Explanatory notes on the DVfR’s mission statement

A. The DVfR as an interdisciplinary forum – organisation and working methods

The Deutsche Vereinigung für Rehabilitation e. V. (German Association for Rehabilitation – DVfR) is a national non-profit association that can look back on 100 years as an interdisciplinary forum for expert discussion of the needs-oriented organisation of rehabilitation services in Germany. It brings together representatives of all the stakeholders involved in rehabilitation to engage in ongoing interdisciplinary, cross-sectoral and consensus-oriented dialogue with the aim of promoting habilitation and rehabilitation¹, participation, self-determination and inclusion.

The DVfR is fundamentally involved in all areas of rehabilitation, i.e. in medical, educational, work-related and social rehabilitation, besides dealing with issues relating to targeted prevention as described in its mission statement and charter.

The central principles that govern the association’s mandate and organisational work are the UN Convention on the Rights of Persons with Disabilities (UN-CRPD), the constitution and legal system of the Federal Republic of Germany, particularly the Ninth Book of the Social Code (SGB IX), the rehabilitation concept developed by the World Health Organisation (WHO), the International Classification of Functioning, Disability and Health (ICF), and the DVfR’s internal regulations (including its mission statement, charter, rules of procedure and committee regulations).

Membership of the DVfR is open to individuals, institutions, associations and facilities (corporate members) who acknowledge and promote the objectives defined in the charter. DVfR members are formally divided into five groups:

- Organisations that fund rehabilitation
- Rehabilitation facilities and services
- Self-help organisations and organisations for the disabled

¹ Article 26 UN Convention on the Rights of Persons with Disabilities. For purposes of simplification, only the term “rehabilitation” will be used in this document; however, it should invariably be understood to mean both habilitation and rehabilitation.
• Individuals involved with the rehabilitation sector, particularly those affected by disability
• Occupational and professional organisations involved with rehabilitation

Along with membership fees, the DVfR receives institutional funding from the federal government, represented by the Federal Ministry of Labour and Social Affairs. It also generates additional income from donations, events and publications.

The DVfR’s central organs are the members’ meeting and the board of directors, divided into the main board (MB) and executive board (EB). The most important working bodies are the DVfR committees deployed by the MB. The DVfR office coordinates and supports the work carried out by these organs.

The main focal points of the DVfR’s activities are defined by the main board in a work programme covering a period of four years; this period coincides with the board’s election term.

The DVfR draws on its extensive expertise to promote ideas for structuring rehabilitation services, e.g. by linking experts and political decision-makers and by providing information and advice.

B. Instruments for implementing the DVfR’s tasks

The DVfR fulfils its mandate (cf. section C) by initiating, organising and moderating discussions and exchanges of experience in the areas of rehabilitation and participation as described in its mission statement and with the support of its members.

The DVfR carries out the following activities in order to realise its aims and perform its tasks:

• It forms both permanent and ad hoc committees to facilitate expert dialogue which establishes the basis for its opinions and recommendations.
• It organises its own conferences and events, in some cases with partners, and participates in events organised by other bodies.
• It helps its members perform their tasks, in particular by providing an interdisciplinary network and structural support for dialogue that spans all interests.

2 The committees currently comprise: a) Eight permanent committees: Work Rehabilitation and Integration for Disabled Persons; Exercise, Sport and Leisure; Training, Schools and Education; Geriatric Rehabilitation; Interdisciplinary Developmental Support and Rehabilitation for Children and Young People; Interdisciplinary Rehabilitation Research; Communication and Participation for Persons with Auditory, Vocal and Linguistic Disabilities; Psychological Disabilities b) Seven ad hoc committees: these deal with current problems associated with the supply of medication; current problems associated with the supply of aids; procedures to establish individual needs for assistance with participation; support for the wider use of ICF classifications in the German rehabilitation sector; rehabilitation and nursing care; post-acute neurological rehabilitation and follow-up care for adults; and developments in integration support.
• It carries out public relations work by publishing the journal “Die Rehabilitation” (“Rehabilitation”), a website, newsletters, statements of opinion, discussion papers and others.

