that the LSI concluded in the summer of 2025 and the voluntary moratorium lifted and phased admission of new residents is underway. The Care Inspectorate completed a review inspection in Summer 2025, awarding four adequate grades and one good for leadership and management, evidencing and providing recognition for progress achieved in St Rognvald House and for the quality of the work undertaken by the management team and the Improvement and Monitoring team.

Respite beds have been predominantly full supporting individuals who require planned or emergency respite provision. In addition, there has been, on occasion, individuals who, after admission to a respite bed, due to their changing circumstances or needs, have had to extend indefinitely their initial respite period. This has resulted in many individuals being unable to return home and therefore puts pressure on the overall availability of respite beds across the care home sites. This reduces the overall capacity of the service to provide residential respite resources. However, the waiting list for individuals awaiting respite is also managed via the Resource Management Meeting. On 31 March 2025 there were 10 individuals on the waiting list awaiting the opportunity of residential respite in a care home setting.

2.21.2. Day Care Services for Adults and Older People

Day services have continued to be well utilised and have remained very popular. Day Care services provide an opportunity for individuals to engage in meaningful activities both in group settings and on a one-to-one basis. Individuals are allocated days of attendance based on a needs led assessment and some individuals, due to their needs, attend multiple days per week. Day Care Services operate at full capacity and are operational five days out of seven. In January 2025 there was a public consultation, via a survey, regarding the implementation of charges for Day Care Services. In February 2025 Members of the Council considered the survey responses and made the decision to introduce charges for Day Care services with effect from 1 April 2025. Charges for Day Care services are not unique to Orkney and have been in place in many Councils for a notable period of time, therefore Orkney is bringing itself into alignment with many other Councils across Scotland.

2.21.3. Supported Living

Sites for physically disabled adults and older people have been at full capacity for the duration of the reporting period and residents continue to experience high standards of provision delivered by competent and well-trained staff.

2.21.4. Learning Disability Services

People living in the supported living network continue to experience high standards of provision during this reporting period.

The provision of short breaks services for adults with a learning disability has continued to be an area of pressure. This is twofold; some adults' long standing living arrangements have ceased unexpectedly with the need for a care placement to be found at short notice until a permanent solution is found. Secondly, younger people who have transitioned into adult care have enjoyed significant respite opportunities which are difficult to sustain within the adult service provision where there are greater numbers of people to accommodate.

Both Lifestyles Centre and St Colm's remain very popular and well attended whilst employability services can create bespoke opportunities to better meet the needs and aspirations of some individuals.

2.21.5. Care at Home

There continues to be a high demand for care at home provision across Orkney and its Isles therefore the service operates a waiting list to manage demand and capacity. The waiting list and capacity management within care at home is reviewed each day to recycle available capacity as timeously as possible. Additionally, the Care at Home team is very responsive to urgent and emergency referrals and have supported a number of individuals, at very short notice, who are on an end-of-life pathway, to return home to be with their loved ones for the final days of their life. At the same time the

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service has reacted positively to provide preventative Care at Home interventions, in crisis situations, to avoid hospital admissions and/or admissions to care home settings.

In April 2024, there were 163 people receiving Care at Home services and by 31 March 2025 this number had increased to 174 individuals. Again, in line with the preventative agenda, the Care at Home Service has been increasing the number of individuals who receive packages of care in excess of 10 hours per week. In April 2024 there were 58 individuals receiving in excess of 10 hours of care provision per week and on 31 March 2025 this had increased to 63 individuals.

However, due to the nature of the service the numbers can vary very quickly both in terms of individuals in receipt of provision as well as the number of individuals with care packages in excess of 10 hours.

In relation to unmet need hours in April 2024 those were sitting at 209.5 hours. The hours of unmet need were a mix of new referrals, as well as individuals receiving existing services, but requiring a further increase in their provision. On 31 March 2025, the unmet need hours totalled 230.25 hours. 177.75 hours were new referrals for 32 individuals and 52.50 hours were 13 existing service users requiring an increase in their existing care packages. Although the unmet need hours were greater at the end of the financial year, the hours had fluctuated throughout the year and at its lowest unmet need hours were 180.25 hours which was in September 2024.

2.20.6. Telecare/Community Care Alarm and Responder Service

From April 2024 to January 2025 there was an ongoing upward trend in referrals for Telecare/Community Care Alarm equipment and peripherals. However, from January to March 2025 there were a number of individuals who decided they no longer wished to have Telecare/Community Care Alarm equipment within their homes and as a result the service saw a reduction in the number of individuals on service.

