

## SWOT analysis of service proposals

Proposal	Considerations	Strengths	Weaknesses	Rank
<p>1)</p> <ul style="list-style-type: none"> <li>Continue to provide the existing service at Acorn House with no changes.</li> <li>Service managed and coordinated by one provider.</li> <li>Meeting the needs of children with physical health care needs, learning disabilities and complex care on an overnight residential basis only.</li> </ul>	<ul style="list-style-type: none"> <li>Previous independent review input</li> <li>Clear assessment criteria and compatibility groups</li> <li>Considered use of environment for age, stage and compatibility groups</li> <li>Long stay placements - How does this impact on short breaks?</li> <li>How does this impact on the children staying for longer stays?</li> </ul>	<ul style="list-style-type: none"> <li>Reliable, consistent, health care provided, safe environment, great building and equipment, well trained staff</li> <li>Continuation of the service for families and children that use it</li> <li>Familiar and established service</li> <li>Security for existing users</li> <li>Comfortable option</li> </ul>	<ul style="list-style-type: none"> <li>NHS rules and policies – difficult to make homely</li> <li>Geography/access difficulties</li> <li>Limited to small number and same families, doesn't evolve the service, doesn't offer more fun/nurturing opportunities</li> <li>Already under threat</li> <li>Medical model, small uptake and usage comparing to capacity</li> <li>Not registered with CI</li> </ul>	<p>4</p> <p>10</p> <p>10</p> <p>11</p> <p>10</p> <p>Average: 9</p> <p><b>Least favoured - discounted</b></p>
		Opportunities	Threats	
		<ul style="list-style-type: none"> <li>If run properly as a respite unit, as stand alone may be much better</li> <li>Commitment from IJB to fund and provide service for families</li> <li>None as already established</li> <li>Learning from the review and Covid experience</li> </ul>	<ul style="list-style-type: none"> <li>Financial constraints, inappropriate management, lack of understanding</li> <li>Still unavailable for families living further away</li> <li>Closure</li> <li>Long term placement blocking beds, NHS led</li> </ul>	

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<p><b>2)</b></p> <ul style="list-style-type: none"> <li>Continue to provide the existing service at Acorn House with no changes.</li> <li>Service managed and coordinated by one provider.</li> <li>Meeting the needs of children with physical health care needs, learning disabilities and complex care on an overnight residential basis only.</li> <li>Source additional venues across the local authority to offer additional overnight residential short breaks (in addition to Acorn House short breaks).</li> </ul>	<ul style="list-style-type: none"> <li>Previous independent review input</li> <li>Clear assessment criteria and compatibility groups</li> <li>Considered use of environment for age, stage and compatibility groups</li> <li>Long stay placements - How does this impact on short breaks?</li> <li>How does this impact on the children staying for longer stays?</li> <li>Increased financial commitment</li> </ul>	<ul style="list-style-type: none"> <li>Far more equal opportunity to receive the service, consistent approach, safety measure. Up to date equipment and trained staff</li> <li>Good to provide service to other areas</li> <li>Outreach makes the service more accessible</li> <li>Slightly more kids/families receive a service, D&amp;G provision for crisis accommodation</li> <li>Comfortable model</li> </ul>	<ul style="list-style-type: none"> <li>Pulled into NHS rules and policies – not practical or beneficial. Consistency?</li> <li>Cost, still limited in fun/development activities</li> <li>Still no day provision, limited to small number</li> <li>Medical model, limited or no flexibility</li> <li>More of the same concentrates on a few rather than widens access to more families, NHS led – not registered</li> </ul>	<p>9</p> <p>7</p> <p>9</p> <p>3</p> <p>9</p> <p>Average: 7.4</p>
		<b>Opportunities</b>	<b>Threats</b>	
		<ul style="list-style-type: none"> <li>To create equal opportunity across the region</li> <li>Greater reach to local area</li> <li>More kids stay in D&amp;G</li> <li>Other areas of the region provided for increased staffing levels share between units?</li> </ul>	<ul style="list-style-type: none"> <li>Financial</li> <li>Increased cost, shorter provision, funding</li> <li>Closure</li> <li>Long term placements blocking beds, NHS led</li> </ul>	

