INTERNATIONAL MULTIDISCIPLINARY JOURNAL OF RESEARCH FOR INNOVATION, SUSTAINABILITY AND EXCELLENCE
Published by: RISEJOURNALS.ORG | Online ISSN: 3028-032X | Print ISSN: 3028-0370
VOLUME 3, ISSUE NO. 8

DEINSTITUTIONALIZATION TO SPECIAL EDUCATION: A CRITICAL INTERPRETATIVE SYNTHESIS

DOI: 10.5281/zenodo.18871909

Ena P. Lindley
Independent Researcher, Indiana USA
athenasanchezcotonerponferrada@gmail.com

April Joy S. Olaivar, MAEd
Ruidoso Middle School, USA
ajsjoy85@gmail.com

Noel Beriño Lagaras, PhD(Cand)
Birawan National High School
noel.lagaras@deped.gov.ph

Flor Junema C. Mabutin, PhD
Ruidoso High School, USA
fjunema@gmail.com

Ligaya Diabordo, M.Ed GC
Golden Child Daycare
diabordo.ligaya@gmail.com

Abstract:

This study examines the relationship between deinstitutionalization and inclusive education through a Critical Interpretative Synthesis (CIS) of international research and policy literature. Traditionally, deinstitutionalization has focused on relocating individuals with disabilities from large residential institutions to community-based living arrangements. However, its educational counterpart—transitioning from segregated special schools to inclusive classroom environments—remains uneven and complex across different national contexts. Drawing on international frameworks and illustrative local models such as Poland's Intersectoral Support Model (MWM) and the "Support Circles" approach, this study reconceptualizes deinstitutionalization as a systemic transformation rather than the simple closure of institutions. The synthesis highlights how inclusive education requires the restructuring of institutional practices, professional roles, and service delivery systems. Findings indicate that successful implementation depends on intersectoral collaboration among education, social welfare, and healthcare sectors, as well as the development of coordinated community-based support networks. The study therefore proposes a "neo-institutional" framework in which professional expertise and institutional resources are retained but redistributed into community-centered educational settings. Within this model, the principle of normalization—promoting participation in ordinary social and educational environments—serves as the guiding philosophy. Ultimately, the research argues that inclusive education becomes sustainable only when institutional systems shift from isolated, siloed structures toward integrated networks of support embedded within local communities.

Keywords: deinstitutionalization, inclusive education, normalization, intersectoral collaboration, critical interpretative synthesis

Introduction:

The global landscape of disability support is increasingly shaped by two parallel and sometimes seemingly contradictory developments: the expansion of interinstitutional cooperation and the growing emphasis on deinstitutionalization. Historically, deinstitutionalization has referred to the transition of individuals with disabilities from large residential institutions to community-based services and support systems.

Early sociological analyses emphasized that this process represented not only a structural reform but also a profound shift in how societies conceptualize disability, autonomy, and social participation (Bachrach, 1975). Contemporary scholarship continues to highlight that deinstitutionalization remains a central objective in modern social policy aimed at promoting dignity, inclusion, and community integration for individuals with disabilities (Stanescu, 2020; Gumienny, 2025).

Despite its prominence in policy discourse, deinstitutionalization is frequently misunderstood as the simple closure or dismantling of institutional facilities. In reality, the process involves the development of sustainable community-based alternatives capable of supporting individuals with diverse needs. Research has shown that when deinstitutionalization is implemented without adequate community infrastructure, individuals may experience new forms of marginalization or even re-institutionalization (Lemay, 2009; Enbar et al., 2004). More recent critical perspectives also situate deinstitutionalization within broader debates about social justice and the restructuring of institutional power, emphasizing the need to rethink systems that segregate or control disabled populations (Ben-Moshe, 2020).

Within the educational sector, the concept of deinstitutionalization intersects with the transformation of special education systems. Scholars have noted that educational policy has undergone several major shifts, including decentralization, the diversification of service providers, and increased advocacy for inclusive education (Kauffman et al., 2021). In this context, deinstitutionalization may be interpreted as a "third great change," marking a movement away from segregated special schools toward educational environments that prioritize participation in mainstream classrooms and community life.

However, inclusive education cannot function in isolation from broader social support systems. Schools operate within complex networks that include social welfare services, healthcare providers, families, and community organizations. When these sectors operate independently, educational institutions risk becoming what some researchers describe as "lonely islands," unable to provide comprehensive support to students with disabilities (Petrov et al., 2004). Effective inclusion therefore requires coordinated intersectoral cooperation and the development of local resource networks that integrate educational and social services.

This study applies the methodology of Critical Interpretative Synthesis (CIS) to examine how the processes of institutionalization, deinstitutionalization, and reinstitutionalization interact within contemporary special education systems. By synthesizing theoretical literature and policy frameworks, the research seeks to explore how emerging forms of neo-institutional cooperation can support inclusive education while addressing the structural limitations of traditional institutional models (Bagenstos, 2012).

