AT THE HEART OF NEOLIBERALISM. THE PRIVATISATION OF LONG-TERM CARE FOR OLDER PEOPLE AND THE EVERYDAY HISTORY OF ECONOMIC POLICY IDEAS IN THE FEDERAL REPUBLIC OF GERMANY AND GREAT BRITAIN

Nicole Kramer

Abstract

The 1980s and 1990s saw significant growth in the private sector for long-term care for older people in both Great Britain and Germany. Until then, care policy in both countries had tended to be incidental to welfare state expansion. Among those involved in this privatisation boom were professional carers and nurses who were looking for new career paths. This article examines this early phase of the privatisation of care for older people and asks questions about the economic ideas espoused by the new care service and home operators, who reflected on the market and the opportunities it offered them as entrepreneurs. They advocated ideas based on a harmonious relationship between the market and morality. The aim is to link historical healthcare research and the history of marketisation.

Keywords: Long-term care, old age, welfare state, neoliberalism, welfare market, nurses, privatisation

1 INTRODUCTION

The history of the ideas of neoliberalism has already filled several books and researchers have studied core networks such as the Mont Pelerin Society and key players from academia and politics. But is it enough to trace the thinking of the elites in times of democratic rule and a market economy? Were large sections of the population and their attitudes not relevant to the economic paradigm shift? This is the starting point for the following article. The focus is on a group of actors who are particularly relevant to the topic: carers who became self-employed in the 1980s and 1990s and opened care services or care homes. Care is a large and multifaceted field. Here I will be dealing mainly with the professional area, i.e. care of elderly and disabled people provided by people employed to perform this role. This is the area where privatisation has had a particular impact and where the actions of individual carers can be well understood. However, there are major overlaps with nursing care, which will be included in the argumentation, where relevant.

In the 1980s and 1990s, the marketisation of care was progressing rapidly, as can be seen in the growth of the private sector, among other things. These two decades therefore form the main focus of the study. Various processes are summarised under the term "marketisation", but it is important to distinguish between them for the purposes of analysis. They include the strengthening of market

mechanisms, the adoption of practices from business administration and management, the growth in the proportion of private commercial providers and the increasing activity of listed companies. All of these processes have changed the conditions for carers and those in need of care in very different ways. In the following, the focus will be on the privatisation of care, i.e. the increase in privately run homes and outpatient care services.

Geographically, the focus of the study is on the Federal Republic of Germany and Great Britain – two countries that form a classic pair for comparison in the history of social policy, above all because they are regarded as representatives of different welfare models.[1]

In a direct comparison, however, the similarities are striking. The welfare state flourished in both countries, although care policy only played a subordinate role in the post-war boom years. In Great Britain and Germany, the state, the market, the third sector and the family worked together to cover the risk of long-term care, with the balance shifting repeatedly over the decades. These similarities form the basis for a comparison of variations, which highlights the development of the privatisation of care for older people that is visible in different countries and promoted by international organisations, and makes national characteristics visible. The aim is not so much to simply identify the differences, but to explain them and gain insights into the interrelationships of privatisation. In other words, the comparative method is to be used analytically, using differences in the country setting with regard to the traditions of care and the structure of healthcare provision to examine the significance of different development conditions.[2]

While Great Britain is regarded as a country in which neoliberal ideas led to early and comprehensive social policy reforms under Margret Thatcher's government, political decision-makers in the Federal Republic of Germany are said to have taken a more moderate stance towards marketisation and privatisation ideas.[3] However, the growth of the private sector took place over a similar period, which raises questions about the influencing factors.

The article is divided into four parts. The first part traces the marketisation of social policy and the implementation of neoliberalism as a social order. The second part outlines the structure of care for older people in Great Britain and West Germany after 1945, showing how it developed from an add-on to poverty policy in times of boom to a social policy field in its own right. The impetus for change in nursing care did not only come from policymakers. Changes in the nursing professions must also be taken into account. The third part examines the privatisation spurts of the 1980s and 1990s in more detail, highlighting the differences between countries in terms of the nature and speed of this development. Finally, the article focuses on the experiences and interpretations of professional carers who embarked on the path to independence. Did they see themselves as economic actors? How did they perceive the market and care as a business? What ideas and values did they refer to in their professional and economic activities?

This article aims to contribute to linking the contemporary historical debate on the marketisation of social policy[4] with the history of nursing[5]. Carers thus become visible as economic actors whose actions were guided by political and economic ideas. The research on marketisation and neoliberalism is extended beyond the previous scope of investigation, i.e. in addition to the political elites and

[1] Hockerts 2010, p. 15.
[2] On the various functions of the comparison, see Kaelble 2012.
[3] Süß 2022, p. 213.
[4] On marketisation as a topic of contemporary history, see Graf 2019, pp. 10-11.
[5] For some time now, the history of nursing has been turning to everyday life and practices, Nolte, 2012, pp. 121-122.

experts, groups are examined who, as actors, shaped the everyday life and practices of the market – in this case specifically the care market. Such an approach serves to promote the study of neoliberalism as a programme of action.

2 THE MARKETISATION OF SOCIAL POLICY

Privatisation and marketisation since the 1970s is usually told as a story of transnational networks of experts in which economists such as Milton Friedman and Friedrich August von Hayek set the tone. Particular attention is also paid to the activities of international organisations such as the World Bank and the OECD, whose representatives promoted the denationalisation of social and economic policy. The history of ideas approach leads back to the 1930s, when experts, many of them from the discipline of economics, met in Paris in 1938 to attempt a reformulation of liberalism. They felt that this was urgently needed in view of developments such as the rise of communism, Italian fascism and National Socialism. However, they also observed the spread of Keynesian doctrines in the USA,[6] particularly the New Deal programme, with concern. Ultimately, they saw the autonomy of the individual, a fundamental demand of liberalism, threatened by state control and intervention. The 1930s are considered the birth of neoliberalism and were followed by a long evolution phase, in which the teachings surrounding the self-regulating powers of the market were limited to a small circle of experts. The Mont Pelerin Society, founded in 1947, created an important forum for networking during this period, which can be seen in conferences and correspondence between its members.[7]

An individual, materialistic view of humanity and the belief in the regulating and equalising power of the market were at the heart of neoliberalism, although it took very different forms and is difficult to grasp. It is not until the 1970s that we can speak of a breakthrough for neoliberalism, with the oil price shock and the subsequent economic crisis creating a situation in which the proponents of this school of thought found themselves heard. They increasingly shaped the discussions and actions of international organisations such as the OECD and the World Bank.

The neoliberal influence was particularly evident in the field of old age pensions. Since the early 1980s, more and more countries have cut state pension benefits or at least refrained from expanding them further. Instead, they embarked on a path that favoured the spread of private pension products. This policy contributed significantly to the growth of the capital and financial markets. Behind the move by international organisations and national governments towards the (partial) privatisation of pensions were representatives of the financial services industry, who used it to boost their own business.[8]

Neoliberal ideas were already popularised in the 1980s. A central figure was Milton Friedman, who was awarded the Nobel Prize for Economics in 1976. In an eight-part television series entitled "Free to choose", the economist conveyed his views on market mechanisms to television viewers. In order to appeal to as broad a section of the population as possible and to illustrate Friedman's theoretical concepts, the series presented real markets and participants. An important group included small entrepreneurs and the self-employed, who were often just starting to build up their business. The series used scene selection and Friedman's comments to promote the superiority of the market and problematise state regulation.[9]

[6] Keynesianism is an economic theory named after the British economist John Maynard Keynes. After experiencing the Great Depression, he assumed that economic slumps would occur regularly. In order to ensure full employment and enable economic growth, he believed that the state had a duty to stimulate general economic demand through state intervention in times of economic downturns.
[7] Ther 2016.
[8] Hockerts 2011, pp. 276-277 and Leimgruber 2012, pp. 36-37.
[9] Brandes 2015, pp. 531-532. A book was also written based on the television series.

