Abstract: Recent European Disability Policy provides a framework for political action for all member states of the European Union. Even though European countries are confronted with different starting points in their disability policy, all countries face the challenge to implement changes that affect existing structures and routines of service provision. This article describes some of the difficulties of implementing reforms in the field of intellectual disability in Germany. The New Institutional Approach in Organisational Analysis is used to explain why a reduced understanding of quality assurance does not lead to modernisation of service structures. It is outlined how quality assurance and quality development can be conceptualised as a knowledge-based approach to evaluate and improve institutionalised routines in service organisations and local organisational fields.

Introduction

In the past years, European disability policy with its key-notions like “Equal Opportunities, Non-discrimination, Mainstreaming, a Rights-Based Approach, Inclusion and Full Participation” has become increasingly profiled. 'Good words' that do provide remarkable challenges both for professional debates in various fields of disability, and even more - for political action to implement new concepts of service provision. In the professional discussion on intellectual disability - that is specially focused by this article - in the past decade much has been said and written on “shifting paradigms” in service concepts (Bradley / Knoll 1990). Intellectual disability should be regarded not as an inherent, permanent characteristic of a person, but as a “social construct” that shows its character in social relations which can be conditioned by more or less social or physical barriers. According to the new paradigm, individuals with intellectual disability should be regarded as consumers with maximum control on their service arrangements. They should be able to choose where and with whom they want to live, work and spend their leisure time, as well as who will be...
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supporting them, where and how. The new paradigm demands service structures that open opportunities for self-determination, good quality of life and inclusion, and it contains a fundamental criticism on traditional care institutions (van Loon / van Hove 2001, Schädler 2003).

In Europe there are obviously various developmental paths in national care systems for persons with intellectual disability that shape developmental options and speed. Some countries need to modernise their institution-orientated care systems, which tend to segregate and isolate people from the mainstream of society and in addition are seen as inflexible and costly; other countries that have gone already further in developing more individualised and more integrated services face specific problems of generic and special policies; others eg. in Eastern Europe are in the situation of establishing service structures, because there were none before (IDRESNET 2003). Even though in Europe national starting-points in disability policy differ, it is a challenge for interested actors in all countries to realise change and development. What is obviously needed are concepts and strategies for effective implementation of support systems that correspond to the philosophy of the European disability policy. Because to transfer the key-notions of European disability policy in rhetoric seems easier than to transfer them in practice, - maybe even more, when political change has to be organised under conditions of 'crowded fields', i.e. when persisting service structures and corporative arrangements between administration an providers dominate and are rooted in 150 years of history.

Successful approaches for implementing change in the disability field in countries with a developed structure of service provision need a specific set knowledge that comprises professional and political know-how, and knowledge in organisational analysis. In this context great expectations were/are related with the 'quality-assurance-issue' as a motor for modernizing services, as having the potential to bringing forward intelligent solutions on how to improve services and user's quality of life and save public money.

Can the ‘quality assurance-approach’ realise these expectations?

Outlining the developmental paths that restrict change options in the service system for intellectually disabled persons in German and empower institutional persistence of structural arrangements, I try to explain, why mere ‘management approaches’ are attractive for services as organisations because they prevent organisational change, secondly, I want to present ideas about a 'new institutional concept of quality development', and finally I want to give an overview on instruments on quality development, that were recently published at the University of Siegen, Germany. They
suggest how quality assurance and development can be conceptualised in order to support the implementation of professional standards in services and local fields.

Developmental pathways of provision structures in intellectual disability

In European countries with "conservative welfare-state systems" in many areas of social work one can well observe a shift towards a more market-orientated model based on neo-liberal philosophies and economic models. In the disability field in Germany political attempts to implement the market model started in the early nineties, with clear reference to approaches in the anglo-saxon countries. It can be analysed as a political strategy in order to break tight corporatistic arrangements that shape the policy frameworks between the state and the voluntary sector in the area of social services. The developmental pathways in the disability field reach back to the 19th century. They shall be outlined to stress the appropriateness of a neo-institutional approach for explaining the current German situation and to provide a theoretical basis for quality assurance and development in the disability field.