Literature Review

Deinstitutionalization has long been a central concept in disability policy and social welfare reform. Early sociological analyses framed deinstitutionalization as a structural transformation in the treatment and social positioning of individuals with disabilities and mental health conditions. According to Bachrach (1975), the movement emerged from growing criticism of large institutional facilities that isolated individuals from society and restricted personal autonomy.

Similarly, Lamb and Bachrach (2001) argue that deinstitutionalization represented a paradigm shift in social policy, emphasizing the need for community-based services that respect the dignity and independence of individuals with disabilities. Scholars have also highlighted that deinstitutionalization is not a single event but a complex and ongoing policy process shaped by political, legal, and social forces.

Noble and Conley (1981) emphasize that early policy discussions often relied on assumptions that community living would automatically produce better outcomes, yet empirical evidence showed that the transition required carefully planned support systems. Parish (2005) further demonstrates that advocacy groups, legislative reforms, and shifting public attitudes played critical roles in advancing deinstitutionalization policies across different regions. These perspectives underscore that deinstitutionalization is deeply embedded in broader institutional and policy frameworks.

Legal developments have also significantly influenced the deinstitutionalization movement. Bagenstos (2012) notes that litigation and disability rights advocacy have been instrumental in challenging institutional segregation and promoting equal access to community services. Through court rulings and legal frameworks, governments have increasingly been required to develop inclusive alternatives to institutional care. More recent legal scholarship expands this discussion by framing deinstitutionalization as a form of reparative justice that addresses historical injustices experienced by individuals with disabilities (Minkowitz, 2024). Such perspectives highlight the ethical and rights-based foundations of the deinstitutionalization agenda.

Research on the outcomes of deinstitutionalization has produced mixed findings. Lemay (2009) conducted a comprehensive review of the literature and concluded that community-based living often improves quality of life, social participation, and autonomy for individuals with developmental disabilities. However, these outcomes are highly dependent on the availability of adequate support services. Similarly, Enbar et al. (2004) found that successful community integration requires coordinated services across multiple sectors, including housing, healthcare, and social support networks. Without these systems, individuals transitioning from institutions may face significant barriers to full participation in community life.

The international literature further emphasizes that deinstitutionalization must be understood as a broader social transformation rather than simply a technical policy reform. Stanescu (2020) describes the institutionalization and deinstitutionalization of people with disabilities as an ongoing social challenge that reflects changing societal values regarding inclusion and human rights. Gumienny (2025) similarly highlights that contemporary discussions increasingly focus on restructuring institutional systems so that support services are embedded within communities rather than concentrated in isolated facilities. These perspectives align with global policy trends promoting inclusive and community-oriented support systems.

Within the field of developmental disabilities, several studies have examined the practical implications of deinstitutionalization for service delivery. Larson and Lakin (1989) found that individuals who transitioned from institutional settings to community-based environments often demonstrated improvements in daily living skills and social functioning. Buell and Minnes (2006) further interpret deinstitutionalization through an acculturation framework, suggesting that both individuals with disabilities and service providers must adapt to new cultural expectations associated with community living. This adaptation process requires significant changes in professional practices and organizational structures.

Empirical case studies provide additional insight into how deinstitutionalization unfolds in specific contexts. Petrov, Kopachev, and Takashmanova (2004) documented the deinstitutionalization process in the Demir Kapija special institute, highlighting both the opportunities and challenges involved in transitioning children with disabilities into community-based care systems. Similarly, Lazova-Zdravkovska (2007) examined the deinstitutionalization process in the Republic of Macedonia and found that the success of reforms depended heavily on the development of local support services and community readiness. These studies demonstrate that the practical implementation of deinstitutionalization varies significantly across national and institutional contexts.

Recent scholarship has also begun to critically evaluate whether contemporary reforms truly achieve meaningful deinstitutionalization. Ben-Moshe (2020) argues that institutional control over disabled individuals can persist in new forms even after formal institutions are closed, particularly when support systems remain highly regulated or surveillance-oriented. In a similar vein, Grabowska, Skrzypczak, and Kelm (2025) question whether recent reforms in Poland represent genuine structural change or merely superficial policy adjustments. These critiques highlight the importance of examining not only the closure of institutions but also the broader transformation of institutional logic. Collectively, the literature suggests that successful deinstitutionalization requires sustained commitment to community integration, intersectoral cooperation, and inclusive social policies.

Methodology:

This study employed Critical Interpretative Synthesis (CIS) as its primary methodological approach in order to examine the conceptual and institutional foundations of deinstitutionalization within the context of special education and disability support. CIS is particularly appropriate for studies that seek not only to summarize existing literature

but also to critically interrogate the underlying assumptions, theoretical orientations, and policy logics embedded within scholarly and policy documents.

