



Involving Users in the Evaluation of Social Services Challenges from Social Work Perspective

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Content

Introduction	5
1 Conceptual and methodological frameworks	12
1.1 Diversity of conceptual frameworks	12
1.2 Human-rights perspective	17
1.3 Methodological framework	23
2 Terminological notes	25
2.1 User	25
2.2 User involvement	28
2.3 Social services	31
2.4 Quality of social services	33
2.5 Quality evaluation	36
2.6 Summary and terminological operationalisation	40
3 Arguments for involvement initiatives	41
3.1 Theoretical arguments	41
3.2 Practical arguments	48
3.3 Barriers to user involvement	52
3.4 Brief summary	57
4 Involving users in the quality evaluation - current national experiences	58
4.1 National socio-political determinants	59
4.1.1 Involving users in the internal quality management	60
4.1.2 Involving user representatives in the external (independent) quality evaluation	69
4.2 National project determinants	71
4.2.1 Pilot project - value basis	72
4.2.2 Pilot project - implementation rules	73
4.3 Pilot project - main results	77
4.3.1 Pre-understanding of user involvement in quality evaluation at system level (initial expectations)	78
4.3.2 Initial experiences and reflexions on user involvement in quality evaluation	79

4.4	Lessons learned from the pilot project	83
4.5	Pilot project – summary and discussion	89
4.5.1	System issues of a quality evaluation with user perspective	89
4.5.2	Representativeness of URs	93
4.5.3	Equal treatment in evaluation with user perspective	95
4.5.4	URs as collectivities	98
5	From pilot experience to system-based (large-scale) initiative	101
5.1	A new legislative approach to quality in the social field	102
5.2	Involving URs in surveillance – a wider context for continuation	108
5.3	Work in progress – research reflections and incentives	109
5.3.1	Milestone1: Very initial exploring on the IIP	111
5.3.2	Milestone2: A very initial understanding on how to continue	114
5.3.3	Milestone3: ‘IIP in action’	116
5.4	Summary and discussion on continuation	127
6	Involving users in the evaluation of social services – implications for social work	134
6.1	Complementarity of the social-political, professional and practical context	135
6.2	Involving users in the evaluation of social services – roles of social work	138
6.2.1	Roles of social work at system level	145
6.2.2	Roles of social work at organisational level	148
6.2.3	Roles of social work at individual (user) level	150
6.2.4	Summary and discussion.....	152
	Final notes and conclusions	156
	References	157
	Author index	169
	Subject index	172

Introduction

If we were to be searching for a conceptual umbrella for the issue addressed in this monograph - the involvement of user representatives in the evaluation of social services - it would be the topic referred to in the scientific, especially foreign, literature as 'user involvement in social services' or, more recently, as the 'co-production in social services'.

Why is it so important to pay special attention to a subject that is such a natural matter? After all, users are naturally involved into social services. Without them, social services would lose their purpose, meaning and significance, they would practically have no reason to exist. In what ways, then, is the topic of user involvement in social services so significant that it deserves special scientific as well as socio-political and practical attention? It is because social services play a preventive and social cohesion role. They consist of customised assistance to facilitate social inclusion of vulnerable people and safeguard their fundamental rights (COM, 2006), and the **involvement of users is considered to be one of the prerequisites for achieving this objective and for ensuring the quality of social services** (Nies at al., 2010; WHO, 2012; EASPD, 2021; EASPD, 2023). The answer at first glance is simple, but at its core it hides an extremely complex system of linkages (inputs, processes, outputs and impacts), challenges, and often problems.

User involvement in social services is not just about 'providing' social services to 'somebody' - users. When we say that it is an issue, we are referring to the complex value basis, professional and socio-political processes and outcomes of a change during which traditionally passive recipients and holders of the devalued role of primary users of social services (Lemay, 2006) gradually become actors who influence all systemic as-

pects of social services and become their co-producers (Evers, 2003; Mc Millan, 2019; Mukoro, 2023; Burns, McGinn, Fitzsimons, 2023). When they provide their capacities, insight and lived experience to shape the received individual services to be best around their needs and preferences (Healy, Clarke, 2020). They become actors who influence the planning, delivery, monitoring, evaluation and subsequent improvement of social services (EC, 2010; WHO, 2012; EASPD, 2021; EASPD, 2023).

Among the complex and systemic issues of user involvement in social services, the monograph will focus primarily on the issue of **involvement of user representatives in evaluating the quality of social services at system level**. Drawing on the prevailing domestic experience, but also on foreign literature (e.g. Krogstrup, 2003; Nies et al., 2010; Šiška et al., 2021; EASPD, 2023), the phrase 'involvement of users in evaluating the quality of social services' traditionally implies the application of satisfaction surveys (questionnaires). At best, they are filled out cyclically by the primary users of mainly residential social services for persons in need of care. Most often they express their satisfaction with the care (both health and social), with the treatment of staff, with living conditions and the quality of food, with the possibilities of maintaining contacts with their natural environment, or with the possibilities of spending leisure time (Šiška et al., *ibid*). But, as we will show later, such an approach to the issue of user involvement in evaluating the quality of social services is considered as narrow. In terms of the methods used, it is sometimes seen as tokenistic and paternalistic as it limits the opportunities for dialogue between users and providers to influence real change (Nies et al., 2010; Fleming, 2012; Mc Millan, 2019). In addition, self-report surveys can often exclude those primary users with reduced autonomy or severe disabilities or other profound limitations (EASPD, 2021; Erlandsson, 2023).

However, there are other reasons why a conceptual approach based mainly on satisfaction surveys among primary users is considered narrow and limiting. These are reasons stemming from the diversity of fundamental aspects that characterise the issue of user involvement in evaluating the quality of social services. One of the diversities concerns the theoretical background and possible conceptual approaches to the issue (welfarism, professionalism, consumerism, managerialism and participationism; Evers, 2003). Further diversity relates to the ideological and socio-political setting of rules for user involvement in the evaluation of social services (top-down or bottom-up approaches; Krogstrup, 2003); or to social interventions that fall under the common term ‘social services’ (in the broader European meaning; COM, 2006). There is also a diversity of approaches to the quality of social services and their assurance and evaluation (Nies et al., 2010; Beresford, Carr, 2012); but also a diversity of levels and purposes for which support mechanisms are developed to engage users in the evaluation (Fleming, 2012; Omeni et al., 2014; Mukoro, 2023).

A more nuanced and diversified approach and clarification is also required by the notion of the user itself, in the sense of the actor involved in evaluating the quality of social services. This is not only a matter of involving individual primary users of providers who are evaluated, but also external ‘users’. They are independent of the providers being evaluated and act as members of evaluation teams that assess how providers meet the quality standards set by law. Elsewhere we referred to them as ‘user representatives’ (Repková, 2024). Fleming (2012), Strøm, Slettebø (2021) treat them as collectivities.

Finally, diversity of a professional nature may be mentioned, specifically in relation to social work as an academic discipline and a practice-based profession (IFSW, 2014). If it is assumed that users will be engaged into the evaluation of social services

at different levels and for different purposes, then it is important to explore the diversity of social work roles and tasks that are applied in order to empower them to fulfil the highly valued social role of the evaluators of social services (WHO, 2012; Omeni et al., 2014; Mc Millan, 2019; Healy, Clarke, 2020).

All of these aspects and diversities will be addressed in more detail in this monograph. Why is it important in the Slovak socio-political and professional context? First of all, because for 15 years (since 2009) we have had a legally regulated policy on the quality of social services within the framework of the Act No. 448/2008 Coll. on Social Services, within which conditions have been gradually created and procedures implemented for involving users in the evaluation of social services at various levels. However, despite the time passed and the experience gained, even today we note that some involvement initiatives remain still at the level of pilot testing and there is no settled idea of how to capture it in a systemic way, how to communicate its meaning (Evers, 2003) in a national context. Because, as Evers (ibid, p. 1) states:

‘... the issue to be debated is not whether to opt for a ‘yes’ or a ‘no’; rather, discussions centre on the **different meanings and impacts** of ‘user involvement’, depending on the broader conceptions for the future of markets, politics and social services that set the framework for the respective notions of user involvement’.

The monograph responds to these developments and uses available sources (international, national) to analyse the importance of involving user or their representatives in the evaluation of social services in the national contexts. The findings are framed and interpreted within current international debates on how to improve the quality of social services towards their excellence and empower users to exercise their rights in accordance with international human rights conventions and commitments (UN, 2006; EC, 2021; EC, 2022; EASPD, 2023).

The aim of the monograph is to support the advancement of research-based knowledge focused on user involvement in social services across the wide range of disciplines that can and should address this issue (e.g. law, sociology, psychology, medicine and nursing, adult education and public policy), with particular emphasis on the status and roles of social work as a human rights discipline and profession (Stau-Bernasconi, 2012; Hutchinson, 2012; IFSW European Region e.V., 2012; IFSW, 2014; IASSW-AIETS, 2018; Reynaert et al., 2021). At the same time, from the academic level and with scientific research tools, support current initiatives of national authorities in introducing policies aimed at involving user representatives in evaluating the quality of social services at system level as part of a general European interest to improve the evaluation process (EASPD, 2021). National initiatives in this field are currently shaped at the intersection of ‘old’ and ‘new’ quality legislation in the social sector, as well as in the context of a gradually profiling interest by national authorities in moving from pilot to system solutions¹.

In accordance with the aim, the monograph is structured in **six chapters**. The *first chapter* summarises the diverse conceptual frameworks that guide international scientific as well as socio-political discourse in this area. In particular, the reasons for choosing the human rights methodological framework of the monograph are presented.

The following *second chapter* captures the initial concepts that form the terminological basis of the monograph (terms such as user, user involvement, social services, quality of social services and quality evaluation). The chapter concludes with

1 It concerns the preparation of new project initiatives within the new programming period 2021-2027 and the Operational Programme Slovakia, which would build on the project Quality of Social Services from the previous programming period (IA MoLSAF, 2019-2023).

the operationalisation of the basic phrase ‘user involvement in the evaluation of the quality of social services at system level’, to which a substantial part of the monograph’s text is related. Based on a study of the available sources (mainly foreign), the *third chapter* summarises why user involvement initiatives are important for improving the quality of social services as a strategy for improving the quality of their users’ lives. In addition to the theoretical and practical arguments operating at different levels, the barriers to effective practice of user involvement in social services are presented as a basis for thinking about how to overcome them.

In line with the chosen methodological framework of the monograph, the *fourth chapter* presents a pilot national project on involving user representatives in the evaluation of the quality of social services at system level. The national socio-political and project determinants of involvement efforts are analysed in more detail. A significant part of the chapter is devoted to the main results of the pilot project and lessons learned from it. The knowledge gained from the project is discussed from both a scientific and a practical perspective.

The following *fifth chapter* explores the theoretical and other relevant contexts for the possible continuation of the involvement initiatives that are considered under the new approach to quality being regulated by the new legislation on inspection in social field.

The *final (sixth) chapter* focuses extensively on the professional context of initiatives aimed at involving users in social services, with a particular emphasis on involving them into the evaluation/inspection of their quality at system level. In particular, attention is paid to the typology of roles, that social work as a human rights discipline is (can be) expected to play in the context of involvement initiatives at system, organisational and individual levels. Implications for social work are

discussed in terms of two approaches to its institutionalisation: a professional approach and an approach to social work as a social institution.

The monograph is **addressed** primarily to scholars and researchers interested in the issues of user involvement in social services and their evaluation on a human rights basis. It is also aimed at policy makers in setting broader legislative, organisational and infrastructural conditions for involvement initiatives, but also for the wider public to benefit from the advancing research knowledge in this field in their everyday professional practice.

1 Conceptual and methodological frameworks

According to Krogstrup (2003), there is a significant link between what type of theoretical and conceptual approach is chosen for the purposes of user involvement in social services and their evaluation and what type of knowledge is gained from the application of the chosen approach, or what conclusions can be drawn from that basis. If the conceptual basis of involvement initiatives is not clear at the outset, this can lead to ambiguity in their outputs and poor sustainability of outcomes.

Similarly, care must be taken to grasp the need for a methodological and conceptual framework for research work focusing on issues of involving users in social services with special emphasis on their evaluation. It is not only a matter of defining the objective of the research activity, but also of specifying the initial concept (perspective) through which the issue is approached.

1.1 Diversity of conceptual frameworks

We will mention the work of selected authors who have addressed more comprehensively the issues of conceptualising the topic of involving users in social services. Evers offered in 2003 a **typology of current strands** in debating and thinking on this topic (Evers, 2003), namely:

- *welfarism* (this strand is not very conducive to involving users and their representatives in social services; only elements of indirect involvement are present, e.g. through collective bargaining);

- *professionalism* (it is characterised by a ‘moderate degree’ of paternalism represented by the ethical codes of social service workers; however, it is considered a good starting point for improving and strengthening the status of users towards both service organisations and the social service system);
- *consumerism* (it is based on the user’s right to choose the service provider, which encourages competition between providers on the basis of market rules; on the concept of the ‘competent consumer’, who chooses and has the skills to negotiate with the provider; however, specific lobbying and user protection is still needed);
- *managerialism* (it is based on the tendency to consider the social services sector as a potential market area and, at the same time, to look for schemes to economize the public resources used in this area; it concerns the visibility of users, their access to the necessary information and the possibilities to increase their competences; however, a related manifestation is the weakening of the personalised dialogue between service actors);
- *participationism* (builds on the importance of involving users in influencing and co-deciding on social services; emphasises the importance of the local context and the diversity of services; users are perceived as co-producers, i.e. as agents of good for others in their position of citizens and community members).

On the basis of an in-depth analysis of the basic characteristics of each strand, the author concludes that it is appropriate to use ‘mixed solutions’ in the search for a concept suitable for a specific context (country, region, organisation). As he stated:

‘... that may mean to combine to some degrees concepts that address the users’ role as: a) citizens with entitle-

ments, b) as consumers to be empowered and protected, and c) as co-producers who take-up their civic roles and their concerns as members of communities in cooperating with service managers and professionals or by building their own services'. (Evers, 2003, p. 19)

Very inspiring is the work of Krogstrup (2003), who summarised **theoretical and socio-political approaches** to the issue of user involvement in social services' evaluation. The author divided them into two main groups: a) *approaches from top-down perspective*, b) *approaches from bottom-up perspective*. The main characteristics of both approaches and examples of practical models that are applied within them are presented in the table below.

Table1: Overview of approaches to user involvement (participation) in service evaluation

Top - down approach	<ul style="list-style-type: none"> • close to the evaluation tradition from the private sector, based on TQM (Total Quality Management) and NPM (New Public Management); • customer satisfaction surveys, customer complaints, market analysis, formulation of quality standards, surveys, policy statements on services; • quantitative surveys of users based on predefined standards and criteria (surveying whether political declarations match the reality of services); • pseudo-participation of users as they 'just answer questions', they do not influence the content of the survey; • evaluating policy objectives is difficult as they are broadly and vaguely formulated;
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Bottom - up approach	<ul style="list-style-type: none"> • builds on: <ul style="list-style-type: none"> (a) the knowledge argument (even if the user does not have enough information about the evaluated subject, he/she has an authentic experience of life); (b) the value argument (users have the exclusive right to evaluate how the services that influence their lives work); • the lack of democracy in the public sector must be addressed dialogically; • four models.
	<p>1. deliberative democratic evaluation</p> <ul style="list-style-type: none"> • evaluation is part of the broader socio-political and moral structure of society; all relevant actors should be involved; • evaluation design is deliberative (forward-looking to identify possible themes, preferences and values), dialogical and inclusive.
	<p>2. democratic evaluation</p> <ul style="list-style-type: none"> • the task is to lead public institutions to be capable of self-evaluation and to act in the direction of the 'good' - social change; to act democratically, fairly and on the basis of equality.
	<p>3. empowerment evaluation</p> <ul style="list-style-type: none"> • the starting point is that every person should have an equal opportunity to express and realise his or her unique potential; • empowerment is both a strategy and a value (based on a discussion between stakeholders, including users, objectives for social services are set, a strategy for their implementation is developed and criteria for evaluating their fulfilment are identified); • it is examined to what extent evaluation as a tool for empowerment and social change benefits those who are most vulnerable in the evaluated context.
	<p>4. the UPQA (User Participation in Quality Management) method</p> <ul style="list-style-type: none"> • users evaluate the organisational policy of social services, which significantly influences practice; • both users and staff comment on the social service; a group discussion then identifies differences in their evaluation and the results are communicated to management; the findings finally end up in the hands of the social service policy makers.

Source: based on Krogstrup (2003)

In the *top-down evaluation methods*, primary users are involved (consulted) in different aspects (criteria) of the quality of a given service, based on criteria defined from the top-down within a generally given legal framework. According the author:

'... such assessments may reveal whether users in reality receive the service that politicians [who defined the criteria; author's note] wish/promise to provide ... users are not really included, but rather it is a matter of pseudo-participation when users are only allowed to answer the questions that those in charge of establishing criteria find relevant'. (Krogstrup, 2003, p. 4)

As an alternative, the author offers the *bottom-up perspective of social services evaluation* (e.g. democratic evaluation or empowerment evaluation), when service users are provided with opportunities to communicate their understanding of problems and solutions on the background of their rationality. They are included as one group of stakeholders among others, whereas rationality, knowledge and perspective of all actors being involved is valued (Mukoro, 2023). Experience and statements of user knowledge forms a part of the total accumulation of knowledge which have been generated on account of the service evaluation.

While bottom-up solutions are unquestionable and attractive in terms of participatory democracy and human rights perspectives, the author mentions many of the *practical questions* they evoke and the *challenges* they pose. For example, to what extent users are able to participate in a direct dialogue with other evaluation actors in a social service environment shaped by traditional power and authority relations or limited resources and competences of users; whether users are aware of alternative ways of providing social services and the possible impacts of different solutions; or how to prevent manipulation of users in the evaluation process, especially in the case of users with low-

er competences. However, in the author's view, the existence of such questions and challenges should not lead to doubting the value of initiatives aimed at involving users in the evaluation of social services. Rather, they should be seen as arguments against traditional evaluation models, which have been formal and not moving the quality of social services forward.

1.2 Human-rights perspective

For the purposes of this monograph, we have opted for a human rights perspective on the issue of user involvement in the evaluation of social services. We do not consider a human rights-based approach to be one/another of the existing approaches we have outlined above. Rather, it is about drawing on the accumulated knowledge from a human rights perspective, where the research is focused on the user's right to involvement, as well as exploring the conditions for the practical exercise of this right. Even recent review studies exploring the ways in which the issue of quality of social services is conceptualised and evaluated in European countries (e.g. EASPD, 2021) demonstrate that a human rights perspective is incorporated in some way and in some form, whether by direct reference to human rights conventions or to other documents that build on them.

The human rights optics is anchored in a number of **human rights documents** developed at the level of the United Nations, the World Health Organisation, the Council of Europe and the European Commission. The documents represent basic frameworks for the discussion of the issue, so that the general commitments to which each country has committed itself by ratification are respected in the search for national solutions, while at the same time taking into account the national context under which social services operate (Evers, 2003; EASPD, 2023). We will mention the most important interna-

tional documents, ranking them according to the chronological order of their elaboration and publication.

If we are dealing with the issue of social services and the involvement of users and their representatives in the quality evaluation, then it is particularly important to start with the *UN Convention on the Rights of Persons with Disabilities* (UN, 2006; hereinafter 'UN CRPD'), with all subsequent documents being derived and elaborating on it in more detail. Paragraphs (n) and (o) of the preamble of the UN CRPD generally state that member states:

'... recognized the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices ... that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them'.