Policy frameworks and their developmental pathways

Organised services for people with intellectual disabilities in Germany look back at an over 150-year history. The originations of the ‘system of imbecile institutions’ in the first half of the 19th century must be seen in its close connections to the ways that the ‘Social Question’ ('die soziale Frage') was dealt with in those times. Rapid industrialisation was accompanied by massive urban poverty. The question was how society should deal with people who could not care for themselves.

Church welfare, church power and voluntary welfare work

The first philanthropic or religiously motivated approaches were begun and further developed by the then materially, socially and politically weakened Christian churches (Bradl 1991; Schädler 2003). The church ‘system of imbecile institutions’ (Idiotenanstalten) of the 19th century was supported by monastic real estate and traditions marked, particularly in the Protestant area, by a pietistic attitude towards work education. The historic models for this form of care for the poor are the medieval lunatic asylum, prisons and church nursing homes. These culminated in an ideal leading to the concept of the large-scale asylum that was structurally segregated from the rest of society. The development of this concept among the churches was pillared – with the renaissance of monastic life – on the workforce of unmarried women and men who followed the tradition of medieval monasteries and convents.
The work of both Christian confessions in the 19th century formed the basis for the genesis of the ‘Freie Wohlfahrtspflege’ (‘voluntary welfare work’), specific form of the third sector, which, after the collapse of the empire in 1918, also consisted of organisations from the labour movement (Arbeiterwohlfahrt, Workers’ Welfare Association), the German Red Cross, the Paritätische Wohlfahrtsverband (Independent Voluntary Welfare Association or DPWV) and Jewish welfare organisations. In the first three decades of the 20th century ‘voluntary welfare work’ was able to assert a government arrangement, which, in line with the principle of subsidiarity, obligates the state to leave the provision of social services to the voluntary welfare organisations while obligating the state to take up the relevant costs. Because of a relatively stable financing bases, the engagement in residential care or other facilities for disabled can be seen as an attractive field for voluntary welfare organisations. On principle, this arrangement still applies. Hence in Germany now the situation is characterized by ‘powerful’ third sector organisations and a state that attempts to release itself from the role of mere funder through legal amendments, but without possessing the necessary professional skills and personnel resources.

**Regulatory policy development**

In Germany the Social Question gave rise to the division of state funding competencies into a local and a centralised level, that was institutionalised on a national level already in 1871. In order to relieve the local structures, intellectually and other more severely disabled people were to be accommodated in large centralised and centrally-financed institutions, that were led by private welfare (i.e. religious) organisations. Over time, this created a mechanism which, as a specifically German pathway, led to specific arrangements that one can say financially favour institutionalisation from the perspective of the local authorities and impede the implementation of integrative approaches within the community. Types of services under the ‘new paradigm’ such as family support services and supported living for adults with intellectual disabilities lie in the local budgets, while residential homes and institutions are in the budgets of a central state authority (over-regional public assistance authorities). This structural issue is being intensively debated currently in Germany.

**Professional and association policy developments**

The pedagogical approaches to support intellectually disabled people that also arose in the 19th century and that early manifested an integrative orientation were unable to assert themselves against church or state concepts and powers and were increasingly disregarded. Instead, near the end of the 19th century the influence of psychiatry and its oligophrenic categorisations became more dominant. Psychiatry asserted its leadership in theory and in practice based on racist and hereditary theories and pseudo-scientific promises of
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...cures. The religious pedagogical institutional ideals could not counter this. This had fatal consequences for people with intellectual disabilities in Germany. The eugenic approach put forth primarily by psychiatrists in the early 1920s received ever-broader social assent. When they came to power the National Socialists were able to fall back on so-called 'hierarchies of social usefulness' (Stufenleitern sozialer Brauchbarkeit), and possessed legitimacy and instruments for mass sterilisation and extermination programs between 1935 and 1945. Almost without interruption the influence of psychiatry dominated into the 1970s and, with its diagnosis and treatment models, offered the basis for legitimating the separation policies for intellectually disabled people to special facilities.