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The series was shown in Great Britain and in the Federal Republic of Germany. Moreover, both German and British experts can be found in the neoliberal circles depicted. However, the two countries differ in terms of the timing, speed and extent of their privatisation and marketisation policies. Alongside the USA and Chile, Great Britain is regarded as a pioneer. Even at the time, Thatcherism was referred to as a combination of conservative moral concepts and neoliberal ideas. The leader of the Conservative Party and Prime Minister from 1979, Margaret Thatcher shaped this world view through speeches, articles and interviews. At the centre of this was the self-reliant individual, who should be guaranteed freedom of choice as a right, but who also had a duty to perform. She believed in the power of the market to shape society, enabling individuals to work according to their abilities and ideas. The free play of market forces equalised individual interests and at the same time served the welfare of the nation.[10] The state had a responsibility to promote free enterprise and a broad distribution of private property in the sense of a property-owning democracy. Accordingly, property was seen as the key to social security and democratic participation.[11]

In the Federal Republic of Germany in the 1980s, such approaches to neoliberal thinking were initially barely able to assert themselves at the level of political decision-makers. The CDU, the equivalent of Thatcher's Tory party, was dominated by a group centred around Helmut Kohl, whose members had promoted a change in economic policy in the 1970s, but were not proposing a withdrawal of the state and continued to assume that the market would be clearly restricted in terms of social policy. However, there were some dissenting voices. They came not only from politicians, such as the Free Democratic Party (FDP),[12] but also from media representatives. The business section of the *Frankfurter Allgemeine Zeitung (FAZ)*, one of Germany's major daily newspapers with a more liberal bias, clearly criticised the economic policy of Helmut Kohl's government. The journalists had pinned their hopes on the change of government for a neoliberal turnaround. However, the members of the *FA*Z economics department were quickly disappointed when it came to reducing public debt and privatising state-owned companies.[13] Even if there were no political decisions in the direction of market liberalisation, a look at the *FAZ*'s economics department shows how neoliberal thinking was spreading. From the end of the 1980s, the German Social Democratic Party (SPD) also underwent a more subtle shift towards a market-oriented programme. Step by step, the Keynesian understanding of the state was clearly being called into question. In the 1990s, the SPD thus laid the foundations for the subsequent Agenda 2010,[14] which was not a sudden change in policy, but a set of reforms that had emerged gradually during the party's years in opposition.[15]

The extent to which Great Britain and the Federal Republic of Germany had converged in terms of market-liberal thinking is demonstrated by the Schröder-Blair paper. This was a document intended to reposition social democracy. The authors deliberately leave the content vague, partly through frequent use of the nominal style. The paper invokes personal responsibility, entrepreneurial spirit and the self-regulating power of the market and makes use of neoliberal doctrines.[16] In particular, reforms such as Hartz IV,[17] which entailed severe cuts to unemployment benefits and increased the pressure on the unemployed to take up work, led to a transformation from a prevention-based welfare state to an activation-based welfare state in the Federal Republic of Germany, as in many other European countries.

[10] Geppert 2002, pp. 123-125.
[11] Francis 2012, pp. 288-289.
[12] The Free Democratic Party (FDP) was founded in 1948. It has been involved in many governments in the Federal Republic of Germany as a smaller partner in various coalitions. The party has liberal social and economic tendencies, with the latter dominating party policy in recent decades.
[13] Kutzner 2019, pp. 284-285.
[14] Agenda 2010 was a labour market and social reform programme developed by the SPD under Gerhard Schröder in 2003 and implemented in the following years. Its effects are controversial. On the one hand, it led to a reduction in unemployment figures and an economic up turn. On the other hand, the welfare state was severely and fundamentally curtailed, e.g. in the area of unemployment insurance.
[15] Nawrat 2012.
[16] Blair/Schröder et al. 1999.
[17] The name Hartz IV refers to the fact that the law was based on a proposal by a working group headed by Peter Hartz, a former manager at Volkswagen (VW).

Looking at the level of international expert circles and organisations as well as political elites, there are clear differences in terms of the timing and pace of market liberalisation.

When the focus is shifted towards the implementation of social policy, e.g. in the form of care services, a different picture emerges. The privatisation and marketisation of care for older people, which has been observed in both countries since the 1980s, has been surprisingly similar. Before describing this historical development in more detail, the following section outlines the development of care policy after 1945.

3 CARE FOR OLDER PEOPLE IN THE POST-WAR BOOM

The European welfare states of the post-war period were primarily focussed on gainful employment, so benefits for those in need of long-term care were not a political priority. Nonetheless, this period saw important reforms that affected the provision of long-term care. In particular, the reorganisation of poverty policy and healthcare had an impact on those in need of long-term care. However, the restructuring of the European welfare states did not only bring improvements for those in need of care; the mixed consequences were particularly evident in Britain.

The expansion of the welfare state, which was initiated by the economist William Beveridge's plan, had a lasting impact on care policy. Two laws in particular affected the risk of care dependency. Firstly, the National Assistance Act 1948 stipulated that local authorities were responsible for the provision of home nursing services and residential care for people in need of long-term care.[18] On the other hand, the introduction of the National Health Service (NHS) in 1946 was of great significance, as it meant that, for the first time, all Britons had access to free healthcare, both in acute cases and for ongoing nursing care.[19] With regard to older people in need of care, there was therefore an overlap of competences. According to sociologists Paul Bridgen and Jane Lewis, this is the reason for the structural neglect of this population group.[20] The institutions of the National Health Service, especially hospitals, but also the local authorities, have tried to limit the care of people in need of long-term care as much as possible. In hospitals, as in the NHS as a whole, there was strong pressure from the outset to keep costs down. This was because the National Health Service took up a considerable part of the state budget, which attracted attention and criticism. Limiting care for those in need of long-term care, whose longer stays consumed resources, seemed to be an effective way of reducing costs. However, the fact that those in need of ongoing care were the target of cost-cutting efforts was primarily due to the fact that the vast majority of carers, just like doctors, had traditionally disadvantaged this patient group.

In the old British healthcare system which existed before 1946, the charitable hospitals funded by trusts had completely rejected the care of patients in need of long-term care. This mentality persisted in the new NHS, partly because the same decision-makers sat on hospital boards.[21] In addition, geriatrics was not held in high regard by doctors and nurses. Reducing the average length of inpatient stays as much as possible was seen as a criterion for success among doctors. This could not be realised in the case of people in need of long-term care. Most nurses and doctors chose specialisations oth-

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[18] National Assistance Act, 1948.
[19] Bridgen/Lewis 1999, p. 11; National Health Service Act, 1946.
[20] Bridgen/Lewis 1999; this is the main thesis of the work.
[21] Gorsky 2013, p. 601.

er than geriatrics when they could. The few who did work in this area rarely did so of their own free will, but because there were no other paths open to them due to poor references or because they belonged to socially disadvantaged groups.[22] Of course, there were also counterexamples, such as Marjorie Warren, who worked as a doctor at Middlesex Hospital and in this capacity worked towards the admission of older people in need of care from the poorhouses. With her writings on the special care needs of older people and the possibilities of rehabilitation, she contributed to the establishment of geriatrics as a sub-discipline.[23] She was a pioneer and also one of the few exceptions.

