

Beata Szluz¹**SOCIAL SERVICES IN LOCAL SOCIAL POLICY**

Abstract

The article illustrates local planning for the deinstitutionalization of social services for the elderly, using the example of a municipality that was one of the first in Poland to adopt such a plan. Research confirms that the planning and implementation of services impacts residents' quality of life. The aim of the analysis was to identify the resources and needs of the municipality's residents (e.g. the elderly) and to develop a strategy for the deinstitutionalization of social services. The findings demonstrate that diagnostic studies conducted in the municipality revealed specific needs among the elderly and individuals with disabilities, as well as families with children, including children with disabilities. Social services dedicated to people with mental disorders and those experiencing homelessness were also designed, although to a lesser extent due to lower demand. The local plan for the deinstitutionalization of social services is considered pioneering at the national level.

Keywords: local social policy, deinstitutionalization process, social services, local plan for the deinstitutionalization of social services

Introduction

The deinstitutionalization of social services is an important direction for the development and transformation of local social policies, especially in the context of current social needs at the local level (ageing population, foster care challenges, mental disorders, homelessness, migration, etc). Scientific research and analyses² show that social services organized within the local community yield positive outcomes and resident satisfaction.

The aim of this article is to present local planning for the deinstitutionalization of social services – specifically in the area of elderly care –

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² See: *Centrum usług społecznych: od koncepcji do wdrożenia przepisów ustawy*, ed. M. Rymśza, Warszawa 2021; K. Szluz, B. Szluz, *Familizacja i deinstytucjonalizacja. Opieka nad osobą starszą w miejscu zamieszkania w ujęciu socjologiczno-prawnym*, „Seminare. Poszukiwania Naukowe”, 2022, No. 1, p. 55-66; *Centrum usług społecznych – nowy model instytucji polityki społecznej*, eds B. Szluz, A. Ostasz, K. Szafran, Lublin 2023; *Ogólnopolska diagnoza w zakresie deinstytucjonalizacji usług społecznych na terenie 16 województw Polski*, eds M. Grewiński, J. Lizut, P. Rabiej, Warszawa 2024.

using the example of the first municipality in Podkarpackie Voivodeship³ to develop such a planning document, covering the period from 1 September 2023 to 30 June 2027. The article is structured as follows. The first part presents the theoretical foundations of the deinstitutionalization process. This is followed by a discussion of the issues related to local planning for the deinstitutionalization of social services, including both diagnostic and programme components. The main part of the article illustrates local planning for the deinstitutionalization process, using Area 1 – the elderly – as an example. This text does not exhaust the subject of designing plans as the process is complex, multidimensional and requires the consideration of numerous factors. This article aims to draw the attention of researchers, local authorities, and practitioners to the fact that changes in the lifestyles of contemporary societies – and, consequently, in their needs and expectations – necessitate a new approach to both planning the deinstitutionalization process and developing social services for residents.

Policy of Deinstitutionalizing Professional Care Practices

Deinstitutionalization is both a political and social process. Its aim is to transition from institutional care to independent living for the individuals who face limitations in achieving autonomy in life⁴. In his quadrangle model of care, Ryszard Szarfenberg distinguishes the following categories: a) institutionalization, whereby there is a shift from community care (CC), family care (FC) or lack of care (LC) toward institutional care (IC); b) deinstitutionalization – a shift from IC to community-based environments (CE); c) reinstitutionalization – a return to IC after a transition to another form of care; d) transinstitutionalisation – when an individual in need of care moves from one form of IC to another; e) mixed situations – when an individual simultaneously receives different forms of care⁵.

³ The municipality of Adamówka was one of 20 municipalities in Poland that implemented the project entitled *Development and Pilot Implementation of Mechanisms and Plans for the Deinstitutionalization of Social Services* under the *POWER 2014–2020* programme. Within Priority Axis II: *Effective Public Policies for the Labour Market, Economy and Education*, and Measure 2.8: *Development of Social Services Provided in the Local Environment*, the municipality undertook the task of developing and piloting mechanisms and plans for the deinstitutionalization of social services. This article is the result of the author's participation in the implementation of the project.