Unlike traditional systematic reviews that focus primarily on aggregating empirical findings, CIS allows researchers to develop new conceptual insights by synthesizing diverse forms of evidence and critically evaluating the institutional frameworks that shape policy implementation. In this study, CIS was utilized to analyze how contemporary educational and social welfare systems conceptualize deinstitutionalization and how these interpretations influence the development of inclusive support structures for individuals with disabilities.

The literature selection process involved a targeted review of policy documents, academic research, and program evaluations related to deinstitutionalization and inclusive education. Particular attention was given to international policy frameworks, including guidelines developed by the European Union on the transition from institutional care to community-based services. In addition, national policy strategies—such as the Polish National Strategy for the Development of Social Services—were examined to provide insight into how deinstitutionalization is operationalized at the governmental level. The review also incorporated analyses of specific projects and pilot initiatives that aim to implement community-based models of support. These sources were selected because they provide practical examples of how policy principles are translated into institutional and educational practices.

The analytical process was guided by the theoretical perspective of New Institutionalism, which provides a useful framework for understanding how institutional structures influence policy development, organizational behavior, and individual experiences. Within this framework, three complementary theoretical lenses were employed to interpret the literature.

First, Rational Choice Institutionalism was used to examine how institutional actors—such as schools, social services, and government agencies—engage in strategic cooperation and resource sharing in order to deliver coordinated support services. This perspective highlights the importance of interdependence and collaborative decision-making in the development of integrated support systems.

Second, the study applied Sociological Institutionalism to explore how institutional norms, cultural expectations, and organizational structures shape the experiences of individuals with disabilities within educational and social environments. This perspective emphasizes that institutions do not merely provide services but also influence the ways in which autonomy, participation, and social identity are constructed within society. Finally, Normalization Theory was incorporated as a pedagogical framework that supports community-based living and inclusive learning environments. Normalization theory emphasizes the importance of enabling individuals with disabilities to participate in everyday social and educational contexts that reflect typical community life. Through the integration of these theoretical perspectives, the Critical Interpretative Synthesis enabled a comprehensive examination of the institutional transformations necessary to support effective deinstitutionalization and inclusive education.

Findings and Discussion:

The Paradox of Institutionalization

Institutionalization can be understood as the process through which social norms, practices, and organizational structures become stabilized within a community. Institutions play a critical role in shaping collective behavior by providing rules, expectations, and coordinated systems of support. In the context of disability services and special education, institutions historically emerged to provide care, protection, and structured assistance to individuals with diverse needs.

According to Stanescu (2020), institutional systems often develop as a response to perceived social responsibilities, aiming to ensure that vulnerable populations receive consistent and organized forms of support. In this sense, institutionalization contributes to the consolidation of social values and practices necessary for the functioning and development of communities. However, the institutional framework that was originally designed to provide protection and care has often evolved into systems characterized by excessive control and segregation.

Large residential facilities and specialized institutions historically isolated individuals with disabilities from the broader community, limiting their opportunities for autonomy and participation. Lamb and Bachrach (2001) argue that such institutional environments frequently prioritized administrative efficiency and risk management over personal independence and social integration. As a result, institutions sometimes functioned less as supportive environments and more as mechanisms of social containment.

This contradiction illustrates the paradox of institutionalization: while institutions can provide stability and essential services, they can also create conditions that undermine the autonomy and dignity of the individuals they aim to support. Scholars have described these environments as "total institutions," where individuals experience restricted freedom, limited decision-making power, and highly regulated daily routines. Neumeier and Brown (2019) further highlight how certain institutional practices justified strict control under the guise of treatment, illustrating how institutional authority can obscure violations of individual rights. Such critiques have been central to the emergence of the deinstitutionalization movement.

The deinstitutionalization movement sought to address these concerns by shifting the focus of disability services from institutional care to community-based living arrangements. Early policy initiatives emphasized the need to dismantle large-scale institutional structures and replace them with systems that promote inclusion and participation in everyday community life. According to Parish (2005), the success of these reforms was often driven by advocacy movements, legislative reforms, and shifting public attitudes toward disability rights. These efforts reflected a broader societal recognition that institutional segregation was incompatible with emerging principles of equality and human dignity.

Research on the outcomes of deinstitutionalization suggests that community-based environments can significantly improve the quality of life of individuals with disabilities when adequate supports are available. Larson and Lakin (1989) found that individuals transitioning from institutional settings to community-based living arrangements often demonstrated improvements in daily living skills, independence, and social engagement. Similarly, Buell and Minnes (2006) interpret deinstitutionalization as a form of cultural transition in which both individuals with disabilities and service providers must adapt to new social expectations associated with community inclusion and autonomy.

Despite these positive outcomes, the transition away from institutional models has also revealed significant implementation challenges. Lazova-Zdravkovska (2007) notes that successful deinstitutionalization requires substantial investments in community services, professional training, and local infrastructure. Without these supports, individuals leaving institutions may encounter fragmented services or inadequate care. Terziev and Arabska (2016) further emphasize that the deinstitutionalization process must be accompanied by coordinated social policies that ensure long-term sustainability and effective community integration.

