Framework for supporting people through recovery and rehabilitation improvement programme

Report of third sector responses to self-assessment tool

October 2021

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Contents

Executive summary

The Health and Social Care Alliance Scotland (the ALLIANCE) was commissioned by the Scottish Government to conduct research into the experiences of third sector rehabilitation services through the COVID-19 pandemic and beyond. The research took place over summer 2021 and was conducted via a self-assessment tool distributed to ALLIANCE members and partners.

54 responses were received including a broad range of third sector organisations from large national charities to smaller local groups and organisations. There was also an even spread of areas across Scotland, with each health board area represented.

The analysis of the responses uncovered several key themes, these are broken down in the full report and are; access, support and services, health and wellbeing impact, collaboration, staff, and funding.

Despite the challenges of the past 18 months, third sector organisations found success proactively engaging with the people they support in new ways and many discovered benefits in a model of blended service delivery. There is a need for sustained resources to continue this innovation into the future.

The pandemic, along with lockdown and shielding, increased the need for social and emotional support for many people, has heightened the need for rehabilitation support and services, and has increased existing health inequalities. Third sector organisations have been able to meet this need with agility, though many responses expressed concern for the sustainability of this for their staff. Support will be key to allow them to keep providing services with a flexible and skilled workforce.

There was a focus throughout on relationships between third and statutory sectors, which have been weakened in many cases due to the strain of the pandemic. Restrengthening and building relationships was seen as key, as was increasing referral pathways between the two sectors.

Overall, the responses reflected the dedication and flexibility of the third sector as they changed delivery methods overnight to support people, and highlighted areas where more support will be needed to continue to improve and sustain rehabilitation provision in Scotland.

Introduction

As an independent Scottish charity and strategic partner of the Scottish Government, the Health and Social Care Alliance Scotland (the ALLIANCE) works with its 3000 plus members towards the vision of:

A Scotland where people who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens with support and services that put them at the centre.

The ALLIANCE does this through three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

- Support transformational change, towards approaches that are preventative and that work with individual and community assets, supporting human rights, self management, co-production and independent living.

- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

Context

[The Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic 2020](#) (the Framework), was published in August 2020 amid the COVID-19 pandemic. The Framework proposed that rehabilitation services should be redefined to be fit for 21st century so that everyone has equitable access to health and social care, inclusive of all personal characteristics and access from geographical locations.

A National Advisory Board for Rehabilitation was established in December 2020 to provide strategic direction and oversee the delivery of the priorities set out in the Framework. To support delivery of the Rehabilitation Framework, Scottish Government established a National Advisory Board. The aim of the programme is that:

By the end of 2025 all adults who require rehabilitation will have timely access to the right information and services in the right place to support them to participate as actively as possible and enjoy the life they choose.

It was agreed by the Board in spring 2021 that an initial stage should involve gathering of information to inform an understanding of the current landscape, including services and support being delivered by the third sector. This work would help to inform the specific work streams and projects identified from the initial scoping and analysis.

The ALLIANCE led on the workstream to gather experiences of third sector organisations delivering rehabilitation services and support.

Scope and design of the third sector self-assessment tool

The following definition of rehabilitation was used by the ALLIANCE for this work, from the Chartered Society of Physiotherapists:

> *Rehabilitation is about enabling and supporting individuals to recover or adjust, to achieve their full potential and to live as full and active lives as possible.*

In order to understand how current services need to adapt, organisations delivering rehabilitation services were asked by the ALLIANCE to complete a Self-Assessment tool examining their services before and during the pandemic, and their views on the future of their services. This report is a summary of those responses.

The aim of this piece of work is to support Scottish Government to design the path to equitable access to "good rehabilitation" as outlined in the principles below.

The Principles of Good Rehab are:

• Easy to access for every person

• Delivered by a flexible and skilled workforce

• Provided at the right time

• Realistic and meaningful to the individual

• Innovative & ambitious

• Integrated across sectors

The response to the COVID-19 crisis from third sector organisations was incredibly fast paced, innovative and resourceful. Many pivoted their support to meet the acute needs of people they were supporting by providing food and support to understand government guidelines. The majority moved delivery of in person services to online and telephone support in a matter of days or weeks and continued to work to provide the same outcomes for the people they support despite delivering in a new way. Importantly, none of this was done without engagement with the people who benefitted from the services, to seek their views and codesign any adaptations.

