THE IMPORTANCE OF STAFF ATTITUDES IN PROCESSES OF DEINSTITUTIONALIZATION

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...attitudes...
„destruction of reason“
THE IMPORTANCE OF STAFF ATTITUDES IN PROCESSES OF DEINSTITUTIONALIZATION

- **aim of the project:**
  - to find out how processes of deinstitutionalization can be initiated in still existing institutions
- **focus of interest:** the role of staff and their attitudes in those processes towards people with intellectual disabilities, especially with profound and multiple ID

- **method:** one year lasting field research
  - first step: offering a training course about central aspects of staff’s daily work (e.g. assistance to self-determination, coping of challenging behaviour, etc.
  - second step: participant observations
  - final step: staff attitudes have been focussed, using problem-centred interviews.

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Why are staff attitudes important?

- **study:** “Included in society”

“... achievement of good outcomes in community-based services depends on the quality of staff support available to disabled people” (Included in Society 2003, 3).
criteria of processes of de-institutionalization

• to take one’s time
• to re-create the quality of work in the institutions
• to enable the residents to choose and to decide
• reframing “stories of disability” into “stories of life”
• to dare rehistoricization
• to abolish processes of (structural) violence
• to dislocate activities out of the institutions
• to allow new forms and types of housing
• to enable residents to work / to be active

(cf. Weber 2008, 23)

some results – participant observations (examples)

• EXAMPLE 1 - situation: B.’s anticonvulsants have been discontinued some days ago. Some staff members report that he is louder and more active than before. He is sitting at one of the tables and eating. He is sitting there crossing his legs. He makes very loud noise, banging with one of his hands on the table. He also tries to beat or pinch the person sitting next to him. Sitting at a table with crossed legs seems to be an unwanted behaviour. Therefore a staff member, sitting at another table, left behind him, requests him to sit “accurately”. Directly beside B. there is another staff member. A third staff member, also sitting at the other table commands him to leave the room because of his noise. Temporarily there are up to three persons, speaking simultaneously to him. It seems that his restlessness is passing on to the other residents.

• EXAMPLE 2 - question: Why are the plates for breakfast placed on the bibs, that are fixed around the resident’s necks?

• EXAMPLE 3 - observation: A staff member wipes the table with a bib, then the mouth of a resident with the same bib.

• EXAMPLE 4 - observation: P. is not sitting “correctly” on his chair. A staff member takes him, placing him “correctly” on the chair from behind. P. is protesting.
some results – categories arising out of the participant observations and problem-centred interviews (examples)

- further education
- to open the institution outwards
- “change is possible”
- resident’s centred work
- importance of an individual approach
- importance of the own view (on people with ID)
- importance of communication (in a team/with the residents)
- coherence between biography and behaviour
- importance of an individualized living environment
- importance of a focussed observation of the residents

„What others are depends on our relationships with them and what we choose to make of them“ (Bogdan; Taylor 1992, 291).

some results – problem-centred interviews (examples)

Category: importance of an individual approach
- “...the workshop (...) ... made clear to me, that I should and must respond to every single resident (...) every single person counts, every single person is different and everyone needs (...) special attention”.

Category: importance of an individualized living environment
- “... that this has been addressed, because otherwise no one would have dared to address this. That there will be changed some things here, for example to buy new bedclothes for them, bedclothes for adults (...) Yes, and what I would consider as important, that the residents can use their rooms (...) that everyone would have his own individual room with his personal belongings in it and that he can enter and leave the room as he likes”.

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conclusions

- It is possible to initiate processes of deinstitutionalization in an existing and relatively closed system.
- Staff attitudes can be concerned as central and dominating aspects in such a process.
- It is necessary to support staff in these processes by vocational training courses as their (changed) attitudes are basically important for a successful process of deinstitutionalization.

...to remove the “disability blanket”

„...to sit down with the people they will be supporting, ask them what are the goals and expectations they have for their life, and really work on making them happen“ (Kennedy 1994, 76).
attitudes – a fundament for participation!
some reflections

- Do I mainly see the deviation from the norm or can I discover what people with and without disabilities have in common?
- Am I able to see potentials of development in my counterpart or only impairments?
- Do I have an „open view“ for individuality of every single person or am I satisfied with attributions, made by others?
- Am I satisfied with speculative analyses of actual behaviour or am I searching for formative experiences in the life course?
- Do I consider challenging behaviour as perturbing or subjectively reasonable under the given circumstances?
- Am I able to see a person in its living environment or am I focussed on personal peculiarities?
- Do I take the actual living conditions of persons with ID for granted or can I develop a critical view for change?

(cf. Seifert 2007)

“There is but a thin line between care and oppression, and the trap of unconcern awaits those who know it, and proceed cautiously as they beware of trespassing”
(Zygmunth Bauman 1993, 92):
reference list


• Kennedy, Michael J. (1994). The disability blanket. Mental Retardation, 32(1), 74-76.
