



**Short Breaks Review – Acorn House  
Dumfries and Galloway**

Independent Review by  
**Action for Children July 2019**

# SHORT BREAKS REVIEW - ACORN HOUSE

Acorn House provides residential short breaks and support to children, young people (up to 18 years old) and the families of those with complex disabilities and/or profound health care needs and challenging behaviour. Managed by NHS Dumfries and Galloway in partnership with Dumfries and Galloway Council, this NHS facility is the only specialised provider of residential short breaks in the local authority. Delivered by healthcare staff through a nurse led model, the house currently accessed by 26 children, is equipped with 10 single occupancy bedrooms, an interactive sensory room and a large secure garden with a play area.

## 1. FOCUS

An independent consultation was requested to capture the views and voices of children, young people, and their parents/carers who currently or have previously accessed Acorn House short break services. Additionally, staff, key professionals, and families who are otherwise eligible to access this short breaks service were invited to participate.

This report will set out the findings and respond to the brief requesting Action for Children:

- To determine whether the current residential short break service situated in Dumfries appropriately meets the needs of the population of children and young people with complex disabilities across Dumfries and Galloway.
- To assess whether other models of short break provision would be beneficial to the population of children and young people with complex disabilities.
- To assess whether other models of short break provision would provide best value in terms of service user experience and outcomes, and maximise the use of NHS Board and Dumfries and Galloway Council resources.

## 2. SUMMARY

The key messages from the consultation are:

- Acorn House short break service plays an essential role in maintaining the wellbeing of eligible families.
- An outcomes focused service with a clearer multiagency approach would better meet the individual needs of service users.
- Across Dumfries and Galloway there are a lack of suitable services available to meet the population of young people with complex disabilities needs.
- There is a need for service provision across Dumfries and Galloway beyond overnight short breaks, including evenings, weekends, holidays, group provision and alternative education placements.
- This residential short breaks service would benefit from the standards, guidelines and inspections brought through independent registration with the Care Inspectorate.

### 3. METHODOLOGY

To promote engagement in the consultation Action for Children relied on the support of NHS and Social Work to encourage family participation. This was agreed in line with client confidentiality requirements and in adherence with General Data Protection Regulations (GDPR). A letter constructed by Action for Children specifying the purpose of the consultation and contact details was distributed by the two agencies. This letter was also shared through Dumfries and Galloway Carers, Parent Inclusion Network and the Acorn House Action Group. Social media and instant messenger were also used to promote awareness and engagement.

Limitations arose due to data protection laws and regulations, restricting the local authority from sharing any personal information on current, former or potential service users. This together with the requirement to 'opt in' may have affected the number of families who participated in the consultation e.g. limited time due to caring responsibilities/everyday family life.

Data protection requirements also placed limitations on staff participation as personal information of current and former staff could not be shared. Action for Children depended on the NHS to raise awareness/boost staff 'opt in'. Consultation information was placed in the staff room of Acorn House along with an update in the staff communication book to capture the views of current staff. Due to the aforementioned limitations Action for Children were only able to obtain the views of one former Acorn House worker in addition to current staff members.

The views and opinions were also sought from relevant professionals who work with children and families accessing the service e.g. health, social care, education.

In total 29 parents/carers participated: 15 individually and 12 parents in groups. Eight staff participated along with 20 key professionals.

It is worth noting families in the west appear to be disengaged from services in Dumfries and Galloway, with consultation participants mainly residing in the east.

Group sessions and individual consultations followed key themes; gaining understanding of the service, the benefits and areas for improvement. Additionally, participants were asked to provide information on the type of service which would be most beneficial to service users. Responses varied in detail and complexity.

- Two open group sessions were held with parents on 18 September 2018 at 1300 and 1700. One group in Castle Douglas and the other in Newton Stewart.
- These were followed by individual face-to-face parent/carer consultations on the following dates:
  - 24 and 25 September 2018
  - 01, 02, 25, 26, 29 and 30 October 2018
  - 05, 06, 12, 13, 19, 20, 26 and 27 November 2018
  - 03, 04, 10 and 11 December 2018.
- *Alternative arrangements were made for individuals unable to make the sessions.*
- Interviews were held with relevant professionals on:
  - 20, 28 and 29 November 2018
  - 10 December 2018
  - 13 and 14 March 2019
- Open sessions, in the form of group and individual sessions were held to ensure greater staff coverage on:
  - 22, 23, 26 and 27 November 2018

- 02, 04, 10 and 11 December 2019
  - 10 and 11 January 2019.
  - Direct observations with young people were held on 11 December 2018 and a pre-arranged session on 10 January 2019.
- Several young people were part of the parental consultations without any direct input.