Methodology

The ALLIANCE was commissioned by the Scottish Government to undertake a scoping exercise to understand what is happening in third sector rehabilitation services in Scotland, and what needs to happen in order to move towards closer alignment with the 'Principles of Good Rehab.'

An existing Self-Assessment tool for statutory services was adapted for the third sector by the ALLIANCE, with feedback from selected key partner organisations to ensure the form was asking pertinent questions to capture what was important to, and unique about, the third sector. The final form was available to complete online or on a word document, to make it more inclusive.

To ensure consistency with the Self-Assessment tool for statutory services, the questions were organised into pre-pandemic questions, during pandemic questions and post pandemic questions (see Appendix 1).

Alongside the Self-Assessment tool, the ALLIANCE designed a guide detailing how to complete the form and held an online webinar to answer questions. This was done to increase the reach of the form, and to make it clear that responses were welcomed from all services who provide rehabilitation as defined in the previous section.

The Self-Assessment tool was shared across the ALLIANCE membership and Self Management Funded Projects[1], along with targeted emails to relevant organisations identified by the ALLIANCE through adopting an equalities, intersectional and human rights informed approach.

Of the 54 total responses, 15% were individuals, 71% a group of professionals and 14% 'other.' The professional groups represented were: mixed 32%, social care 14%, Physiotherapists 6%, Occupational Therapists 6%, Rehabilitation Officers for the Visually Impaired 5% and other (e.g. volunteers, support workers) 37%.

1 https://www.alliance-scotland.org.uk/self-management-and-co-production-hub/self-management-fund/

See Appendix 2 for a list of organisations who responded.

A broad range of third sector organisations responded, from large national charities to smaller local groups and organisations. There was an even spread of areas across Scotland, with each health board area represented. There was a range of condition specific and more general organisations.

Respondents offered a range of support, but the two biggest areas were peer support and linking to wider services and support. 76% of the organisations who responded had volunteers as part of their workforce.

Analysis of the responses was carried out by an internal working group of 4 members of ALLIANCE staff over a period of 6 weeks. A qualitative thematic approach to analysis was adopted. Weekly meetings of the group took place to ensure that thematic interpretations were appropriately challenged before being accepted.

Key themes

The Self-Assessment tool (see Appendix 1) was structured with sections examining before March 2020, during the COVID-19 pandemic, and looking to the future beyond March 2021. Each theme in this report is structured by introducing the pre-pandemic context, before considering the pandemic response and what the responses mean for the future of third sector service delivery.

Access

Prior to March 2020, the majority of third sector rehabilitation services were being delivered in person and this was working well. Services that did run online prior to the pandemic were also happy with this method of delivery. Services told us that they felt they exemplified the principle of easy, open access for the most part.

Some challenges existed in accessing resources, both organisationally and getting resources to people being supported, particularly to remote/rural areas. Raising awareness of services was also highlighted as an issue, impacting accessibility as people cannot access services they do not know exist. In some cases, as illustrated in the quote below, there were also issues with referrals, and people were told they were ineligible for rehab. This must change to move towards good rehab for all.

> *People with dementia pre pandemic had many challenges accessing rehabilitation, being informed they were "not fit for rehab".*

When the restrictions due to the COVID-19 pandemic were introduced by the UK and Scottish Governments in March 2020, third sector services had to adapt quickly. Many were not classed as an 'essential service' despite providing life changing and sometimes lifesaving support, meaning that they were unable to support people in person. This led to many services moving to online or telephone delivery to support people, running classes via video call or simply calling for a chat and maintaining connections with people. Many organisations pivoted their services to meet urgent needs such as shopping for people who were shielding and delivering food packages. In many cases, this was described by respondents as lifesaving support according to people who accessed their services.

