

Theoretically informed case study accompanying the film

GPE Gesellschaft für psychosoziale Einrichtungen Mainz GmbH Germany



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QR-Code to the Homepage and video:
Link to the video: <http://inno-serv.eu/gpe>

This report is part of the research project „Social Platform on innovative Social Services“ (INNOSEV). INNOSEV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSEV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).



1. Short profile: GPE (Gesellschaft für psychosoziale Einrichtungen Mainz GmbH) - Society for Psychosocial Facilities Mainz Ltd.

Educational and charitable organization in Germany

GPE offers customized assistance to people with disabilities and disorders to facilitate their occupational and social integration into society. This innovation is characterized by its wide local availability, individual opportunities and focus on the individual and their resources, to facilitate participation as well as strong internal networking of all facilities and services.

Specific innovative elements of GPE

New types of service: Integrative offer for professional, social and medical integration

One of the main innovative elements is the implementation of a holistic approach to support people with disabilities.

This holistic approach combines both levels of professional and medical rehabilitation, with the aim of facilitating integration into work and everyday life.

New types of results: Integration and promotion of participation

Integration into the work place, promotion of social participation and empowerment, opportunities for 'equal' payment for people with disabilities

New types of processes: Individualised easily accessible and individual resource-oriented assistance:

Services are provided, planned and facilitated around the individual. This large range of assistance and integrated services are shaped around an individual's needs with no barriers to accessing the services. The in-house networking makes it possible to create and use synergies between the service elements.

Key characteristics of the service

Organization: Disabled and non-disabled people work together at GPE.

Employees can be financed by two different ways:

1. Equal payment for disabled and non-disabled employees through a collective wage agreement for psychologists, social worker and disabled people.
2. Payment for disabled employees who are working as an employee in a sheltered workshop.

All employees have access to employment rights and a works council.

Users

Users are people with psychological disorders, people with disabilities and long-term chronic diseases as well as unemployed persons.

