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Public value management, deinstitutionalization, and personalized social services in local communities

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Abstract. The aim of this article is to show how the concepts of Public Value Management, deinstitutionalization, and the personalization of social services can have a real impact on the well-being of the local community, using the example of one urban-rural communes in Poland (Malogoszcz). The theoretical part emphasizes the role and significance of community-based solutions and flexible

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approaches to individual needs in creating genuine public value, which influences the quality of social services and activates the local community while strengthening its potential for development. The article presents the results of an empirical analysis on a sample of 312 residents of the Malogoszcz commune, using a survey method with a custom-designed questionnaire. The study identified the most pressing issues faced by residents, including a lack of sufficient leisure-time opportunities, limited access to healthcare services, youth outmigration, and transport exclusion. The findings point to a need to improve transport solutions for people with disabilities, expand support options for seniors, and enhance counseling services within the commune. In the concluding section, the article outlines research limitations, practical implications, and directions for future research.

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1. INTRODUCTION

Modern public management is undergoing dynamic transformations, driven by citizens' growing expectations of the public sector, as well as the need to adapt services to the changing needs of local communities. This article introduces the concepts of Public Value Management, deinstitutionalization and personalization and their interrelationship and implications for social service delivery and community well-being.

The concepts of Public Value Management, deinstitutionalization, personalization of social services and community impact are interrelated in the context of modern social benefit management. These ideas reflect a shift from traditional, centralized models to more decentralized, community-centered approaches that emphasize collaboration, empowerment and responsiveness to local needs.

The first section of the article presents a theoretical overview including such parts as Public Value Management, deinstitutionalization, personalization, and social services, and culminates with a section in which the authors propose their own model describing the synergy between the theoretical threads discussed.

In the second chapter, the research methodology is described in detail, taking into account the indication of the purpose and subject of the research, the description of the research tool used and how the research was organized, as well as the characterization of the research sample. Thus, it is worth pointing out at the outset that the main objective of the survey conducted using the author's survey questionnaire and conducted on a sample of 312 respondents was to diagnose the needs and potential of the local government community of Malogoszcz (Poland) in the field of social services.

Chapter four presents the results of the research and research conclusions, chapter five presents a discussion with references to other research on the topic undertaken, and the article culminates with a chapter presenting the research limitations and perspective of further research with practical implications for the topic undertaken.

The research conducted in the municipality of Malogoszcz presents a new approach to issues related to the organization and perception of social services. In contrast to traditional frameworks based on Public Value Management (Moore, 1995; Stoker, 2006) and personalization and deinstitutionalization models (Fakhoury & Priebe, 2007; Needham, 2011), this research precisely identifies service deficits at the local

level and points out the links between organizational and infrastructural deficiencies and negative demographic effects in the form of migration of young people from the municipality to larger cities, which constitutes a new research perspective.

2.LITERATURE REVIEW

2.1. Public value management

The concept of Public Value Management (PVM) originated from a critique of Traditional Public Administration (TPA) and New Public Management (NPM). The main tenets of this approach were formulated by Mark H. Moore in his book *Creating Public Value: Strategic Management in Government* (1995). The general premise of the Public Value Management paradigm is that “the governance of the public realm revolves networks of deliberation and delivery In pursuit of public value” (Stoker, 2006, p. 47). Empirical evidence also supports this theoretical framework. For example, Alhanatleh et al. (2023) showed how cybersecurity awareness in mobile fintech services contributes to the creation of public value in the public sector.

From the perspective of paradigms in management theory (Sulkowski & Lenart-Gansiniec, 2025),the concept shifts the focus of value creation from a narrow, economic view based solely on financial performance to a broader view aimed at value creation aimed at individual well-being and, consequently, social progress (Meynhardt, 2015, p. 148). The concept of Public Value Management is increasingly recognized as a critical approach to meeting the complex needs of modern societies, especially in the context of demographic changes and budget constraints (Jones, 2013). This is particularly evident in studies assessing public finance performance, such as Ivanov et al. (2023), who applied KPI methods to evaluate public expenditures on social protection of internally displaced persons in Ukraine. The field of this concept falls under several main scopes.

The first assumes that “public intervention defined by the search for public value” (Stoker, 2006, p. 47). It should be pointed out here that public managers, as creators of public value, must ensure that the results obtained are worth the costs associated with private consumption and unrestricted freedom given up to achieve the desired results (Moore, 1995, pp. 57, 29). It should be noted here that the process of creating public value is not always consensual and requires overcoming individualism, recognizing the contested nature of value itself, and understanding the structures of entrenched power and privilege operating in the public sphere (Benington, 2015, p.30). Regardless of being a proponent or opponent of public value, it can be seen as a *Big Idea* (Alford & O’Flynn, 2009, p.178).

The second scope focuses on the assumption that “there is a need to give more cognition to the legitimacy of a widerange of stakeholders”, which means that decision-making processes should involve not only politicians and officials, but also business partners, community representatives or social service experts and auditors (Stoker, 2006, p. 47). This form of cross-sectoral cooperation is aimed at ensuring that the needs of all social groups are understood as fully as possible and that solutions are developed together to effectively serve the common good. The concept of stakeholding can also be implemented into the political debate (Prabhakar, 2004). However, care should be taken to strike a balance between involving broad sectors of society so that they are not overburdened by the decision-making process (Kelly et al., 2002, p. 26).

The third scope indicates that “an open-minded, relation approach to the procurement of services is framed by a commitment to a public service ethos”,which means that a public service provider should be chosen through dialogue with the recipients of these services, benchmarking and free market competition, allowing for a focus on the best results and a decision devoid of ideological dimensions (Stoker, 2006, p.48). This view is also reflected in technological advancements. Seniutis et al. (2024) propose a conceptual

framework for ethical AI use in public services, emphasizing the importance of stakeholder dialogue and trust in co-created service delivery.

The fourth scope indicates that “an adaptable and learning-based approach to the challenge of public service delivery is required”, according to which managers play a key role in constantly adapting the social system to the needs of its users (Stoker, 2006, p. 49). Managers should exhibit creativity and the ability to realistically assess the constraints of political processes or institutional structure, and their characteristics should be commitment, courage, and a strategic mind (Crosby, Hart & Torfing, 2016, p. 4-5).

The concept of Public Value Management goes beyond traditional measures of efficiency and effectiveness to focus on the broader social, economic, and environmental benefits that public services can generate, and is particularly relevant in the context of complex, “wicked” social challenges where collaboration across sectors and stakeholders is essential (Bryson et al., 2015).

In order for the concept to be competitive with previous concepts, it had to meet the challenges of efficiency, accountability and equity. Thus, in traditional public administration, efficiency is about taking action based on procedures and top-down established rules, accountability comes from supervision by leaders, and fairness is contained in treating similar cases identically. In the concept of New Public Management, efficiency is related to setting ambitious goals, accountability comes from evaluating performance against set goals, and fairness is equal access to services. In the Public Value Management concept, on the other hand, the matter seems far more complicated (Stoker, 2006, p. 49-50). Efficiency is not based on achieving complex indicators at minimal cost, but is primarily about providing services that realistically meet the needs of citizens and contribute to the creation of public value. Efficiency is measured through both qualitative and quantitative results, which allows for a holistic assessment of public administration activities. Accountability, in turn, is understood as possible accountability to all stakeholders, where transparency, public consultation and citizen participation are particularly important. Justice, on the other hand, in the PVM concept, is the provision of equal and fair access to public services, the elimination of inequality and the provision of diverse community needs (Stoker, 2006, p. 50-51). In the context of meeting the needs of the local community, measures of civic participation, the level of trust in public institutions, and social cohesion become particularly important. Thanks to them, it is possible to better determine to what extent the introduced measures respond to the real expectations and needs of the residents of a given region.