Initially, the key challenges described during the COVID-19 pandemic were the transition to remote delivery whilst keeping access to services and resources as open and accessible as possible. The shift to remote delivery allowed many organisations to expand their geographical reach, in particular to remote highland and island communities, however digital exclusion was a concern for many, especially in the same communities where signal and broadband can be an issue and people are more physically isolated. The quote below demonstrated this juxtaposition felt by many:

> *People became much more isolated and we saw real issues with people having increased challenges to their mental health. However our services saw a significant level of improvement in the mental health of the people we support as they found virtual services very accessible to them.*

Many services recorded workshops which were run online and which improved access as people were able to watch at a time that suited them. Where services were granted essential status and consequently allowed to deliver some or all of the service in person, the outcomes have been positive for those being supported, however the majority of respondents were not granted essential status.

Looking to the future of accessing rehab services, there were strong themes which emerged from respondents in terms of what third sector organisations wanted to keep from the response they had taken during the pandemic and what challenges they anticipated to ensuring the principles of good rehab were realised.

Many organisations were keen to keep a blended approach to delivering services, offering the flexibility of online and telephone access but incorporating the social and emotional benefits of meeting in person where possible. They also wanted to keep offering resources to those they support. Delivering a blended approach was seen as a key opportunity to increase geographical reach and offer more flexible access to resources such as self management techniques and workshops. It was commonly identified as a way to raise awareness of the service.

> *It is quite ironic those communities where our outreach provision takes place are within neighbourhoods and people deemed 'hard to reach', though we demonstrate positive outcomes when proactively reaching out to people opposed to expecting them to come through service doors!*

Raising awareness was identified as a key challenge, mirroring the identified opportunity for improvement. People can't access services they do not know exist, and therefore awareness and improved referral pathways are essential to broaden the reach and efficacy of the third sector, along with making access easier for every person. Some platforms, such as ALISS, aim to tackle this by creating a centralised database which is easy to access. This provides a potential solution. However, raising awareness of ALISS and the importance of third sector provision of support and services is still key, in order for it to provide this pathway. Futher to this, in a later theme around health and wellbeing, it was raised that many people's emotional and physical wellbeing had deteriorated during the pandemic. This further increases the importance of outreach as the associated decrease in confidence could be a barrier to accessing support for many.

Necessary changes to improve access:

- More outreach is needed, people must be sought out rather than expecting them to come to services.

- Blended delivery to improve access for communities, including remote/rural.

- Third sector organisations need access to more resources to sustain their support.

- Further awareness raising for third sector services and platforms such as ALISS that can lead people to services in their area.

Support and services

The third sector provides many varied, innovative, and niche services across the board, and rehabilitation provision is an example of this.

Before the COVID-19 pandemic, positive themes included expanding the reach and scope of services, group work and one-to-one support, along with person centred, community, peer, and self management support. Overall, services described feeling that they were exemplifying the principles of good rehab through their flexibility, holistic assessment, innovation, and person centredness. The quote below exemplifies the type of service expansion that was going on and the benefits provided as a result.

> *With additional staff we were able to provide a timely service and intervention with our members and reduced our waiting time.*

During the pandemic, third sector organisations were particularly proud of the flexibility and innovation they showed in coping with the crisis. In addition to the points described in the access section, several organisations noted that they had managed to increase their reach through digital adaptation, a strong theme in the positive examples. Digital adaptation was so successful that most organisations have expressed a desire to keep a blended approach to delivery in the future. The quote below demonstrates this adaptability to offer the same benefits of previous support and the flexibility in facilitating different ways of connecting as necessary.

> *Knowing the joy that music brings to so many older people but the particular benefits to those with Dementia we developed a Musical Memories online group and connected as many people as were able. Those unable we offered telephone singalongs where a member of staff would call and sing their favourite song, hymn or play their favourite tune on a musical instrument.*

The speed and efficacy of the transformation of services embodies the principles of good rehabilitation in its flexibility, timing, innovation and the person centred support given, meaning that the support was realistic and meaningful for people. The following quote from a response shows the creativity of the response, along with a clear understanding of the importance of meeting people where they are.