The family-oriented model and community services
Since the 1960s the parents’ alliance ‘Lebenshilfe’ founded in 1958 pushed ahead an alternative to the models of the large church institutions. It holds that services for intellectually disabled people should be family-oriented until adulthood when they should take into account the separation of the living areas of home, work and recreation. With the reception of the Scandinavian ideal of normalisation special kindergartens, special schools, community homes and workshops for the disabled were established. The legal right to early support, to a place in kindergartens, to a school education and to integration assistance for living and working for all intellectually disabled people was successfully anchored in law for all types of disabilities. By and by family-support services could be established on a broad basis.

The initial intense competition between the institutional model of the Church organisations and the Lebenshilfe model was factually alleviated with time through an arrangement of ‘border regulation’. This was a broadly accepted basic assumption that people with mild to medium disabilities should be cared for in community facilities and the more severely disabled in institutions. As early as the 1980s this led to a debate about the consequences of this implicit agreement for the institutions, which makes them “centres for the most severely disabled” (Gaedt 1992). The same debate is now taking place with regard to the interface between “homes” and “supported living.”

Based on the concept of semi-residential facilities, since the early 1970s other voluntary welfare associations also began increasingly to get involved in the sector of services for disabled people. In particular in regions where they had political accesses on a local level the Arbeiterwohlfahrt, but also the German Red Cross established special kindergartens, homes and sheltered workshops for the disabled. Quantitatively speaking however they were unable to catch up with the church associations and the Lebenshilfe. The following two tables underscore this.
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Table 1: Number of places in services for disabled persons in %

|                | Arbeiterwohl -fahrt | Caritas (Catholic Welfare Association) | Diakonie (Protestant Welfare Association) | German Red Cross | DPWV with Lebenshilfe and Anthroposophists | Other |
|----------------|---------------------|----------------------------------------|------------------------------------------|-----------------|-------------------------------------------|-------|
|                | 2.8                 | 20.3                                   | 48.9                                      | 1.7             | 16.5                                      | 9.8   |

Emerging new services and structures

Growing criticism of institutions gave rise to a significant internal modernisation of the large institutions in the 1980s and 1990s that can be seen for example in modern internal furnishings and group differentiation. On the other hand, there is a noticeable tendency of community-integrated homes to become similar to institutions (e.g. as regards size or number of places even in newer homes, see below). As the statistical data below will show, the institutional model still dominates the services for intellectually disabled adults in Germany as regards quantity, in fact, the predominant pattern still is the Workshop for Persons with Disabilities combined with a community integrated home with 24 places. The characteristic impact of the mentioned developmental paths on the assistance system can be seen not least from the fact that a little over 10 years after German reunification, almost identical constellations of actors and structures have been created in the federal states of the eastern part of Germany.

The changes in provision for persons with intellectual Disabilities evidenced since the late 1970s both in theory and practice result from the commitment of a ‘new’ parent generation. These parents demand integrative education opportunities for their intellectually disabled children at kindergarten or school age as well as new forms of integrated residence and work opportunities (Rosenberger 1988). Being pushed by consumer movements like the ‘self-advocates’ or ‘people-first-groups’ claiming for citizen’s rights it has also been possible to develop new types of assistance like family-supporting services, and supported living and employment schemes (Bundesvereinigung Lebenshilfe 1996). These new services are also called ‘open services’ or in German ‘Offene Hilfen’.

The new paradigm of self-determination is widely accepted in the German professional debate and this has also become evident in a number of positive changes in the legal status of disabled persons (Rohrmann et al. 2001). Its implementation in new forms of organised assistance, however, has so far been accomplished only to a very low degree. There are obviously strong mechanisms in service provision for
persons with intellectual disability that reproduce the institutional settings that have been developed over many years.

Innovation and Economic Pressure meet Institutional Persistence

The most important services for intellectually disabled people are granted in Germany in accordance with the Federal Social Assistance Act (Bundessozialhilfegesetz, BSHG), which came into power in 1962. § 39, paragraph 1 of the BSHG is central for the services for the disabled, stating: “Persons who are not only temporarily severely physically, intellectually or psychically disabled shall be granted integration assistance”. Since 1962 “integration assistance” forms the central financing foundation for social services for persons with disabilities in Germany.

