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Challenges of deinstitutionalisation of social services in Albania and Poland

Abstract

The purpose of this article is to analyse the challenges facing the deinstitutionalisation of social services in Albania and Poland. It presents the key legal framework that guides the process and attempts to identify the main challenges. The article emphasises the importance of continued commitment, investment, and cooperation between governments and key stakeholders committed to overcoming these challenges and ensuring the successful transformation of their social protection systems. It is also a comparison of the welfare/social assistance system between a former communist country that is now part of the EU and another one that aspires to join the EU.

The methodological premise was to present the challenges related to the deinstitutionalisation of social services in Albania and Poland based on an analysis of foundational data. The framework was evidence-based, emphasising the practical dimension of deinstitutionalisation analysis.

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The deinstitutionalisation of social services in Albania and Poland is a complex and difficult process that requires transforming social protection systems and developing a range of community-based services and supports for vulnerable populations. It represents a challenge for social policy in both countries.

Keywords: deinstitutionalisation, process, challenges, social services, community services

Introduction

The deinstitutionalisation of social services represents a pivotal challenge and opportunity for post-communist countries transitioning to more community-based social protection systems. Albania and Poland, both with histories of communist governance, are at different stages of this transformation and their integration within the European Union (EU). This article aims to compare the deinstitutionalisation processes in Albania, an EU candidate, and Poland, an EU member, to elucidate the role of historical legacies, demographic shifts, and the EU adhesion process in shaping social policy reforms. By examining the key legal frameworks, implementation challenges, and the broader implications of these reforms, this study seeks to contribute to the understanding of how countries can navigate the complex landscape of social services reform in the context of EU integration. The comparison is particularly relevant to the field of social policy, as it provides insights into how post-communist countries can leverage lessons from each other's experiences to advance their social protection systems.

Deinstitutionalisation involves the transition from large, state-run institutions for vulnerable populations, to smaller community-based services that aim to integrate these individuals into society.

In recent years, Albania has made significant steps in the deinstitutionalisation of social services for various groups, including children, individuals with disabilities, and the elderly (UNICEF Albania, 2018). In Poland, deinstitutionalisation mainly concerns seniors, people with disabilities, mental disorders, in the crisis of homelessness and foster care (Strategy for the Development of Social Services, Public Policy to 2030 with an outlook to 2035). This process has been guided by numerous legal frameworks and strategies, which will be mentioned further in this article. We will also explore the key challenges faced by Albania and Poland in implementing these policies and suggest possible solutions to overcome these obstacles.

In the early 2000s, Albania began to implement a number of reforms to shift the focus of its social services from institutional care to community-based services. Various projects and initiatives have been supported by international organisations, such as UNICEF and the European Union, and have targeted improvements in child protection, support for children with disabilities, and alternative care options for minors. Efforts have also been made to improve the support available for individuals with mental health issues and disabilities. The Mental Health Strategy (2012–2020) aimed to develop community-based mental health services, reduce stigma, and promote the rights of people with mental health issues.

Social services are commonly associated with the concept of welfare, as countries with large welfare programmes often provide a wide range of social services. Social services are employed to address a wide range of societal needs. Development of this field is also directly related to the process of deinstitutionalisation, understood as the process of transition from institutional care to services provided in the local environment (local community). Modern Europe, including Poland, is facing, on the one hand, growing social problems and, on the other, the awareness of the need to solve them. An integral element of deinstitutionalisation of services is prevention, aimed at counteracting placing people in institutional care and, in the case of children, being separated from their families and placed in foster care. Deinstitutionalisation as a process with a very broad scope takes time. It needs to be properly prepared, defining not only strategic goals but operational ones related to the implementation of the next stages of action, and this is exactly the process for which Poland is preparing.

The methodological premise was to present the challenges related to the deinstitutionalisation of social services in Albania and Poland based on foundational data analysis. The framework was an (evidence based), with an emphasis on the practical dimension of deinstitutionalisation analysis.

However, challenges remain, as the deinstitutionalisation process is complex and requires ongoing commitment and investment. Both Albania and Poland still need to continue developing a more comprehensive, well-funded, and efficient system of social services that meets the needs of their vulnerable citizens.

State of the fact

Albania and Poland, emerging from decades of communist rule, faced the monumental task of transforming their centralised, state-driven social protection systems. The end of communism marked the beginning of a challenging journey towards establishing welfare systems that could address the diverse needs of their transitioning societies. In Albania, the collapse of the communist regime left a fragmented social protection system, ill-equipped to handle the emerging societal challenges. Poland, on the other hand, embarked on a path of rapid economic transformation, which, while stimulating growth, also widened social inequalities and introduced new vulnerabilities.

Under communist rule, both countries established centralised, state-run social services that aimed to provide universal coverage but often lacked the flexibility and responsiveness to meet individual needs. In the post-communist era, demographic shifts, including ageing populations and migration patterns, presented new challenges for these systems. Albania faced significant emigration, impacting its labour market and social services demand. Poland, while also experiencing emigration, saw different demographic pressures, such as a declining birth rate, shaping its social services needs differently.