Coinciding with the UN CRPD, the Council of Europe issued a *Report on user involvement in personal social services*, compiled by Brian Munday (2007a) with assistance of the Group of Specialists on User Involvement in Social Services within a project implemented as an integral part of the Council of Europe Social Cohesion Strategy. The document builds on a right of service users to be involved and integrates the different experiences of European countries with differently configured systems of social protection of vulnerable groups and involvement initiatives.

The *Voluntary European Quality Framework for Social Services*, adopted by the EU Committee on Social Protection in 2010 (EC, 2010), also employs a human rights narrative. The principle of respect for the fundamental rights and freedoms of users is defined in the document as a basic quality principle for the provision of social services and for building relationships

between service providers and their users. Based on the principles of participation and empowerment, social service providers are expected to ensure user involvement in planning, development, delivery, monitoring and evaluation of social services; their involvement in the decision making system; and, in establishing periodical review of users' satisfaction with the service provided. The document also recognises the need to better define the quality of social services, which are becoming more complex and diverse, as well as the need to protect those users who are most vulnerable.

The beginning of the last decade was also associated with the development of the *WHO QualityRights Tool Kit* (WHO, 2012), which immediately built on the UN CRPD. The document offered practical guidance on how to conduct an evaluation of the social services quality, including how to involve their primary users on a human rights basis. The document stated that:

'... assessment [evaluation, author's note] committee should ... bring together people with a variety of skills and experience ... must involve people with disabilities whose expertise and perspective are essential and help to ensure that the concerns of service users are identified and addressed'. (WHO, 2012, p. 22)

We mention the document in particular because from November 2022, the new system of quality standards according to the Act No. 448/2008 Coll. on Social Services as well as the inspection in social affairs according to the Act No. 345/2022 Coll. are immediately based on it. In addition, the methodological materials prepared within the national project Quality of Social Services (IA MoLSAF, 2019) aimed at supporting providers in delivering social services in accordance with the established quality standards were inspired also by this document (Mátel et al., 2023; Repková (ed.), 2023a-e).

The most recent European frameworks for the discussion on the principles of social services and on the standardisation of ways to ensure and measure their quality in line with the UN CRPD offer documents issued by the European Commission. In March 2021 the European Commission published a document entitled *Union of Equality. Strategy for the Rights of Persons with Disabilities 2021-2030* (EC, 2021; hereinafter the ‘Disability Strategy’) which became the basis for the EU and its Member States for progressing with implementation of the minimum standards for rights of persons with disabilities set up in the UN CRPD. One of the flagship initiatives articulated in the strategy is the ambition to adopt an *EU Framework for Social Services Excellence for People with Disabilities* (hereinafter the ‘EU Framework’) by 2024, building on the *2010 Voluntary European Quality Framework*. In particular, there is an effort to further elaborate on Article 19 of the UN CRPD, which focuses on the right of persons with disabilities to live independently and to be included in the community (UN, 2006). The Disability Strategy states that the quality of services provided varies across and within Member States (EC, 2021), which also resonates with the *European Care Strategy* published by the EC in September 2022, calling for a set of quality principles and guidelines to ensure quality (EC, 2022).

All of these challenges have most recently been reflected in the initial outputs to the preparation of the EU Framework. In the paper titled *Input of the Taskforce on Quality of Social Services for Persons with Disabilities. First Reflexions – March 2023* (EASPD, 2023), published in March 2023 by the European Association of Service Providers for Persons with Disabilities, it is stated, inter alia, that:

‘The challenges arise not only from the lack of a mutually agreed definition on what quality is but also on how it can be measured and how this process can further support services to improve’. (EASPD, 2023, p. 3)

The paper defines certain **overarching elements** for the development of the EU Framework, from which we draw in particular those that are key to the subject of the monograph:

- access to quality services is what needs to be a priority as that enable people to live independently with choices, control and opportunities equal to others in the community;
- Member States have to develop high quality services from the outset, making quality an inherent and fundamental aspect of a service;
- design, development and implementation of the quality framework should be guided by a co-production approach and centralised around the ‘nothing about us without us’ principle;
- quality framework needs to be useful for both – measuring quality as well as informing service improvement;
- when evaluating the quality of the service the main priority is to assess the impact that the service generates on the quality of life of the supported people based on their rights established in the UN CRPD; individuals have to be brought in the heart of the assessment (evaluation) process;
- the quality and monitoring systems should be developed and implemented in partnership of all relevant stakeholders (policy authorities, service providers, primary users and their family members);
- all stakeholders should receive support to acquire necessary skills;
- when evaluating the quality of social services the broad diversity of situations and legal contexts under which they operate should be taken into consideration;
- the quality frameworks and their elements need to be pi-

loted by service providers, service users and their organisations and it is appropriate to apply for European Structural Funds or other funding schemes to meet these objectives.

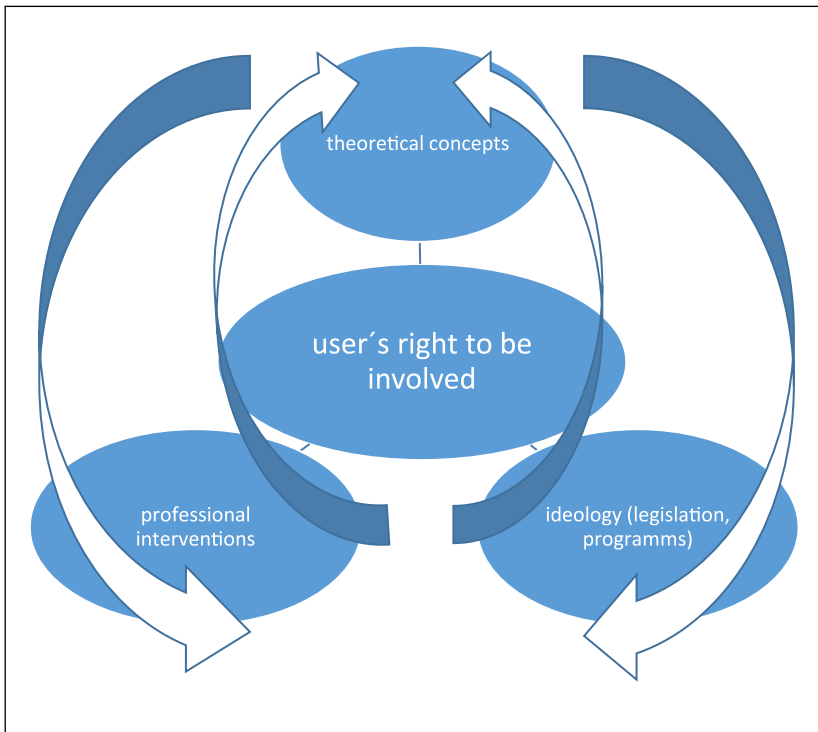
We point to two important aspects of insight offered by a closer analysis of the conceptual frameworks on the topic of user involvement in social services and their evaluation. The *first* highlights that through the application of a human rights perspective to this topic, the ambition is to ensure that it is (will be) not approached myopatically as some one-off socio-political action (initiative) or as an exceptional practice. Rather, it will represent a key and sustainable social value which, through its anchoring in human rights documents, will become a natural part of the respective policies and practices of the actors who implement these policies. *Another observation* relates to the linkage of previous and current international initiatives (WHO, 2012; EC, 2021; EC, 2022; EASPD, 2023) to the UN CRPD (UN, 2006), which is targeted at persons with disabilities. Given the diversity of the target groups of social services and the diversity of situations in which they receive support in the form of social services, an explicit linkage to the UN CRPD may appear confusing. However, the forthcoming EU Framework, although referring to persons with disabilities in its title, relates social services to care, support and training (EASPD, 2023), what is more broadly applicable to a wide range of the target groups and the situations in which they are supported.²

2 There was similar initial confusion in the national context when the WHO QualityRights Tool Kit (WHO, 2012) was used as a basis for setting the new system of quality standards for social services effective from November 2022. This document was originally developed for improving the situation in outpatient and inpatient services (facilities) for persons with mental and intellectual disabilities and substance abuse, while its standards and criteria are to be applied in national conditions also to other clusters of social services (e.g., social services for crisis intervention or social services to support families with children).

1.3 Methodological framework

The human rights perspective integrates the theoretical (academic), ideological (socio-political) and professional aspects of the topic of user involvement in the evaluation of social services, and the methodological framework of this monograph builds on its integrative function. It is illustrated in the diagram1.

Diagram1: Methodological framework of the monograph



Source: author

The methodological framework captures the bidirectional relationships between its elements (aspects). On the one hand, there is a direction from theoretical frameworks (terminology and concepts) to policies and practical interventions that build on these starting points and give them professional and social legitimacy. However, the reverse is also the case, where practical interventions (initiatives) in empowering users to be engaged in social services and their evaluation at different levels provide new insights and inspiration for the construction of new theoretical frameworks (terminology and concepts). As we will show in the following, both underpinning lines are relevant for the analysis of the development of recent involvement initiatives in national contexts.

2 Terminological notes

The topic primarily addressed in this monograph - involving user representatives in the evaluation of social services quality at system level - is a very unique one, profiled at the intersection of such general concepts as user, user involvement, social services, quality, quality of social services and quality evaluation. The specificity is further amplified when it comes to quality evaluation at system level. Therefore, for the sake of the substantive (semantic) integrity of the text of the monograph and the correct use of available international sources, it is important to take a closer look at all the underlying concepts (terms) and the diversities that are characteristic for using them in the given context.

2.1 User

In social services (in their broadest sense), different terms are used to refer to who receives social services, who is the central actor. These are terms such as client, recipient, beneficiary, care-taker, consumer or citizen. The term user/service user can be considered an umbrella one, derived from the descriptive phrase 'a person who uses social service'. According to Kristiansen (2012) the concept of users has a particular justification in approaches aimed at involving users in the evaluation of social services quality, as it is considered to be a marker against approaches that are based on deficit models.

The approach to the **notion of user** as an umbrella terminological concept is found in the work of Evers (2003), who subsequently specifies this notion according to the strand of conceptual thinking within which it is applied. According to

Evers (ibid), in traditional welfarist conceptions that attribute a strong role to politics, users are considered as *citizens* with rights (it corresponds to Arnstein's ladder of civic participation, 1969). In the consumerist concepts, that want to upgrade the role of markets, the position of users as rather *consumers* with their choice, including exit possibilities, is highlighted. Inherent in the participationistic concept is the understanding of users as *co-producers* of social services who have a direct influence on shaping services at all levels - individual, service/organisational and strategic/systemic (Evers, 2003; Mc Millan, 2019; Healy, Clarke, 2020). Munday's term *former* can be seen as a semantic alternative to the Evers's term co-producer, drawing attention to users to be seen solely as shapers of social services (Munday, 2007a).

In the context of the issue of involving users in social services, the umbrella term user/service user, in a meaning of a primary service user, is most often used. The term is found not only in academic literature (e.g. Simpson, O House, 2002; Beresford, 2003; Evers, 2003; Krogstrup, 2003; Munday, 2007a; Beresford, Carr, 2012; Omeni et al., 2014; Strøm, Slettebø, 2021; Šiška et al., 2021). It has also been adopted by many previous social policy documents (e.g. EC, 2010; WHO, 2012) in an attempt to promote a mutual European understanding of the issue of user involvement in social services and its importance as a human rights issue. Although the most recent documents we have mentioned above (EC, 2021; EC, 2022; EASPD, 2023) use alternative phrases such as *a person receiving support* or *a person with a disability*, we do not believe that these are fundamentally of a different understanding. This is rather because recent documents addressing issues of the quality of social services make direct reference to the UN CRPD. We also admit another interpretation based on the belonging of individual concepts to different systems. While the term service user is more frequently used in academic texts, the alternative terms

applied in recent documents reflect rather socio-political and human rights contexts.

In terms of the focus of this monograph, it is noteworthy that users are not only considered to be individuals in the position of primary service users. A special category is users in the position of *collectivities/groups of people* (Fleming, 2012; Strøm, Slettebø, 2021). They act as *user representatives*, representing the interests of primary users in relation to the management of organisations (e.g. as selected members of boards to decide on various aspects of service running) or representing people with lived/first-hand experience in evaluation (inspection) teams at system level. In the latter case, Šiška et al. (2021) refer to the role of 'observers' - i. e. people involved in the inspection process who observe the service environment and its functioning to understand what looks good and what looks bad and what can be achieved for service users, especially those with the most complex needs.

From a human rights perspective, the broadest category of users includes families, informal carers, user groups and user organisations or networks of users, i.e. all those who may be important to individual primary users (Evers, 2003; Munday, 2007a; EU, 2022; EASPD, 2023). Although they cannot always be considered as representatives of primary users, they are important stakeholders in the provision of quality social services, especially when it comes to social services provided within the long-term care system for care-dependent persons with reduced autonomy (Nies et al., 2010; Erlandsson et al., 2023). According to the WHO QualityRights Tool Kit (WHO, 2012), policies aimed at promoting user involvement in social services can also include the involvement of other people (such as community or religious leaders or lay people) who are committed to improve rights of vulnerable people in social needs.

2.2 User involvement

The central concept of the monograph is the **concept of user involvement**. Despite the growing interest in various aspects of this concept in recent decades (Evers, 2003; Omeni et al., 2014), the term is considered a most opaque of the terms as some approach it as a route to personal liberation while others as a tokenistic dead-end (Beresford, Carr, 2012). Munday (2007a) deems this concept to be rather bland in itself as it needs to be explored within broader concepts (Evers, 2003) due to its socially constructed nature (Berger, Luckmann, 1966). The 'blandness' of the concept is not only related to its possible different *conceptual anchoring*, i.e. how the notion of user involvement is interpreted. It is also influenced by approaching users either as individuals or as collectivities (Fleming, 2012; Strøm, Slettebø, 2021), as well as the different *practical purposes* of user involvement. According to Fleming (ibid, p. 52), user involvement can mean:

‘... people’s individual involvement in decisions about their day-to-day support and ... how groups of people can be actively involved in the design, delivery and evaluation of services to ensure they better meet needs individually and collectively’.

Thus, different combinations of both individual decisions can fit into the picture of user involvement about how individuals make decisions about their lives on daily basis and also how they are collectively involved in decisions about planning, commissioning and delivering of social services; how they contribute in developing of new service practice or researching of social services; or how they are involved in setting the quality standards and evaluating the services (EC, 2010; Beresford, Carr, 2012; Fleming, ibid). The diversity of the concept of user involvement also stems from the different *settings* in which involvement takes place (e.g. in users’ own dwelling or in residential care).

The need for terminological clarification of what is meant by the term involving users in a particular context is also related to the fact that the term is often considered synonymous with other terms such as *user participation*, *citizen participation*, *engagement*, *consultation*, *inclusion*, *representation*, *shared decision-making* or *co-production* (Fleming, *ibid*; Strøm, Slettebø, 2021; Andersson et al., 2023; Burns, McGinn, Fitzsimons, 2023). There are different explanations for the differences between these terms, as well as reasons why they are used interchangeably. Most often the terms user involvement and user participation are used synonymously, despite the possible differences between them. Fleming (*ibid*) uses the concept of involvement as a continuum of taking part (from pseudo-participation to taking control) to clarify these differences. According to the author, the term ‘participation’ may be seen as more powerful approach than the term ‘involvement’ as it refers to that part of the involvement continuum where people are active and have more real power to contribute to decision making and management of a service. On another side, the notion of involvement can refer to the whole continuum of user participation, including those situations where users are only consulted on a one-off basis without actually taking control and influencing processes and outcomes.

From a human rights perspective, we have stated our preference for the term user involvement over the term user participation (Repková, 2023f). We reasoned that this is not primarily about the will and preference of the individual as to whether or not he or she is interested in ‘participation’, but rather about the public interest in approaching user involvement as a right and a broader social/civic responsibility (Evers, 2003; Munday, 2007a). With this interpretation, we aligned ourselves with those authors who emphasise the duty of public authorities to build an integrated and coherent system of user involvement in social services (Munday, *ibid*), in the sense of creating systemic conditions and providing the necessary arrangements at differ-

ent levels and in different forms for the exercise of users' right to be involved (Simpson, O House, 2002; Evers, 2003; WHO, 2012; Beresford, Carr, 2012). However, we also admit the influence of semantic connotations associated with the use of such related terms in the Slovak language. Equally, given the less developed knowledge and practice of user involvement initiatives in the national context, we can positively reflect also those levels of involvement that are not considered as true involvement in countries with more developed practice (e.g. informing, consultation or placation as rungs of the participation ladders which Arnstein refers to as degrees of tokenism; Arnstein, 1969). On the other hand, we do not think that these are fundamentally different interpretations of the same issue, moreover in a situation where none of the above terms (concepts) can be considered as the ultimate outcomes to be achieved, but rather the means to address challenges and issues which vulnerable people (service users) face (Fleming, 2012).

In the context of the issue of user involvement in social services, including their evaluation, the *concept of co-production* of social services is increasingly being used. The essence of the term lies in the recognition of the equality of power between those using services and those providing them (Mc Millan, 2019; Healy, Clarke, 2020). Mukoro (2023), based on a review of papers from 2008-2020, identified three core elements of interventions delivered in line with the co-production model, namely:

- equal relationships between people with lived experience (service users and family/carers) and those with learnt experience (service providers, professionals);
- services are designed, commissioned and/or delivered in equal partnership by all parties;
- activities result in benefits enjoyed by whole communities, groups, and/or a service, not only for individual benefit.

The concept of co-production has also been reflected in the forthcoming EU framework. It is defined in the input paper (EASPD, 2023) as one of the guiding principles for the design, development and implementation of frameworks of social service excellence. The frameworks are expected to be developed and applied on the basis of partnership and dialogue between all relevant stakeholders such as public authorities, service providers, primary service users (people receiving support), their family members and/or other representative organisations.

2.3 Social services

The terminological notes logically proceed to the **concept of social services**. It is a specific social protection system where it is in the public interest that users of social services are actively involved in different aspects of this system (hence the concept of ‘user involvement in social services’).

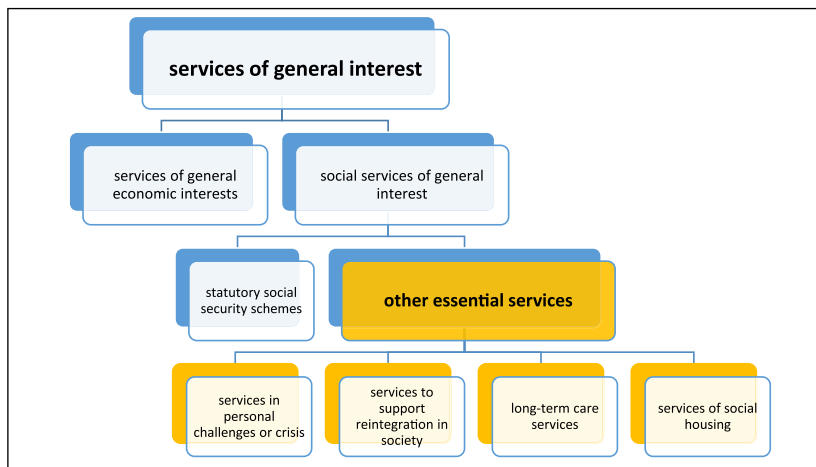
Social services in the national meaning are traditionally understood as a complex of social interventions provided to persons in various types of adverse social situations regulated by the Act No. 448/2008 Coll. on Social Services (in force). Social services are provided to persons in crisis situations (e.g. due to lack of resources, loss of housing, staying in a segregated locality, or risk of violence); to persons with disabilities and those who are dependent on the assistance of another person; and to families with young children in order to support the reconciliation of work and family duties. Social services are part of the social assistance pillar and are therefore financed not only from public funds but also from the resources of the users and their families.