> *We set up a monthly community [maga]zine with art packs, photography and poems all sent in to help the wider group cope through lockdown and sharing little tips on how to keep yourself as well as could be expected.*

In looking to the future, two themes emerged overwhelmingly across the collective ambitions. These were **bolstering and building on the community support** which has been apparent throughout the pandemic, particularly in the early response, and **strengthening links with statutory rehabilitation services**. The importance of strengthening these links came up commonly across many themes, but none more so than in relation to the value placed on the services and self management support provided by third sector organisations.

> *The links between health services and third sector need to be further developed. Referral pathways and clear outcomes identified. GP's need to know what services we can offer and how best we can provide support in local communities. Long term recovery and self management need to be considered and provision of emotional support and encouragement given priority before and after clinical interventions.*

Collective ambitions for support and services:

- Further integration into statutory rehab pathways.

- Health professionals have a better understanding of the third sector offer, particularly those in primary care.

- Bolster community support and community capacity building.

- Invest and build capacity in blended delivery models

Health and wellbeing impact

Before the pandemic, there were already some noticeable health and wellbeing issues in those being supported by the responding organisations. Most notably, rising inequality, worsening mental health of people who were already living with a long term condition, the lack of inclusive communication, and restricted access to health services.

> *Too many times [people] are told by professionals "it's because of your Cerebral Palsy" without any thought on how to best treat them from there on.*

The quote above illustrates an issue faced by many people with long term conditions who struggle to access appropriate rehabilitation due to their diagnosis. There was a strong support for the view that rehabilitation should be available to support people to live the life they choose, and that includes managing existing conditions.

Respondents shared that loneliness and worsening mental health had been an issue prior to pandemic restrictions being implemented, so

many people faced the pandemic with existing challenges such as these and other barriers.

During the pandemic, the most mentioned health and wellbeing issue was an increased need for social or emotional support. This was a resounding theme across responses of the challenges people faced during lockdown restrictions and beyond. The most frequently mentioned outcome of the pandemic was increased loneliness. This was coupled with increased mental health challenges for those living with long term conditions and an increased need for physical support. This was a particularly strong theme for older people living with dementia, and sadly one response noted that some of the people they supported had passed away during the pandemic due to a deterioration of their mental and physical health. The quote below demonstrates an example of the increased need caused by restricted or removed access to health services.

> *Physical deterioration due to lack of postural support/physiotherapy input. This has included tightening of contractures (particularly arms and legs).*

There was also a notable increase in the burden of caring responsibilities. As the quote below illustrates, the toll of the pandemic on unpaid carers has been significant, not only due to taking on an extra burden of responsibility when many health services were shut, but also due to bereavement as a direct or indirect result of the pandemic.

> *We have supported many carers who have been bereaved as a result of the pandemic – mainly loved ones who have died in care settings where carers could not be admitted. This has been particularly challenging.*

Unpaid carers, like third sector services, have stepped up and filled a necessary gap but this is unsustainable, and many will be facing burnout if unsupported.

Heightened anxiety and decreased confidence and independence were also commonly mentioned and closely linked to increased loneliness and poorer mental health. These outcomes also had a close link to the move to digital delivery, with some people finding digital services eased social anxiety, and others finding that connecting in a new way increased anxiety. Where the latter was the case, services looked for ways to support people to overcome their anxiety or connect in a different way.

> *Some reported their anxiety heightened when connecting digitally. So we looked at ways to connect in a way to reduce anxieties while online and adopted some healthier practices.*

Organisations felt that this would be a huge challenge for people's health and wellbeing in the future as the easing of restrictions will not undo the harm to people's mental health and the loss of social connection incurred. For many, particularly those who have had to shield, the easing of restrictions causes a huge amount of anxiety and the impact on their independence and confidence will mean that they will need increased support to reenter social situations in person.

Future priority areas for health and wellbeing:
- Increased social and emotional need.
- Increased physical need.
- Ongoing impact of restricted/ removed access to health services.
- Exacerbated inequalities.

Collaboration

Collaboration, either with medical professionals or with multiple agencies such as other third sector organisations or private sector organisations, emerged as another theme from the responses and there were examples provided of some good links established before the pandemic. This was more common in larger national organisations who were linked into the statutory referral pathway, but some smaller organisations also had statutory services refer to them.