2.2. Deinstitutionalization

The term “deinstitutionalization” emerged in the context of social policy and social services in the 1970s in the United States (cf. Jarosz, 2024, p. 39). The phrase had connotations related to social services in the context of, among other things, the problem of long-term care, isolation of the elderly and disabled and the mentally ill, and was associated with counteracting unjustified or excessive placement in institutions for care or prolonged isolation (Zbyrard, 2016, p. 43). It is pointed out, however, that the definition of deinstitutionalization is conditioned by the definition of the term “institution,” and this in the social sciences has multiple meanings (Vetulani-Cęgiel & Jaciecki, 2023, p. 176).

Key features of deinstitutionalization are the shift from institutions to the community (Bilir, 2018), the tailoring of care to the specific needs of individuals, often through integrated and targeted commissioning of local government services (Jones, 2013), and multi-sectoral coordination, i.e. the need for cooperation between the public, private and non-profit sectors to provide sustainable and equitable care (Zelek, 2023; Amirullah, 2024; Ohnishi et al., 2024). Deinstitutionalization, on the other hand, aims to support and improve the living conditions and treatment of people in need of assistance, while giving them the

opportunity to actively participate in the life of the local community, in exchange for functioning in closed institutional structures (Grewinski & Lizut, 2021, p. 20).

In the context of social services, the importance of deinstitutionalization in the area of care for the elderly, people with disabilities and families in distress is increasingly emphasized. Active participation in social life becomes possible through individually tailored support (Mansell & Beadle-Brown, 2012, pp. 15-31). This direction of change is linked to the development of local initiatives and NGOs that offer alternative forms of support based on community relations and individualized approaches. Priority is given to the involvement of local governments in the planning, organization and implementation of the deinstitutionalization process, which requires intersectoral and inter-institutional involvement and cooperation (Szluz, 2024, p. 443). The importance of deinstitutionalization is also emphasized by good practices drawn from foreign experiences (van Ewijk, 2010, p. 116; European Commission, 2007).

The provision of social services is associated with deinstitutionalization in the context of people with intellectual and developmental disabilities (Howell & Ramirez & Crimmins, 2012). It is indicated that deinstitutionalization of people with developmental disabilities (referred to as 'forever children') has been more efficient—as opposed to psychiatric patients who are seen as autonomous citizens temporarily suffering from mental health problems (Bagnall & Eyal, 2016, p. 28). Approaching global mental health in the context of deinstitutionalization can be helped by the BalancedCare Model (ENG: BalancedCare Model), which indicates that optimal delivery of mental health services requires the integration of intensive inpatient care with extensive community-based support (Thornicroft & Tansella, 2013). The support of the social worker and his or her role in providing social security also appears to be not insignificant in this context. In supporting service recipients, an important element is appreciative inquiry, which builds on positive experiences and influences transformative processes (Mlynski et al., 2024, p. 141)

“The deinstitutionalization of mentally ill persons has three components: the release of these individuals from hospitals into the community, their diversion from hospital admission, and the development of alternative community services” (Lamb & Bachrach, 2001, p. 1039). In the context of community mental health services, the role of replacing large hospital facilities with smaller community mental health facilities is emphasized (Fakhoury & Priebe 2007).

“Deinstitutionalization involves more than simple changing the locus of care; that service planning must be tailored to the needs of each individual; that hospital care must be available for those who need it; that services must be culturally relevant; that severely mentally ill persons must be involved in their service planning; that service systems must not be restricted by preconceived ideology; and that continuity of care must be achieved” (Lamb & Bachrach, 2001, p. 1039).

“Deinstitutionalization experience also illustrates the manner in which forces and events belonging to different policy fields can interact to produce far-reaching, if often planned, outcomes” (Mechanic & Rochefort, 1990, p. 303). In this context, it is worth noting that deinstitutionalization is not free of constraints. One example is the shift of psychiatric care from hospitals to the penitentiary system due to limitations on the availability of places in inpatient care (Lamb & Weinberger, 2005, p. 530). Another example is the inadequate quality of some of the community-based mental health care facilities (Bilir, 2018, p. 565). Deinstitutionalization can lead, in this context, to gaps in care for the chronically mentally ill (Hudson & Cox, 1991), which can be linked to the decline of public psychiatry and an epidemic of homelessness (Scull, 2021, p. 70). One other example that can be pointed out here is the context of considering deinstitutionalization as a tool for designing care for children. And while many advantages can be pointed out here, it is important to remember to evaluate and monitor the reform process in order to prevent marginalization of the beneficiary group and excessive stratification of care services (Vassileva & Berberova-Valcheva, 2019).

2.3. Personalization

Personalization is presented as a dual concept. On the one hand, it represents a vision for future changes in the field of social services, and on the other hand, it functions as a practical set of tools to enable this transformation. This duality makes it possible to simultaneously set reform goals and provide concrete instruments for their implementation (Pozzoli, 2018). It is also pointed out that “personalisation is both a way of thinking and a way of doing”, which means that it cannot be seen solely as a new system assigned to social workers. It should be understood more as a relationship between social work and social care and the people receiving the services (Gardner, 2014, p. 20).

Key principles of personalization are: empowerment (giving individuals and their families more control over the services they receive, often through mechanisms such as personal budgets) (Jones, 2013), community-led (using social networks and community resources to support vulnerable residents and promote collective well-being) (Jones, 2013; Beaumont et al., 2023) and collaboration (building partnerships between social care providers, users and the wider community to create inclusive and flexible services) (Jones, 2013).

Personalization is a multi-faceted term that cannot be clearly defined. Its main assumption is contained in the fundamental change that personalization brings to the provision of public services, shifting the emphasis from ready-made solutions to the individual needs of citizens (Larkin & Dickinson, 2011, p. 4). Many studies confirm that it is difficult to clearly define what a fully personalized system should look like (Cutler et al., 2007; Glasby & Littlechild, 2016).

The personalization mechanism is as follows: “by putting users at the heart of services, enabling them to become participants in the design and delivery, services will be more effective by mobilising millions of people as co producers of the public goods they value. Personalisation has the potential to reorganise the way we create public goods and deliver public services” (Leadbeater, 2004, p. 19).

It is suggested that personalization in the area of public services can be contained in five different dimensions, namely:

- Providing users with a user-friendly interface for using existing services;
- Giving users more influence on how to move smoothly between services once they have access to them;
- Empowering users to have more influence on how funds are spent;
- Transforming the role of users from passive consumers to co-designers and co-producers of services who are actively involved in their design and implementation;
- Self-organization understood as a public good emerging from within society, mainly related to public policy, which shapes individual decisions regarding everyday behavior (Leadbeater, 2004, pp. 20-24).

C. Needham presents the approach to personalizing public services as a narrative, which means the way in which stories and cultural messages shape our understanding and implementation of personalization. In this view, personalization is not just the technical tailoring of services to individual needs, but also a strong story line – a narrative – that describes these changes in an engaging and persuasive way (Needham, 2022, p. 13). Personalization is not a rigid, fixed program, but a “story line” that can change and adapt depending on the context (Needham, 2011, p. 56).

In this sense, stories are more convincing than dry figures or technical descriptions. Narrative gives personalization an attractive quality because it is based on comprehensible and emotionally engaging messages. In this context, narration is also presented as a research tool, where specific methods of data

collection and analysis are indicated to capture these stories and interpret their meaning in the context of personalization (Needham, 2022, pp. 24-28).

Personalization can be interpreted in three ways: rhetorically, technologically and politically (Dyffy, 2010, p. 254) and involves two key mechanisms: direct payments and personal budgets (Needham & Glasby, 2014, p. 4).

The idea of a personal budget is based on the principle that, at the beginning, it is necessary to clearly define how much money is available to cover a person's needs, and then allow them maximum choice as to how to spend these funds and determine how much control they want to have over the money itself. It is important that the beneficiary is immediately aware of how much will be allocated to their needs and that they can be more creative in their search for new ways to meet their needs (Glasby & Littlechild, 2016, p. 69).

One example of personalization is direct payments, where beneficiaries receive funds that they can use themselves to meet their care needs. Another example is when local authorities experiment with the direct provision of care services, enabling beneficiaries to choose flexibly between different support providers (the Liverpool Direct system) (Ferguson, 2007, pp. 397-400).

