

Rehabilitation and Recovery:

A Once for Scotland Person-Centred Approach to Rehabilitation in a Post-COVID Era



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1. Ministerial Foreword

Health and social care services across Scotland have been impacted by the coronavirus (COVID-19) pandemic and rehabilitation is no different. Individuals are now emerging with increasingly complex physical and mental health needs that require rehabilitation.

Considering these challenges we need to take a whole systems approach to delivering rehabilitation across Scotland. To do this, we will support services to remain accessible, and encourage new and innovative service delivery. In 2020 we committed to support this through the production of a “practical, accessible strategy to deliver quality rehabilitation”¹. The publication of this paper marks the delivery of that ambition.

This Once for Scotland approach is based on **Six Principles of Good Rehabilitation**. It addresses these challenges and supports the delivery and development of rehabilitation. The approach focuses on the individual and puts them at the centre of their rehabilitation, supporting their needs and timely access to the rehabilitation they may need.

This approach will be supported by NHS Boards and Health and Social Care Partnerships (HSCPs), encouraging cross-sector working with third and leisure sectors to support community-based services and supported self-management.

At the heart of this approach is the desire to support individuals to live well with long-term conditions. It supports individuals to access meaningful rehabilitation that is based on their individual needs and is outcomes focused.

It has been developed in line with the emerging programme of work around Care and Wellbeing, NHS Recovery and Delivery Plans and the move towards a National Care Service². The overall approach emphasises the equal importance of mental and physical health, and the importance of integrated care, prevention, anticipation and supported self-management.



Humza Yousaf, MSP.

Cabinet Secretary for Health and Social Care

¹ [Supporting documents - Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2020/12/Supporting_documents_-_Framework_for_supporting_people_through_Recovery_and_Rehabilitation_during_and_after_the_COVID-19_Pandemic_-_gov.scot_(www.gov.scot))

² [Supporting documents - A National Care Service for Scotland: consultation - gov.scot \(www.gov.scot\) NHS recovery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2020/12/Supporting_documents_-_A_National_Care_Service_for_Scotland_consultation_-_gov.scot_(www.gov.scot)_NHS_recovery_plan_-_gov.scot_(www.gov.scot))

2. Introduction

In this era of post-COVID recovery, it is critical that we strengthen the rehabilitation landscape to ensure there is equitable access to quality rehabilitation for everyone who needs it.

The Once for Scotland approach sets out Six Principles of Good Rehabilitation which aim to deliver innovative and inclusive rehabilitation across the lifespan. It provides a framework to address the current challenges and supports the delivery of meaningful person-centred rehabilitation for all.

Critical to its implementation is the need for strong leadership at both national and local levels and the supporting infrastructure, including building a high-quality rehabilitation workforce and enhancing data collection on rehabilitation. There is also work to be done to strengthen research competency and capacity in order to expand the evidence base for rehabilitation approaches.

As we emerge from the pandemic, we must ensure we build on existing good practice and redefine rehabilitation services, adopting a multidisciplinary and multiagency approach to support individuals to live well.



**Carolyn McDonald,
Chief Allied Health Professions Officer, Scottish Government**

3. Rehabilitation and the COVID-19 Pandemic

The onset of the COVID-19 pandemic presented several challenges for rehabilitation provision across Scotland, resulting in reduced capacity while demand was growing. Emerging from the pandemic, rehabilitation services report that the provision of rehabilitation has been impacted by:

- An increasing need for rehabilitation from individuals with pre-existing, long-term health conditions with increased complexity of need.
- The increased need for rehabilitation from individuals who have been adversely affected as a result of lockdown and/or shielding.
- The emergence of a new cohort of individuals requiring rehabilitation, specifically people living with the long-term effects of COVID-19.
- A greater number of individuals presenting with both physical and mental health issues and the recognition that services need to be better placed to address the needs of the whole person.
- Significant challenges relating to the availability of both workforce and other resources leading to increased waiting times.
- The widening of health inequalities.
- The opportunities that digital technology provides as part of a suite of rehabilitation options.

This provides momentum for change that builds on learning from the pandemic, and moves rehabilitation into a contemporary and innovative space. Current demand and capacity challenges need to be considered as part of this.