When the costs for the German unification process caused economic pressure on the social security systems, it was no wonder that political efforts for structural changes focussed on the reform of the ‘Integration Assistance Act’. Policy makers and administration tried (and still try) to implement a new funding system, that is to be based on contracting with providers about services, prices and quality assurance. Major changes in the ‘Integration Assistance Act’ were codified since 1994, especially efforts to reform paragraph 93, 2 BSHG have kept people from the administration and from the provider side busy for ten years now. It was aimed to reduce costs and to increase service quality by introducing competitive elements. These changes in legislation have confronted actors in the field heavily with a new economic rationality, asking much stronger than before for effectivity, efficiency and service quality. Especially the issue of ‘quality assurance’ or ‘quality management’ became of central importance. All big provider associations presented instruments for quality management that followed in principle the DIN EN ISO 9000-concept (Schädler et.al. 2000). What were the effects of this legal changes and efforts to use ‘quality assurance’ for modernising structures and routines in the disability field in Germany?

The statistical data of the 4th Report on the Disabled of the Federal Government (Federal Ministry of Labour and Social Affairs, 1998) illustrate the actual relations between services inside and outside of institutional facilities over time:
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Table 2: Development of integration assistance between 1980 and 1995 in Western Germany

| Integration assistance | 1980 | 1995 |
|------------------------|------|------|
|                        | Persons | Payments in million Euro | Persons | Payments in million Euro |
| In homes, institutions or other special facilities | 142,500 | 1,303 | 250,700 | 5,483 |
| Outside of facilities | 52,500 | 64,7 | 85,100 | 284,1 |

Source: Federal Ministry of Labour and Social Affairs, 1998, p. 118

As in 1980, in 1995 the number of disabled persons in the ‘old’ federal Länder (former West Germany) who received integration assistance in residential facilities was roughly three times as high as the number of disabled persons who received integration assistance outside of facilities. And exactly as in 1980 the gross expenditure for integration assistance for disabled people in facilities in 1995 was also roughly 20 times as high as payments outside of facilities. On the whole we also see that in the period in comparison the number persons in residential care grew more rapidly (factor: 1.754) than the number of persons who received assistance outside of facilities (factor: 1.620). (Federal Ministry of Labour and Social Affairs 1998: 118).

This data underscores the fact that the assistance outside of institutional facilities has unchanged marginal importance in the disabled provision system and that residential accommodation dominates throughout. Since 1995 this tendency is maintained, “Eingliederungshilfe”-costs for 1999 increased in relation to 1998 up to 5,1% at 7.8 billion Euros (Statistisches Bundesamt, Wiesbaden, September 2001) and up to 8.8 billion Euros in 2001 (+5.4%)\(^7\).

The shift towards a market model in rhetoric and legislation with the “quality debate” being the most discussed professional issue in the intellectual disability field in the past decade has not changed provision structures of services notably. Politicians and administrators seem to become disillusioned on the quality assurance issue. Its ‘hidden promise’ has so far not been fulfilled, namely that the concept of ‘contracting and quality assurance’ can per se function as a modernisation strategy for intelligent cost reduction and quality improvement. Costs for social services
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for disabled persons in Germany are continuously increasing, accompanied by a growing criticism from the disability movement that the money is not spend for ‘good quality’, but for provision arrangements that do neither correspond to consumer’s needs and modern ‘state of art’. Modernising service structures in Germany could not be reached by the practised approaches to quality assurance. What are possible explanations?

**Quality management: ‘Ceremonies for the External World?’**

The issue of quality in organising and providing services for disabled persons was mainly conceptualised in a reduced way as an economic or managerial challenge to improve the ‘efficiency’ of services. Deficits in service provision were often interpreted as being essentially ‘management deficits’. The instruments that were discussed and used were mainly instruments for quality management. Mostly they were modelled according to the DIN EN ISO 9000 -4-Norms, with their weak professional substance and their inherent tendency to define existing procedures in services as quality standards, structural deficits of the system as such were widely ignored (Rohrmann et.al. 2001).