Within the international (European) framework, however, a broader approach to social services is being taken. They are defined as part of *public interest services*, considered as the core of the European social model, with the aim of protecting the collective

interests of Europeans (Abeelee, 2001). Pillinger (2001) used the term *public social services* to refer to areas such as health care, education, social services, employment and social security schemes. The EC's 2006 document *Implementing the Community Lisbon programme: Social services of general interest in the European Union* (COM, 2006) and the subsequent 2011 document *A Quality Framework for Services of General Interest in Europe* (COM, 2011) made a major contribution to the terminological clarification and organisation of services of general interest. They assume that some services (both, economic activities and non-economic services) are subject of general interest (general public good) and matter of specific public service obligations (EC, 2011).

From the comprehensive system of services of general interest, on which the forthcoming EU Framework (EASPD, 2023) is based too, *essential services* (sometimes also called 'personalised services') are particularly relevant for the focus of the monograph. Their position within the whole system is captured in the diagram2.

Diagram2: Essential social services as a part of services of general interest



Source: author (based on COM(2006); COM(2011))

Most of the interventions included in the essential services are also covered by the national social services system. However, it does not include professional activities aimed at supporting the employment of persons (e.g. through active labour market measures), as these are covered by the employment services system under the Act No. 5/2004 Coll. on Employment Services (in force). The national system also does not cover measures carried out to restore dysfunctional family environments or to address foster care, as these are regulated in the special Act No. 305/2005 Coll. on Social-legal Protection of Children and Social Curatorship (in force). Finally, only to a limited extent the reintegration activities towards migrants or the issue of social housing are implemented within the national social services system.

On the other hand, differences in the definition of social services within different national or regional systems will probably always be present, which is related to their organisational characteristics, including their strong roots in (local) cultural traditions and historical legacy (COM, 2006). Therefore, when using international comparative sources to interpret findings related to the national context, it is important to critically reflect on possible differences and to be aware that even when using the same terminology, the meaning may not always be exactly the same.

2.4 Quality of social services

Quality in social services as services provided in the public interest is defined as one of the ultimate values on which these services are based within the European social model (Huber, 2006) and as a way to protect vulnerable socially deprived persons (Dušek, Terbr, 2010). According to Musil et al. (2009), Nies et al. (2010), the notion of quality is gradually becoming one of the most frequent terms in professional discussions about social services. In *A Voluntary European Quality Frame-*

work for Social Services (EC, 2010) some **overarching quality principles** for social services were set up. Social services have been considered to be of a proper quality, if they are available, accessible and affordable for their users and, where appropriate, to their families; if they are person-centred, comprehensive and continuous responding to needs of their recipients; and, if they are outcome-oriented focusing primarily on the benefit for the users and, when appropriate, for their families, informal carers and the community.

Despite professional agreement on certain overarching principles regarding quality social services, it continues to be argued that the quality is a subjective category, a social construct with large inter-individual differences which depend on the values and cognitive categories of a particular person as well as the way he or she conceives the service or a good (Nies et al., 2010). The inconsistency relates not only to what is considered to be 'quality', but also to the very definition of the underlying concept of quality, which is referred to rather implicitly in the literature (EASPD, 2021) and encompasses a wide range of aspects. It is not just about the infrastructure and services themselves, but also about the interactions and human relationships between those who provide the services and those who receive them (EC, 2022). The lack of a common definition of quality and quality principles may hinder the development and improvement of social services not only in individual providers or countries, but also in the wider international (European) context (EASPD, 2023).

According to Nies et al. (2010), there are three definitions of quality that can be thought of, which are reflected in different ways in national systems of social services:

- 1) *quality as an intrinsic characteristic of a good or service* (quality is defined as a certain characteristic or modality of a good/service and is always evaluated with respect to the finality that the good or service is intended to satisfy);

- 2) *quality as excellence* (quality is approached as an absolute value, as a state of excellence, whereby only the best that is associated with a good or service is referred to, its exceptional position in relation to other goods and services);
- 3) *quality as a norm/standard* (this is a relative conception of quality, where the 'goodness' of a certain quality is to be evaluated and compared with the 'goodness' produced to achieve the same objective; the results achieved are compared with the expected results set as a standard).

Until the end of October 2022, the national quality system for social services established by the Act on Social Services was mainly based on the concept of quality as a standard, as it determined the minimum threshold of meeting quality standards, when a social service could still be considered as of sufficient quality (when the provider sufficiently met the quality conditions of the service provided). With the entry into force of the Act on Inspection in Social Affairs and the amendment of Annex 2 of the Social Services Act, the initial paradigm changed. The quality of a social service is not evaluated in terms of the levels of fulfilment of its conditions, but rather in terms of the outcome of the provider's activities, i.e. the consistency between its obligations to respect the basic human rights and freedoms of the primary users set out in international obligations and national legislation (specifically the UN CRPD, 2006) and the factual state of service provision (NC SR, 2022). The quality-as-norm approach is thus changing to a quality-as-excellence approach, when social services are considered to be excellent when they support people to exercise their rights established in the UN CRPD. This orientation brings (at least in a declaratory way) the national system of quality and its evaluation closer to the latest European discussion frameworks highlighting the need to start with a common definition of services of excellence and formulate common quality principles and quality assurance guidance, building on previous work in this field (EC, 2021; EASPD, 2023).

2.5 Quality evaluation

By the **term quality evaluation** we naturally come to complete the terminological base of the monograph, which is aimed at involving user representatives in evaluating the quality of social services. *Evaluation* is considered to be one of the overarching principles of social service quality, where the development and delivery of services is optimised on the basis of regular evaluations by users and stakeholders (EC, 2010). It is considered important for ensuring effective and efficient services and outcomes, and recommendations from evaluation can ensure that future policy, planning and legislative reform respect and promote the human rights of service users (WHO, 2012; EASPD, 2023).

In scientific literature, but also in socio-political documents, the term *assessment/quality assessment* is used as a synonym for evaluation. For the purpose of this monograph we prefer the term 'evaluation', as the research data that will be presented in the central part of the monograph refer mainly to national experience from the period of evaluating the quality conditions of social services based on defined criteria set up by the Act on Social Services. Moreover, in the national social legislation focused on social assistance to vulnerable persons, the term 'assessment' refers primarily to disability assessment activities carried out for the purposes of providing cash benefits for persons with severe disabilities according to the Act No. 447/2008 Coll. and for the purposes of social services for care dependent persons according to the Act No. 448/2008 Coll..

In October 2010, the EU Committee on Social Protection adopted *A Voluntary European Quality Framework for Social Services* to help public authorities develop standards or indicators for defining, measuring and evaluating the quality of social services. The need to develop a common, albeit voluntary, framework

was linked to the rapid changes in the social services sector, which were no longer traditionally provided or outsourced only by national, regional and local authorities, but often also by the private sector (EC, 2010). This led to the need to establish a control (inspection) mechanism to ensure that all providers (public, private non-profit or commercial) comply with the (minimum) quality standards defined by law.

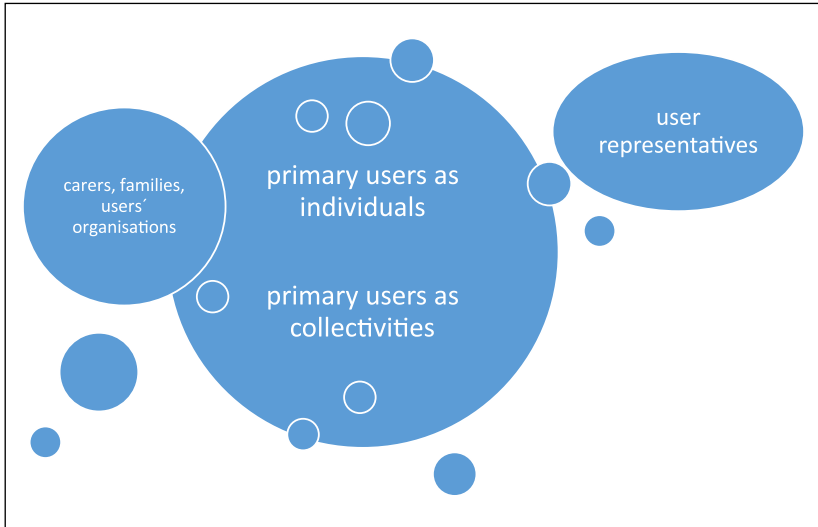
For the purpose of setting up a national quality system, the document called *The WHO QualityRights Tool Kit*, developed by WHO in 2012 as a tool for promoting the human rights of social service users in accordance with the UN CRPD, became crucial at the beginning of the last decade. The document serves as both a value base and a practical guide for responsible actors on how to plan, implement and manage the performance of social service quality evaluation (inspection) so as to contribute to its effective delivery with respect for the human rights of service users, including their right to be involved in service evaluation. The document was primarily developed to improve the human rights approach in health and social care facilities for people with mental disabilities - people with mental, neurological or intellectual impairments and those with substance use disorders (WHO, 2012, p. 3). Slovakia has adopted this document as a basic value, interpretation and application framework for the issue of creating conditions and ensuring the quality of care for persons in various adverse life and social situations and in various care settings - in a person's dwelling, in an outpatient service or in a residential setting. Subsequently, it has been reflected in such national documents as the *Recovery and Resilience Plan* (MoF SR, 2021) or the *Long-term Care Strategy in the Slovak Republic* (MoLSAF, 2021), as well as in the corresponding legislation - the *Act No. 345/2022 Coll. on Inspection in Social Affairs and amendment of the Act No. 448/2008 Coll. on Social Services*, both in force since November 2022.

The evaluation of the quality of social services can take different forms, all depending on the level at which it is carried out, by whom and for what purpose. Nies et al. (2010) identified **four levels of quality evaluation**, each of which corresponds to one of the mentioned quality concepts and is characterised by its own purpose of quality assurance, management and evaluation, the evaluation methods used, or the outputs of the evaluation activity, namely:

- *system level* (at this level, the quality is approached primarily as a norm and inspection is the most common way of assuring its minimum standards; it is usually a national body responsible to inspect each acknowledged organisation in social services field);
- *organisational level* (quality as excellence - it is a central approach to the quality applied at this level; refers to internal quality management system and audit, benchmarking, monitoring and performance indicators, improvement measures and processes);
- *professional level* (it directly connects to the organisational level; relates to setting up new professions, new roles, or to improvement structures and requires new forms of communication and sharing information among stakeholders);
- *user level* (corresponds mainly with the concept of quality as an intrinsic characteristic of a social service; at this level, service users and informal carers become more active in ensuring the quality of services through such mechanisms as shared decision making and consent, a right to choice, satisfaction surveys, and increased information seeking).

Following the multileveled definition of the concept of quality evaluation in combination with the diversified definition of the user concept itself (presented at the beginning of the terminology chapter), we have developed a **typology of user positions for the quality evaluation in social services**. It is illustrated in the diagram3.

Diagram3: Typology of users' positions for the quality evaluation in social services



Source: author

In developed systems of involving users in the quality evaluation in social services field, users participate in evaluation activities at all levels, not only at the one traditionally labelled as user level, where they are engaged as individual primary users (e.g. through user satisfaction surveys). Based on established rules, competencies and roles, users may also be involved in evaluation at the organisational level, e.g. in a position of selected internal members of evaluation boards aimed at improving processes and outputs of a particular provider and finding ways to plan, deliver, monitor and evaluate the social service more effectively (Fleming, 2012; Strøm, Slettebø, 2021). They may also be invited to participate in system-level evaluations, e.g. as independent external members of evaluation/inspection teams representing the wider community of persons with lived experience (Šiška et al., 2021; EASPD, 2021).

The developed new EU framework (EASPD, 2023) also foresees all levels of user participation in the evaluation of the quality of social services, taking into account that each of these levels provides different types of evidence for an objective process of evaluating the quality of a particular service. However, at all levels, a balance of both purposes is expected - measuring quality (as a mandate for internal quality management or external inspection) and informing the service towards its improvement (as a mandate for the service and its impact on the quality of life of the supported primary users).

2.6 Summary and terminological operationalisation

As can be seen from the previous text, the concept of user involvement in the evaluation of social services quality is quite complex and difficult to grasp because of the variability of its constitutive aspects. We identified a wide range of activities related to quality evaluation at various levels and in various care setting in which users may participate as individuals or collectivities. Because of the high degree of variability of all mentioned aspects, the given term is not unequivocal and is often used rather pragmatically to answer questions of what user involvement in the quality evaluation means and what can practically be done to involve them for achieving real and meaningful outcomes (Krogstrup, 2003).

In line with this conclusion, for the purposes of the monograph, we operationalise the notion of **user involvement in the evaluation of the quality of social services at system level** as the active participation of user representatives in the activities of external evaluation teams operating according to the relevant legislation and project rules in order to evaluate whether the service meets the quality standards laid down by law.

3 Arguments for involvement initiatives

In this chapter we summarise the main arguments used in the literature to justify the legitimacy of the issue of user involvement in social services (in general), including its specific aspect focused on involving user representatives in the evaluation of the quality of social services at system level. According to Munday (2007a, p. 9):

... users' (greater) involvement in personal social services is 'a good thing' both in and of itself – the intrinsic and social right justification; and because it results in better social outcomes. This broad statement requires refinement in terms of how user involvement is to be changed to produce better outcomes [of social services; author's note]'.

Academic papers, as well as social policy documents, offer a number of other arguments of various kinds as to why increasing user involvement is a crucial issue in the field of social services. In order to clarify the whole issue, to understand its nature and importance, as well as the challenges it poses from a theoretical, socio-political and practical point of view, we have divided the arguments into certain categories, which we will discuss in more detail.

3.1 Theoretical arguments

The fundamental theoretical arguments are based on the *sociology of knowledge* (Berger, Luckmann, 1966), according to which reality (of anything) is socially produced, i.e. socially constructed. The social construction of reality builds on the importance of individual experience and knowledge of every person as it is contributing to creation of a collective knowl-

edge related to any socially relevant issue (i.e. also to the issue of quality of social services and its evaluation). It is then important to analyse the processes by which the creation of collective knowledge takes place, especially in terms of the position and roles of the different actors involved in these processes and decision-making (Arnstein, 1969; Shier, 2001; Mc Millan, 2019; Healy, Clarke, 2020; Mukoro, 2023).

There are some interrelated theoretical arguments for the legitimacy of user involvement (participation) in quality evaluation:

a) the knowledge argument

It refers to the rationality of users in evaluating process, as opinions and claims of experts based on their privileged position in society (Berger, Luckmann, 1966) and their 'learnt experience' (Mukoro, 2023) are not sufficient for evaluation and, more generally, for the creation of knowledge about social services. As Beresford (2003, p. 4) mentioned:

,The greater the distance between direct experience [of primary users; author's note] and its interpretation [by experts; author's note], then the more likely resulting knowledge is to be inaccurate, unreliable and distorted'.

Therefore, it is essential to involve users, their representatives, families or organisations in the evaluation, as they are 'holders' of the lived experience (Healy, Clarke, 2020; or first-hand experience and experiential knowledge; Beresford, 2003), and can have positive strengths and values to real changing things in social services for their bettering (Beresford, Carr, 2012).

b) the argument of value

Krogstrup (2003) builds this argument upon the fact that users, and particular those who are most deprived, do not enjoy the same democratic rights as other citizens. Therefore, it is important to provide them with an exceptional (high-valued) position/

role in evaluating the way in which services operate. In line with this interpretation, the author highlights foundation of this argument in democratic evaluation aiming to affect social change in the direction of the 'good' and, in empowerment evaluation serving to those who are the least powerful in the evaluated context.

The empowerment evaluation is rooted in the *theory of social role valorisation* (Wolfensberger, 1972; Wolfensberger, 1992; Thomas, Wolfensberger, 1999; Osburn, 2006) which highlights a need to valorise the traditionally devalued, life-defining social role of service users (Lemay, 1999; Armstrong, 2006) by empowering them to fulfil highly-valued social roles. According to Beresford (2003), the weak application of the user perspective in social services stems from the traditional pre-eminence of 'objective' scientific knowledge compared with the 'subjective' knowledge of people who are of its holders – the users. Thomas, Wolfensberger (1999), Lemay (1999) attributed this to the influence of so-called *devalued social roles*, of which the traditional example is the role of the social service user (client). In people's common consciousness and experience, the user (client) role is associated with a situation in which a person is poor, dependent on the help and support of others and on various social services provided over a long period of time, in one place, for a large group of people, with no possible mobility between different settings. This is why Lemay (ibid) defines the client role as a permanent, life-defining role that suppresses the meaning and influence of a person's other social roles, limits opportunities to learn the skills needed for other roles, and thus reduces the ability to perform them. Persons in the client role experience 'bad things' (as opposed to 'good things of life'; Thomas, Wolfensberger, 1999; Armstrong, 2006) because they are perceived as people of low value. Their knowledge and experience is considered to be demeaned and devalued (Beresford, 2003). Therefore, the strategy to promote their social inclusion lies in valorising

their social roles through their meaningful involvement in all systemic aspects of social services – in their planning, development, delivery, monitoring and evaluation (Nies et al., 2010; EC, 2010; Simpson, House, 2022). Burns, McGinn, Fitzsimons (2023, p. 3567) generally argued, that:

‘... should service users be given a meaningful role in organising services, our overly bureaucratic service would be reshaped around people’s needs’.