⁴ S. Golinowska, *O możliwościach i warunkach efektywnej deinstytucjonalizacji usług opiekuńczych*, „Polityka Społeczna”, 2023, No. 2, p. 2.

⁵ R. Szarfenberg, *Deinstytucjonalizacja: definicja oraz jej teoretyczne uzasadnienia i wyjaśnienia*, [in:] *Deinstytucjonalizacja usług społecznych – stan i perspektywy rozwoju*, ed. M. Grewiński. Warszawa 2024, pp. 19-23.

International organisations have identified the development of social services⁶ as a key objective of social policy. Social services are expected to contribute to the fulfilment of at least ten principles outlined in the European Pillar of Social Rights⁷. They also constitute a key component in the implementation of social policy, particularly in the documents focused on specific social groups. The definition of deinstitutionalization is included in Poland's first nationwide 'Strategy for the Development of Social Services: Public Policy for 2021–2035'⁸ and reflects the approach outlined in the 'Common European Guidelines on the Transition from Institutional Care to Community-Based Care'⁹.

The strategy emphasizes that social services are dedicated to all citizens, with particular focus on: a) the elderly; b) families – children, including children with disabilities; c) individuals with disabilities; d) individuals with mental disorders or experiencing a mental health crisis; e) individuals experiencing homelessness¹⁰. In the above-mentioned document, deinstitutionalization appears as part of the first strategic objective. It is accompanied by a clearly defined scope of activities, proposed sources of financing, a planned implementation timeline, and designated entities responsible for coordination and cooperation. The strategy encompasses a range of housing and service instruments, including supported housing, personal assistance, and respite care. The development of social services within local communities is therefore consistent with the adopted framework for transitioning from institutional care to community-based services as part of the deinstitutionalization process.

⁶ Social services refer to the activities in the following areas: (1) pro-family policy, (2) family support, (3) foster care system, (4) social assistance, (5) health promotion and protection, (6) support for individuals with disabilities, (7) public education, (8) combating unemployment, (9) culture, (10) physical culture and tourism, (11) stimulating civic activity, (12) housing, (13) environmental protection, (14) professional and social reintegration – undertaken by the municipality in order to meet the needs of the local community, provided in non-material form directly to individuals, families, social groups, groups of residents with specific needs or the general population. See: Ustawa z dnia 19 lipca 2019 r. o realizowaniu usług społecznych przez centrum usług społecznych (Dz.U. 2019, poz. 7).

⁷ European Parliament resolution of 19 January 2017 on a European Pillar of Social Rights (2016/2095(INI)).

⁸ Uchwała nr 135 Rady Ministrów z dnia 15 czerwca 2022 r. w sprawie przyjęcia polityki publicznej pod nazwą *Strategia rozwoju usług społecznych, polityka publiczna do roku 2030 (z perspektywą do 2035 r.)* (M.P. 2022, poz. 767).

⁹ *Common European Guidelines on the Transition from Institutional to Community-based Care*, European Expert Group, <https://deinstitutionalizationdotcom.wordpress.com> (28.07.2025).

¹⁰ Uchwała nr 135 Rady Ministrów...

Local Planning of Social Services

Local social policy pertains to the municipal environment, wherein a natural and direct connection exists between community needs and the allocation of resources to address them¹¹. This policy is implemented by local entities, which are best positioned to identify and respond to the needs of the community. Key advantages of this approach include accurate diagnosis of social issues, rapid response to social problems, the ability to harness local social potential, as well as improved social control conducive to rational resource management¹². The application of Amartya Sen's concept of opportunity analysis in the context of deinstitutionalization¹³ highlights both the individual's potential and the enabling role of the local community in fostering independent living (see Table 1).

Preparing a local plan for the deinstitutionalization of social services (LPDSS), which defines the directions for developing social services at the local level – covering both intervention and preventive measures – represents a challenge for the municipality¹⁴. The aim of the LPDSS is to establish a system for the provision of social services within the municipality for the individuals who require support in their daily lives – in particular due to age, disability, mental disorders, homelessness – in such a way that they can function safely and independently in their place of residence for as long as needed, as well as to provide children and young people with care in a family or family-like environment¹⁵. The plan consists of a diagnostic section, which includes a description of the municipality, an analysis of the available resources, an assessment of the needs of its residents, and a programmatic section (which outlines the strategy for the deinstitutionalization of social services, including cost analysis, resource

¹¹ A. Kurzynowski, P. Błędowski, *Polityka społeczna centralna, regionalna i lokalna*, [in:] *Polityka społeczna*, ed. A. Kurzynowski. Warszawa 2001, p. 297.