In the 1950s and 1960s, the view that hospitals should primarily treat acute cases with the prospect of recovery, or at least improvement, became increasingly prevalent in politics. The more hospitals limited services for the chronically ill, the greater the pressure on the local authorities. They were reluctant to expand their services for those in need of long-term care because they feared this would send a signal that they were taking on tasks that they were not prepared to shoulder, at least not without suitable funding guarantees.[24]

The expansion of outpatient care was rather hesitant. Charitable organisations had already begun to set up support services for older people in the final phase of the Second World War, such as "Meals on Wheels". Such formats were expanded to include others in the post-war period. From the 1960s onwards, local authorities became more involved in this area, but it was not until the 1970s that there was a significant increase in spending. There were visiting services and private carers could be temporarily replaced. However, there were hardly any full-time outpatient care services in the post-war decades.[25]

The situation of elderly care in post-war Britain therefore has two important characteristics. Firstly, those in need of long-term care tended to be sidelined during the expansion of the welfare state. Care risk protection was not at the centre of the reforms and the expansion of the NHS had mixed consequences. Rising healthcare costs fuelled austerity debates and the treatment of those in need of long-term care came under fire for driving up costs. The more representatives of the public sector tried to limit its commitment to older and disabled people, the more they involved other stakeholders, initially mainly those from the non-profit sector. Outpatient care services were intended to reduce the number of older people who needed to be admitted to hospitals or care homes.[26]

A look at the Federal Republic of Germany initially reveals many similarities, even though the welfare state social security system functioned very differently. In the post-war period, the signs were in favour of continuity. Attempts to fundamentally restructure social security failed in the mid-1950s. The welfare state was expanded within the framework of the traditional insurance system. Elderly people in need of care were initially covered by post-war legislation, such as the Emergency Aid Act and the Equalisation of Burdens Act.[27] This enabled old people's and nursing homes, among others, to receive funding to modernise and expand their services. The reform of welfare had far-reaching significance. The need for care for older people was a central aspect in the debates that led to the introduction of the Federal Social Assistance Act (BSHG) in 1961. This is particularly evident in Paragraph 75 BSHG, which explicitly refers to assistance for older people, which contributed to the spread of this term. Welfare experts regarded it as a particular sign of the law's progressiveness, as it regulated the

[22] Bornat/Raghuram/Henry 2010, p. 63.
[23] St. John/Hogan 2010, pp. 22-23.
[24] Bridgen/Lewis 1999, pp. 59-65.
[25] Means/Smith 1998, pp. 92-95, 232-234; Bridgen/Lewis 1999, p. 71.
[26] Boucher 1957, p. 54.
[27] Hughes 1999, pp. 194-195.

provision of personal assistance for the first time, i.e. social services that were intended to counteract social exclusion and enable participation.[28] However, the provisions that had the greatest impact, such as Sections 68 and 69 of the BSHG, were those that offered the prospect of cash and non-cash benefits in a more traditional and tried-and-tested manner. The ground-breaking aspect of the BSHG was that, in addition to the basic amounts, which corresponded most closely to the previous welfare legislation as assistance for maintenance, "assistance in special circumstances" could be awarded as additional benefits.[29] Just a few years after the reform came into force, the extent of the need for care in old age became clear. Almost half of the financial volume allocated to "assistance in special circumstances" went to people in need of care. The number of people, who were 65 years and older receiving this benefit quadrupled between 1963 and 1989.[30] The individual entitlement to benefits in the event of a need for care and simultaneous destitution was a lever for keeping the issue on the political agenda.

However, the situation regarding care for older people did not change purely because social policymakers were including the need for care in welfare legislation more frequently than before. Significant impetus also came from the care sector itself. In the early years of the Federal Republic of Germany, care underwent profound changes that were shaped by crisis. In particular, the providers of nursing care that were linked to religious orders of sisters and deaconesses, faced massive recruitment problems. The willingness of women to join a religious community and submit to its rules declined significantly. In addition, not only was the number of available carers decreasing, but the number of hours they were available to work were also declining. Although change was rather slow in this regard, the demands for a reduction in working hours were gaining ground in the care sector at this time. While 70 to 80-hour weeks were still common in the early 1950s, it was possible to set working hours at 54 or 60 hours in 1956, which was admittedly still high in view of the fact that the German Trade Union Confederation was calling for a 40-hour week.[31]

The high demand for carers contributed to the development of care for older people as a separate field of nursing. The first regionally organised training courses at the end of the 1950s were aimed, among other things, at attracting women to the nursing profession. Almost all of the participants in the first six-month courses, which took place in North Rhine-Westphalia, had already completed vocational training. They included factory workers, sales assistants and housekeepers, who used the courses as an opportunity to retrain. The average age was 41.[32] The early days of nursing training were characterised by contradictory views – some that devalued the profession and some that sought to enhance its status. The training was to be moderate in terms of duration and requirements, in order to keep it accessible to women looking for an alternative job or those who wanted to re-enter the world of work after bringing up a family. Nursing care for older people was thus modelled on a slimmed-down nursing training course. However, school principals also recognised in geriatric nursing the opportunity to uphold traditional nursing skills, especially those that required social and communicative tasks. They saw little room for these in general nursing, which was becoming increasingly mechanised and medicalised.[33]

The shortage of nursing staff was ultimately also a stumbling block for new developments, particularly for the expansion of home care services. The number of community nurses fell noticeably in the 1950s and 1960s. Initially, the impetus to expand home care, which was provided by the Social Assistance Act,

[28] Föcking 2007, pp. 331-337.
[29] See Weller 1963, pp. 270-274.
[30] See Statistisches Bundesamt: Wirtschaft und Statistik 1965, vol. 9, Wiesbaden 1965, pp. 617-618.
[31] Kreutzer 2018, pp. 127-128, 132 for more details.
[32] Heumer/Kühn 2010, pp. 46–48.
[33] Heumer/Kühn 2010 p. 45–46.

for example, had little effect. It was not until the 1970s that a counter-trend emerged with the establishment of inter-agency social care centres. They partly filled the gaps left by the community nurses.[34]

As far as better protection against the risk of long-term care is concerned, the results for the first three decades after the Second World War are mixed in both West Germany and Great Britain. Those in need of long-term care were not really the focus of the reforms introduced during the heyday of the welfare state. They were explicitly considered when poverty policy was restructured. In the Public Assistance Act and in social welfare there were regulations that related specifically to care for older people. However, this group did not benefit much, if at all, from the expansion of health insurance and the National Health Service. In Great Britain, there is even evidence of a clear marginalisation of those in need of long-term care.

The post-war period was certainly not a golden age for nursing care. Staff shortages, a lack of social recognition and a growing workload due to the demographic age structure were challenges back then that still characterise the situation today. What was the impact of the privatisation and marketisation of care that emerged in the 1980s?