The Once for Scotland approach sets out Six Principles of Good Rehabilitation that will support services to identify opportunities for innovation and broader cross-sectoral working to deliver contemporary, personalised rehabilitation. This should be tailored to the individual while also considering the current landscape of health and social care services.

4. The Framework

In August 2020, the Scottish Government published the [Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic](#) (referred to as the Framework). It sets out overarching principles and priorities for planning and delivering high-quality, person-centred rehabilitation and recovery services. The Framework committed to the delivery of a “practical, accessible strategy to deliver quality rehabilitation to everyone who needs it”.

To support implementation of the Framework and the delivery of that commitment, the National Advisory Board for Rehabilitation (NABR) was established in December 2020. In early 2021, the NABR agreed the overall aim of this work:

“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.”

To support the development of a Once for Scotland approach, the NABR recognised the need for an accurate understanding of rehabilitation services. In May 2021 a self-assessment tool, in the form of an online survey, was launched. This survey gathered views and experiences from those working in rehabilitation services. During this period, input was also sought across third sector organisations by the Health and Social Care Alliance Scotland (the ALLIANCE).

The results from the [Rehabilitation Framework Self-Assessment Tool: Analysis of Survey Responses](#) and the [Report of Third Sector Responses to Self-Assessment Tool](#) by the ALLIANCE noted a need for strategic action at both a local and national level.

This further action is necessary in order for rehabilitation services to meet the increasing demands and challenges of the future. The combined findings from these two surveys have informed the Once for Scotland approach.





5. What do we mean by “Rehabilitation”?

Rehabilitation means different things to different people. Here rehabilitation refers to a wide-range of approaches that include activities, interventions and information resources that support individuals to recover or adjust to achieve their full potential. It includes approaches that focus on early intervention for prevention, prehabilitation and supported self-management.

Rehabilitation should be outcome focused and support individuals to work towards goals that are realistic, achievable and meaningful to them in order for them to live well and feel more in control of their own health and wellbeing.

Individuals who benefit from rehabilitation are people who have or are at risk of developing long-term (non-addiction) conditions, people with disabilities, people who have had an injury, surgery, disease or illness, or whose functioning has declined with age³.

Good rehabilitation is multifaceted and the individual should feel empowered and supported to explore what is important to them. It should be personalised and support the whole person, their physical and mental health, and should take into account their desired lifestyle.

As part of the rehabilitation process, the social determinants of health e.g. income, housing and employment should be prioritised as a basis for establishing a personalised approach. These factors impact health outcomes and health behaviour change and as a result can influence the likelihood of the individual meeting their rehabilitation goals.

In order to provide a wide range of rehabilitation approaches, a skilled workforce is required that spans health, social care and third and independent sectors. The workforce brings a range of skills that can vary across sector and by background. Understanding these skillsets and working to develop consistency across traditional service boundaries will help to fully utilise rehabilitation skills and the workforce moving forward.

³ [Rehabilitation \(who.int\)](https://www.who.int)

6. The Once for Scotland Approach

The Once for Scotland approach sets out Six Principles of Good Rehabilitation. It puts the individual at the centre and builds on the concept of Realistic Medicine⁴ to provide a personalised approach that is outcomes focused, and supported by a shared decision making process. Shared decision making requires meaningful discussions at an early stage between the individual and the rehabilitation professional about ‘what matters to you?’ rather than ‘what’s the matter with you?’.

Following a person-centred assessment, individuals will have a better understanding of their own rehabilitation needs. These may be addressed through self-management or they may benefit from a combination of rehabilitation approaches to enable them to meet their expected outcomes. This initial assessment focused on the individual, not the condition, will inform the intensity, frequency and method of delivery that is right for them. Approaches should be flexible to accommodate changing needs of the individual.

⁴ [Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

7. The Six Principles of Good Rehabilitation

The Six Principles of Good Rehabilitation were developed in partnership with key stakeholders such as NHS Boards, Health and Social Care Partnerships (HSCPs), leisure, third and independent sectors, and the NABR and sit at the core of the rehabilitation approach. They provide a standard for rehabilitation services in Scotland and should be used as a benchmarking tool.

