CONSENT FORM AND INFORMATION SHEET
FOR MANAGERS AND HEADS OF DEPARTMENTS

Hello,

My name is ***Harsha Dayal***. I am an Occupational Therapist, employed at Pretoria Academic Hospital. I am currently a part time student at University of the Witwatersrand, School of Public Health. I am exploring the challenges facing rehabilitation managers after the introduction of many policy changes within the public sector. I would appreciate your participation in this study.

Why did I choose this research topic? This is a qualitative study, designed to help explore the issue of managing rehabilitation personnel within a changing context and identify the factors that provide the greatest challenges. The study provides managers the opportunity to voice their opinions, share their experiences and reflect on their efforts in managing their staff. I believe that managers and staff need to be given an opportunity to voice there opinions and share their experiences.

What is expected? The interview is planned for 45 minutes. It will be conducted at a venue and time preferred by you. This is a once-off interview but if issues need to be explored further a second interview could be arranged with your consent. I am further requesting a visit to your department to gain a better understanding of how your services are organized and what your needs are. It would also be appreciated if your staff are informed about the study.

Can I remain anonymous and what about confidentiality? Managers are assured that they will remain completely anonymous in this research where your identity will not be known. Quotes will be described as "interviewee 1/2/3…" and not be attributed to any single individual.

What is the implication if I refuse? There are no implications or risks involved.

Consent to tape-record the interview. Since the interview is expected to provide me with valuable information as data necessary for the study, I ask for your consent to tape-record the interview. Writing down the information during the interview can be distracting and is at the expense of valuable time. These tape-records will only be used to transcribe necessary data for the purposes of analysis and will be kept in a secured place. They can be returned to you or will be destroyed after the data has been captured.

If you have no reservation to be interviewed, please sign the consent form. Do not hesitate to call me for any further queries or information at (012) 354 3807 / 082 563 5649.

I thank you for your time to read this information sheet.

Harsha Dayal

CONSENT FORM

I, _____ agree to be interviewed for the qualitative research study that involves the management of rehabilitation personnel undertaken by Ms. Harsha Dayal, as outlined in the information sheet.

_____ _____

Signature Date

CONSENT FORM AND INFORMATION SHEET
FOR PARTICIPANTS IN FOCUS GROUP DISCUSSIONS

Hello,

My name is ***Harsha Dayal***. I am an Occupational Therapist, employed at the Human Sciences Research Council (HSRC). I am currently a part-time student at University of the Witwatersrand, School of Public Health. I am exploring the challenges facing rehabilitation personnel after the introduction of many policy changes within the public sector. I would appreciate your participation in this study.

Why did I choose this research topic? With the introduction of various policy changes affecting health and rehabilitation services in the public sector, those that are required to implement these changes are most affected. This is a qualitative study, designed to help explore the issue of managing rehabilitation personnel and identify the factors that provide the greatest challenges. The study provides you with the opportunity to share your experiences of working in the public sector.

What is expected? After arranging with your head of department, you will be involved in a focus group discussion with colleagues. Other rehabilitation professions will also be represented. This is a once-off group, designed to provide participants the opportunity to share experiences, explore challenges and reflect on efforts made to improve situations. A central venue will be chosen and a time will be negotiated with all participants. The group is not expected to be longer than one hour.

What about confidentiality? Since participants may be known to each other, it is difficult to maintain confidentiality in a focus group discussion. However, all participants are assured that they will remain anonymous in the analysis of the data. The opinions and experiences that you share will not be individualized and will not be used to report to supervisors. Quotes will be described as "*female participant, group 1/2/3*" and not be attributed to individuals.

What is the implication if I refuse? There are no negative implications or risks involved.

Consent to tape record the group. Since the interview is expected to provide me with valuable information as data necessary for the entire study, I ask for your consent to audio-tape the group. It will be difficult to remember all the detail, but writing down the information during the group can be distracting and is at the expense of valuable time. These tapes will only be used to transcribe necessary data for the purposes of analysis. They will be destroyed after the data has been captured.

