

Collaboration is key:

How rehaKIND brings together professionals, manufacturers, parent groups and beyond

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A SAYING FROM MONGOLIA

„You can't tie a knot with only one hand“

How it began...



Background:

- The focus at the end of the 1990s:
 - Demographic population development
 - Large number of elderly people to be cared for



Children with disabilities disappeared completely from the view

Goals:

- to give this small group of people a voice with relevance in the healthcare system
- to advocate for their provision with high-quality, individualized aids and therapies

Foundation of the association:

- In the year 2000
- 8 smaller manufacturing companies + 1 specialist therapeutic publisher

Our mission...



Children are **habilitated** - for a life that is as independent and self-confident as possible



A child who is cared for well and in a timely fashion

- grows up to be as independent an adult as possible
- saves the society care costs
- can participate in the labor market & in social contexts



Child rehabilitation is not a luxury, but - in addition to the legally guaranteed entitlements - also a moral obligation of our rich society!



The quality of care must not be sacrificed to the pressure and costs of competition in the healthcare system!



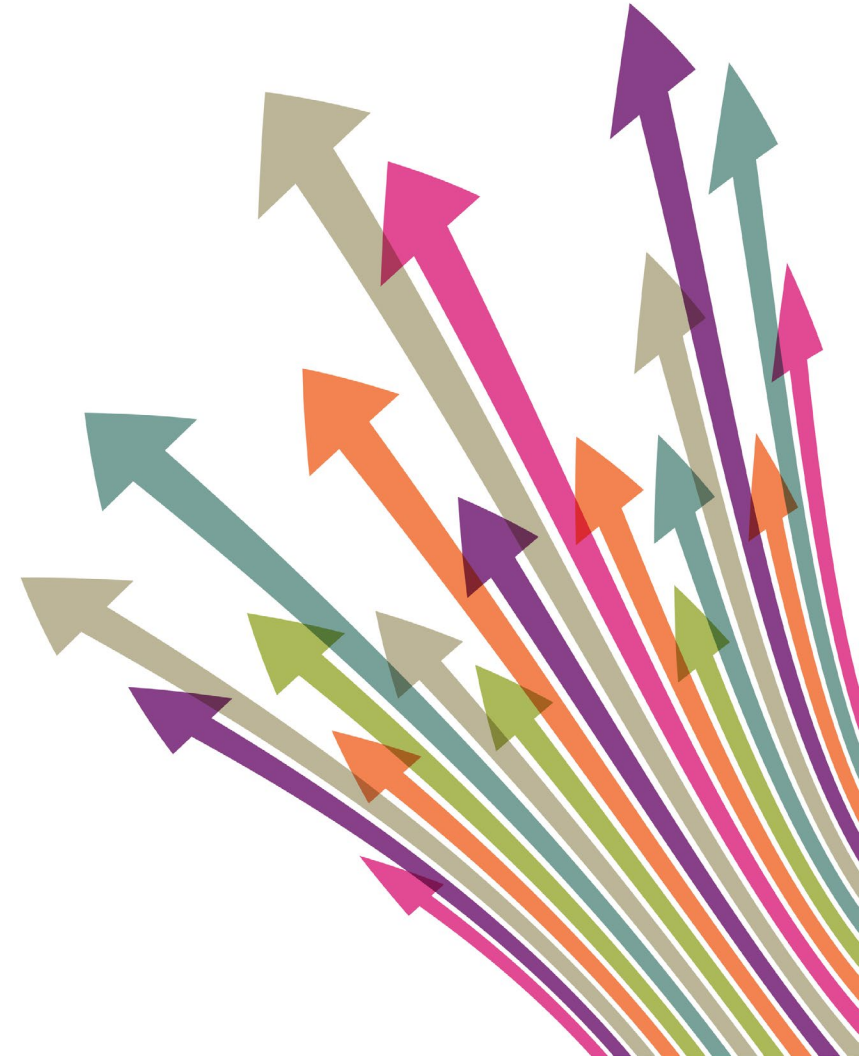
Investing in the future by providing aids for all children!

Securing opportunities -

for children and adolescents and
young adults who need aids

- only **independent network** of pediatric rehabilitation
- develops successful structures
- Thereby ensures **quality of care** and **of life**

 **Our message:** The provision of aids for children and adolescents is always individual and requires special expertise and time!



We ensure quality of care

...with the expertise of currently 197 members from D, NL, CH

- Over 40 manufacturers and more than 100 specialist retailers / suppliers
- Clinics / SPCs / hospices
- Publishers / Lawyers
- Trade fair companies
- Professional associations / networks
- Advisory services
- Parent networks / self-help associations



Boy in wheelchair stroking a goat

We are a network for everyone

...and ensure individual care and quality of life through:

- **Helping parents** with information and advice → Social Media
- Development of **quality standards** for providers (various working groups: children's health insurance sample contract, respiratory care, development of needs assessment form BEB)
- **Legal support**
- Active **lobbying** → Politics, media
- **Training** of all parties involved
- FocusCP-rehaKIND **Congress**
- Participation in **studies / specialist committees**
- **Networking** of all those involved / advisory boards, specialist trade, parents, medicine ...



Our training concept



Modular system with over 35 different topics



rehaKIND specialist consultants as a recognized label
- also with cost bearers in health insurance



Listing of consultants online → www.rehakind.com



Independent speakers from the field



Interdisciplinary exchange



Approx. 40 training courses with over 500 participants p.a.