> *Understanding that the third sector should be an active partner rather than having long waiting lists in the NHS for mental health.*

Some of the organisations who had links in statutory services prior to the pandemic struggled to keep up these connections during the pandemic. In many cases this was due to redeployment and a lower overall rate of diagnoses as services were paused. For those that did manage to maintain these collaborations, there were several positive examples, including the example below where the expertise of the third sector and the value of the voice of lived experience was recognised and used in designing a pathway for Long COVID.

> *During the pandemic Chest Heart & Stroke Scotland developed a new support offer for Long Covid sufferers, co-funded by CHSS and Scottish Government, working with NHS, people with lived experience, and Scottish Government to create a pathway for this new condition.*

Despite some challenges throughout the pandemic, many third sector organisations aspire to establish better partnership working and it was a strong theme when looking at necessary

changes to improve rehabilitation services, as well as collective ambitions in the future.

> *The links between health services and third sector need to be further developed. Referral pathways and clear outcomes identified. GP's need to know what services we can offer and how best we can provide support in local communities. Long term recovery and self management need to be considered and provision of emotional support and encouragement given priority before and after clinical interventions.*

As described in this quote, third sector organisations do not necessarily feel it is essential to be part of the statutory pathway, but it is essential that health and social care professionals are well informed about third sector provision and have enough trust in the services to refer patients on. There is sometimes a reluctance to do so due to concerns about longevity of funding, and whilst the issue of funding is discussed in a later section, it is worth noting the interdependent nature of this issue in that many third sector organisations would benefit from stronger links as evidence in further funding applications.

Future priority areas for collaboration:

- Improve opportunities for communication and collaboration, leading to increased partnership working with the third sector.

- Rebuild relationships that have been affected by the pandemic response.

- Increase and improve referral pathways from statutory to third sector and vice versa.

Staff

Not much was noted about staffing related issues before the pandemic, other than that the workforce in the third sector was dedicated. The Self-Assessment tool asked specifically about challenges within the workforce during the pandemic, and the most reported were the impact on staff mental wellbeing, staff pressure, training gaps, the move to working from home and workforce disconnection. Certainly, some of these issues were particularly acute at the start of the pandemic but many, like the wellbeing issues reported in the people being supported, remain an issue. For the 76% of respondents who work with volunteers this is particularly pertinent as they reported relying heavily on the goodwill of volunteers to keep their services running, and many have been impacted greatly by the pandemic and are at risk of burnout. For the volunteers who have been unable to work during the pandemic, there was also concern raised that many would not return, putting further pressure on services as they return to in-person operation.

> *"…an over reliance on the goodwill of volunteers with staff working excessive hours. Operating beyond capacity with a lack of resources despite the increasing demand…*

This quote captures an issue that is particularly common in the third sector and is linked to the challenges surrounding staff wellbeing and pressure. Though staff are dedicated, it is unsustainable for services to continue to operate beyond their reasonable capacity and this must be addressed to ensure longevity and quality of support. Services cannot reflect either the principles of innovative and ambitious, or delivered by a flexible and skilled workforce, if they are continually operating by relying on staff and volunteers to give more than agreed.

Services described offering a range of extra support to their staff during the pandemic, most commonly extra meetings, but also flexibility,

mental wellbeing support and support to work from home. All of this has contributed to the flexibility and innovation described.

Many responses cited staff training as an important aspect of recovery from the pandemic. Staff have adapted to a new model of service delivery, in most cases with little or no training due to the required pace and unprecedented nature of the crisis. However to move forward effectively skills gaps will need to be addressed and training given or renewed. This will require access to funds and resources to provide adequate training.