This service does not operate with a long-standing waiting list. On the occasions where individuals have to wait more than five days for an installation of equipment it is because the service is: (i) waiting on a specialised peripheral or piece of kit; (ii) requiring documentation for consent; (iii) waiting on Alarm Receiving Centre providing identification information; (iv) waiting on access to the property for install of equipment.

This service is also very adaptive, flexible and responsive and similar to Care at Home, works hard in prevention and early intervention pieces of work to stop hospital admissions and facilitate hospital discharges as well as responding to individuals, at home, utilising their Telecare/Community Care Alarm equipment.

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In April 2024 there were 830 connections utilised by 850 service users across Orkney and its Isles. On 31 March 2025, the figures were 780 connections and 820 service users. The reason for the unusually high reduction in connections and service users was in parallel to the introduction of charging for Telecare/Community Care Alarm services.

Telecare/Community Care Alarm services were also part of the public consultation regarding the introduction of charges and in January 2025, on receipt of the consultation notification and the letter outlining the proposal for charging, a number of individuals cancelled their Telecare and Community Care Alarm and Responder services.

An adult protection mechanism is in place to cover the cost of Telecare/Community Care Alarm service in situations whereby the equipment is required as part of a safety plan, and it is evidenced that the individual cannot afford to fund the equipment. Similar, to Day Care service charges, Telecare/Community Care charges are common and have been for some time across many of the councils in Scotland.

However, despite that, overall, consultation responses were generally supportive of the introduction of charges and subsequently charges were introduced to commence from 1 April 2025.

The management team within the Telecare/Community Care Alarm service continue to attend national events and liaise closely with the Digital Office. The transition from Analogue to Digital remains a priority area of work and will continue to be so going into 2025/26. On 31 March 2025, the service had transitioned 306 Community Care Alarms from Analogue to Digital with a further 474 still requiring transition.

2.21.7. Workforce/Recruitment, Community and Social Care Services

Locally in Orkney, the picture, across the Community and Social Care workforce, has been reflective of the national picture for many years. Sickness absence, high vacancy levels and turnover rates have had a deep impact and with a declining working age population, predicted in the next few years, workforce pressures remain the single most prominent area of challenge across Community and Social Care services.

The use of agency staff to support services has been common practice now for a number of years and without those agency staff Community and Social Care services would not be able to continue to operate safely. However, the use of agency staff impacts significantly on budgets as it is an expensive workforce model on an ongoing basis. In Orkney, those costs are even higher as accommodation and associated costs have also to be met to retain and support an agency workforce. Additionally the ongoing management of a transient workforce is hugely time consuming as agency staff are able to pick and choose from a plethora of work opportunities across the UK and despite making a commitment to stay in Orkney for a minimum of three months, in a lot of occasions, that doesn't happen so liaison with agency suppliers and securing agency staff is an ongoing function that takes a lot of resource to manage. Likewise, the

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availability of accommodation is also extremely challenging. Therefore, when you add up all the costs of maintaining an agency workforce and layer on top of that the oncosts of the Orkney Health and Social Care Partnership managers undertaking all the operational work that goes into retaining that agency workforce the overall financial costs for agency spend becomes even higher. With ongoing financial pressures, the need to reduce reliance on agency staff has been a target area for some time. In addition, continuity of service delivery to individuals who use our services, which is essential in delivering high-quality person-centred care and meeting service users' outcomes, is difficult to achieve with a high percentage of a workforce made up of agency staff who can decide to leave at any time.

Historically, within Community and Social Care services there have been some key roles that have been notoriously hard to fill. Vacancies have been advertised continuously resulting in either (i) little to no interest in the posts; (ii) candidates not turning up for interview; (iii) candidates withdrawing from posts prior to commencing; (iv) candidates who reside outwith Orkney unable to take up the posts due to a lack of available housing; (v) candidates who do not meet the criteria for interview selection.