Another example of personalization is the reform of the social welfare system for adults, in which the central role is played by the adaptation of support to the individual needs of beneficiaries. The introduction of self-directed support and personal budgets enables users to receive services tailored to their specific needs, which is at the heart of the personalization of social services (Duffy et al., 2010, p. 494). The key point in this context is to transfer control to the beneficiaries - personal budget mechanisms give people in need more control over how funds are used, which changes the traditional, centralized model of care to a more individualized and flexible system. It is suggested that there is a need to redefine the relationship in which the state becomes a partner enabling citizens to shape their own support, which is a key element of the personalization of public services (Duffy et al., 2010, pp. 500-505). A detailed explanation of how direct payments and personal budgets can increase the autonomy of service recipients, enabling them to have a greater influence on the way care is provided, as well as pointing out the challenges and limitations of their implementation, can also be found in a study by J. Glasby and R. Littlechild (2016).

2.4. Social services

Providing social services is becoming an increasing challenge for local authorities. This problem particularly affects rural areas, where the deficit of these services is most strongly felt. The lack of care services, reintegration services, leisure activities or day-care facilities results in a deterioration of the residents' health and, consequently, leads to the placement of people in 24-hour support institutions, which are often relatively more expensive than community care and located far from the place of residence. The challenge is to plan social services in such a way that they respond to the needs expressed by the residents of a given local community.

It is not easy to specify a catalog of social services due to the multidimensional nature of the conceptual category "social services". In many countries, there is no definition of social services in legislation (Baldock & Manning, p. 8). In Poland, the Act of July 19, 2019, on the provision of social services by social service centers (Ustawa z dnia 19 lipca 2019 r. o realizowaniu usług społecznych przez centra usług społecznych, 2019) introduces the concept of social service into legal circulation for the first time. As Rymcza and Karwacki (2023, p. 9) point out, "a social service is non-material support provided directly by suitably qualified persons". The aforementioned authors also indicate that activities in these areas are undertaken by the municipality in order to meet the needs of the local community and are provided directly to individuals, families, groups, and the general population. The act defines a service as "activities" in 14 areas, such as:

family policy, family support, foster care system, social assistance, health promotion and protection, support for the disabled, public education, unemployment prevention, culture, physical culture and tourism, stimulation of civic activity, housing, environmental protection, professional and social reintegration. This rather general catalog is not limited to only a few or a dozen or so social services, but offers scope for their personalization, which will best respond to the diagnosed needs of the residents of a given local community.

In recent years, the issue of social services has been one of the most important topics at the European level (Buitrago et al., 2023, p. 9). The European Commission's addressing of the problems concerning the provision of these services is highlighted in the Green and White Paper on services of general interest, which shows that service issues are also an extremely important area of social policy development and public sphere management for European institutions (European Commission, 2003; European Commission, 2004).

The “Strategy for the development of social services, public policy until 2030 (with an outlook until 2035)” (Council of Ministers, 2022) emphasizes that social services are generally dedicated to everyone, but especially to those who, due to their individual characteristics and broadly understood circumstances, may be (and are) exposed to any form of social exclusion or discrimination; this applies to people who are affected by deinstitutionalization (people with disabilities, the elderly, families and children and young people in foster care, people with mental health problems and people experiencing homelessness).

This document, *“National Program for the Prevention of Poverty and Social Exclusion. Update 2021–2027, public policy with a perspective until 2030”* (Council of Ministers, 2021), emphasizes community-based social services. By 2030, the goal of the transition from institutional to community-based services is to increase the availability of community-based care services at the municipal level, increase the number of assisted living facilities, and increase the share of community-based and home-based services in relation to institutional care.

2.5. Concept synergy

The Public Value Management concept provides a management framework for the transition from institutional to community-based care, focusing on cooperation and stakeholder involvement (Zelek, 2023). Personalization, in turn, is in line with the goal of creating services that meet local needs, while community impact emphasizes the importance of community involvement and participation (Jones, 2013). The last of the four areas – deinstitutionalization – favors the provision of personalized, community-based care, which is crucial for meeting the complex needs of individuals (Zelek, 2023; Jones & Gallus, 2016).

Based on the analysis resulting from a systematic review of the literature, the authors developed a model showing the synergy and interdependencies between four areas: Public Value Management, deinstitutionalization, personalization of social services, and social services (Figure 1).

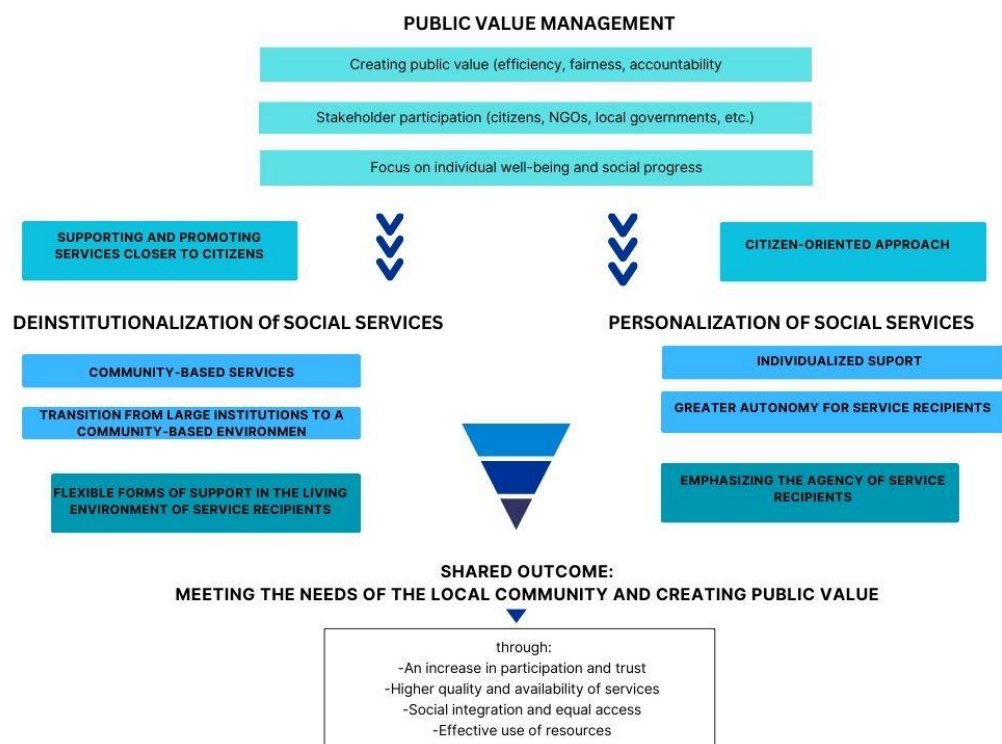


Figure 1. Model of the relationship between Public Value Management, deinstitutionalization, personalization and social services

Source: authors' concept

3. METHODOLOGY

3.1. Purpose and subject of research

The main objective of the survey was to diagnose the needs and potential of the local government community of the Malogoszcz municipality in terms of social services. In accordance with the presented assumptions, the survey focused on:

1. Identification of the most important social problems perceived by the residents.
2. Identification of activities and initiatives that, according to the respondents, have a positive impact on the situation of specific groups (families, people with disabilities, the elderly, children and young people, the community in general).
3. Analysis of the potential of local resources and support entities (organizations, public and private institutions) that residents use or are familiar with.
4. Assessment of residents' opinions on partial payment for social services.

Malogoszcz is one of 717 rural-urban communes in Poland with an agricultural character. It covers a total area of 14,601 ha (146 km²) – i.e. approx. 1.24% of the Świętokrzyskie Voivodeship. Arable land covers 9,685 ha, i.e. 66% of the total area of the municipality. The Malogoszcz municipality consists of 19 villages.

In 2024, the municipality had a population of 11,284, including 5,680 women and 5,604 men (as of December 31, 2024, according to the registry office). The demographic forecasts for the municipality of Malogoszcz until 2035 (based on the forecasts for the province and district according to GUS "Population

forecast for 2008-2035”) also show a downward trend - according to calculations, in 2035 the population of the municipality will be 10,437 (3,131 in the city and 7,306 in rural areas).