In Albania, the centralised system established under communism was rigid, with minimal emphasis on individualised care or community integration. The post-communism transition period has been marked by significant economic and social upheaval, impacting the country's capacity to reform its social services.

In contrast, Poland, even during its communist era, experienced periods of reform and resistance that introduced a degree of variability in its social services system. Poland, in the post-communist period, embarked on rapid economic transformation, which, combined with its early efforts towards social services reform, laid the groundwork for a more structured approach to deinstitutionalisation.

The European Union has played a significant role in shaping the social policy reforms in Albania and Poland, albeit in different capacities. Poland's accession to the EU in 2004, marked a new chapter in its social policy evolution providing a framework for reform and access to EU funds and best practices. The EU's emphasis on human rights, social inclusion, and the decentralisation of care have guided Poland's approach to deinstitutionalisation, ensuring a move towards a more inclusive and personalised system of care.

For Albania, the path to EU integration has been a catalyst for reforming its social protection system. The EU integration process has highlighted the necessity for Albania to align its social services with European standards, particularly in the realms of inclusivity, quality, and accessibility. The journey towards EU candidacy status has thus become intertwined with Albania's efforts to modernise its social services, necessitating legislative reforms, investment in community-based services, and a shift towards more person-centred care.

In the landscape of social policy and employment, Albania demonstrates commendable progress, particularly in the enhancement of labour market institutions and the provision of services to vulnerable groups. As highlighted in the *Albania 2022 Report* by the European Commission, the nation's efforts in implementing recommended reforms have been significant. Progress can be seen especially in strengthening the quality and effectiveness of labour market institutions as well as providing employment services to the most vulnerable groups (European Commission, 2022). The social care reform is progressing, but some advancement of financial and administrative efforts is required to strengthen the local level capacities for service delivery and the links to active labour market measures. Albania needs to address the coverage and financial allocation of the Social Fund, ensure implementation of legislation of social services and of the management information system for social care (European Commission, 2022). Public spending on social care services programmes for Albania continues to be modest and there is yet no mechanism for monitoring the situation of the vulnerable ones and with no access to such services. The triple shock stemming from the 2019 earthquake, the COVID-19 pandemic, and the consequences of the war against Ukraine has negatively impacted the most vulnerable categories, which needs to be assessed and mitigated.

According to the Survey of Income and Living Conditions wave 2020, published by the Albanian National Institute of Statistics (Table 1), the ratio of population at-risk of poverty rate in Albania, in 2020, was 21.8% compared with 20.6% in 2019. It remains below the EU 27 average. Cash transfers continue to constitute about 95% of the social protection sector's overall budget. 60 municipalities out of 61 have adopted social care plans with the support of donors and civil society organisations. Monitoring the implementation of the local social plans, budget allocation to social services from the local government and guidance to local government are crucial. During 2021, there

were 339 social care services provided as compared to 229 in 2019 (European Commission, 2022).

Table 1. Indicators as per year

Year	Indicators	
	At-risk of poverty rate (%)	Social care services provided
2019	20.6%	229
2020	21.8%	339

Source: National Institute of Statistics (INSTAT).

In spite of the positive progress, the government needs to intensify efforts in further consolidating the mechanism of the Social Fund ensuring adequacy, equity, and transparency of the implementation of the fund, alongside the increased budgeting of the social fund in the midterm budget in order to ensure sustainability of services.

In Poland, in the recent years, there has been an ongoing discussion of necessary reforms in the area of social policy, in particular the broadly defined social welfare system. They are intended to help improve it so that it corresponds more accurately to the dynamically emerging new social challenges and risks (e.g., the COVID-19 pandemic, the refugee crisis, the transformation of labour markets), as well as changing social risks (e.g., an ageing population, an increase in the number of dependents, new forms of social exclusion). The most important areas of postulated system changes and issues raised in the area of regional and local social policy include, first of all, moving away from selectivity to universality of social services, changing the direction of policy to activation and social inclusion in the context of better social development and higher quality of life, working towards viewing the area of assistance as a social investment rather than a cost, giving special importance to social services and including them as a key conceptual category in the area of social policy, including social assistance, promoting the integration of services and the importance of cooperation as well as increasing the degree of coordination of assistance activities, recognising the importance of individualisation and personalisation of assistance activities, the need to better match them to the capabilities and resources of specific individuals or groups, recognising the importance of individual needs and diverse lifestyles, accepting and attempting to meet the growing new expectations of institutions of social assistance and integration, developing community and residential services as well as prudent, responsible deinstitutionalisation of social services provided on a stationary, “closed” basis.

In 2022, the extent of economic poverty in total households in Poland remained at a similar level as in 2021, although the average material situation of households worsened in reality due to high inflation, among other factors. As in the previous year, the extreme poverty rate was less than 5%, the relative poverty rate was about 12%, and the statutory poverty rate was about 7% (Główny Urząd Statystyczny, 2022). Therefore, it is crucial to focus on the universal access to services provided in the residential environment and identify the development of services provided in the local environment as the essence of the DI process in Poland. Good planning and staggering the necessary processes, allowing for real, sustainable, and effective change in a way

that guarantees respect for the rights of individual user groups, minimises the risk of harm, and ensures benefits for all stakeholders, are the factors facilitating the transformational success of the way social services are provided in Poland.