¹² J. Krzyszkowski, *Wpływ deinstytucjonalizacji na zarządzanie i organizację instytucji lokalnej polityki społecznej*, [in:] *Deinstytucjonalizacja w polityce społecznej szanse i zagrożenia*, ed. by M. Grewiński, J. Lizut. Warszawa 2021, p. 58.

¹³ Sen's concept (capability approach) is based on several assumptions concerning human activity: (a) every person has the capacity to act, (b) at any given time, the individual capacities of individuals vary, (c) a person's ability to transform capabilities into valuable actions varies, (d) the factors that activate these capabilities and lead to wellbeing are multifaceted, both material and immaterial in nature, (e) public action should focus on shaping and distributing people's capabilities in such a way as to promote human development. See: S. Golinowska, *op.cit.*, pp. 2-3.

¹⁴ Between 2023 and 2027, Regional Social Policy Centres will implement projects under which at least 50% of municipalities in each voivodeship in Poland will prepare an LPDSS.

¹⁵ B. Szluz, *Lokalny plan deinstytucjonalizacji usług społecznych dla Gminy Adamówka na lata 2023-2027*, Adamówka 2023 (mps), p. 50.

allocation, and a system for monitoring and evaluation)¹⁶. The diagnosis enables a deeper understanding of the municipality's specific characteristics and the needs of its residents, while also identifying their potential, as well as local institutions and NGOs. It provides a basis for planning activities, which helps to ensure high-quality social services.

Table 1: Enabling Conditions for Deinstitutionalization at the Local Level

Infrastructural/ material resources	Human Resources	Financial Resources	Coordination of Activities
Premises, where social services will be implemented	Social Workers	Funding for the implementation of the deinstitutionalization process and ensuring continuity of activities, i.e. financial arrangements	SSC ¹⁷ (converted from SAC or established)
Supported and training flats	CISSP, LCO, SSO ¹⁸	a) municipal budget, municipality's own funds	SAC
Furnishing of premises	Assistants, e.g. for families, the elderly, those with disabilities, etc.	b) national budget	
	Carers	c) EU funding, funding from the NRP and EFSD	
	Psychologist, school counsellor, speech therapist, dietitian, occupational therapist, etc.	d) government programmes	
	Foster families, support families ¹⁹	e) fees paid by users	
	Employees of other entities, e.g. SEE, NGO		
	Administrative staff, technical staff, drivers, etc.		
	Volunteers		

Staff with appropriate qualifications and know-how

Explanatory notes: EU – European Union; SSC – social services centre; SAC – social assistance centre; NGO – Non-governmental organisation; SEE – social economic entity; CISSP – coordinator of individual social service plans; LCO – local community organizer; SSO – social services organizer; EFSD – European Funds for Social Development; NRP – National Recovery Plan.

Source: own elaboration

¹⁶ *Ogólnopolskie wytyczne tworzenia lokalnych planów deinstytucjonalizacji usług społecznych*, MRPiPS, <https://www.gov.pl> (28.07.2025).

¹⁷ Ustawa z dnia 19 lipca 2019 r. ...

¹⁸ *Ibidem*.

¹⁹ Ustawa z dnia 9 czerwca 2011 r. o wspieraniu rodziny i systemie pieczy zastępczej (Dz.U. 2025, poz. 49).

One example is the municipality of Adamówka, which is located in the Przeworsk County in the Podkarpackie Voivodeship²⁰. In 2022, the municipality had a population of 4,129, which was 70 fewer than the previous year (which represents a 1.7% decrease in population compared to the previous year). In 2022, half of the municipality's residents were men (approx. 50.2%) compared to approximately 49.8% women. The age structure of the population of the municipality concerned was as follows:

- the least represented age group of the residents was 95-99 years old (0.1%);
- the percentage of the residents increased, with the smallest increase in the 10-14 age group and the highest in the 30-34 age group (7.6%);
- in older age groups, the percentage of the residents in the total population inhabiting the municipality began to decline steadily (with the exception of the individuals aged 45-49);
- slightly more than half of the individuals residing in this municipality were of working age (52%);
- the percentage of the individuals under the age of 25 in the social structure of the municipality was 29%, with the youngest age categories being the least numerous (youngest children, i.e. up to 3 years old – 4%; preschool children, i.e. from 4-6 years old – 3%);
- every fifth resident of the municipality was a person of retirement (post-productive) age (approx. 20%).