## 4. FINDINGS

This consultation articulated a number of themes:

### ❖ Acorn House short breaks are essential to maintaining family wellbeing.

*100% of participating families currently accessing Acorn house find overnight short breaks essential to maintaining their family unit.*

Overnight short breaks provide respite for the whole family, allowing parents/carers and other children to spend time together and mentally and physically recharge. This valuable respite service enables parents/carers to continue caring for their child at home, while meeting their often complex overnight needs.

Former service users reiterated overnight short breaks are paramount, however, report difficulty sourcing appropriate services to support young people with challenging behaviour and/or complex health needs. While some former service users now access alternative overnight respite services out with the authority, others continue to face difficulty sourcing an alternative service.

Staff showed genuine affection and care, during consultations and observations, towards the young people accessing Acorn House. Participating staff believe they hold good relationships with families, and young people are safe and happy when attending Acorn House.

Staff speak positively about the respite opportunity Acorn House provides, however, findings show staff are unaware of the purpose for the service outside keeping young people safe during overnight respite. Many spoke of families reassured by a registered nurse working each shift to support young people with complex health needs.

### ❖ Focus on health needs distracts from achieving wider outcomes.

*While just over a quarter of those consulted spoke positively around the health needs of service users being met, 57% of participants recognise the service does not currently meet the wider needs of young people.*

While the short break service meets the needs of the whole family, an overwhelming majority of participants were in agreement that, individual needs of the young person are not fully met.

At Acorn House the service provided is for overnight provision only. The service is currently accessed by an exceptionally small percentage (10%) of eligible young people and their families, with the concluding view the existing provision is only suitable for young people with physical complex care needs residing within the Dumfries area.

The rigid service offered and location can result in young people attending from rural areas (e.g. Stranraer) missing school where only mid-week respite is available. Newly referred young people/families face little flexibility around existing packages of support, predominantly due to lack of staff resource.

It is understood the majority of parents feel their child is safe at Acorn House and benefit from the respite, but would prefer the service to take a more proactive role around social development. Parents are of the conclusion the structure of the service, staff turnover and lack of training have contributed to the needs of their child being under met. However, many are understandably reluctant to raise concerns at the fear of losing the service, particularly with few alternative options. One parent described the service as “a lifeline”, with another as having “a huge positive impact” on their family.

Through consultations and observations it is evident Acorn House meets the basic physical and security needs of young people. The service does not provide the required opportunity for young people’s social and developmental needs to be met. Good interaction was observed between staff and young people although there appeared to be no structured activities in place to support peer interaction. Communication and visual aids were not readily available during point of observation for young people to convey needs or demonstrate choice in activities, although it should be noted, Action for Children did not have access to support plans to confirm whether these were required.

Nearly all staff spoke of Acorn House predominately focusing on a safe place to give the young person’s family respite. Staff critiqued young people would benefit from individualised and child friendly support plans, with a focus beyond that of health needs. Staff shared routines and behaviours are often included within plans, however, they held little information on young people’s wider needs required to establish outcomes.

Key professionals recognise a varied and flexible service is required which meets the needs of more eligible young people, with a significant number of staff also recognising potential to “maximise” provision and create a service which meets the wider needs of young people.

The grouping of young people accessing the service at any one time was highlighted as a barrier to meeting needs by both staff and families. Staff acknowledge while there is an attempt to manage groupings, there is a feeling that vulnerable young people can be put at risk as staff try to support both young people with complex health needs and challenging behaviour.

A few staff members believe no changes are required to the service at Acorn House.

**❖ Staff to young person ratios significantly impacts quality and depth of service provision.**

*21% of parents raised concerns around limited staffing ratios, with 56% of staff reporting the current staffing level restricts delivery.*

Findings illustrated service delivery is based on staff availability, with a reliance on staff working overtime. Parents voiced staffing ratios at Acorn House are not reflective of those in other settings such as schools where some young people received 1:1 support.