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Proposal	Considerations	Strengths	Weaknesses	Rank
<b>3)</b> <ul style="list-style-type: none"> <li>Continue with existing service at Acorn house under NHS regulation.</li> <li>Service managed and coordinated by one provider.</li> <li>Re-balance overnight residential short breaks and add daytime support, after school and/or at weekends.</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate use of environment</li> <li>Assessed needs, compatibility groups</li> <li>Separation of 2 sides of building to provide 2 different models of support</li> </ul>	<ul style="list-style-type: none"> <li>Could provide more flexible services to meet the needs of families, good building + outside space, minibus.</li> <li>Good to offer more flexibility</li> <li>Great flexibility, same budget</li> <li>Wider reach, more options</li> <li>More children catered</li> <li>Wouldn't impact current allocation</li> </ul>	<ul style="list-style-type: none"> <li>Difficult to coordinate the building, too many variables – sickness, mix, etc.</li> <li>Limitations for families living further away, mixed physical needs of YP – staffing issues</li> <li>Same criteria for provision, referral process</li> <li>Medical model not required, no funding from NHS/salaries</li> <li>Reduction in respite level for some, Dumfries based</li> </ul>	<p>6</p> <p>8</p> <p>3</p> <p>1</p> <p>8</p> <p>Average: 5.2</p>
		<b>Opportunities</b>	<b>Threats</b>	
		<ul style="list-style-type: none"> <li>Could offer more diverse provision</li> <li>Reach, safety</li> <li>Increased flexibility of access</li> <li>Support for YP not requiring residential short breaks</li> </ul>	<ul style="list-style-type: none"> <li>Financial constraints, risk management, staffing ratio</li> <li>Them and us – referral process</li> <li>NHS led, no other option for long term placement</li> </ul>	

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<p><b>4)</b></p> <ul style="list-style-type: none"> <li>Retain the existing building and environment but introduce a social care-led model of support.</li> <li>Service managed and coordinated by one provider.</li> <li>Providing short breaks on an overnight residential basis only.</li> </ul>	<ul style="list-style-type: none"> <li>This would require registration from the care inspectorate including adaptation of Health and Social Care Standards</li> <li>GIRFEC framework would be employed with full SHANARRI outcomes identified and measured</li> <li>Referral criteria designed. Staff training – both health and social care staff mix?</li> </ul>	<ul style="list-style-type: none"> <li>Less rigid management, homely environment, increase of social activity</li> <li>Good to offer more + registration with CI</li> <li>Raised standards</li> <li>Less clinical/better experience, more flexibility in use, use of 3<sup>rd</sup> sector</li> </ul>	<ul style="list-style-type: none"> <li>Short periods of respite, travel times, mix of YP more difficult</li> <li>Healthcare loss, probable higher turnover of staff, decrease of consistency and comfort for YP, YP who don't want/can't go out impact the others</li> <li>Staffing costs, still limited if overnight only</li> <li>New/unfamiliar, no short/day provision, rigid</li> <li>Not every family needs overnight only, no wrap around, building capacity</li> </ul>	<p>5</p> <p>9</p> <p>8</p> <p>9</p> <p>7</p> <p>Average: 7.6</p> <p><b>Least favoured - discounted</b></p>
		<b>Opportunities</b>	<b>Threats</b>	
		<ul style="list-style-type: none"> <li>To provide a more social type of respite</li> <li>Growth/flexibility</li> </ul>	<ul style="list-style-type: none"> <li>Lose overnight</li> <li>Staffing numbers, financial constraints</li> <li>Nurse led mentality</li> </ul>	