In 2023/24, when looking at financial pressures and recovery plans there were discussions at the Council's Corporate Leadership Team (CLT) regarding the requirements for targeted actions and creative solutions to reduce agency spend across the social care workforce. Subsequently, CLT commissioned the creation of a project group to specifically look at Growing a Sustainable Social Care Workforce. The project brief was to look at the introduction of specific incentives of Golden Hello and Refer a Friend as a test of change over a 12-month period for those particularly hard posts to recruit to namely Social Care Assistant, Social Care Assistant (Nights), Care Organiser, Care at Home Assistant, Care at Home Assistant (Nights) and Community Mobile Responders (Red and Green Teams). Benefits include within the Golden Hello offer a cash incentive of £2,000 for successful applicants once appointed and in post for a minimum of three months, along with a financial relocation package. The campaign also provides an opportunity for existing staff to Refer a Friend which includes a cash payment of £750, (minus tax), for every referral that results in the person being successfully appointed and in post. Existing staff are able to refer up to three individuals giving existing staff an incentive opportunity of £2,250.

The vacancies went live on myjobscotland in June 2024 with campaign one of the downloads being sent to recruiting managers on 8 July 2024. From July 2024 to March 2025 the level of interest within the in-scope posts increased instantly and there was a lot of interest in all the available posts coming from overseas candidates.

The Mobile Responder roles were all successfully filled in campaign one of the project therefore those posts were removed from advert after campaign 2 in July 2024. This was a major achievement for the Telecare/Community Care Alarm and Responder services as prior to the launch of the Golden Hello and Refer a Friend initiatives the vacancies had been advertised on a rolling programme for two years with no interest in

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the posts or where there was interest candidates didn't meet the criteria for interview or were not suitable following interview.

Similarly interest in Social Care Assistant and Care at Home Assistant posts has allowed some posts, which have been vacant for many years, to be filled very quickly within the project. However, some of the challenges around Immigration laws re salary thresholds, as well as individuals being unable to secure accommodation on Orkney, has resulted in a number of potential candidates either deciding to withdraw from the posts or make the decision to decline posts when they have been offered them.

That said, overall, there have been successes from the project, and the project will be evaluated. The project has helped stimulate local interest in roles as well as generate, overall, a far healthier interest in posts that historically have been extremely hard to fill. During the life of this report the Care Inspectorate carried out the following Inspections in registered care settings within Social Care services:

Table 10: Care Inspectorate – Community and Social Care Services

Service	Inspection Publication Date	Quality Indicators				
		How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care planned?
Short Breaks	25/04/2024	4 (Good)	4 (Good)	4 (Good)	4 (Good)	4 (Good)
Gilbertson Day Centre	29/04/2024	5 (Very Good)	N/A	5 (Very Good)	N/A	N/A
Learning Disabilities Service – Supported Living Network	23/05/2024	4 (Good)	4 (Good)	4 (Good)	N/A	4 (Good)

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Service	Inspection Publication Date	Quality Indicators				
		How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care planned?
Braeburn Court: Housing Support Services	18/07/2024	4 (Good)	4 (Good)	4 (Good)	N/A	4 (Good)
Support Services	18/07/2024	4 (Good)	4 (Good)	4 (Good)	N/A	4 (Good)
Sunnybrae Centre	18/07/2024	4 (Good)	5 (Very Good)	4 (Good)	N/A	4 (Good)
Kalisgarth Day Centre	22/10/2024	5 (Very Good)	4 (Good)	4 (Good)	N/A	4 (Good)
St Rognvald House	10/12/2024	2 (Weak)	2 (Weak)	2 (Weak)	3 Adequate	2 (Weak)
St Rognvald House	03/04/2025	N/A	N/A	3 (Adequate)	N/A	N/A

As can be seen, the overarching picture is that of good and very good, with the exception of St Rognvald House which has unique circumstances which have been outlined within this report. It is also important to note, that LSIs are not unique to Orkney, and are occurring across many Councils in Scotland. When the time is right a full evaluation into the reasons why St Rognvald House required an LSI will be undertaken. In the first instance, the primary focus was and always needs to be ensuring the safety and welfare of the residents.

3. Resources

3.1. Out of Hours Service

There continues to be challenges with the provision of Out of Hours Social Work and Social Care services due to permanent staffing gaps as noted in the previous reporting period. Vacancy levels have again impacted on the number of eligible permanent staff available to undertake Out of Hours duties, placing a strain on the service.

Whilst the grow our own Social Worker programme is to be celebrated, it produces newly qualified Social Workers who are not eligible to go on the rota until they are one year post qualified and have the required knowledge and skill to undertake the role. This has an additional knock-on effect with regard to the number of staff able to partake in the Out of Hours rota. The grow our own Social Work programme will be addressed in further detail below.

The Chief Officer, Heads of Service and Service Managers from Social Care, have stepped in and undertaken regular shifts on the Out of Hours rota, which has been supportive.