Recent scholarship has also highlighted that the closure of institutions alone does not guarantee meaningful inclusion. Grabowska, Skrzypczak, and Kelm (2025) argue that some reforms labeled as deinstitutionalization merely relocate individuals to smaller facilities without fundamentally transforming institutional logic. Similarly, Ben-Moshe (2020) critiques contemporary systems that replicate institutional control through surveillance-based or highly regulated service structures. These critiques suggest that genuine deinstitutionalization requires deeper structural changes in how support systems are conceptualized and delivered.

From a policy perspective, deinstitutionalization is increasingly framed as a matter of social justice and human rights. Minkowitz (2024) describes deinstitutionalization as a form of reparative justice that seeks to address historical harms experienced by individuals with disabilities within institutional systems. At the same time, scholars such as Kauffman et al. (2021) caution that educational and social service reforms must balance the goals of autonomy and inclusion with the need for professional expertise and structured support systems. Consequently, the paradox of institutionalization continues to shape contemporary debates about how best to design inclusive and sustainable support structures for individuals with disabilities.

Deinstitutionalization as Alternative Creation

Contemporary scholarship increasingly emphasizes that deinstitutionalization should not be interpreted simply as the closure of institutions but rather as the deliberate construction of sustainable community-based alternatives. Early policy analyses already warned that the success of deinstitutionalization depends on the development of adequate

replacement systems capable of meeting the complex needs of individuals leaving institutional care (Noble & Conley, 1981). Without such alternatives, the process risks producing service gaps rather than meaningful social integration. Consequently, modern policy frameworks—particularly those promoted by European social policy initiatives—stress that deinstitutionalization must focus on building inclusive support structures embedded within communities rather than merely dismantling existing institutions.

A central component of this transformation is the development of services within the everyday environments where individuals live. Rather than relocating individuals to distant or specialized facilities, contemporary models promote support systems that operate within neighborhoods, schools, and local communities. Lamb and Bachrach (2001) argue that community-based service delivery allows individuals with disabilities to maintain social relationships and participate in ordinary community life. Similarly, Stanescu (2020) notes that the shift toward localized services represents a broader societal commitment to inclusion and social participation, reflecting evolving understandings of disability as a social rather than purely medical issue.

Research further indicates that effective deinstitutionalization requires strong personal and social networks that support individuals beyond formal service structures. One emerging approach involves the creation of "support circles," which consist of coordinated networks of family members, educators, healthcare professionals, and community stakeholders who collaborate to support the individual. Buell and Minnes (2006) describe this process as a form of social acculturation in which individuals and communities adapt to new expectations of inclusion and shared responsibility. These networks play a crucial role in ensuring that individuals are not isolated after leaving institutional environments but instead become integrated into supportive social ecosystems.

The transition from institutional care to community living also requires a conceptual shift from models of "care" to frameworks centered on autonomy and empowerment. Traditional institutional systems often prioritized protection and supervision, sometimes at the expense of personal independence. Contemporary deinstitutionalization policies seek to reverse this dynamic by prioritizing self-determination, decision-making capacity, and community participation. Larson and Lakin (1989) found that individuals who transitioned into community-based settings frequently demonstrated improvements in daily living skills and personal independence when appropriate support services were available.

Despite these promising developments, scholars caution that the implementation of deinstitutionalization remains uneven across different regions and institutional contexts. Lazova-Zdravkovska (2007) notes that reforms often face practical barriers such as limited community infrastructure, insufficient professional training, and inadequate funding for support services. Similarly, Terziev and Arabska (2016) emphasize that successful deinstitutionalization requires coordinated policy initiatives that integrate education, healthcare, and social welfare sectors. Without such coordination, individuals transitioning out of institutions may encounter fragmented or ineffective support systems.

Another challenge concerns the persistence of institutional logic within supposedly community-based systems. Some scholars argue that new forms of support services may replicate hierarchical control structures previously associated with large institutions. Ben-Moshe (2020) critiques contemporary disability systems that continue to regulate the lives of individuals with disabilities through surveillance and bureaucratic control. In a similar vein, Haley and Jones (2020) describe the phenomenon of "transinstitutionalization," in which individuals leaving one type of institution are redirected into other institutional frameworks such as highly regulated service programs or correctional systems.

Recent policy analyses also question whether contemporary reforms represent genuine structural transformation or merely superficial adjustments. Grabowska, Skrzypczak, and Kelm (2025) argue that in some contexts, deinstitutionalization policies have resulted in the decentralization of services without fundamentally changing the institutional culture that shapes disability support systems. Sandvin (2025) similarly observes that although many countries have reduced the number of large institutions, new institutional arrangements have emerged that continue to exert significant control over the lives of individuals with disabilities.

From a broader social justice perspective, deinstitutionalization is increasingly framed as an ethical and reparative process aimed at correcting historical injustices experienced by individuals with disabilities. Minkowitz (2024) argues

that the movement toward community-based support represents an effort to restore autonomy, dignity, and equal citizenship for individuals who were previously marginalized within institutional systems.

