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Organisational Culture under conditions of forced marketisation

OBSERVATIONS IN GROUP HOMES FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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IASSIDD Ethics SIRG – Webinar September 18, 2023
Marketisation

SPONSORED BY



Federal Ministry
of Education
and Research

Funding reference number:
01GY1920A

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Marketisation in the field of disability services in Germany - symptoms



- Since the 1990s: Social work as **service** (instead of care) and care-receivers as „**clients**“ – ignoring that many of them have no choice.
- Organisations focus on **efficiency** (outsourcing parts of the service which are not easy to calculate) instead of conceptual development to ensure **person-centredness**.
- Rollback to larger groups and larger institutions (**re-institutionalisation**)
- **Large service providers** take over smaller ones.
- Service providers try to get rid of so-called "**non-marketable**" services (groups for people with challenging behavior, profound and multiple disabilities, elderly people with IDD).
- Increasing number of front-line managers with a **qualification in the field of law and economics** instead of social work or pedagogics.
- A **decreasing number of well qualified staff members** at the group level – increasing temporary employment instead of personal continuity.
- ... and some more.

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Marketisation – a kind of myth?

The thesis of “marketisation” often remains at the **symptomatic level** – and at the same time creates and confirms this as a new reality, which seems without any alternative.

Michel Foucault suggests to see the notion of marketisation as a “myth”, which is less enlightening but makes things more obscure.

Foucault: “One must probably speak of a **myth** if one passes off as nature what is a concept.” According to Foucault, modern thinking is based on a series of such myths, which are created by discourse.

Part of the myth of “marketisation” is the notion that it is something we can stay out of it. – But really, we are **all part of it and entangled in this myth in many ways**.

→ How to get deeper into the analysis of what happens?

Foucault (1973): Wahnsinn und Gesellschaft. Eine Geschichte des Wahns im Zeitalter der Vernunft. Frankfurt a. M. 1973, 502. [Madness and civilisation]

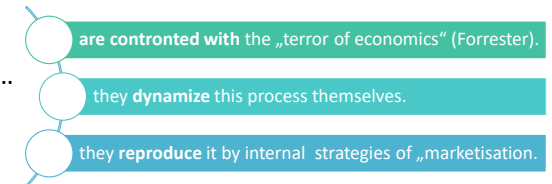
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Marketisation – a relation of complicity

The idea to be a victim of marketisation means to think of disability services as a kind of „pedagogical province” (Gröschke).

Foucaults analysis of the history of care shows that work of the welfare associations has been closely intertwined with the system of the welfare state since its beginnings. Michel Foucault calls this connection „**complicity!**” – because both sides profit from it.

Disability services ...



Foucault, M. (1973): Wahnsinn und Gesellschaft, Frankfurt a. M. 77; Forrester, Vivienne (1997): Der Terror der Ökonomie, Wien; Gröschke, D. (2002): Für eine Heilpädagogik mit dem Gesicht zur Gesellschaft, in: Greving, H. & Gröschke, D. (ed.): Das Sisyphos-Prinzip. Gesellschaftsanalytische und gesellschaftskritische Dimensionen der Heilpädagogik, Bad Heilbrunn, 9-31.

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Why forced marketisation?

Marketisation as a corresponding logic in many fields

health care

education

disability services

Public sector

- Focus on ...
- highest possible welfare for all
 - highest possible quality of care
 - Person-centredness
 - participation
 - awareness of risks

private sector

- Focus on ...
- highest possible efficiency
 - highest possible outcome
 - standardization
 - avoiding risks

→ shift to private individuals to bear the costs

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Forced Marketisation: findings from research on end-of-life care

Research design (1): Online-survey

N = 486 staff members, 73 teams, 29 residential homes)



theoretical and conceptual basis

organisational culture (Schein 2006)
→ group home culture in disability services (Humphreys et al. 2020)

Quality of Life
→ QOL Questionnaire (Schallock et al. 2011)

Culture of palliative / hospice care
→ IPOS, PallExcellence Rösch et al. 2017, QuinK
Jennessen & Hurth 2021

Scales / dimensions of organisational culture as part of the questionnaire

attitudes of staff members

person-centredness, support for individual well-being

attitudes towards and professional capacity in end-of-life care

specific challenges during the COVID-19 pandemic

Schein E. (2010): Organizational Culture and Leadership. New York: Humphreys L, Bigby C, Isacco T. Dimensions of group home culture as predictors of quality of life outcomes. J Appl Res Intellect Disabil. 2020 Nov;33(6):1284-1295. doi: 10.1111/jar.12745. Schallock R L et al. (2011). Quality of Life Model Development and Use in the Field of Intellectual Disability. http://dx.doi.org/10.1007/978-90-481-9650-0_2. Rösch E et al. (2017). PallExcellence. Stuttgart. Jennessen S & Hurth S (2021). QuinK. Qualitätsindex für Kinder- und Jugendhospizarbeit. 2nd ed. Esslingen.