The Out of Hours Social Work Service is an emergency Social Work and Social Care Service outwith normal working hours; therefore, it is crucial that it continues to operate to ensure the care, support and protection needs of the most vulnerable in the Orkney community.

Significant work has been undertaken in the reporting period to commence the updating of the Out of Hours policies and procedures which will add much needed consistency and scaffolding to the service. It will also ensure equity, which is important within such a small system.

Permanent recruitment is progressing, which will have a supportive impact for the service as the more permanent vacancies filled the more staff there are to partake on the rota.

I would like to take this opportunity to express my thanks and gratitude to the Social Work practitioners who partake in the rota to ensure this vital service continues to serve the community of Orkney.

3.2. Partnership Initiatives

During this reporting period significant planning and preparation was undertaken regarding the Whole Family Wellbeing Fund and agenda.

An early intervention and prevention pathway is in the development stages to identify families who need support at the earliest opportunity when difficulties are lower level and to provide support at a voluntary level, with the hope this avoids the need for

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involvement from child protection and looked after/care experienced support services. The Whole Family Wellbeing team is hosted by the Community Learning and Development Service and has a focus on building early connections and close working relationships with children and families to agree a co-ordinated support plan with relationship based, strengths based and solution focused methodologies at the core of all work undertaken.

An Early Help Panel is in the planning stages, which will be supported by step up and step-down guidance and updated threshold of need guidance. The Panel will identify children who require more targeted and co-ordinated supports and ensure the right professionals scaffold children and their families.

As reported in the previous report, the Orkney Emotional Wellbeing Service led by Action for Children continues to support young people aged eight to 18 years.

The charity has a Family Practitioner who focuses on vulnerable children, young people and families affected by alcohol or drug use and is jointly funded by Action for Children and the Orkney Health and Social Care Partnership.

Diversionary youth work sessions continue weekly in the Stromness area, with young people to provide positive stimulation, activities and a drink and snack to avoid negative peer and community related behaviour such as anti-social behaviour. The diversionary youth work sessions are in partnership with the Community Learning and Development staff. These sessions continue to be well attended.

The Alcohol and Drugs Partnership within Orkney continues to commission services to support children and young people and adults by providing advice, guidance, information and education, to more targeted and specialist drug and alcohol support services. In 2025, a competitive commissioning exercise was undertaken, resulting in three-year contracts being awarded to third sector organisations in the community to provide drug and alcohol supports to children, young people and adults.

Orkney has an established Suicide Prevention Task Force, comprising key professionals across the multi-agency partnership. The Task Force proposes strategies and interventions with early intervention and prevention methodologies at the core, to ensure those with emotional wellbeing and mental health difficulties receive the right type of support at the earliest opportunity.

Voluntary Action Orkney, the Third Sector Interface in Orkney, is a core member on the Children's Services Strategic Group and the Orkney Public Protection Committee. This promotes community partnership working and helps to co-ordinate support for children and their families and identify any gaps/inequality in family support provision across the Orkney community.

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I would like to take this opportunity to thank Voluntary Action Orkney and the other third sector organisations across Orkney for their partnership working and for the high-quality services they provide to ensure people of all ages in the Orkney community receive the supports they require.

3.3. Island and Rural Social Work – Key Challenges

As with previous reporting periods, the Orkney Health and Social Care Partnership continues to face three significant barriers and challenges which impact on each other:

- Recruitment and Retention.
- Capacity.
- Funding and Resourcing.

3.4. Recruitment and Retention

Recruitment from within our local communities remains a challenge; due to amongst other things, population size, varied career choices and the challenges of dual relationships in living in small island communities.

There is now, what can only be described, as a crisis in the recruitment and availability of Social Care professionals, which is experienced across most of Scotland. There continues to be challenges in recruiting Social Workers to some core teams, for example the Children and Families Field Work team, though this is slowly improving. Some initiatives we have engaged with to try to address our challenges include:

- Registered with the Scottish Social Services Council (SSSC), return to practice scheme.
- We have noted interest with the NHS Education Scotland National Care Service Directorate migrant worker initiative.
- Specific recruitment campaigns and encouraging current staff members to share their stories of what it is like to work in Orkney on social media has been developed.
- Orkney has an established grow our own social work qualification route, which produces qualified social workers on an annual basis. At present, on average two sponsorships are offered per year, with the view that upon qualification, the qualified Social Workers will be recruited and retained within our Children, Adult and Learning Disability or Justice Social Work teams.
- Recruitment of social workers from overseas, including support with sponsorship and visas.