With respect to user involvement this may mean, according to Evers (2003), to combine the users’ role as: a) *citizens* with entitlements (their rights), b) empowered and protected *consumers* with their choice and exit possibilities, and c) *co-producers* who take-up their civic roles and concerns as cooperating members of communities where they live. Such greater user involvement in personal social services then becomes a ‘good thing’ in terms of social justice as well as improving social service outcomes (Munday, 2007a; Omeni et al., 2014).

c) the argument of culture

With the argument of value is directly related the argument of culture. Munday (2007a) uses this argument in order to show how deeply the issue of involving users in personal social services is related to, or rooted in, the *cultural and value structure of society*. According the author:

‘... a culture of user involvement refers to a broadly based acceptance of participation/involvement as a core value in society, with its expression in rights conferring legislation and in the policies and practices of state and non-state organisations. The existence of such a culture provides a supportive environment for the development of user involvement in social services’. (Munday, *ibid*, p. 23)

Based on the concept of culture, the author formulated *fundamental or key principles*, which provide a value basis for an ef-

fective system of user involvement in personal social services in all countries, namely: involvement as a right and a responsibility; centrality of user involvement in agencies' orientation to their mission and tasks; access to social services; importance of evidence; culture of user involvement; users as recipients and actors; importance of users' networks. Burns, McGinn, Fitzsimons (2023) add to the impact of the cultural structure of the entire society on involvement and co-production activities research findings on the impact of *organisational culture* and professional practice of service workers (especially social workers). According to the authors, the managerial and process driven culture of organisations and the pressurised environment of social work practice can hinder the development of inclusive/involved practice. In terms of the importance of organisational culture, Bromark et al. (2022) and Andersson et al. (2023), based on their research findings, emphasise the importance of presenting user participation and shared decision-making activities not as something new or as an extra service for users, but as something that aligns with and builds on what personnel already know and do as part of their routine work in social services.

d) the argument of democracy and citizen power

The argument of value and the argument of democracy and citizen power are immediately related. In his work, Munday (ibid, p. 9) defines '*involvement as education in democracy*', in which the imbalance between users and the service administration (management and staff) is changed. Such an understanding builds on the original work of Arnstein (1969) who defined the recognition of a citizen's individual experience in shaping knowledge and decisions on public issues as a matter of participatory democracy and citizen power. Citizen participation is considered by the author to be a categorical term for citizen power, when redistribution of power enables persons

excluded from the political and economic processes, to be deliberately included in the future. As the author stated:

‘... the redistribution of power is the strategy by which the have-nots join in determining how information is shared, goals and policies are set, tax resources are allocated, programs are operated...’. (Arnstein, *ibid*, p. 216)

Arnstein (*ibid*) developed a *typology of eight levels of participation* (eight rungs on the ladder of civic participation), in which the first two rungs - manipulation and therapy - were labeled ‘non-participation’. Such rungs as informing, consulting, and placement the author associated with ‘degrees of tokenism’, where citizens may hear and be heard, but with a lack of power to change the status quo and have a real right to make decisions. Therefore, the author described ‘participation’ without real power of citizens to influence the outcomes of processes as just an empty ritual that allows power holders to claim that all sides are taken into account, but without any real benefit for those who are poor or mostly marginalised. Only partnership, delegated power and citizen control considered the author as ‘degrees of citizen power’, as they provide the citizens with real access to negotiating with traditional powerholders and obtaining the majority of decision-making positions, or full managerial power. In response to the fact that some rungs of civic participation cannot really be considered participation, Shier (2001) adapted the original eight-level model into a *five-level model of participation*. The author considered the lowest level of participation to be a situation where users are listened to. At the next level they are supported in expressing their views, which are at third level taken into account. At fourth level, users are involved in decision-making processes, and at the highest one, they share power and responsibility for decision-making. According to the author, in order to realise the right of users (children, adults or elderly persons) to be involved in decisions

concerning their lives in accordance with human rights conventions, it is necessary to reach a minimum level where they are involved in decision-making processes (Shier, *ibid*).

Arnstein's original work has been followed up by several more recent works that address the conceptualisation and hierarchical organisation of service user involvement and are often titled as *co-design* and *co-production of social services*, *choice-based model of social services*, or as *shared decision-making* (e.g. Evers, 2003; Mc Millan, 2019; Healy, Clarke, 2020; Mukoro, 2023; Burns, McGinn, Fitzsimons, 2023; Andersson et al., 2023). According to Healy, Clarke (*ibid*), the co-design and co-production initiatives arose from frustration that despite the transition initiatives from institutional models of care to community-based services, there had been a failure to actually shape these services around the preferences and needs of their users (Burns, McGinn, Fitzsimons, 2023). The replication of paternalistic approaches and models of care and the continued use of tokenistic methods (Omeni et al., 2014) have been critically pointed out, where simply obtaining feedback on social services through surveys developed by professionals (e.g. social workers) restricted the ability of users to influence real changes in the production of social services. Such practice limited their opportunities to 'do with' (rather than 'do to' or 'do for'; Mc Millan, 2019), or to exercise genuine 'experience based co-design' of social services, rather than just providing users with opportunities to complain, receive information, listen and respond, or consult and advise (Healy, Clarke, 2020).

The paradigm of the involvement (participative) approach to social services in accordance with the needs and preferences of their users does not, of course, mean ignoring the ideas that other actors - providers (their management and staff), those who finance social services or policy makers - bring to the design, production and evaluation of social services. It also does

not mean negating the importance of traditional forms of user involvement in social services and their evaluation (e.g. through satisfaction questionnaires). It rather means valuing all perspectives (Mukoro, 2023), establishing alliances between social workers and service users (Burns, McGinn, Futzsimons, 2023), diversity of actors and their roles as well as forms of knowledge creation and its evidence (Healy, Clarke, 2020). Therefore, the dialogue and partnership between stakeholders, such as public authorities, service providers, primary users, their family members and user representatives are considered to be a key element in preparing and implementing policy focused on social services of a high/excellent quality (EASPD, 2023).

3.2 Practical arguments

A common denominator of several sources dealing with the issue of user involvement in social services and the evaluation of their quality is the emphasis on the dependence of the forms and extent of involvement (participation) on the level at which it practically occurs (Munday, 2007a; Nies et al., 2010; Mukoro, 2023). Within the social services system, several levels of user involvement and the practical arguments for why this is significant are delineated, in particular:

a) practical arguments at system (strategic) level

At this level, the social services systems are expected to engage service users with an aim for co-creation of the system-based conditions for transformation of social services, focusing on their performance and efficiency improvements (Mukoro, *ibid*). This includes, in particular, the preparation of appropriate legislation at national, regional or local level; the system and performance of inspection of social services; the rules and conditions for the accreditation and certification of

providers; or setting up national quality standards and guidelines (Evers, 2003; Nies et al., 2010; Šiška et al., 2021).

The quality inspection is the most common way of assuring (minimum) quality standards and it is usually a national body responsible to create evaluation (assessment) committees for inspecting each acknowledged organisation operating in social services field. According the WHO QualityRight Tool Kit (WHO, 2012), a key principle for establishing such committee must be, among others, its multidisciplinary, what means bringing together people with a variety of skills and experience, including user representatives, or users' families and carers. Their expertise and perspective are considered to be essential for ensuring that interests and preferences of users will be identified and addressed. Evers (2003) highlighted a well working central inspectorate as an important executive system which can strengthen the users' role as citizens. Although the forms and extent of participation of people with lived experience (service users) in powerful positions at this level are less documented in the literature, the service system gains greater legitimacy through their increased involvement (Munday, 2007a). The inspection visits model with involved experts by experience offers, compared to the self-assessment model, more balance in the use of different methods of obtaining evidence and more opportunities to address in a balanced way the structural, process and user outcomes of the service being evaluated (EASPD, 2021).

b) practical arguments at organisational level

The most intensively developed are arguments on the need for increasing user involvement in social services at organisational level. Munday (2007a), Mc Millan (2019) argue that organisations responsive to the needs and preferences of their users and applying methods as user peer support, volunteering and co-delivery of services, provide services of better quality and, are beneficial, particularly for their more efficient use and cost saving. With

regard to the organisational level, Nies et al. (2010) emphasised the need to involve users in the quality management and audit system, benchmarking, monitoring and setting-up performance indicators; as well as, their involving into identifying improvement measures and processes. Even Omeni et al. (2014) mentioned various areas in which users can be involved at organisational level - in running a service, in appointing and training staff, in commissioning, managing and evaluating services, or in their researching. Recently, the importance of involving service users with lived experience in social work education or research (Burns, McGinn, Fitzsimons, 2023; Chetty, Milles, Littlechild, 2024) or in the training of social service staff in the role as peer lecturers/peer workers (Healy, Clarke, 2020; Salamon, Řezníková, 2024) has been mentioned more intensively.

However, high expectations from people with lived experience (service users) to improve the planning, design, delivery and evaluation of social services at the organisational level bring demands to mobilise their skills and capacities to achieve valuable participation (Simpson, O House, 2002; EC, 2010; WHO, 2012; Omeni et al., 2014; Mukoro, 2023). At the same time, practice aimed at supporting users to take an active role in improving social services depends critically on how managers and staff 'translate' the concept of user participation into care practice (Krogstrup, 2003) and how relationships between users and staff are. According to Munday (2007a), increased involvement of the empowered users changes the traditional imbalance between users and administration (staff). User involvement is then defined as an interactive process between them, in which both parties participate actively and with equal rights (Erlandsson et al., 2023).

c) practical arguments at professional level

The empowerment argument used at the organisational level also raises fundamental professional issues. These are related to the fact that professional social service workers with more

traditional roles are being matched on a professional basis with 'peer workers' - people with experience, service users - to improve processes and outcomes in social services. At the same time, if peer workers' involvement at an organisational level is to be meaningful, value-based and oriented towards decision-making, not just interaction (Mukoro, 2023), then they need to have clearly defined mandates, formal status, rights, as well as specific roles and responsibilities (Munday, 2007a; Mc Millan, 2019; Healy, Clarke, 2020).

d) practical arguments at user level

Generally, this level refers to the tasks and roles that service users undertake to co-create their personalised care and wellbeing pathways (Mukoro, 2023). It is argued that service users should be involved in and empowered to make decisions about their care and other matters important to them (Erlandsson et al., 2023), as:

... every human being possesses individual and unique capacities, interests, and needs, which deserve attention. It is believed that every person deserves equal opportunity to express his or her unique potential...'. (Krogstrup, 2003, p. 8)

To assert this potential, empowerment is used as both a strategy and a value, serving especially for those who are least powerful in the context being evaluated. Available sources suggest that empowerment makes users more confident and self-reliant in practice (Munday, 2007a), more self-directed and less likely to use primary services (Mc Millan, 2019). In particular, users' increasing involvement in quality assurance is supported by mechanisms such as shared decision-making and consent with regard to individualised care planning and ongoing dialogue with users (Erlandsson et al., 2023); their right to choose from a range of different types of provisions and providers; or their increased search for information about the quality of available services and providers published in evaluations and inspection

reports (Nies et al., 2010). In research by Omeni et al. (2014), professionals and primary users valued most often in activities aimed at involving them in decision-making about social services that they “had a say” on important issues and thus improved services; that they felt listened to, which increased their self-esteem; that involvement provided them with therapeutic and recovery benefits; and that it mediated opportunities for social interactions. Similar findings were reached in the research of Burns, McGinn, Fitzsimons (2023). Service users associated the meaningfulness of their involvement with shared decision making, the presence of good support, encouragement and recognition of their contribution to change.

When it comes to the specific issue of individual user involvement in the evaluation of the quality of social services, this has traditionally been associated with the client satisfaction surveys as a relatively widely used tool for this purpose. It can be applied either compulsorily (based on a national or regional legislative framework) or voluntarily as a local initiative by individual providers (Nies et al., 2010).

3.3 Barriers to user involvement

While the previous text sought to document the growing interest and efforts of European countries to introduce or strengthen initiatives on involving users in social services and improving their quality, some sources critically point to the barriers to achieving adequate effects of these efforts. Naming these barriers is important as it is the basis for identifying ways how these may be overcome in the future.

„... Involvement can be seen as ‘messy’, inconvenient and time consuming and against the smooth operation of a hierarchical, routinised organisation’. (Munday, 2007a, p. 21)

... this is how Munday (ibid) reported more than 15 years ago on the demonstration of administrative obstacles to increased user involvement in social services. Summarising various sources from the individual countries the author also identified other principal **obstacles** or **barriers**, namely:

- *political/legal* related to an absence or inadequacy of legal provision for users´ rights to be involved;
- *professional* when involvement is seen as unwelcome additional demand of social services´ staff;
- *language* which may not be the same for both - social workers, other professionals and service users;
- *personal* when professionals and users have different views of on what empowerment for involvement entails, what concrete outcomes are expected and valued; and,
- *resources* as involvement initiatives are not cost-free for both sides.

According to the author, some of the difficulties may also stem from the fact that service users are not a homogeneous group, making it impossible to apply unidimensional approaches and methods of involvement to all of them (e.g. there is a significant difference in the involvement of well-educated, middle-class users compared to the experiences of socially excluded users) or to make general statements about the reported experiences and views of users.

Some more recent research has documented that, despite a growing emphasis on user involvement across Europe (Omeni et al., 2014), a generally positive view of stakeholders regarding the involvement activities (Andersson et al., 2023), and incremental progress in this area (Mukoro, 2023), the nature of some of the barriers to meaningful user involvement in social services has not fundamentally changed over time.

In particular, barriers at the organisational (professional) and user levels are evident and documented. Studies by Omeni et al. (2014) or Erlandsson et al. (2023) critically point to a lack of consensus among service users and staff about what user involvement (participation) should mean, what and how policy (actions) can be translated into care practice, and what outcomes are expected. While providers and their staff may see user involvement as part of an overall strategy to provide better and more responsive services, users expect more personal (individualised) benefits that will improve their lives in general. Studies also point to poor prioritisation of the issue of empowering users for active participation in circumstances of staff shortages or the need for prioritisation between service roles (Erlandsson et al., *ibid*).

Other works point to the persistence of distrust among care staff and managers in the abilities and readiness of people with lived experience and their families to be involved (Healy, Clarke, 2020; Mukoro, 2023), particularly when it comes to influencing processes and outcomes at higher levels (e.g. in service management). In research by Omeni et al. (2014), service users reported as drawbacks to their involvement not only tokenism, activities that do not lead to any real change, but also to their own inability to participate due to their poor health or lack of skills to participate, particularly in higher level activities. Professionals, in turn, pointed to the overly critical mental setting of users, the unrepresentativeness of those involved, as well as the possible detrimental impact of involvement on users' mental health as drawbacks of involvement. Fleming (2012) suggested that service users' negative and frustrating experiences of engagement can be the result of a complex set of circumstances - from lack of engagement through lack of feedback to lack of perceived positive changes resulting from their engagement.

Barriers of inconsistent perceptions of actors on what user involvement means, why it is important for service improvements and how to translate it into practice are linked to barriers of unclear definition of roles and responsibilities of service users in involvement initiatives, or to maintaining a hierarchical structure in organisations (Mc Millan, 2019; Mukoro, 2023). A limit to participation also lies in the inadequate support provided to the users involved, which should include their education and payment for activities related to participation (Simpson, O House, 2002; EC, 2010; WHO, 2012). As well as inadequate preparation (training) of all care staff for the philosophy of involvement and failure to involve the users themselves in its design and delivery (Omeni et al., 2014; Mc Millan, 2019). Bromark et al. (2022) identified three main groups of obstacles to user participation based on their research among social service practitioners. The most common were *organisational limitations*, e.g. discrepancies between the regulations governing social services and the need to meet users' individual needs, discrepancies between professional judgement and formal mandate for practitioners to make decisions, inflexibility, lack of time and staff, lack of established procedures, and uncertainty about priorities. The second set of obstacles related to *practitioners' attitudes towards user participation*, such as lack of consensus on what it means, lack of routines, defensive attitudes from colleagues, lack of confidence in users' ability to participate, and bureaucratic jargon that is difficult for users to understand. Finally, there were obstacles based on *users' attitudes and abilities*, such as poor health, lack of functional capacity, poor communication skills or lack of motivation of users to get involved. Andersson et al. (2023) reached similar findings, but with a different target group, in their research. The stakeholders involved (directors of quality development programmes, heads of departments and units from regional psychiatry and municipal social services) expressed

their overall positive attitudes towards involvement and shared decision-making initiatives. On the other hand, they described various factors that hinder implementation processes, such as high staff turnover, lack of time, intricacies inherent in actively involving service users, difficulties in measuring involvement interventions, and organisational hierarchy.

If we focus mainly on the barriers (obstacles) to the involvement of users in the evaluation of the quality of social services, then in addition to the above-mentioned problems can be added others, which relate, for example, to methodological issues connected with obtaining information on the quality of services. Some earlier studies (e.g. Beresford, 2003; Beresford, Carr, 2012) have critically pointed to the traditional pre-eminence given to 'objective' information of experts compared with 'subjective' information and knowledge gained from users' own personal experience. According to the latest studies on innovative frameworks for measuring the quality of social service, it is not appropriate to privilege any of the parties providing information on social service. Just as information and evaluations provided by experts can be one-sided and incomplete, so information and evaluations provided by users can also be influenced by various factors (e.g. by reduced autonomy or by their own experience). Therefore, the need for 'triangulation' of various sources of evidence on quality of social service and its impact on users' quality of life is highlighted. In that case, the subjective measures (what is important to primary users) are combined with objective indicators set up by legislation and obtained by 'independent' quality observers; and user surveys are combined with observational methods of evaluation (Šiška et al., 2021; EASPD, 2021; EASPD, 2023; Erlandsson et al., 2023).

3.4 Brief summary

Based on available scientific sources, we have reviewed the arguments that favour initiatives aimed at involving users in social services and their evaluation. We have also addressed selected barriers and obstacles that present ‘... *significant implementation challenges which need to be made ‘discussable’ before they can be addressed*’ (Healy, Clarke, 2019, p. 194). These challenges are approached as an inherent part of the whole issue, both from theoretical, socio-political, professional and practical perspectives.

We are aware of several limitations of the review undertaken. The first is that, due to the weaker representation of domestic sources, it was based almost exclusively on international studies. Next, that often the sources were not only those covering the social services sector, but also experiences with involvement initiatives in health care services or in integrated health and social care services. In addition, case studies on country, regional or local experience were most often linked to the sector of residential long-term care services for persons with disabilities or vulnerable care dependent older persons (e.g. nursing homes, homes for seniors), which also narrows the ‘representativeness’ of the analysis. Despite these limitations, we consider it a solid basis for the central part of the monograph, in which we present in more detail the pilot experience of Slovakia with involving user representatives in evaluation of the quality of social services at system level.

4 Involving users in the quality evaluation – current national experiences

In the text so far, we have successively addressed the terminological and conceptual background of the issue of user involvement in social services, with particular emphasis on their evaluation. We have also conveyed a variety of arguments to demonstrate the legitimacy of such a focused interest from theoretical, socio-political and practical perspectives. Bearing in mind the scarcity of available national sources, we have predominantly relied on relevant international writings, including recent socio-political efforts at the European level.

In this part of the monograph we use the accumulated knowledge to present how the issue of user involvement in evaluating the quality of social services is conceptualised and how it is approached in the national context. In particular, we will focus on the pilot experience that Slovakia has had with involving user representatives in the evaluation of the quality of social services at system level in 2019-2021. In line with Donabedian's traditional three-pillar model to the study of quality in the public service sector (structures - processes - outcomes; Donabedian, 1988) we will firstly present the socio-political and project background of this involvement initiative. Subsequently, we will address the process and results of the pilot; and finally, based on the lessons learned from the pilot, we will focus on the subsequent socio-political discourse on how to evaluate the experience and knowledge gained from the pilot under new legislative and programmatic conditions.

For this purpose, we will use several qualitative research methodology tools (Shaw, Holland, 2014) and sources of research informa-

tion, namely: an analysis of relevant socio-political documents and social legislation; furthermore, a thematic analysis of short evaluators' reports from pilot quality evaluations with a user perspective; and finally, an analysis of the process and results of a group discussion of actors to reflect initial experiences on evaluations with a user perspective. All actors who were holders of the mentioned sources of information were informed that they would be used for the research purposes, to which they gave their informed consent.

4.1 National socio-political determinants

The conditions for exercising the right of service users to be involved in evaluating of social services are guaranteed in the national context by the **Act No. 448/2008 Coll. on Social Services**. Some clauses of the Act offer a *cross-cutting human rights basis* for the exercise of this right, on two levels:

a) at an individual level

At this level, conditions are created for individual primary users to take control over their day-to-day decisions in social services and to influence their planning and delivering (cf. Fleming, 2012; Strøm, Slettebø, 2021). In the Act, it is mainly the Section 6 that regulates the rights of primary users to choose a social service provider; the right to the provision of a social service which, by its scope, form and method of delivery, enables the realisation of their fundamental human rights and freedoms, preserves their human dignity; enables their activation towards self-sufficiency; prevents social exclusion and promotes their inclusion in society.

b) at a collective level

It refers to 'collective' participation in the setting, delivery

and evaluation of social services so that they are provided in accordance with the needs of individuals, but also of whole groups in the same situation (cf. Fleming, *ibid*; Strøm, Slettebø, *ibid*). In Section 6 of the Act, collective participation is embodied, for example, in the application of the self-management principle, whereby users of residential social services are guaranteed the right to participate through their elected representatives in determining the living conditions in the services. In particular, this includes participation in the creation and amendment of the provider's domestic regulations, in the resolution of various situations related to the day-to-day operation of the service, in the choice of leisure activities, etc.

