RESEARCH AND RECOMMENDATIONS

Deinstitutionalisation of social services in Poland – national and regional diagnosis

EXECUTIVE SUMMARY

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I.1

Evidence-based policy as a path to innovation in creating inclusive communities



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Demographic and social trends increase the demand for high-quality social services in local communities. Social services must respond to this challenge to provide support to residents in need, their family members and entire local communities.

For this they need evidence-based policy, decisions and actions based on a thorough analysis of the needs of local communities and resources. They also need to involve local communities in decision-making processes that affect their lives.

"Diagnosis of social services..." is a project that was carried out in response to these needs. The nationwide survey of needs and challenges in deinstitutionalisation and the development of social services was created in 2023 on the basis of close cooperation of all Regional Social Policy Centers responsible for social policy programming in the regions.

The research was carried out by scientists and researchers dealing with social policy at the Korczak University – Academy of Applied Sciences in Warsaw, a leading university in Poland educating managers and leaders of social services. The research also involved a great number of practitioners and representatives from the sectors of social services and social work, support for children and youth, integration of people with disabilities, support for dependents, support for seniors, people in mental health crises and homelessness crisis from across Poland.

The main idea of the research project was its comprehensiveness. The structure of the study takes into account different perspectives: service recipients, their families and their environment; social sector employees; NGOs, social economy enterprises. Various aspects and key areas for the development of social services, institutional change, integration and social resilience were analyzed in depth. We believe that this holistic approach makes it possible to plan and deliver places, services and pograms that realistically improve the quality of life in local communities.

The survey received great public response. More than 8 thousand recipients of services and employees of institutions that provide them took part in the surveys. The survey report was downloaded by more than 7,000 institutions and individuals with influence on social policy. The findings presented in the report were widely discussed at a number of conferences of experts and practitioners, stimulating reflection on how to effectively support local communities. The raw data from the survey is available to all municipalities, regions, counties, research and analytical institutions – and will be the subject of further analysis.

As a result, the research data has provided inspiration on how to build more inclusive, sustainable and resilient communities. The study's findings have become a catalyst for vibrant collaboration between professionals and service providers, actors and citizens, leading to greater inclusion of people and local communities in the design and creation of social services.

Mirosław Grewiński, Joanna Lizut, Paweł Rabiej
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82%

of service recipients who think communicty-based services need to be increased.

I . 2

Information about the research project

„National diagnosis of the deinstitutionalisation of social services in 16 Polish voivodeships" is the largest and most extensive interdisciplinary study carried out so far in Poland in the field of transformation of social services towards community care services. The diagnosis focuses on an integrative approach to communities and neighbourhoods, aimed at meeting the needs of all citizens, families and communities at the local level.

The study was conducted in 2023 at the request of 16 Regional Social Policy Centres in Poland as part of the "Effective and efficient cooperation" project, co-financed by the European Social Fund – Operational Programme "Knowledge Education Development 2014-2020". Its aim was to identify opportunities and barriers to providing community care services in local communities.

The project was implemented by Uczelnia Korczaka – Akademia Nauk Stosowanych (Korczak University – Academy of Applied Sciences). The study was carried out in cooperation with experts from Polskie Towarzystwo Polityki Społecznej (Polish Social Policy Society) and one of the largest research companies in Poland – PBS Sp. z o.o. The results were prepared by 39 scientists representing 13 universities from all over Poland.

The research covered recipients and providers of social support services in six areas: (I) children and youth in foster care, (II) dependent people, (III) people with disabilities (IV) people with mental problems, (V)

Table 1

***"Diagnosis..."* respondents – number of interviews conducted**

Survey / Area	I	II	III	IV	V	VI	Total
Number of respondents in the quantitative survey – service providers	410	296	570	231	657	486	2650
Number of respondents in the quantitative survey of service recipients	442	526	1278	330	615	327	3518
Number of entities analysed in case studies	44	44	44	44	44	36	256
Number of individual and group interviews carried out in entities as part of case studies	251	326	312	192	288	297	1666
Number of people surveyed in the survey of decision-makers in local government units	-	-	-	-	-	-	531

Source: survey data tables prepared by PBS

the elderly and (VI) the homeless. The analysis included: expectations of service users in local communities, various aspects of creating and delivering social services by social care institutions to these groups, barriers to multi-sectoral partnership and co-production of services and the potential of using e-services and technologies in providing social services (Table 1).

The *"National diagnosis..."* is the first study to give voice to citizens – recipients of social services, their families and local communities – on such a scale. Participating in the survey were 3,518 users of long-term care services and community-based services, as well as 2,650 support staff. The Case Study Analysis covered 256 support units in all 16 regions, 16 in each region. The focus group interviews (FGI) involved primarily service users, their family and neighbourhood, as well as institution employees (managers and social workers). The study also covered 531 representatives of local authorities (people in charge of communes and counties).

To carry out the project, various research methods were used: multifaceted and extensive quantitative research using the CAWI and PAPI methods in areas I-VI, CAWI surveys of local government managers, and qualitative research: individual in-depth interview and focus group interviews (FGI) for Case Studies analysis. A total of 8,428 interviews were conducted in various forms. Expert Panels (with the participation of local experts and practitioners) and Regional Panels with the participation of representatives of institutions responsible for shaping regional policy were also held in each of the 16 regions of Poland.

The results of the study are presented in a 374-page report containing an overview of the general research results in areas that are essential from the point of view of social policy values, such as increasing social welfare, improving the quality of life, reducing poverty and inequality, increasing social inclusion and cohesion, and ensuring wide access to community care services, including through deinstitutionalisation of LTCF (long-term care facilities).

The results of the research in areas I-VI were presented in six detailed thematic reports on support for children and youth in foster care, support for care-dependent people, integration of people with disabilities, support for people with mental problems, the elderly and the homeless. Published in January 2024, the research report achieved wide scientific, social and political impact. The Minister of Senior Policy

8,428

Total number of people in the survey

922

Number of questions surveys and research focuses

3,518

Number of social servives users and their families surveyed

561

Number of representatives of local authorities surveyed

1666

Number of interviews conducted as part of 256 case studies

256

Number of case studies carried out

participated in the presentation of the research results, which are available for download as a PDF file. By the end of June 2024, they were downloaded by 7,563 people representing various institutions (public and local government organisations, NGOs). The report was presented by the study's authors at over 40 conferences for scientists, decision-makers and social care employees, in all regions and in bodies deciding on the direction of development of social services in Poland, organised by central institutions. Currently, the Report is one of the key analytical and diagnostic materials for over 2.4 thousand local government units in Poland that are developing local plans for deinstitutionalisation and development of social services.

One of the factors strengthening the broad social impact of the research is the involvement of all organisations that shape regional social policy and the development of social services in the project. The report highlighted the key expectations of service users as well as institutional and mental barriers to their development. It also revealed a high level of expectations and fear of changes associated with deinstitutionalisation and the development of community care services. It also outlined problems in multi-sectoral partnership and co-production of services. One of the key recommendations is the need for greater involvement of local authority leaders in supporting the development of social services. The research allowed us to formulate a number of specific and practical recommendations for local authorities, social welfare units, non-governmental organisations and local community leaders.



7,563

Number of downloads of the report (up to June 2024), presentations of research findings at more than 40 conferences.

II.

Context of changes in social services in Poland

Deinstitutionalisation and development of community care services is the third reform of social policy in Poland after its decentralisation and demonopolisation. Its challenge is to create a coherent, full-scale support system through the significant development of social support services in the environment of service recipients. Structurally, the role of municipalities/communes and local communities is crucial in this respect.

The first "big" reform of the social system in the early 1990s involved the creation of social institutions and services. The essence of the second reform was the deepening of decentralisation and the development of social benefits as part of four reforms carried out in 1999, including the administrative reform, which introduced a new architecture of social support institutions through a new structure of local governments. This direction was strengthened by the Constitution of the Republic of Poland adopted in 1997, which strongly emphasised the principles of subsidiarity and self-government, and by Poland's accession to the European Union in 2004.