Over half of staff cited the insufficient staffing ratio as a limitation to supporting young people to reach their wider outcomes. In turn, emphasis have been placed on keeping young people safe, opposed to enabling staff to promote positive outcomes through focused work. Therefore, young people miss out on social experiences within Acorn House and the wider community.

Parents and staff alike raised the unusually high staff turnover at Acorn House. Parents report staff are friendly, however, a high turnover of staff impacts relationship building with

young people and perhaps the lack of staff trained; specifically in Autism Spectrum Disorder (ASD). It is reported fixed term contracts might impact on recruitment/staff retention.

#### ❖ **Training is required to support children and young people with behavioural needs**

*Just under half (48%) of key professionals and staff raised or implied a need for training on behaviour support management*

Staff report no clear overall training plan in place and training offered is not flexible enough around shifts. Specifically, staff highlighted training on understanding and managing ASD and challenging behaviour would be beneficial to better meet the needs of young people.

Parents also raised concerns staff appear to hold little behavioural support knowledge, along with lack of structure and boundaries at Acorn House to ensure the wellbeing of their child.

Despite an increase in the number of young people with ASD accessing this short break over the years, training does not meet the wider needs of young people. Training has predominately focused on the medical health needs of individuals, presumably influenced by registered nurses and healthcare assistants staffing the service. It is understood responsibility remains with staff to source appropriate behavioural training (e.g. Speech and Language Therapy, Sleep Linguistics), potentially leaving staff ill-equipped to deal with the challenges which can arise from young people with complex challenging behaviour..

External professionals have ran specific training sessions for staff at Acorn House, although it is unclear how well attended sessions have been. More recently there has been a reported uptake of training offered through Queensberry Learning Centre.

#### ❖ **Communication with multiagency professionals should be more prominent**

*Parents emphasised the want to increase multiagency working with 45% of professionals agreeing communication with other agencies would help meet the needs of young people.*

A small number of parents (7%) spoke positively about Acorn House's positive working relationship with other health departments, but overall parents report disconnect between professionals/agencies. Particularly parents raised the lack of communication between Acorn House and education as an area they would like to see an improvement in, with general consensus for centralised services to guarantee consistency. As a side note, just under a fifth of parents consulted would like to see improved feedback/communication from staff at Acorn House.

Consultations from staff suggested multiagency input is requested during the initial planning stage, but often results in different opinions being held and lack of clarity on which agency should hold responsibility.

Professionals would like to hold stronger relationships with Acorn staff and note progression with recent additions to the Acorn House team. Key professionals agreed communication between Acorn and external agencies is generally poor, with some Acorn staff being described as "defensive". Examples shared include Acorn House failing to continue a young person's toilet plan implemented at school, and not responding to specific information requests to compare overnights at Acorn to the young person's time at home.

#### ❖ **The service would benefit from registration with a regulatory body**

*Consultations highlighted parents, staff and professionals would like or see the need for the service to be subject to independent regulation/inspection.*

There was a presumption made by parents that Acorn House offers a regulated and inspected service, and the families who understood this to be the case were surprised to learn otherwise. Although the hospital itself is subject to inspection, Acorn House does not receive regular independent inspections of the building nor the care provided to service users.

Issue was noted with the lack of an independent body completing inspections and driving quality and standards. Explicitly several families raised no confidence around the complaints procedure. They reported a lack of feedback and/or remedial action, leaving a lack of trust in staff which resulted in a decision to disengage from the service.

Staff would welcome registration of the service with a regulatory body such as the Care Inspectorate as this would bring about clearer guidelines and expectations for staff and young people.

### ❖ **The physical space in the building is underused and hosts a clinical environment**

*83% would like to see greater use of the space available at Acorn House.*

Overall staff are keen to see the service develop to increase the use of the building and the reach of young people accessing a service. Staff and families alike report the underused space at Acorn House. 93% of parents would like flexible drop off times with day, evening, weekend or holiday activities to better meet needs of their family. This would benefit families who feel overnight provision is not the most suitable and inconvenient around their family life. This would also address the rigid pick up/drop off times which results in some children missing school due to the logistics of an overnight stay.