4 THE BOOM IN PRIVATE COMMERCIAL CARE IN THE 1980S AND 1990S

Private commercial providers have existed in both countries from the very beginning. In his pioneering study in 1962, the British sociologist Peter Townsend stated that 9% of care homes were in private hands. The vast majority, however, were in the hands of public organisations.[35] In addition to the private commercial sector for inpatients, there were also freelance nurses, the number of whom cannot be determined. A significant proportion of trained nurses became self-employed after graduating. For one London hospital at the end of the 19th century, it is recorded that 30-40% of each training cohort went into self-employment. For the first half of the 20th century, there is also evidence that freelance work offered opportunities, e.g. more flexible working hours, which were particularly attractive to nurses with young children.[36]

By 1981, the picture was already different, with the private sector now accounting for a good 19% of the total, slightly more than the non-profit sector. However, the growth boom was not to follow until the next few years, and by 1993 the situation had almost reversed. 59% of the approximately 224,000 care home places in 1993 were provided by the private sector, while the public sector only provided just under 26%.[37]

The main reason for this rapid growth was the austerity measures taken by the government, which cut its allocations to local authorities, forcing them to close and sell their own care homes.

The Department of Health and Social Security (DHSS) in London changed access to asset-based welfare benefits. From 1979 onwards, anyone who decided to move into a private or charitable home

[34] Riege 1978, p. 205.
[35] Townsend 1962, p. 187.
[36] Hawkins 2010, pp. 173-175; Hargreaves 2022.
[37] Office of Population Censuses and Surveys (OPCS) 1988, p. 41; OPCS 1993, p. 46.

could apply for funds – provided their own income was not sufficient to pay the monthly fees. The responsible authorities only checked the economic need. However, there was no assessment of whether care in a home was necessary. While there were only around 11,000 recipients of this form of support in 1979, about ten years later the number had risen to around 280,000.[38]

Just how unplanned the resulting wave of privatisation was, becomes clear when we look at how people in need of care came to receive DHSS services. The idea of making DHSS pots available to residents in non-state care homes was first conceived when representatives of the non-profit sector started demanding support to make up for their financial losses from social welfare funds. Since the local authority budgets, from which they had previously received large grants, had been cut, their existence had been in jeopardy.[39] Initially, these were case-by-case decisions; it was not until 1983 that the DHSS formalised this regulation and it happened very quietly, without the wider public noticing. This paved the way for "privatisation by default" or "back-door privatisation".[40]

However, the rising number of applications also meant rising costs. Within seven years, there had been a considerable increase, from £6 million to £280 million.[41] Costs continued to rise despite the DHSS's efforts to cap benefits. In the early 1990s, annual expenditure finally totalled £2.6 billion.[42]

The Federal Republic of Germany also saw a surge in privatisation. Germany, like Great Britain, has always had a private commercial sector, which is particularly visible in the form of care homes. In 1969, it accounted for 9% of care home places.[43] The sector grew steadily but slowly. The real dynamic of privatisation began to unfold in home care in the 1980s. Exact figures are not available until the end of the 1990s. When an Infratest study provided concrete figures in 1998, it showed that 43% of the approximately 11,600 outpatient services were run commercially. For a long time, the wave of privatisation was mainly attributed to care insurance.[44]

Long-term care insurance was introduced in 1995. It was part of the German social insurance tradition, but introduced innovations with the partial "casco" principle. Long-term care insurance added a fifth pillar to the German social insurance system. It is regarded as a "market creation law",[45] as the regulations it contains favour the activities of private-sector providers of long-term care insurance and care services.[46] It also reinforced the trend towards privatisation, although this was already clearly visible before 1995. A study published by the Kuratorium Deutsche Altershilfe in 1985 presented evidence of a boom in the establishment of "small commercial, freelance and alternative private care services".[47] Reports in daily newspapers and specialist journals about individual operators and their history provide further evidence. Finally, it should be noted that around 66% of the services counted in 1998 (no differentiation by operator group is included here) had already started operations before 1993, and 39% before 1989.[48]

A German-German variant of privatisation was ultimately linked to reunification. In the German Democratic Republic (GDR), there had been a state-run community nursing system. After reunification, many of these community nurses chose to become self-employed and opened their own nursing services. An initial study for the Brandenburg region in 1994 described this phenomenon and spoke of a "trend

[38] Hansard, 1990, col. 1028.
[39] Player/Pollock 2001, p. 234.
[40] Phillips/Vincent 1986, p. 159. Estrin/Pérotin 1988, p. 13.
[41] Hansard 1986, col. 318.
[42] Laing and Buisson 1994.
[43] Cf. Bericht der Bundesregierung 1969.
[44] See Igl 2007 for details on long-term care insurance.
[45] Hockerts 2012, p. 76.
[46] Hockerts 2012, p. 76.
[47] Hartmann 1985 The Kuratorium Deutsche Altershilfe was founded in 1962 to promote support structures for older people. It finances model projects on a limited scale and acts as an expert advisory organisation for state actors. The KDA also addresses social service providers for older people in order to network them
[48] Schneekloth/Müller 1999, pp. 89-91.

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towards a renaissance of the GDR community nurse". The contacts and reputation they had built up among the local population and with local doctors helped them to make a new start.[49]

The privatisation push in home care in East Germany was already clearly evident in the statistics at the end of the 1990s. On average, private care services had a share of 43.6%, based on the number of people cared for per provider. The national average was lower at 35.6 %; the average for the western German federal states (excluding city states) was only 31.2%.[50] This development can be described as very rapid when one considers that the privatisation push in eastern Germany took place in less than ten years.

Looking at East Germany, it is already clear which group was of great importance for privatisation: the trained nursing staff. This also applied to developments in West Germany and Britain in the 1980s. An initial study of the operators of private nursing homes in Great Britain came to the conclusion that 50% of the new care entrepreneurs had training in nursing. A follow-up study carried out by social and nursing scientists in the mid-1990s also found that a large proportion of nursing home operators, namely 40%, were former employees of the National Health Service.[51]

Trained nurses and geriatric nurses were also one of the largest groups among the private-sector care service providers that began operating in West Germany in the 1980s and 1990s.

What motivated the carers to give up paid employment and take on the role of small entrepreneurs? What ideas about the market and privatisation did they hold and what experiences did they have?

5 CARE AS A BUSINESS: IDEAS AND EXPERIENCES

It is difficult to trace the ideas and experiences of those who decided to open a care home or set up a care service as actors in the private sector. Sources are scarce. Various categories of documents contain clues, although the situation in the two countries under investigation differs. For Great Britain, there are a number of sociological studies that focus on small-scale care home operators and bring them to life through quotes from qualitative interviews. In Germany, on the other hand, only a few such studies can be found. Here, it is mainly articles and letters from readers in specialist journals and articles in daily newspapers that provide information about care home operators.

A number of written submissions are available for England. These arose when the then Labour government convened a commission of enquiry in 1997, the Royal Commission on Long Term Care for the Elderly, which was primarily intended to discuss the issue of financing care for the elderly. In order to evaluate the situation of care for older people, the commission issued a public call for submissions.[52] Among the more than 2,000 responses received by the commission were numerous letters from private care providers. In Germany, the websites of care service providers proved to be a treasure trove. Those providers that can look back on a longer company history talk about their history in "History" or "About us" sections on their websites. Operators explain their motivation and provide insights into how they see themselves as entrepreneurs.