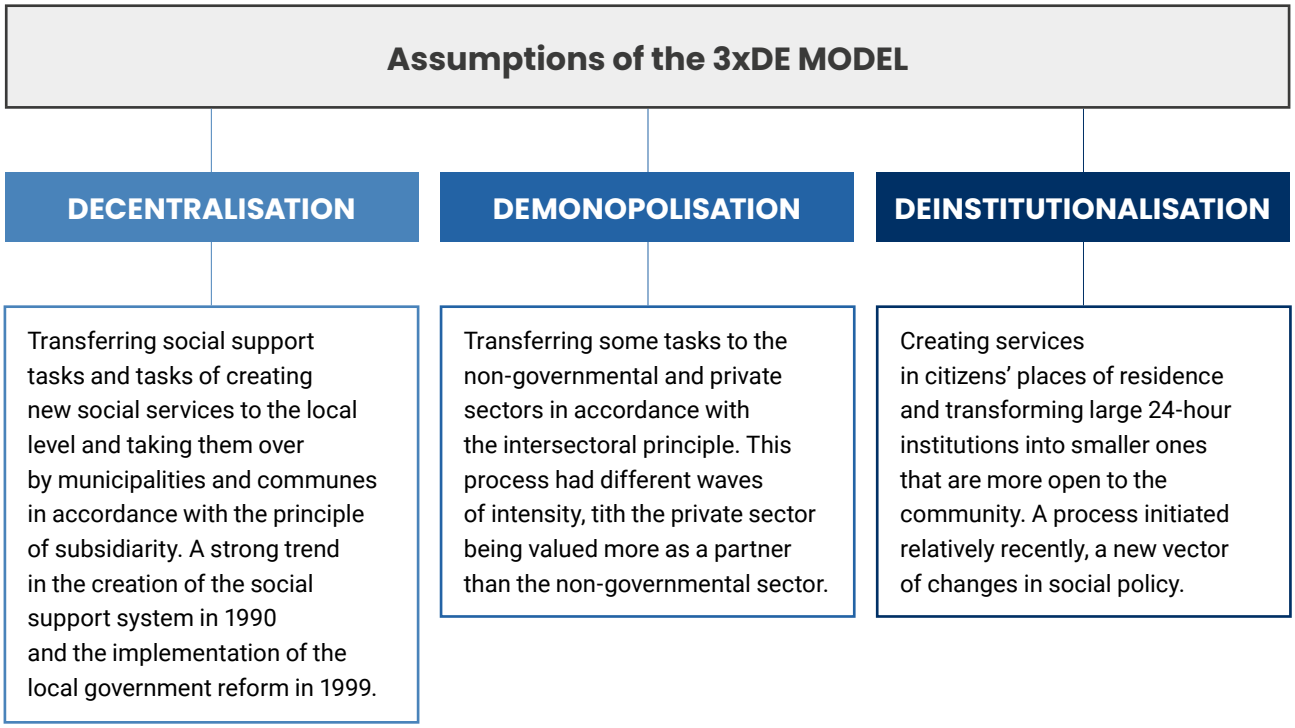
Over the last three decades of the transformation of assistance systems in Poland, the 3XDE model has been implemented, in which the processes of decentralisation, demonopolisation and, to a much lesser extent, deinstitutionalisation have permeated (Figure 1). The current creation of a new paradigm of social services fits into this context.

In this sense, deinstitutionalisation is not a completely new process: its elements were present in previous strategies, especially the community element ("opening" institutions to the community, "reaching out" with offers to local communities, developing care services, etc.). However, these processes have significantly accelerated in the last decade, along with the development of senior citizens' policies and the inclusion of the 65+ population in new social services by local authorities. Decentralisation and demonopolisation of services have also had some results in terms of including the non-governmental sector, the social economy and the informal sector as natural providers of community care services.

In Poland, there are similar trends and phenomena determining the need for changes in the social system as in other EU countries. However, it is important to take into account the local context when planning changes to the social care and social services system. The number of places in 24-hour facilities per resident (various types of social welfare homes) is quite low in Poland compared to the EU. According to Eurostat data for 2020, Poland had one of the lowest number of places in long-term care in the European Union – 194 per 100,000. inhabitants. Only Bulgaria and Greece have a lower ratio.

Figure 1

The 3xDE model in the process of social policy transformation after 1989



Source: M. Grewiński, "Usługi społeczne...", 2021

The challenge of deinstitutionalisation in Poland, unlike in other EU countries, is not to reduce the number of long-term care facilities – the growing demand for those is evidenced by the fact that the number of private LTCFs in Poland is increasing. The size of some long-term care facilities may be a problem – according to the data of the Central Statistical Office for 2021, there were 2,015 social welfare homes in Poland with 127,000. places. Each of them had an average of 63 places, although some facilities had 100 or more people. However, a greater challenge is to develop community care services to create a person-centred, multi-level community care system, an optimal combination of various types of services and their delivery formulas, a coherent "pyramid of social services" (Figure 2).

Currently, the greatest contextual challenge for the development of community care services in Poland is to specify the direction of institutional changes and the development of community care services as the foundation of the new order of social policy. These directions are still undefined and fluid.

Research conducted in Poland indicates different perspectives, but also risks related to the deinstitutionalisation process. Therefore, experts recommend the need for thoughtful, responsible and calm design of the process of transforming services towards community-based and home services. This process should not cause unnecessary concerns and social tensions. The direction of changes is still very fluid. The main dilemmas concern:

1. Focus on the user of services, not on the institutional perspective. The essence of deinstitutionalisation is the personalisation of services, a holistic approach to them and placing the user "in the centre of attention". This requires adopting a different perspective and better analysis of customer experiences and needs.

2. Determining the locally optimal social mix – solutions provided to service users in an institutional and community-based form. Local strategies should emphasise the expansion of the scope of community services, the search for a new formula for the operation of residential care institutions and the appreciation of family and neighbourhood support.

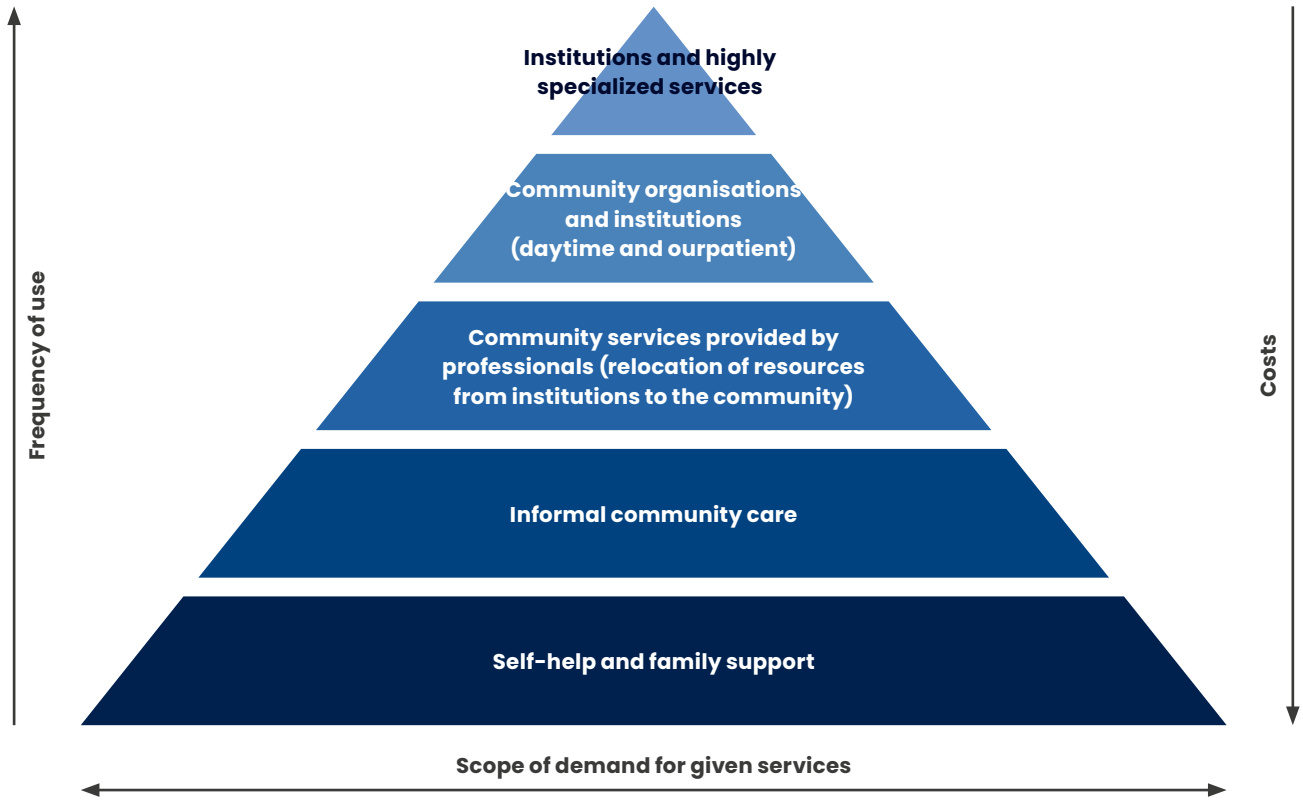
3. Guaranteeing certainty, durability, stability and quality of services. Totally giving up control of the state in terms of certainty, availability and quality could mean "privatising risk" and transferring it to users and families, and will be seen as an expression of the dismantling of the welfare state. Leaving decisions about the quality and availability of services to units at the municipal level may result in territorial differences in services and their limited availability.

4. Personalisation of services in the context of social bonds. The announcement of an individual approach to the needs of each user and respect for their choices and preferences is seen as something positive. The question is how exactly this principle will be implemented; how to construct a support system so that it does not lead to the dismantling of social bonds – financing the purchase of services on the market, devoid of a social and community component.

5. Risk of increasing demand for services. It is difficult to predict what effects an increase in the supply of care services will have in the community.

Figure 2

Pyramid of social services organisation



Source: prepared by J. Lizut based on "Mental health policy, planning & services development", WHO 2007

The demand for them has not yet been thoroughly assessed in municipalities and communes. Increasing the supply of services may result in a sudden increase in interest in support services, e.g. for senior citizens. This may raise various types of problems, e.g. related to the availability of services, the scope and method of their financing, providing information and priority access to those most in need, etc.

6. Financing of services and users' share in the costs. Reliable estimates regarding payment for services and the readiness of users and their families to participate in the costs have not been developed. Research indicates that the cost of community-based services may be higher than 24-hour services. It is unclear what the role and responsibility (also financial) of the closest families who are responsible for care should be. Will this task be completely transferred to public institutions?

7. Prevention and responsible use of services. An element of the new concepts of social services is the strengthening of prevention and activities to prevent the materialisation of social and health risks. Part of prevention should also include educating users and their families on how to responsibly use social services, which are a limited public good.