The central question “What is quality?” remained undecided because it seemed that the relevant and powerful actors were not interested in answers and their consequences. “Quality” in a professional concept means that a service should work according to professional standards (“the state of art”) and thus try to reach a high degree of consumer’s satisfaction (Bradley / Bersani 1990). Understanding quality in this sense has wide ranging structural consequences and implies decentralisation of administration structures and services, individualised working procedures and new forms of consumer participation. Obviously, in Germany among the relevant actors it dominated a tendency to handle the quality issue on a intra-organisational level only, ignoring structural interdependencies. What does that mean?

“Quality” in the ideological framework of the market model asks for efficiency to be realised by efficient management. The demand for efficiency produces pressure for services in the disability field, because - as we can learn from organisational theory (Scott 1991) - social services cannot perform ‘efficiently’ according to economic rationing. How much assistance a person with disability needs and how this assistance is organised and with how much costs this is related is not objectively definable, but depends on interests and standards. What is efficient is always a result of negotiations and dependent on definition power in negotiation processes. Services as organisations are structured by routines and institutionalised
procedures that give an action frame for the day-to-day behaviour of their members. These institutionalised rules and procedures produce certainty and stability, that is of special importance for disability services. As organisations they are vulnerable because they are so dependent on the friendly behaviour of their environment. As organisations they tend to avoid procedural changes, because only continuity provides stability, and change is combined with instability, loss of power and anxieties (Powell 1991). That is why disability services as organisations tend to prefer quality instruments that don't affect existing routines.

Nevertheless, if important external actors formulate expectations for organisational performance, e.g. politicians and social administration want services to institutionalise new rules like 'quality management systems' in order to improve their management, services have to react. As 'organisations' under pressure they have to develop a strategy to cope with such external demands. They must produce a new kind of legitimation named 'quality management', that is promoted by the 'myth of efficiency' and work for the acceptance of their message in the organisational environment in order to get a good external reputation: “Our service for people with disabilities is good because we practice quality management”. Good reputation is important because it provides the basis for friendly behaviour and external legitimation, which is, the basis for public funding that services mostly rely on. So services choose quality management approaches that are suitable to demonstrate the environment that a certain service has an efficient management. At the same time in their organisational behaviour they aim to maintain their routines and try avoid real change by reproducing given institutional settings. Taking up the quality issue in an organisation in this way often leads to mere 'ceremonies' for the external world (Meyer /Rowan 1991: 51).8

I don’t want to conclude this paragraph stating that the 'quality issue' is a worthless effort. It remains challenging, but must be conceptualised in a more comprehensive way: Quality development can comprise a professional and political action frame for achieving better quality of life and more self-determination for service users as well as for realizing the principle of 'value for money', both by professionalisation and by changing institutional rules on the level of services and their 'fields'.

How to develop quality in organisations and organisational fields

A comprehensive concept for quality development for disability services must focus at least on two levels: the service as an organisation(1), and its organisational field (2). Implementing
professional standards both on the level of a service organisation and on the level of the organisational field in a region means organisational development, i.e. development of intra-organisational and interorganisational ‘institutions’.

**Quality development in services**

Quality development in services must aim at the day-to-day-routines of staff behaviour and their interaction with clients that are institutionalised in the organisation. The objective is to try to qualify interactions according to professional standards. In this context I suggest a new understanding of ‘institution’ in disability theory. Persons in considerable and long-term need of assistance, as usually is associated with intellectual disabilities, need qualified and reliable services to be able to live a self-determined life. Such services have to be organised in a professional way. This means that the service forms of the new paradigm (‘open services’) will have to operate in an institutional context as well. It would be negligent to rely on informal services in the community or other forms of self-organisation to replace organised services.

Good community services need structures that regulate the interactions between users, staff, other services, public assistance authorities and politically responsible persons, and that provide certainty regarding mutual expectations. A changed outer appearance of services is by no means a guarantee that the negative institutional mechanisms of hospitals do not remain in effect. Community services may also create institutional conditions in which the disabled persons concerned cannot make their own decisions, are forced to be passive, find it difficult to make friends and develop a negative concept of themselves.