[49] Schmidt 1994, p. 66.
[50] In the city states, particularly Hamburg and (West) Berlin, the proportion of private providers has always been higher. If the number of care services is taken as a basis, the proportion of commercial providers was higher. Accordingly, the national average was 50.9% private (58% in the eastern German states excluding Berlin), 47.2% non-profit and 2% public. See Statistisches Bundesamt 2002, p. 5-6.
[51] Andrews/Kendall 2000, p. 903.
[52] With respect to old age 1999.

In both countries, and in almost all of the document categories mentioned, the question of why carers took up private-sector work plays an important role. For Britain, a study carried out in the early 1990s in the county of Devon in the south-west of the country provides some indications. For the nurses who had previously worked in NHS organisations, a number of findings stand out. For example, none of them cited the situation of the health service, which was the subject of public criticism, as a reason for deciding to open a care home. Moreover, the path into geriatrics was anything but obvious for the nurses, as the work took them into a field that, as noted above, was not held in high regard within the NHS. People in need of long-term care were one of the groups that had been increasingly marginalised within NHS facilities. So what prompted them to make this switch? Among the answers, those citing higher pay and a desire to continue care work under better conditions ranked highly. However, the desire to "be your own boss" came top of the list by a long way.[53] The change from being an employee to running their own business was the decisive motivation for many. The market policy, which played a major role in the political debate during the years of the Thatcher government, resonated here on a small scale. In short, nurses who opened commercial care homes and transformed themselves from NHS employees into entrepreneurs could count themselves part of the "free enterprise" system that Thatcher celebrated in numerous speeches and interviews as a driver of innovation and prosperity.[54] The statements of the newly minted care home operators, like the texts of political elites, are part of a discourse on free market forces and their social organising function.

The same trend of nurses and carers becoming entrepreneurs can also be found in the Federal Republic of Germany, and the available sources provide even deeper insights. Although there are no survey studies from this period, articles and letters to the editor repeatedly appeared in specialist journals and daily newspapers, focussing on the new care entrepreneurs and their path to self-employment and business start-ups.

As early as 1981, the trade journal *Altenpflege* reported on a private nursing and geriatric care service from Nuremberg, a novelty according to the article, which the editors took as an opportunity to discuss the privatisation of nursing care with readers. The article, in which Jürgen Nitsch, who had completed an industrial apprenticeship before spending four years in the German Armed Forces working in the medical service and nursing, talked about his career, took up more than two pages. He ventured into self-employment in 1979, describing his motivation as the "urge to work independently and freely [...] as well as the desire to help overcome the anonymity of hospitals and nursing homes". [55]

The two themes that are reflected in Jürgen Nitsch's statement, as reproduced in the magazine Altenpflege, reappear in many sources on private commercial care services. It is striking how the step into self-employment is associated with freedom.

In Jürgen Nitsch's case, the aim was to be as independent as possible while pursuing nursing as a profession, even though he did not have the relevant specialist qualification. Another nurse, from North Rhine-Westphalia, left to escape the nursing shortage in hospitals. A geriatric nurse from Hildesheim, who appeared in *Altenpflege* in 1990, stated that she wanted to escape the high time pressure in the nursing home and a "permanently gruelling job".[56] At the time of publication, the then 29-year-old had only been working independently for two years on a small scale, with just two employees. Her care service was one of those that would go on to establish itself permanently. On the 20th anniversary of

[53] Andrews/Kendall 2000, p. 903.
[54] Cf. e.g. interview with Margaret Thatcher 1983.
[55] Private Alten- und Krankenpflege 1981, pp. 326-328.
[56] Hahn 1990, pp. 630-631.

her business, she was employing 17 people, who completed their visits in 11 company-owned cars that had been sprayed pink.[57] Other sources, such as surveys and interviews, also document the establishment of a business as an opportunity and a gain in autonomy.[58]

At times when there were political calls for the "humanisation of work", i.e. a more humane organisation of working life, such arguments fell on fertile ground.[59] Although such discussions tended to centre on industrial work, an effect on other areas of work cannot be ruled out. In addition, from the 1970s onwards, an increasingly political and militant understanding of the profession emerged among carers, which can be seen in the founding of the Federal Association for Elderly Care in 1974 and the growing commitment of the Public Services, Transport and Traffic Union (ÖTV) in the years in which there were political debates about staffing ratios. The first highlight of this development was the warning strike by carers in May 1989.[60] Poor working conditions in the care sector and the need to improve the situation were a hot topic in the media and politics. A survey of participants attending seminars organised by a private training institute on the basics of home care revealed that they expected better earning opportunities, more professional independence and more freedom to shape their own care work.[61]

The newly qualified care service providers expressed an optimistic interpretation of the market, which, although having less of a theoretical basis, was essentially very similar to the views of the neoliberal thinkers.[62] The market gave them freedom and opportunities. They presented themselves as a kind of homo economicus, shaping their own biographies as market players.

A particular historical manifestation of the autonomy narrative occurred at the time of reunification, when many former community nurses did not join the ranks of the social welfare centres as planned, preferring to set up their own nursing services. Sabine Ettinghausen from Halle was one of them. She had been a parish nurse in the south of Halle for years before setting up her own business after reunification.[63] Initially, she was a one-woman business, travelling by bicycle as she had done in the GDR era. It was only three years after setting up her own business that she took on employees and swapped her bike for a car. Looking back on the company's 20th anniversary, another nursing service founder stated that she had set up her own business in order to "rescue the working model of the community nurse from GDR times by bringing it into the new system".[64] Of course, the reference to the legacy of the community nurses can also be understood as a deliberate advertising strategy, as the community nurses, just like the polyclinics and the Volkssolidarität, a welfare organisation for the elderly, were among the more positive experiences that many East German citizens remembered with regard to the care system of the GDR.[65]

However, it cannot be denied that former community nurses were extremely complimentary about their former work. The high degree of independence and wide range of medical and nursing activities for different population groups (pregnant women, people with disabilities, elderly people) demanded a lot from them, but also gave them scope to manage their own work. Community nurses had held an important intermediary position, as they had been the point of contact for the sick, medical staff and

[57] Vom Berge 2009.
[58] Zawada 1989, pp. 65-66; also Schuermann 2016, pp. 88-89. Schuermann's study refers to care services that mostly started in the 2000s, but very similar patterns of argumentation can be found in the interviews she conducted.
[59] Müller 2019, p. 80.
[60] Wiede 2022, p. 56.
[61] Zawada 1989, pp. 65-66.
[62] For the optimistic market idea, see Wirsching 2019, p. 39-40.
[63] See Färber 2017, p. 14 .
[64] Gitter 2012, p. 9.
[65] Volkssolidarität was initially founded in 1945 and later became a mass organisation in the GDR, specialising in the provision of social services, particularly for older people. After reunification, Volkssolidarität continued to exist as a charitable organisation, with its area of operation mainly extending to East Germany.

health authorities.[66] They saw many of the advantages of their previous work as being preserved by setting up their own nursing business rather than being employed in a social care centre. The market therefore offered them the opportunity to preserve a piece of the GDR, so to speak.

In addition to the interpretation of the market as a space of freedom, there is a second aspect that overlaps with neoliberal doctrines, which postulated a close relationship between the market and morality.