8. Availability and competences of social care staff. Investments in community and household social services require appropriate preparation of staff, development of new skills and recruitment of new employees. Currently, there is a noticeable lack of staff and appropriate qualifications and community skills that social services need to be equipped with to operate effectively in the new conditions.



754,000

Estimated number of care-dependent people in Poland in 2035.

III.

Main conclusions

1	**Between 20 and 30% of people who stay in social welfare homes declare that they could function independently if they received appropriate community-care services. This indicates a high potential for deinstitutionalisation of social services.**
2	**Social services users trust the quality of residential care. To trust more community-based care solutions, they need more information and experience. Many of the most urgent community care needs can be fulfilled by co-creation of services.**
3	**Local authorities are currently poorly involved in the development of community care services. This is a priority for only 8% of the local government decision-makers. Better support for residents in the community requires greater strategic involvement of decision-makers and community leaders.**
4	**Multi-sectoral partnership is currently at a low level due to the deficiencies of both partners and the culture of cooperation. Increasing the scope of local services and increasing the co-creation of services requires more active action of social services.**
5	**The level of knowledge of social service workers is high, as is their commitment and motivation. However, the development of social services may be limited by fear of change and reluctance to diagnose the social needs of citizens – such analyses are carried out by only 40% of units.**
6	**Social care institutions have the potential to launch various new community care services for citizens within two years. More than 1/3 may, for example, introduce personal and household services. However, lack of employees and unclear regulations may stand in the way.**
7	**E-services are becoming an important element of community care programmes. But their development encounters the barrier of „double exclusion": low digital skills of social service recipients and low competences of social service employees.**

Conclusion 1

1 **The potential for deinstitutionalisation is significant: up to one in three people staying in an LTCF declare that they could function independently, with assistant and care services.**

Over 90% of social service users in Poland rate the support they receive highly.

Respondents value long-term care institutions, trust them and are against limiting their activities.

The research uncovered great potential for independence among people using residential care services. 36% of people staying in institutional 24-hour care declare that they could function independently outside the facility if they received an appropriate package of community care services.

As the case studies have shown, the real potential is, however, much lower: it concerns more than a dozen percent of people in long-term care, while in the groups of the least independent people it is close to zero.

More than half of people staying in a 24-hour facility cannot imagine being able to function outside it.

More than half of social service recipients have not heard of the deinstitutionalisation of social services at all.

37% of people who stay in LTCF feel lonely and depressed; this is much less than in community facilities (59%) and at home (62%).

In 24-hour facilities, the greatest deficit is in access to entertainment and culture (29%).



94% This is how many people who lose their independence would like to stay at home as long as possible



94% So many residents of the nursery houses feel safe and comfortable



90% Residents who „like staying in residential care and are comfortable with it”



82% Believe that a stay in residential care „should be the ultimate solutions”



80% Residents who feel cared for and treated with attentiveness and care in residential care



70% People in LTCF convinced that their health condition does not allow them to leave the facility



68% Respondents whose support needs are currently „fully met”



66% Number of LTCF residents who trust those providing support to them



52% Are not interested in the option of living outside a 24-hour facility

Source: survey of service users, areas II, III and V, n=2419, people in 24-hour care n=707

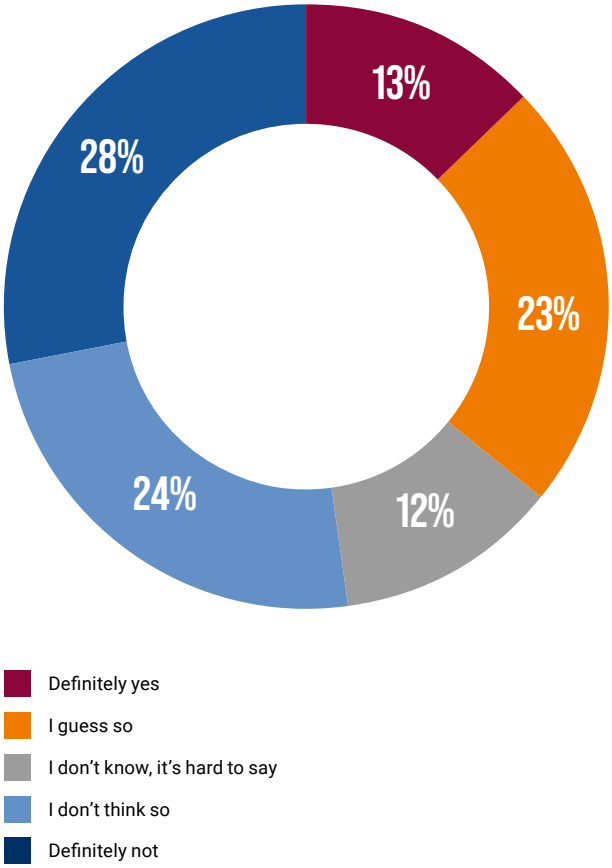
What should be the future of residential care?

In each of the thematic areas of the study (I-VI), one of the analysed issues was the future of existing long-term care facilities, especially in the context of the declaration of half of the respondents who, staying in such facilities, would prefer to use this form of care (Chart 3).

There is no doubt that these facilities have the organisational and personal potential to continue their activities and, at the same time, change their character, open up to the local community and introduce new services. However, the direction of this change should be a result of a long-term vision of the social support sector and a clear strategy that takes into account local housing, personnel and financial realities. As emphasised by the respondents in the case studies, *"it is incomprehensible to contrast long-term care institutions with community ones, since both are and will be needed in the system."* In particular, the "narrative of liquidation and closure of long-term care facilities" present in the social discourse is extremely harmful, according to the respondents – both employees of institutions and service recipients. It suggests that the main purpose of the changes is to reduce the activities of long-term care facilities, including their permanent closure. This raises legitimate concerns for people who currently reside in these facilities, as well as their families – and citizens who may think they will be deprived of this type of support in the future. The narrative also fuels the fears of social workers and social service managers who run such facilities.

Chart 3

Percentage of people who, with appropriate support, could live outside a 24-hour facility – declarations



Source: survey of recipients of 24-hour services in areas II, III and V, n=707



Conclusion 2

2 **Community-care services do not yet have a well-established perception. They should be better communicated and explained to the users.**

83% of social service recipients support the development of community care services. Mostly – residents who already know such services.

Trust in community support is lower than in institutions, because for many user community services are new.

According to users, support units should put more energy into informing users about them.

According to users, the most needed community care services are medical rehabilitation and physiotherapy (Table 2).

Support in official matters and minor repairs at home rank high. The demand for psychological support is increasing due to feelings of loneliness and mental problems.

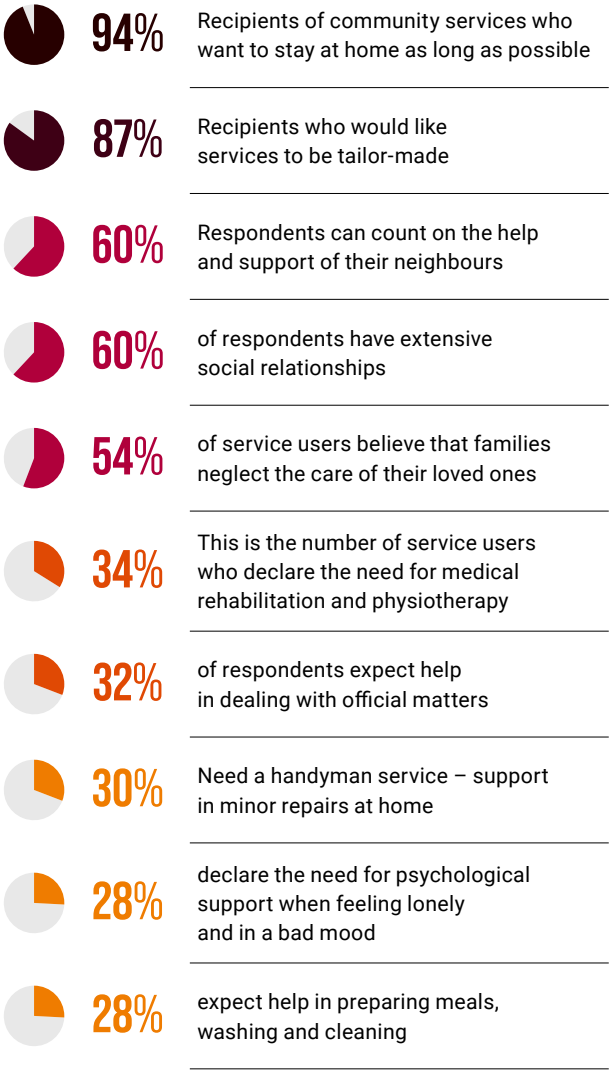
A significant part of these services can be provided in local communities, thanks to the cooperation of various entities and co-creation of services.

The study indicated that users expect diverse, personalised and consistent “service packages”.

Families most often support their loved ones in the simplest matters (shopping, transport, official matters), and less in terms of care.

The qualitative study indicated the need to educate families on how to care for their loved ones who lose their independence.

The scope of services expected by recipients is difficult to meet only within the social assistance system, without close cooperation with the health system (in Poland, these systems are separated).