The general (cross-cutting) human rights basis that underpins the philosophy of planning and delivery of social services is also relevant to the exercise of the specific **right of users to be involved in evaluating the quality of social services**. We will address the conditions for the fulfilment of this right in the context of internal and external (independent) quality management.

4.1.1 Involving users in the internal quality management

A legal stipulation of the rights of social service users would be *'the empty ritual of participation'* (Arnstein, 1969, p. 216), or an empty declaration, if the duties and obligations of providers to create the conditions for the exercise of these rights were not specified. With regard to the right of primary users to influence the planning and provision of social services through the evaluation of its various aspects, the conditions for the practical realisation of this right are defined primarily in *criterion 1.10* and the corresponding standard in Annex 2 of the Social Services Act.³ The standard obliges the service provider to

³ Until October 2022, this was criterion 2.9 and its associated standard and indicators.

respect the right of primary users to express their satisfaction or dissatisfaction with the quality of the social service provided or ensured; the obligation to regularly seek the opinion of users on various aspects of the social service, in particular the environment, care, food, etc. This right also includes the provider's obligation to inform users of the ways in which they can exercise this right, to create the conditions for its practical realisation; as well as the provider's obligation to use the findings of users' dis/satisfaction with the social service to improve its quality. The content of the criterion and standard is based on Articles 15 and 16 of the UN CRPD that guarantee all persons protection from torture or cruel, inhuman or degrading treatment, punishment, exploitation, violence and abuse (UN, 2006).

For the specific purposes of social services, the above mentioned articles have been elaborated within the Standard 4.5 of the WHO QualityRights Toolkit, which guarantees the right of service users to be informed about the possibility of submitting complaints on a confidential basis about the provision of a social service, about protection from torture or cruel, inhuman or degrading treatment or other forms of ill-treatment and abuse. Where necessary, users shall be guaranteed the right to legal assistance in this field (WHO, 2012).

The exercise of the right of primary users to express their dis/satisfaction at the individual level and its systematic detection is based on the application of 'subjective' criteria for evaluating the quality of social service, in which the concept of quality as an intrinsic characteristic of the service (the extent to which it satisfies the individual user's perception of a service quality) overlaps with the concept of quality as an excellence - a path to continuous improvement in the provision of services (Musil et al., 2009; Nies et al., 2010; EASPD, 2023). For providers, it is part of the **internal quality management system**, as findings regarding users' dis/satisfaction with the service are (should be) the basis for taking measures to improve its quality.

The Act on Social Services does not directly regulate how (in what form) the survey of subjective dis/satisfaction of primary users should be provided and in what cyclical manner it should be carried out in order to fulfil the obligation of providers to regularly inquire about the opinions of users regarding the provided service. This is due to the variety of possible methods of surveying, as well as the fact that not only the primary users are involved in the surveys, but also other actors, either directly or indirectly. This corresponds with a broader understanding of the category of ‘user’ within the human rights approach and the socio-political concern of involving users in the evaluation of social services, where family members, other informal caregivers, or the wider interested public are also involved in the evaluation (cf. Munday, 2007a; EC, 2010; WHO, 2012; EASPD, *ibid*). In line with such a broader conceptualisation, a number of **ways of surveying dis/satisfaction with social services** have been identified in the national literature (Repková et al., 2015; Mátel et al., 2023):

- *feedback (suggestions, comments, objections, etc.)*

This is a relatively broad category that can be performed either in a very targeted and organised way, but also spontaneously (e.g. during casual telephone conversations with family members or other interested parties). It is part of the processes taking place between several social service actors (primary users, provider, family members, other persons) in which they provide each other with important information, resolve a situation, reflect on it or share their feelings, reveal emotions related to the situation. The feedback is also used to reflect on the atmosphere of an event or activity at the provider, to express how it was perceived by the persons involved.

- *satisfaction questionnaire*

Not only in national contexts, but also internationally, this is the

most common way how to evaluate primary users' outcomes (Nies et al., 2010; EASPD, 2021). It is a goal-directed provider activity, usually organised at regular time intervals. It aims to survey the attitudes of primary users, or their families, towards particular aspects of the social service provided (e.g. care, meals, environment, leisure activities, etc.). Through this form, both the users and the provider seek inspiration for necessary changes. Questionnaires can also be used to intentionally invite users to reflect on their own contributions to the state of the social service and their possible future contributions to its improvement.

■ *other forms of satisfaction surveys*

This may include, for example, a purposeful conversation between the provider's designated worker and the user; informed observation of the user in a defined situation to which the user consents; the application of an 'open door policy' whereby users and their families are given the opportunity to visit either a key worker or another person at any time to comment on selected aspects of the service provision. There is also the possibility of using a 'trust box' available to all beneficiaries, where they can anonymously input their observations and suggestions. The introduction of these forms responds to some of the limiting aspects of the application of satisfaction questionnaires described in the international literature (cf. Nies et al., 2010; Krogstrup, 2013; Mc Millan, 2019; EASPD, 2021; EASPD, 2023), but also in domestic sources (cf. Levická et al., 2013; Repková et al., 2015; Mátel et al., 2023). This is not only due to the often low return rate of completed questionnaires, but also to the possible bias of the data obtained, caused, for example, by the presence of a staff member during the completion of the questionnaire with an aim to ensure its correct understanding and its filling by the user; the formality of the act of completion; or the bias of the results due to the fear of the user of drawing consequences for the opinion expressed or the change requested.

■ *questionnaire/survey on social service*

It refers to a targeted activity of a social service provider organised electronically (e.g. through its own website with a permanently placed satisfaction questionnaire and an invitation to fill it in electronically) or in the form of a pool (personal contact of the provider with a wider range of social service actors). The purpose is to obtain the opinions of different target groups on the social service, reflected mainly from the 'outside'. These are opinions on the marketing of the service, on its resonance in the community; on comparing the service with another one and identifying its pros/cons in the community market. This gives the provider the opportunity to obtain a number of incentives for its own improvement and for making its service offer more attractive to the wider community.

A special category of users' involvement in the evaluation of the quality of social services at the individual level is their *right to submit a complaint* pursuant to the Act No. 9/2010 Coll. on Complaints, as amended. It is an intentional activity of a service user or somebody close to him/her, when he/she uses a complaint to seek protection of his/her rights or legally protected interests in the provision of a social service as he/she believes that they have been violated by the provider's action or inaction. The complaint refers to specific shortcomings, in particular violations of legal provisions, which are within the competence of the provider to remedy (e.g. if the provider does not provide the user with meals appropriate to his/her health conditions and dietary needs, which the provider has the competence to remedy). The complaints system is a human rights instrument that imposes two types of obligations on the provider. First of all, to act in such a way that the rights and legitimate interests of the primary users are respected and protected; at the same time, if users feel that this principle has been violated, it is the provider's duty to provide them with information support and access to legal aid to seek a remedy.

A broader understanding of the category of user for the purposes of monitoring non/satisfaction with social services is confirmed by the way in which the rules were set in the original *criterion 2.9* under the social services legislation in force until the end of October 2022. Although the criterion itself referred to the provider's obligation of surveying the satisfaction of primary users (recipients) of social services, the relevant indicator referred to surveying both the primary users (recipients) and their families or other persons. The relevance of such a survey was underlined by the fact that the criterion was one of the criteria with the highest weight of importance, comparable to the criteria aimed at respect for the fundamental human rights and freedoms of users in social services.

Although family members or other persons are no longer explicitly listed in *criterion 1.10* of the current Annex 2 of the Social Services Act in force from November 2022, providers have retained the practice of questioning them. This is documented, for example, by the satisfaction questionnaires that some of providers publish on their websites, inviting the target groups (users, family members, in some cases also employees) to fill them in, with no time limit⁴. Some providers analyse the completed satisfaction questionnaires and publish the results on their websites either separately or as part of their Annual Reports for each year.⁵

At present, there is no consolidated and systematised data available on how many complaints have been submitted by users in the individual reference periods; in what form and in what cyclical manner providers fulfil their obligations in the

4 E.g. 'Satisfaction questionnaire for users and their relatives' of the Centre of Social Services Bôrik; satisfaction questionnaires - separately for users of individual types of social services and separately for family members, the town of Banská Bystrica.

5 E.g. 'Evaluation of the satisfaction questionnaire of users with services 2022', CSS Bystričan Považská Bystrica; 'Evaluation of the Social Service Recipient Satisfaction Questionnaire', Harmony Prešov - Cemjata.

area of measuring dis/satisfaction with social services among the individual target groups. With a particular emphasis on the human rights perspective, there is also a lack of more comprehensive information on how providers ensure access and support measures for primary users to be able to complain or provide feedback in different forms, especially for those with high levels of support needs. There is also no mapping of how providers evaluate survey results for the purposes of improving the quality of their social service. Such information is absent from the available Reports on the Social Situation issued by MoLSAF for each calendar year, as well as from the reports on the results of satisfaction surveys for those providers who place them on their websites or in their annual reports.

If available, the information on the exercise of the right of primary users to evaluate particular aspects of the social service covers those individual providers that have been either supervised according to the new legislation or evaluated in 2020-2022 according to the legislation in force until October 2022. The data are available e.g. in Reports on the Social Situation (MoLSAF, 2021; 2022; 2023), in which the *repeating violations* of the relevant legislation in surveying the dis/satisfaction of users with the provided social service were noted for the last three years (2020a-2022):

- primary users of supervised social services did not have the opportunity to participate through elected representatives in determining the living conditions in a residential care setting or in resolving problems related to its conditions and quality;
- social service providers did not respect the right of primary users to be informed about how to proceed, to whom they should turn when they want to express their dissatisfaction in relation to the social service provided (e.g. dissatisfaction with the behaviour of a particular service worker).

More detailed findings offers a recent paper of Mátel et al. (2023),

which summarises the initial experience with evaluating the quality of social services within the national project 'Quality of Social Services'. In terms of surveying user satisfaction with social services, based on evaluations carried out under the legislation in force until the end of October 2022, the following *problems* were the most common for the providers being evaluated:

- the absence of internal rules for the submission and handling of user complaints about the quality and delivery of social services;
- non-application of existing rules in practice - 'rules existing only on paper' (e.g. a provider has a satisfaction questionnaire but does not apply it);
- lack of awareness among staff, users or others of the rules for making and handling complaints and using suggestions for improving the social service;
- the consequences of making a complaint or expressing disagreement with something in relation to the service provided;
- not using the findings to plan and implement changes to the social service provided or reflecting only some of the findings;
- not involving users in designing changes to social services based on the findings;
- only dealing with complaints and suggestions that are processed in the written form;
- 'informal' handling of complaints, comments and suggestions, without recording and documenting them in such a way that the relationship between the content of the complaint, the process of handling it and the corresponding conclusions to be drawn, including the taking of remedial actions, is clear and demonstrable;
- the absence of conditions for the real exercise of the right to submit a complaint, comment or other suggestions (e.g.

the absence of the possibility for immobile users to submit a complaint anonymously due to the inaccessible location of the mailbox or the lack of writing aids).

The initial experience with the application of the quality standard focused on the right of individual users to evaluate individual aspects of the social service in order to improve it indicates the complexity of this right and the challenging conditions for its practical application. It is clear that the quality standard in question covers the whole area of internal quality management - the creation of appropriate documentation (rules); involving representatives of all stakeholders; ensuring that all stakeholders are informed about these rules in a way that they can understand; creating the conditions (spatial, material, assistance and support based on trust) for the real implementation of the procedures according to the rules defined; systematic evaluation the findings and informing the actors of the results; and finally, the use of the findings to improve particular aspects of the service, whereby improvement measures are adopted and implemented in a consensual manner.

No findings are yet available regarding the *standard 1.10* in the context of the new legislation - **Act No. 345/2022 Coll. on Inspection in Social Affairs** effective from November 2022. In accordance with the *Plan of surveillance activities in the field of social services for the year 2023*, the surveillances were focused mainly on the obligations of residential providers in the field of crisis prevention and work with a risk (quality standard 1.8), protection of users from ill-treatment (quality standard 1.9) and creating conditions for the use of the institute of a trustee (quality standard 1.15). In the social services of crisis intervention, surveillance activities were focused on the fulfilment of providers' obligations to provide them at a professional level (quality standard 1.4). Taking into account the results of the 2023 inspection, in 2024 surveillance in the field of

social services will continue to focus in particular on the provider's obligation not to use means of non-physical and physical restrictions of users (quality standard 1.8) and to protect them from ill-treatment (quality standard 1.9). Similarly, the obligations to plan and implement delivery of social services according to the individual needs of the primary users (quality standard 1.5) will be subject to surveillance (MoLSAF, 2024).

4.1.2 Involving user representatives in the external (independent) quality evaluation

The exercise of the right of users to be involved in the evaluation of social services in order to improve their quality is not only related to the internal quality management system of the providers concerned, but also to the involvement of user representatives in the independent **external quality evaluation** carried out by public authorities on the basis of legislatively / 'objectively' established criteria. In the case of external (independent) evaluation, it is primarily the application of the concept of quality as excellence (Nies et al., 2010; Brichtová, Repková, 2014; EA-SPD, 2023), where the findings are used primarily to improve the quality of the social service for all its primary users. When evaluating according to objective criteria, the position of users can be twofold:

a) primary users of the evaluated service in a position of collectivity

It concerns the participation of primary user representatives of the evaluated provider in the process of external (independent) evaluation/inspection, which is conducted by an authorised public authority – the MoLSAF. Although the users of the evaluated subject are invited to the external evaluation process as individuals, in reality they represent the whole group of primary users of the provider being evaluated. During interviews

with members of the evaluation team (Repková, Marendiak, 2020), they comment on individual aspects of the service provided and their comments are used to consider the experience of all primary users of the service being evaluated. Therefore, in this case, individual primary users can be approached as representatives of the users collective, i.e. as a collectivity.

The Social Services Act did not explicitly define how this form of involving users in external evaluation was to be organised, implemented and evaluated. Since 2020, for this purpose, methodological materials developed for the quality evaluation have served (Repková, 2016), in particular the *Guidelines for Evaluating the Quality Conditions* issued by MoLSAF in January 2020 (MoLSAF, 2020b). The guidelines specified which actors (users, families, staff, management, other stakeholders) were to be involved in the evaluation of each quality standard, in what numbers, what were the rules for their selection, and how the findings of the interviews were to be evaluated.

b) user representatives as members of independent (external) evaluation teams

A very specific form of users involvement in the evaluation of the quality of social services is their representation in independent evaluation (inspection) teams that conduct external quality evaluation at system level (usually through the relevant ministry; Nies et al., 2010; EASPD, 2023). Examples of good practice focusing on this form of user involvement are known from the international environment (e.g. the application of the Nueva method in Austria or Germany since 2001). In this situation, social service users act as collectives, i.e. as representatives of whole groups of users based on their lived experience of a particular disadvantaging characteristic (e.g. disability, dependence on the help of others in old age, loss of home, etc.) in combination with their own previous or current expe-

rience with a social service. User representatives (hereinafter 'URs') are independent of the provider being evaluated and are selected to be members of the evaluation team according to set criteria and trained for this purpose.

According to the version of the Social Services Act in force until the end of October 2022, the external evaluation was carried out by MoLSAF through its internal staff. In accordance with the Section 104 of the Act, MoLSAF could invite *experts* to participate in the evaluation, who had to meet the second-level university degree focused on the field that was the subject of the evaluation, combined with 3 years of experience in this field. From November 2022, the Act on Inspection in Social Affairs changed the situation. The new Act allows to involve in the surveillance a so-called *invited person* (Section 6 of the Act), without specifying under what conditions. The institute of the invited person and the possibilities of its use for the purpose of drawing URs into surveillance activities will be discussed in more detail in Chapter 5.

4.2 National project determinants

In this part of the monograph we will return to the period 2019-2023, in which the national project 'Quality of Social Services' (hereinafter 'NP QSS') was implemented. One of the partial objectives of the NP QSS was to '*... test the feasibility of introducing a user perspective into evaluation activities*' (IA MoLSAF, 2019, p. 7). The phrase 'introducing the user perspective into evaluation activities' referred to the pilot involvement of external URs (persons independent of the service being evaluated) in the activities of evaluation teams operating under the relevant legislation and project rules in order to determine whether the service provider meets the quality standards set by law. **On what value basis was the project built and according to which rules of implementation was it operating?**

4.2.1 Pilot project – value basis

At the time of designing the NP QSS, the project team was mainly inspired by the experiences of Austria and Germany with the nueva method (Nutzerinnen und Nutzer evaluieren; Users evaluate; GETEQ). Since 2001, persons with certain impairments and disabilities were trained to take on the role of evaluators of the quality of services provided to persons with disabilities, whereby quality was derived from how it was approached and perceived by service users. Philosophically and value-based, the method builds on the *concept of social role valorisation* (discussed in more detail in the previous chapter on the theoretical arguments for involvement initiatives in social services) with the assumption that the participation of URs in the quality evaluation enables them to actively influence the way social services are organised and implemented and to express their views on their quality. At the same time, it enables URs to acquire the necessary competences (training) to become respected members of evaluation teams in line with the motto '*We ask what clients think*', all in accordance with standardised criteria and evaluation procedures. Nueva's quality evaluation concept builds on a combination of the *peer-principle* based on similarity (similarity of life experience of primary users and URs) with the *competency-principle* when URs are trained to ensure that they are in the evaluation able to 'go beyond' their own life experiences and perceptions and respect the experiences and perceptions of other (primary) service users.

The basic principles of the nueva model were reflected in the NP QSS. It built upon the idea that the quality of social services for particular target groups – primary users of the service being evaluated – can be authentically evaluated by people with similar characteristics and life experience. Evaluators with comparable life experiences are given special expertise in assessing the needs of people with certain specific characteristics. The

similarity of life experiences then provides a suitable starting point for observation of the service environment as well as for conducting interviews between the URs and the primary users of the service being evaluated, focusing on their satisfaction with the service (Šiška et al., 2021). In addition, it is acknowledged that URs can adequately formulate recommendations to improve the quality of the service evaluated, especially from the perspective of their beneficiaries (Repková (ed.), 2021).

4.2.2 Pilot project - implementation rules

In the NP QSS, the evaluation teams were assembled as a combination of internal evaluators (employees of the MoLSAF; hereinafter 'IEs') and external evaluators - experts. One group of the external evaluators met the qualification laid down in the Social Services Act (a second-degree education and at least three years' experience in the field to be evaluated; hereinafter 'EEs'). Another group consisted of external evaluators - URs (hereinafter 'EE-URs'), whereby their participation in the activities of evaluation teams during the project was not regulated by the law. For this reason, this part of the NP QSS was referred to as *pilot* and evaluations with EE-URs were titled as *pilot evaluations*.

Based on the nueva model and consultations between the NP QSS' actors (MoLSAF, IA MoLSAF, Social Work Advisory Board, Institute for Labour and Family Research), the following **criteria** for selecting EE-URs were applied:

- a) authentic life experience with a specific characteristic (e.g. disability, care dependency in old age or a crisis life situation);
- b) current or past experience with a position of social service user;
- c) communication skills for conducting interviews with primary users of the services evaluated;

d) EE-UR's engagement in activities the civic sector was a favouring factor for the selection.