If you have no reservation to participate, please sign the consent form. There is a separate form to obtain consent on tape recording the group. Do not hesitate to call me for any further queries or information at 082 563 5649.

I thank you for your time to read this information sheet.

Harsha Dayal

CONSENT FORM

I, _____ agree to participate in the qualitative research study that involves a focus group discussion, to identify the challenges facing rehabilitation personnel, as outlined in the information sheet. My contact details are:

(work): _____

(cell): _____

_____ _____

Signature Date

CONSENT FORM TO AUDIOTAPE
THE INTERVIEWS / DISCUSSION GROUPS

I, _____ have read the information sheet on the proposed research study. I understand that the audiotape will be used to capture and transcribe data for the purposes of analysis, and will remain completely anonymous. They will be destroyed after the data is captured.

I give consent to audiotape the interview / discussion group.

Name of participant: _____

Signature: _____

Date: _____

APPENDIX 4

OBSERVATIONS MADE AT FACILITY LEVEL

SCORING SHEET

Data derived from observations made at facility level is aimed at measuring the extent to which human resources management for rehabilitation is aligned with policy guidelines. The national policy provides the framework against which to gauge how rehabilitation services are managed. As outlined in the introduction, the policy states that rehabilitation is an essential service and describes combined rehabilitation goals to be met at operational levels. This implies the integration of several professions that make up a rehabilitation service. While integration could mean different things from different perspectives, for rehabilitation goals to be met realistically as the policy advocates, integration calls for teamwork and sharing of resources. Thus, the scoring sheet ultimately puts a value judgement on the sharing of resources and level of teamwork among the professions included in the study.

RESOURCES	**1**	**2**	**3**	**4**	**5**
Departments occupying common office space					
Common equipment shared with other departments					
Utilization of consultation / treatment rooms as teams					
Combined registration of patients/clients					
Sharing of administrative resources					

Scale:

1 = POOR
2 = INADEQUATE
3 = ADEQUATE
4 = GOOD
5 = EXCELLENT

LEVEL OF TEAMWORK	**Yes**	**No**
1. Rehabilitation team meetings held 1/month		
2. Coordinated scheduling of patients/clients for follow-up services		
Teamwork activities: 3. Evaluation of client as a team		
4. Formulation of intervention programme in consultation will all rehab staff		
5. Planning for discharge / long term goals/ referral to other resources as team		
6. Education of family/counselling conducted as a team		
7. Improving and developing rehab programmes from team inputs		

APPENDIX 5

GUIDELINE OF OPEN-ENDED QUESTIONS FOR INTERVIEWS

(Managers and Heads of Departments)

QUESTIONS	PROBES TO ELICIT ASPECTS NOT ADDRESSED
Opening statement: *The National Rehabilitation Policy of 2000 guides all rehabilitation personnel. It makes specific reference to human resource management within a decentralized health system and speaks of Community Based Rehabilitation service as opposed to individual professions*	
What have been the major changes in managing your service, since the implementation of the new policy?	Budget allocations Post structure Staff retention HR management and development Referrals between primary, secondary and tertiary levels of care.
How have these changes impacted on the service your department provides?	Opportunities / positive outcomes Constraints / negative outcomes
What changes had to be made with regard to planning and organization of staff?	Organograms: past and present Level of data/information available for decision making
What are the effects of policy changes on resource allocation?	Need to combine resources between rehab services
Describe the level of teamwork in your setting.	Regular meetings between rehab staff Organization of staff in functional units Lines of communication Accountability Level of professionalism Identification with other staff
How are rehabilitation goals set and achieved in your area?	Individual/departmental goals vs combined rehabilitation goals Individual vs combined treatment planning, discharge reports/ referral letters/ follow-up appointments
Describe an ideal organizational structure to manage your personnel who have a unique expertise on the one hand, with providing an integrated rehabilitation service on the other?	Top down hierarchy Separate organogram from other rehab professions vs identifying a creative staff mix between professions
What challenges have you experienced or envisage in implementing an integrated rehabilitation service?	Communication Competition Budgets Shared resources
What training or support did you receive in implementing the new rehabilitation policy?	Change management Availability and attendance of management training and reorientation courses/workshops