Source: survey of recipients of community care services II, III and V, n=1712

Table 2

Services that current users of community care services believe should be developed so that they can remain in the community as long as possible

Type of support	II	III	V	Total
Medical rehabilitation, physiotherapy	40%	31%	38%	34%
Support in handling official matters	28%	38%	25%	32%
Minor repairs at home	27%	28%	37%	30%
Psychological support in loneliness and bad mood	32%	31%	22%	28%
Preparing meals, laundry, cleaning	34%	26%	29%	28%
Participation in cultural events and meetings	22%	30%	26%	27%
Transport from home to various places	30%	24%	30%	27%
Help with shopping	23%	22%	27%	24%
Ensuring contact with the community	33%	23%	21%	24%
Home visits by doctor and nurse	34%	19%	26%	23%
More acquaintances and friends, company	20%	23%	14%	20%
A carer to go out for a walk or a meeting	22%	20%	13%	18%
Possibility to receive medical advice by phone	16%	17%	15%	16%
Providing a computer/laptop/tablet	11%	16%	12%	14%
Performing a medical procedure	16%	12%	12%	13%
Support in managing the household budget	12%	16%	5%	12%
Family help (e.g. conflict resolution)	11%	15%	7%	12%
Preparing medicines, reminding to take them	16%	12%	9%	12%
Hygienic care, care	20%	10%	10%	12%
Internet access and knowledge of how to use it	6%	14%	10%	12%
Rental of rehabilitation equipment	14%	9%	13%	11%
Adapting a flat or building to your needs	16%	10%	10%	11%
Home delivery of meals (dinner)	15%	9%	10%	10%
Telecare – a safety bracelet	10%	9%	11%	10%
Adapting the apartment to the restrictions	12%	10%	7%	9%

Source: survey of recipients of community care services II, III and V, n=1712

II – dependent people III – the disabled V – senior citizens

Conclusion 3

3 **Decision-makers in local governments do not recognise the strategic importance of social services in local communities. They need to be more involved in changes.**

2/3 of local governments support deinstitutionalisation, and 79% declare knowledge in this area.

But action in this direction is not high on the list of urgent and important matters for local government officials. Deinstitutionalisation and development of social services is a priority for only 8% of decision-makers in local communities.

Only 12% of municipalities and communes have progressed in this process.

According to 72% of decision-makers in local governments, deinstitutionalisation and the development of community services are "the big unknown."

Almost 2/3 of decision-makers in municipalities and communes declare that there is no one in their institution who knows about deinstitutionalisation and development of social services.

Only a dozen or so percent of municipalities and communes have so far developed strategies for the development of social services.

30-40% of municipalities and communes do not prepare plans for the implementation of community care services, even though they are necessary to benefit from EU funds.

Only every fifth local government official surveyed is aware of the importance of political factors in implementing new social solutions and the role of their own leadership in this regard.

55% of local governments do not cooperate with other entities to jointly provide services.



Source: survey of decision-makers in local governments, n=561

Low involvement of local governments – a risk to the welfare of local communities

Decision-makers in municipalities and communes are important actors in the process of developing community care services. However, they underestimate this role. Most municipal offices are currently not adequately prepared to introduce changes. Low involvement of municipal authorities is one of the greatest threats to changing the model of social services. The *"National diagnosis..."* indicated that there are "three speed" local government authorities.

Leaders in creating community-care based solution – the most open to changes – began to develop community care services many years ago. They approach this process strategically, have analyses and diagnoses, create new social services and develop a network of relationships with entities from various sectors to involve them in the provision of services. Change processes are usually supported by decision-makers at the local government level.

"Medium-speed" municipalities and communes – try to keep up with changes, following emerging opportunities on their own initiative (e.g. by obtaining national and EU funds). Sometimes, however, it happens in a punctual manner. The initiative usually comes from managers of social welfare institutions rather than from decision-makers in local government. Where there are active managers, there are also effects and good practices.

The passively waiting municipalities and communes – the least prepared – are passively waiting for events to unfold, making no effort to change them yet and assuming that "it will work out somehow." They are often prevented from making deeper changes by the lack of financial and human resources and the lack of support from the local government.

Low knowledge and scepticism of local governments towards community-based care DI proves that they do not feel how important their role is and how important the change process is (Table 3). Without using the power of local government in this process – its hard and soft power – the development of community care services will be slower or the changes may not become permanent. Decision-makers in local governments may become the "weak link" in deinstitutionalisation. This poses a risk and may result in a situation where community care services will be developed in local communities fragmentarily, chaotically, without diagnosis, plan, resources – and, above all, without a clearly defined goal resulting from the recognition of local needs.

Table 3

Level of knowledge and belief of local government decision-makers

How local authorities assess institutional changes and the development of community-based care	I definitely agree	I tend to agree	I tend to disagree	I strongly disagree	Hard to say
I know what these processes are as part of social policy	**29%**	**50%**	**5%**	**2%**	**14%**
The concept of community-based services is not promoted enough	**24%**	**53%**	**7%**	**2%**	**14%**
We know too little and this direction is a big unknown	**22%**	**50%**	**15%**	**4%**	**10%**
Given the current state of knowledge, it is difficult to say whether this is the right direction	**13%**	**46%**	**19%**	**6%**	**17%**
I know the context and documents of the process	**10%**	**35%**	**21%**	**9%**	**25%**

Source: survey of decision-makers in municipalities and communes, n=561

Conclusion 4

4 **Low level of multi-sectoral partnership and co-creation of community care services does not guarantee improvement of quality of life in local communities.**

75% of the surveyed institutions rate their employees' openness to interaction and cooperation as positive.

In reality, however, they cooperate to a narrow extent with other institutions and non-governmental organisations.

The obstacle is not only the lack of entities to cooperate, but also the organisational culture that is poorly focused on synergy and co-creation.

Joint operation of institutions is often based on good personal relations, not on developed agreements and strategies.

Respondents indicate families and neighbours of service recipients, local government units and other public entities as desirable entities for cooperation.

Locally, there are large differences in the availability of cooperation partners in Poland: non-governmental organisations, social economy entities (SEE) and private entities.

Only every fourth institution surveyed indicates that it has entities in its environment with appropriate competences. 1/3 have not recognised the situation.

There is a lack of cooperation leaders – there is an expectation that "someone will coordinate everyone".

A significant number of entities do not have sufficient knowledge of how to manage cooperation relationships and build effective agreements.

Private sector entities are rarely perceived as partners in the co-production of services.



75% This is how many institutions rate their employees' openness to cooperation positively



55% of institutions carry out tasks in cooperation, 14% – in close cooperation



40% of sector employees believe that local cooperation networks are currently not the basis for building services for the future



31% This number of respondents do not know whether they have cooperation partners



26% claim that they have few partners in their environment and that they have low competences



24% Carry out tasks only within their own resources



21% This is how many municipalities and communes carry out diagnoses of including NGOs in their activities



10% So many institutions believe that there is no one with whom they can cooperate

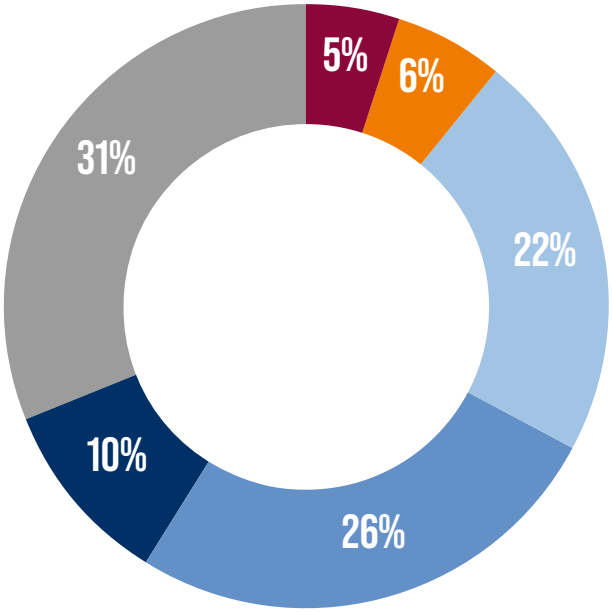
Lack of cooperative partners – is it real?

Social service workers believe that there are no entities around with whom they can carry out social tasks. Only 27% of respondents indicated that they knew entities with appropriate competences (Chart 4). 32% believe that there are entities around them that lack competences, and 31% have no understanding of their surroundings. But as the analyses of the case studies show, institutions do not notice potential partners or ignore their capabilities and potential. Many managers treat establishing relationships and collaboration as another unnecessary complication rather than an opportunity to offer better services. Multi-sectoral partnership and co-production of services may be one of the most difficult challenges in the development of community care services in Poland. The survey revealed both the excessive focus of social care managers on their own organizations and a lack of trust in others, as well as the low competence of some institutions to cooperate in service co-production networks. Local cooperative networks are not, for the time being, a strong basis for building the next generation of social services.

However, the situation varies depending on the area – for example, in the support of people in crisis of homelessness, the cooperation of local government institutions with NGOs and various institutions has a relatively long tradition, and NGOs are a source of innovation and new solutions. Also in the area of support for seniors, cooperation and collaboration of various entities is developing.

Chart 4

Potential partners for cooperation in the community



Source: CAWI survey of social service providers, n=2,650



Conclusion 5

5 **Social service workers are afraid of changes despite their high knowledge – and too often make decisions based on intuition rather than research and analysis.**

80% of the institution's employees have "general knowledge" about the development of community care services, but over 82% would like to deepen and make it more specific.

The context and strategic documents regarding the development of community care services are relatively little known in institutions.