In 2022, in the municipality of Adamówka, a significant portion of residents had reached the retirement age, with approximately 15% of men and 25% women falling into this category. Given the ageing of the population, these percentages are expected to rise. Nearly one in four residents (23%) of the municipality was elderly (60 years and older)²¹. In 2022, a total of 169 families in the municipality received social assistance benefits – 13 fewer than in 2021 – which accounted for 14.17% of the population. The most common reasons for remaining in a difficult life situation included: long-term or serious illness (80 families), poverty (71), disability (53), the need for maternity protection (50) and unemployment (37)²².

²⁰ The Regional Centre of Social Policy in Rzeszów has prepared *Podkarpacki plan rozwoju usług społecznych i deinstytucjonalizacji na lata 2023-2025*, ROPS w Rzeszowie, <https://www.rops.rzeszow.pl> (12.05.2023); Uchwała nr 476/9917/23 Zarządu Województwa Podkarpackiego w Rzeszowie z dnia 4 kwietnia 2023 r. w sprawie przyjęcia *Podkarpackiego planu rozwoju usług społecznych i deinstytucjonalizacji na lata 2023-2025* (mps).

²¹ Ustawa z dnia 11 września 2015 r. o osobach starszych (Dz.U. 2015, poz. 1705); *Bank Danych Lokalnych*, GUS, <https://bdl.stat.gov.pl> (12.04.2023).

²² M. Misiąg, *Sprawozdanie z działalności Centrum Usług Społecznych w Adamówce za 2022 r.*, Adamówka 2023 (mps), p. 10.

In preparing the diagnosis for the municipality in question, the following research methods were employed: desk research and analysis of existing sources; analysis of the 'Comments and Suggestions Form' (completed by 1 director and 14 SSC employees); PAPI and IDI sessions with the residents (a randomly selected group of 50 residents)²³. The results of diagnostic research conducted prior to the establishment of the SSC were also utilized. The following research methods were applied: desk research and analysis of existing sources, PAPI sessions (a randomly selected group of 180 residents), FGI sessions (purposive selection – with the parents of children under the age of 15, seniors, as well as community leaders)²⁴.

Diagnosis of the needs and potential of the local community serves as a vital source of knowledge about the needs of its residents: it identifies the potential of both the residents and local entities; forms the foundation for comprehensive actions; defines the ways to ensure high-quality services; indicates the methods for addressing identified challenges; determines the areas for engaging various groups of residents in the process of solving shared problems; and contains guidelines on the principles of cooperation between the public, social and commercial stakeholders²⁵.

Research has shown that the municipality of Adamówka does not currently provide the following: 24-hour assisted living facilities offering a basket of services; specialist care services delivered at the place of residence (such as rehabilitation, psychological support and speech therapy); transport services that ensure accessibility for the elderly and accommodate the needs of the people with disabilities; training programs for carers of the elderly; specialist services for seniors, including medical and legal assistance; specialized support for families, including family therapy; and the creation of a municipal cultural centre. These were among the services planned but not implemented in the municipality of Adamówka. The main reasons for this were inadequate financial resources, insufficient qualified staff and inadequate support infrastructure.

Properly trained personnel are essential to the effective functioning of any institution. Currently, the SSC in Adamówka employs a sufficient number of staff. However, assessing the adequacy of staffing levels in rela-

²³ W. Broszkiewicz, *Deinstytucjonalizacja usług społecznych w Gminie Adamówka – raport z badań diagnostycznych*, Adamówka 2023, pp. 104-109.

²⁴ *Idem*, *Centrum Usług Społecznych w Adamówce – raport z badań diagnostycznych*, Adamówka 2021 (mps), pp. 98-115.