> *Securing funding and developing partnership working takes time and extra resources. Leading charities dominate this sphere as they have the resources. We are small and have limited time away from frontline work.*

The lack of access to secure funding causes several direct issues for services; first, they cannot offer staff permanent positions if they only have 1-2 years funding secured and this can cause recruitment issues and affect staff wellbeing. Second, it can make healthcare professionals reluctant to refer to third sector organisations as there is a lack of trust that they will still exist, or that they may be referring onto a short-lived service. Thirdly, it does not show the third sector as a valued part of the system despite all the valuable work being done. All of this impacts on the ability of rehabilitation services to continue to uphold the principles of rehabilitation, and in particular the principle of innovative and ambitious care. Services cannot be innovative and ambitious to their full potential without secure long term funding. These challenges make all the work done by the third sector during the COVID-19 pandemic to support people even more impressive.

Future challenges and ambitions for staff:

- Retaining and recruiting skilled staff.
- Accessing adequate resources to continue to upskill workforce.
- Broaden access to statutory job sites to increase opportunity for third sector organisations to attract qualified staff.
- Third sector staff and volunteers included in health and social care policies for staff recovery.

Funding

Throughout the responses, funding was raised consistently as an issue, both in respect of only having access to short term funding, as well as there simply not being enough funding. Several organisations, such as the one quoted below, raised that having to secure funding is a real challenge, particularly for smaller organisations who do not have a dedicated member of staff for this purpose.

Future priority areas for funding:

- Reduce barriers to funding for third sector organisations.
- Longer term investment in the third sector to provide security.

Conclusion

In order to move towards services across Scotland which embody the principles of good rehabilitation it is helpful to examine the implementation gaps which emerged from the analysis.

Whilst some organisations spoke clearly about diverse needs, there is a gap in our understanding of the diversity of people's experiences of rehabilitation, particularly as we have only heard from service providers. We cannot be fully confident about the needs of diverse communities from the responses here, so it is important to bear in mind that more work would need to be done to understand this and ensure easy access for all. A key learning point for accessibility is the move to blended delivery in the future, which offers people a choice to access rehab in the way that works best for them.

Overall, third sector organisations have an extremely dedicated workforce, which has ensured their flexibility in coping with the changes since March 2020. Many have put extra support in place to deal with the increased pressure, yet despite this, there is still a lot of pressure on the sector to provide more with less and there is a risk of staff burnout if this is not addressed. There are potential issues with skills shortages, particularly of sight loss officers, due to training issues, and funding insecurity can make recruitment a challenge.

By increasing the resources and security available to the third sector, we can build on the ability demonstrated throughout the pandemic to proactively reach out and provide support to people at the right time. This would also address issues that came across through the responses that showed the third sector felt underappreciated and undervalued at times. Finally, stronger links for collaboration with and referral from statutory services would support stronger pathways of support for all who require rehabilitation services.

The response to the COVID-19 pandemic has exemplified the principle of realistic and meaningful to the individual through the myriad of creative responses, from singing favourite songs down the phone to providing food parcels. The strong emphasis throughout the third sector on person centred support has supported this impact.

A huge amount of innovation has taken place over the pandemic, as demonstrated throughout the report. Sustaining this innovation and allowing third sector organisations to be truly ambitious in their work will require a significant increase in the volume and security of funding available to them. This funding increase would also support integration across sectors and provide simplified, better established support pathways for people accessing rehabilitation services.

The pandemic has increased pressure across all health and care services, but the outstanding response demonstrated throughout the third sector has proved that moving towards providing the principles of good rehab for all are within reach.