3.5. Capacity

The capacity of small Councils and Health and Social Care Partnerships can present challenges for undertaking the range and scope of all requirements expected of any such organisations.

As per previous reporting, operating in smaller health and care systems presents challenges and opportunities, which can hinder or enhance innovation and transformation. In Orkney, the small-scale nature, for example, of our operational Social Work services can lead to speedy and effective new service delivery models and practice being introduced and embedded.

Conversely, it does however mean a small number of distinct Lead Officers are involved in delivering a range of diverse and complex change initiatives, including drafting, reviewing, and updating policies, guidelines, protocols, and procedures, new working practices, evidence-based research approaches, new legislation, and social policy changes, while at the same time running safe and effective frontline services and managing increased demand.

As per the previous reporting periods, balancing strategic planning and operational delivery is a challenge generally and is intensified in rural and island settings particularly when faced with the staffing issues mentioned above.

As discussed earlier in the report, the Whole Family Wellbeing Fund has been used to promote early intervention and prevention support and a new team hosted by Community Learning and Development colleagues is coming to realisation. This will hopefully support a reduction in the need for involvement from statutory services because children and their families will be able to access support earlier when difficulties and problems are more manageable/easier to overcome, reducing and/or avoiding the need for statutory and crisis response services.

3.6. Funding and Resourcing

The challenge facing Social Work and Social Care services relates to the climate of public funding including savings requirements. This can jar between the challenges of available resources and funding versus public demand and expectation.

Successful management of demand, amongst other things, depends on the development of preventative and community-led approaches to ensure support is received in the right way, at the right time, thus reducing the demand for urgent and high-intensity support later.

Community Led Support has been further developed in this reporting period. Voluntary Action Orkney supported the recruitment of Island Wellbeing Co-Ordinators to the islands within the Orkney community. This project is now successfully implemented on a number of the islands. To promote equity across all islands scoping will be required to identify any gaps. This approach to early intervention and Community Led Support has

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been very beneficial to the communities they serve. The ethos behind the project is to ensure that everyone is treated as equal, and signposted to relevant support services and does not experience inequality or disadvantage because of age, gender, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation, rurality or for any other reason. It is accepted that further work is to be completed to ensure all inhabited islands have access to an Island Wellbeing Co-Ordinator.

3.6.1. Year End Position

The revenue expenditure outturn statement in respect of Social Work and Social Care and NHS Orkney delegated health services for financial year 2024/25, is as shown below:

For the financial year 2024/25, the outturn position is an overspend position of £4.448 million. The total Integration Joint Board approved budget was £61.108 million, and the outturn spend is £65.556 million.

The overspend position comprises:

- NHS Orkney commissioned service – £0.892 million.
- Orkney Islands Council commissioned services – £3.556 million.
-

Table 11: Year End Finances

	Full Year Spend	Annual Budget	Over/(Under) Spend	
IJB Commissioned Services	£000	£000	£000	%
Health	32,637	31,745	892	103
Social Care	32,919	29,363	3,556	112
Service Totals	65,556	61,108	4,448	107

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	Full Year Spend	Annual Budget	Over/(Under) Spend	
IJB Commissioned Services	£000	£000	£000	%
Support Services and Overheads	4,396	5,225	(829)	84
Alcohol and Drugs Partnership	691	581	109	119
Children and Families	7,961	7,427	534	107
Prescribing	5,866	6,119	(253)	96
Elderly	10,927	8,231	2,696	133
Integration Funding	1,525	1,525	0	n/a
Disability	6,887	6,703	184	103
Mental Health	1,984	1,990	(6)	100
Other Community Care	1,521	1,550	(29)	98
Occupational Therapy	990	997	(7)	99
Care at Home	5,655	5,182	473	109
Criminal Justice	176	187	(12)	94
Community Nursing	1,767	2,035	(268)	87
Primary Care	13,055	13,191	(136)	99
Allied Health Professions	1,350	1,199	151	113
Rehabilitation	286	310	(24)	92
COVID-19	266	301	(35)	88
Reserves	253	253	0	n/a
Savings	0	(1,900)	1,900	0
Service Totals	65,556	61,108	4,448	107

For Orkney Islands Council commissioned services, to assist in achieving balanced budgets for 2025/26, 2026/27 and 2027/28, indicative efficiency targets of £469k, £704k and £938k respectively have been set.