The Six Principles of Good Rehabilitation set out what is required to deliver holistic, flexible and person-centred rehabilitation to all. Each principle can be applied across all types of rehabilitation as well as all health conditions or circumstances for which an individual may require rehabilitation.

Rehabilitation services are encouraged to use these Six Principles of Good Rehabilitation to identify opportunities to test and scale up improvements at a local level.

The Six Principles of Good Rehabilitation are:



1. Easy to access for every individual
2. Provided at the right time
3. Realistic and meaningful to the individual
4. Integrated
5. Innovative and ambitious
6. Delivered by a flexible and skilled workforce

Easy to access for every individual



What does this mean?

- Every individual has good rehabilitation accessible and available to them at the point of need.
- Individuals know how and where to access the support they need using single points of access where possible.
- Individuals can expect to access services in a format that is accessible to them and addresses any potential barriers to access.
- Accessing services should be straight forward, avoiding multiple stages and always progressing. Individuals should not experience barriers to accessing a service nor should they have to start again with a new request/referral.
- Services must be as easy to find and use as possible - recognising that individuals have different levels of understanding of health services. This will ensure access is equitable.

Provided at the right time



What does this mean?

- The 'right' time is different for every individual.
- Rehabilitation should be considered at the earliest opportunity in order to prevent the need for more intensive interventions later on.
- Earlier intervention acts as a preventative measure and, in line with what we know about the LifeCurve™⁵, can help to reduce further deterioration.
- Timely access to the appropriate information, professionals and services including prehabilitation can improve outcomes.
- A dynamic and pro-active approach to self-management and intervention at all levels can ensure waits are minimised and outcomes optimised.
- Rehabilitation and prehabilitation are considered as part of planned treatment pathways to support people to "wait well".
- The contribution of non-NHS and self-directed rehabilitation resources for individuals is recognised e.g. third sector and digital resources.

⁵ [The Scottish national LifeCurve™ survey: costs of functional decline, opportunities to achieve early intervention to support well-being in later life, and meaningfulness of the LifeCurve™ - PubMed \(nih.gov\)](#)

Realistic and meaningful to the individual



What does this mean?

- Inclusive communication approaches should be used to facilitate shared decision making.
- Individuals should agree the outcomes they want to achieve in dialogue with the relevant rehabilitation professional through shared decision making.
- Individuals who require rehabilitation will be supported to understand the care, treatment and support options available and the risks, benefits and consequences.
- Rehabilitation should be based on evidence, good quality information and the individual's personal preferences, including involving their family/carers where appropriate.
- Consideration of the social determinants of health should be prioritised as a basis for establishing a personalised approach to rehabilitation.

Integrated



What does this mean?

- Good rehabilitation spans healthcare, social care, leisure, housing, education, third and independent sectors.
- Personalised rehabilitation should be provided across services, sectors and agencies rather than individuals slotting into existing services.
- Individuals should access the best support, care and equipment for their needs. This may be provided outside of NHS services.
- Individuals' needs are communicated from profession to profession and across sectors, while keeping them at the centre.

Innovative and ambitious



What does this mean?

- Moving away from linear access to pathway(s) to the provision of individualised and tailored responses, based on a person-centred assessment of need.
- Rehabilitation is outcomes focused and takes into account what matters to the individual. This may require a coordinated response from across a number of services.
- The interventions offered should be tailored to the individual's needs and at the appropriate level, thinking creatively about how best to meet individual outcomes.
- A range of interventions should be available and accessible from across traditional and non-traditional rehabilitation services at the intensity and frequency required to meet individuals' needs.
- Self-management resources should be prioritised where appropriate.
- Geography and population demographics should be considered to determine new or improved services. For example, user-led design to consider what people need.
- Consideration should be given to individuals that face barriers to digital access.
- Build research capacity and expand the availability of robust evidence for rehabilitation.

Delivered by a flexible and skilled workforce



What does this mean?

