

itation provider also includes people with acquired damages of the CNS if they fulfil criteria of significant disabilities. But they still do not sufficiently make use of benefits and services of integration assistance.

Basis of rehabilitation is a fully assessment of rehabilitation needs and a fully participation plan which contains neuropsychological needs as well. Curative services are regularly required and coordinated. The benefits and services of integration assistance should be provided in neurological and special setting through qualified personnel.

A hasty assignment to people with mental disease does not justice persons with acquired damages of CNS. From their individual perspective of life persons with acquired damages of the CNS cannot accept the facilities and services for people with mental disabilities. Nevertheless, facilities and services for integration assistance should not be discharged from obligation as regional care. In order to meet the demand of participation, extension and qualification of the offers are required. The range of services of the integration assistance provides numerous possibilities for enabling full participation even in the case of severe impairments.

Schlüsselwörter

Erworbene Schädigungen des ZNS, geistige Behinderung, Eingliederungshilfe, Neurokompetenz, neuropsychologische Beeinträchtigungen, Phase E

Keywords

Acquired CNS damages, mental disability, integration assistance, neurological competence, neuropsychologic impairment, phase E