The process of institutional changes towards community-based services raises many hopes, but also fears, anxieties, concerns and uncertainty.

Every third respondent of *"National diagnosis..."* has no opinion on deinstitutionalisation or hides it.

The narrative regarding changes in the sector is ambiguous, too little focused on the user's needs and is not conducive to implementing changes.

Many institutional employees cannot say why deinstitutionalisation is needed and what goals it is supposed to achieve.

Only 42% of *"National diagnosis..."* respondents – employees of support institutions – analyse and diagnose customer needs.

Decisions regarding the introduction of new services are often random and not supported by analyses.

However, 83% of the institution's employees surveyed believe that it meets the needs of recipients well or very well.

More than half of the surveyed employees in institutions have a positive attitude towards changes, 44% are personally motivated to implement them.

Motivation for change and a sense of mission will support the development of new services, but the lack of the habit of analysing needs is a threat.



85% This is how many respondents would like to know more about how to develop social services



76% This number of respondents know what deinstitutionalisation is in their institution



61% This is how many respondents in institutions believe that deinstitutionalisation is an unknown



52% of respondents have a positive attitude towards changes (14% very positive)



44% Percentage of employees well motivated to develop services in the community



44% This is the number of individuals who analyse other institutions and gain knowledge from their experience



42% Percentage of institutions that analyse changes in customer needs



34% This is how many institutions surveyed do not conduct analyses, 24% do not know whether they are conducted



31% Does not see the need to develop community care services



24% are afraid that deinstitutionalisation will weaken institutions and introduce chaos

Source: survey of all service providers, n=2,650

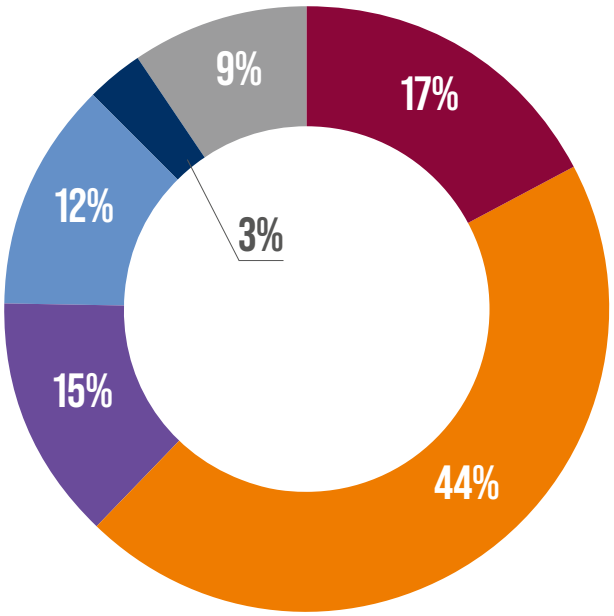
High level of uncertainty, low level of diagnosis

A disturbing conclusion from the *"National diagnosis..."* is the high level of uncertainty among management staff and social service employees regarding changes in the operating model. The respondents are rather certain that deinstitutionalisation and the development of community care services are associated with uncertainty (Chart 5). 54% of respondents believe that, given the current state of knowledge about deinstitutionalisation, it is difficult to say whether this is a good direction of changes in social policy.

48% of facilities do not analyse the needs of service users in local communities. It can therefore be assumed that they make decisions arbitrarily or intuitively. 38% of entities that analyse customer needs at all declare that they examine them regularly, once a year, and 43% indicate irregular analyses (Chart 6). However, the quality of the analyses developed is often low: they are not created with the service creation process or user experience design in mind, using design thinking. Often this process is "ritual" in nature, it is not user-centred only institution-oriented, and users are rarely involved in co-creation of diagnoses.

Chart 5

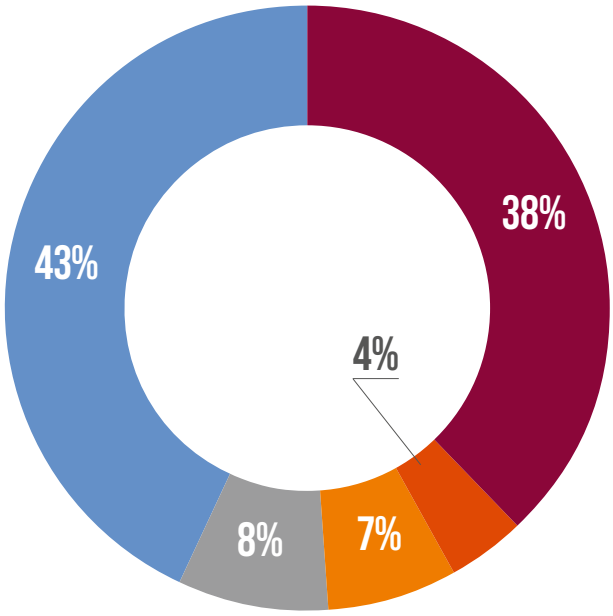
Is deinstitutionalization the "great unknown"? – opinions of social service workers



Source: survey of all service providers, n=2,650

Chart 6

Frequency of preparing analyses and diagnoses of recipients by entities that conduct such activities



Source: survey of all service providers, n=2,650

Conclusion 6

6 **Social care institutions have the potential to create new services, including assistant and community-care. But their concerns about financial and human resources are growing.**

The institutions analysed in the study have the opportunity to quickly introduce a variety of new community care services. Depending on the service, 20-30% of them declare such a possibility in the next several months.

The fastest increase may include household support, respite, care and psychological support services.

The emergence of new services on such a scale can significantly improve users' access to community care services in the regions.

The main concerns of institution employees concern the method and scope of financing new services, including ensuring their durability.

Currently, 50% of the surveyed units meet the needs of customers only at the statutory minimum level.

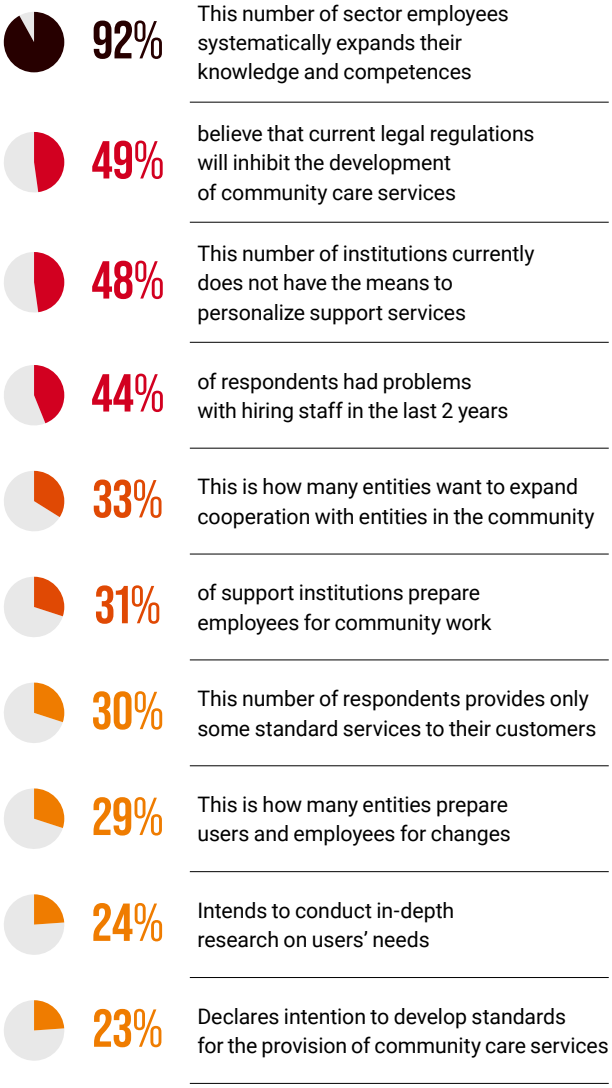
Almost half of managers of social welfare units believe that the facility's staff is well prepared to develop community care services.

However, only 13% indicated that there were no gaps in knowledge and competences in their team.

The problem may be the decreasing availability of staff in social assistance and burnout – 1/3 of respondents in institutions experience it.

69% of the surveyed facilities had problems with finding employees in the last two years.

More than half of respondents state that legal regulations do not support the implementation of DI.



Source: survey of all service providers, n=2,650

New assisted living and social care services could be created in quickly

The potential for launching new community care services is quite large. The five services that can be launched the fastest are household services, psychological support, respite services and care services (primary and specialist). Several percent of establishments in the sector completely exclude any action in offering new services. 50-70% of the surveyed institutions do not yet know the answer to the question of what new services they can launch. They have probably not analysed this issue yet.

In the case of the elderly support (area V), only every tenth social welfare home for the elderly stated that they would never be ready to provide care services. According to approximately 70% of respondents, it is difficult to say whether introducing community care services to the offer will be possible at all. The quickest way is to launch household services in the surveyed entities – 37% of the surveyed facilities could launch them within a period of no less than 2 years. According to respondents, the next services that could be offered to recipients include respite care (40% of entities), psychological support (29%) and specialised care services – indicated by 24% of respondents. (Table 4). A sudden increase in the availability of these services may change the situation in many local communities that have so far been unable to use particular services.