APPENDIX 6

GUIDELINE OF OPEN-ENDED QUESTIONS FOR INTERVIEWS

(Participants in focus group discussion)

QUESTIONS	PROBES TO ELICIT ASPECTS NOT ADDRESSED
Opening statement: *The National Rehabilitation Policy of 2000 guides all rehabilitation personnel. It makes specific reference to human resource management within a decentralized health system and speaks of Community Based Rehabilitation service as opposed to individual professions.*	
How did you learn about and what do you know about the new rehabilitation policy?	Level of awareness Explore sources of information Direct knowledge from managers
What changes were made with the way services are delivered in your department / field of work?	Patient care Changes to protocols Programme formulation Referal systems Teamwork
How have these changes impacted on the service your department provides?	Opportunities / positive outcomes Constraints / negative outcomes
Describe the level of teamwork in your setting.	Regular meetings between rehab staff Organization of staff in functional units Lines of communication Accountability Level of professionalism Identification with other staff
How are rehabilitation goals set and achieved in your area?	Individual/departmental goals vs combined rehabilitation goals Individual vs combined treatment planning, discharge reports/ referral letters/ follow-up appointments
What challenges have you experienced or envisage in implementing an integrated rehabilitation service?	Explore the concept of Community Based Rehabilitation (CBR) Referral system used
How can the service you provide, be improved for both patient treatment and for your own job satisfaction?	Teamwork Management Supervision and support Clear guidelines and protocols Training : undergraduate Continuing education

APPENDIX 7

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Dayal

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M070241**
PROJECT	The management of rehabilitation personnel within the contect of the National Rehabilitation Policy
INVESTIGATORS	Mrs H Dayal
DEPARTMENT	School of Public Health
DATE CONSIDERED	07.03.02
DECISION OF THE COMMITTEE*	APPROVED UNCONDITIONALLY

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 07.04.28 **CHAIRPERSON** .....
(Professors PE Cleaton-Jones, A Dhai, M Vorster, C Feldman, A Woodiwiss)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor :

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

RESULTS OF DOCUMENT REVIEWS FOR POLICIES AND NORMS AND STANDARDS

a. Policies on Disability and Rehabilitation

INTERNATIONAL CONTEXT		
Document	**Year**	**Data Extract**
UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities	1993	• Preconditions for equal participation: o Rule 1: Awareness-raising o Rule 2: Medical care o Rule 3: Rehabilitation – "*States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning"* o Rule 4: Support services
CBR– A Strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities. ILO, UNESCO, WHO	2004	• Rehabilitation…as a process in which people with disabilities or their advocates make decisions about what services they need to enhance participation. Professionals who provide rehabilitation services have the responsibility to provide relevant information to people with disabilities so that they can make informed decisions regarding what is appropriate for them. • CBR is a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities.
Continental Plan of Action for the African Decade of Persons with Disabilities	1999-2009	*Objective 6 of 12 objectives:* • Ensure and improve access to rehabilitation, education, training, employment, sports, the cultural and physical environment.
NATIONAL CONTEXT		
SA Disability Rights Charter	1992-1993	*Article 3 – Health and Rehabilitation* • Health and rehabilitation services and facilities shall be effective, accessible and affordable to all disabled people in SA.
Constitution of the Republic of SA (Act no: 108 of 1996)	1996	*Section 9(3)* • "*The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, …age, disability, religion, conscience, belief, culture, language and birth."* Section 27(1)(a) • *"Everyone has the right to have access to – health care services…"* *Section 27(2)* • *"The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights".*