Thank you to all of the organisations who responded.
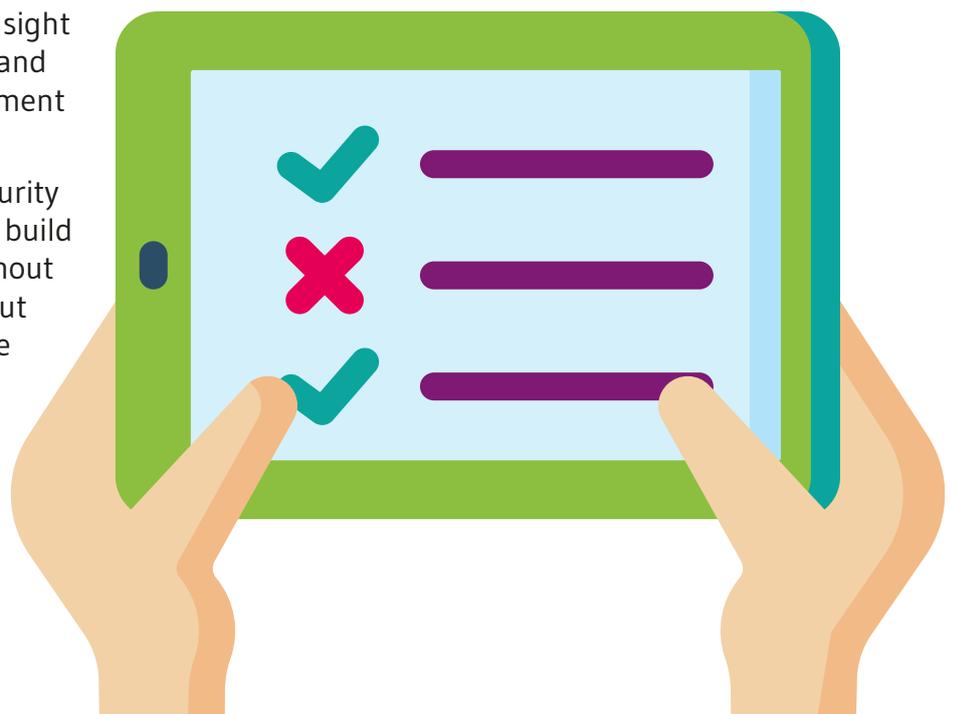
Appendix 1

Rehabilitation & recovery programme – self-assessment tool

> *Rehabilitation is about enabling and supporting individuals to recover or adjust, to achieve their full potential and to live as full and active lives as possible.*

1. **Are you an individual or a group?**

   ☐ Individual

   ☐ Group

   ☐ Other. Please specify _____

2. **Are you answering from one professional group or mixed?**

   ☐ Mixed

   ☐ Physiotherapist

   ☐ Occupational therapist

   ☐ Social care

   ☐ Rehabilitation Officers for Visually Impaired

   ☐ Other. Please specify _____

3. **Which area of rehabilitation do you mainly cover? (Tick all that apply)**

   ☐ COVID-19

   ☐ Drug and alcohol

   ☐ Mental health

   ☐ Rehabilitation of offenders

   ☐ Cardiovascular health

   ☐ Musculoskeletal health

   ☐ Pulmonary health

   ☐ Chronic Fatigue syndrome

   ☐ Pain

   ☐ Other (Please specify)

4. **What activities do you deliver as part of this service? (Tick all that apply)**

   ☐ Physiotherapy

   ☐ Counselling

   ☐ Occupational therapy

   ☐ Peer support

   ☐ Individual life coaching

   ☐ Linking to wider services and support

   ☐ Complementary therapies

   ☐ Other (Please specify)

5. **Which area of Scotland do you work in? (select all that apply)**

   ☐ Aberdeen City

   ☐ Aberdeenshire

   ☐ Angus

   ☐ Argyll and Bute

   ☐ Clackmannanshire and Stirling

   ☐ Dumfries and Galloway

   ☐ Dundee City

   ☐ East Ayrshire

   ☐ East Dunbartonshire

   ☐ East Lothian

   ☐ East Renfrewshire

   ☐ Edinburgh City

   ☐ Falkirk

   ☐ Fife

   ☐ Glasgow City

   ☐ Highland

   ☐ Inverclyde

   ☐ Midlothian

   ☐ Moray

   ☐ North Ayrshire

   ☐ North Lanarkshire

- ☐ Orkney
- ☐ Perth and Kinross
- ☐ Renfrewshire
- ☐ Scottish Borders
- ☐ Shetland
- ☐ South Ayrshire
- ☐ South Lanarkshire
- ☐ West Dunbartonshire
- ☐ Western Isles
- ☐ West Lothian

6. **Please provide an email address. We are committed to sharing the full report with all participants and will do so via email.**

7. **If you would like to join a network for all interested rehab services to share the good practice and identify areas of opportunity, please select yes to indicate you are happy to share your email with Scottish Government.**

- ☐ Yes
- ☐ No

Your rehab services – BEFORE the pandemic (pre-March 2020)

8. **Pre-pandemic, what aspects of your services were going well? What were you most proud of?**

9. **How would you describe your workforce:**

   - Does your workforce include volunteers?
   - ☐ Yes
   - ☐ No

   - Were you able to recruit and retain qualified staff?