- The rehabilitation workforce is comprised of staff delivering rehabilitation across all sectors and includes non-registered staff such as carers, sports/leisure staff and social care staff.
- It includes workforce at all levels from support worker to advanced practice.
- A culture of flexible and adaptive working exists where staff are able to gain a wide range of core rehabilitation skills across their career.
- A sustainable and skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do, in line with the National Workforce Strategy for Health and Social Care in Scotland⁶.

⁶ [Health and social care: national workforce strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-workforce-strategy-for-health-and-social-care-in-scotland/pages/10/)

8. Recommendations

To embed the Six Principles of Good Rehabilitation in practice and to deliver good rehabilitation for all, the Once for Scotland approach sets out a number of recommendations. These recommendations will be supported by an implementation and action plan to follow. This will identify how the recommendations can be translated into practice. Scottish Government will work collaboratively with key stakeholders (including NHS Boards, HSCPs, leisure, third and independent sectors) to do this.

The table below identifies these recommendations and provides guidance on how they can be applied at a local and national level, considering the local infrastructure of rehabilitation services.

Recommendation	How could this be implemented locally and nationally?
<p>1. The Once for Scotland approach is inclusive of individual needs, is accessible and meets the needs of all, including seldom heard groups.</p> <p>To achieve this, consideration should be given to factors such as local service provision/resources, accessible communication, physical location and access to the internet as well as language, cultural barriers and protected characteristics.</p>	<p>Rehabilitation professionals to work with individuals with lived experience of rehabilitation services to inform local access routes.</p> <p>The ALLIANCE to develop a programme of work that will develop stronger cross-sector working, deliver more sustainable pathways to third sector services and ensure any new initiatives build on solutions for those who are currently excluded.</p>
<p>2. More rehabilitation activity is provided earlier, optimising opportunities for early intervention for prevention and for prehabilitation.</p>	<p>NHS Boards, Primary Care and HSCPs to identify first point of contact practitioner and care coordination roles within primary care. These roles will improve access to the right person first time, reduce demand on specialist services and improve patient outcomes.</p> <p>Local rehabilitation and leisure services to work together to develop and deliver community-based rehabilitation and prehabilitation to help improve individuals' functional abilities and mental resilience, in advance of planned interventions and to support individuals to "wait well".</p>

3.	Rehabilitation is individualised taking into account both physical and mental health needs of individuals as part of a person-centred approach.	<p>Rehabilitation services to embed person-centred conversations and outcome-focused goal setting with the individual within their approach.</p> <p>Rehabilitation services should ensure that their approach supports delivery of the recommendations set out in Mental Health – Scotland’s Transition and Recovery⁷ relating to rehabilitation.</p>
4.	An enabling approach is embedded within care homes and care at home to improve physical and psychological health for older people experiencing care.	Rehabilitation services to work with the Care Inspectorate to scale up and sustain CAPA (Care about Physical Activity) programme.
5.	Rehabilitation services to optimise digital technologies as part of a digital first, not digital only, approach to service delivery.	<p>Rehabilitation services to work within national⁸ and local digital health and care strategies to support the delivery of the Digital Front Door. This will support individuals to navigate services digitally and access information and services directly enabling them to manage their own conditions.</p> <p>Work with rehabilitation services and digital leaders to fully explore digital options to ensure that individuals are able to access assessments, interventions and monitoring using the most appropriate method of delivery for them and at a time that meets their needs.</p> <p>Collaborate with digital programmes already in place and encourage the development of a channel to create/suggest new models and methods at a national level.</p>
6.	More locally based community rehabilitation is provided that supports individuals with more than one long-term condition.	Support the development of multi-morbidity community rehabilitation programmes such as HARP ⁹ which consider individuals with more than one long-term condition, offering a suite of options building on community assets.