For health and social care, managing limited budgets in the context of ageing demographics, providing Care at Home in a rural location and increased levels of need, will be hugely challenging. It will not be sufficient to simply consider year on year budget allocations and, instead, the Orkney Integration Joint Board will need to plan for transformation that can bring longer term safe and sustainable services for the people of Orkney.

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In addition to these budgetary targets, the Orkney Islands Council commissioned services have also been tasked with taking affirmative action to return to operating within its approved revenue budget.

A Financial Recovery Plan is required to be submitted to the Integration Joint Board to provide assurance that there are robust plans in place to align spend with the funding available. Once approved, the recovery plan should be regularly reported against, to give the Integration Joint Board confidence that progress is being made towards achieving a balanced financial position.

4. Workforce

4.1. Staff Development

During this period, training was evenly split between face-to-face practical sessions and online training sessions.

In October 2024, the Supported Year in employment was introduced for all newly qualified Social Workers in Scotland. A framework was introduced which outlined the support newly qualified Social Workers should receive from their employers. It also outlined the numerous competencies that newly qualified Social Workers have to meet to successfully progress beyond their first year in practice. At the 12 month point there is a professional endorsement required by the employer, which is considered by the SSSC, in line with registration requirements. While a newly qualified supported year in employment is helpful, it does place additional expectations on the organisation in terms of protection for the newly qualified Social Worker and the requirement for management to support the newly qualified Social Worker through a robust assurance framework over the first 12 months in practice.

Table 12: Training and Developments during the reporting period

Date	Purpose and description
1 April 2024 - 31 March 2025	Orkney Health and Social Care Partnership Council commissioned service has continued to provide various essential training programmes for members of staff this year. These training sessions include Basic First Aid, People Handling (inductions and refreshers), Practical Medication Training and Epilepsy Awareness (inductions and refreshers). We have a group of approximately eight staff who have completed their Moving and Handling Train the Trainer Training
1 April 2024 - 31 March 2025	ASP Over the course of the reporting period there were four ASP training sessions delivered by Service Manager (Adult and

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Date	Purpose and description
	<p>Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson:</p> <p>03.04.24 Braeburn Court.</p> <p>29.04.24 Glaitness Centre – focusing upon physical disabilities.</p> <p>12.06.24 Smiddybrae House.</p> <p>18.09.24 Hamnavoe House.</p>
1 April 2024 - 31 March 2025	<p>ASP (Hoarding and Self neglect)</p> <p>Over the course of the reporting period one training session was delivered to the Adult and Learning Disability Social Work team by Service Manager (Adult and Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson.</p>
1 April 2024 - 31 March 2025	<p>ASP Training (Financial Harm)</p> <p>Over the course of the reporting period one training session was delivered to the Adult and Learning Disability Social Work team by Service Manager (Adult and Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson.</p>
1 April 2024 - 31 March 2025	<p>ASP (Adults with Incapacity)</p> <p>Over the course of the reporting period one training session was delivered to the Adult and Learning Disability Social Work team by Service Manager (Adult and Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson.</p>
1 April 2024 - 31 March 2025	<p>ASP (ASP Case Conference)</p> <p>Over the course of the reporting period one training session was delivered to the Adult and Learning Disability Social Work team by Service Manager (Adult and Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson.</p>
1 April 2024 - 31 March 2025	<p>Child Protection Training (General Contact Workforce)</p> <p>Over the course of the reporting period seven multiagency training sessions were delivered.</p> <p>118 individuals participated in these sessions.</p> <p>These staff were a combination of Social Work, Health, Education and Third Sector colleagues.</p>

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Date	Purpose and description
1 April 2024 - 31 March 2025	<p>Child Protection Training (Specific Contact Workforce)</p> <p>Over the course of the reporting period two multi-agency training sessions were delivered.</p> <p>26 individuals participated in these sessions.</p> <p>These staff were a combination of Social Work, Health, Education and Third Sector colleagues.</p>
1 April 2024 - 31 March 2025	<p>Trauma-Informed Practice – National Education Scotland</p> <p>As reported in the last return, in August 2023 Orkney Islands Council's Organisational Development team and the Orkney Public Protection Committee entered into discussions with the NHS Education for Scotland (NES) team to bring all seven of the Trauma-informed Practice Modules owned and ran by NES into the Council iLearn system. This approach was consistent with our partners in Orkney and would create a shared understanding of trauma and trauma informed practice.</p> <p>Update 2024/25</p> <p>Uptake of the modules was lower than anticipated over the first year. Managers are currently reviewing modules to develop a proposal to introduce appropriate levels of NES training as part of staff mandatory training within iLearn. This approach will provide some assurance with a base level of training undertaken by staff whilst additional enhanced training provisions are provided. This includes ongoing monitoring of NES Trauma Train the Trainer sessions due to be available over 2026. This would ensure an on-island provision for trauma training is help, enhancing our resilience and local abilities.</p>
April 2024	<p>The Decider 32 Skills</p> <p>The Decider 32 Life Skills are an online programme designed to enhance staff skills through self-directed study. The course provides numerous study resources and post training materials which are used in daily practice. The Decider Skills include:</p> <ul style="list-style-type: none"> • The Decider Life Skills Manual (Skills include) <ul style="list-style-type: none"> ○ 32 skills. ○ Three different models. ○ Several resource videos. • Online Resources. • Multiple Choice assessment models. • Continued Professional Development (CPD) Accreditation.