Scholars emphasize that achieving these goals requires sustained investment in community services, policy coordination, and professional collaboration (Fulone et al., 2021; Kauffman et al., 2021). Ultimately, deinstitutionalization should be understood not simply as the dismantling of institutions but as the intentional creation of inclusive social environments that enable individuals with disabilities to live, learn, and participate fully within their communities.

Reinstitutionalization and Neo-institutionalism

While deinstitutionalization is often framed as the dismantling of institutional structures, contemporary scholarship suggests that the process is more accurately understood as a transformation rather than a disappearance of institutions. Reinstitutionalization refers to the restructuring or renewal of institutional arrangements in ways that address previous limitations while preserving essential forms of organized support.

Rather than eliminating institutions entirely, reform efforts frequently aim to redesign them so that they function within community-based environments and operate in more flexible, collaborative ways. This perspective recognizes that institutions still play an important role in coordinating services, allocating resources, and ensuring continuity of care for individuals with complex support needs (Schutt, 2016; Brown, 2022).

In many cases, reinstitutionalization occurs as systems attempt to repair structural gaps created during early waves of deinstitutionalization. Initial reforms often prioritized the closure of large facilities without sufficiently investing in alternative community infrastructures. As a result, governments and service providers were compelled to develop new organizational arrangements capable of delivering consistent support in decentralized environments. Bilir (2018) explains that modern mental health and disability services increasingly rely on hybrid systems in which community-based care is coordinated through institutional frameworks that maintain professional oversight and service integration.

This shift reflects the emergence of neo-institutional approaches, which emphasize the adaptation of institutional practices to community settings. Neo-institutionalism does not seek to replicate the rigid hierarchies of traditional institutions but instead promotes structured coordination, shared accountability, and cross-sector collaboration.

According to Aksom (2023), contemporary organizational models often blend formal institutional structures with community-based participation, creating networks of support that combine professional expertise with local engagement. In this sense, practitioners working within community contexts frequently adopt elements of institutional logic—such as structured coordination, standardized procedures, and collaborative governance—to ensure that services remain reliable and sustainable.

Empirical studies demonstrate that successful deinstitutionalization often depends on the presence of coordinated service systems capable of integrating health care, education, and social welfare services. Fulone et al. (2021) highlight the role of knowledge translation tools in facilitating communication between professionals and improving the quality of care for individuals transitioning from institutional settings. Similarly, Terziev and Arabska (2016) emphasize that coordinated support systems are essential for children at risk, particularly when multiple agencies must collaborate to address educational, social, and psychological needs.

However, scholars also warn that reinstitutionalization can sometimes reproduce elements of institutional control within new organizational forms. Haley and Jones (2020) describe the phenomenon of "transinstitutionalization," in which individuals leaving one institutional setting are redirected into other structured environments, such as specialized residential programs or highly regulated service networks. Bagnall and Eyal (2016) further note that individuals with developmental disabilities are sometimes positioned within systems that treat them as permanently dependent, reinforcing paternalistic assumptions despite the rhetoric of autonomy and inclusion.

International experiences reveal that the reinvention of institutions often takes different forms depending on national contexts and policy traditions. For example, Sandvin (2025) observes that in Nordic countries, deinstitutionalization

reforms reduced the presence of large residential facilities but simultaneously produced new administrative and service coordination structures. Similarly, Ács et al. (2019) note that in Central and Eastern European contexts, deinstitutionalization reforms have required the development of complex social care systems capable of addressing persistent stigma and social exclusion associated with mental illness.

In addition to structural reforms, reinstitutionalization also involves the development of innovative practices aimed at improving the well-being and autonomy of individuals receiving support. Programs emphasizing assisted living arrangements, therapeutic interventions, and community engagement have emerged as key components of modern disability services. Mayer et al. (2021) found that individuals who transitioned to assisted living facilities following deinstitutionalization reported improvements in quality of life and social functioning when appropriate supports were provided. Complementary interventions, such as music therapy and other community-based therapeutic programs, have also been shown to enhance emotional well-being and social participation among individuals with disabilities (Tezza, 2023).

Contemporary debates emphasize that reinstitutionalization must remain aligned with broader goals of social inclusion and human rights. Scholars such as Martin and Pulvermacher (2022) highlight the ongoing challenges that educational institutions face in balancing structured support with the principles of autonomy and participation promoted by deinstitutionalization movements. At the same time, international policy discussions increasingly stress the importance of independent living and community integration as guiding principles for future reforms (Mladenov & Petri, 2020; Ulybina, 2020). Consequently, reinstitutionalization should not be viewed as a regression toward traditional institutional models but rather as an evolving process through which institutional capacities are reorganized to support inclusive, community-centered systems of care.