Polish discourse on social policy reform reveals a proactive approach to addressing emerging social challenges and adapting to demographic shifts. The nation's efforts to transition from selective to universal social services, as part of its broader strategy to enhance social development and life quality, underscore a commitment to viewing social assistance as an investment rather than a mere expenditure. This comprehensive outlook, aiming to integrate services and foster cooperation across sectors, seeks to personalise assistance, catering to individual needs and lifestyles. Yet, the journey is not devoid of obstacles. Deinstitutionalisation efforts should first focus on the universal access to services provided in the residential environment, as only such an unrestricted access to a broad spectrum of interdisciplinary community services can reduce the demand for inpatient long-term care services.

In an ideal situation, the satisfaction of social needs for the implementation of services at the place of residence (in the local environment) will lead directly to the closure of inpatient long-term care institutions, as there will be no demand for such services. It should be stated that the definition of the deinstitutionalisation process will include a number of activities aimed at developing services in the local environment, and among them (Ministerstwo Rodziny, Pracy i Polityki Społecznej, 2021, 73–74): “2. Priority of social services provided in the residential environment over inpatient services. 3. Development of local and individualised services, including preventive services to reduce the need for institutional care. 4. Action to use the resources and capacity of institutional long-term care for the development of new community-based services. 5. Securing inpatient long-term care services as the last and least desirable component of the system”.

These basic activities of the deinstitutionalisation process are aimed at improving the functioning of people with disabilities in the community, developing social services, changing the profile of the institution and the scope of its activities, adjusting the offer to actual needs, adequately preparing support staff, networking services as well as building inter-institutional, intersectoral and inter-ministerial cooperation (Zdebska, 2021, 102–103). According to the pan-European guidelines, the state is required to provide a wide range of support services, including housing, so that beneficiaries have a real choice (Europejska Grupa Ekspertów ds. Przejścia od Opieki Instytucjonalnej do Opieki świadczonej na poziomie Lokalnych Społeczności, 2012, 138). There is no single coherent, transparently funded long-term care system in Poland. Long-term care services are provided through three subsystems (Zdebska, 2021, 104–105):

Informal care, family and provided by those in the immediate environment. When talking about the informal sector in the sphere of care, one mainly takes into account the provision of care by family members, friends, neighbours and representatives of informal aid initiatives, volunteer work, etc. It refers to the totality of actors who provide care as part of non-professional and non-professional activities. In practice, the boundaries of the informal sector and its relationship with the formal care sector are sometimes blurred (Błędowski, 2020, p. 24).

Types of care: family and mutual support (material help, mental support in illness, suffering and disability, intellectual assistance in making important decisions or dealing with life matters and physical assistance in performing various activities), parental alimony, assistance provided by neighbours and other people from the immediate environment (most often it will be completely selfless support, resulting from interpersonal relationships, neighbourly ties, and cultural norms. Sometimes it is a form of non-formalised paid care service). Respite care is a way to counteract negative situations related to informal family care. Its task is to relieve family members or caregivers of dependent people by supporting them in their daily duties or providing temporary replacement.

Formal care, services of the social welfare system. The social assistance system in Poland provides a significant range of long-term care services. These services are provided at two levels of service implementation, i.e., at the district level and at the community level. Types of care: services at the municipal level (care services, specialised care services, services in support centres, services in sheltered housing, family care home); services at the county level (social welfare home, other district services, i.e., pursuant to Art. 19 point 11 of the Act of 12 March 2004 on social assistance, the district's own task is also to run sheltered housing for people from more than one community and district support centres, including homes for mothers with minor children, and pregnant women, excluding community self-help homes and other support centres for people with mental disorders. Most often, these are training apartments for independent residents of care and educational institutions or family foster care, implementing an independence programme, community self-help homes and other support centres, mainly for mothers with children and people experiencing violence in the family.

Formal care, long-term care services of the health care system. On the part of the health care system, guaranteed support services for dependent persons are provided (Regulation of the Minister of Health of November 22, 2013 on guaranteed benefits in the field of nursing and care services as part of long-term care). Types of care: long-term nursing care, long-term home care teams for adults and children and adolescents, mechanically ventilated, care as well as treatment facilities and nursing and care facilities, home and stationary hospices, and palliative care units”.

Both Albania and Poland exhibit a concerted effort towards deinstitutionalisation, albeit navigating through distinct challenges influenced by their unique socio-political landscapes and stages of EU integration. This shared objective towards transitioning to community-based care underscores a broader commitment to reforming social protection systems. Such reforms are not only pivotal for enhancing the quality of life for vulnerable populations but also for aligning with European standards of social welfare.

Albania's strides towards enhancing its social protection framework, amidst economic constraints and crisis aftermaths, highlight the critical phase of its EU candidacy journey. In contrast, Poland leverages its EU membership to refine its social welfare model, focusing on inclusivity and adaptability to changing social landscapes.

Legal development inherent to deinstitutionalisation

Several legal frameworks and policies have been developed in the last years in Albania, to support social services in general and the deinstitutionalisation of social services in particular. More important ones are listed below.