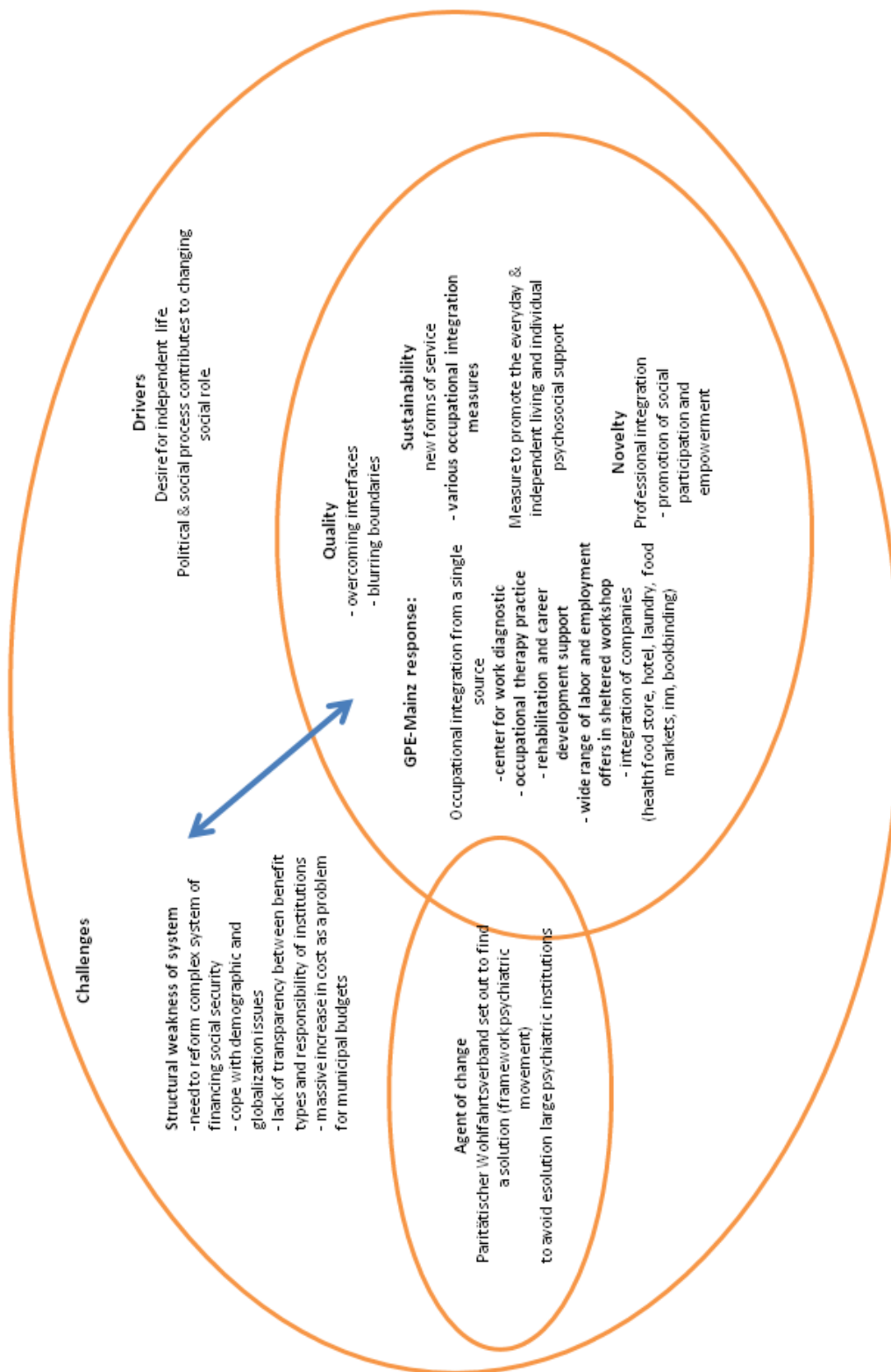
Principle

A linked and comprehensive framework to facilitate the promotion of equality, social and occupational participation and discrimination.

Drivers of innovation

Independent Living for people with disabilities. Political and social processes positively contribute to the changing social role of people with disabilities in society.

Factors influencing Social Services Innovation



2. Policy framework related to people with disabilities in Germany

Principle/ Guidelines	Key organisations and actors	Services provided by government	Expenditure, resources
<p>Paradigm shift: From institutional to personal assistance. Demand for incorporation, social and occupational participation, self-determination, participation and empowerment.</p> <p>Disfunctions in the health care- and funding system:</p> <p>Outline of the social justice system into four different, separate fields:</p> <ol style="list-style-type: none"> 1. Social security 2. Social compensation 3. Social promotion 4. National assistance (social welfare) <p>Problem: The complexity lies in the interaction of various services and service providers.</p>	<p><u>Sponsor</u> (national and 'para- statal' public) federal- and state level, municipality</p> <p><u>Agencies with responsibility for rehabilitation</u> disabled persons support provided different service providers:</p> <ol style="list-style-type: none"> 1. Statutory accident and health insurance 2. Pension insurance 3. Federal employment agency 4. Social welfare 5. Providers of youth welfare service <p><u>Service providers:</u> local or municipal agencies</p> <p><u>Eligible Clients</u> Basic security recipient in self-organisation</p>	<p>Legal milestones:</p> <p>Legal system:</p> <p>Social Protection Laws (national)</p> <p>Establishment of Security Code IX</p> <p>Social beneficiaries:</p> <p>People with needs included in § 5 SGB IX (Social security code):</p> <ol style="list-style-type: none"> 1. Services for medical rehabilitation 2. Services for participation at the workplace 3. Basic living services and other additional services 4. Services for participation in community life <p>Participatory planning</p> <p>Case work</p> <p>Psycho social-support</p> <p>Integration assistance</p> <p>Personal budget</p>	<p>Growth in the pre-tax expenditure for integration assistance for disabled people 2009: 13,3 billions of Euros</p> <p>2009: 58% of social welfare expenses there of:</p> <p>Expenses for the support of social participation: 8,2 billions of Euros (61%)</p> <p>Expenses on self-directed living; in particular ambulant assisted living: 6,7 billions of Euros€ (50%)</p> <p>Expenses to legally recognized work integration organizations: 3,5 billions of Euros (26%) (cf. Statistisches Bundesamt: Eingliederungshilfe 2009: 7-15)</p>