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Date	Purpose and description
	<p>In Orkney 80 individuals participated in the Decider Skills course. These staff were a combination of Social Work, Health and Third Sector colleagues. Feedback was very positive with many further requests for the course to be ran again with additional spaces being sought.</p> <p>The Decider Skills, alongside other training offered in recent years such as Epione continue to be considered as additional training provisions whilst Orkney works towards achieving the National Trauma Transformation Programme (NTTP) Trauma Informed Pathway.</p>
May 2024	<p>Trauma Skilled Module 1</p> <p>One training session was delivered to the Adult and Learning Disability Social Work team by Service Manager (Adult and Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson.</p>
June 2024	<p>Trauma Skilled Module 2</p> <p>One training session was delivered to the Adult and Learning Disability Social Work team by Service Manager (Adult and Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson.</p>
June 2024	<p>Data Breach Training</p> <p>One session of this multiagency, online training was facilitated by Iain Gray of NHS Orkney.</p> <p>16 individuals participated in this session.</p>
July 2024	<p>Trauma Skilled Module 3</p> <p>One training session was delivered to the Adult and Learning Disability Social Work team by Service Manager (Adult and Learning Disability Social Work) Cathy Martin and Team Manager (Adult and Learning Disability Social Work), Lynne Nicolson.</p>
December 2024	<p>Safety and Stabilisation Training</p> <p>One session of this multiagency training was facilitated by Aime Gilman of NHS Orkney.</p> <p>7 individuals participated in this session.</p>
January 2025	<p>Child Exploitation Awareness</p> <p>Two sessions of this multiagency training were facilitated by trainers from Police Scotland and Barnardo's, in person at St Magnus Centre Kirkwall. Participants originated from</p>

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Date	Purpose and description
	<p>22 individuals participated in the 6-hour session.</p> <p>16 individuals participated in the 3-hour refresher session.</p> <p>These staff were a combination of Social Work, Health, Education and Third Sector colleagues.</p> <p>Following the extremely positive feedback and ongoing demand for this training, a second session was commissioned for later in the year.</p>
February 2025	<p>Safe and Together CORE Training</p> <p>This four day, online, multi-agency training session was facilitated by colleagues from Moray Violence Against Women and Girls Partnership.</p> <p>9 individuals participated in these online sessions.</p>
March 2025	<p>SCRA Training:</p> <p>A one-day hybrid online and face to face, multiagency session, delivered by Sharon McArthur of SCRA at The Hub, Kirkwall.</p> <p>14 individuals participated virtually via Microsoft Teams.</p> <p>30 individuals participated face to face at The Hub.</p> <p>These staff were a combination of Social Work, Health and Third Sector colleagues.</p>

Notably, Trauma-informed Practice is a national focus with the benefits of successful training in this area being far reaching. Over 2024/25 additional training has been identified to support the partnership to further embed trauma informed practice.

Other training delivered to Social Care staff included Basic First Aid, People Handling, Practical Medication Training and Epilepsy Awareness. Mandatory and existing training courses continue to be available for Council Orkney Health and Social Care Partnership staff.

A full training programme with accompanying training calendar is managed by the Learning and Development Officer (Public Protection) and the Public Protection Lead Officer to alert staff across all sections and agencies of training opportunities.

A multi-agency intensive child protection training course will be developed and implemented in the autumn of 2025. General and specific child protection training continued to be rolled out as standard. Child exploitation has received particular focus in line with the national agenda. It should also be noted that specific attention has been given to training in the area of adult support and protection. This is in line with the improvement plan and promotes an increased awareness and co-ordination of care, support and protection services for vulnerable adults.