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Research design (2): workshops with staff members



Conceptual background:

assessment of **organisational culture** (Schein)

→ making visible basic underlying assumptions

scenic understanding (König 1993; Buchholz 2019)/ psycho-analytic approach

→ describing organisational procedures and their underlying „logic“ including dynamics of resistance and repression



König, H. D. (1993): Die Methode der tiefenhermeneutischen Kultursociologie. In: Jung T, Müller-Doohm, S (ed.): „Wirklichkeit“ im Deutungsprozess. Frankfurt, 190-222;
Buchholz M (2019): Szenisches Verstehen und Konversationsanalyse. *PSYCHE*, 73, 414-441. Mentzos S (1988): Interpersonale und institutionelle Abwehr, Frankfurt.

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Selected Results



Discrepancy between mission statement for inclusion and a tendency to separate persons due to the support costs



Some complex institutions separate elderly residents and residents who are going to die in special groups → delegation of death and dying to experts – leading to a negative image of these groups inside the institution.

[staff member in a group with a high rate of death cases]
“that’s how it was for me too.
When I started here, I was asked directly what I had done wrong...” (W2, Z875)

Tendency of re-institutionalisation instead of community based concepts

After a long phase of De-Institutionalisation, we see a process of re-institutionalisation with larger institutions again
→ returning excluding practises



“The parish priest simply said that the cemetery [in the community] is too small, if all the residents come, then there is no more space for us here.
Those were the arguments ...”
(W2, Z119).


Strong logic of Othering: difference between „us“ and „them“

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Selected Results

Organizations find different strategies for dealing with challenging situations

- a strong focus on functional performance
- a strong idea of the team as supporting and stabilizing factor
- a high willingness to let leadership manage crises - and to be led.



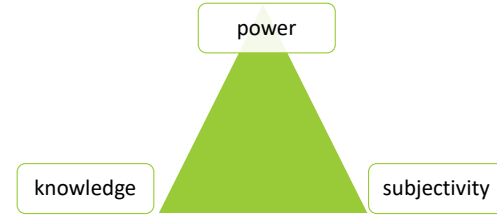
A: „But I also think, like, cover one's back a little, because...“
Interviewer: "What exactly do you want to cover?"
A: "Yes, that is a situation that is not always, but that is too dangerous; she comes home and dies immediately and you could have done nothing ..."
(WS3, 325-336)

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Foucault's perspective: govern[ing]mentality

Leading question of Foucault's analysis: „How, that is, by what means, is it [power] exercised?“ (Foucault 1982, 217).

→ to „govern“ as an activity to shape relationships to oneself, to others, and within institutions

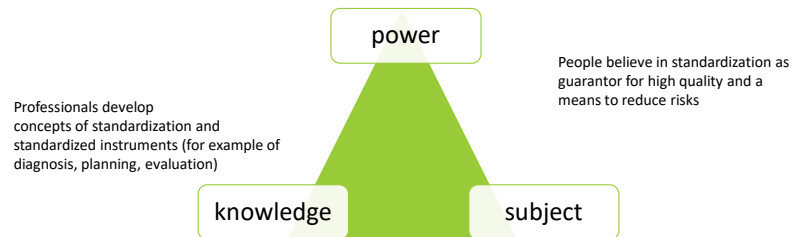


Foucault, M. (1982): The Subject and Power. In: Dreyfus, H.L. & Rabinow, P. (ed.): Michel Foucault: Beyond structuralism and Hermeneutic, Chicago.