The conventional concept of an institution in disability theory tends to understand ‘institutions’ as buildings and cannot reflect the fundamental meaning of stable routines and procedures in service organisations. It is therefore necessary to develop a new, immaterial idea of ‘institution’ that does not refer to buildings but rather to sets of rules that make the required services stable and reliable ones. Therefore, it is necessary to make the distinction made in social sciences between organisations and institutions also in disability theory. Services can be thus defined as organisations for which institutions – in the sense of rules – are indispensable, or, in other words, an inherent need. Institutions can thus be understood as stable organisational rules “that mainly refer to the distribution and exertion of power, to the definition of responsibilities, to the power over resources and to relationships of authority and dependence” (Mayntz / Scharpf 1995: 40).
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The most important characteristics of institutions are their persistence and stability. Institutions in organisations provide security in mutual expectations and action patterns. Understood in this sense, ‘institutions’ assure reliability. So the ‘quality question’ for a service should be: “Of what professional quality are our institutions, i.e. our institutionalised day-to-day routines and procedures?”

Service staff must confront themselves with professional quality standards and establish internal evaluation structures (e.g. ‘eva-teams’) that aim to identify strengths and weaknesses. The challenge is to become aware of these institutions and evaluate the relation between the practiced routines to professional standards. Implementing internal theory-based forms for reflecting and changing internal routines probably leads to extend the professional knowledge of staff and support for disabled people. This increased knowledge can be institutionalised in new and better services procedures and routines.

As instruments for ‘guided self-evaluation’ our research centre has published quality standards and evaluation manuals eg. for respite care services AQUA-FUD, (McGovern et.al. 2000) , for community homes (LEWO, Schwarte / Oberste-Ufer 2000) or for supported living services (AQUA-UWO, Aselmeier et. al 2002).

**Implementing new service models in existing organisational fields**

Developing quality in services for intellectually disabled persons means developing organisations and their socio-ecological contexts. What is needed is a theory that helps to identify and change mechanisms of institutional reproduction. Suitable seem the approaches of sociological New Institutionalism. Organisations in the field of services for the persons with intellectual disabilities in particular are largely dependent on their social environment. This primarily means dependence on socio-political and socio-administrative agencies, whose expectations they must fulfil in order to receive funding security. With the American sociologist Richard Scott one can state, that such services “are rewarded for establishing correct structures and processes, not for the quantity and quality of their outputs” (Scott 1991: 167). On the other hand, organisations within services for the disabled are subject to alignment mechanisms (isomorphisms), which result from their belonging to a joint ‘organisational field’. This concept of an ‘organisational field’ seems very useful for developing institutions in disability services: “By organisational field we mean those organisations that, in the aggregate, constitute a recognised area of institutional life: key suppliers, resource and product consumers, regulatory agencies, and other organisations that produce similar services or products” (Powell/Dimaggio...
1991:64). In this meaning, services for disabled persons together with administration boards, consumer organisations, self-help groups etc. constitute an organisational field.

New institutionalists presume that “in the initial stages of their life-cycle, organisational fields display considerable diversity in approach and form. Once a field becomes well established however there is an inexorable push toward homogenisation” (ibid: 64). The organisations in a field – according to Powell/DiMaggio – underlie a mutual legitimisation ratio, which results in processes of alignment among the organisations. The forms, structures and institutions of the organisations becoming increasingly similar and mutually strengthen one another in this process.

In the development of an organisational field increasingly denser sets of rules (institutions) arise that define internal organisational activities as well as interactions between organisations. According to Powell/DiMaggio this process of institutionalisation, i.e. of the structuring of a field, leads to
- increasing interaction frequency between the organisations of a field;
- the rise of sharply defined inter-organisational dominance structures and coalition formations;
- the need of organisations of a field to possess increasing amounts of information;
- the development of a common awareness among a certain number of organisations of being involved in a joint ‘enterprise’ (ibid: 65).