The Law on the Rights and Protection of the Child (2017) which draws attention to the rights and protection of children in Albania; establishes the legal framework for the protection of children's rights and the implementation of state policies aimed at their well-being. It also provides guidelines for developing and implementing programmes and services focused on the prevention of child separation from their families, deinstitutionalisation, and the provision of alternative care. The law prohibits the establishment of new residential institutions for children and promotes family-based care solutions.

The Law on Social Services (2016) which provides a comprehensive framework for the organisation, delivery, and monitoring of social services in Albania. It emphasises the importance of providing community-based services, focusing on prevention, early intervention, and social inclusion. It also calls for the establishment of a quality assurance system for social services and the development of a licensing system for service providers.

The Law on Mental Health (2012) which focuses on the protection and promotion of mental health, as well as the prevention and treatment of mental disorders. The law encourages the establishment of community-based mental health services and the reduction of the reliance on psychiatric hospitals. It also establishes the legal framework for the protection of the rights of persons with mental disorders and promotes their social inclusion.

National Strategy on Persons with Disabilities (2016–2020), that set out the government's vision and priorities for improving the lives of persons with disabilities in Albania. The strategy focused on the deinstitutionalisation of persons with disabilities and their integration into community-based services, with an emphasis on social inclusion, equal opportunities, and participation in all aspects of life.

National Strategy and Action Plan for Social Protection (2015–2023) which provides a strategic framework for the development and reform of Albania's social protection system. The strategy aims to create a more efficient, inclusive, and sustainable system that addresses the needs of vulnerable populations. The strategy includes specific objectives related to the deinstitutionalisation of social services, such as the development of community-based services, the improvement of the quality and accessibility of services, and the strengthening of the legal and policy framework.

This legal framework provides the main ground for the transformation of Albania's social protection system, stressing the importance of providing care for vulnerable populations within families and communities, rather than in institutions. The main part of legal framework on social protection has been perpetually updated and transformed over the last ten years, with the aim to meet the EU *acquis* and EU expectations, with Albania as an EU candidate country. Although Albania has established several legal frameworks to guide the deinstitutionalisation process, there are still gaps and inconsistencies in the legal and policy framework that must be

addressed. These include the need for clearer regulations and guidelines for the implementation of policies and the development of a comprehensive legal framework that encompasses all aspects of deinstitutionalisation. Not only does this massive legal framework transformation require prepared human resources, financial, and institutional capacities to be effectively implemented, but also very detailed analyses and assessments to evict overlapping or conflicting competencies between different institutions involved.

Meanwhile in Poland, in recent years, several legal frameworks and policies have been developed to support the deinstitutionalisation of social services in Poland. The most important include:

- Strategy for the development of social services, public policy until 2030 (with an outlook until 2035), Resolution No. 135 of the Council of Ministers of June 15, 2022 (Uchwała nr 135 Rady Ministrów z dnia 15.06.2022).
- Law of July 19, 2019 on the implementation of social services by the centre for social services (Ustawa z dnia 19.07.2019).
- National Framework Guidelines for the Creation of Local Plans for Deinstitutionalisation of Social Services (Ministerstwo Rodziny, Pracy i Polityki Społecznej, n.d.). The guidelines were prepared as part of the project “Development and pilot implementation of mechanisms and plans for deinstitutionalisation of social services” implemented under the Operational Programme Knowledge Education Development 2014–2020, Priority Axis II Effective public policies for the labour market, economy and education, Measure 2.8 Development of social services provided in the local community, co-financed by the European Social Fund (Ministerstwo Rodziny, Pracy i Polityki Społecznej, 2018).
- Amendments to the Social Welfare Act of March 12, 2004 (the Act of July 28, 2023 on Amendments to the Social Welfare Act and Certain Other Acts) in terms of introducing, among other things, the “new” social welfare benefits – care services in the form of neighbourhood services and short-term support services in social welfare homes, training or assisted housing was also introduced in place of the previous assistance in the form of sheltered housing (Ustawa z dnia 28.07.2023).

Key challenges of deinstitutionalisation process

The process of deinstitutionalisation is complex and is facing several challenges in Albania. It is difficult to reach an in-depth analysis and multilevel examination, as Albania has a very recent social policy system (Pere, 2019, 73–87) whose functioning has been recently affected by a new lawmaking on territorial decentralisation that is going to profoundly affect the distribution of responsibilities in the Social Services delivery (Dizdari et al., 2019, 193–216). However, based in different reports and studies, the main challenges are:

- Insufficient funding (UNICEF, 2018). The lack of sufficient funding remains a significant challenge to the social protection services in general and deinstitutionalisation process in particular. In one of the last studies (surveys), several municipalities were asked about the difficulties they face in implementing their

social plans according to the deadlines and expected quality. Lack of funding (90%) and human resources (60%) were the main findings, followed by lack of experience (46%) (Rama & Polo, 2022). Municipalities in Albania have a low, insignificant financing role in the “social protection service” function, where they only manage to cover 6% of the expenditures incurred under this function with their own funds (Co-PLAN, 2022); meanwhile the other 94% is covered by central government funds. Limited financial resources obstruct and retard the development and expansion of community-based services. It also hampers the training and capacity building of professionals working in these services. Increased funding for community-based services is crucial to support the transition from institutional to community-based care.