White Paper on an Integrated National Disability Strategy	1997	REHABILITATION "Access to appropriate rehabilitation services can make the difference between leading an isolated and economically dependent life and leading and economically independent life and playing an active role in society. This goal must be reflected in policy on rehabilitation." (pg: 27) "Community-based rehabilitation should, therefore, form the basis of the national rehabilitation strategy…" (pg:27) ON THE SOCIAL MODEL "A human rights and development approach to disability focuses on the removal of barriers to equal participation and the elimination of discrimination based on disability" (pg:10) "The Social Model of disability proposes a more central role for disabled people in the planning, development, implementation and monitoring of rehabilitation services. There will, in other words, be a shift in power away from professionals towards people with disabilities" (pg:27) STRATEGIES PROPOSED: • Personnel training • Inter-sectoral collaboration • Active role of Disabled People/Parent Organizations • Components: o Medical/Psychological/Educational/Vocational Rehabilitation and Assistive devices.
National Rehabilitation Policy (NRP)	2000	GOAL: *"…to improve accessibility to all rehabilitation services in order to facilitate the realization of every citizen's constitutional right to have access to health care services…to bring about equalization of opportunities and to enhance human rights for persons with disabilities, thereby addressing issues of poverty and disparate socio-economic circumstances"* DESCRIPTIONS OF THE SOCIAL MODEL: *"The time has come for service providers to acknowledge the role that clients can play in their own rehabilitation" (pg: 1)* *"To ensure participation of persons with disabilities in planning, implementation and monitoring of rehabilitation programmes." (pg:2)* *"CBR is people-centred and people-driven and focuses on mutual transfer of skills, knowledge and resources between the community, people with disabilities and service providers." (pg: 7)* HUMAN RESOURCES COMPONENT: *(1)* Planning: o *"The skills, experience and expertise of all health personnel should be used optimally to ensure maximum coverage and cost effectiveness* o *"That rehabilitation personnel should form part of the Primary Health Care Team…"* *(2)* Changing the nature of management:

		o *"Management of programmes should be decentralized to the provincial and district levels…"* o *"Health service managers should be supported in acquiring the skills needed to manage a decentralized health service"* o *"Effective evaluation techniques and procedures should be introduced to assess management efficiency at all levels of the health service"* *(3)* Building capacity: o *"Management skills at all levels should be developed if substantive health reform is to be sustained"* o *"Institutional capacity to support human resource planning and management should be developed"* o *"There should be a portfolio for disability prevention and rehabilitation services at provincial level to ensure development and coordination of services"* 10 GUIDELINES FOR ESTABLISHING A REHABILITATION PROGRAMME: (1) *Services that are affordable, equitable and accessible to all* (2) *Accountability of service providers and users* (3) *Social reintegration* (4) *Comprehensive service which covers all components of rehab – needs a clearly defined referral system* (5) *Balance between institution based and community based services* (6) *Participation of persons with disabilities* (7) *Optimal use of all resources – services coordinated between various levels* (8) *Physical, social and economic independence and reintegration into society* (9) Inter-sectoral collaboration (10) Minimum norms and standards and indicators for different components of rehabilitation should be the basis of service evaluation and monitoring
PROVINCIAL		
GAUTENG Policy Framework on Disability – Together creating jobs & fighting poverty	undated	• Seeks to operationalize objectives of existing legislative and policy frameworks – INDS • Integrated, barrier-free and comprehensive service delivery- "rehabilitation programmes wherever possible…" • Developmental approach towards management of disability as an employer • Identify institutional arrangements to give effect to policy