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Proposal	Considerations	Strengths	Weaknesses	Rank
<b>5)</b> <ul style="list-style-type: none"> <li>Retain existing building but introduce a social care-led model of support.</li> <li>Service managed and coordinated by one provider.</li> <li>Re-balance overnight residential short breaks and add daytime support, after school and/or at weekends.</li> <li>Flexibility and diversity in types of support within the same service, e.g. group work, intensive support and therapeutic sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Use of the environment</li> <li>Referral criteria designed</li> <li>Compatibility groups</li> <li>Appropriate allocation of resource based on a needs-led basis</li> </ul> Staff training – health and	<ul style="list-style-type: none"> <li>More flexible, CI registration – good</li> <li>Flexible, raised standards, fairer referral process,</li> <li>Better options for families, more choice</li> <li>Increased number of families, social care led = more holistic meets more peoples' needs</li> </ul>	<ul style="list-style-type: none"> <li>Staffing costs, reduced residential?</li> </ul>	2
			<ul style="list-style-type: none"> <li>New/unfamiliar, reducing overnights seen as threat</li> <li>Families in crisis have less respite</li> <li>Reduced respite for some may lead to crisis, building based focus</li> <li>Short term periods of respite, mix of YP becomes more difficult</li> </ul>	6 7 6 3
		<b>Opportunities</b>	<b>Threats</b>	Average: 4.8
		<ul style="list-style-type: none"> <li>Growth, flexibility, greater inclusion</li> <li>Opportunities to create friendships/social interaction</li> <li>CI registration increased, wider choice of staffing available – not just NHS, more flexible workforce, diverse skill mix</li> </ul>	<ul style="list-style-type: none"> <li>Outside funding</li> <li>Families reach crisis</li> <li>Long term placements may reduce limited overnights further</li> <li>Loss of overnight</li> </ul>	

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Proposal	Considerations	Strengths	Weaknesses	Rank
<p><b>6)</b></p> <ul style="list-style-type: none"> <li>Retain existing building but introduce a social care-led model of support.</li> <li>Service managed and coordinated by a Health and Social Care Partnership.</li> <li>Re-balance overnight residential short breaks and add alternative, flexible and diverse support after school and/or at weekends.</li> <li>Flexibility and diversity in types of support within the same service, e.g. group work, intensive support and therapeutic sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Longer term placements</li> <li>Use of the environment</li> <li>Referral criteria designed</li> <li>Compatibility groups</li> <li>Appropriate allocation of resource based on a needs lead basis</li> <li>Staff training – health and social care mix?</li> <li>GIRFEC and measurable outcomes</li> <li>Collective use of resources and consideration of how to maximise use of SDS</li> </ul>	<ul style="list-style-type: none"> <li>Reaches more YP</li> <li>Good to register with CI</li> <li>Flexible, raised standards, fairer referral process, use of resources, awareness, organisation</li> <li>Reach more families needing support, happier kids + parents, more person centred</li> <li>SDS – increased control for families, GIRFEC focus, region-wide provision, increased group opportunities, social interaction for children and YP</li> </ul>	<ul style="list-style-type: none"> <li>Spread out too much, less useful for some families</li> <li>Staffing, reduced residential not good for all families</li> <li>Different services, new/unfamiliar</li> <li>Reduced respite for some</li> </ul>	<p>1</p> <p>5</p> <p>2</p> <p>2</p> <p>4</p> <p>Average: 2.8</p> <p><b>Top 3</b></p>
		<b>Opportunities</b>	<b>Threats</b>	
		<ul style="list-style-type: none"> <li>Growth, flexibility, greater inclusion</li> <li>Improving the quality of life for kids and families, reaching far more and replication of the model in other areas.</li> <li>Staff mix – wider staffing pool, could reduce impact of transition to adult services, CI registration</li> </ul>	<ul style="list-style-type: none"> <li>Outside funding, organisation</li> <li>Long term placements</li> <li>Anxiety around SDS – how will be impacted, can't buy what isn't there</li> </ul>	