   - Were there skill gaps?

   - Is there anything else, positive or negative, that you would like to note about your workforce?

10. **In terms of delivering rehab services, what were your biggest challenges?**

11. **What protected characteristic groups do you work with? (Tick all that apply)**

- ☐ Age
- ☐ Disability
- ☐ Gender reassignment
- ☐ Marriage and civil partnership
- ☐ Pregnancy and maternity
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Sexual orientation
- ☐ Experience of criminal justice
- ☐ Homelessness
- ☐ Poverty
- ☐ Digital exclusion

12. **Considering the inequalities faced by these groups, how would you describe the health and wellbeing of the people you support; what were the emerging issues or opportunities?**

13. **In what ways was your service reflecting the 'Principles of Good Rehab' as described in the framework?**

   - The Principles of Good Rehab are:
   - ☐ Easy to access for every person
   - ☐ Delivered by a flexible and skilled workforce
   - ☐ Provided at the right time
   - ☐ Realistic and meaningful to the individual
   - ☐ Innovative & ambitious
   - ☐ Integrated across sectors

Your rehab services – DURING the pandemic (March 2020 – March 2021)

14. **What went well during the pandemic?**

15. **Do you have any specific examples that you are most proud of? Such as innovation,**

new care pathways, adapting new roles (please consider this from an equalities perspective, and include whether you continued face to face or online)?

16. What were the biggest challenges within the workforce of your service?

17. Did you change the support offered to your workforce for their wellbeing during the pandemic?

18. How was the delivery of your services impacted by the pandemic? Please discuss examples of the changes you had to make to your specific services.

19. Did you notice changes to the health and wellbeing of the people you support?

20. Reflecting on the principles of 'good rehab' – in what way would you say your services during the pandemic exemplified these? If not – what were the gaps?

Your rehab services – moving forward: 2021 and beyond

21. From your pandemic response, what would you like to keep doing?

22. What would you say is the biggest opportunity for your service post-pandemic?

23. What would you consider as the biggest challenges within your service over the next couple of years?

24. Do you foresee any gaps within education and training of the workforce in your service?

25. We know that the pandemic has increased health inequalities, do you have concerns about the long term impact of the pandemic on the specific health and wellbeing of the people you support?

26. From the perspective of your service or organisation, what needs to happen in order to consistently provide 'good rehab' – please try to be specific and indicate whether your perspective is from within your area or wider.

27. What ambitions would you like to see collectively across Scotland in order to consistently provide good rehab?

Appendix 2

List of organisations who participated (this is not a full list as not every participant shared the name of their organisation).

Affa Sair

Alzheimer Scotland

ANGUSalive

Badenoch and Strathspey Community Transport Company

Befrienders Highland

Braveheart

Burnlea Nursing Care Home

Carers Link

Cerebral Palsy Scotland

Children's Health Scotland

CHSS

Clan Cancer Support

COPE Scotland

Cyrenians

Deaf Scotland

Equal Adventure

Giraffe Healthcare

Health all Round

Hearing Dogs

Hepatitis C Trust

Independent Living Support Dumfries

LCIL

LTC Hebrides

Marie Curie

MS Society

MSTC Lothian

NHS Highland (Community Development Officer Kate MacLean)

NHS Lothian (Jill Beswick)

NHS Lothian (Judith Merriweather)

North East Sensory Services

PAMIS

Penumbra

Recovery Enterprises

Relationships Scotland Orkney

RNIB

Rowan Alba

Sight Scotland Veterans

SISG

Spina Bifida Hydrocephalus Scotland

Strathcarron Hospice

Supported Scotland

The Oxygen Works

The Prince and Princess of Wales Hospice

Versus Arthritis

Visibility Scotland

Wellbeing Scotland

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.

- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

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