The EE-URs were selected to cover the three main **clusters of social services** in which the quality evaluation was piloted:

- 1) social services for persons with disabilities and care-dependent older persons;
- 2) social services of crisis intervention;
- 3) social services to support families with children.

This is also why the project originally referred to “user group representatives”, although for publishing purposes the shorter term ‘URs’ was eventually settled on. Based on an intensive cooperation with selected civil organisations a total of nine URs (out of 10 originally planned) were selected for the pilot, of which six were women and three were men. Six focused on evaluating services for people with disabilities and the elderly, two on services of crisis intervention and one on services to support families with children. In terms of educational level, five of them had a university degree and four had completed secondary education.

In order to prepare all evaluators (IEs, EEs, EE-URs) for the pilot activities, the **preparatory training** was organised at the end of 2019 for a total of 50 hours. The training of IEs and EEs was focused on different quality concepts, human-rights background of quality issues in social services, legislative rules for quality evaluation, modelling of evaluation activities, ethical aspects, teamwork, and prevention of formalism in quality evaluation. The preparatory training of EE-URs was organised separately, focusing on 5 thematic areas: my life, what is important in people's lives, working with and for others, and presentation of evaluation results. Topics on controversial and challenging situations related to evaluation were also included.

When planning the training of EE-URs, no emphasis was placed on enhancing their knowledge of the legislative aspects of quality evaluation. The decision to carry out the theoretical preparation of EE-URs independently was based on the original intention to delegate to them in the evaluation process special tasks: to conduct interviews with the primary users of the service evaluated and observe various aspects of its environment and operating (e.g. availability of the external and internal environment, conditions for open communication and interactions, the possibility of free use the premises of the provider).

In order to standardise the rules regarding the position and tasks of EE-URs in evaluation teams, several methodological guidelines were elaborated within the project starting with the 2020 material titled *User representatives - position and tasks in the pilot evaluation (summary)* (Repková, 2020a). It based up on experience from the theoretical training of evaluators and specified in more detail the rules for the participation of EE-URs in the activities of evaluation teams, as follows:

- for the purposes of the pilot evaluation, the URs are regular members of the evaluation teams in the position of EE-URs, as they have undergone a regular selection procedure according to the conditions of the NP QSS;
- EE-URs participate in the professional activities of the evaluation teams on an equal basis with other IEs and EEs, they are not deliberately excluded from any of the evaluation tasks;
- during the pilot evaluations, methodological support of a tutor is available to the EE-URs on an equal basis with other team members;
- EE-URs conduct their evaluation activities independently or with assistance provided at their own costs.

In addition, two other materials were developed, namely *Framework rules for the use of the interview with primary users in the process of quality evaluation* (Repková, 2020b); and, *Observation in the process of quality evaluation - methodological framework* (Repková, Marendiak, 2020).

The pilot evaluations were organised in a phased manner (corresponding to the WHO QualityRights Tool Kit, 2012):

- a) establishment of an evaluation team for the pilot evaluation of a service (the evaluation team was usually composed of one IE in the position of evaluation team leader, one - two EEs, one EE-UR, one tutor);
- b) organising the coordination meeting of the evaluation team and preparation for the on-site evaluation (analysis of available information on the evaluated service, division of tasks during the on-site evaluation);
- c) conducting the on-site evaluation (two - four days at the provider's site to gather evidence on the fulfilment of the individual criteria and quality standards under the Act - working with documentation, observation, interviews with primary users, staff, management);
- d) processing of findings from on-site evaluation, ongoing consultation of the evaluation team;
- e) drafting the evaluation report and discussing it with the evaluated service;
- f) submission of the evaluation report, feedback on the work of the pilot evaluation team.

Initially, a total of 24 pilot evaluations were planned to be carried out in 2020-2021. The outbreak of the COVID-19 pandemic had a major impact on the whole social services sector and thus on the planned NP QSS' activities. In the end, only 12 pilot evalua-

tions were initiated, of which only half (six in total) included EE-URs. Five pilot evaluations related on social services for persons with disabilities and/or in need of care (2x homes for seniors, 2x specialised facility and 1x social services facility), one evaluation was carried out on service of crisis intervention (shelter). Five URs participated in six pilot evaluations (one UR took part in two evaluations). The EE-URs were assigned to individual pilot teams so as to exclude potential conflicts of interest.

4.3 Pilot project – main results

In the following text, we summarise the main findings of the pilot project. We pay particular attention first to the question of how NP QSS actors had a **pre-understanding** of the issue of user perspective in evaluation activities carried out at system level; what were their **initial expectations** from the implementation of the pilot practice where URs become members of the evaluation teams. Consequently, we will convey the **initial experiences** of the NP QSS actors with the implementation of evaluation practice with a user component.

For the above purpose, we will use several data sources collected in 2019-2021. We will look at early views on EE-URs involvement in the evaluation captured in the lectors' notes based on the IEs and EEs group discussion during the preparatory training (November-December 2019). We will look also at 17 short reports provided by IEs, EEs and EE-URs on their first experiences of conducting pilot evaluations with URs involved (early 2020-June 2021). In addition, the results of a structured group discussion of the NP QSS actors on the issue of EE-URs involvement in quality evaluation will be shared (September 2021). Finally, further reflections of some EEs on this topic, elaborated in their reports after the September 2021 meeting, will be applied.

4.3.1 Pre-understanding of user involvement in quality evaluation at system level (initial expectations)

Initial expectations on the potential contribution of involving EE-URs in the work of the evaluation teams were very similar among all NP QSS actors involved. In November 2019, during their preparatory training for the pilot evaluations, both IEs and EEs, including EE-URs, mentioned the possibility of providing a different perspective to the evaluation - the perspective of the social service users, which may increase the objectivity of the whole evaluation process and its results. Moreover, they envisaged the possibility of an overall sensitisation of language in the evaluation team, the promotion of valuable social roles for people with user experience, but also the promotion of the status of primary users of providers being evaluated, “... *as someone is interested in them*”.

The preparatory discussions also included the issue of *potential risks* when it comes to the involvement of EE-URs in the work of the evaluation teams, or the *concerns* felt by evaluators on this issue. Concerns were expressed about the potential projection of EE-URs’ own lives (their experiences, including frustrations and unfulfilled wishes) into interviews with primary users, their inability to disengage. The unpreparedness of the whole evaluation team for evaluators with user expertise, and the bias of the providers being evaluated as to whether the views and opinions of EE-URs could be considered sufficiently competent for the evaluation process, were also mentioned as potential risks.

During the preparatory training, one EE critically responded to the lector’s call to identify potential benefits as well as risks to the involvement of EE-URs in the evaluation process and the work of the evaluation teams. This was considered to be a demonstration of stereotypical thinking if we ask up front a question about how this will (should) be positive and where the risks may lie. As was stated:

'... the contribution of EE-URs should not be thought of as something separate, outside the whole evaluation team, as we are together and therefore the contribution should be shared. Equally, the user experience should not be pre-attributed with a specific (positive or risky) impact on the work of the evaluation team, as one's own experience of a social service can have both positive and risky effects'.

The point was emphasised that the work of the evaluation team should be based from the outset on teamwork, division of tasks and recognition of the weight of each team member's views based on mutual trust.

4.3.2 Initial experiences and reflexions on user involvement in quality evaluation

The direct experience of actors in conducting pilot evaluations was a key for thinking more realistic about the importance of involving EE-URs in the work of evaluation teams. **What did actors perceive as beneficial in the applying the user perspective?**

In short reports from the pilot evaluations, some EEs mentioned that there was a lack of clarity on this issue prior to the first pilot evaluation. But, their attitude changed after completing one or more pilots. Initial expectations of some opposition of EE-URs to IEs and EEs were transformed to emphasising a *different perspective* of evaluation when based on real experience. EEs also appreciated the higher level of *trust* of the primary service users and their readiness to cooperate during the evaluation process when the EE-UR was also present. EE-URs, on the basis of their direct experience of the on-site evaluation, highlighted in particular the possibility to *focus their interest* directly on the primary users and on evaluating the quality of the social service from their point of view. They highlighted also the opportunity to provide members of the evaluation team with '*information from a different perspective*'. Fur-

thermore, the possibility to *relieve* them from conducting user interviews and to give them the opportunity to consistently engage in other evaluation activities (e.g. working with documentation, conducting interviews with managements). They welcomed the opportunity not to limit the observation and interviews with primary users only to selected quality criteria, but to address them *comprehensively* in terms of the practical fulfilment of users' human rights and freedoms by the service evaluated. Such a comprehensive approach enabled easier identification of situations where the 'satisfaction' of a given user with a social service could hide his/her previous difficult life situation, which led to a reduction of requirements for the quality of the service provided. EE-URs also highlighted the opportunity to know and understand more completely and in depth the *demanding work of providers*, often burdened with a lot of administrative paperwork.

Based on the initial experience of conducting the pilot evaluations, the IEs, EEs and EE-URs were able also to identify some **potential (future) risks** of applying the user perspective in the evaluation. EEs stressed the risk of *insufficient training of all evaluators*, including EE-URs, in legislation, procedural rules for conducting evaluations, communication skills (e.g. for conducting interviews) or competences for teamwork. The potential risk of not being able *to detach from one's own life experience* in evaluation was mentioned again, especially from side of the EE-URs. They also identified the risk of future *unequal treatment of evaluated subjects* if the participation of EE-URs in evaluation teams was not mandated in the law. This could also reduce trust or increase uncertainty of EE-URs as to whether there is a real interest in their expertise in conducting evaluations and in creating the conditions for their equal status in evaluation teams. Referring to the objectives of the NP QSS, this was critically pointed out by one EE-UR:

‘According to the plan, further evaluations will be carried out without the UR’s participation, which in my opinion does not meet the objectives of the project. My opinion is that an UR, from the perspective of the client (user), can assess the quality of the service provided directly at the site of the evaluated organisation, as he/she knows and can identify the needs of the clients and whether the service is provided in accordance with the quality standards; whether the clients are limited in particular quality criteria or whether the services are provided as they should be... to the satisfaction of both parties ...’.

Although, based on direct experience, the comments of the participating evaluators were generally positive, their views on what *competencies* EE-URs should have to join the evaluation team, have partly changed over time. This concerned in particular the request for at least a basic orientation in the current social legislation, specifically in the Social Services Act. According one IE:

‘... any person included in the evaluation team should have a priori knowledge of the quality conditions under the Act, as the performance of the evaluation is intended to provide a picture of the actual state of their meeting by a particular provider ... if EE-URs are not expected to have such knowledge, then their actual contribution to the evaluation system, which is supposed to be as objective as possible, can be questioned ...’.

The EE-URs themselves critically acknowledged that to perform their role well in the evaluation team, they needed a better understanding of social work issues and the social services agenda, including an orientation to the relevant laws. Similarly, some were critical of their own *limitations in ICT skills* (e.g. internet use, online communication) that are necessary for evaluation work.

In the phase of pilot evaluations and in short reports from them, both EEs and EE-URs repeatedly went back to the issue of en-

asuring financial and organisational *conditions for the participation* of EE-URs in evaluation teams, especially in the phase of on-site evaluation work. In individual cases, there were specific requirements for barrier-free spaces, about which the evaluated provider should be informed in advance; the need to provide a personal assistance; or secure accommodation in sufficient time. Covering the additional costs associated with participation in evaluation teams (transport and accommodation) or the provision of internet access was another problematic issue. Some EE-URs pointed out critically that many of such costs were covered by themselves within the pilot, what was financially demanding for them and demotivating for further cooperation.

Initial experiences of individual evaluators with the involvement of EE-URs in evaluation activities indicated that if such a practice were to be institutionalised, then it would be necessary to address certain **systemic issues**, namely:

- a) a legal determination of whether the involvement of URs in the work of the evaluation teams should be mandatory (compulsory in any case) or only optional;
- b) establishing a system for the recruitment and selection of URs for evaluation activities, including the definition of the required prerequisites;
- c) the provision of training of URs for evaluation activity, which would become a coherent part of the overall system of training of evaluators for the purpose of evaluating the quality of social services;
- d) the provision of other systemic conditions for the involvement of URs in the evaluation teams (e.g. reimbursement of extra costs related to accompaniment/personal assistance, if necessary; ensuring access to the Internet; ensuring the spatial conditions to participate in the evaluation at the provider, if necessary).

4.4 Lessons learned from the pilot project

By the end of 2021, the project activities related to the pilot testing of the introduction of user perspective in evaluation activities at system level were being phased out. Based on the accumulated project experience and in line with the planned outputs of the NP QSS, it was expected that recommendations would be formulated to MoLSAF on whether it is appropriate to change the social legislation to institutionalise the user perspective in the evaluation system, and if so, how.

All of the mentioned issues were intensively addressed in a **seminar** organised in September 2021, which was attended by all stakeholder groups involved in the NP QSS pilot project. The discussion issued on the user perspective in quality evaluation at system level was initially organised in a *workshop* attended by 18 people with direct experience of pilot evaluations (IEs, EEs, EE-URs, lectors). During the workshop, the participating actors discussed five structural questions, then results of the workshop were discussed in the *plenary session*, and lastly, *preliminary conclusions* were formulated. We summarise the **main results** and **conclusions** derived from the discussion.

Question 1: Have the positive expectations related to user involvement in the pilot been confirmed, as expected in the NP QSS, and if so, how?

Actors overwhelmingly confirmed the fulfilment of positive expectations on the representation of EE-URs in evaluation activities. They highlighted application of a partnership approach in evaluation activities, the use of optics based on EE-URs' own experiences with social services, which supported their ability to gain more credible information during interviews with users of the evaluated provider.

Question 2: Has the pilot confirmed those dilemmas and risks

regarding the inclusion of URs in the evaluation teams that were anticipated during the preparatory training?

Much attention has been paid to this issue. The participants with pilot experience proved particularly challenging situations where an EE-UR lacked personal experience with the type of social service being evaluated (e.g. when an EE-UR with personal experience with domiciliary care service would participate in a quality evaluation of a specialised facility). Or, when an EE-UR did not have the characteristics of the target group of the provider being evaluated (e.g. when a young person with a disability would take part in the team evaluating a service of a home for the elderly).

At the workshop, participants also pointed out weaknesses in the preliminar rules defining the EE-URs' roles and responsibilities in the evaluation team that were developed at the beginning of the NP QSS (Repková, 2020a). In the situation of an absence of any previous experience with the user involvement in evaluation activities at system level, the rules were perceived rather broad, leaving it up to the initiative and agreement of the evaluation teams themselves how they would proceed in a particular evaluation process. If the URs were to become part of regular evaluation practice, then, according to the results of the discussion, a set of **interrelated issues** would need to be addressed in more detail in the future, as follows:

- to define more precisely *what the user perspective means in the evaluation at system level* (whether UR status is fulfilled by the mere presence of a disadvantaging characteristic - e.g. older age, disability, experience of housing loss, violence, etc., or whether past or current user experience of the type of social service being evaluated is also necessary; or whether a combination of both is needed; or whether something else is also expected);
- to specify more precisely the *status of the UR in relation to*

other team members (URs were perceived by other team members differently - sometimes as experts, sometimes as a member of the primary user group);

- to clarify more precisely the *UR's position in relation to the evaluated provider* (the provider may be uncertain how to treat such a member of the evaluation team during the on-site evaluation);
- to clarify more precisely the *UR's position in relation to the primary service users* (users of the evaluated provider may perceive the UR through adversity, disadvantage or stigma rather than as an interview partner);
- to define more precisely the *UR's roles and competences in carrying out the evaluation* (whether he/she has to carry out 'only' observation of the service environment and conduct interviews with primary users or to carry out other activities related to the evaluation; whether to be a 'mere' holder of experiential knowledge or to comment more comprehensively on the professional aspects of quality standards as laid down in the Act);
- to define more precisely the *UR's working model* in relation to the whole evaluation team (whether he/she has to gain long-term knowledge of the day-to-day functioning of the provider being evaluated or to be a 'routine' member of the evaluation team; whether he/she should work together with the other team members during the on-site evaluation or should come to the provider 'independently' in order to assert a specific role and fulfil certain tasks).

Question 3: Can it be assumed that the process and results of an evaluation would differ depending on whether an EE-UR was represented in the evaluation team or not?

According to the workshop's participants the evaluation process

and its results are (should be) based primarily on objectively observed facts about the provider's conditions, therefore the EE-UR's participation and expertise does not have (should not have) a substantive impact on its results.

Question 4: Based on the pilot practice, what other aspects regarding the involving URs in the evaluation teams have been found to be important?

Discussants pointed to the 'overqualified' and high level of personal and practical competencies of the EE-URs involved in the pilot, which was surprising compared to the initial perception of the EE-URs' profile. According to them, the majority of EE-URs (five out of nine selected to take part in the pilot project) met the status of 'regular EEs' and thus could have been engaged in the evaluation already on the basis of the current legislative rules (Section 104 of the Social Services Act). As one EE stated:

'One of the members of evaluation team was a young, confident and well-educated lady who was an asset to our team, not only in her charisma but also in her professional understanding of how to do our job'.

The discussion on this issue has reopened a recurring question about the perspective from which EE-URs should approach quality standards and how they should evaluate the findings from interviews and on-site observations. The reporter of the discussion group (IE from the MoLSAF) pointed out to the plenary the risk of their 'intuitive insight into quality', which can sometimes be in contrast with the objective indicators defined for individual criteria and standards according to the Act. Discussants related this to the question of whether EE-URs should be familiar with the relevant social services legislation (specifically with Annex 2 of the Act) in order to carry out their evaluation work 'competently'. Therefore, the initial project assumption that this was not necessary came to be seen as risky.

Question 5: On the basis of the pilot project, is it possible to formulate a recommendation to the MoLSAF to change the legislation on social services in the sense of making the presence of URs in evaluation teams mandatory?

There was a consensus among the actors involved in the discussion that the experience was not sufficiently developed and validated to comment on revision of the current legislation of social services. The questions of the necessary competences of EE-URs, their status and roles in the evaluation team, the appropriate working pattern, as well as the relationship with the providers being evaluated remained open, even on the basis of the pilot project.

We add selected observations of two EEs who were finishing their evaluation activities after the organisation of the September 2021 workshop. In their short reports, they expressed their own views on the use of URs' expertise in evaluation activities. In addition, they identified related practical problems and outlined possible solutions. One EE came in her report back to the question of the substantive contribution that user involvement can make to the most objective quality evaluation of social services. She expressed disagreement with the original premise of the pilot that EE-URs' life experiences would 'automatically' engender a sense of trust and safety with primary users, which 'automatically' enhances the credibility of the information gathered from the interviews. In the EE's view:

'... the induction of confidentiality during the interview does not depend on the health disadvantage of the UR ... his/her health disadvantage does not help us much in establishing a relationship with the user. Mentally handicapped users don't look at the person (the UR) as handicapped ... they will only see him or her as a person ... I think what is important in establishing a good interaction between the EE-UR

and a primary user is what communication skills the EE-UR possesses and what emanates from him or her personally'.

The EE was also critical of the rules about 'static' tasks expected from EE-URs during the quality evaluation - description of the provider's website, conducting interviews with primary users, and/or on-site observation. Such rules were considered to be 'discriminatory', preventing equality between members of the evaluation team and limiting the opportunities to sufficiently exploit the individual potential of each EE-UR.

Another EE came back to the issue of the potential risk of transferring of an UR's own life experience into the interview with primary users, which may work against the interest an 'objective' evaluation of the quality of the social service provided and confuse the primary users interviewed. As she pointed:

'A potential risk for a user representative who has personal negative experiences with social services could be that he/she draws on his/her own experience when interviewing and evaluating the situation and brings a negative perspective to the interview, or asks suggestive questions to users'.