Participant tries out a standing frame

We create public awareness

- At congresses and trade fairs
- In public committees
- In the trade press
- In podcasts and on television
- In politics, industry and society
- With our website
- At networking events



The strong voice of children's rehabilitation

The action alliance for needs- based provision of medical aids

- **Goal:** unbureaucratic prescription & quick approval by eliminating the medical service review for prescriptions from qualified centers (SPZ, MZEB etc.)
- Current draft bill GVSG on § 33 SGB V.



Successful Parliamentary breakfast with politicians in Berlin



Jürgen Dusel, Federal Commissioner for Matters relating to People with Disabilities (left) and Christina Hennemann (right)

Petitions Committee recommends better care for children/young people to the Bundestag

→ 58,000 votes were collected and listened to!

- **Early determination of needs/participation** as defined in SGB IX as a basis for prescribing and decision-making
- Introduction of a **qualified prescription** for certain groups of people / aid groups / ICF-based form

➔ **Test phase in SPZ**

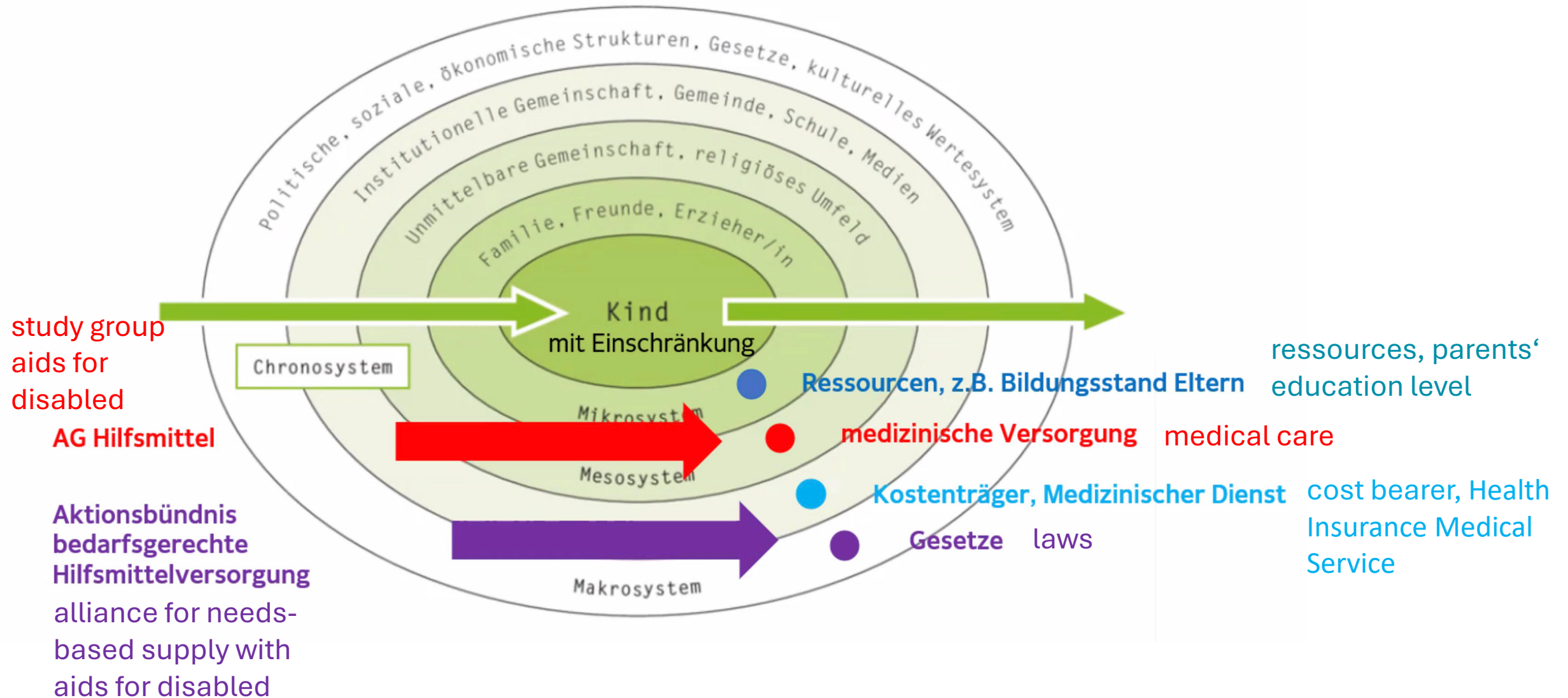
- **Waiver of MD review** if needs assessment & qualified prescription/recommendation is submitted by a specialized authorized facility (SPC, MZEB)

➔ **Draft bill GVSG §33 SGB V**



Hearing in the House of Representatives

Das ökopsychologische Systemmodell von Bronfenbrenner



Our society needs **all** children

We are building the future for human society

- Children are our greatest asset - **all** children
- Young, well-educated parents (mostly mothers) cannot work in the professions they have learned



Cause: Lack of support with regard to care, everyday life & aids



Negative consequences:



Increased shortage of skilled workers



Certain path to poverty in old age (lack of pension entitlements)



Partnerships break up



Siblings take second place for life because the child with a disability needs so much attention

Our society needs **all** children

We are building the future for human society

Yes: technological and digital innovation could even help young people with disabilities to enter the primary labor market

➔ That would be true inclusion





Thank you for your interest!

- Your questions ?
- Suggestions?

also to
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