In recent years, the population of the municipality has been steadily declining - statistically by about 16 people per year. There is a trend of a mainly declining population in the town, with a relatively stable population in rural areas. This means that a plan needs to be created to provide services that realistically meet the needs of people living in rural areas. There are 3,543 households in the Malogoszcz municipality (according to the National Census). The majority of these are single-family households. The household structure in the municipality is as follows: single-person households make up over 71% of the total number of households (including households with two people: 26.4%, three people: 25.3%, four or more people: 48.3%), two-person households make up 7.7%, three or more families: 0.4%, non-family households: 19.8%.

The gender structure of the population is relatively balanced, with more women in the city (1,792 F, 1,619 M) and more men in rural areas (3,888 F, 3,985 M).

The indicators concerning demographic changes are also unfavorable – 22.61% of people are of post-working age (62.33% F, 37.67% M), while 18.09% are of pre-working age. This means that in the near future, the residents of the municipality will need significantly different social services than they did 10 years ago.

The most common reasons for social assistance are long-term and serious illness (157 people), disability (69 people) and unemployment (63 people) – Report on the state of the municipality (2024).

To address these issues, the social welfare center provides various forms of assistance to individuals and families, e.g. financial assistance in the form of targeted, periodic or special benefits. It also provides assistance in the form of care services and specialized services, and organizes funerals for people who have no one close to them. Social work is also widely disseminated, supporting individuals and families in difficult or even crisis situations.

The authors formulated the following research hypotheses:

- H1: Respondents most frequently identify unemployment, poverty, disability, and long-term or serious illness as key social problems.
- H2: The perception of social problems in the municipality varies according to the age of the respondents, with younger people perceiving them less than older people.
- H3: The level of demand for social assistance is lower among people living with their families than among people living alone.
- H4: The willingness to co-finance social services decreases with the age of the respondents, with older people less likely to declare their willingness to pay additional fees than younger people.

3.2. Research tool and research organization

The method used was a paper or electronic survey, the research tool was an original survey questionnaire which was developed in such a way as to take into account the four main problem areas (deinstitutionalization, personalization of services, the public value perspective, social services) on the one hand, and the free expression of opinions and suggestions in open questions on the other. and on the other hand, the free expression of opinions and suggestions in open questions.

The questionnaire covered the following topics:

- Social problems;
- Positive actions;
- Local potential/resources;
- Payment for social service.

The questionnaire ended with a form containing sociodemographic questions such as gender, age, place of residence, and family status.

The survey was conducted from January to February 2025. A total of 312 correctly completed questionnaires were collected.

3.3. Characteristics of the research sample

The respondents were residents of the Malogoszcz commune of various ages, genders, family statuses, areas of residence and disabilities (Table 1).

The analysis of the questionnaire indicates that: the majority of the respondents were aged 18-60, there were significantly more women than men (72% women, 28% men), more than half of the respondents (53%) live in urban areas, 47% in rural areas, and less than 6% of the respondents have disabilities.

Table 1

Characteristics of the group of respondents, N=312

Socio-demographic parameter		N	%
Gender	female	225	72,1
	male	86	27,6
Age	up to 15 years old	2	0,6
	15-18 years	5	1,6
	19-60 years	272	87,2
	61-65 years	13	4,2
	66-70 years	6	1,9
	71-75 years	6	1,9
	over 75 years old	8	2,6
Place of residence	town	148	47,4
	country	164	52,6
Person with a disability	yes	18	5,8
	no	279	89,4
	refusal to answer	15	4,8
Living with a family	yes	278	89,1
	no	34	10,9
Overall		312	100,0

Source: own compilation

4. EMPIRICAL RESULTS AND DISCUSSION

4.1. Research results

Referring to the social problems in the municipality of Malogoszcz, the largest percentage of respondents indicated an insufficient range of leisure activities - 60.6% of affirmative answers. Other frequently mentioned issues were insufficient access to medical facilities (44.6%), youth migration (36.5%), transportation exclusion (34.9%) and unemployment (29.5%). On the other hand, individuals were more likely to be homeless or involved in crime, with 1% and 0.6% of responses, respectively (Table 2).

Table 2

Social problems in the municipality of Malogoszcz (N=312)

Social problems	N	%
Insufficient leisure activities	189	60,6
Insufficient access to medical facilities	139	44,6
Migration of young people	114	36,5
Communication exclusion	109	34,9
Unemployment	92	29,5
Problems of the elderly	52	16,7
Lack of civic participation	52	16,7
Addictions	38	12,2
Access to and quality of education	25	8,0
Poverty/financial hardship of families	22	7,1
Poor housing conditions	18	5,8
Helplessness in child care and education matters	16	5,1
Disability	15	4,8
Other	15	4,8
Inability to cope with life	14	4,5
Long-term or serious illness	8	2,6
Single-parent families/single parents raising children	7	2,2
Domestic violence	6	1,9
Homelessness	3	1,0
Crime	2	0,6
I have no opinion on the topic	2	0,6
Large family	0	0,0

