

## Action Plan for Implementing the UN-CRPD in the German Social Accident Insurance

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### Short Communication

#### Abstract

Around the world work accident insurances pay benefits after trauma, most of them also for medical treatment. These institutions ask trauma centres for providing and implementing human rights set by the United Nations in their all day working surroundings. This short communication offers an overview of a good practice program and successful results of an implementation process.

**Keywords:** Trauma; Habilitation; Rehabilitation; Accident; Insurances; Action plan

### Program and Results

The UN-Convention on the Rights of Persons with Disabilities (CRPD) includes Art. 25 (Health), Art. 26 (Habilitation and Rehabilitation) and Art 27 (Work and Employment). These human rights have been adopted by national legislation in several countries in the world, like in Germany, but also in the U.S.A. and in China.

The German Social Accident Insurances, responsible for paying and managing all measures in prevention, health care and pensions after traumas caused by work circumstances, started a three years Action Plan in 2012 that is also addressed to nine trauma centres in Germany run by this insurance branch.

This Action Plan comprises goals and measures in five action fields: Awareness-raising, accessibility, participation, diversity and inclusion. "Awareness-raising" among the staff has been one asset in the plan that covers the paradigm-shift from the medical model to the relevance of psycho-social factors for health care outcomes. To begin rehabilitation at the earliest possible stage based on multidisciplinary assessment of individual needs and strengths belongs to human rights (Art. 26 I a UN-CRPD/Art. 25 b).

"Participation" as another asset that means to implement structures and processes in health care institutions in order to allow persons with disabilities and their relatives to bring in their own expertise. Amputees for example assist the medical staff in the healing process of persons with a fresh amputation. Some clinics employ physicians as wheel-chair user in the paraplegic team.

A third asset highlights the human right of a "barrier-free" clinic. And this means not only ramps or electric doors which allow easy access for the staff and the clients. Persons with existing disabilities (blindness) can suffer from traumas or he/she likes to visit their relatives and friends in a trauma centre. Deaf and blind persons or persons with spasticity must have the same access to trauma centres like these patients without disabilities.

The forth asset highlights the personal-centred approach in "divers societies" and in modern medical treatment. The focus on individual needs must comprise all aspects like assistive technologies and rehabilitation which starts already during the acute treatment. Job retention and return to work are mentioned in Art. 27 CRPD.

State authorities must offer solutions and programs. "Inclusion" as the last asset comprises all these efforts of organizations and clinics, which provide actions that treat persons with and without disabilities not as separate groups, but each of them as part of an inclusive society. All programs which bring all kind of specific human beings together like in sport-events, with different medical indications or in education facilities fulfil human rights.

The DGUV, the umbrella association of all social accident insurers in Germany, has adopted an additional Action Plan 2.0 for 2015-2017 after an evaluation of most of measures in the first Action Plan. Sustainability in the all-day working life of accident insurers and trauma facilities is the main reason of the second Action Plan. One of the new measures for example fixes 10% of the research budget for projects focused on participation and individual needs during medical treatment.

The English texts of the Action Plans are available via [www.dguv.de](http://www.dguv.de). For information about the status in trauma-clinics in Germany, please use [www.kuv.de](http://www.kuv.de). If someone is

interested in being coached for success factors in implementing of the UN-CRPD by using an action plan, please contact the author of this article [friedrich.mehrhoff@dguv.de](mailto:friedrich.mehrhoff@dguv.de).

**Conflict of Interest:** More details will be discussed in the World Congress of Rehabilitation International (RI) in Edinburgh in October 2016 ([www.riworldcongress.com](http://www.riworldcongress.com)).