²⁵ B. Szluz, *Diagnoza potrzeb i potencjału społeczności lokalnej*, [in:] *Centrum usług społecznych – nowy model...*, p. 20.

tion to the challenges faced depends on whether the evaluation considers only full-time employees or also includes other forms of cooperation, such as contract workers and volunteers. Research has shown that collaboration among the above-mentioned social actors enables the municipality to meet the needs of its residents²⁶.

The programme section outlines the plan for the deinstitutionalization of social services, including cost²⁷ and resource analysis, and calls for the identification of a monitoring and evaluation system (see Table 3). The aim of the presented plan – specifically Area 1, which focuses on the elderly – is to establish an effective and sustainable system for delivering social services to the elderly who require support in their daily lives (see Table 2).

It was assumed that the activities would result in the transfer of at least two individuals from institutional care to services provided in the local community, with an emphasis on preventing institutionalization – i.e. ensuring that support is available within the local community for those awaiting placement in an SCH.

Monitoring of the plan implementation will be conducted in partnership, with the active participation of all the stakeholders: municipal authorities, representatives of municipal organizational units, non-governmental organizations, as well as other individuals engaged in the deinstitutionalization process. The chair of the municipal council appointed a team to monitor the implementation of the LPDSS, which prepares annual reports on the achievement of the established goals and tasks. The team consists of representatives of the municipal administration, municipal units, local entities, NGOs and other social actors directly involved in the implementation of the plan. Monitoring activities are guided by a set of indicators (see Table 3), illustrating the results, at the level of strategic and specific objectives.

²⁶ W. Broszkiewicz, *Centrum Usług...*, p. 116-119.

²⁷ The purpose of the calculation is to determine the unit cost structure for individual tasks and to determine the cost of implementing the entire plan. This is a preliminary assessment based on unit costs and their multiples, calculated in relation to market prices for products, services and actual labour costs. It is indicative, rather than conclusive. The preliminary cost estimate presented suggests that the total cost of implementing the actions planned under the plan in the municipality of Adamówka may amount to approx. PLN 18,561,742.81. Considering that the *Local Social Services Development Plan* spans a five-year period, the inflation rates and potential increases in the costs of implementing tasks resulting from applicable legal regulations (e.g. minimum wage increase, etc.) should be taken into account.

Table 2. Area 1 – The Elderly

No.	Activities	Responsible parties	Sources of funding	Cost calculation methodology – assumptions and cost (total) ²⁸
1.	Development of care services and specialist care services provided at the place of residence	Municipality of Adamówka, the SSC in Adamówka, NGO and other providers	Municipality's own funds, government programmes, EU funding, fees paid by users	20 individuals x 2 hours x 1151 days x 45.00 PLN = 2 071 800.00 PLN
2.	Implementation of electronic systems supporting care – 'telemedicine wristband' telecare	Municipality of Adamówka, the SSC in Adamówka, NGO and other providers	Municipality's own funds, government programmes, EU funding, fees paid by users	55 wristbands x 55 months x 50.00 PLN = 151 250.00 PLN
3.	Development of informal care – through implementation of neighbourhood services, consisting of providing care and support to individuals in need of assistance	The SSC in Adamówka, NGOs and other providers	Municipality's own funds, government programmes, EU funding, fees paid by users	10 individuals x 2 hours x 1151 days x 35.00 PLN = 805 700.00 PLN
4.	Assistant for an elderly/disabled individual – providing support in performing everyday activities and functioning in social life, increasing their chances of leading a more independent and active life	Municipality of Adamówka, the SSC in Adamówka, NGOs and other providers	Municipality's own funds, government programmes, EU funding, fees paid by users	10 individuals x 2 hours x 1151 days x 45.00 PLN = 1 035 900.00 PLN
5.	Support in the form of meal delivery to the place of residence	Municipality of Adamówka, SSC in Adamówka	Government programmes, municipal budget	15 individuals x 1151 days x 35.00 PLN = 604 275.00 PLN
6.	Enhancing access to transport services by implementing a door-to-door service which ensures accessible transport of the elderly, adapted to the needs of individuals with disabilities	Municipality of Adamówka, the SSC in Adamówka, SEE and other providers	Municipal budget, EU funding, fees paid by users	Cost 1: Driver – 8 hours x 1130 days x 35.00 PLN = 316 400.00 PLN Cost 2: Petrol – 200 km daily x 1130 days = 226 000 km (8.5l – 100 km x l – 226 000 km x = 19 567 litres) 19 210l x 6.53 PLN = 125 441.30 PLN Cost 3: Vehicle insurance – 4 000.00 PLN x 5 years = 20 000.00 PLN Cost 4: vehicle servicing and depreciation (including vehicle technical inspections) – 5 000.00 PLN x 5 years = 25 000.00 PLN Cost (total): 466 841.30 PLN