- Lack of human resources. Although the legal framework appears to be complete and in line with international standards, full realisation of the rights of excluded groups are violated by a lack of institutional, human, financial, and professional capacity. Cross-sectorial initiatives, particularly those on disability, juvenile justice, deinstitutionalisation, and decentralisation require strengthened multidisciplinary planning and coordination. With regard to the new Law on Child Rights and Protection, the minimum requirement is one Child Protection Worker in every municipality and administrative unit with more than 3,000 children. Notwithstanding the commitment of the municipalities, there still is a gap in realising this standard. When the municipalities have been asked about the sufficiency of the personnel of the Needs Assessment and Referral Units to fulfil their functions, they answered that only 20% of municipalities consider the staff sufficient (Rama & Polo, 2022).
- Lack of comprehensive, high-quality community-based services (World Bank, 2017). The development of a diverse range of high-quality, accessible community-based services is essential to ensure that vulnerable populations receive appropriate care and support. Albania still faces challenges in providing such services, including a lack of trained professionals, limited availability of services, and inadequate infrastructure. The last surveys regarding the training plans have shown that 34 municipalities (56%) do not have such a plan; and more than 97% of municipalities declare that they still need to receive training in their field of competencies (Rama & Polo, 2022).
- Resistance to change (World Health Organization, 2018). Resistance to change among some stakeholders, including institutional staff and local authorities can harm the implementation of deinstitutionalisation policies. This resistance may be due to a lack of understanding of the benefits of community-based care, concerns about job security, or entrenched attitudes towards institutional care.
- Limited awareness and understanding (Lumos Foundation, 2017) of the rights and need of vulnerable populations, as well as the benefits of deinstitutionalisation can contribute to resistance to change and slow progress in the implementation of deinstitutionalisation policies. Public awareness campaigns and educational initiatives are crucial to changing attitudes and fostering greater understanding of the importance of community-based care.
- Weak monitoring and evaluation systems (European Commission, 2018). Effective monitoring and evaluation systems are essential to ensure the quality and effect-

iveness of community-based services and to track progress in the deinstitutionalisation process. Albania faces challenges in establishing robust monitoring and evaluation systems, including limited capacity and resources for data collection, analysis, and reporting. Public spending on social care services programmes for Albania continues to be modest and there is yet no mechanism for monitoring the situation of those who are vulnerable and with no access to such services (European Commission, 2022).

- Coordination among stakeholders (UNICEF, 2018). Effective coordination among stakeholders, including government agencies, non-governmental organisations (UNICEF, 2018), service providers and users is crucial to the successful implementation of deinstitutionalisation policies. However, coordination efforts in Albania face challenges, including a lack of clear roles and responsibilities, limited communication and information sharing as well as insufficient collaboration among stakeholders.

The deinstitutionalisation process in Poland, as in Albania, is complex and involves with several challenges. The very fact that it is a multi-year process requires obtaining political consensus on its directions and pace, so that possible political changes do not disrupt its course (Błędowski, 2021, 4). We are talking about guidelines for implementing and supporting a sustainable transition from institutional care to alternative family and community-based care for children, people with disabilities, people with mental health problems, people in crisis of homelessness, and the elderly in Europe.

Some of the key challenges include:

- development of local, universal, and individualised services, including services of a preventive nature that can reduce the need for institutional care;
- empowerment of nursing home residents who are able to function outside the institution;
- coordination of social services with health services;
- co-production of services, which will complement and strengthen the current market for social services;
- education and development of human resources and aid professions, especially in the coordination of and implementation of social services in the community;
- development of social service centres as units for networking and coordinating social services;
- securing inpatient long-term care services, as the last and least desirable component of the support system.

Addressing the challenges of deinstitutionalisation in Poland and Albania

To ensure the successful deinstitutionalisation of social services in Albania and Poland, the following strategies should be considered:

- Increasing funding for community-based services (World Bank, 2017) is essential to support the development and expansion of high-quality, accessible services that can meet the needs of vulnerable populations. This may involve reallocating

resources from institutional care to community-based care as well as seeking additional funding from international donors and partners.

- Developing a diverse range of high-quality, accessible services (World Health Organization, 2018). Investing in the development of a diverse range of community-based services is crucial to ensuring that vulnerable populations have access to appropriate care and support. This includes investing in infrastructure, capacity building, and training for professionals working in these services. Additionally, it is important to involve service users and their families in the design, development, and evaluation of services to ensure that they are responsive to the needs of the target populations.
- Promoting awareness and understanding of deinstitutionalisation (Lumos Foundation, 2017). Public awareness campaigns and educational initiatives should be implemented to increase understanding the rights and needs of vulnerable populations and the benefits of community-based care. These efforts can help change attitudes, reduce resistance to change, and foster support for the deinstitutionalisation process.
- Strengthening monitoring and evaluation systems (European Commission, 2018). Efforts should be made to establish robust monitoring and evaluation systems to track progress in the deinstitutionalisation process and ensure the quality and effectiveness of community-based services. This involves investing in capacity building and resources for data collection, analysis, and reporting.
- Enhancing coordination among stakeholders (UNICEF, 2018). Strengthening coordination among stakeholders is essential to the successful implementation of deinstitutionalisation policies. This may involve establishing clear roles and responsibilities, improving communication and information sharing, and fostering collaboration among government agencies, non-governmental organisations, service providers, and service users.
- Addressing gaps and inconsistencies in the legal and policy framework (World Bank, 2017). Efforts should be made to address gaps and inconsistencies in the legal and policy framework guiding the deinstitutionalisation process. This includes developing clearer regulations and guidelines for the implementation of policies and creating a comprehensive legal framework that encompasses all aspects of deinstitutionalisation.