• It provides consulting services for and with rehabilitation stakeholders, particularly in the political arena.

• It hosts the web-based discussion forum “Rehabilitations- und Teilhaberecht” (“Rehabilitation and Participation Rights” – DF 2.0), creating a solid foundation for the development and application of rehabilitation and participation rights.

• It is a member of Rehabilitation International (RI) and is thus involved in international dialogue.

• It answers questions about rehabilitation, particularly from abroad.

• It awards the Kurt Alphons Jochheim Medal to honour persons who have made outstanding contributions to the rehabilitation and inclusion of persons with disabilities.

• It supports or participates in special projects to promote rehabilitation and participation and also provides project funding if necessary.

Ultimately, none of the DVfR’s activities would be possible without the dedication of its members. The tasks performed by the association’s members include:

• Participation in the DVfR’s working bodies, particularly for specific work plans, when compiling statements etc.

• Participation in DVfR committees and/or delegation of experts

• Assistance with public relations work and cooperation with the DVfR’s publication organs

• Submission of documents/publications to promote interdisciplinary exchange within the DVfR along with the exchange of information

• Active provision of information relating to topics and developments in the areas of rehabilitation, participation and inclusion that must be dealt with

• Assistance at the DVfR’s events

• Provision of information on special issues

• Announcements about the DVfR, its goals and activities

• Dissemination and representation of DVfR opinions in their own field of work, particularly at events and in work contexts outside the DVfR

• Assistance with the DVfR’S international tasks
C. The DVfR’s areas of activity

In its mission statement, the DVfR specifies the fields in which its activities are primarily concentrated. These fields of activity are explained below:

1. (Further) development of ethical, professional, economic and scientific principles relating to rehabilitation

The field of rehabilitation and participation is the scene of a conflict between individual needs and opposing social interests that manifests for example in the limitation of resources. Particularly from a socio-economic viewpoint, rehabilitation is extremely important if we are to have an inclusive, capable society that aims to enable its members to lead a useful life; it is also essential if a country is to have a successful economy. Nevertheless, rehabilitation services are often subjected to the pressure of economic legitimation, as they are classified as social benefits granted by the state. This raises ethical, professional and economic questions, e. g. with regard to new socio-economic approaches such as the capability approach or return on social investment.

The importance of rehabilitation for those affected and for the common good has to be constantly explored afresh. Only on the basis of comprehensive analyses taking all aspects of self-determination, participation and inclusion into account can discussions be held for example on the rehabilitation budget, the expansion of rehabilitation services and possible new services.

Specific expertise, professionalism, interdisciplinarity, team orientation and a focus on participation are decisive quality attributes of rehabilitation that must be conceptually maintained and consistently developed further. If rehabilitation is to be organised effectively, a solid scientific foundation based on consistent research into rehabilitation and participation – also in an international context – is absolutely essential. Special attention must be paid to research into participation along with the involvement of those affected and those undergoing rehabilitation.

The DVfR helps clarify the requisite knowledge base and general conditions, for example by exploring the concepts of participation, inclusion, empowerment, equal opportunities and fairness and by investigating universally acceptable ethical principles for rehabilitation.

2. Increasing political and social awareness of society’s tasks of habilitation and rehabilitation and of participation and inclusion, particularly for disadvantaged persons

People with disabilities are a part of society and perform social tasks and functions just like any other group. The nature and scope of their participation is influenced by how they can develop and contribute their skills and competences and how
barriers to participation such as poverty and other forms of social disadvantage are eliminated.

Rehabilitation can make a critical contribution in this respect. From a social perspective, for example, it helps those affected acquire job skills, keeps them employable, treats and helps people cope with the consequences of disease, promotes health, and prevents, reduces and helps people cope with dependency on nursing care. It can make critical contributions towards dealing with the consequences of demographic developments, e.g. by creating more jobs for young people and the long-term unemployed, increasing the number of employees who remain active at work until an advanced age, and reducing the need for professional nursing care.