²⁸ The costs in items 1, 2, 5, 6, 7, 8, 9, 11 and 12 are presented collectively for five areas (as appropriate), i.e. the elderly, families and children, including children with disabilities, individuals with disabilities, people with mental health conditions and people experiencing homelessness.

7.	Conducting social work	Municipality of Adamówka, SSC in Adamówka	Municipality's own funds, National budget, EU funding	3 employees x 7 956,86 PLN net x 55 months = 1 312 881.90 PLN
8.	Organizing the local community	Municipality of Adamówka, SSC in Adamówka	Municipality's own funds, government programmes, EU funding	8,541,84 PLN net x 1 LCO x 55 months = 469 801.20 PLN
9.	Coordinating individual social service plans	Municipality of Adamówka, SSC in Adamówka	Municipality's own funds, government programmes, EU funding	8,541,84 PLN net x 2 CISSP x 55 months = 939 602.40 PLN
10.	Operating SC along with accompanying activities: specialist counselling, educational guidance, thematic workshops in the area of developing individual interests, enhancing social and professional engagement, and fostering intergenerational integration	Municipality of Adamówka, SSC in Adamówka, NGO and other providers	Municipality's own funds, government programmes, EU funding, fees paid by users	2 SC x 2 500,00 PLN x 55 months = 275 000.00 PLN
11.	Operating a support centre in the form of the Blessed August Czartoryski SC day care centre in Cieplice – providing care services, specialist care services, as well as meals	Municipality of Adamówka, SSC in Adamówka, NGOs, SEE and other providers	Municipality's own funds, government programmes, EU funding, fees paid by users	65 500,00 PLN x 55 months = 3 602 500.00 PLN
12.	Assisted living with a basket of services	Municipality of Adamówka, SSC in Adamówka, NGO	Municipality's own funds, government programmes, EU funding, fees paid by users	Cost 1: Adaptation of premises for assisted living facilities intended for 2 individuals – <u>250 000.00 PLN</u> Cost 2: Services package 2 individuals x 3 hours x 1090 days x 40.00 PLN = <u>261 600.00 PLN</u> Cost (total): 511 600.00 PLN
Cost (total)				12 247 151.80 PLN

Explanatory note: SC – senior club.

Source: own elaboration, B. Szluz, *Lokalny plan deinstytucjonalizacji usług społecznych dla Gminy Adamówka na lata 2023-2027*, Adamówka 2023 (mps), pp. 50–54.

Table 3. List of Indicators: Area 1 – The Elderly

Name of indicator	Measurement indicator	As of 31 December 2027 ²⁹
Number of individuals receiving care services and specialist care services provided at their place of residence	Number of studies conducted by the ISSP	min. 20
Number of individuals receiving remote care support = telecare	Number of studies conducted by the ISSP	min. 55
Number of individuals receiving neighbourhood services, which consist of care support for individuals requiring assistance, which is provided by service providers operating in the immediate vicinity, i.e. individuals living nearby	Number of studies conducted by the ISSP	min. 10
Number of individuals receiving assistance aimed at fostering independence, developing predispositions for a fuller social life, as well as enabling or supporting autonomous living for those with significant disabilities	Number of studies conducted by the ISSP	min. 10
Number of individuals in need of support – receiving support in the form of meals, cash benefits for the purchase of meals or food, or in-kind benefits in the form of food products – to individuals who meet the eligibility criteria outlined in the Social Assistance Act dated 12 Mar 2004³⁰, particularly elderly individuals, those who are ill, and individuals with disabilities	Number of studies conducted by the ISSP	min. 15
door-to-door service – provision of specialized and easily accessible transport for the elderly and adapted to the needs of individuals with disabilities – kilometres travelled	Number of studies conducted by the ISSP	min. 30
Number of positions for social worker at the SSC in Adamówka	Number of positions	min. 3
Number of positions for LCO at the SSC in Adamówka	Number of positions	min. 1
Number of positions for CISSP at the SSC in Adamówka	Number of positions	min. 2
Number of support services operated in the form of a SC	Number of SC	min. 2
Number of individuals receiving support at the support centre in the form of a DCC	Number of studies conducted by the ISSP	min. 30
Number of individuals (individuals staying at home, as well as those who stay at a SCH) receiving support in assisted living with a basket of services	Number of studies conducted by the ISSP	min. 2