Based on the practical experience of the pilot evaluation, the EE also commented on practical issues related to ensuring the participation of EE-URs in the evaluation teams. She complemented her overall positive attitude towards the involving users in evaluation activities with an observation on organisational aspects, specifically for the purpose of on-site evaluations:

'When URs are involved in evaluation in the future, it would be necessary to prepare or establish the conditions that they need to manage the evaluation process without significant constraints and impacts'.

4.5 Pilot project – summary and discussion

Summarising, but especially interpreting, the knowledge gained from the implementation of the pilot project on the application of the user perspective in evaluation activities requires a high degree of caution and respect, especially due to the limitations of the data obtained. The limitations were related to several facts: during the pilot project only half of the planned pilot quality evaluations with a user component were carried out; there was the non-traditional profile of the EE-URs involved; even the homogeneous profile of the services evaluated as predominantly these were providers of residential social services for persons in long-term care needs. In addition, the process of individual pilot evaluations has been interrupted and prolonged by the ongoing COVID-19 pandemic, which has hindered the development of the evaluators' coherent understanding of the new experiences. However, some specific issues arose repeatedly, in different project contexts and timeframes. It is therefore useful to revisit and tentatively work with them as something that does not occur randomly and refers to the need to address them more closely. At this point we will use the given questions as a basis for discussion, which is organised as a series of substantive blocks.

4.5.1 System issues of a quality evaluation with user perspective

The available sources, coming mainly from the initial discussions during the theoretical training of the evaluators, the short reports from the evaluations with user perspective (component), the conclusions from the workshop in September 2021, but also from the ongoing reflections of the NP QSS actors, indicated that their attitudes towards the application of the user perspective in evaluation activities remained gen-

erally positive over time. One internal evaluator (an employee of MoLSAF) saw behind the general enthusiasm for the idea of drawing URs into evaluation activities the fact that from the beginning of the NP QSS, the idea was communicated as a human rights issue (cf. Repková, 2018a). It was therefore not difficult to succumb to the general excitement for its application, especially if the overall social services policy was interpreted, at least declaratively, within a human rights framework. As he stated:

‘I know that this element [meaning the user perspective in evaluation work; author’s note] sells well to the public and sometimes we can convince ourselves under the guise of a nice idea. But if the involvement of representatives of user groups is really to have any meaning, the quality conditions need to be adjusted and set very differently ...’.

In particular, the experience of the pilot project has highlighted the complexity of **applying a user perspective to evaluation work**, what is meant by such a concept and what all needs to be kept in mind if it is to be successfully implemented in practice (cf. Omeni et al., 2014; Healy, Clarke, 2020; Bromark et al., 2022; Mukoro, 2023; Burns, McGinn, Fitzsimons, 2023; Andersson et al., 2023). That it is not just a matter of randomly inviting someone (anyone) with a life experience of disability, housing loss or other disadvantageous characteristic, supplemented by the experience of a social service designed for people with such a life experience, to join the evaluation team. To prevent such an invitation from becoming dangerous practice in its effects on actors (cf. Thompson, Bates, 1998), it is necessary from the outset to seek a shared understanding among all stakeholders of such *systemic issues* as:

- Why is it at all desirable to involve URs in the creation and implementation of public policy on the quality of social services and their evaluation?

- What is the value orientation and socio-political paradigm on which such an initiative is based?
- What is the aim of such an initiative, what is it pursuing (also in the context of the sustainability of its structures, processes and outputs, or later impacts on actors)?
- What added value is user-driven evaluation intended to bring to the evaluation process itself and its actors (with particular emphasis on the needs and protection of the primary users of the service being evaluated)?
- How is the initiative communicated to professional and wider publics?

Also according to the conclusions of a recent EASPD study (2021), which assessed quality evaluation systems in selected European countries, it is not sufficient to have identified overarching objectives of the evaluation system in the legislation. Key definitions and/or methodological specificities (guidelines) on how to translate them into practice are also important. In our context this means, to have, in addition to the systemic issues mentioned above, many *practical issues* related to the embedding of URs in the evaluation of social services discussed in advance (cf. Healy, Clarke, 2020) and interpreted as consensually as possible. These are questions such as:

- How to recruit URs to be involved in evaluation activities?
- What criteria should URs meet to be involved in evaluation?
- What is expected of URs in the evaluation process (what responsibilities and practical activities do they commit to when participating in the evaluation)?
- What weight is to be given to the views and findings of the URs in assessing the findings and drawing conclusions from the evaluation with implications for the future operation of the service evaluated?

- What are the organisational and other conditions to be put for the involvement of URs in the evaluation?

Some of these prerequisite issues were already addressed in the preparation phase of the NP QSS (e.g. establishing selection criteria, providing initial training for EE-URs; Repková, 2018a), while others were addressed in the initial stages of the NP QSS implementation (formulation of basic principles for EE-URs functioning in evaluation teams; methodological recommendations for conducting interviews with primary users or for observing the service environment; Repková, 2020a; 2020b; Repková, Marendiak, 2020). But it was only the authentic, albeit limited, experience of evaluation with a user component that created the space for a deeper understanding of the systemic and practical contexts of this issue, both in terms of its potential to contribute to quality evaluation, and in terms of the conditions necessary for fulfilling this potential (Repková (ed.), 2021).

While many questions remained open, the available data and early experience of engaging URs in evaluation work indicated real opportunities to explore and support URs' evaluation roles as experts with lived experience. This is about their **potential** to contribute to the objectification of the evaluation process and its outcomes, in particular by providing a different perspective on the social service or by increasing the preconditions for obtaining more confidential and trustworthy information from primary users. Further, the potential of URs to promote a good working climate in the evaluation team and to sensitise working communication, or the potential to promote a favourable setting of cooperation between the evaluation team and the evaluated provider and its staff. Using this potential offers opportunities for triangulation of different sources of evidence on the service evaluated (cf. EASPD, 2021; EASPD, 2023), which helps to overcome the limits of purely 'objective indicators' applied

by formal evaluators (inspectors), as well as the limits of purely 'subjective indicators' applied by URs - persons with lived experience. However, the assumption of the existence of such a 'triangulating potential' does not mean that it can assert itself, as if automatically. For it to be transformed into the implementation of good/safe evaluation practice (cf. Thompson, Bates, 1998) with real benefits for all actors, especially primary users, the achievement of certain **conditions** is necessary. Based on the experience of the pilot project, some of these will be addressed in the following discussion blocks.

4.5.2 Representativeness of URs

The course and results of the pilot indicated the importance of the issue of ensuring the **representativeness of EE-URs** in relation to the objective of the involvement initiative. The issue can be approached from *several perspectives*. One is the typical notion of the UR image on which the pilot project was initially based (cf. users in the nueva model; Krogstrup, 2003). The EE-URs involved in the pilot were highly formally qualified individuals, some of them with many years of social work practice, even with some lecturing experience. Their involvement in the evaluation teams was therefore perceived mainly through their high level of professional understanding of the evaluation work what significantly limited deeper insights of what practical issues, problems and challenges would be posed by the participation of EE-URs representing other social service clusters, with different life experiences or levels of formal education and competences (cf. Omeni et al., 2014). Munday (2007a) pointed the issue of the possible heterogeneity of social service users and their representatives as one of the main reasons why it is quite difficult to adequately and completely address the perspective of users in social services, including their involvement in the quality evaluation at system level. The

author referred to significant differences when it comes to the involvement of well-educated middle class users compared to socially excluded individuals or families. The pilot project did not allow this type of diversity to be tested and evaluated.

Another aspect of the representativeness of EE-URs is the issue of the *demonstrable presence of certain disadvantaging characteristics and experiences* proving that the persons are persons with lived experience. Based on the originally set project rules, the selection of URs for the project primarily required the demonstrable presence of a disadvantaging life characteristic in combination with experience of a social service for persons with this characteristic (e.g. the EE-UR as a homeless person with a past or current experience of a social service designed for homeless people, e.g. a service in a shelter). However, the issue of proving the presence of a personal life experience with a disadvantaging characteristic can be ethically problematic, particularly if it is not apparent 'at first sight' (e.g. if the person is a person with an intrinsic chronic illness) or from the initial communication with the UR (e.g. a person with a compensated mental health disorder).

As part of the broader issue of the representativeness of URs, the question of what *criteria* should guide the *selection of URs* for evaluation with a user perspective may also be relevant. The pilot indicated that personal life experience of a disadvantaging characteristic combined with experience of using a relevant social service may not be sufficient. Their presence, more or less objectively demonstrable, does not in itself guarantee the meeting of other important requirements for EE-URs, the importance of which gained weight in the reflection of the actors during the pilot evaluations. In particular, they emphasised the EE-URs' readiness for teamwork and their communication skills, especially the skills to have a conversation with primary users that does not put them at risk. They also highlighted the ability

to disengage and be a voice for the wider public (trans-individual) interest. Further, UR's ability to be both perceptive and objective in evaluating the provider environment in terms of its potential impacts on primary users. While all of these requirements were formally included in the selection criteria for the EE-UR's position, there was no further specification of the process and criteria for how their meeting would be evidenced at the time of the EE-UR's selection process.

Some actors (especially IEs from MoLSAF), based on their experience with the pilot evaluations, also articulated the expectation that the EE-URs should have at least a basic overview of the social services legislation and thus not impose too much subjective feeling and interpretation to the evaluation of the individual quality standards. There was not full agreement on this requirement among the different actors and, in view of the completion of the pilot evaluations with a user perspective, it was not the subject of further discussions.

If the issue of the representativeness of URs for their involvement in the evaluation is approached in such a comprehensive way, then the question naturally arises whether the requirements for URs, including their communication skills or readiness for teamwork, should be a prerequisite (condition) for selection for the EE-UR role, or should be understood rather as an output of the initial part of the cooperation, when EE-URs are being prepared (trained) for the evaluation. Answering this question is also important in the context of another topic discussed, namely equal treatment of actors in evaluation with a user perspective.

4.5.3 Equal treatment in evaluation with user perspective

The issue of ensuring equal treatment in the context of evaluating the quality of social services with a user perspective has **two dimensions**. One involves ensuring equal treatment

of *people with lived experience* as potential members of evaluation teams. As we have repeatedly noted, the EE-URs selections within the NP QSS were predominantly attended by people who were qualified and well informed. Thus, in their case, it was to be expected that preparedness in the area of teamwork or communication skills would be naturally fulfilled to some extent. However, if such requirements were expected to be met 'up front' in the future, then service users who are most deprived, while having the most complex life experiences, may be limited or even prevented to be involved in evaluation teams for a number of reasons. Those mentioned in the literature include a lack of communication skills needed to talk to primary users or to work in evaluation teams, a lack of certain assertiveness or particular social and cultural skills, even a lack of access to the necessary information or a lack of financial resources (cf. Simpson, O House, 2002; Beresford, 2003; Munday, 2007a; Omeni et al., 2014; Reynaert, et al., 2021). Omeni et al. (ibid) reported in their research the negative experiences of engaged users with tokenism (cf. Arnstein, 1969) and their overlooking for being unprofessional and misinformed, especially when it comes to participating in initiatives at higher levels. As the participation of EE-URs in the evaluation teams can be considered one of the highest forms of user involvement in social services, the Omeni's findings can be supportive to understand why the national pilot project was mainly attended by highly qualified EE-URs. Therefore, in order to create equitable conditions for the participation of URs in evaluation teams, their real involvement is not possible without the provision of their adequate support that includes in particular initial training and payment for involvement (cf. Simpson, O House, 2002; Fleming, 2012; Burns, McGinn, Fitzsimons, 2023). This was to some extent underestimated in the pilot, which was critically identified by EE-URs as a disincentive for their future engagement.

The issue of equal treatment in evaluation with a user component also needs to be viewed from the *perspective of the providers* being evaluated. The pilot indicated the prevailing view of actors that UR involvement should not have a major impact on the course and outcomes of the evaluation, as evaluation teams work ‘... on the basis of objective facts’. However, if this were to be the case, then it raises the question of whether the original project assumption about the specific contribution of EE-URs to evaluation activities was relevant. Or rather, the question of what this special contribution consists of, what is its essence. If EE-URs have been invited to join evaluation teams for the purpose of eliciting information that might otherwise be unavailable to evaluation teams, then it is reasonable to assume that the evaluation process and its outputs (results) should differ depending on whether an EE-UR is present or not. During the group discussion, one EE-UR described her experience of the evaluation process as follows:

‘During the interviews conducted as part of the on-site evaluation, the rhetoric of the beneficiary changed fundamentally after the departure of another evaluator when I was left alone with him ...’.

Further research would be needed to verify whether such an individualised experience can be interpreted as a manifestation of some systemic issue (that it would work this way in most evaluations with a user perspective), or whether it is more likely to be a coincidence conditioned by situational circumstances, or by the individual adjustment of the people involved, or by other factors. Whatever the case, future work will need to look further into the question of whether the process of obtaining the necessary evidence and evaluating it may differ depending on whether an EE-UR is present in the evaluation or not. If his/her impact on the conduct and results of the evaluation is recognised, then applying the principle of equal treatment of providers in the evaluation should mean

ensuring mandatory participation of the EE-UR in each evaluation team, under clear conditions and performance rules (cf. Mc Millan, 2019). During the pilot, the attitudes of the actors on this issue was not uniform. According to some (mostly IEs from MoLSAF), the provision of such obligatoriness would not be necessary, as it should always depend on the professional judgement of the administrative body in charge of the quality evaluation (MoLSAF) what paths and means will be chosen and used for the evaluation process in individual cases.

4.5.4 URs as collectivities

In the course of the discussion, we will also raise a question which was not addressed by the pilot and thus we do not have the relevant research evidence to find the answers, but it can be considered essential in terms of the overall theme of the monograph. It concerns the *use of people's 'mediated lived experience'* for the purposes of providing external quality evaluation with a user perspective. There is some theoretical and conceptual basis to this question, which could be drawn upon in the future national context.

Within the terminological part of the monograph, we have stated that the issue of involving users in social services, including their evaluation, is quite complex and diversified, including a diversified approach to the users themselves for the above purposes. That users may act not only as persons with their own lived experience, but also as collectivities/groups of people, which may include users' carers, relatives, or other persons committed to upholding human rights and freedoms of persons in support and care needs (cf. Fleming, 2012; WHO, 2012; Strøm, Slettebø, 2021; EC, 2021; EC, 2022; EASPD, 2023).

In the national pilot, only individuals with lived experience were engaged as collectives, representing whole groups of people with such experience in the evaluation teams. The idea

was not examined whether and how carers or relatives of such people, or other stakeholders whose life experience is 'second-hand' but generalisable for the benefit of social service users, could be involved in the role of URs. These could be, for example, situations of external evaluation in childcare facilities or in early intervention services, where representatives of parents of such children would be involved in the evaluation teams in the position of EE-URs. Alternatively, they could be individuals who would engage in evaluation teams on behalf of adults with the highest level of support needs for whom they provide care on an informal basis. It is also possible to consider well-respected experts who are systematically involved in helping and supporting people in various adverse life situations within the civic sector. If the quality evaluation with a user perspective were to be institutionalised in the future, this issue would need to be addressed. It would also be very important in a situation when external evaluation with a user component is transferred to other social schemes in line with the new social inspection system (to social and legal protection of children and social curatorship interventions, or to financial compensatory schemes for persons with severe disabilities, including schemes to support informal carers).

As is evident from the summary and discussion of selected findings from the pilot evaluations with a user perspective (component), many questions remained after the completion of the pilot open and ready to be brought into the professional or socio-political discourse. Also for this reason, in the given period (2022), no clear recommendation was formulated by the NP QSS project team to change the social legislation in a way that URs would become a mandatory part of the evaluation teams. There were several reasons for this. In particular, it was the lack of direct experience from the pilot evaluations that prevented not only a settled idea regarding the status and roles of EE-URs in the work of the evaluation teams, but

also a reliable interpretation of some of the findings from the process of collecting relevant data. This is also why on many issues related to applying the user perspective in evaluation activities, different views or interpretations persisted among stakeholders even after the pilot had terminated. This does not mean, of course, that the relevance of the original project idea of including a user perspective in the evaluation of the quality of social services has in any way become questioned.

5 From pilot experience to system-based (large-scale) initiative

Is it possible to ground a monograph on involving URs in evaluation of social services at system level on a project experience that lasted only a relatively short time and in which only a few pilot evaluations with a user perspective were carried out? Moreover, when this experience was formed in a period significantly influenced by the COVID-19 pandemic, which had an immediate impact on everything related to the social services sector, including the activities planned in the original design of the NP QSS? This could be problematic if we focus exclusively on the period in which the pilot evaluations took place, without placing it more deeply in the broader socio-political context that preceded it in the longer term, but especially without linking it to what followed the pilot. And it is the post-pilot period, and the actual research that followed it, that will be the focus of this chapter.

One important terminological point needs to be mentioned at the beginning of the chapter. It relates to the *concept (term) of evaluation of social services*. This is an umbrella term that is used in the literature regardless of the institutional systems and instruments used for evaluation purposes. In the previous parts of the monograph, we have drawn mainly on the institutionalised concept of *evaluation of quality conditions* defined by the Social Services Act in force until the end of October 2022. As of November 2022, the national social legislation no longer refers to the evaluation of quality conditions, but to *inspection in social affairs*, the content of which is the exercise of *surveillance* in particular areas. Therefore, in the following, we will use both the phrase 'quality evaluation' (in the sense of the umbrella scientific term) and the term 'inspection/surveillance' in social affairs, in line with the current national social legislation.

5.1 A new legislative approach to quality in the social field

Within the original design of the NP QSS, the lessons learned from the pilot evaluations were to lead to proposals for changes in social services legislation towards institutionalising the legislative conditions for evaluation with a user perspective. We concluded the previous chapter by outlining the reasons why it was not achieved. However, it was not only the absence of more extensive project experience on the basis of which proposals could have been formulated more precisely, but also changes in the overall conception of evaluation activities in the social field on the MoLSAF's side.