The statements made by care service providers, who brought this argument to life, read very similarly. After all, they had not only found their own happiness on the market, but had also done something for the well-being of others, namely for those in need of care. Like Nitsch, many care service providers argued that they were providing a service to elderly people in need of care and were helping to humanise care. This can be read in an article in the *FAZ* newspaper from 1989, which reported on a nurse who had set up his own business in the 1980s. The costs for his outpatient care services were lower than the costs in a nursing home. He was more dependent on the "satisfaction of the people he cared for and their relatives" than employed colleagues from public and non-profit organisations.[67] A care service provider found even clearer words in a letter to the editor in 1994, which was directed against an article that had denounced grievances in private commercial outpatient care. The letter to the editor criticised the article in the *FAZ* as being overly general. He admitted that there were individual "black sheep", but emphasised that they not only violated moral codes, but also rational market behaviour.

> "Of course, in addition to patient care, there is also an economic aspect at play. Nevertheless, it is probably a law of the market economy that providers who pay too much attention to the financial side of a company end up in the headlines because nobody is prepared to pay well for poor service."[68]

In statements such as these, the market is construed as a force of order with the ability to produce or even favour moral action.

It was necessary to point out that private commercial activity could serve the welfare of those in need of care, because until then the media had mainly reported on private commercial care when there had been grievances. This early reporting was characterised by the fact that the incidents were not regarded as individual cases, but were presented as a structural problem of private commercial providers. The authors saw the desire to make a profit from the need for care as immoral per se.[69]

However, a contrary interpretation emerged with the newspaper reports about the private care service providers. Their commercial basis, and thus the market, allowed them to deliver care according to humanitarian standards. This narrative is even more prominent on the websites of care services than in the newspaper articles mentioned above.

There are few examples as explicit as that of Christine Kern's nursing service in Emmendingen in Baden-Württemberg. In 1992, the trained nurse decided to open a nursing service that grew rapidly. In a website first published in 2008, she describes the beginnings in detail. She presents herself as a carer who wanted to improve her working conditions, as an entrepreneur who was aware of the logic of the market, and as an agent of customer-oriented and therefore humane care:

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[66] Strupeit 2008, p. 172; Schmiedhofer/Brandner/Kuhlmey 2017, p. 458.
[67] "Sometimes the carer becomes the caretaker" 1989, p. 41.
[68] Weinhart 1994, p. 5.
[69] "Gegen private Altenheime" 1972.

> One of Christine Kern's convictions is also that work is more than just a means to an end – work must be the purpose of life, the quality of work is also a big part of quality of life!
>
> With these basic motivations, Christine Kern gave up her management position in a large hospital in order to find fulfilment and put her ideas into practice autonomously, which was hardly possible in systems such as her previous working environment. In doing so, she was also willing to give up a high level of security: relinquishing a senior position in the civil service to face a market that was still in its infancy: **the care market...** [...]
>
> "Understanding care as a service that is subject to the laws of the free market economy was a clear understanding of our own work from the outset and one of the requirements for future employees.[70]

Of course, these statements must be understood as an advertising strategy, among other things.[71] But even as such, they are examples of the discourse on the social benefits of the free market. The websites demonstrate how well the argument of the free market as a haven of freedom and a harmonious social order fits the logic of private commercial care services. Is it possible to trace the reception of Friedman and Hayek's theories here? This cannot be proven with the available sources. However, it is clear that many of the basic assumptions of neoliberal thinkers corresponded to real-world explanatory patterns. In this case, it was a question of attributing meaning to the decisions of a minority of professional carers to become commercially active and thus to leave familiar paths. Freedom in their own work and the well-being of those in need of care as clients were central motives for this creation of meaning. They implicitly referenced neoliberal market ideas and reinforced them at the same time.

The wave of care company start-ups also produced less optimistic stories. However, these received far less publicity. Of course, there were no websites for the significant number of care homes and care services that were forced to close again after only a short time. They were also not mentioned in the local newspapers, unlike those that managed to stay on the market. Failure left far fewer traces in the sources.

6 CONCLUSION

What new insights into the privatisation of care for older people have been gained by linking historical research on marketisation with the history of care? Three points should be noted in conclusion:

1. The comparison of the Federal Republic of Germany and Britain initially raises the question of why the privatisation waves were very similar in terms of time period and dynamics, despite the very different structures in the two countries. Different welfare state models and, above all, major differences in the reception of neoliberal doctrines by social policy decision-makers would have suggested otherwise. Financial incentives for privatisation, as they existed – albeit unintentionally – in Britain, were absent in the Federal Republic of Germany. In both countries, however, there was a well-educated group of care professionals who became supporters of privatisation.

[70] http://www.pflegedienste-kern.de/index.php?geschichte, last accessed on 6 August 2008. On 31 October 2022, Christine Kern discontinued her home care service.
[71] See also e.g. https://pflegedienst-kramer.de and https://bsb-pflegedienst.de/, last accessed on 1 June 2024.

2. This leads to the next point: historians who have devoted themselves to marketisation as a contemporary historical process have enriched our knowledge of the expansion of the network of neoliberal thinkers and also clarified the circulation of their teachings. With the history of care, completely different actors are now coming into view and, with their history, new approaches to explaining marketisation are emerging. In their studies on the network of neoliberal economists, Daniel Stedman Jones and other scholars have emphasised that, despite the transnational networking that took place in politics and business, it was anything but inevitable that their teachings would prevail.[72] He sees the economic crises of the 1970s as the main, contingent factor that contributed to the breakthrough of neoliberalism. It was only then that the teachings of Hayek, Friedman and others increasingly found an audience. However, the growth of private commercial care is characterised less by the crises of the 1970s than by the heyday of the European welfare states, which saw an increase in well-trained workers in the social and medical services sector. Many of them found themselves in a kind of personal crisis because they saw the demands of democratic welfare states disregarded in terms of their own working and living conditions and those of the people entrusted to their care. The market offered them opportunities. To reduce these to material benefits alone and thus to reduce the actors to a kind of homo economicus would be misguided. The spread of neoliberalism had political as well as financial and economic causes.

3. It is also possible to gain new insights in the other direction. Research on marketisation, which sheds light on concepts of order as a new history of ideas, offers new perspectives for the history of nursing. Nursing professionals were not only actors in care and knowledge of medicine, but also carriers of ideas. They were actors in a professional world, but also political contributors who helped to shape the transformation of the welfare state in the final third of the 20th century. Their influence was admittedly much smaller than that of economists who wrote and popularised doctrines, and of politicians who incorporated them into their programmes. However, in order to explain the privatisation of care, it is necessary to consider this group of individuals with their ideas about the market and the role of companies, because they set the tone. In doing so, we can grasp fragments of an everyday history of neoliberalism.

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[72] Stedman Jones 2012, pp. 215-216.

Bibliography

Primary sources

Blair, Tony/Gerhard Schröder et al.: "Der Weg nach vorne für Europas Sozialdemokraten". In: "Der Weg nach vorne für Europas Sozialdemokraten" Zeitschrift Blätter für deutsche und internationale Politik, No. 7, 1999, pp. 887–896.

Berge, Moritz vom: Stadtteilzeitung Hildesheim West, No. 199, October 2009.

Bericht der Bundesregierung an den Deutschen Bundestag über die Erfahrungen in der Ausführung des § 38 Satz 1 Nr. 10 und Satz 2 der Gewerbeordnung (Altenheime), Bundestagsdrucksache 5/4122 dated 21 April 1969.