Parents report the setting as too clinical, not like a home environment. The current model requires NHS guidelines to be followed, which reportedly detracts from a nurturing homelike environment e.g. no personalised bedding, wipe-clean sofas. Photographs are displayed at the entrance, but rooms look bare akin to many hospital wards. Some professionals said they have not witnessed young people playing or toys visible during visits to Acorn House. Hospital catering provide meals, leaving the two kitchen areas unused. Uniforms were also considered “unnecessary” and “confusing” for young people who cannot distinguish between their short break and time in hospital.

## ❖ Location is considered a significant barrier to reaching eligible young people

*45% of key professionals raised the location of Acorn House as a factor limiting reach of eligible service users.*

The location of Acorn House leads to considerable travel time for young people from a large part of Dumfries and Galloway to access the service. Many professionals held the view a more equitable service is required for young people with complex disabilities across Dumfries and Galloway as many families will not travel the distance to Acorn House. This view is supported by the young people attending the service (in September 2018), with 12 young people attending from the Nithsdale region compared to two from Wigtownshire in the west where the commute can take around three hours. Incidentally, the consultations were attended by more families in the Nithsdale region (50% of participating parents) than elsewhere in Dumfries and Galloway.

Those residing in Stewarty, and Annandale and Eskdale can for the most part access Acorn House easily, although some areas are rural with poor transport links. Access can depend on the young person being able to cope with the distance of travel. It is understood where the young person is traveling from schools this is usually done by taxi or bus. However, families require the means to travel to Acorn House, particularly at weekends and during holidays. It is recognised the geographical location of services is a challenge experienced beyond Acorn House with young people in Dumfries and Galloway often travelling long distances to attend school.

Consultations concluded 55% of parents would like to see outreach provision across various localities. Families in the west of Dumfries and Galloway would benefit from provision, but the service is located a considerable distance away from home. It should be noted families further west than Newton Stewart did not 'opt in' to participate in this consultation. Gathering the views of those in the wider area, e.g. Stranraer would further determine the service need across the local authority.

## ❖ Clarity is required on service eligibility criteria, referral and access procedures.

*79% of parents would like clarity on eligibility criteria, with over a third of key professionals and staff unclear on the criteria, particularly in emergency situations.*

Providing a clearer eligibility criteria, along with guidance on the assessment and admission procedures would ensure the service is offered to those most in need.

During family group consultations a key theme was uncertainty around requirements to access the service, with a total of 79% parents consulted requesting clearer eligibility information and admissions procedure.

Professionals share referrals are usually made through social workers, with eligibility accessed by a resource panel. Parents hopes of accessing the service are often raised, with parents holding greater expectations of activities available at Acorn house.

It is understood that the service was providing (as of 03.09.18) 1,157 bed nights to 22 families including one full time care placement. The number of children accessing the service at any point is linked to level of need and staffing resource to meet that need. The physical capacity of the service is significantly higher than the 1,157 nights currently allocated, however, the service needs to work within resources when meeting need. Staff acknowledge clarity is required around resource and criteria to prioritise access, with known challenges for the service to accommodate young person at points of crisis.

Acorn House has shown some flex to extend provision to young people deemed out with the 'usual' criteria. For example, a young person is currently residing at Acorn on a long term placement. Other young people in vital need of support also access the service, although senior staff acknowledge, Acorn House are unable to offer full support within the current model.

## 5. Does the current service meet the needs of service users?

To evidence the needs met by the current residential short break service at Acorn House the Getting It Right For Every Child (GIRFEC) approach has been applied. The eight wellbeing indicators: Safe, Healthy, Achieving, Nurtured, Active, Responsible, Respected and Included (SHANARRI) embedded within this approach identify and describe the young person's needs to reach their potential.

For the purpose of this report the indicators have been applied generally to summaries the needs Acorn House currently meets, beyond that of family respite.

### SAFE:

Acorn House provides a safe environment for the young people who attend. Young people and their families hold good relationships with staff members, and the genuine warmth and affection staff hold towards the young people is evident.

Young People's safety would be enhanced through a full assessment/individual support planning of young people's needs, helping to inform peer groups accessing the service at any one time. Assessment provides staff with a full understanding of what is required to keep each child free from harming themselves and others, while deploying risk enablement practice to promote development.