Explanatory note: SCH – social care home; DCC – day care centre; ISSP – individual social services plan.

Source: own elaboration, B. Szluz, *Lokalny plan deinstytucjonalizacji...*, pp. 68–71.

²⁹ If the social service is adequately targeted at the elderly, families and children, including children with disabilities, individuals with disabilities, people with mental disorders and people experiencing homelessness, then the status as of 31 December, 2027 has been determined for the service as a whole.

³⁰ Ustawa z dnia 12 marca 2004 r. o pomocy społecznej (Dz.U. 2004, nr 64, poz. 593 z późn. zm.).

Conclusion

In summary, the local plan outlines strategic directions for the development of services at the local level in terms of both intervention and preventive measures. The benefits for the municipality resulting from having such a plan include: analysis of the needs of all the stakeholders involved in the process of organizing social services (namely, residents and potential providers of high-quality social services); recording the potential and available resources, analysing institutional entities and NGOs, as well as potential partners in the service development process; assessing the capabilities of local government entities, including the premises and financial resources available, as well as evaluating the status and preparedness of social service staff; planning strategic directions for the development of services for the residents at the local level; implementing appropriate measures in the field of service development; and enabling access to targeted programmes of the Polish government, as well as regional and central EU funds. The activities related to the development of social services should be financed through the framework of the so-called financial arrangement of all available sources of finance for the services. It is essential to highlight local government funds, government subsidies, EU funding, as well as contributions from the residents who are the users of the services. Additionally, financial resources may be supplemented with special-purpose funds, such as the State Fund for Rehabilitation of Disabled Persons, etc. The activity of non-governmental organizations, which are eligible to apply for grants to carry out the required tasks, plays an important role in this area as well. Therefore, it is essential for the local government to cooperate with third sector organisations and other relevant entities to ensure that their activities are complementary.

Bibliography

- Common European Guidelines on the Transition from Institutional to Community-based Care*, European Expert Group, <https://deinstitutionalizationdotcom.wordpress.com> (28.07.2025).
- Bank Danych Lokalnych*, GUS, <https://bdl.stat.gov.pl> (12.04.2023).
- Broszkiewicz W., *Centrum Usług Społecznych w Adamówce – raport z badań diagnostycznych*, Adamówka 2021 (mps).
- Broszkiewicz W., *Deinstytucjonalizacja usług społecznych w Gminie Adamówka – raport z badań diagnostycznych*, Adamówka 2023 (mps).
- Centrum usług społecznych – nowy model instytucji polityki społecznej*, eds B. Szluz, A. Ostasz, K. Szafran, Lublin 2023.
- European Parliament resolution of 19 January 2017 on a European Pillar of Social Rights (2016/2095(INI)).