The increased structuring of a field leads the organisations of a field, which are subjected to the same environmental conditions, to become increasingly more similar to one another. Using the term “organisational field” allows to develop a concept of quality development on a wider ecological level than looking only at the service level. It makes it possible to use the quality development approaches to assess and qualify the institutions, i.e. the existing routines, procedures, prescriptions, networks etc. of a given organisational field e.g. in a political region. This idea of the AQUA-NetOH-Manual (Rohrmann et. al. 2001) that was produced at the University of Siegen, Germany.

The AQUA-NetOH-Manual suggests to analyse and develop organisational fields according to five aspects:

- **Individual service planning**

  The alternative support setting to the ‘bed/place in the institution’ is the helpful individual arrangement’, that is ‘tailored’ and ‘invented’ by a case-worker and maybe other people together with the disabled person and according to his needs and wishes. Qualified assessment procedures have to be implemented as a rule before people are placed in
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a certain institutional setting. This sounds simple and reasonable, but under German conditions it means breaking up corporatistic arrangements, that result in paternalistic placing procedures without regarding the individual needs. Individual service planning must be linked with local disability planning activities, that ensure the availability of adequate services and provide choices for services users.

- Local disability planning,
Local networks of services and the commitment of local communities towards people with disabilities do not develop good conditions for quality of life without coordination and planning activities. Necessary are participative planning approaches on the level of local districts, that care for the availability of good services for individual users and help to promote an inclusive culture. Local policy makers, administrators, service providers and self-help organisations should find ways to work on questions like “What services do we need?, What is our responsibility as a community to support citizens with disabilities to live a good, self-determinated and respected life?” Planning activities should aim at working out action plans for community development.

- Performance of Service Providers
A well functioning network needs service providers that cooperate in community planning processes and develop their services in accordance with agreed objectives. Service providers should develop responsibility for the quality of support systems in the communities they are operating and should as organisational actors also in a political sense engage themselves for the quality of life of the disabled persons in the community.

- Performance of Administration
‘Value for money’ as principle for social policy needs an administration that is informed on professional standards in the disability field. Even more important, if taken serious ‘value for money’ implies a strong political will to realise modern systems of support for persons with disabilities.

The behaviour of actors in the disability field is like in any other field of social work prestructured by incentives of the funding system. Services are financially rewarded for certain actions that follow the implicit expectations of money givers. If these expectations contrast with the philosophy of services, they mostly dominate because of their power. If eg. a big institution is better financed than a service for supported living, then agencies will tend to place more people there than in supported living services. As a consequence ‘value for money’ eg.

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demands to check the structure of incentives in the funding system.

- **Community Development**

  In spite of similar national framework conditions, e.g. the German landscape of services manifests very large regional or local differences. On the whole the model of residential accommodation in ‘modernised’ institutions (‘Anstalten’) and homes continues to dominate over small and integrated supporting arrangements. There are still some districts in which nearly all of the adult intellectually disabled citizens who must or choose to leave their families of origin are housed in large institutions outside their communities. On the other hand there are districts in which there is a very well-established network of community services available to the intellectually disabled persons. Very specific forms of local assistance systems can be identified, which are manifested in specific power structures, relationship networks, basic assumptions about good services and in certain local traditions.

  The reasons for these differences are not least cultural factors that typify the local organisational fields. Speaking of ‘cultures’ is not meant in a general and broad sense but referring to local organisational fields of the services for the disabled. The term of ‘culture’ here is based on that of Edgar H. Schein (1985). According to Schein organisational cultures are results of learning processes in organisations. Following him organisational cultures can be divided in three dimensions: organisational cultures are based on non-observable ‘underlying basic assumptions’, which support the development of ‘values and beliefs’, which again – on a more observable level – support the creation of ‘artefacts and behaviours’ (Schein 1985: 14). Organisational cultures are deeply rooted in the learning histories of organisations and organisational fields. In order to understand organisational cultures methods are needed that are oriented to ethnological approaches.

  Surely appropriate incentives must create a favourable framework for the implementation of services and field structures that enables people with disabilities to achieve self-determination and a quality of life. Nevertheless the implementation strategies must deal with the cultural conditions of services for the disabled on the local level.