The current staffing ratios potentially create challenging situations in meeting the varying needs of young people. Full assessment/care planning would confirm a more appropriate staff ratio which would allow staff to stimulate and interact with all young people throughout their stay, without full staff resource being utilised for children with complex health needs.

Adequate staff training should be undertaken by all staff to keep young people safe. In addition to first aid and administering medication, training specific to the needs of young people attending Acorn House should be completed regularly, along with refresher courses, to keep skills and knowledge up to date and reflective of needs e.g. communication, moving and handling.

ASD and challenging behaviour training is urgently required to promote the safety of young people with behavioural support needs. This would address the lack of structure, boundaries and supports parents report. Training and implementation of appropriate tools and techniques will promote safety and wellbeing of the young person, staff and peers around them.

### HEALTHY:

Health needs are reportedly at the centre of each young person's support plan, which aligns to the majority view of parents that the service focuses primarily on the health needs of young people. While some young people have complex health needs, requiring dedicated health care and continuous supervision, other young people have little to no direct health needs, but present with challenging behaviour.

Families value healthcare staff to meet the often complex medical needs of their children and expect staff hold the required qualifications, training and competency. In reality, of the

20 health care staff members, nine hold nursing qualifications. The service meets the health needs of most young people accessing the service through access to and a high reliance on other departments (e.g. OT SALT and Community Nursing staff) to carry out necessary clinical procedures e.g. Balloon Gastrostomy Tube change.

To better meet the health needs of young people, the service would benefit from a wider multiagency approach. All relevant professionals (e.g. Community Practitioners, CAMHS) feeding into each young person's individual support plan would offer a shared understanding of each young person's needs (including behavioural needs), and how these are best supported during their stay at Acorn House.

## **ACHIEVING**

Short breaks should bring additional opportunities for young people to be supported and guided in developing skills, confidence and self-esteem.

While the majority of staff recognise the importance of young people achieving positive outcomes through learning and development, Acorn House does not offer adequate opportunity. The main limitations appear to result from the nurse led model and lack of staff resource.

During consultation there was little mention of varied activities for learning and limited occasions where young people engage in community learning e.g. attending libraries, museums. Staff cannot provide the necessary time to fully engage with all young people, with a high percentage of their time focused on supporting those with complex medical needs due to available staffing resource.

Supporting young people of similar needs would help staff plan age and stage appropriate activities or experiences to build skills, confidence and self-esteem. Seeking input from young people would promote choice and encourage the young people to learn and develop skills in areas of interest. Facilitating community engagement would support learning out with the home environment, building skills and confidence for future life. With the self-esteem of young people nurtured through highlighting even the smallest achievements.

Young people accessing Acorn House would benefit from input from/information sharing with multiagency providers such as education providers offering consistency on support and guidance required to achieve e.g. learning styles, supports for learning.

## **NURTURED**

Acorn House is often compared to a hospital environment, with a clinical feel, bare rooms and 'nurse style' uniform. Providing a more nurturing environment, with personalised touches and colour would create more of a home from home environment. Young people would feel more comfortable if staff attire was more distinct from that of hospital workers.

Likewise, arranging meal times in a way staff and young people can interact together would create a more beneficial social and nurturing environment. Currently, food is prepared and provided by the hospital. Acorn House is equipped with kitchens, which if used would offer similarities to home. Young people, where able, could contribute some basic food preparation, learn about healthy food choices and express food preference.

Although young people hold good relationships with staff, a more consistent staff base would be more beneficial and instil further trust. The service currently has a high staff turnover, possibly due to uncertainty around the future of the service. Additionally, implementing appropriate structure and boundaries, similar to those at home and other settings e.g.

school, would uphold familiarity with consistent expectations and little disruption for young people attending Acorn House.

## **ACTIVE**

Despite young people at Acorn House sharing various needs, all young people should be encouraged to be physically active with appropriate adaptations and support. Acorn House hosts a well-equipped garden area where young people can spend time. Young People have little opportunity to engage with peers in arts, games etc. and lack opportunity to attend community activities e.g. sports clubs, swimming, parks.

The service should provide sufficient supports to enable participation in activities/play, supporting growth and development. This should be extended to community events and activities where appropriate. Young people's interests should be considered to motivate young people to participate regularly in meaningful activities, building confidence and self-esteem.