Table 4

Time within which the institution could start providing new services for the elderly

Type of service	This year	Next year	In 2-5 years	More than 5 years	Never	Hard to say
Household services	22%	15%	11%	1%	6%	44%
Psychological support	14%	15%	14%	2%	3%	52%
Specialised care services	11%	13%	12%	1%	5%	56%
Care services	10%	9%	11%	3%	9%	57%
Catering services	10%	11%	12%	1%	10%	55%
Supportive, e.g. activation	10%	10%	11%	2%	5%	62%
Respite care	9%	21%	13%	1%	6%	49%
Telecare (armbands, tele-advice)	8%	10%	12%	2%	13%	56%
Assistant services	5%	17%	12%	2%	4%	59%
Occupational therapy	5%	8%	15%	3%	7%	62%
Rehabilitation	5%	8%	12%	2%	13%	59%
Transport services	5%	11%	12%	2%	12%	58%
Handyman service	5%	12%	12%	2%	10%	60%

Source: survey of service providers, n=different depending on the type of facility, <615

Conclusion 7

7 **"Double digital exclusion" – low digital competences of both service users and employees – may hinder the efficient provision of services in the coming years.**

45% of sector employees see the potential of technology in social services and believe that e-services need to be developed faster.

Both service users and service providers rarely use e-services and technology support.

A significant problem of service users, especially older and dependent people, is digital exclusion (equipment and competence).

The services most frequently used by users are teleconsultations (26%) and e-medical consultations (13%).

In residential and community facilities, 38% of respondents have the ability to use the Internet, and every third respondent uses a smartphone.

Recently, local governments have been introducing telecare services, e.g. personal alarm. 15% of the institution's employees indicated that they were available in their local community.

Institutions usually point to fear of new technologies (53% of responses) and lack of readiness of users as the reason for the lack of development of e-services.

But only 19% of employees in institutions have experience in e-services.

This creates a "vicious circle of digital exclusion" – digitally excluded entities do not implement e-services due to the digital exclusion of users.

Some service users can quickly adapt to e-services, as evidenced by the development of telecare and e-health.



73% of institution employees believe that digital exclusion is a barrier for users



62% This is how many institutional respondents believe that technology will significantly improve care



54% Finances telecare from government funds, e.g. "Senior Support Corps"



48% Finances telecare from the municipality's or commune's own funds



47% believe that e-services should be completely free for users



44% believe that the development of e-services should be an element of every DI programme



34% of employees believe that users are not ready for the increase in e-support

Source: survey of all service providers, n=2,650

A technology gap that may affect the quality of services

38% of surveyed users of social services have access to the Internet, via a smartphone – 35% (Table 5). Therefore, up to 2/3 of service users may be excluded when it comes to access to the network and the ability to use digital resources or online communication. The situation is slightly better in the case of people with disabilities, but we can still talk about significant digital deprivation of people receiving support in the analysed groups. Respondents either do not have access to the Internet in residential and community facilities, or they do not have the motivation and habit to use it.

This is not only a problem for service users, but also for institution employees. The competences of sector employees in the field of ITC are low. 1/3 of people in institutions (n=2,650) are not able to determine whether they have the knowledge and experience needed to use technologies and introduce e-services (Table 6). 20% openly admit that they have neither competence nor practice in this matter, and 27% have knowledge but have not implemented anything yet. Only every fifth respondent indicates knowledge and experience.

Table 5

Solutions used by the surveyed service users

Wykorzystywane rozwiązania	II	III	V	Total
Internet access	30%	46%	30%	38%
Smartphone	29%	40%	30%	35%
I don't use any solutions	32%	24%	29%	27%
Health, psychological or other teleconsultations	22%	25%	30%	26%
e-consultations with a doctor	15%	13%	11%	13%
Sensors (e.g. smoke, fire, motion, cameras)	11%	8%	8%	9%
Telecare with alarm and emergency calls	5%	3%	13%	6%

Source: survey of recipients of services II, III and V, n=2,419

II – dependent people
III – the disabled
V – senior citizens

Table 6

Employees' assessment of their own knowledge of ITC

Assessment of knowledge and experience	I	II	III	IV	V	VI	Total
I have neither knowledge nor experience	4%	19%	22%	31%	19%	25%	20%
I have knowledge, but no experience	15%	31%	28%	27%	35%	23%	27%
I have knowledge and experience	48%	18%	14%	8%	17%	16%	19%
I don't know, it's hard to say	33%	31%	35%	35%	30%	36%	33%

Source: Quantitative survey of social service providers, n=2,650

I – foster care
II – support for dependent people
III – support for the disabled
IV – support for people with mental problems
V – support for senior citizens
VI – support for the homeless

IV.

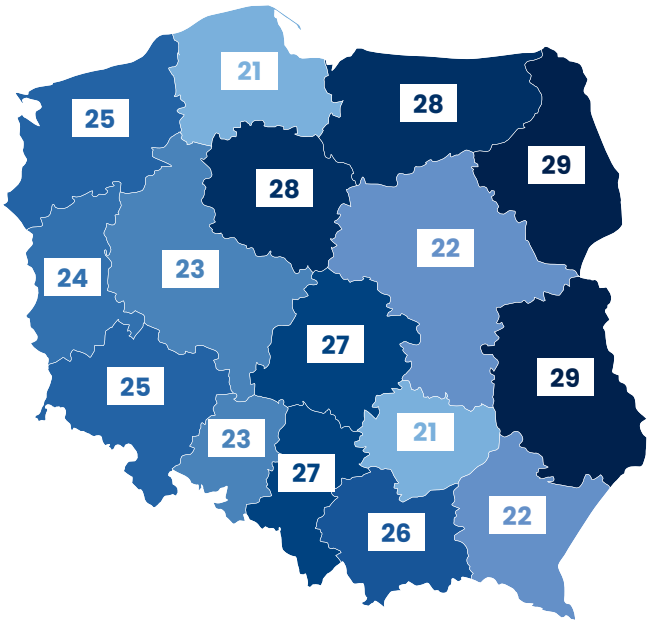
Regional indicators

For the needs of the *"National diagnosis..."* and local analyses, six indicators were created that allow for the detection of differences between regions. The indicators measure: (1) the level of concerns and fears about introducing changes in institutions and developing new services, (2) the level of knowledge and preparedness of social welfare units for changes towards deinstitutionalisation, (3) the level of readiness of local governments for changes – knowledge about social policy trends, preparation, level of inter-institutional cooperation, responsiveness, (4) level of progress of local governments in changes (having analyses, strategies, plans, employees, resources), (5) level of potential of local multi-sectoral partnership (readiness to cooperate and availability of entities to cooperate) and (6) the level of potential for the use of e-technology in institutions – positive attitude and preparation of institution employees to introduce e-services.

The indicators revealed that the discrepancies between individual regions are not large, even considering development differences between regions. However, in each category there are regions that can significantly improve their result compared to the national average. One of the elements of the project is to encourage regions and municipalities to create and monitor their own indicators based on surveys and data. This will allow teams and institutions to measure progress in introducing new social solutions and to more closely engage entities from various sectors in cooperation.

Figure 7

Fear and anxiety about deinstitutionalisation



An indicator of fear and anxiety about deinstitutionalisation

The value of the indicator determines the level of concern about changes towards deinstitutionalisation. On a scale of 1-100, the value of 24 indicates low but significant scepticism and fear of institutional change. The index was calculated on the basis of eight variables, which are derived from the level of positive or negative attitude toward change declared in the survey, the level of anxiety and fear, as well as the level of uncertainty and knowledge of the consequences of deintitutionalisation.



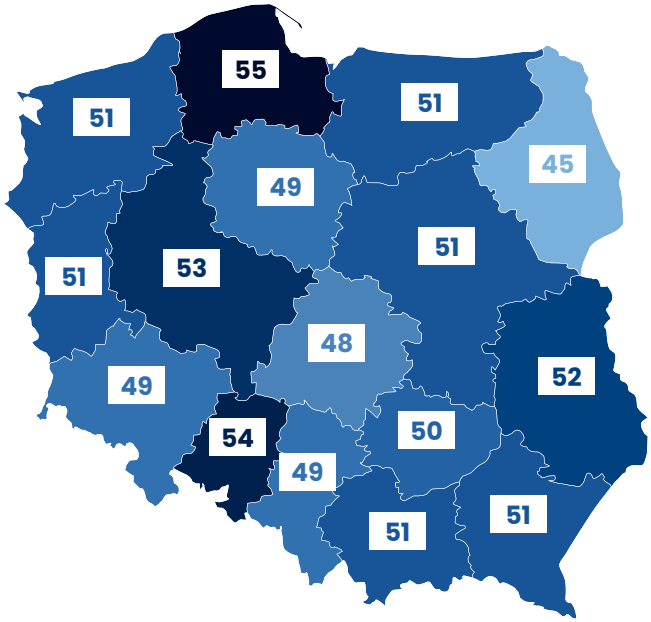
Source: survey data from all service providers n=2,650, indicator value calculated on the basis of several variables

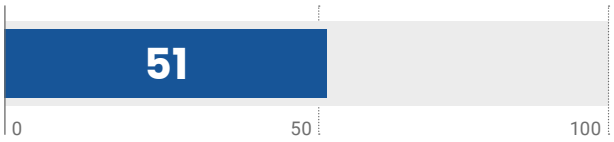
Figure 8

Knowledge and preparation in social welfare units

Knowledge and preparation indicator in social welfare units

The value of the indicator on a scale of 1-100 determines the level of preparation of sector employees for changes in institutions and the development of services in the environment. A value of 51 on a national scale indicates many gaps in knowledge and analysis. The indicator was calculated on the basis of four variables, which are derived from the level of knowledge declared in the survey about the direction of development of community-based social services, the level of knowledge about how to develop social services in the institution, the frequency of diagnosis and analysis in the institution, and the declared level of knowledge about the context and legal framework of the deinstitutionalisation process.