The process of deinstitutionalisation is complex and requires the involvement of many actors. However, given the current situation in both Poland and Albania, it is a necessary and even priority process in social policy. Key to this process, therefore, are the following issues:

1. Responsible management of deinstitutionalisation processes: many fears and anxieties (e.g., of losing jobs as a result of implementing deinstitutionalisation measures). Usually such perceptions are due to a lack of knowledge and preparation for this process, insufficient information activities about the scope of planned changes on the part of decision-makers, which is not conducive to social discourse in this area. Therefore, it is necessary to strengthen the area of education and training, including broad social promotion in the development of social services and the deinstitutionalisation process.

2. Development of environmental services: community-based services have been growing intensively in recent years, however, demand for them has also been growing steadily. They are seen as an effective support to prevent people from being unnecessarily, or excessively, placed and detained in 24-hour residential facilities. The increase in the number of dependents observed in recent years poses a major challenge for the community. In response, a real priority for local governments strategically, financially and in terms of information should be the further development of community-based services. The main activities of municipalities and social welfare units should focus on expanding and developing new community-based services, while 24-hour facilities should change their current formula and enter more strongly into the community.
3. Cooperation with the local community as a key element of the deinstitutionalisation process. Institutions should not only “go out” to the community but also involve the community in the operation of facilities and provision of services to the local community. Of course, there are many examples of such activities, still the opportunities are not used effectively. In Poland, as of November 1, 2023, care services become a new form of social assistance provision.
4. Cooperation with NGOs. The involvement of NGOs is the key element of the deinstitutionalisation process. They can play an important role in the delivery of social services, especially in the context of community services. They can also help promote values such as autonomy, self-determination, and social integration of residents.
5. Shortage of professions and helping professionals. At present, the problem of hiring workers to carry out these tasks is becoming more frequent and is clearly growing. This is due to, among other things, very difficult and often dangerous work in the field, low wages (in Poland at a low level, one of the lowest in the market), and low social prestige. Meanwhile, the scope of work of social welfare centres is steadily increasing and requires professional staff. The category of client in social assistance is changing, new problems are emerging and this requires highly specialised professionals. Rural environments and smaller cities face significant difficulties in attracting new and appropriately qualified staff. This is due to both limited financial possibilities and the specific nature of the work itself as well as the responsibility associated with it. The shortage of aid workers in the labour market lowers the expectations placed on those hired, which may consequently affect the quality of the work provided.
6. The deinstitutionalisation process requires, in part, a change in the mentality of employees, who must promote the values of autonomy, self-determination, and social integration of residents, as well as social change. To this end, it is necessary to carry out informational and educational activities dedicated to employees of aid institutions showing the right of dependents, people with disabilities, people in mental crises and crises of homelessness, foster care, the sick, and the poor to live not only in the institution, but also in the community, and publicising the right to make decisions about their lives and the services provided.
7. In the context of deinstitutionalisation, competence development is also crucial, including staff training as well as ensuring adequate medical and technological

competence. Well-prepared staff is crucial for the successful implementation of the deinstitutionalisation process. Training should include both technical aspects, such as the operation of new technologies, and interpersonal aspects, such as communication with dependents and medical issues tailored to their jobs. In addition, staff should be prepared to work in a new model of care that is more community-oriented and less institutional.

8. The role of social service centres in Poland, i.e., the process of systematic transformation of social welfare centres into social service centres, which represents an opportunity for the development of community-based activities. The key role here is to move away from the independent implementation of some services by social welfare institutions, in favour of the coordinating role of local governments and cooperation with other partners, identified in the course of the analysis of the resources of the local community. Such actions do not mean the liquidation of currently existing entities providing services addressed to dependents but the involvement of further partners enabling community-based activities and opening of entities to local communities.

Conclusions

This article has embarked on a comparative exploration of deinstitutionalisation processes in Albania and Poland, shedding light on both the converging and diverging pathways these countries have taken within the framework of social services reform. Through this comparative lens, we gain a richer understanding of how historical legacies, socio-economic challenges, and the overarching narrative of European integration have shaped their respective strategies and outcomes.

Albania and Poland share a common historical backdrop of transitioning from communist regimes, which has significantly influenced their approach to social welfare. Both nations embarked on the path of deinstitutionalisation with a vision to replace outdated, institutional care models with more inclusive, community-based services. Yet, the trajectory of their reforms and the challenges encountered highlight the intricate dance between past influences and future aspirations. Poland's earlier accession to the EU provided a scaffold to remodel its social services landscape, drawing from European standards and funding mechanisms. Conversely, Albania's status as a candidate country has meant navigating these reforms with an eye towards future integration, leveraging lessons from neighbours like Poland while contending with its unique socio-political context.