Bridging Education and Social Support

The synthesis highlights that the concept of normalization functions as the pedagogical counterpart of deinstitutionalization. While deinstitutionalization traditionally follows a “negative logic,” focusing on removing individuals from segregated institutional settings, normalization embodies a “positive logic” that promotes participation in community life. This conceptual shift reframes support services not merely as a withdrawal from institutions but as an intentional movement toward inclusive social environments. Scholars note that this transition requires coordinated systems of support that extend beyond healthcare or welfare institutions into schools, families, and community networks (Schutt, 2016; Bilir, 2018; Brown, 2022).

Within education systems, this logic translates into the development of cooperative structures that integrate social and educational services. Deinstitutionalization reforms in several countries demonstrate that the success of community-based approaches depends on how effectively education systems collaborate with social welfare agencies and local governments (Montenegro et al., 2023; Chorna & Hudzevych, 2023). Without such integration, individuals who leave institutional settings often face fragmented services, resulting in limited opportunities for meaningful social participation (Mladenov & Petri, 2020).

Two primary cooperative models emerged from the synthesis. The first is the 3D Cooperation Project, typically initiated by social welfare departments. Its primary objective is the co-production of social services through local support networks that connect schools, families, and community organizations. This model emphasizes collaborative problem-solving and shared responsibility for addressing the complex needs of individuals transitioning from institutional care (Radonjić et al., 2017; Delgado, 2023).

The second model is the Intersectoral Support Model (MWM), which is generally led by educational authorities. Its central goal is to improve the quality of coordinated support provided to students with diverse needs. The model employs functional assessment frameworks, often using classifications such as the International Classification of Functioning (ICF), to identify strengths and support requirements. Its institutional pillars include partner cooperation teams and specialized support centres that ensure multidisciplinary collaboration (Montenegro et al., 2023).

Both models illustrate how deinstitutionalization becomes operational through structured partnerships. Rather than relocating individuals without support, these frameworks build systems that link educational institutions with healthcare, social welfare, and community organizations. Such partnerships ensure that individuals receive holistic

assistance that addresses educational, social, and psychological dimensions simultaneously (Ács et al., 2019; Adu & Oudshoorn, 2020).

A significant concept emerging from the synthesis is the "School in Support Circles" model. This framework views the school not as an isolated institution but as a hub within a broader network of support that includes families, local organizations, and social services. By mobilizing these relationships, schools can identify and cultivate students' strengths while ensuring that support systems extend beyond the classroom (Tezza, 2023).

This model challenges the persistence of "glass walls," or invisible barriers that separate students with disabilities or social vulnerabilities from the broader educational community. Historically, institutional systems often created subcultures of disability that reinforced segregation. The "School in Support Circles" approach instead promotes inclusive participation by embedding students within the everyday life of the community (Martin & Pulvermacher, 2022).

Despite these promising models, the literature indicates that deinstitutionalization frequently encounters structural obstacles. One major barrier is bureaucratization, where complex administrative procedures and legal frameworks make it difficult for individuals to access support services. Such barriers can undermine the intended accessibility of community-based systems (Slate, 2016; Ulybina, 2020).

Another challenge involves siloing, where social problems are addressed in isolation by separate agencies that rarely coordinate with one another. This fragmentation leads to inefficient resource use and inconsistent support for individuals transitioning out of institutions. Furthermore, many local governments lack sufficient readiness, including trained professionals and effective leadership capable of guiding systemic change (Kryvachuk, 2018; Vassileva & Berberova-Valcheva, 2019).

Finally, the literature emphasizes the risk of unintended reinstitutionalization when community-based alternatives remain insufficient. Without adequate housing, employment opportunities, or social support systems, individuals who leave institutional settings may eventually return to institutional forms of care. Studies across multiple contexts demonstrate that deinstitutionalization succeeds only when community infrastructures are robust, coordinated, and adequately resourced (Sandvin, 2025; Haley & Jones, 2020; Mayer et al., 2021).

Conclusion:

Deinstitutionalization should not be interpreted as the complete disappearance of institutions that support individuals with disabilities. Rather, it represents a transformation in how these institutions function and where support is delivered. Historically, institutional systems concentrated expertise, resources, and specialized services within segregated environments. Contemporary reforms seek to redistribute these resources into community-based settings, ensuring that individuals receive support while remaining integrated in their natural social environments. In this sense, deinstitutionalization shifts the focus from institutional placement to community participation and inclusion.

Educational systems, particularly special education, play a critical role in this transition. Schools increasingly serve as central hubs where educational, social, and health-related supports converge. For inclusive education to succeed, institutions must adopt what may be described as a "neo-institutional" logic—a framework that preserves professional expertise and structured support systems while relocating service delivery into the everyday environments of learners. Instead of segregating students into specialized facilities, this approach embeds services within mainstream schools and local communities, enabling learners with diverse needs to participate more fully in social and educational life.