Some of the DVfR’s most important tasks are to raise awareness of the potential of rehabilitation at all levels of society, i.e. in political and expert circles and among the general public, to promote the joint exploitation of this potential, and to develop the concept of rehabilitation even further. The organisation therefore attaches great importance to various forms of public relations work and to disseminating complex information in an easily understandable manner; a large part of its activities therefore focus on this. In doing so, it targets both the expert public and society as a whole, particularly those who bear responsibility in the political arena, social partner organisations, self-government, authorities and administrations.

3. Further development and implementation of rehabilitation and participation rights

It is critical for people with disabilities to have needs-oriented rehabilitation services that are actually available and to have their individual rights to access and receive rehabilitation and participation services recognised and asserted. In compliance with the specifications in the UN-CRPD, all stakeholders are challenged to structure and apply SGB IX and the other laws for individual rehabilitation providers in such a way that participation services are made available and actually used as needed. Expert discussion on implementation problems and further developments in rehabilitation and participation rights must be intensified. All legislation procedures should be oriented on disability mainstreaming. The DVfR and its partners contribute to this in the “Diskussionsforum Rehabilitation und Teilhaberecht“ (“Discussion Forum for Rehabilitation and Participation Rights – www.reha-recht.de).

4. Further development of rehabilitation services and programs with a focus on making them more needs-oriented, available, accessible and barrier-free

The participation and inclusion goals of rehabilitation require the ongoing development of rehabilitation services, service structures and service processes,
also in terms of connection with other forms of participation assistance and social support. Rehabilitation is an interdisciplinary task which invariably involves numerous disciplines. Universal tasks include the coordination of cooperative endeavours and the establishment of links between all the stakeholders involved, including social partners and public institutions. The most important requirements in this context include: needs orientation, proximity to home, community orientation, quality assurance and economic efficiency to facilitate effective support for participation, and suitable basic and advanced training concepts based on the latest scientifically founded knowledge. A transfer of knowledge, insights and experience must be guaranteed between research and practice and between disciplines. Existing proven and suitably innovative services must be expanded to cover a wider area and developed in a way that assures intensive participation in individual cases. In this context, special attention must be paid to the provision of appropriate consulting, an adequate range of inpatient, outpatient and mobile rehabilitation services, and the creation of a balanced relationship between indication-specific, specialised services on the one hand and concepts for multiple indications and multimorbidity on the other. Within facilities, these services must be rendered by teams and the use of interdisciplinary working methods monitored on a regular basis. Rehabilitation services must invariably be barrier-free. In its statements, for example, the DVfR regularly makes specific recommendations concerning the further development of rehabilitation services. It pays special attention to needs and living circumstances and tackles cross-sectoral problems insofar as this serves the goals of rehabilitation and participation.

5. Active involvement and participation by persons with disabilities

People with disabilities and their organisations and caregivers must be actively involved as experts in their own right when compiling and implementing concepts for rehabilitation development and in all decision-making processes that affect them. Corresponding procedures must be developed to ensure that such participation is systematically guaranteed. This applies to questions relating to the interdisciplinary structure of rehabilitation and participation, to the individual process of rendering participation services, and to research. This is only possible if the necessary conditions, e.g. advanced training or assistance, are created. People with disabilities and their organisations form a separate member group that is invariably incorporated into the DVfR's work and participates actively in the work processes.

6. International cooperation in the areas of rehabilitation, participation and inclusion

The need for a theme-based exchange of experience has also increased internationally since the onset of globalisation, particularly since the ratification of the UN-CRPD in Germany. Participation and inclusion are human rights that apply
across national borders. The DVfR is also a member of the world organisation Rehabilitation International (RI), alternating with the Bundesarbeitsgemeinschaft für Rehabilitation e. V. (Federal Rehabilitation Council – BAR) in performing administrative duties on Germany’s behalf.

This puts the DVfR in a good position to observe international developments, identify innovative approaches to rehabilitation and participation, assess their feasibility and initiate their implementation if appropriate. Our own knowledge and experience of the German rehabilitation system can also contribute to international discussion. The international networks maintained by the DVfR and its members are used systematically for this purpose.

(12.12.2013)