b. Policies Guiding the Professions

LEGISLATION	POLICY AREA		DATA EXTRACT
Health Professions Act (Act 56 of 1974)	Objects (functions) of Professional Boards	Section 15 A	(b) to assist in the promotion of the health of the population of the Republic on a national Basis; (c) ….to control and to exercise authority in respect of all matters affecting the training of persons in, and the manner of the exercise of the practices pursued in connection with, any profession falling within the ambit of the professional board; (d) to promote liaison in the field of the training contemplated in paragraph (c), both in the Republic and elsewhere, and to promote the standards of such training in the Republic (e) to advise the Minister on any matter falling within the scope of this Act as it relates to any profession….to support the universal norms and values of the profession, with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement
	Community service	Section 24A	…any person registering for the first time for a profession listed in the regulations in terms of this Act…shall perform remunerated community service for a period of one year in terms of the regulations contemplated in subsection (2) and shall, on the completion of such service, be entitled to practice the profession in question
LEGISLATION	**POLICY AREA**		**DATA EXTRACT**
Health Professions Act (Act 56 of 1974)…(continued)	Continuing education and training a prerequisite for continued registration	Section 26	" The Health Professions Act, 1974 (Act no: 56 of 1974) endorses Continuing Professional Development (CPD) as the mean for maintaining and updating professional competence and for ensuring that the public interest will always be promoted and protected or ensuring the best possible service to the community. CPD should address the emerging health needs and be relevant to the health priorities of the country". (HPCSA, 2006)
Social Service Professions Act (Act 110 of 1978)	Objects of Professional boards	Section 14B	(a) to consult and liaise with other professional boards and relevant authorities on matters affecting the professional board (e) to determine the minimum standards of education and training of persons practising the professions falling within the ambit of the professional board; (h) to guide the professions falling within the ambit of the professional board and to protect the public.
	Registration of additional qualifications and specialities	Section 17C	(1) The Council may from time to time prescribe the degrees, diplomas or certificates which may be registered as additional qualifications or the proficiencies which may be registered as specialities.

National Health Act (Act 61 of 2003)	Functions of national and provincial health departments	Chapter 3 and 4	NATIONAL 21(b) "Issue guidelines for the implementation of National Health Policy" 21(c)"Promote adherence to norms and standards for the training of human resources for health" PROVINCIAL 25(2)(f) "Plan, coordinate and monitor health services and must evaluate the Rendering of health services" 25(2)(i) "Plan, manage and develop human resources for the rendering of health services" 25(3)(a) "Prepare strategic medium term health and human resources plans annually for the exercise of the powers…and provision of health services"
	Forum for Statutory Health Professional Council	Chapter 7	50(4)(c) "In the interest of the public, promote inter-professional liaison and communication between registered professions" (i) "…development of coherent policies relating to the education and training and optimal utilization and distribution of health care providers" (n) advise the minister and the individual statutory health professional council concerning (i) the scopes of practice of the registered professions (x) inter-professional communication and relationships.
White Paper on Human Resources Management in the Public Sector	Principles	DPSA, 1997	1. Decentralization 4. Flexibility 2. Efficiency 5. Diversity 3. Effectiveness 6. Service standards "I*t will mean that organizational structures will need to be far more closely aligned to the strategic service delivery goals of the organization, and will have to be flexible enough to adjust as these goals change in line with the changing needs and priorities of the public and of government policy"* ROLES AND RESPONSIBILITIES *"National departments and provincial administrations have to determine their HR management policies and practices in order to meet their own particular strategic and operational objectives and organizational needs, within the financial resources which have been allocated to them"*

c. Professional Norms and Standards

OCCUPATIONAL THERAPY

- Shall perform acts only…in which he or she was educated and trained and in which he or she has gained experience
- Standards related to direct & indirect services
- Maintains current knowledge of legislative, political, social… issues
- Systematically assesses the efficiency and effectiveness of OT
- Standards under indirect services:
    - Management: planning, organizing, coordinating, guiding and controlling; supervisory; quality assurance; cost-effectiveness & budgets
    - Cooperation with other professions: contributes to the team; work in partnership with other professionals
- Policy document on cross training (multi-skilling):
    - Supports multi-skilling at a grass roots level

      Not acceptable at an under/post graduate level, especially for gain and thee possibility of exploitation of the public becomes enormous

PHYSIOTHERAPY

- Shall confine to clinical diagnoses and practicing in the field of physiotherapy in which he or she was educated and trained and in which he/she has experience
- Shall not fail to communicate….in the diagnosis and treatment of a patient
- These acts shall be performed in the following fields covered by physiotherapy as a supplementary service to medicine:
    - Orthopaedics
    - Neurology & neuro-surgery….
    - Rehabilitation (among a list of specialized diagnoses)
- SCOPE OF PRACTICE:
    - Clinical reasoning approaches
    - Management of physical problems
    - Assess and evaluate individual's…..
    - General role in promoting health…prevention of problems…provide a coherent approach within the bio-psychosocial model

Will either work independently or in association with a health care team for rehabilitation and care.