## **RESPECTED**

Young people should be encouraged to share opinions and make decisions through their preferred communication method (e.g. PECS, Makaton, Singalong, Tablets). This includes contributing to their own support plan where able. Participating staff imply support plans at Acorn House have been written with a focus on the health needs of the young person. During initial assessment and at regular intervals, an individual needs-led support plan should be formed to help meet all desired outcomes/needs with the information and views of the young person, their family and relevant professionals.

Young people enjoy positive relationships with staff at Acorn House, with Action for Children observing respect and dignity towards young people. Providing a variety of social experiences would teach young people to understand appropriate and respectful peer relationships. Young people would also benefit from the service facilitating opportunities which peek their interests and help them establish aspirations and meet individual goals.

## **RESPONSIBLE**

Young people should be enabled to be active and responsible with necessary supervision and guidance, for example, helping develop life skills e.g. cooking, clear up. Risks should be managed to allow young people to grow, understand and take on new responsibilities. Implementing appropriate boundaries and responsibilities builds more independent young people.

## **INCLUDED**

Young people should be given opportunity to be included in activities/tasks etc. similar to peers during their time at Acorn House. Where able, young people should input to the creation of their plan as influencing their care plans, activities, food choices, tasks in which they participate promotes inclusion.

Participation in decision making while at Acorn House will promote skills, confidence and self-esteem of young people, and is particularly important as young people seek greater independence and reach the point of transition e.g. into adult services.

At Acorn House young people have little opportunity to engage in a social environment in and out with the house. Supporting activities at Acorn House and in the community will encourage young people to widen their experiences and promote participation and inclusion within their communities e.g. activities, community supports.

## 6. ALTERNATIVE MODEL: BENEFITS AND VALUE

It is evident from the consultation young people in Dumfries and Galloway present with varying needs, namely complex health needs and behavioural needs. To instil a service which better meets the needs of the population of young people with disabilities across Dumfries and Galloway an alternative model is required.

### SOCIAL CARE LED:

- Continuing with a Health and Social Care partnership, a **model led by social care** would provide a more appropriate service offering greater benefit and best value across Dumfries and Galloway.
- A Social Care model would be underpinned by all SHANARRI principles, **focusing beyond the health needs** of young people providing best value and helping meet wider needs of young people while at Acorn House.
- Staff would hold the appropriate skills, qualifications and experience to support the young people accessing Acorn House, with an **understanding of challenging behaviour, complex health needs**, first aid and administering medication.
- Retaining **strong links with health care** is paramount during each young person's stay to prevent escalation of needs and hospital admissions. Staff are to work closely with health professionals including **complex care teams who attend Acorn House** to meet the additional health needs of young people.
- A strong **multiagency approach**, particularly with health professionals would create an enhanced understanding of the needs which are to be met at Acorn House. This model would also place focus on **shared learning** between social care and health professionals.
- **Care Inspectorate regulation** would implement regular service inspections, driving quality and standards. This would also uphold the Health and Social Care Standards, set by the Scottish Government.

### NEEDS LED AND OUTCOMES FOCUSED:

- **Assessment and support planning:** A service which is underpinned by GIRFEC and the SHANARRI wellbeing indicators places young people at the centre of service provision. Carrying out ongoing assessments of each young person's needs will better inform individual support planning creating more proactive and effective service delivery. Staff can implement specific adaptations required to meet/improve outcomes, with each young person given equal opportunity to participate and thrive in a safe and a nurturing environment.  
Including individual behaviour support and communication needs in planning will offer clear guidance for staff to promote positive relationships, understand needs and recognise triggers of behaviour and how to mitigate risk. Communicating through the young person's preferred methods e.g. PECs, visual timetabling, will help each young person express needs and choices when working towards SHANARRI outcomes. Individual plans can inform group dynamics and young people accessing the service at any one time.
- **Risk management/mitigation:** Understanding the needs of individuals and groups is vital to provide an effective and safe service. Comprehensive risk assessments should sit alongside support plans identifying potential risks and solutions/plans to mitigate risk. Additional risk assessments should be carried out for new groups and community activities to manage risks, implementing appropriate boundaries and aids to allow young people to develop and grow in a supervised setting.
- **Menu of provision:** Offering a 'menu' of available provision offers families across Dumfries and Galloway choice and maximum flexibility to best meet the needs of their

child and the family as a whole. Offering a timetable of experiences, hosting day and evening sessions, along with weekends and holiday provision creates greater opportunities for young people. Choice of provision, including 1:1 and group sessions during time at the service, will enhance service user experience and benefit young people and their families, with value achieved through maximised use of staff.