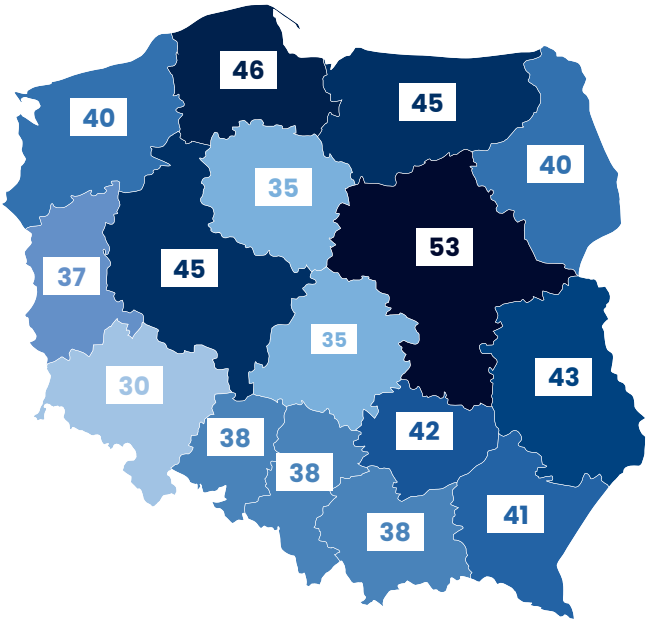




Source: survey data from all service providers n=2,650, indicator value calculated on the basis of several variables

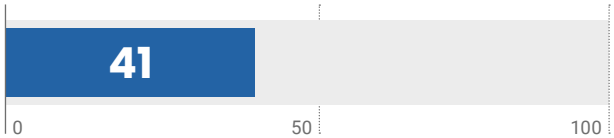
Figure 9

Local governments' readiness for deinstitutionalisation



Indicator of local governments' readiness for deinstitutionalisation

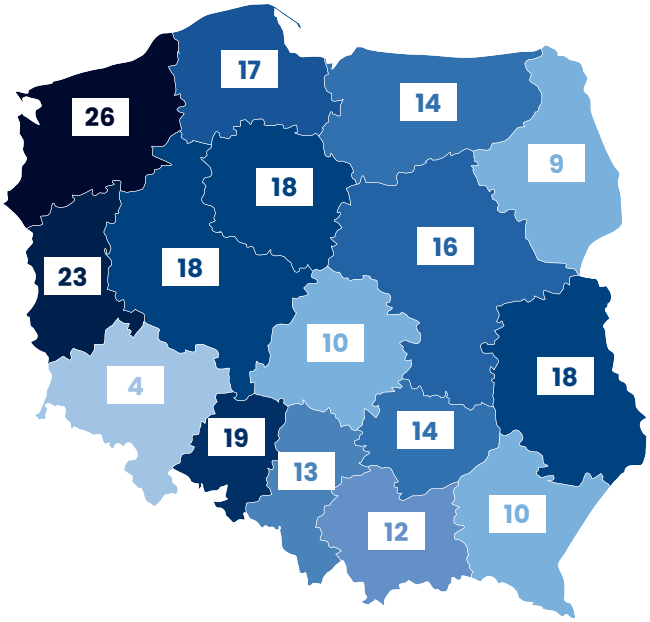
The value of the indicator determines the level of knowledge, preparation, cooperation and responsiveness in local governments. On a scale of 1-100, the value of 41 indicates that many local governments are at a very early stage of action. The indicator was calculated on the basis of six variables, which are derived from the municipality's declared level of commitment to the development of community-based social services in the survey, having staff to lead change, having diagnoses of residents' social service needs and strategies in this regard, having diagnoses of financial resources and strategies for multi-sector cooperation.



Source: survey data from all service providers n=2,650, indicator value calculated on the basis of several variables

Figure 10

Indicator of the progress of local governments in changes



Indicator of the progress of local governments in deinstitutionalisation

On a scale of 1-100, the value of the indicator determines the progress of local governments in creating strategies and the staff and resources they have. The value of 14 indicates that few local governments are prepared for changes towards deinstitutionalisation. The indicator was calculated on the basis of six variables, taking into account the municipalities' declared involvement in the process of developing community-based services, having a diagnosis of needs in local communities, having financial and human resources analyses, and recognising the potential for cooperation with NGOs and social economy actors.



Source: survey data from all service providers n=2,650, indicator value calculated on the basis of several variables

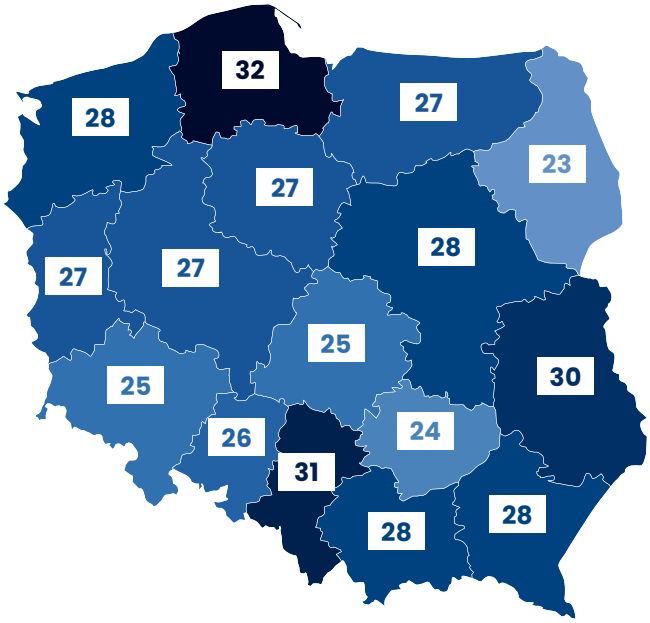
Figure 11

Potential for developing cross-sectoral cooperation

Indicator of the potential of multi-sectoral cooperation

The value of the indicator determines the readiness of social care institutions to cooperate with other sectors and their local availability. On a scale of 1-100, the value of 28 indicates that the problem is both the willingness to cooperate and the availability of partners. The indicator was calculated on the basis of three variables, taking into account the level of implementation of tasks in cooperation with entities from other sectors, declared by social welfare units (low, medium or high) and the respondents' assessment of the possibilities of cooperation in the environment (availability of entities and their competences).

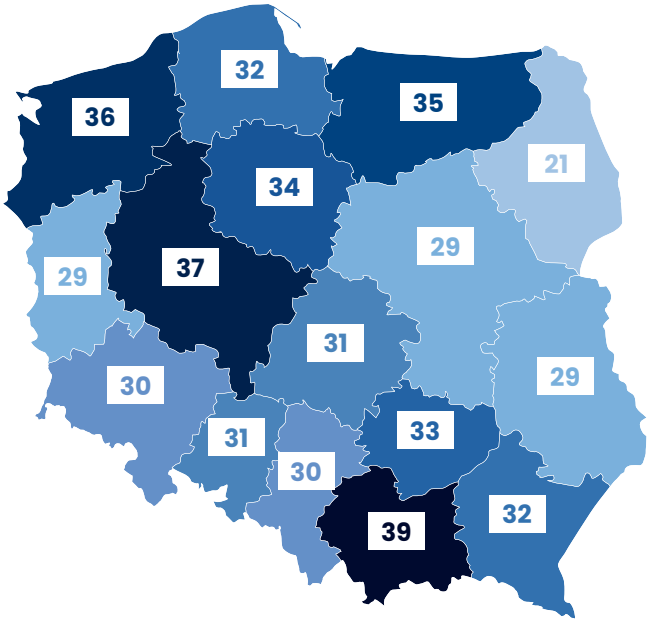




Source: survey data from all service providers n=2,650, indicator value calculated on the basis of several variables

Figure 12

Potential for the use of e-services



Indicator of the potential for the use of e-services

On a scale of 1-100, the value of the indicator determines the openness of system employees to e-services and their competences in creating them. The value of 32 indicates a low level of potential for implementing e-support in institutions. The indicator was calculated on the basis of six variables, taking into account the level of openness or distrust towards technology and e-services, as declared in a survey of employees in the social services sector, their knowledge and experience of implementing ITC solutions and e-services, and their level of readiness to introduce these solutions.



Source: survey data from all service providers n=2,650, indicator value calculated on the basis of several variables



59%

Percentage of seniors who feel that elderly care is neglected by families.

V.

Recommendations for the system and sector

The development of community care services is a process that affects several million social service users in Poland. Its direction will have a huge impact on the quality of life of care-dependent people, the lonely, the elderly, people in mental crises, as well as children and young people. This process will also affect more than 1.5 million employees of social welfare institutions, decision-makers in municipalities, employees of NGOs. The recommendations of the *"National Diagnosis..."* focus on how to carry out this process in such a way that it meets expectations and improves the quality of support in the community.

The recommendations concern six key areas of the development of social services: (1) a vision and strategy of change based on a comprehensive diagnosis of needs and opportunities, (2) creating a multi-sectoral coalition for change, (3) preparing staff in social support and other sectors for tasks related to DI implementation, (4) providing tools for developing community care services and social communication, (5) developing e-services and integrating technology into the social services system, (6) introducing a cycle of continuous improvement of community care services into the institutional practice – systematic evaluation, planning, implementation and results (Figure 13).