From an international perspective, several implementation strategies emerge from the synthesis. First, policymakers and practitioners should adopt the terminology of normalization when describing reforms. The term emphasizes the goal of enabling individuals with disabilities to live ordinary lives within their communities, reducing the misconception that deinstitutionalization simply eliminates necessary support structures. By framing reforms through normalization, educational and social systems can highlight participation, dignity, and social inclusion as central objectives.

Second, effective implementation requires resource mapping at the local level. Schools should identify and coordinate with existing community resources, including non-governmental organizations, healthcare providers, social welfare agencies, and family support networks. Without such mapping, schools risk operating as isolated entities—"lonely islands" attempting to address complex social needs without sufficient external support. Mapping local services allows educators to build collaborative networks that expand the range of assistance available to students and their families.

Thus, successful deinstitutionalization depends on intersectoral collaboration. Support services must be delivered as integrated packages rather than fragmented interventions provided by separate agencies. When education, healthcare, and social services coordinate their efforts, they can provide holistic support that addresses the multiple dimensions of students' well-being. Ultimately, the transformation of institutional systems into collaborative community networks represents the most sustainable pathway toward inclusive education and meaningful social participation.

References:

Ács, A., Molnár, E., Molnár, G. Y., & Balogh, Z. (2019). The care of people living with mental illness in the Hungarian social care system: the process of deinstitutionalization and the phenomenon of stigmatization. *Developments in Health Sciences*, 2(1), 1-8.

Adu, J., & Oudshoorn, A. (2020). The deinstitutionalization of psychiatric hospitals in Ghana: An application of Bronfenbrenner's social-ecological model. *Issues in Mental Health Nursing*, 41(4), 306-314.

Aksom, H. (2023). Deinstitutionalization revisited. *International Journal of Organizational Analysis*, 31(5), 1556-1581.

Bachrach, L. L. (1975). Deinstitutionalization: An analytical review and sociological perspective.

Bagenstos, S. R. (2012). The past and future of deinstitutionalization litigation. *Cardozo L. Rev.*, 34, 1.

Bagnall, A., & Eyal, G. (2016). "Forever children" and autonomous citizens: comparing the deinstitutionalizations of psychiatric patients and developmentally disabled individuals in the United States.

Ben-Moshe, L. (2020). *Decarcerating disability: Deinstitutionalization and prison abolition*. U of Minnesota Press.

Bilir, M. K. (2018). Deinstitutionalization in mental health policy: From institutional-based to community-based mental healthcare services. *Hacettepe Sağlık İdaresi Dergisi*, 21(3), 563-576.

Brown, P. (2022). *The transfer of care: Psychiatric deinstitutionalization and its aftermath*. Routledge.

Buell, K., & Minnes, P. M. (2006). An acculturation perspective on deinstitutionalization and service delivery. *Journal on Developmental Disabilities*, 20, 7-17.

Chorna, V., & Hudzevych, L. (2023). Deinstitutionalization of the mental health care system and analysis of the incidence and prevalence of mental illness in the population of different countries of the world and Ukraine. Publishing House "Baltija Publishing".

Delgado, P. (2023). Foster care in Portugal: Outcomes, needs, and challenges for deinstitutionalization. *Pedagogía social: revista interuniversitaria*, (43), 107-119.

Dragu, L. M. (2019). Deinstitutionalization of youth under institutional care: transition from institutional care to independent life. *Revista Universitară de Sociologie*, 15(1), 271-281.

Enbar, E. G., Fred, M. A., Miller, L., & Naiditch, Z. (2004). A nationwide study of deinstitutionalization and community integration. Retrieved from A Special Report of the Public Policy & Legal Advocacy Programs website.

Erickson, B. (2021). Deinstitutionalization through optimism: The community mental health act of 1963. *American Journal of Psychiatry Residents' Journal*, 16(4), 6-7.

Fulone, I., Barreto, J. O. M., Barberato-Filho, S., Bergamaschi, C. D. C., Silva, M. T., & Lopes, L. C. (2021). Improving care for deinstitutionalized people with mental disorders: Experiences of the use of knowledge translation tools. *Frontiers in psychiatry*, 12, 575108.

Grabowska, I., Skrzypczak, B., & Kelm, H. (2025). Deinstitutionalization of support for people with disabilities in Poland: Genuine or superficial change?. *The British Journal of Social Work*, 55(7), 3472-3491.

Gumienny, B. (2025). Deinstitutionalization. In *The Palgrave Encyclopedia of Disability* (pp. 1-14). Cham: Springer Nature Switzerland.

Haley, T. L., & Jones, C. T. (2020). Sites and shapes of transinstitutionalization. *Canadian Journal of Disability Studies*, 9(3), 1-15.

Hirschman, D., & Berrey, E. (2017). The partial deinstitutionalization of affirmative action in US higher education, 1988 to 2014. *Sociological Science*, 4, 449-468.

Kauffman, J. M., Ahrbeck, B., Anastasiou, D., Badar, J., Felder, M., & Hallenbeck, B. A. (2021). Special education policy prospects: Lessons from social policies past. *Exceptionality*, 29(1), 16-28.