#### APPROPRIATE STAFFING:

- Implementing a **staff team with adequate training, skills and experience** appropriate to the needs of service users will bring better value. Aligning to the Care Inspectorate requirements, staff should hold a minimum SVQ Level 3 Social Care or equivalent. A Registered Manager holding a minimum SVQ Level 4 Social Care or equivalent, with managerial qualifications/experience, should hold overall oversight, carrying out regular staff supervision to ensure an effective and quality driven service. Each member of staff should be registered with an appropriate professional body i.e. SSSC or NMC.
- A **training matrix** should clearly set out minimum training requirements, including core training with refresher sessions and optional additional training. Staff should be supported with their ongoing development and offered specific training to capture evolving or new needs presented by young people accessing the service e.g. Autism awareness, challenging behaviour, clinical procedures.
- The **staffing structure/rota** should be reflective of young people's needs, with additional staff available to cover periods of leave or sickness. The staff to young people ratio should be sufficient to meet need and ensure safety within Acorn House. Additionally, this should comprise opportunity to be socially included with peers and for young people to access community activities or groups safely.

#### MULTIAGENCY WORKING:

- The service should work alongside relevant agencies, professionals and organisations to **monitor and review** all of the young person's individual and any changing health, education and social needs. Service staff should feed into periodical reviews with relevant key professionals and family members to ensure **proactive and consistent care planning** contributing to the young person's SHANARRI outcomes/needs. The young person's views should also be shared.
- **Strong links with health** care teams should remain, with visits from a range of health professionals including Physiotherapist, Diabetes Nurses, and Respiratory Nurses to meet health needs during their time at Acorn House. Additionally, staff can inform future planning by providing feedback on medication, behaviours etc.
- Working closely with **complex care team** to meet individual service user needs staff can learn and record the specific skills and approaches to support each young person.

## HOMELY ENVIRONMENT:

- Providing a **nurturing home** from home environment will create a more comfortable environment for young people to flourish.
- Ample **shared areas** creates space for young people to participate in individual and group activities. Areas should be equipped with resources/equipment to promote inclusion and enable young people to have choice.
- A **kitchen**, where food is prepared, and young people can participate in basic preparation, baking, and food choices will be more reflective of a home. This will offer additional scope for social inclusion and responsibility around meal times.
- A **safe and enclosed garden** area, with adequate adaptations and resource will allow young people opportunity to be active outdoors, supporting independence and confidence building as they grow and learn.
- Each young person should be able to add **personal touches** to their bedrooms, again reflecting choice and responsibility.

## FLEXIBILITY:

- More young people and families across Dumfries and Galloway would benefit from a service offering **overnight short breaks, residential and outreach provision**. Providing a flexible service enables families to access the service which best suits their needs.
- Outreach provision, weekend and holiday provision offers a **range of experiences** to better meet each young person's outcomes. This would also increase accessibility for young people and families across Dumfries and Galloway. Provision could include supporting families in their own home, a timetable of community based activities at weekends, or holiday clubs at Acorn House.

## QUALITY ASSURED:

- **Registration** and collaboration with the Care Inspectorate would ensure the highest quality of care and support. Registration would instil fundamental requirements and standards for a beneficial service.
- **Promoting service user feedback** in relation to the service and user experience is of paramount importance to maintain standards and ensure continuous involvement. Service users and their families should be aware of the methods in which they can feedback on both positive and negative matters.
- A **registered manager** and supervisors would provide oversight, with regular staff supervision maintaining quality and highlighting areas for improvement, including training requirements etc.

## 7. CONCLUSION AND RECOMMENDATIONS

There is no doubt residential short breaks are fundamental to young people and families across Dumfries and Galloway. Short Breaks provide families with the necessary respite for children to continue to be cared for at home. Currently, Acorn House benefits a remarkably small group within the population of young people with complex disabilities across Dumfries and Galloway. To achieve greater impact, beyond the current 10% of eligible young people, a more flexible and outcomes led service is required.