- Golinowska S., *O możliwościach i warunkach efektywnej deinstytucjonalizacji usług opiekuńczych*, „Polityka Społeczna”, 2023, No. 2. DOI: 10.5604/01.3001.0054.1740.
- Krzyszkowski J., *Wpływ deinstytucjonalizacji na zarządzanie i organizację instytucji lokalnej polityki społecznej*, [in:] *Deinstytucjonalizacja w polityce społecznej szanse i zagrożenia*, eds M. Grewiński, J. Lizut. Warszawa 2021.
- Kurzynowski A., Błędowski P., *Polityka społeczna centralna, regionalna i lokalna*, [in:] *Polityka społeczna*, ed. A. Kurzynowski. Warszawa 2001.
- Ogólnopolska diagnoza w zakresie deinstytucjonalizacji usług społecznych na terenie 16 województw Polski*, eds M. Grewiński, J. Lizut, P. Rabiej, Warszawa 2024.
- Ogólnopolskie wytyczne tworzenia lokalnych planów deinstytucjonalizacji usług społecznych*, MRPiPS, <https://www.gov.pl> (28.07.2025).
- Podkarpacki plan rozwoju usług społecznych i deinstytucjonalizacji na lata 2023-2025*, ROPS w Rzeszowie, <https://www.rops.rzeszow.pl> (12.05.2023).
- Szarfenberg R., *Deinstytucjonalizacja: definicja oraz jej teoretyczne uzasadnienia i wyjaśnienia*, [in:] *Deinstytucjonalizacja usług społecznych – stan i perspektywy rozwoju*, ed. M. Grewiński. Warszawa 2024.
- Szluz B., *Diagnoza potrzeb i potencjału społeczności lokalnej*, [in:] *Centrum usług społecznych – nowy model instytucji polityki społecznej*, eds B. Szluz, A. Ostasz, K. Szafran, Lublin 2023.
- Szluz B., *Lokalny plan deinstytucjonalizacji usług społecznych dla Gminy Adamówka na lata 2023-2027*, Adamówka (mps).
- Szluz K., Szluz B., *Familizacja i deinstytucjonalizacja. Opieka nad osobą starszą w miejscu zamieszkania w ujęciu socjologiczno-prawnym*, „Seminare. Poszukiwania Naukowe”, 2022, No. 43(1). DOI: 10.21852/sem.2022.1.04.
- Uchwała nr 135 Rady Ministrów z dnia 15 czerwca 2022 r. w sprawie przyjęcia polityki publicznej pod nazwą *Strategia rozwoju usług społecznych, polityka publiczna do roku 2030 (z perspektywą do 2035 r.)* (M.P. 2022, poz. 767).
- Uchwała nr 476/9917/23 Zarządu Województwa Podkarpackiego w Rzeszowie z dnia 4 kwietnia 2023 r. w sprawie przyjęcia *Podkarpackiego planu rozwoju usług społecznych i deinstytucjonalizacji na lata 2023-2025*. (mps)
- Ustawa z dnia 11 września 2015 r. o osobach starszych (Dz.U. 2015, poz. 1705).
- Ustawa z dnia 12 marca 2004 r. o pomocy społecznej (Dz.U. 2004, nr 64, poz. 593 z późn. zm.).
- Ustawa z dnia 19 lipca 2019 r. o realizowaniu usług społecznych przez centrum usług społecznych (Dz.U. 2019, poz. 7).
- Ustawa z dnia 9 czerwca 2011 r. o wspieraniu rodziny i systemie pieczy zastępczej (Dz.U. 2025, poz. 49).

Usługi społeczne w lokalnej polityce społecznej

Streszczenie

W artykule zostało zobrazowane lokalne planowanie deinstytucjonalizacji usług społecznych dla osób starszych na przykładzie gminy, która jako jedna z pierwszych w Polsce uchwaliła taki plan. Planowanie i realizowanie usług, co potwierdzają badania, wpływa na jakość życia mieszkańców. Celem prowadzonych analiz było rozpoznanie zasobów i potrzeb mieszkańców gminy (przykład osób starszych) oraz zaplanowanie deinstytucjonalizacji usług

społecznych. Z przeprowadzonych analiz wynika, iż badania diagnostyczne przeprowadzone w gminie ujawniły szczególnie potrzeby osób starszych i z niepełnosprawnościami oraz rodzin z dziećmi i z dziećmi niepełnosprawnymi. Zaprojektowano także, lecz w węższym zakresie ze względu na mniejsze potrzeby, usługi społeczne przeznaczone dla osób z zaburzeniami psychicznymi i w kryzysie bezdomności. Projekt lokalnego planu deinstytucjonalizacji usług społecznych jest pionierski na skalę kraju.

Słowa kluczowe: lokalna polityka społeczna, proces deinstytucjonalizacji, usługi społeczne, lokalny plan deinstytucjonalizacji usług społecznych