3. The social, political and institutional context

3.1 Population/ Government

Total Population: (see Eurostat 2013a)	Germany 2012: 81843743 P	EU27 2012: 503663601BP
Total of severely disabled people (see DESTATIS 2013a:21)	1997: 6621157 million people	2011: 7289173 million people
Physical disability (see DESTATIS 2013b)	62%	
Number of beneficiaries of integration assistance (see DESTATIS 2011: 6ff.)	1991: 324000	2009: 725000
Expenditures for integration assistance (see DESTATIS 2011: 6ff.)	1963: 46 millions of Euros	€2009: 13,3 millions of Euros
Proportion of gross expenditure of the total social expenditure (see DESTATIS 2011: 6ff.)	1963: 5%	2009: 58%
Number of recipients of integration assistance for disabled people in 2009 (see DESTATIS 2011: 6ff.)	725000 people in total	
Benefits for medical rehabilitation (see DESTATIS 2011: 6ff.)	9916 people	
Benefits for participation in the work life (see DESTATIS 2011: 6ff.)	6824 people	
Benefits in established workshops for disabled people (see DESTATIS 2011: 6ff.)	248643 people	
Benefits for participation in community life (see DESTATIS 2011: 6ff.)	495906 people	
Benefits for ensuring the effect on medical prescription and for secure inclusion of the working life (see DESTATIS 2011: 6ff.)	3702 people	
Other benefits for integration assistance (see DESTATIS 2011: 6ff.)	49975 people	
Integration help benefits in form of an personal budget (see DESTATIS 2011: 6ff.)	3669 people	

3.2 Information about the specific welfare state: Germany

Germany's social policy is set at the national level. However most services are provided by independent organisations, s (see Bellermann 2011, 19).

The national social state is complex. Its primary function is to provide for security against the risks that emerge out of wage-related work such as illness, unemployment, accidents at work and for older people. The social state's basic function is to manage social security laws and social expenditure.

Social security law: Social property rights and the law to participate in the decision-making process through social laws. Social expenditures Benefits of money-transfers

and non-cash or employment services (Real transfer). Benefits in kind include, amongst others, prescribed medicine and appliances from the health insurance. Social services include, amongst others, counseling services for children and young people. Social services are not part of social security but provided by legal obligations, financial support. According to Weisser (1956), social services are distinguished by principles or specific characteristics including:

Tax breaks (c.f. for families, marriages or services from the employer) as indirect social benefits.

Social Insurance is the main mechanism for provision (see Bellermann: 83ff.). However, there is a steady increase of expenditure in direct service provision of social protection benefits (including social services) in relation to social protection benefits provided in cash. The table below presents the social protection expenditure of selected countries.

Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros

Time	Expenditure for social protection benefits in Mio. of Euro		Increasing benefits	Part of benefits of social protection benefits	
	1996	2010		1996-2010	1996
EU 27	/	3,605,678.95	/	/	34.07%
Germany	565,683.07	765,717.82	52.53%	30.79%	34.69%
Denmark	45,334.15	78,367.78	102.60%	34.13%	40.00%
France	379,396.42	654,238.65	84.47%	31.94%	34.17%

Source: Own calculations based on EUROSTAT 2012

The table below presents the German social protection expenditure (benefits in kind and cash benefits) and the ratio between them.