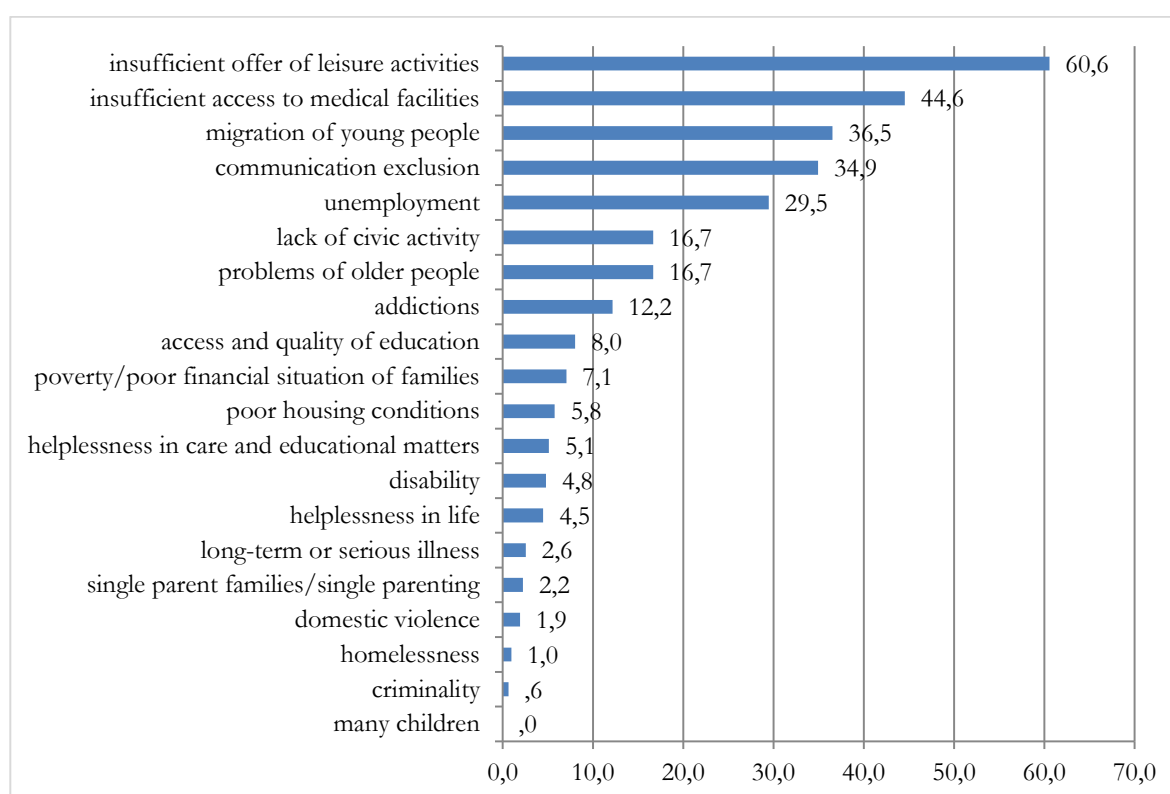
Source: own compilation

Interesting conclusions are provided by an analysis conducted using Pearson's chi-square test of independence. It shows that by gender, female respondents were significantly more likely than male respondents to state that a social problem in the municipality of Malogoszcz is helplessness in matters of care and upbringing (6.7% vs. 1.2%; $\chi^2=3.862$, $p=0.049$) and insufficient leisure activities (64.9% vs. 50%; $\chi^2=5.786$, $p=0.016$). Referring to the age of respondents, respondents aged 60 and over, on the other hand, were more likely to indicate long-term or serious illness (15.2% vs. 0.7% among those aged 19-60; $\chi^2=28.419$, $p<0.001$), disability (15.2% vs. 0% among those aged under 18; $\chi^2=8.829$, $p=0.012$) and problems of the elderly (66.7% vs. 10.7% among those aged 19-60; $\chi^2=66.490$, $p<0.001$). In addition, by virtue of having a disability, people with disabilities were generally more likely than those without disabilities to indicate a disability-related problem (16.7% vs. 3.2%; $\chi^2=7.879$, $p=0.005$), elderly problems (44.4% vs. 13.6%; $\chi^2=12.274$, $p<0.001$), homelessness (5.6% vs. 0.7%; $\chi^2=3.959$, $p=0.047$), single-parent families/single parenting (11.4% vs. 1.4%) and crime (11.1% vs. 0%; $\chi^2=31.210$, $p<0.001$). By type of residence, on the other hand, those living with a family were significantly more likely than those living alone to lean toward communication exclusion (37.1% vs. 17.6%; $\chi^2=5.018$, $p=0.025$), while those living alone were significantly more likely than those living with a family to point to life inconvenience (11.8% vs. 3.6%; $\chi^2=4.715$, $p=0.030$) and problems of the elderly (41.2% vs. 13.7%; $\chi^2=16.504$, $p<0.001$).

Additional tabulations conducted allowed observing mutual correlations occurring between the indicated social problems. Based on Pearson's chi-square test, a statistically significant relationship was found between indicating the problem of homelessness while selecting crime ($\chi^2=50.831$, $p<0.001$). The Phi coefficient ($\phi=0.404$) indicates a moderate strength of this relationship. The second strongest

relationship was shown against long-term or severe illness while indicating disability ($\chi^2=36.641$, $p<0.001$). In this case, the strength of the relationship is slightly smaller, but also at a moderate level ($\phi =0.343$). The last noteworthy correlation was the choice of disability while indicating the problems of the elderly ($\chi^2=21.304$, $p<0.001$). In this case, the correlation was $\phi =0.261$.

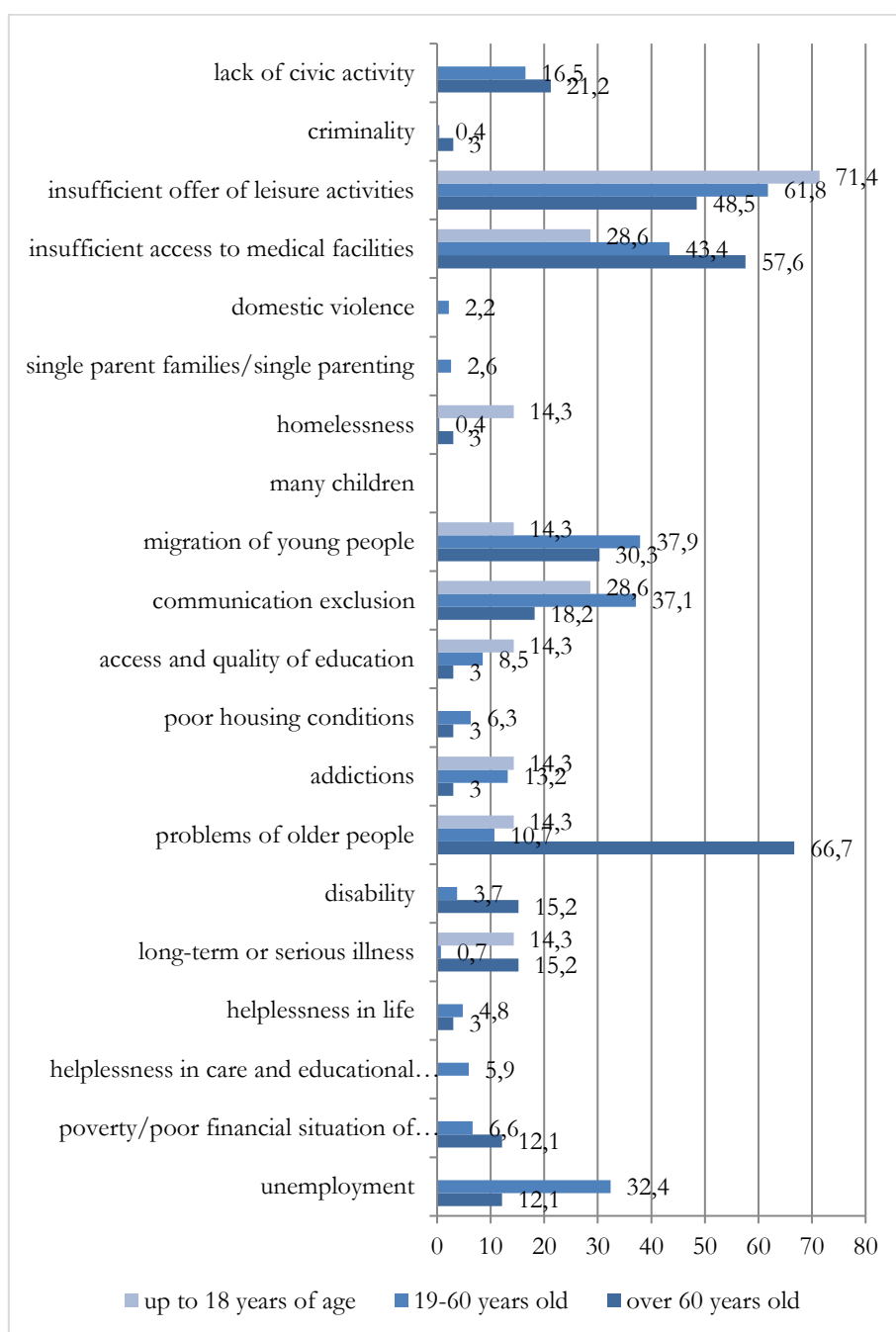
Moving on to the verification of hypotheses, the results of the research showed that the most common problem in the Małogoszcz commune, according to the respondents, is the insufficient leisure activities on offer. Only then did the answers concerning unemployment, poverty, disability or long-term illness appear (Graph 1). In view of this, hypothesis 1, which assumes that respondents most often identify unemployment, poverty, disability and long-term or severe illness as key social problems, was verified negatively.



Graph 1. Prevailing social problems in the municipality of Małogoszcz (data in %) (N = 312)

Source: own data

Turning to the verification of hypothesis 2, the analyses conducted confirmed that older people perceive more social problems than younger people. As shown, people over 60 years of age were significantly more likely to indicate the occurrence of such problems in the municipality of Małogoszcz as long-term or serious illness ($\chi^2=28.419$, $p<0.001$), disability ($\chi^2=8.829$, $p=0.012$) and problems of the elderly ($\chi^2=66.490$, $p<0.001$) (Graph 2). In view of the above, hypothesis 2, which assumes that perceptions of social problems in the municipality vary according to the age of respondents, with younger people perceiving fewer of them than older people, was verified positively.



Graph 2. Existing social problems in the municipality of Małogoszcz and age of respondents (data in %) (N=312)

Source: own data

In the next step, respondents were asked a question about their ability to pay a surcharge for the social services provided (Table 3).