⁷ Coronavirus (COVID-19): mental health - transition and recovery plan - gov.scot (www.gov.scot)

⁸ [Digital health and care strategy - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁹ [NHS Ayrshire & Arran - Healthy and Active Rehabilitation Programme \(HARP\) \(nhsaa.net\)](http://nhsaa.net)

7.	<p>Rehabilitation practitioners and leaders have the skills to deliver realistic and meaningful rehabilitation, giving consideration to workforce challenges, both current and predicted.</p>	<p>Rehabilitation services to support early adopter teams to enable the reshaping of rehabilitation services through improvement methodologies and leadership.</p> <p>Consider the education needs of the rehabilitation workforce through The National Allied Health Professions (AHP) Workforce and Education Policy Review.</p> <p>Scope the development of a rehabilitation competency framework that will include advanced practice and support worker roles across sectors, embedding public health competences.</p> <p>Work with relevant education stakeholders including higher education institutions, NHS Education for Scotland (NES) and professional bodies to understand the education and training available to build rehabilitation skills and competencies and address any gaps.</p> <p>Work with NES and Healthcare Improvement Scotland to develop programmes that will support, build, and sustain leadership and improvement capacity to deliver whole system change.</p>
8.	<p>Rehabilitation services are encouraged to develop innovative and ambitious rehabilitation strategies and services.</p>	<p>Encourage the application of research to deliver rehabilitation that is evidence based and outcomes focused in order to push the boundaries and promote innovation.</p>

9. Delivery and Outcomes

Collaboration and engagement with stakeholders across sectors is essential to deliver the ambition of the Once for Scotland approach. This aims to make rehabilitation available to everyone at the point of need, at a time, place and in a format that is accessible and appropriate to them.

To deliver this Scottish Government will:

- Ask stakeholders (including NHS boards and HSCPs) to identify a rehabilitation lead within their organisation to help lead on the delivery of the recommendations set out here.
- Set up national work streams as part of a national improvement programme for rehabilitation.
- Embed the findings from the Equality Impact Assessment across all work streams.
- Work with people with lived experience to ensure that the Once for Scotland approach to rehabilitation is inclusive and meets needs of all, including seldom heard groups.
- Invite rehabilitation leaders and innovators across sectors to lead on specific workstreams.
- Develop clear reporting and accountability arrangements to ensure delivery of the recommendations.
- Support the development and use of research, evaluation and evidence-based practice within rehabilitation.
- Develop data sets on rehabilitation provision. This will provide a fuller picture of the landscape in terms of the availability of the rehabilitation workforce, the number of individuals accessing rehabilitation and the types of rehabilitation they access.
- Establish an implementation and delivery plan with the support of working groups who will have representation from across sectors.

10. Summary

The Once for Scotland approach sets out a framework for the delivery of ambitious and person-centred rehabilitation that aims to meet the increasingly complex rehabilitation needs of individuals across Scotland.

The Six Principles of Good Rehabilitation provide a contemporary lens through which to identify what good rehabilitation looks like. The principles can support the delivery of rehabilitation that is both tailored and meaningful with the frequency, intensity and method of delivery that is right for individuals and communities. Delivering on the Six Principles of Good Rehabilitation should make quality rehabilitation accessible to everyone who needs it.

The publication of this approach marks the delivery of the 2020 commitment to produce a strategy to support quality rehabilitation. It builds on the Framework, the work of the NABR and the publication of the two self-assessment reports.

Moving forward, the focus will be on how we deliver on our commitments and implement this work. The implementation will support individuals to address their rehabilitation needs and support rehabilitation service regeneration and recovery post-COVID.

Only by working together to deliver this can we achieve the ultimate aim of ensuring all adults who require rehabilitation 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.

Appendix A. The National Advisory Board for Rehabilitation (NABR)

The [NABR](#) was established in December 2020 to provide expert advice to Scottish Government, and support leadership in NHS Boards, Integration Authorities, Local government, Independent and Third Sector” in relation to the delivery of the “Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic (“the Framework”).

The Once for Scotland approach moves the commitments set out in the Framework towards an implementation and delivery phase. New governance arrangements will be established including short-life working groups to support the delivery of the recommendations set out here and embed improvements in to practice.