Boucher, C.A.: A (1957). Survey of Services Available to the Chronic Sick and Elderly 1954-1955. Ministry of Health: Reports on Public Health and Medical Subjects No 98, 1957.

Hahn, Marita: "Diese Aufgabe erfüllt mich". Die junge Unternehmerin versorgt elf Senioren zu Hause. In: Altenpflege 11 (1990), pp. 630–631.

Färber, Detlef: "Da zu sein, lindert Leid". Sabine Ettingshausen. Vor 25 Jahren gründete sie als Gemeindeschwester einen der ersten Pflegedienste Halles. Inzwischen zählt er zu den größten. In: Mitteldeutsche Zeitung 4 August 2017, p. 14.

Gitter, Danny: Als Gemeindeschwester plötzlich Unternehmerin. Monika Winkler gründete vor 20 Jahren den ersten privaten Kranken- und Altenpflegedienst in Dessau. In: Mitteldeutsche Zeitung 28 February 2012, p. 9.

"Manchmal wird der Pfleger zum Hausmeister. Wie sich Freiberufler um Patienten kümmern", In: FAZ, 20 March 1989, p. 41.

Ulf Weinhart to FAZ editor. In: Frankfurter Allgemeine Sonntagszeitung, 17 July 1994, No. 28, p. 5.

"Gegen private Altenheime". In: Frankfurter Rundschau, 27 May 1971, PA VII/176 B I.

Hansard, House of Commons, Renee Short, 9 July 1986, col. 318.

Hansard, House of Commons, Gillian Shephard, 24 January 1990, col. 1028.

Hartmann, Helmut: Neue Erscheinungsformen privater Pflegedienste und Pflegestellen für ältere Menschen. Cologne 1985.

Klee, Ernst: Geschäfte mit Alten, in: ZEIT, 27 October 1972.

Laing and Buisson, Care of Elderly People Market Survey, London 1994.

Office of Population Censuses and Surveys (OPCS), Population trends No. 52 (1988), pp. 41.

OPCS, Population trends No. 73 (1993), pp. 46.

Private Alten- und Krankenpflege, in: Altenpflege, September 1981, pp. 326-328.

Statistisches Bundesamt: Pflegestatistik 1999. 3. Bericht: Ambulante Pflegedienste. Wiesbaden 2002.

With respect to old age: a report by the Royal Commission on Long Term Care. London 1999.

Internet sources

Interview with Margaret Thatcher in The Sunday Times 22 February 1983, Margaret Thatcher Foundation, URL: https://www.margaretthatcher.org/document/105088.

National Health Service Act, 1946, URL: https://www.legislation.gov.uk/ukpga/1946/81/pdfs/ukpga_19460081_en.pdf.

National Assistance Act, 1948, URL: https://www.legislation.gov.uk/ukpga/Geo6/11-12/29/enacted.

http://www.pflegedienste-kern.de/index.php?geschichte, 6 August 2008, Internet Archive wayback machine.

https://pflegedienst-kramer.de oder https://bsb-pflegedienst.de/ (zuletzt gesehen am 01.06.2024).

Secondary literature

Andrews, Gavin J./ Sally A.Kendall: Dreams that Lie in Tatters: The Changing Fortunes of Nurses who Left the British NHS to Own and Run Residential Homes for Elderly People. In: Journal of Advanced Nursing 31 (2000), 4, pp. 900-908. DOI: 10.1046/j.1365-2648.2000.01359.x

Bornat, Joanna/Parvati Raghuram/Leroi Henry: Oral History Voicing Differences: South Asian Doctors and Migration Narratives. In: Economic and Political Weekly 49 (2014), pp. 60–66. http://www.jstor.org/stable/24479741.

Brandes, Sören: "Free to Choose". Die Popularisierung des Neoliberalismus in Milton Friedmans Fernsehserie (1980/90). In: Zeithistorische Forschungen/Studies in Contemporary History, online edition, 12 (2015), DOI: https://doi.org/10.14765/zzf.dok-1434

Bridgen, Paul/Jane Lewis: Elderly People and the Boundary between Health and Social Care 1946-91: Whose Responsibility? Research Report. Nuffield Trust. London 1999.

Estrin, Saul/Virginie Pérotin: Privatisation by Default: Old Age Homes in Britain and France, Welfare State Programme Research Note No. 11, 1988.

Föcking, Friederike: Fürsorge im Wirtschaftsboom. Die Entstehung des Bundessozialhilfegesetzes von 1961. Munich 2007.

Geppert, Dominik: Thatchers konservative Revolution. Der Richtungswandel der britischen Tories 1975–1979. Munich 2002.

Gorsky, Martin: "To Regulate and Confirm Inequality"? A Regional History of Geriatric Hospitals under the English National Health Service, c. 1948-c. 1975. In: Ageing and Society 33 (2012), pp. 598–625. DOI: https://doi.org/10.1017/S0144686X12000098

ENHE 6/2024 DOI:10.25974/enhe2024-4en

Graf, Rüdiger: Einleitung. Ökonomisierung als Schlagwort und Forschungsgegenstand. In: Graf, Rüdiger (Ed.): Ökonomisierung. Debatten und Praktiken in der Zeitgeschichte. Göttingen 2019, pp. 9–25.

Hargreaves, Janet: "In the Nursing Homes, Nurses Really Nurse": Nursing in Private Nursing Homes in 1930s Britain. In: The UKAHN Bulletin 10 (2022), https://bulletin.ukahn.org/in-the-nursing-homes-nurses-really-nurse-nursing-in-private-nursing-homes-in-1930s-britain-1/editorial-team-2022#janet-hargreaves.

Hawkins, Sue: Nursing and Women's Labour in the Nineteenth Century: The Quest for Independence. Abingdon 2010.

Hockerts, Hans Günter: Abschied von der dynamischen Rente: Über den Einzug der Demographie und der Finanzindustrie in die Politik der Alterssicherung. In: Becker, Ulrich/Hans Günter Hockerts/Klaus Tenfelde (Ed.): Sozialstaat Deutschland. Geschichte und Gegenwart. Bonn 2010, pp. 257–286.

Hockerts, Hans Günter: Vom Wohlfahrtsstaat zum Wohlfahrtsmarkt. Privatisierungstendenzen im deutschen Sozialstaat. In: Norbert Frei/Dietmar Süß (Ed.), Privatisierung: Idee und Praxis seit den 1970er Jahren. Göttingen 2012, pp. 70–87.

Hockerts, Hans Günter: Einführung. In: Hockerts, Hans Günter/Winfried Süß (Ed.): Soziale Ungleichheit im Sozialstaat. Die Bundesrepublik Deutschland und Großbritannien im Vergleich. Munich 2020, pp. 9–18.

Hughes, Michael L.: Shouldering the Burdens of Defeat: West Germany and the Reconstruction of Social Justice. Chapel Hill 1999.

Igl, Gerhard: Die Entstehung der sozialen Pflegeversicherung und ihre Konsequenzen. In: Ritter, Gerhard A. (Ed.) Geschichte der Sozialpolitik, Vol. 11: Bundesrepublik Deutschland 1989-1994. Sozialpolitik im Zeichen der Vereinigung, Baden-Baden 2007, pp. 694–717.