Table 3

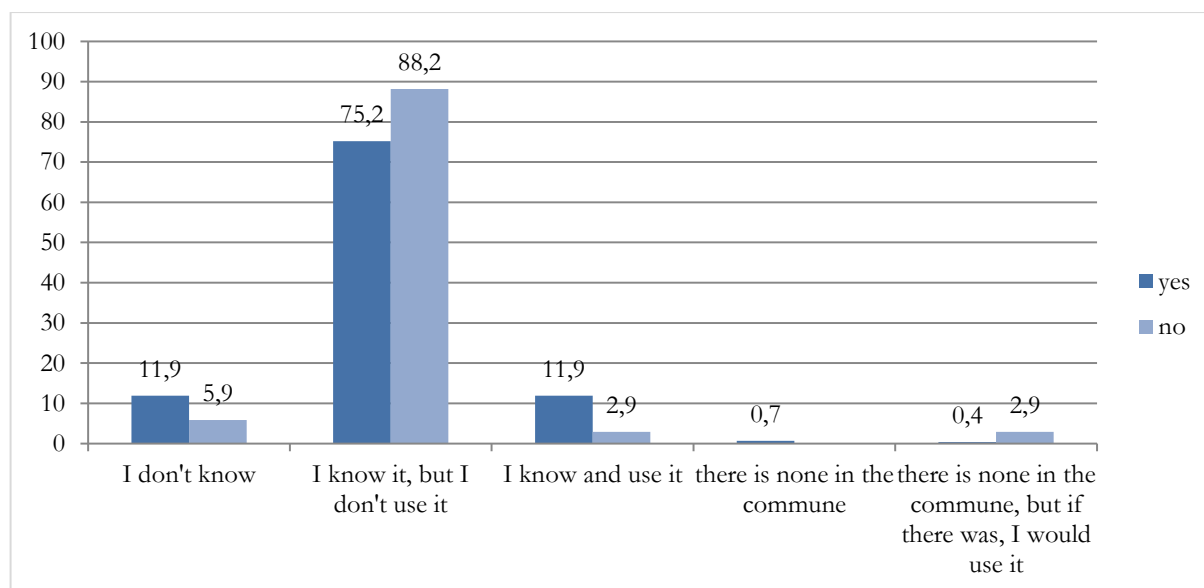
Willingness to pay extra for services rendered (N = 312)

Answers given	N	%
Yes	225	72,1
No	87	27,9

Source: own compilation

Regarding the question of willingness to pay a surcharge for the services provided, the affirmative answer was given by almost three quarters of respondents - 72.1%. The opposite position was taken by 27.9% of respondents who would not take such action. Juxtaposing the above question with the profile of respondents, it can be seen that the propensity to pay a surcharge for the services provided was differentiated by the mode of residence. Thus, it was significantly more often declared by those living with family - 74.1% versus 55.9% among those living alone; $\chi^2=5.000$, $p=0.025$).

Turning to the verification of hypothesis 3, the statistical calculations carried out using the Mann-Whitney U test showed no significant relationship between the use of social assistance and living with a family ($U=4694$, $p=0.931$) (Graph 3). In view of this, hypothesis 3, which assumes that the level of need for social assistance is lower among those living with a family than among those with single-person households, was verified negatively.



Graph 3. Use of the Municipal Social Welfare Center vs. living with family (data in %) (N = 312)

Source: own data

In the next question of the survey, respondents were asked to determine their familiarity with and use of specific support entities/types (Table 4). The analysis carried out showed that to the greatest extent the respondents know and use the health center - 71.2% of indications. Lack of familiarity most often applies to the Crisis Intervention Points and the service exchange bank - 62.5% and 61.2% of indications, respectively. Familiarity while not using was most often related to the Community Welfare Center - 76.6%. In addition, the largest percentage of respondents admitted that the municipality lacks a 24-hour senior home and a rehabilitation equipment rental shop - 16.3% and 16% of indications, respectively. Both of

these entities would most often be used by respondents if they were operating in the municipality - 8% and 8.3% of indications, respectively.

Table 4

Knowledge and use of support types (data in %) (N=312)

Answers given	I don't know	I know about it, but I don't use it	I know and use	not available in the municipality	There isn't one in my municipality, but if there was, I would use it.
Health Center	1,9	24,4	71,2	1,9	0,6
Community Center	3,8	45,2	48,1	1,0	1,9
Public Library	6,4	46,2	44,2	2,2	1,0
Housing Cooperative	19,2	58,7	20,2	1,3	0,6
Municipal Social Welfare Center	11,2	76,6	10,9	0,6	0,6
Legal Counseling	26,6	56,4	7,1	3,8	6,1
Community Center	40,1	45,2	5,4	6,4	2,9
NGO center	55,8	22,8	5,1	9,0	7,4
Public housing	37,2	51,9	4,8	2,6	3,5
Senior citizens' club	25,3	67,0	2,9	2,6	2,2
Social housing	41,3	49,7	2,9	2,6	3,5
Day care center for senior citizens	56,7	18,9	2,6	14,4	7,4
Psychological counseling	46,2	35,3	1,9	10,3	6,4
Service exchange bank	61,2	17,9	1,9	10,9	8,0
24-hour home for senior citizens	57,4	16,7	1,9	16,3	7,7
Rehabilitation equipment rental	57,7	16,3	1,6	16,0	8,3
Addiction problem solving center	46,5	39,1	0,6	10,6	3,2
Crisis intervention center	62,5	24,4	0,6	10,3	2,2

Source: own compilation

Making inter-group comparisons, it can be observed that, with regard to gender, female respondents were significantly more likely to declare knowledge of and use of the Community Welfare Center compared to males (12% vs. 8.1%; $U=8019.5$, $p=0.002$). Referring to the age of the respondents, the Anova Kruskal-Wallis statistical test was conducted, which showed that there was a significant relationship between the age of the respondents and the declaration of knowledge and use of legal counseling ($H(6)=18.253$, $df=6$, $p=0.006$).

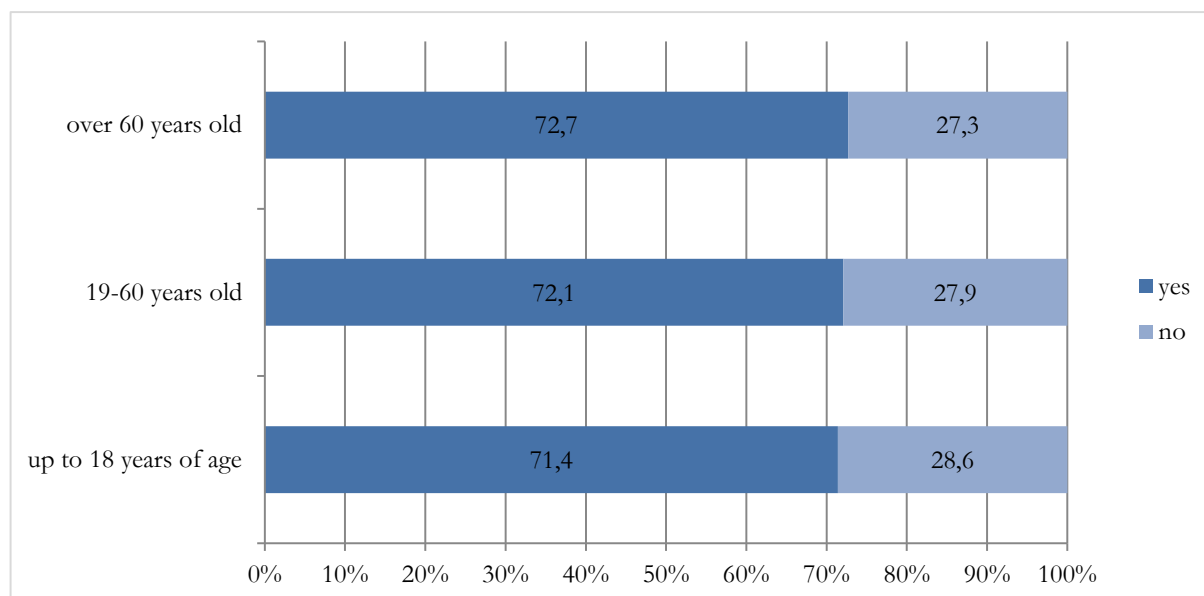
Analyzing the relationship between the different age groups using the Whitney U-Mann test, it was noted that those over 60 years of age were significantly more likely to declare use of this type of assistance (33% vs. 0% among those under 18 years of age ($U=11.00$, $p=0.038$)). A similar relationship was obtained taking into account the age of repossessors and use of the Senior Club ($H(6)=12.326$, $df=6$, $p=0.05$).