The deinstitutionalisation of social services in Albania and Poland is a complex and challenging process that requires the country to transform its social protection system and develop a range of community-based services and supports for vulnerable populations. By addressing the challenges outlined in this article and building on the legal frameworks that guide this process, Albania can create a more inclusive, compassionate, and effective social protection system that ensures the well-being of all its citizens. This will ultimately improve the lives of vulnerable populations and foster a more equitable society for all citizens. As the country moves forward, continued

commitment, investment, and collaboration among stakeholders will be essential to overcoming the obstacles and ensuring the successful transformation of Albania's social services landscape.

Deinstitutionalisation efforts in Poland should lead to universal access to services provided in the community environment, as only unrestricted gateway to a broad spectrum of interdisciplinary community-based services can reduce the demand for inpatient long-term care services. It should also not be forgotten that in no European country, or in the United States, was it possible to abolish institutions completely, but only to reduce the scope of their activities. This process is aimed at caring for people and their right to a normal, good, dignified life in conditions that are suitable for the person and not the choice of others, and this is what we want to strive for in Poland. The result of preparing this process will be empowerment, social integration, and often independence combined with mental and emotional comfort. Constructing a support system with respect for human and civil rights.

Conclusions on the challenges of deinstitutionalisation of social services in Poland and Albania indicate significant differences in the possibilities of implementation of deinstitutionalisation.

Deinstitutionalisation is already advanced in Poland, and the narrative around the process raises various hopes, fears, and concerns (Grewiński et al., 2024, 12). Albania still faces challenges in providing such services, including the lack of trained professionals, limited availability of services and inadequate infrastructure. Service recipients value institutional support, do not want any reduction in 24-hour services, and expect services to be developed in an environment. In both Poland and Albania, knowledge of deinstitutionalisation is quite superficial in institutions and needs to be deepened, but staff are motivated to change.

In Poland, institutions have the potential to create new services, at the same time, they have many concerns about financial and human resources (Grewiński et al., 2024, 15). Albania faces a shortage of trained specialists, which arguably delays the effects of the deinstitutionalisation process.

Institutions in both countries make little use of technology and e-services, however, they recognise their potential. It is, therefore, worth expanding opportunities for new technologies and Internet use.

A particularly important challenge is cross-sector cooperation. On the local ground, there are often no entities that can implement or co-produce social services. Arguably, the goal or challenge of this process is the need for increased involvement in supporting this process. Involvement of central and local authorities, institutions, organisations, and the local community.

In sum, the comparative analysis of deinstitutionalisation in Albania and Poland enriches our understanding of social policy reform's multifaceted nature. It highlights the critical interplay between historical contexts, socio-political dynamics, and the transformative potential of European integration in shaping more inclusive and humane social service systems.

References

- Assembly of the Republic of Albania. (2012). *Law on Mental Health*. https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=93695&p_country=ALB&p_classification=15.03 [Accessed: November 2, 2024]
- Assembly of the Republic of Albania. (2016). *Law on Social Services*. https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=104552&p_country=ALB&p_classification=15.03 [Accessed: November 2, 2024]
- Assembly of the Republic of Albania. (2017). *Law on the Rights and Protection of the Child*. https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=106362&p_country=ALB&p_classification=03.04 [Accessed: November 2, 2024]
- Błędowski, P. (red.). (2021). *Deinstytucjonalizacja opieki długoterminowej w Polsce, cele i wyzwania*. Koalicja „Na pomoc niesamodzielnym” – Związek Stowarzyszeń.
- Co-PLAN. (2022). *Status report, Local Public Finances 2022*. https://www.co-plan.org/wp-content/uploads/2023/07/2022_Status-Raport_Local-Public-Finances.pdf
- Dizdari, V., Troshani, A., & Drishti, E. (2019). The bumpy road of the externally transferred austerity agenda in Albania and its fragmentary effects on local public services. In A. Lippi and T. Tsekos (eds.), *Local public services in times of austerity across Mediterranean Europe. Governance and public management*. (193–216). Palgrave Macmillan.
- European Commission. (2018). *Albania 2022 Report*. https://neighbourhood-enlargement.ec.europa.eu/albania-report-2022_en
- European Commission. (2018). *Albania 2018 Report*. <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20180417-albania-report.pdf>
- European Commission. (2022). *Albania Report 2022*. https://neighbourhood-enlargement.ec.europa.eu/albania-report-2022_en
- Europejska Grupa Ekspertów ds. Przejścia od Opieki Instytucjonalnej do Opieki świadczonej na poziomie Lokalnych Społeczności. (2012). *Ogólnoeuropejskie wytyczne dotyczące przejścia od opieki instytucjonalnej do opieki świadczonej na poziomie lokalnych społeczności*. www.funduszeuropejskie.gov.pl/media/17881/12.pdf
- Główny Urząd Statystyczny. (2022). *Zasięg ubóstwa ekonomicznego w Polsce w 2022 roku*. <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/ubostwo-pomoc-spoleczna/zasieg-ubostwa-ekonomicznego-w-polsce-w-2022-roku,14,10.html>
- Grewiński, M. & Lizut, J. (red.). (2021). *Deinstytucjonalizacja w polityce społecznej. Szanse i zagrożenia*. Instytut Naukowo-Wydawniczy „Spatium”.
- Grewiński, M., Lizut, J., & Rabiej, P. (2024). *Ogólnopolska diagnoza w zakresie deinstytucjonalizacji usług społecznych na terenie 16 województw Polski*. Uczelnia Korczaka.
- Jeleniewska, J. & Baranowski, G. (2021). *Jaka deinstytucjonalizacja?* Fundacja LIBERTATEM dla ngo.pl.
- Lumos Foundation. (2017). *Deinstitutionalisation in Albania*. <https://www.wearelumos.org/resources/deinstitutionalisation-in-albania/> [Accessed: November 2, 2024]
- Ministerstwo Rodziny, Pracy i Polityki Społecznej. (n.d.). *Ogólnopolskie wytyczne tworzenia lokalnych planów deinstytucjonalizacji usług społecznych*. <https://www.gov.pl/web/rodzina/ogolnopolskie-wytyczne-tworzenia-lokalnych-planow-deinstytucjonalizacji-uslug-spolecznych>