The location of the service limits accessibility for families particularly in the west of Dumfries and Galloway. The commute is long, and for many unachievable. Not all young people and families consider overnight provision necessary or best suited to their needs. Offering a service with a 'menu of provision' including short breaks, residential, community outreach and holiday time provision would provide further choice and reach the wider population.

A number of constraints and limitations were highlighted through this consultation confirming that although Acorn House provides, for the most part, a safe environment meeting the physical care needs of young people with complex disabilities, the wider needs/outcomes of young people are not appropriately met through the service as it currently stands. Limitations included insufficient staffing levels preventing opportunity for young people to participate in activities/experiences which would help young people develop skills, confidence and build independence. The service is staffed by registered nurses and healthcare assistants, however, there is still a reliance on other NHS teams e.g. Community Nurses to carry out specific clinical procedures to meet medical health needs of young people. Particularly, the service lacks required skills and resources to meet the needs of young people with challenging behaviour.

Acorn House holds a positive working relationship with NHS teams in other departments which is viewed favourably by parents/carers and professionals. Both recognise a stronger working relationship with NHS professionals and wider key professionals would benefit young people further. For example, Acorn House staff working on a social care led model, alongside complex care health professionals, to gain a greater understanding of the medical needs of each young person. This would retain overall focus on each young person's wider needs/outcomes.

Key points recommended to appropriately meet the needs of the wider population of young people with complex disabilities include:

1. **Social care led model**, which would offer a more beneficial service to a broader number of young people with complex disabilities. Continuing a Health and Social Care Partnership, with health working closely with the social care team to support staff awareness/training and meet young people's needs while attending a clearly resourced service with timetabled activities/experiences. A Service Level Agreement should be in place specifying resource, provision and staffing required with potential stretch and flex to meet demand.
2. **An outcomes focused service** which places young people at the centre. Instilling GIRFEC principles and SHANARRI wellbeing indicators to fulfil all young people's individual needs and enabling them to achieve individual outcomes.

3. **Flexibility** offered through a 'menu of provision' creating choice for young people and families to access a service which best meets their needs. For example, offering short breaks, residential and community outreach provision. Enabling families more flexibility on timings and location e.g. weekend activity group in local communities, holiday club at Acorn House.
4. Creating a more **nurturing space**, reflective of a 'home from home'. Through use of the kitchen areas and adding personalised touches for each young person's stay. Providing areas for young people to have quiet time and be socially active, including greater use of the garden.
5. Strong **multiagency** input, with periodical reviews, to provide a more consistent needs/outcomes led service. Clearer multiagency working would benefit young people to achieve positive outcomes during their short break with consideration of social, educational and health needs.
6. Implementing an adequate **staffing structure** with skills, qualifications and experience which will achieve better value and meet the needs of the young people attending Acorn House. Ensuring staff undergo core training and additional training required to meet the needs of young people e.g. clinical procedures, behavioural management, autism awareness.
7. Clear **eligibility criteria** should be effectively communicated (along with any alterations) to all staff, relevant professionals and parents helping understand criteria for young people to access the service. This should coincide with a clear referral and admissions process.
8. Ensuring a high-quality service through standards and requirements of registration with an external **regulatory body** e.g. Care Inspectorate, Scottish Social Services Council (SSSC). With regular inspections driving and maintaining service performance.

## APPENDIX A: PARTICIPANT QUESTIONS

Consultation	Questions	No. of respondents
Family (Groups)	1. What is your connection to the Acorn House Service?	29
	2. Does/did the service meet your family's needs?	29
Family (Individual)	3. What does the service do well?	22
	4. What could the service do better?	27
	5. If designing a service from scratch, what would you like to see?	27
Acorn House Staff	1. What is your role within Acorn House?	8
	2. What does the service do well?	8
	3. What could the service do better?	8
	4. If designing a service from scratch, what would you like to see?	8
Key Professionals	1. Explain your interface with Acorn House?	20
	2. What is your understanding of the service provision at Acorn House?	19
	3. How does the service at Acorn House meet the needs of families?	18
	4. Are there unmet needs as a result of provision at Acorn House?	18
	5. What works well about Acorn House Provision?	15
	6. What do you think Acorn House meets?	17
	7. Are there any specific issues that you want to flag in relation to the review?	13
	8. What do you think the ideal service provision would be?	19