The biggest difference is seen between those aged 60 and so, and the youngest ($U=12.326$, $p=0.05$). Another statistically significant aspect studied was the use of a community center, which yielded results ($H(6)=15.089$, $df=6$, $p=0.020$).

The largest proportion were 19-60 year old relative to the same younger group (69.7% vs. 45.2%) ($U=135$, $p=0.004$). As for the NGO center, the results of the relationship, also came out positive ($H(6)=12.636$, $df=6$, $p=0.049$).

The largest difference is between people 60 plus and the middle-aged group (27.3% vs. 2.2%, $U=9.731$, $p=0.008$). Considering the place of residence, urban residents were significantly more likely to know and use a public library (52% vs. 37.2%; $U=1001.5.5$, $p=0.003$), a community center (61.5% vs. 38%; $U=9331$, $p<0.001$), a housing cooperative (37.2% vs. 4.9%; $U=7994.5$ $p<0.001$) compared to those living in rural areas. In addition, by virtue of having a disability, people with disabilities were significantly more likely to know and use the Community Social Assistance Center (27.8% vs. 9.7%; $U=1739$, $p=0.003$), and legal counseling (27.8% vs. 5%; $U=1277$, $p<0.001$), compared to people without disabilities.

Turning to the verification of hypothesis 4, the statistical calculations carried out showed no statistically significant relationship between the willingness to pay a surcharge for the services provided relative to the age of the respondents ($\chi^2=0.008$, $p=0.996$) (Graph 4). In view of this, hypothesis 4, assuming that the willingness to co-pay for social services decreases with the age of respondents, with older people being less likely to declare their willingness to pay additional fees than younger people, was verified negatively.



Graph3. Propensity to pay extra for services and age of respondents (data in %)(N = 312)

Source: *own data*

Finally, it is worth outlining the desired activities for selected social groups - the top 5 each as indicated by respondents (Table 5).

Table 5

Activities with a positive impact on the situation of selected social groups in the municipality of Malogoszcz (N = 312)

Answers given	N	%
Activities that have a positive impact on the situation of families		
Organization of team-building activities and other forms of leisure activities for families with children	184	59,0
Organization of workshops/activities to develop interests	157	50,3
Specialist assistance (e.g. psychologist, teacher, speech therapist, psychotherapist, etc.)	150	48,1
Increasing the number of childcare facilities (nursery, kindergarten, children's club, community center, etc.)	130	41,7
Organization of educational and tutoring activities	114	36,5
Activities that have a positive impact on the situation of people with disabilities		
Access to a free rehabilitation equipment rental service	141	45,2
Organization of transportation/deliveries	131	42,0
Organization of leisure activities	130	41,7
Organization of leisure activities (volunteering, neighborhood services)	89	28,5
Support for caregivers of people with disabilities	88	28,2
Activities that have a positive impact on the situation of the elderly		
Specialist assistance (doctor, nurse, psychologist, psychiatrist, etc.)	168	53,8
Transportation/delivery organization (taxi for seniors)	143	45,8
Ad hoc service support (e.g. minor repairs, shopping, etc.)	111	35,6
Running day support facilities (day care centers for seniors, senior clubs, service exchange bank, etc.)	97	31,1
Organization of leisure time (volunteering, neighborhood services)	96	30,8
Changing the patient care system/increasing access to doctors	96	30,8
Activities that have a positive impact on the situation of children and young people		
Creating a meeting place for young people	235	75,3
Organization of courses, workshops, and activities to develop interests	195	62,5
Providing access to specialists (psychologist, psychotherapist, etc.)	138	44,2
Support for children and young people from families with problems (financial, educational, or other)	135	43,3
Development of social activities (volunteering, interest groups, municipal youth councils, student cooperatives, etc.)	126	40,4

Source: own compilation

In the opinion of almost three-fifths of respondents, an activity that positively affects the situation of families in the municipality of Malogoszcz is the organization of integration activities and other forms of leisure activities for families with children - 59% of indications. Every second respondent leaned towards the organization of workshops/activities developing interests - 50.3%. Also frequently indicated by respondents were activities related to specialized assistance (e.g., psychologist, pedagogue, speech therapist, psychotherapist, etc.) - 48.1%, increasing the base of childcare facilities (nursery, kindergarten, children's club, community center, etc.) - 41.7%, as well as the organization of educational and recreational activities - 36.5%.

Considering activities that positively affect the situation of people with disabilities in the municipality of Malogoszcz, almost half of the respondents indicated access to free rental of rehabilitation equipment - 45.2%. An equally high percentage of respondents said that it would be the organization of transportation

of transportation or organization of leisure time - 42% and 41.7% of indications, respectively. Additional analyses conducted showed that the strongest interrelationships included indicating organization of leisure time (volunteering, neighborhood services) while indicating organization of leisure time ($\chi^2=174.328$, $p<0.001$, $\phi=0.747$), as well as access to free rental of rehabilitation equipment while indicating organization of transportation/delivery ($\chi^2=13.259$, $p<0.001$, $\phi=0.206$).

Analyzing the responses regarding activities that positively affect the situation of the elderly in the Municipality of Malogoszcz, it can be noted that the largest percentage of respondents indicated specialized assistance (doctor, nurse, psychologist, psychiatrist, etc.) - 53.8%. Nearly half of the respondents leaned toward arranging transportation/delivery (cab for seniors) - 45.8%. Also frequently indicated responses were ad hoc service support (e.g., minor repairs, shopping, etc.) - 35.6%, operation of day support facilities (senior's day home, senior's clubs, service exchange bank, etc.) - 31.1%, as well as organization of leisure time (volunteering, neighborhood services) and changing the patient care system/increasing accessibility to a doctor- 30.8% each.

Looking at the detailed breakdown of respondents' ages, it turns out that those aged 19-60 were significantly more likely to indicate the organization of transportation/delivery (cab for seniors) (48.5% vs. 14.3% among the youngest; $\chi^2=6.809$, $p=0.033$), while respondents aged 60 and older were significantly more likely to believe that such activities were the operation of day-care facilities (senior day home, senior clubs, service exchange bank, etc.) (57.6% vs. 0% among the youngest; $\chi^2=14.703$, $p=0.001$). Referring to having a disability, people with disabilities were generally more likely to indicate a telecare service (22.2% vs. 8.2%; $\chi^2=3.998$, $p=0.046$) and a change in the patient care system/increased accessibility to a doctor (55.6% vs. 28.7%; $\chi^2=5.785$, $p=0.016$) compared to those without disabilities. In addition, taking into account the mode of residence, those living with family were significantly more likely than those living alone to believe that such measures were the organization of transportation/delivery (cab for seniors) (48.2% vs. 26.5%, $\chi^2=5.762$, $p=0.016$).

In the next question, respondents were asked to refer to activities that, in their opinion, positively affect the situation of children and young people in the municipality of Malogoszcz. The analysis showed that more than three quarters of the respondents indicated in this aspect the creation of a meeting place for young people - 75.3%. Nearly two-thirds of the indicated responses were related to the organization of courses, workshops, classes to develop interests - 62.5%. More than two out of five respondents, meanwhile, leaned toward providing access to specialists (psychologist, psychotherapist, etc.) - 44.2%, helping children and youth from families with problems (financial, upbringing, other) - 43.3%, and developing social activities (volunteerism, interest groups, community youth council, student cooperatives, etc.) - 40.4%.

Performing relevant calculations on the age of respondents using Pearson's Chi-square test of independence showed that respondents aged 19-60 were significantly more likely to indicate assistance to children and youth from families with problems (financial, educational, other) (46% vs. 14.3% among those under 18; $\chi^2=6.635$, $p=0.036$) and the organization of courses, workshops, classes to develop interests (66.5% vs. 30.3% among those over 60, $\chi^2=16.580$, $p<0.001$), while those over 60 were significantly more likely to indicate providing access to specialists (psychologist, psychotherapist, etc.) (66.7% vs. 41.5% among those aged 19-60, $\chi^2=7.535$, $p=0.023$).