- Ministerstwo Rodziny, Pracy i Polityki Społecznej. (2018). *Program Operacyjny Wiedza Edukacja Rozwój na lata 2014-2020*. <https://www.gov.pl/web/rodzina/program-operacyjny-wiedza-edukacja-rozwoj-na-lata-2014-2020>
- Ministerstwo Rodziny, Pracy i Polityki Społecznej. (2021). *Strategia rozwoju usług społecznych – etap pierwszy. Okres programowania: 2021-2040. Projekt*. <https://www.gov.pl/web/rodzina/prekonsultacje-projektu-strategii-rozwoju-uslug-spoecznych?fbclid=IwAR3H9aNUglwW4xqJlJfEePlgrZOvx7620St1Ifz1GqQHOxSvbJi6IEBGEg>
- Ministry of Social Welfare and Youth. (2015). *National Strategy for Social Protection 2015–2020*. http://www.sociale.gov.al/files/documents_files/2018-02-01_10-22-40_strategjia_per_mbrotjen_sociale_2015-2020.pdf [Accessed: November 2, 2024]
- Ministry of Social Welfare and Youth. (2016). *National Strategy on People with Disabilities 2016–2020*. https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Albania_-_National-Strategy-on-People-with-Disabilities.pdf [Accessed: November 2, 2024]
- Pere, E. & Bartlett, W. (2019). On the way to Europe: economic and social developments in Albania: recent economic and social developments. In R. Osbild and W. Bartlett (eds.), *Western Balkan economies in transition*. (73–87). Springer.
- Rama, L. & Polo, E. (2022). *Kujdesi shoqëror në bashki – mjedisi institucional, kapacitetet, problematika* [Social care in the municipality -institutional environment, capacities, problems]. Unicef Albania. <https://www.unicef.org/albania/media/5936/file/Kujdesi%20shoq%C3%ABror%20n%C3%AB%20bashki%20%E2%80%93%20mjedisi%20institucional,%20kapacitetet,%20problematika> [Accessed: November 2, 2024]
- UNICEF Albania. (2018). *Child care system reform in Albania*. <https://www.unicef.org/albania/child-care-system-reform> [Accessed: November 2, 2024]
- World Bank. (2017). *Albania – social assistance modernization project*. <http://documents.worldbank.org/curated/en/577811493685466033/Albania-Social-Assistance-Modernization-Project> [Accessed: November 2, 2024]
- World Health Organization. (2018). *Mental health atlas 2017: resources for mental health in the WHO European region*. <https://www.euro.who.int/en/publications/abstracts/mental-health-atlas-2017-resources-for-mental-health-in-the-who-european-region> [Accessed: November 2, 2024]
- Zdebska E. (2021). Deinstytucjonalizacja usług społecznych na rzecz osób z niepełnosprawnościami. In M. Grewiński and J. Lizut (eds.), *Deinstytucjonalizacja w polityce społecznej. Szanse i zagrożenia*. Instytut Naukowo-Wydawniczy „Spatium”.

Law acts

- 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) <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WMP20220000767/O/M20220767.pdf>
- Ustawa z dnia 19 lipca 2019 r. o realizowaniu usług społecznych przez centrum usług społecznych (Dz.U. 2019 poz. 1818).
- Ustawa z dnia 28 lipca 2023 r. o zmianie ustawy o pomocy społecznej oraz niektórych innych ustaw (Dz. U. 2023 poz. 1693). <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20230001693>

Albania, Law No. 18/2017. “On the Rights and Protection of the Child”.

Albania, Law No. 121/2016. “On Social Services in the Republic of Albania”.

Albania, Law No. 44/2012. “On Mental Health”.

Decision of Council of Ministers No. 483, of June 29, 2016 “On National Action Plan for Persons with Disabilities”.

Decision of Council of Ministers No. 1071, of December 23, 2015 “On National Strategy for Social Protection”.