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<p><b>7)</b></p> <ul style="list-style-type: none"> <li>Retain the existing building but introduce a social care-led model of support.</li> <li>Service managed and coordinated by one provider.</li> <li>Make use of two separate areas in existing building for: 1. Overnight short breaks 2. Longer-term residential care/crisis support.</li> <li>Seek an additional base to act as a hub for providing additional, flexible and diverse day-time services, e.g. outreach support, group work, drop-in sessions, afterschool and weekend sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Longer term placements</li> <li>Use of the environment</li> <li>Referral criteria designed</li> <li>Compatibility groups</li> <li>Appropriate allocation of resource based on a needs lead basis</li> <li>Staff training – health and social care mix?</li> <li>GIRFEC and measurable outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Meets a missing provision in crisis, separate hub, separate staffing, consistent and well trained staffing</li> <li>CI registration</li> <li>Flexible, raised standards, fairer referral process, use of resources, awareness, organisation</li> <li>Maximise options for all families, something for everyone, social care – GIRFEC, equitable access</li> </ul>	<ul style="list-style-type: none"> <li>Difficult to staff crisis/emergency care, residential &amp; respite require different regulations = increase of confusion and risk</li> <li>Staffing + one provider</li> <li>Different services – new/unfamiliar</li> <li>Poor provider/service, no competition for better choices</li> <li>Same provider limits options and choices</li> </ul>	<p>3</p> <p>3</p> <p>6</p> <p>5</p> <p>2</p> <p>Average: 3.8</p> <p><b>Top 3</b></p>
		Opportunities	Threats	
		<ul style="list-style-type: none"> <li>Growth, flexibility, greater inclusion</li> <li>Could schools be used or other community resources across the region – outwith school hours + holidays;</li> <li>Same provider and staffing – staffing more consistent, increased staffing choices, tender process</li> </ul>	<ul style="list-style-type: none"> <li>Implications for travel/equal provision for YP</li> <li>Outside funding, organisation, resource</li> <li>Funding level – would service feel diluted?</li> <li>Long term placements,</li> <li>Tender process</li> </ul>	

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<b>8)</b> <ul style="list-style-type: none"> <li>Retain the existing building but introduce a social care-led model of support.</li> <li>Service managed and coordinated by a Health and Social Care Partnership.</li> <li>Make use of two separate areas in existing building for: 1. Overnight short breaks 2. Longer-term residential care/crisis support.</li> <li>Seek an additional base to act as a hub for providing additional, flexible and diverse day-time services, e.g. outreach support, group work, drop-in sessions, afterschool and weekend sessions</li> </ul>	<ul style="list-style-type: none"> <li>Longer term placements</li> <li>Use of the environment</li> <li>Referral criteria designed.</li> <li>Compatibility groups.</li> <li>Appropriate allocation of resource based on a needs lead basis.</li> <li>Staff training – health and social care mix?</li> <li>GIRFEC and measurable outcomes.</li> <li>Collective use of resources and consideration of how to maximise use of SDS.</li> </ul>	<ul style="list-style-type: none"> <li>CI registration (2x)</li> <li>SDS maximalisation, flexibility, raised standards, fairer referral process, use of resources, awareness, organisation</li> <li>Maximise options for all families, something for everyone, social care – GIRFEC, equitable access</li> <li>Different providers</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent approach, decrease of communication, increase of risk</li> <li>Doesn't utilise the building sufficiently, staffing issues</li> <li>SDS mention, new/unfamiliar, need of communication</li> </ul>	<p>4</p> <p>2</p> <p>1</p> <p>11</p> <p>1</p> <p>Average: 3.8</p>
		<b>Opportunities</b>	<b>Threats</b>	
		<ul style="list-style-type: none"> <li>Growth, flexibility, greater inclusion</li> <li>Could schools be used or other community resources across the region – outwith school hours + holidays;</li> <li>Same provider and staffing – staffing more consistent, increased staffing choices, tender process</li> </ul>	<ul style="list-style-type: none"> <li>Outside funding, resources</li> <li>Funding level</li> <li>Long term placements,</li> <li>Tender process</li> </ul>	<p><b>Top 3</b></p>



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Proposal	Considerations	Strengths	Weaknesses	Rank
<b>9)</b> <ul style="list-style-type: none"> <li>Source alternative property and introduce a social care-led model of support.</li> <li>Service managed and coordinated by a social care partnership.</li> <li>Re-balance overnight residential short breaks and add alternative, flexible and diverse support after school and/or at weekends.</li> <li>Flexibility and diversity in types of support within the same service, e.g. group work, intensive support and therapeutic sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Longer term placements</li> <li>Use of the environment</li> <li>Referral criteria designed.</li> <li>Compatibility groups.</li> <li>Appropriate allocation of resource based on a needs lead basis.</li> <li>Staff training – health and social care mix?</li> <li>GIRFEC and measurable outcomes.</li> <li>Collective use of resources and consideration of how to maximise use of SDS.</li> </ul>	<ul style="list-style-type: none"> <li>SDS</li> </ul>	<ul style="list-style-type: none"> <li>Unpredictable, loss of overnight, doubles (?) already existing services.</li> <li>New building, no familiarity, SDS</li> <li>Why? – building already suitable for physically disabled YP</li> </ul>	<p>8</p> <p>4</p> <p>5</p> <p>7</p> <p>6</p>
		<b>Opportunities</b>	<b>Threats</b>	Average: 6
			<ul style="list-style-type: none"> <li>Property</li> </ul>	