John, Philip D. St./David B. Hogan: The Relevance of Marjory Warren's Writings Today. In: The Gerontologist 54 (2014), pp. 21–29, https://doi.org/10.1093/geront/gnt053

Kreutzer, Susanne: Abschied vom zölibatären Berufsbild? Gewerkschaftspolitik in der Pflege nach 1945. In: Hähner-Rombach, Sylvelyn/Pierre Pfütsch (Ed.): Gesundheitsberufen nach 1945: Ein Lehr- und Studienbuch. Frankfurt a.M. 2018, pp. 120–145.

Kühn, Cornelia/Mechthilde Heumer: Die Entstehung und Entwicklung der Altenpflegeausbildung: historische Rekonstruktion des Zeitraums 1950 bis 1994 in Nordrhein-Westfalen. Hamburg 2010.

Kutzner, Maximilian: Marktwirtschaft schreiben. Das Wirtschaftsressort der Frankfurter Allgemeinen Zeitung 1949 bis 1992. Tübingen 2019.

Leimgruber, Matthieu: The Historical Roots of a Diffusion Process: The Three-Pillar Doctrine and European Pension Debates, 1972–1994. In: Global Social Policy 12 (2012), pp. 24–44.

Francis, Matthew: "A Crusade to Enfranchise the Many": Thatcherism and the 'Property-Owning Democracy'. In: Twentieth Century British History 23 (2012), pp. 275–297, https://doi.org/10.1093/tcbh/hwr032.

Means, Robin/Randall Smith: From Poor Law to Community Care. The Development of Welfare Services for Elderly People 1939-1971. Bristol 1998.

Müller, Stefan: "Das Forschungs- und Aktionsprogramm „Humanisierung des Arbeitslebens" (1974-1989). In: Kleinöder, Nina/ Stefan Müller/ Karsten Uhl (Ed.): "Humanisierung der Arbeit". Aufbrüche und Konflikte in der rationalisierten Arbeitswelt des 20. Jahrhunderts. Bielefeld 2019, pp. 59–97.

Muthesius, Hans: Der Deutsche Verein, das Bundessozialhilfegesetz und das Gesetz für Jugendwohlfahrt. In: Deutscher Verein für Öffentliche und Private Fürsorge (Ed.): Fürsorge im Spannungsfeld der Generationen. Gesamtbericht über den Deutschen Fürsorgetag 1961 in Mannheim. Cologne 1962, pp. 452–460.

Nawrat, Sebastian: Agenda 2010 – ein Überraschungscoup? Kontinuität und Wandel in den wirtschafts- und sozialpolitischen Programmdebatten der SPD seit 1982. Bonn 2012.

Nolte, Karen: Einführung: Pflegegeschichte – Fragestellungen und Perspektiven. In: Medizinhistorisches Journal 47 (2012), pp. 15–28.

Phillips, David R./John A. Vincent: Private Residential Accommodation for the Elderly: Geographical Aspects of Developments in Devon. In: Transactions of the Institute of British Geographers 11 (1986), pp. 155–173.

Player, Stewart/Allyson M. Pollock: Long-Term Care: From Public Responsibility to Private Good. In: Critical Social Policy 21 (2001) 2, pp. 231–255.

Raghuram, Parvati/ Leroi Henry/Joanna Bornat: Difference and Distinction?: Non-Migrant and Migrant Networks. In: Sociology 44 (2010), pp. 623–641. https://doi.org/10.1177/0038038510369360

Riege, Fritz: Leistungsfähige Sozialstationen – Gebot der Stunde. In: Sozialer Fortschritt 27 (1978), pp. 204–210.

Schmidt, Roland: Gewerbliche Altenpflege in Ostdeutschland. Nischenexistenz und Wachstumsrisiken – dargestellt am Beispiel Brandenburgs. In: Schmidt, Roland (Ed.): Heime und Pflegeheime in Brandenburg. Materialien zur Entwicklung einer Altenhilfestruktur in einem neuen Bundesland III. Berlin 1994, pp. 60–70.

Schmiedhofer, Martina H./Susanne Brandner/Adelheid Kuhlmey: Delegation ärztlicher Leistungen an nichtärztliche Fachkräfte. Der Versorgungsansatz agneszwei in Brandenburg – eine qualitative Akzeptanzanalyse. In: Gesundheitswesen 79 (2017), 6, pp. 453–460.

Schneekloth, Ulrich/Udo Müller: Wirkungen der Pflegeversicherung. Forschungsprojekt im Auftrag des Bundesministeriums für Gesundheit. Baden-Baden 1999, pp. 89–91.

Schürmann, Lena: Unternehmerische Akteure auf Wohlfahrtsmärkten: private ambulante Pflegedienste im Spannungsfeld zwischen Fürsorge und Wettbewerb. In: AIS-Studien 9 (2016), pp. 75-95. https://doi.org/10.21241/ssoar.64833

St John, Philip D./David B. Hogan: The relevance of Marjory Warren's Writings Today. In: Gerontologist 54 (2014), 1, pp. 21–29.

Stedman Jones, Daniel: Masters of the Universe. Hayek, Friedman, and the Birth of Neoliberal Politics. Princeton/Oxford 2012.

ENHE 6/2024 DOI:10.25974/enhe2024-4en

Strupeit, Steve: Präventive und gesundheitsförderliche Aufgaben und Maßnahmen durch Gemeindeschwestern in der ehemaligen DDR – ein Rückblick. In: Pflege & Gesellschaft 13 (2008), 2, pp. 159–173.

Süß, Winfried: Umbau am "Modell Deutschland". Sozialer Wandel, ökonomische Krise und wohlfahrtsstaatliche Reformpolitik in der Bundesrepublik "nach dem Boom". In: Journal of Modern European History 9 (2011), 2, pp. 215-240. https://doi.org/10.17104/1611-8944_2011_2_215

Philipp Ther: Neoliberalismus, Version: 1.0, in: Docupedia-Zeitgeschichte, 5 July 2016 http://docupedia.de/zg/ther_neoliberalismus_v1_de_2016, DOI: http://dx.doi.org/10.14765/zzf.dok.2.647.v1.

Weller, Arnold: Sozialhilfe für alte Menschen wirksam gestalten! In: Sozialer Fortschritt 12 (1963), 12, pp. 270–274.

Wiede, Wiebke: Der ÖTV und die Altenpflege seit den 1970er Jahren. Stagnation in einer Wachstumsbranche [Hans-Böckler-Stiftung, Study 476]. Düsseldorf 2022.

Wirsching, Andreas: Gehören Markt und Moral zusammen? Über ein historisches Dilemma des Liberalismus. In: Brechtken, Magnus et al. (Ed.): Demokratie und Gesellschaft. Historische Studien zur Moderne. Göttingen 2019, pp. 127–144.

Wirsching, Andreas: "Neoliberalismus" als wirtschaftspolitisches Ordnungsmodell? Die Bundesrepublik Deutschland in den 1980er Jahren. In: Plumpe, Werner/ Joachim Scholtyseck (Ed.): Der Staat und die Ordnung der Wirtschaft. Vom Kaiserreich bis zur Berliner Republik. Erträge des Theodor-Heuss-Kolloquiums vom 28. bis 30. Oktober 2010 in Stuttgart-Hohenheim. Stuttgart 2012, pp. 139–150.

Zawada, Ursula: Freiberufliche Krankenpflege – Kreativer Neuanfang oder Flucht aus den Institutionen? Düsseldorf 1989.