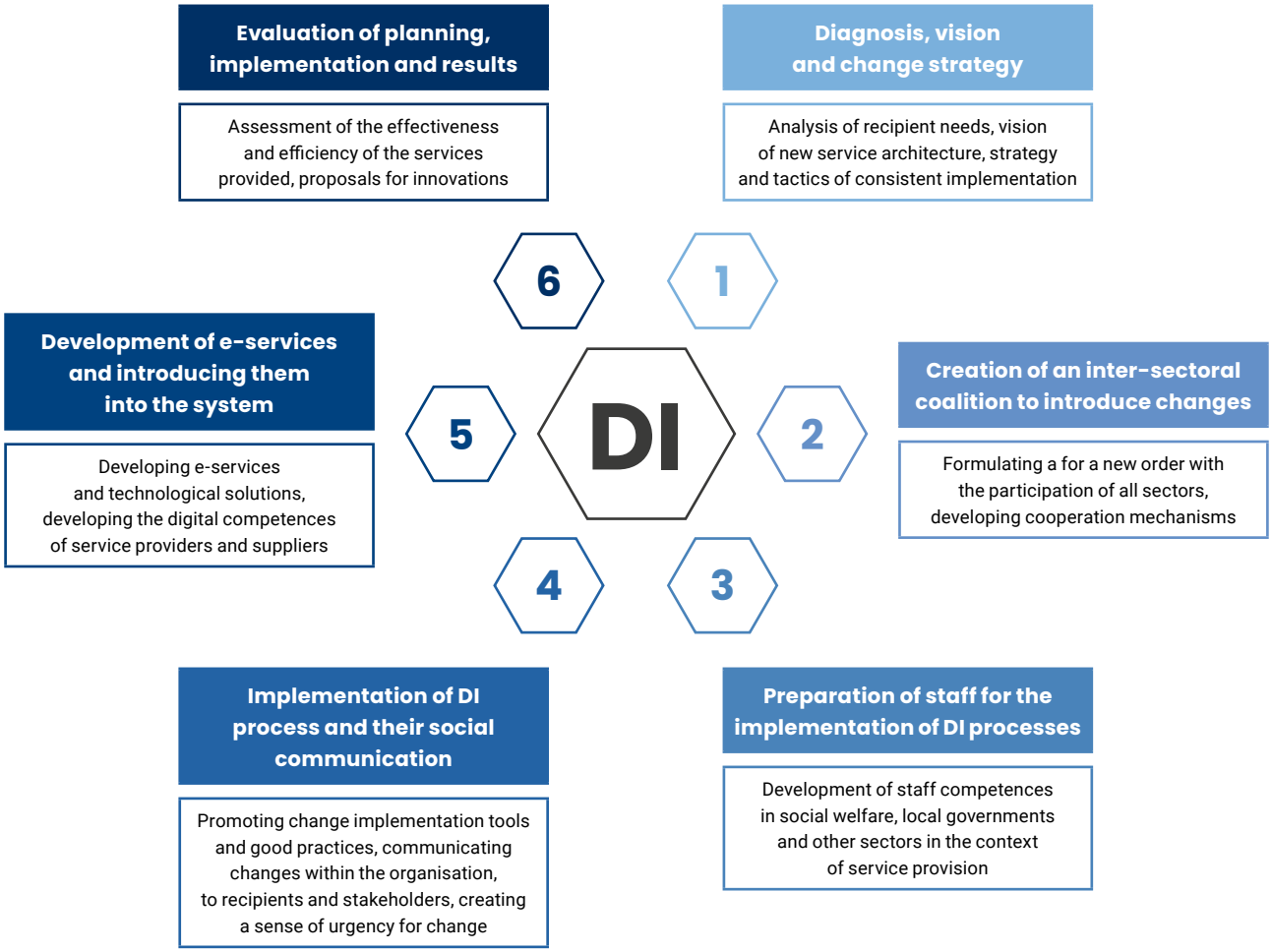
The social sector in Poland expects a paradigm shift in social services and wants to create new community-based care services. However, a successful transformation needs political and strategic reinforcement as well as social acceptance. The first step should be to clarify the political and legal assumptions of the new social policy order. Currently, most stakeholders – both service users and service providers – feel that the development of community-based care and the transformation of long-term care institutions is the right direction to take. However, they should be given a credible roadmap with milestones for change, as well as a clear financial and organisational framework for the process.

A major challenge is to create a new architecture for cooperation in the social care sector. It is now overly focused on the perspective of public sector institutions. The social potential of families, neighbourhood networks, NGO's and private actors are in effect underestimated. The user of services should be at the centre of the system in order to create social services around their well-diagnosed needs. An important task is to stimulate and consolidate cooperation in local communities and to exchange and promote best practices. Overcoming resistance to cooperation requires the work of leaders in the sector and a system of incentives. The same challenge applies to the effective use of technology, e-services and e-advice to support citizens.

Social communication of change matters. Social care professionals feel the need for a community-based social services narrative that appeals to common, intergenerational values and a vision of a welfare state in a global ageing population. Finally, the challenge is to regularly survey the needs of service users and to evaluate the services offered and modify them in response to the needs of local communities.

Figure 13

Areas of recommendations for the development of social services in Poland



Source: Mirosław Grewiński, Joanna Lizut, Paweł Rabiej



1 Developing a diagnosis, a vision of change and a strategy for its implementation

Clarifying the vision of changes at the central level (goals, directions and axiology), ensuring long-term political consensus for its implementation and changing the legal framework allowing for the implementation of the assumptions.

Providing a mechanism for efficient coordination of strategies and multi-level governance of social policy.

Responsible and thoughtful implementation of the process based on a **multidimensional diagnosis and analysis of the resources and potentials** of local communities and local governments.

Securing appropriate funds at the central and local government levels for the implementation of community care services, introducing *finance mix* solutions based on co-payment for services by various payers. Linking social benefits with services.

Considering the introduction of a new institution in all municipalities and communes in Poland: Social Service Centres as a mandatory solution – accelerating the transformation processes.

Preparation and implementation of a **service provider authentication system** (accreditations and certifications).

Introducing mechanisms ensuring that service users can choose a service provider.

2 Creating an multi-sectoral coalition for change and developing cooperation mechanisms in the field of co-production of services

Creating a mechanism for broader inclusion of NGOs, the informal sector, SEE, private entities and other stakeholders in the process of programme development and service provision, e.g. through Multilateral Commissions established at the central, regional and local levels with the participation of all sectors, implementing mechanisms of cooperation and co-production between sectors.

Developing and implementing mechanisms stimulating the creation of new entities with the potential and competence to cooperate with local government units in the creation and delivery of social services – non-governmental organisations, SEE, social cooperatives, etc.

Developing and implementing solutions that involve the family and the environment of service recipients to a greater extent in the care. Development of home services by implementing solutions involving the informal sector and local support networks (neighbourhood services, family services, companionship services, intergenerational services, e.g. Seniors for Seniors, etc.).

Developing a strategy to support the implementation of local social investments for the development of community care services, based on multi-sectoral cooperation, partnership and social networks (regional, district and municipal levels).

Introducing a system of incentives for service providers, rewarding the involvement of the NGO sector, SEE and religious entities in providing community care services.

3 Development of staff competences in social assistance and other sectors co-creating services

Increasing the prestige of social professions, increasing employee salaries, creating new professions and professional roles, and creating solutions to recruit new employees.

Investments in the competences of local social policy staff, especially change management competences, soft competences and key skills for coordinating multi-sectoral partnership.

Preparing and carrying out a reform of the staff education system by creating a broad training and study programme in terms of changes that will be triggered by DI processes, including the creation of career advancement and qualification paths for people who are already in the system.

Creation of new professions and professional roles necessary to provide community care services.

4 Providing tools for implementing DI processes in institutions and social communication of the process

In implementing the assumptions for the transformation of institutions and services and providing institutions with management instruments (models, change tools, e.g. creating new services, support in implementation) – with particular emphasis on the LTCF support model.

Developing a positive narrative of change for service users and employees of social institutions, focused on social benefits.

Systematic introduction of integrated models for providing community care services.

Conducting nationwide and regional information campaigns on community care services in order to increase user orientation and the availability of e-services.

Overcoming stereotypes and prejudices towards the new model of social policy, based on developed social and community care services.

5 Development of e-services and their inclusion in the social services system

Actions to reduce the digital exclusion of recipients and service providers.

Developing e-services, introducing telecare, telesupport and teleadvice on a larger scale, introducing solutions facilitating online contact and communication between service providers and users, as well as services using sensors and robotics.

Creation of a nationwide database of social service users, allowing institutions to access comprehensive data on the needs of people in need of support in order to better coordinate activities.

Implementation of software and applications enabling efficient provision of community care services, verification of employees' activities in the field and quality control of the social services provided.

6 Evaluation of DI planning, implementation and results

Introduction and dissemination of universal measures of DI implementation by social welfare units and local governments.

Developing a cycle of continuous improvement of institutions in the provision of social services, including the habit of evaluating plans and results of developing community care services at the central, regional and municipal/communal levels.

Creating forums for the exchange of good practices and case study databases, as well as social innovation forums to increase the level of innovation and dissemination of best solutions and practices among DI stakeholders.

Regularly conducting nationwide research monitoring progress and challenges in the development of social services (National Diagnosis of Social Services), based on a uniform methodology.

Research reports in key social service areas