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4.1. Staff Sponsorships

The table below shows the staff sponsored by Orkney Health and Care to undertake a qualification as part of their role (and commenced this qualification between 1 April 2024 and 31 March 2025).

Table 13: Staff Sponsorship.

Qualification	Number of Sponsored Staff commencing courses between 1/04/24 and 31/03/25.
HNC Social Services	1
SVQ 4 Health and Social Care (Adults)	0
SVQ 3 Health and Social Care (Adults)	15
SVQ 3 Social Service and Healthcare (Children and Young People)	0
SVQ 2 Health and Social Care (Adults)	14
CPD Leading and Managing Care	0
PDA Health and Social Care Supervision	0
TOTAL	30

4.2. Staff compliments

Over the 12-month reporting period 150 compliments were received. Of most importance is that service user feedback is an integral part of learning, progressing and growing as an organisation. It has been lovely to read all the compliments received over the past year and is testament to the hard work of practitioners day in day out.

A few quotes:

Children's services:

"My social worker is.... "nice, funny, welcoming, active."

"My social worker is.... "kind nice and caring and amazing."

"My social worker helps me.... "with things like being more happy."

Justice services:

"Community Payback participants were able to help give the Aurrida House gardens a new lease of life ahead of a community fair and public opening of their polytunnel."

Adult Services:

The Orkney Islands Council VIP awards;

“The Adult Social Work Team has been recognised “for their hard work every day protecting adults within our community and adapting to ever increasing referrals, working closely with NHS colleagues, police, other professionals, and more informal supports to lead to the best possible outcomes for people in need. They support each other through all situations, sharing advice and creating that safe space to tackle the challenges.”

4.3. Workforce support services

The Council has many principles, practices, policies and initiatives which strengthen its efforts to support staff wellbeing and tackle discrimination and racism. To name some examples (and there are a vast many) these would include:

- Dignity at Work Policy - Aims to create an environment where everyone is treated with dignity and respect, and where equality is promoted and diversity is valued.
- Recruitment and Selection Policy – promotes equality and fair practices through recruitment and selection.
- The Council’s Code of Conduct includes statements about expectations around fair and reasonable behaviour between colleagues, managers and Councillors.
- Disciplinary Policy and Procedure – includes its own conduct standards and refers also to acknowledging standards which must be upheld by staff where those staff require to hold membership with professional bodies who have their own codes of conduct, such as SSSC for example. The policy also encourages the calling out of misconduct.
- The Council’s Values (All promoted and endorsed by the Council’s Leadership):
 - People, We put our colleagues and our communities at the heart of everything we do.
 - Unity, We are one Council and achieve more when we support, encourage and value each other.
 - Trust, We trust, respect and empower each other and act with honesty and integrity.
 - Ownership, We take personal and shared responsibility, are transparent, and our accountable for our actions and our impact.
 - Creativity, We embrace innovative solutions with a drive to improve ways of working.

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- Equality impact assessments – The Council also embeds and promotes the use of Equality Impact Assessments to inform any potential consequences to groups who have Protected Characteristics (including race).
- Equalities and Diversity Policy - Committed to eliminating unlawful discrimination and harassment, and promoting equality of opportunity in all employment areas, including recruitment, training, pay, promotion, and exit arrangements.
- The Council employs an Equalities, Diversity and Inclusion Officer.
- Training – As part of essential training colleagues must complete, this includes Equality and Diversity Awareness Training and includes a section on Managers' responsibilities to help tackle inequality, promote equality and diversity and not to tolerate any issues surrounding discrimination or racism.
- Groups, such as Equally Safe at Work.
- New Employee Induction support and promote the Council's culture as one which aspires to maintain and build upon principles of inclusion, fairness, equality.
- There is also support for anyone who might have experienced or be experiencing issues of discrimination through the Employee Assistance Programme.

5. Looking ahead

Under each service area, I have outlined the planning and next steps for the future. As can be seen, Social Work and Social Care Services across Orkney have much to be proud of, real progress has been evidenced in this reporting period, though we recognise that there is further work to be done.

All staff deserve recognition and praise for the support and services they provide to the community in Orkney.

In this reporting period, services have managed to continue to improve and develop, whilst for many facing significant recruitment and staffing challenges, within a context of budgetary restrictions. This demonstrates the tenacity and resilience of the workforce.

Staff and Services continue to be motivated and set aspirational targets, which I am confident will lead to a continuation of service improvement and better outcomes for children and adults across the community of Orkney.