SPEECH THERAPY AND AUDIOLOGY

- Shall confine to clinical diagnoses and practicing in the field of physiotherapy in which he or she was educated and trained and in which he/she has experience
- SCOPE:
    - Assessment
    - Planning, conducting or directing / participating in the habilitation /and rehabilitation of persons with speech, voice and language pathologies, hearing pathologies.
    - Evaluating hearing functions…including observations.
- HEARING SCREEING POSITION STATEMENT (2002)
    - Intervention programmes are recommended through integrated, interdisciplinary Provincial and DHS.
    - This will meet the criteria set in the National Patient's Rights Charter
    - Hearing screening should be available to all children….through community based PHC service

- An efficient referral and follow-up system…should be in place to ensure the success of Intervention programmes
- The White paper INDS calls for…"early identification of impairments and appropriate interventions"…. "free access to assistive devices and rehab services"
- Roles and responsibilities: "trans-disciplinary team model"
    - Family members as essential team members
    - Services should be coordinated by a case manager
- Target outcome: by 2010: 98% of neonates/infants should be screened
    - Referral and intervention should take place by 6 mths age
    - Parent education …should occur within a multi-professional team framework
- Policies explicitly stated: "NRP, INDS, Deafsa's Early Intervention Policy and Inclusive education, SA constitution"

SOCIAL WORKERS

SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

Mission:

" To serve the interests of the social service consumers and professions through the development, promotion and maintenance of training, ethical conduct and professional service within the developmental welfare framework.

"Policy Guidelines for Code of conduct, code of ethics and the rules for social workers"

- Social workers promote social justice and social change within and on behalf of client systems
- Activities form direct practice, community organization, supervision, social and political action, policy development & implementation, education, research and evaluation
- Guided by the Social Service Professions Act 110 of 1978 and
- Constitution of RSA (Act 108 of 1996)
- Roles and responsibilities:
    - To the profession
    - To the client systems (individuals, families, groups and communities)
    - Towards colleagues and other social workers
    - Interdisciplinary team: ethical obligations should be clearly established.

"Gauteng Health: Social Work - Standard: Legislative guidelines and protocols

- explicitly states all Acts and policies pertaining to Social work including:
    - Childrens Act, Mental Health Care Act, National Health Act, Social Assistance Act, Constitution of RSA, PFMA, INDS,
    - Social workers in health care … have specialized knowledge and skills to assist individuals.
    - Therefore offers a holistic service focusing on the bio-psychosocial approach.
    - The social worker forms and integral part on the muliti-disciplinary team of the hospital.
    - JOB DESCRIPTION:
        - Level 6/7: case work, group work, community work
        - Level 8/9 : 50% advanced production work; 30% supervision/training/self development/ staff development; 20% admin / management
        - AD: 90% management; 10 % production

APPENDIX 9

RECOMMENDATION OF AN ALTERNATIVE ORGANIZATIONAL STRUCTURE FOR REHABILITATION SERVICES

A matrix system is recommended where the goals of rehabilitation services are met through activities guided by programme managers. This is aimed at solving the two conflicting issues identified as a major theme in this study: ***maintaining professional boundaries*** *and* ***service development*** *through programme formulation. The matrix structure not only acts as a tool for change to facilitate integration and teamwork, but also as an alternate retention strategy and career-pathing, specific to the needs of the rehabilitation professionals. It is further aimed at improving organizational effectiveness and facilitates communication and coordination towards the establishment of an effective referral system. Profession-specific heads of departments (AD level) and a post for the rehabilitation manager (DD level), represent a career path vertically for individual professions; while horizontally, posts for programme or project managers (AD level) also provide an 'upward' career path, based on clinical experience and/or expertise. The rehabilitation manager has the crucial role of coordinating and providing a comprehensive rehabilitation service.*