4.2. Discussion

The results of the studies conducted in the municipality of Malogoszcz are largely consistent with the results of analyses carried out in small local communities regarding the organization and reception of social services. These studies indicate the role and importance of the concept of Public Value Management

(Moore, 1995; Stoker, 2006) and emphasize the need to personalize benefits and develop community-based services in line with the trend of deinstitutionalization (Fakhoury & Priebe, 2007; Needham, 2011).

The literature on the subject emphasizes that local public institutions should not only pursue formally defined objectives, but above all respond to the needs of residents and create public value (Moore, 1995; Benington, 2015). Research carried out in the municipality of Malogoszcz has shown that the factors that most determine the residents' sense of quality of life are insufficient leisure activities and insufficient access to medical facilities. These factors, in turn, translate into the migration of young people and their outflow from rural areas to cities. These results are confirmed by a 2023 report discussing the challenges of adapting social services in Europe to changing demographic realities, which indicates that the insufficient provision of pro-social and cultural services in rural areas may be one of the factors driving residents to cities (Buitrago et al., 2023). In this context, the personalization of social services is sometimes criticized and described as a shift in emphasis from centrally coordinated forms of service provision towards an individual approach, which can result in the diversification and excessive fragmentation of public support, and this, in turn, can lead to a reduction in access to cultural and social services and a weakening of the rural population (Cutler et al., 2007).

According to Stoker (2006) and Alford and O'Flynn (2009), the mere introduction of more efficient administrative procedures is not enough. It is necessary to involve residents more in decision-making processes and to stimulate social dialogue in the public, private and non-governmental spheres. One factor that can promote this process is, for example, integration activities for residents. In the research conducted and presented in this article, nearly 60% of respondents considered integration activities and other forms of leisure time spending to have a positive impact on the situation of families in the Malogoszcz commune. It is also indicated that involving the local community in intervention processes helps build social ties and social capital, which in turn can reduce migration pressure and keep residents in rural areas (Minkler & Wallerstein, 2012).

The study also showed that the respondents rated the organization of leisure time highly as an activity with a positive impact on the situation of people with disabilities. In this context, it is worth referring to a study which shows that various interventions aimed at improving social integration have a significant positive impact on the social behavior and skills of people with disabilities (Saran et al., 2023). It is indicated that in the context of leisure activities, the joint participation of people with and without disabilities is important, as it contributes to inclusiveness and has a positive impact on attitudes towards diversity in the recreational environment (Edwards et al., 2021).

An important issue addressed in the literature is the transition from institutional care to various forms of support within the local community (Fakhoury & Priebe, 2007). These conditions are particularly important in the context of an increasing proportion of older people and a growing number of people with disabilities in small municipalities (cf. Thornicroft & Tansella, 2013). The results of a survey conducted in the municipality of Malogoszcz confirm this trend - respondents pointed out, among other things, the need for access to a free rehabilitation equipment rental service and the organization of transportation for people with reduced mobility. Similar conclusions were reached in research conducted in the United States, which indicated the need to develop care closer to patients' place of residence as a way to reduce social exclusion and improve mental well-being (Lamb & Bachrach, 2001). In Europe, it has also been observed that the implementation of deinstitutionalization policies can be effective, but only if the real resources of local communities are taken into account and cross-sectoral activities are properly coordinated (Bilir, 2018). Data from the municipality of Malogoszcz show existing deficiencies in local social services, indicating shortages in the areas of, among others, a day care center for the elderly, a senior citizens' club, or a service exchange bank. These gaps lead to an increased sense of insecurity, especially among the elderly (cf. Mechanic &

Rochefort, 1990). It is indicated that the problem of a feeling of insecurity among the elderly, especially those who live alone, is growing (Knuutila et al., 2024).

In many countries, we are observing a gradual shift away from a rigid model of public care towards personalization, which means that citizens have a greater influence on the design of social services and their use (Needham, 2011; Glasby & Littlechild, 2016). Research in the municipality of Malogoszcz showed that respondents pointed to mechanisms that require the direct participation of beneficiaries, e.g. through co-creation of cultural offerings. This phenomenon is also consistent with the concept of “co-production” (Duffy, 2010), which fits within the framework of the civic theory of social justice and emphasizes the importance of users as active co-creators of social services.

The results of the research conducted in the municipality of Malogoszcz confirm Needham's (2011) observations in the area of implementing personalization in the context of information-based difficulties. Service beneficiaries often did not have full knowledge of the available support options, which made it difficult for them to make informed decisions. Similarly, some respondents indicated that they did not know about the forms of assistance available. In this context, it is therefore crucial not only to introduce mechanisms such as “personal budgets”, but also to invest in education and the promotion of social services aimed at various social groups (Needham & Glasby, 2014; Krajčo et al., 2024).

Research on the quality of life in small towns and rural areas (cf. Cutler et al., 2007) has pointed to the importance of cultural and entertainment services, as well as health services. It is the scarcity of these resources that is often perceived by residents as a barrier to building stronger local cohesion. Similar conclusions were drawn in the work of Minkler and Wallerstein (2012), who, in their research on community involvement in the United States, noted that it was only when residents gained real influence over the cultural and educational offerings that their activity in participatory processes increased significantly. The latest Georgetown University report emphasizes that access to Medicaid-funded health services (i.e. a health insurance program for low-income individuals, including children, pregnant women, the elderly, and the disabled) plays a key role in maintaining the quality of life in small towns and rural areas, where the lack of medical infrastructure and lower incomes significantly limit other forms of health insurance (Alker et al., 2025).

Similar correlations can be seen in the studies in the Malogoszcz commune, which showed that people declaring their willingness to co-decide on the shape of social services are mostly respondents actively interested in creating new initiatives that concern both children and young people as well as seniors. This is in line with theories that personalization, and more broadly participation, strengthens civic attitudes and contributes to the growth of social capital (Leadbeater, 2004; Gardner, 2014; Yurchyk et al. 2024).

The study conducted in the municipality of Malogoszcz brings a new perspective to the organization and perception of social services, mainly because the approaches to the concept of Public Value Management (Moore, 1995; Stoker, 2006) and personalization and deinstitutionalization (Fakhoury & Priebe, 2007; Needham, 2011) mainly focus on pointing out directions for action aimed at changing the system, while the presented studies describe in detail deficits in the area of services at the local level. The studies highlighted the factors that determine the outflow of young residents, i.e. limited recreational opportunities and insufficient access to medical care. This perspective makes it possible to find a relationship between organizational and infrastructural deficiencies and negative demographic effects, which brings a new perspective and scope for further research on this topic.

5. CONCLUSION

This article presents and discusses in detail the results of research on social problems in the municipality of Malogoszcz and activities that have a positive impact on various social groups. Local community residents were involved in the decision-making processes, articulating their needs.

Social services provided in the place of residence are the implementation of the idea of deinstitutionalization, especially with regard to the elderly, disabled and families with various problems. The individual needs of citizens (i.e. personalization of services) will allow for the “tailoring” of the kind of support that is desirable and that will bring the best social effects in the local community.

This study makes an important contribution to understanding the mechanisms of personalization of social services and deinstitutionalization in the context of public value management, but it does have certain limitations. First, it should be borne in mind that the study was conducted in one rural-urban municipality, which may limit the generalizability of the results. Secondly, the answers given by people of working age (i.e. 18-60) account for a significant percentage of all answers, which may limit the actual sociodemographic cross-section of the selected municipality.

In the context of the research limitations presented, it is worth indicating the directions of further research. First of all, the research can be deepened by applying qualitative research methods (e.g. IDI, expert panel, focus groups). The research can also be extended to urban and rural municipalities and a comparative analysis of the obtained research results can be carried out. Additionally, the obtained results can be compared with research conducted in other countries with similar social problems.

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