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Proposal	Considerations	Strengths	Weaknesses	Rank
<b>10)</b> <ul style="list-style-type: none"> <li>Source an alternative property in both Dumfries area and in west of the region and introduce a social care-led model of support.</li> <li>Service managed and coordinated by a social care partnership.</li> <li>Provide the current commitment to overnight residential short breaks but split the locations.</li> <li>Seek an additional base to act as a hub for providing additional, flexible and diverse day-time services, e.g. outreach support, group work, drop-in sessions, afterschool and weekend sessions</li> </ul>	<ul style="list-style-type: none"> <li>Longer term placements</li> <li>Use of the environment</li> <li>Referral criteria designed.</li> <li>Compatibility groups.</li> <li>Appropriate allocation of resource based on a needs lead basis.</li> <li>Staff training – health and social care mix?</li> <li>GIRFEC and measurable outcomes.</li> <li>Collective use of resources and consideration of how to maximise use of SDS.</li> </ul>	<ul style="list-style-type: none"> <li>Partnership model, options for families, needs led</li> <li>Spread over bigger area</li> <li>Covers more families – good as currently limited</li> <li>SDS</li> </ul>	<ul style="list-style-type: none"> <li>Already failed in other parts of the region</li> <li>Why not to keep Dumfries building? Cost.</li> <li>SDS</li> </ul>	7
		<b>Opportunities</b>	<b>Threats</b>	
		<ul style="list-style-type: none"> <li>SDS principles, staffing mix, CI, tender process</li> </ul>	<ul style="list-style-type: none"> <li>Longer term placements, tender process</li> <li>Financial</li> <li>Property</li> </ul>	
				1 4 8 10 Average: 6

Comment – do we need to source alternative property?

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Proposal	Considerations	Strengths	Weaknesses	Rank
<b>11)</b> Cease to offer residential short breaks and offer alternative services based on a flexible provision of day support, weekend support, holiday support. With use of a social care partnership to establish what is available in the area and what can be created to provide these alternative services.	Current need for overnight support.	- NONE - NONE	- Not meeting needs of families and YP, lack of breaks, lack of social interaction/bonding with peers, stress for families - No support for families/wellbeing of parents and siblings - No overnight,/respite, lack of services, geography - No alternative to buy	11 11 11 10 5 Average 9.6
		Opportunities	Threats	<b>Least favoured - discounted</b>
		- Growth, money saving	- Too many options to reduce for varying needs - Parents, family crisis, not meeting YP needs - Families reach crisis – resulting in high tariff	

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<p>Added by participant(s):</p> <p>Use Dumfries base – retain Acorn, Source alternative base for overnight in West, use community hubs (schools) – holidays, evenings, weekends. SDS led Social Care – GIRFES Care inspectorate registered, Wider staff mix. Reduce existing nights but not funding – maximise. Choice of providers for different parts of the service opens up the market). Parents and YP engaged in delivery. Service provision is family led. 2 primary purposes – respite/residential short breaks for family (support to avoid crisis) + satisfying social need for YP</p>				1
		<b>Opportunities</b>	<b>Threats</b>	

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Proposal	Considerations	Strengths	Weaknesses	Rank
<p><b>Added by participant(s):</b></p> <p>Continue to provide existing service at Acorn House.                      Hub to provide more flexible day/weekend/holiday.                      Group work/social outreach/crisis intervention.</p>		<ul style="list-style-type: none"> <li>- Meets more family needs, heal/fills crisis need</li> </ul>	<ul style="list-style-type: none"> <li>- Separate services so need more money + more staff</li> </ul>	2
		<b>Opportunities</b>	<b>Threats</b>	