GDP in PPS (see Eurostat 2013b)	Germany: 30300 2011	EU27: 25100 2011
Social benefits (see Bmas 2012)	767,6 billions of Euros	
Social expenditure ration (BIP) (see Bmas 2012)	29.9%	
Cash benefits 2010 (see Eurostat 2012)	61.29%	
Benefits in kind 2010 (Own calculations based on EUROSTAT 2012)	34.69%	
Benefits by function		
Diseases	9.4% of the GDP	
Benefits		
Social protection benefits:		
- Cash benefits 2011	465.752 million of Euro	
- Benefits in kind 2011	271.062 million of Euro	
- Social protection benefits 2011	28.7% of GDP	
- Regular cash benefits	17.9% of GDP	
- One-off cash benefits	0.2% of GDP	
- Benefits in kind (see Bmas 2012)	10.5% of GDP	

4. Challenges and drivers of innovation

Structural weaknesses of the system:

- The need for reform within the complex framework of funding for social security
- Addressing demographic and globalization problems
- Lack of clarity about the types of social services and jurisdictions of agencies for social security, characterized by ambiguity in legal services and the variety of delivery organisations. Result: Exclusion of low income earners (i.e. People barely- or unable to work, unemployed women and people with part-time jobs) (see Heinze, Hombach, Scherf 1987; Voruba 1990).
- Services funded by different organisations such as the health insurance company, accident insurance fund, pension insurance, employment agency and care insurance.
- Non integrated services: People with disabilities often live and work in separate workplaces, agencies and organizations (sheltered work).
- In 2009 59% of eligible people for integration assistance received the service within institutions. Only 32% of the eligible recipients received services individualized outside of institutions (see DESTATIS 2011:8).
- Massive increase in costs becoming a problem for municipalities.
- Average after-tax spending of integration assistance for disabled people:
“Independent!” service provision 1996: 3452 Euro 2009: 5686 Euro
Institutionalized care 1996: 18,937Euro 2009: 20,963Euro
(see DESTATIS 2011:15).

Innovation: Ideas, criteria, levels and additional value

This innovative project is characterized by its multidimensional action in promoting social and employment participation. GPE makes sure that the assistance and measures are linked.

This shown by:

easily accessible services

focus a sustainable approach to rehabilitation for employment,.

There are five particularly **innovative aspects** about the service in promoting the social inclusion and empowerment of people with disabilities / mental and intellectual disorders:

1. Labor market integration programs that are tailored to the user
2. Work opportunities in a wide range of businesses (providing easy access to more skilled employment opportunities) which create employment for each other
3. Employment, training and support services that are provided from one source giving full support and enabling transition
4. Labour and relationship are placed at the heart of the community to tackle stigmatisation and discrimination.

5. GPE promotes payments according a collective wage agreement for disabled people.

New types of services: Individualised approaches

GPE manages a range of opportunities through a single service.

Center for occupational therapy practice, rehabilitation and occupational supervision and a large range of job opportunities in workshops for disabled people and integration businesses (natural food and grocery stores, hotels and inns, Laundromats, book binding-, carpentry-, tailoring- and Secondhand shops).

Measures that promote the everyday-life and independent living:

Assisted living and psychosocial individual care, community psychiatric centers, consulting cafés for people with psychological disorders.

New types of results: Promotion of autonomy as well as integration of service

approaches Personal skills are being developed to support an independent and self determined approach. All services are integrated. The goals are long-term and sustainable. The approach facilitates the promotion of integration and tackles social stigmatization. The internal structures and resources enable an integrated approach

New types of processes:

- Networked measures of integration within a regional network, occupational integration in society
- An integrated approach creates a large regional networked system
- Programmes are designed around individuals
- Services operate without specific access criteria for users
- Services operate at a neighbourhood level (c.f. provision of 'natural' food shops)
- Services operate in an integrated fashion c.f. provision for local hotel services includes laundry services, bakery products and provision of breakfasts

Agents of change

The umbrella organization „Der Paritätische Wohlfahrtsverband“ in Germany provided funding for the Integration of people with mental disorders in the community within the framework of the psychiatric reform.

The aim was to provide customized services for occupational and social integration into society; individual services are adjusted to peoples capabilities.