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Foucault's perspective: govern[ing]mentality

Standardization of support in order to save money;
„production of seeming acts of choice“ (Tremain 2005, 8)



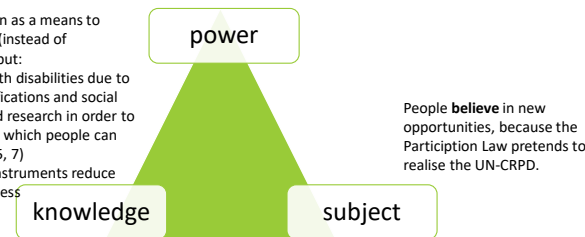
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Foucault's perspective: govern[ing]mentality

New „Participation Law“:
Aims at ensuring an „**efficiency return**“: 100 Mio. € per year by stronger control mechanisms and reduced accessibility to long term disability services (BMAS 2018, 71)

New Participation law is seen as a means to realise **person-centredness** (instead of institution-based services), but:

- **separation** of persons with disabilities due to the level of needs: classifications and social scientific information and research in order to „emerge new ‚kinds‘ into which people can be sorted“ (Tremain 2005, 7)
- **standardized** planning instruments reduce the individual adequateness



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Foucault's perspective:
govern[ing]mentality
→ the government of death and dying

The health system needs documents of living will in order to use standardized strategies to deal with death and dying
→ reduction of risks for the system
→ **Institutionalisation** of patients' wishes (Nassehi 2006, 89)

Scientific research on end-of-life decisions focus on how to convince people to write their living will – with a predicted result: „do not resuscitate!“

- People believe in **seeming acts of choice** (documents of living will), because they want to be sure to be autonomous.
- Increasing tendency to locate responsibilities around death and dying into the health care system (instead of the family or the local community).

Nassehi, A. (2006): Formen der Vergesellschaftung des Sterbeprozesses, in: Nationaler Ethikrat (ed.): Wie wir sterben. Selbstbestimmung am Lebensende. Berlin: Nationaler Ethikrat, 81-92.

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Foucault's perspective:
govern[ing]mentality
→ the government of death and dying

Production of the autonomous subject: „**Do whatever you want, but communicate, participate, invest, express your needs, and choose!**“ (Simons & Masschelein 2005, 217)
→ People who are seen as incapable to communicate or to consent are excluded from choice.

Scientific research on end-of-life decisions focus on how to convince people to write their living will – with a predicted result: „do not resuscitate!“

Professionals declaring persons as incapable to consent (without clear means of diagnosis).

Pressure to make decisions in advance → appears as autonomy

Nassehi, A. (2006): Formen der Vergesellschaftung des Sterbeprozesses, in: Nationaler Ethikrat (ed.): Wie wir sterben. Selbstbestimmung am Lebensende. Berlin: Nationaler Ethikrat, 81-92. Simons, M. & Masschelein, J.: Inclusive education for exclusive pupils. In: Tremain 2005, 208-228.

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Where to go from here ...?

- Michel Foucault: recognizing the „**experience of what is intolerable**“; meeting the intolerable **tendencies of exclusion**, separation and de-valuation of persons
- Marianne Gronemeyer: overcoming the focus on standards - following **individual needs and individual choices instead of standards**: Standards exist beyond relationality. They are always right, and at the same time, they don't fit anything or anyone. Following individual aims means being “referred to hope,” while standards refer only to themselves. “They cannot be affected by anything. Their quality consists precisely in their unaffectedness” (Gronemeyer 2017, 194f.)
- Gert Biesta: take the “**beautiful risk of education**”: “the fact that there will never be a perfect match between educational ‘input’ and ‘output’” has to be recognized “as the very condition that makes education possible” (Biesta 2014, 3f.).
- Taking note of the inevitability of one's own entanglement - using it as an opportunity for **maximizing reflexivity** on individual and organizational level – cultivation of **ethical reasoning as part of the organizational culture** as an important part of leadership concepts in disability services

Gronemeyer, M. (2017): Standard. In: Gronemeyer, R.; Jurek, C. (ed.): Entprofessionalisieren wir uns! Ein kritisches Wörterbuch für die Sprache in Pflege und Sozialer Arbeit, Bielefeld, 189-197;
Biesta, G. (2014): The beautiful risk of education. London. Großmaß, R. (2013): R. Großmaß, R. Anhorn (Hrsg.), Kritik der Moralisierung, Perspektiven Kritischer Sozialer Arbeit, Wiesbaden 2013

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Thank you for your kind attention -
Your questions and comments are welcome!

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