The NABR membership includes:

- Carolyn McDonald, Chair, Chief Allied Health Professions Officer, Scottish Government (SG)
- Marianne Hayward, Vice Chair, Head of Health and Social Care, South Lanarkshire Health and Social Care Partnership, and representative for HSCP Chief Officers Group
- Bette Locke, Allied Health Professional Advisor in Rehabilitation, SG
- Susan Wallace, Unit Head, Clinical Priorities Unit, SG
- Lois Lobban, Senior Policy Manager, Clinical Priorities Unit, SG
- Belinda Robertson, Head of Improvement Support, Healthcare Improvement Scotland
- Emma Stirling, Associate Director of Allied Health Professions, NHS Ayrshire and Arran and representative for AHP Directors Scotland Group
- Professor Alex McMahon, Director for Nursing, Midwifery and Allied Health Professions, NHS Lothian and representative for Scottish Executive Nurse Directors (SEND)
- Dr Angela Gall, Consultant in Rehabilitation Medicine, NHS Grampian and representative for the British Society of Rehabilitation Medicine
- Dr Tara Quasim, Clinical Senior Lecturer in Anaesthesia & Critical Care and Associate (Institute of Infection Immunity & Inflammation), University of Glasgow
- Dr Malcolm Daniel, Quality Improvement Fellow, Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde
- Lisa Powell, Policy Officer, COSLA
- Caroline Deane, Workforce Policy & Proactive Lead, ScottishCare
- Sara Redmond, Programme Manager, Health and Social Care Alliance Scotland
- Phil Mackie, Consultant in Public Health, Head of Public Health Scotland (PHS) Scottish Public Health Network Team and Interim Head of the PHS MERRR Team
- Dr Nadine Cossette, Liaison psychiatrist, NHS Lothian
- Laurie Eyles, Professional Advisor, Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes, SG
- Jan Beattie, Allied Health Professional Advisor, Primary Care, SG
- Dr Michelle Watts, Senior Medical Adviser, Primary Care, SG
- Dr Jacques Kerr, Senior Medical Officer, Unscheduled Care National Programme, SG
- Dr Alastair Cook, Principal Medical Officer for Mental Health, SG
- Melanie Weldon, Joint Head & Lead on Health Inequalities, Covid Ready Society Division, SG
- Eilidh Carmichael, Secretariat, Policy Manager, Clinical Priorities Unit, SG
- Alastair Hendry, Secretariat, Policy Officer, Clinical Priorities Unit, SG

Appendix B. Key Strategies and Policies Linking to Rehabilitation

Health and Social Care Delivery Plan	Health and Social Care Delivery Plan (www.gov.scot)
Recover, Restore, Renew CMO Scotland Annual Report 2020-2021	Chief Medical Officer for Scotland: Annual Report 2020-2021 (www.gov.scot)
Mental Health: Transition and Recovery Plan	https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/
Mental Health Strategy 2017 - 2027	Mental Health Strategy 2017-2027 - gov.scot (www.gov.scot)
Enabling, Connecting and Empowering: Care in the Digital Age Scotland's digital Health and care strategy	Digital health and care strategy: enabling, connecting and empowering - gov.scot (www.gov.scot)
Heart Disease Action Plan	Heart disease: action plan - gov.scot (www.gov.scot)
Respiratory Care Action Plan 2021 – 2026	Respiratory care - action plan: 2021 to 2026 - gov.scot (www.gov.scot)
Neurological care and support: framework for action 2020-2025	Neurological care and support: framework for action 2020-2025 - gov.scot (www.gov.scot)
Diabetes Improvement Plan: Commitments for 2021 - 2026	The Improvement Plan - Diabetes care - Diabetes improvement plan: commitments - 2021 to 2026 - gov.scot (www.gov.scot)
Independent Review of Adult Social Care	Adult social care: independent review - gov.scot (www.gov.scot)
Women's Health Plan A plan for 2021-2024	Women's health plan - gov.scot (www.gov.scot)
Ready to Act - A transformational plan for Children and young people, their parents, carers and families 2016	Ready to Act - A transformational plan for Children and young people, their parents, carers and families who require support from allied health professionals (AHPs) - gov.scot (www.gov.scot)
Your Posture Matters	Your posture matters Turas Learn (nhs.scot)
Public Health Scotland Physical Activity Referral Standards	Physical activity referral standards (publichealthscotland.scot)
World Health Organisation in its <i>Rehabilitation in Health Systems Guide for Action</i>	9789241515986-eng.pdf (who.int)



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