  Participative approaches of disability planning can be worthy tools to initiate learning processes in organisational fields that effect cultural changes. Concepts and strategies from organisational development and quality management can be applied to the
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development of local fields of the services for persons with disabilities. To implement individual service planning and local disability planning can form a conceptual framework for quality development that really has a chance to contribute to modernisation of services for persons with intellectual disability, because it touches institutionalized routines.

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notes:
1 (cf. Hvinden/Halvorsen in this volume).
2 (cf. Bengtsson in this volume)
3 To the mechanisms of institutional reproduction in the field of intellectual disability in Germany, see: Schädler 2003.
4 I mean in disability theory, the German term ‘Heilpädagogik’ or the Dutch ‘Orthopedagogiek’ have no English equivalent.
5 If one looks at the titles of recent European conferences ‘Quality Assurance’ is still well represented.
6 I refer here Gösta Esping-Andersen “The three worlds of welfare capitalism” (1990). The Danish social scientist distinguishes between ‘conservative’, the ‘liberal’ and the ‘social-democratic’ types of welfare state regimes. The conservative welfare state focusses primarily on the ‘maintenance of status’, the liberal one on ‘basic security’ and the social-democratic one on ‘equality’ with comprehensive social services. Recent research papers criticize this three-tiered typology as being too limited and describe further variations of welfare state types. See also: Anttonen, Anneli; Siplä, Jorma (1996); Ferrera, Maurizio (1996); Leibfried Stephan (1991)
7 It was the time when the Public Sector in Germany started to come under budget pressures because of the unexpected high costs for the German unification process. Solutions were searched in neo-liberal philosophies, perceiving market mechanism as means for modernizing the Social Services. (Schädler 2001)
8 On the historic development of assistance for intellectually disabled people in Germany. (Bradl 1991)
9 ‘die soziale Frage’ is a socio-political term, that comprehends the general question how the modern state should deal with society members that cannot sustain their lives by their own means. (Dörner 2001)
10 On voluntary welfare work in Germany, cf.: Boeßenecker 1998
11 On the euthanasia crimes in the Third Reich cf. Klee, E. (1984), on the role of psychiatry in the Third Reich, cf. the biography of the German psychiatrist Walter Villinger, commented by Schäfer, W. (1994): Bis endlich der langersehnte Umschwung kam, Marburg.
12 Of programmatic importance was especially Niels E. Benk-Mikkelsen, e.g. Bank-Mikkelsen, Niels E. (1974): Die staatliche Fürsorge für geistig Behinderte in Dänemark. Ein Großstadtbezirk in Dänemark: Kopenhagen, in: Kugel, Robert B. / Wolfensberger, Wolf (Hg), (1974): Geistig Behinderte - Eingliederung oder Bewahrung?; Heutige Vorstellungen über die Betreuung geistig behinderte Menschen; Übersetzung von Wilfried Borck, Stuttgart . 72 – 93
13 Data according to MUG 2 (BMG 1997: 46).
14 The statistical fact that the ‘neue Bundesländer’ in East Germany in the 13 years process of rebuilding have established relatively even more places for disabled people in residential institutions than the
Quality in services for persons with intellectual disabilities

Integration assistance (‘Eingliederungshilfe’) includes services for disabled pre-school children (28,500 children in 2002), school and training services for youngsters and young adults (33,000 individuals in 2002), workshops for persons with disabilities (170,000 individuals in 2002) and residential services (162,000 individuals in 2002), cf. Deutscher Verein für öffentliche und private Fürsorge (2003): Entwicklung der Sozialhilfeausgaben für Menschen mit Behinderung – Der Bundesgesetzgeber muss tätig werden!, (DV 05/2003 AF IV)

The German terms are ‘ambulante Dienste’ and ‘stationäre Einrichtungen’; they cannot be directly translated in English.

Very often, eg. German sheltered workshops or other disability services presented their *DIN EN ISO 9001 – Quality Management – Handbooks* in public ceremonies and press conferences, then these books were put in bookshelves and work went on like before.

Three mechanisms of “institutional isomorphism” are differentiated (ibid: 66) as ‘coercive isomorphism’, ‘mimetic isomorphism’ and ‘normative pressures’ (ibid 67 ff.).

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