5. Key innovative elements of this example

Field of service	Welfare and education
Establishment of organization	1992
Type of organization	Non-Profit-Organisation
Financing	Carrier for rehabilitation, service providers, integration assistance or personal budgeting
Size of the organization	205 employees and ca. 800 users
Members and participation	Paritätische Wohlfahrtsverband , Werkstätten für behinderte Menschen Mainz gGmbH, Mitglied der BAG / LAG der Werkstätten für behinderte Menschen, BAG / LAG Integrationsfirmen, BAG Unterstützte Beschäftigung, Deutsche Gesellschaft für Soziale Psychiatrie, Trägerverbund Mainz, Gemeindepsychiatrischer Verbund Mainz, Netzwerk für seelische Gesundheit Mainz und Mainzer Bündnis gegen Depression.
Contact Name of the innovative example Homepage	Claudia Rustige, info@gpe-mainz.de , Phone: +49 6131 669 40 10 gpe - Gesellschaft für psychosoziale Einrichtungen gGmbH www.gpe-mainz.de www.independence.de www.cafe-forster.de www.gasthofgruen.de www.natuerlich-mainz.de www.unplugged-mainz.de www.atrium-gpe.de

The umbrella organization (der Paritätische Wohlfahrtsverband) in Germany worked to close down large institutions for psychiatric care and promote community based solutions.

The employment service organisation Mainz Ltd. was then also incorporated and GPE Mainz was established in 1985 as a non-profit organization. Their goal was to integrate people with psychological disorders as well as the establishment of integrated employment.

Currently GPE offers and provides wide range of services in of life skills, training, medical and occupational rehabilitation as well as employment that are funded by various organisations.

The GPA has 205 employees and 800 users as well as members from:

BAG / LAG der Werkstätten für behinderte Menschen e.V., BAG / LAG Integrationsfirmen, BAG Unterstützte Beschäftigung, Deutsche Gesellschaft für Soziale Psychiatrie, Trägerverbund Mainz, Gemeindepsychiatrischer Verbund Mainz, Netzwerk für seelische Gesundheit Mainz und dem Mainzer Bündnis gegen Depression.

GPE has already received numerous awards including second place in Innovation Development in Germany (1999), the „Janssen-Cilag- futureprize (2002), Prime minister's prize for participation, equality and self-determination for people with disabilities (2003), 2nd place for best-practice in community based psychiatric services (2006), the award for the German Federal Ministry for families, seniors, women and youth (2007), the DGPPN anti-stigma prize (2011) and „the land of ideas“ prize (2012).

The innovative service provides the following options for its users:

1. Work

ServiceCentee(workshop for people with psychological disorders or disabilities)
Book binding shop, druck+schicks, Gast Hof Grün, INN-Küche, Home service:
Hausservice, Transportation service: Fahrdienst, Kindergarden and school board:
Kindergarten- und Schulverpflegung, construction- and packaging services:
Montage- und Verpackungsservice, next, taylor: Schneiderei, carpentry: Schreinerei
Service4U, textile care: Textilpflege, laundromat: Wäscherei, occupational measures:
Berufliche Integrationsmaßnahme BIMA, training: Ausbildung (BaE und Reha-
Ausbildung) , DIA-AM - Diagnose der Arbeitsmarktfähigkeit besonders betroffener
behinderter Menschen, IN.DOC - Individuelle Diagnose-, Orientierungs-, und
Coachingmaßnahme, UB - Unterstützte Beschäftigung , MOLLYWOOD
(Zuverdienstprojekt)

CAP-Lebensmittelmärkte in Mainz-Weisenau und Jugenheim (Integrationsbetriebe),
Hotel INNdependence (Integrationsbetrieb), Naturkostladen "natürlich mainz"
(Integrationsbetrieb)

2. Therapy

Occupational therapy practice

3. Life Skills

Gemeindepsychiatrisches Zentrum: community psychiatric centre

Tagesstätte: Day Care Centre

Betreutes Wohnen: Assisted Living

Kontaktstelle: Reception centre

Einzelbetreuungen: Individual counselling

Sozialpsychiatrisches Zentrum für junge Menschen: socialpsychiatric centre for youth

Beratungscafé unplugged: Consulting café

(cf. Basener 2011)

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