Kryvachuk, L. (2018). Transformation of Social Services in Ukraine: the Deinstitutionalization and Reform of the Institutional Care System for Children. *Labor et Educatio*, (6), 129-148.

Lamb, H. R., & Bachrach, L. L. (2001). Some perspectives on deinstitutionalization. *Psychiatric services*, 52(8), 1039-1045.

Larson, S. A., & Lakin, K. C. (1989). Deinstitutionalization of Persons with Mental Retardation: The Impact on Daily Living Skills. *Policy Research Brief*, 1(1).

Lazova-zdravkovska, S. (2007). PROCESS OF DEINSTITUTIONALIZATION OF PEOPLE WITH DISABILITY IN RM. *Journal of Special Education and Rehabilitation*, 8(3-4), 49-58.

Lemay, R. A. (2009). Deinstitutionalization of people with developmental disabilities: A review of the literature. *Canadian journal of community mental health*, 28(1), 181-194.

Martin, C., & Pulvermacher, A. (2022). Higher education and dilemmas of deinstitutionalization. *Philosophical Inquiry in Education*, 29(1), 30-35.

Mayer, R. C. F., Alves, M. R., Yamauti, S. M., Silva, M. T., & Lopes, L. C. (2021). Quality of life and functioning of people with mental disorders who underwent deinstitutionalization using assisted living facilities: A cross-sectional study. *Frontiers in psychology*, 12, 622973.

Mendez, B. G. (2017). *Disability Policy Advocates on Strategy, Deinstitutionalization, and Moving from Intermediate Care Facilities*. University of La Verne.

Minkowitz, T. (2024). Deinstitutionalization as reparative justice: a commentary on the guidelines on deinstitutionalization, including in emergencies. *Laws*, 13(2), 14.

Mladenov, T., & Petri, G. (2020). Independent Living in Central and Eastern Europe?: The Challenges of Post-Socialist Deinstitutionalisation. In *EU social inclusion policies in post-socialist countries*. Taylor & Francis.

Montenegro, C., Dominguez, M. I., Moller, J. G., Thomas, F., & Ortiz, J. U. (2023). Moving psychiatric deinstitutionalization forward: A scoping review of barriers and facilitators. *Cambridge Prisms: Global Mental Health*, 10, e29.

Neumeier, S. M., & Brown, L. X. (2019). Torture in the name of treatment: The mission to stop the shocks in the age of deinstitutionalization. In *Autistic community and the neurodiversity movement: Stories from the frontline* (pp. 195-210). Singapore: Springer Singapore.

Noble Jr, J. H., & Conley, R. W. (1981). Fact and conjecture in the policy of deinstitutionalization. *Health Policy Quarterly*, 1(2), 99.

Parish, S. L. (2005). Deinstitutionalization in two states: The impact of advocacy, policy, and other social forces on services for people with developmental disabilities. *Research and Practice for persons with Severe Disabilities*, 30(4), 219-231.

Petrov, R., Kopachev, D., & Takashmanova, T. (2004). Process of deinstitutionalization of children from special institute in Demir Kapija. *Journal of Special Education and Rehabilitation*, 5(1-2), 119-132.

Radonjić, A. R., Šćepović, D., & Lepir, L. (2017). Specialized Foster Care as System Approach, Deinstitutionalization of Social Protection in Case of Adults with Developmental Difficulties in the Republic of Srpska–A Case Study. *European Journal of Interdisciplinary Studies*, 3(1), 15-22.

Sandvin, J. T. (2025). Did the Institutions Really Disappear? The Norwegian Deinstitutionalization Reform in Retrospect. In *Deinstitutionalisation and Later Developments in the Lives of Persons with Intellectual Disabilities: Lessons from the Nordic Countries* (pp. 69-90). Cham: Springer Nature Switzerland.

Schutt, R. K. (2016). Social environment and mental illness: The progress and paradox of deinstitutionalization.

Slate, R. N. (2016). Deinstitutionalization, criminalization of mental illness, and the principle of therapeutic jurisprudence. *S. Cal. Interdisc. LJ*, 26, 341.

Stanescu, N. (2020). Institutionalization/deinstitutionalization of people with disabilities a contemporary social problem. *Technium Soc. Sci. J.*, 13, 496.

Terziev, V., & Arabska, E. (2016). Process of deinstitutionalization of children at risk in Bulgaria. *Procedia-Social and Behavioral Sciences*, 233, 287-291.

Tezza, M. (2023). Deinstitutionalization and Well-being of Individuals with Disabilities: The Role of Music Therapy.

Ulybina, O. (2020). Transnational agency and domestic policies: The case of childcare deinstitutionalization in Georgia. *Global Social Policy*, 20(3), 333-351.

Vassileva, E., & Berberova-Valcheva, T. N. (2019). Deinstitutionalization of social services for children in Bulgaria in the focus of regional development policy. *Economic Alternatives*, (3), 456-468.