During 2022, there were intense socio-political discussions on the revision of the external quality evaluation system in the social field, which proceeded relatively independently of the course and results of the pilot project. They culminated in the adoption of new legislation - **Act No. 345/2022 Coll. on Inspection in Social Affairs** (hereinafter 'new Act'), effective from 1 November 2022. The new Act regulates the rules for the exercise of surveillance as to whether the relevant social actors comply with specific regulations when providing different types of social interventions (Section 1 of the new Act). Based on a study of the available sources we will list some of the **major changes** that are directly or indirectly related to the subject of this monograph - the introduction and application of the user perspective in surveillance activities. In order to support the understanding and broader justification of these changes by the legislator, we will also use texts from the *special part of the Explanatory memorandum issued to the new Act* (hereinafter 'SPEMA'; NC SR, 2022):

a) the context complexity of surveillance

The new Act regulates inspection in social affairs, which is

defined as surveillance over the fulfilment of obligations assigned to the surveilled subjects by the legislation, with the possibility of imposing administrative sanctions for violation of these obligations. As stated in SPEMA:

‘The reason for creating such legislation ... is to ensure that the ‘goals’ set/pursued by social welfare legislation are also achieved in reality. It is not enough to impose an obligation on legal entities, but it is also necessary to control/verify the fulfilment of this obligation’. (NC SR, 2022, p. 4)

b) the comprehensiveness of surveillance in terms of the entities surveilled

Until the adoption of the new Act, quality evaluation under the established rules concerned only providers within the social services sector. However, the exercise of administrative surveillance under the new Act extends to a wider range of social actors and the interventions they provide. It is not only registered social service providers, but also entities (subjects) accredited for the conduct of measures in the field of social-legal protection of children and social curatorship. In the SPEMA it is stated:

‘From the point of view of social-legal protection of children and social curatorship, this is a significant shift, especially in the possibilities of monitoring the fulfilment of obligations by non-state - the accredited entities, as according to the Act on Control in State Administration, the performance of control over the fulfilment of obligations by these entities is at least problematic ... Practically, the only relevant instrument is the accreditation itself and administrative offences related to the non-fulfilment of obligations by the accredited entity’. (NC SR, 2022, p. 6)

Under the new Act, also natural persons who are recipients of a cash allowance / allowances for compensation of severe dis-

ability, including those who provide informal care or personal assistance, have become surveillanced. In SPEMA, such a decision is justified as follows:

‘... offices of the labour, social affairs and family do not have special departments functionally competent to control the effectiveness of compensation and the quality and scope of assistance ... it therefore seems necessary to transform the system of state control over the living conditions of people who are dependent on the assistance of another person by means of social inspections ... ‘. (NC SR, 2022, pp. 5-6)

By expanding the spectrum of social entities to be under surveillance, Slovakia has moved closer to a broader concept of social services, which are defined in the European context as individualised/personalised social services (COM, 2006; EASPD, 2023) or as public social services (Pillinger, 2001);

c) from the evaluation of conditions to the evaluation of results (outcomes)

In the field of social services, the new Act shifts the focus from the evaluation of quality conditions (according to set indicators) to the evaluation of results related to the activities of the subject under surveillance. As the surveillance evaluates the fulfilment of the provider’s obligations imposed by the new Act, it was not necessary to set indicators for the different levels at which the quality standard is met. According to the legislator, the change of paradigm - from evaluating compliance with conditions to evaluating the outcomes - brings benefits for both users and providers:

‘This legal regulation enables social service providers to flexibly and with a focus on the user to set the conditions for the management of the organisation and delivery of social services in such a way as to ensure compliance

with the basic human rights and freedoms of the user with regard to the specificities of a particular type of social service. At the same time, the legislation allows the social service provider to create and implement its own internal self-evaluation system for improving the quality of the social service provided'. (NC SR, 2022, p. 33-34)

d) human rights as a horizontal principle for the quality of social services

With effect from January 2014, a separate area of quality evaluation was introduced in Annex 2 of the Social Services Act, focusing on the compliance with the fundamental human rights and freedoms of primary users. The new system of inspection in social affairs (specifically inspection in social services) entails a revision of the respective annex. The specific area of quality standards focusing on the fundamental rights and freedoms of the service users has been removed, as these have become a horizontal principle for the fulfilment of any provider's procedural, personnel or operational obligations. The design of the revised quality standards was based on the WHO QualityRights Toolkit developed in 2012 (WHO, 2012) and designed to monitor compliance with the UN CRPD in the practice of health and social care providers. Regarding the human rights perspective of the new quality standards in social services, the SPEMA states the following:

'The processes and means by which a provider arrives at an outcome will be subject to evaluation only in relation to whether they are consistent with the conditions for the fulfilment of fundamental human rights and freedoms and the terms of the Social Services Act ... The change is intended to specify how the application of a particular right is translated into an obligation of the provider in practice'. (NC SR, 2022, pp. 33-34)

e) *'open surveillance'*

The new Act builds on previous social services legislation, under which it was possible to invite experts with certain qualifications to participate in the process of evaluating quality conditions under defined circumstances (Section 104 of the Act). Under the new legislation, this practice is transformed into a broader possibility to involve in the surveillance a so-called ***invited person*** (Section 6 of the new Act). According to the SPEMA:

'The use of the institute of the invited person is proven both from a legal and practical point of view in the exercise of control in the state administration. It allows not only to increase the competence of the surveillance in the specific areas, but also increases the effectiveness of the surveillance by the possibility of involving other entities relevant to the subject of the surveillance'. (NC SR, 2022, p. 13)

The engagement of an invited person is to be bound to the special nature of surveillance and cannot be applied either arbitrarily or a priori. Invitees may be representatives of other institutions and experts (e.g. representatives of the Health Care Surveillance Authority, experts for psychological care, child education, etc.) without defining in detail under what conditions. The new Act does not specify their required expertise or qualifications, considering the nature of their function and tasks for the surveillance purposes. The decision not to specify the qualifications for invitees 'up front' is justified in SPEMA as follows:

'A precise specification of the qualifications, expertise or position of such an invited person is not possible in the text of the draft law, taking into account the nature of the 'function' or tasks to be performed by the invited person in the performance of surveillance. Any attempt to make such a generalisation ... would have the effect of limiting the ability of the Ministry to invite for surveillance such experts whose

knowledge or skills will be necessary for the performance of surveillance in an individual case ...'. (NC SR, 2022, pp. 12-13)

f) independent surveillance

The reform aimed at establishing a system of social inspection also includes its corresponding organisational arrangements. After considering various options, the MoLSAF has established a *specialised social inspection unit* through which it exercises its original competences in the field of social inspection impartially and objectively, autonomously, transparently and independently. This is to be guaranteed by the fact that any changes to the status of the unit must be made by amending the relevant legislation, not only by amending the MoLSAF's organisational rules.

g) methodical and preventive function of the surveillance

Although the surveillance is primarily a control activity aimed at detecting the state of compliance with legal obligations of individual social subjects and, if necessary, imposing sanctions for non-compliance, from the outset the new Act has also emphasised its methodical and preventive function. According to Section 11 of the new Act, MoLSAF is obliged to draw up and publish an annual evaluation report on the results of its surveillance activities in order to raise awareness about the obligations of social subjects and about the state of their compliance, which it considers to be a tool for increasing the transparency of inspection activities.

We have included selected legislative changes related to the new social inspection system in the monograph for informative reasons, to present a broader socio-political framework of changes within which it is possible to think about the valorisation of the pilot experience from NP QSS under the new conditions. Furthermore, we have presented them rather descriptively. We deliberately avoided an evaluative element, as at the

time of the preparation of the monograph, more systematic and longer-term sources of information on the results of surveillance activities carried out under the new legislation were not available. Without them, it is not possible to make any, even indicative judgment as to whether the original intentions of the legislator to improve the living conditions of persons dependent on various types of social interventions (NC SR, 2022) by ensuring control/surveillance over the fulfilment of the obligations imposed on the surveillance social subjects by the relevant legislation are being met.

5.2 Involving URs in surveillance – a wider context for continuation

Although it would have been thought that the end of the pilot project and the adoption of the new social inspection legislation had brought to a close the ambition to address the issue of introducing a user perspective to evaluation activity in the national context, the expert work has continued from 2023 onwards, although no longer immediately within the NP QSS activities. At least **three systemic circumstances** can be identified that favour the continuation of the work to capitalise on the pilot project experience in the new context:

a) structural circumstances

The new inspection legislation is based on the premise that the exercise of surveillance can be more effective if it is carried out, in addition to MoLSAF's designated staff, by other invited entities relevant to the surveillance itself. The openness of the concept of 'relevance of entities', combined with the fact that the qualifications for invited persons are not further defined in the legislation, gives space to consider that invited persons could also be URs - persons with lived experience.

b) project-based circumstances

At the end of 2022, the European Commission approved the *Slovakia Programme for 2021-2027*, which within its fourth priority “A more social and inclusive Slovakia” offers opportunities for further investment also in inclusive and lifelong learning or in active inclusion programmes and support for accessible social services for the most disadvantaged and deprived groups of the population (SG, 2022). Thus, in 2023, MoLSAF began to form expert teams to prepare new project initiatives that would either be a continuation of projects from the previous programming period (which included the NP QSS) or identify new project ideas. The opportunity to influence the formation of such teams and to participate in their activities offers space to consider continuing activities aimed at involving URs in the evaluation of the quality and effectiveness of interventions in the field of social affairs.

c) continuity

The partial continuity of MoLSAF staff from previous periods can also be considered as a favourable circumstance for maintaining or developing the idea of involving URs in evaluation activities at system level. The personnel continuity refers to the period of 2017-2018, when the ideological foundations of the pilot project were being formed, as well as to the period of 2019-2022, when the pilot project was being implemented and evaluated, and new legislation on social inspection was being prepared.

5.3 Work in progress – research reflections and incentives

It is important to note that at the time of the preparation of this monograph, discussions on how the user perspective will be translated into a new project initiative, or several project initi-

atives within the new programming period, were still pending. However, this has not precluded the possibility of continuing research work on issues of user involvement in the evaluation of social services at system level, and exploring how public authorities grasp this commitment in the national context.

In the following, we present selected results of the **qualitative research** on the issues of the applicability of the institute of invited person (hereinafter 'IIP'), introduced above, for the purpose of involving URs in the surveillance activities in the social sphere. *The aim* of the research activity fit into the overall objective of this monograph presented in the introduction - to support the advancement of research-based knowledge focused on user involvement in social services and current initiatives of national authorities in introducing policies in this field.

The scope of the research activity was to find out how the selected experts of the MoLSAF perceive the IIP as a tool to improve the quality of surveillance activities (in general); whether and how the IIP has been used so far (in general); and, finally, how they perceive the idea of involving URs in surveillance activities through this institute.⁶ As the main *research method*, an interview with an expert was used, following the ethical principles of the research work. The experts were informed about the broader context and purpose of the research work, and gave informed consent to the recording of the interview, its transcription and the use of the data obtained for research purposes - publishing the monograph.

The research activity was *organised* from May 2023 to the end of February 2024, i.e. independently of the previous activities under the NP QSS. It was conducted in a *cascading manner*, as a 'qualitative variation' of the follow-up explanation model

6 The views of the experts articulated during the interviews did not represent the views of MoLSAF.

(Hlebec, Mrzel, 2012), where individual research steps (milestones) were immediately related to each other in terms of content, while each subsequent one built on the findings of the previous phase.

5.3.1 Milestone1: Very initial exploring on the IIP

As a bridging milestone between the completed pilot works of the NP QSS (2022) and the new phase of research activities can be considered the organisation of a **semi-structured interview** with an expert from the newly established MoLSAF Department of Inspection in Social Services in May 2023. *Aim of the interview* was to find out of how, if at all, MoLSAF plans to utilise, or in the best case, to valorise the experience gained in the pilot project for the purpose of conducting surveillance under the new inspection legislation. In particular, we were interested in how the IIP is planned to be used in general, and whether it will be possible to consider URs as invited persons for surveillance purposes.

The fact that the interviewee was one of the initiators of the original pilot, then one of its co-implementor on behalf of MoLSAF, and latter, one of those who drafted the new legislation, this all facilitated the efficiency of the interview. There was no need to explain in detail the original context, content and outputs of the pilot what provided an opportunity to focus consistently, in particular on the sustainability of the pilot results and the opportunities for the future.

To a *retrospective question* on how the interviewee, with hindsight, perceived the idea of piloting something that had no tradition in the national context and was not common even in neighbouring countries, she said:

‘I see this as necessary, as innovative, as something that certainly shouldn’t be lost in some way, but we should be looking for ways and means to continue this idea - to involve

URs in the process of evaluating the quality of social services ... We need to put URs in evaluation teams, because an evaluator - a professional who has no experience, who does not experience the constraints of everyday life, cannot put himself in the role of a user ... Surely this is necessary'.

Although the pilot project demonstrated the validity of the idea itself and helped to kick-start it within the pilot practice, the interviewee was reserved to make any generalising assessment due to the limited experience that the pilot offered. During the initial part of the interview, some issues were mentioned that, in the opinion of the interviewee, influenced the functioning of the pilot evaluation teams and the results of their work. E.g. the issue of establishing selection criteria for URs; the training model for evaluators, including URs; the model of working in the evaluation team; the acceptance of the new idea by the 'regular' evaluators and making their expectations regarding the presence of URs in the evaluation process realistic. However, the limited number of pilot evaluations with a user perspective did not provide sufficient opportunity to validate their initial set-up and to settle on the best solutions or to look for alternative solutions.

The interviewee's key statement about the continued need to involve URs in evaluating (inspecting) the quality of social services was a bridge to move the conversation towards the *present*. First, we were interested to know whether the pilot experience was somehow actively reflected in the process of drafting new legislation on social inspection. It was noted that the content and process of drafting the legislation was directly linked to one of the reforms embedded in the *Recovery and Resilience Plan* (MoF SR, 2021), namely the reform of social surveillance planned under Component 13 'Accessible and Quality Long-Term Social and Health Care'. The new inspection legislation was thus intended to be a legislative response to fulfilling

this commitment. The interview revealed that at the time of the drafting of the new legislation, there was no direct consideration of how to use the outputs of the pilot project in the future, or how to pursue the idea of involving URs in surveillance teams (e.g. by using the new legal concept of the invited person, which is regulated by the new social inspection legislation).

The next part of the interview was therefore intentionally focused on the *IIP itself*. It was repeatedly stated that when setting up this institute, there was no conscious intention of the legislator to use it (also) for the benefit of ensuring a user perspective in surveillance activities. Invitees were to refer primarily to health care or education professionals who would, in justified cases, complement the surveillance teams consisting of internal MoLSAF staff. A decisive moment in terms of the aim of the interview was when, at our request, the interviewee started to explore the idea of a possible use of this institute for inviting URs into the activities of surveillance teams, to which she had not spontaneously paid attention until then. She admitted that it certainly wasn't the intention when the new Act was drafted, to include the URs in surveillances as invited persons, but:

‘... it's a great idea to work on. It opens the door for us to look at ways of involving URs in surveillance, even though the nature of surveillance is quite different from the nature of quality evaluation. But I think that if we could sufficiently grasp and justify the specific nature of a particular surveillance, and if the subject of the surveillance were selected quality standards where we would say that this is impossible without the involvement of URs, so then ...’.

In the course of the interview, the ‘so then’ considerations on how to make the idea of possible participation of URs in the surveillance teams realistic in the future were developed step by step, as there are no legal obstacles to this in the new inspection legislation. The interviewee formulated the initial idea

that specific circumstances of surveillance that would legitimise the need for URs' involvement would be, for example, the evaluation of the provider's activities in the area of prevention of ill-treatment of service users or selected aspects of its infrastructural arrangements. In any case, however, the legislator and the implementer of the surveillance (MoLSAF) will have to clarify some fundamental issues beforehand:

... how to use UR's expertise and how to incorporate his/her expert conclusions into some of our surveillance outputs ... Such expertise would already have to be secured for every surveillance. That's the setup on our side ... And then the key thing would be through the project to both select those people and prepare them to operate in that way. Then I can imagine it through the institute of an invited person'.

Towards the end of the interview, the idea spontaneously began to take shape that it could be pursued in the form of a large-scale national project carried out by the MoLSAF aimed at building professional capacities for the inspection system and financed under the new Operational Programme Slovakia. This reasoning was from the outset in line with the recommendations made to Member States in the preparation of the EU Framework to use funding streams like the European Structural Funds to implement the objective of improving the quality of social services and their evaluation, as: '*... no successful pilot project should be discontinued after its completion*' (EASPD, 2023, p. 21).

5.3.2 Milestone2: A very initial understanding on how to continue

The initial interview fostered the start of some early discussions aimed at clarifying how the process of involving URs in the work of the surveillance teams could continue and how to use the new project opportunities to do so. The first inter-

nal discussions within the relevant organisational units of the MoLSAF were joined in the second half of 2023 by representatives of the research, civil society and project communities.

Although the discussions on the preparation of the new project initiative were not yet complete at the time of the preparation of this monograph, from a research point of view, it has been interesting to observe how they began to be *conceptualised*, particularly in terms of the application of the user perspective in surveillance. From the beginning of the discussions, there was a clear inclination towards the basic paradigm on which the current European innovative frameworks for measuring (inspecting) quality of social services are built: that the application of the user perspective is a human-rights issue. Thus, that the participation of URs in the process of evaluation should be considered as something that has the potential to enhance the quality of surveillance itself, an authentic orientation towards the needs of primary users and thus to improve the quality of social services towards a better quality of life for users (EC, 2021; EC, 2022; EASPD, 2021; EASPD, 2023).

In the ongoing discussions, many **conceptual questions** have been raised, the answers to which will determine the setting up of new project initiatives, such as:

- How the specific nature of the surveillance which will use the IIP (in general) will be defined?
- What interventions should be covered by surveillance with a user perspective? Should it cover the whole range of public services covered by social inspection or should it continue to be limited to more narrowly defined social services?
- What will need to be done to get the wider public, but particularly the inspection community, on board with the idea of user-led surveillance?

Discussions also addressed the **practical issues** of what will need to be done for the URs themselves to create the conditions for their involvement in surveillance activities, e.g. set up rules for their recruitment and selection; ensuring the necessary training; rules for URs functioning in surveillance teams; roles and tasks expected of URs during surveillance and their main working methods.

At this stage, even the possible **outputs** that the new project could bring in terms of applying the user perspective in surveillance activity were already being preliminary considered. Among others, the creation of a register of trained URs who would be 'available' to the inspection system in case of surveillance with a specific nature. Or about the need to change future social inspection legislation to explicitly define the position of 'expert by experience' for the purposes of surveillance, as the IIP is only 'transitional' for this.

The ongoing discussions, the formulated ideas and raised questions, but also the time passed since establishing the IIP in the social legislation, has moved us in early 2024 to an interest in researching how MoLSAF has used the IIP in the exercise of its surveillance activities from the end of 2022 until February 2024.

5.3.3 Milestone3: 'IIP in action'

In February 2024, we conducted *semi-structured interviews* with three experts on inspection, whereby each area covered by the social inspection was represented by one expert – an expert for social services (hereinafter 'E-SS'); an expert for measures of social-legal protection of children and social curatorship (hereinafter 'E-SPC'); and an expert for cash benefits to compensate severe disability, including schemes to support informal carers (hereinafter 'E-CB'). The interviews were *aimed* at exploring initial experiences with the use of the IIP and perceptions of its added value for the performance of surveillance. Through such research, we were interested in under-

standing what, in the minds of the experts, is the nature of the specificity of the surveillance activities in which MoLSAF applies, or is allowed to apply, the IIP. In addition, the experts' views on the possibilities of involving URs in surveillance through the IIP were also of research interest. The interviews were divided into three substantive blocks.

In the *first block*, interviewees answered the question: **To date, what has been the experience with the use of the IIP in the context of surveillance activities (in general)?** We felt it important to start interviews with a block on the IIP in general as it is a new legal institute. In the course of the interviews, this step proved to be justified, as since November 2022, the IIP has been used only twice so far, once for the purpose of surveillance in residential social services for persons dependent on the assistance of another person and the second one for the purpose of surveillance in a children's home. In both cases, the surveillance was carried out 'on notification' (Section 5 of the new Act), which suggested that the audited subjects may have been in violation of their statutory obligations.

The E-SS reported on the engagement of an external expert on the issue of residential care for older people with Alzheimer disease, who had been called in to the surveillance during its course, as it had become apparent that the provider was breaking the law in the area of unreasonable physical restrictions of service users. On the specificity of the surveillance in question, the E-SS stated the following:

'The surveillance was specific. The decision to invite an additional expert was based on an identified violation in the use of restraints, which significantly interfered with the clients' rights ... this violation is so substantial that it endangers their life and health ... '.

A psychologist from a specialised state administration office was invited to the surveillance in the children's home from the very

beginning, as it became apparent that there was a need for a detailed study of the clients' psychological documentation, for which no member of the surveillance team was competent due to the lack of psychological training. As stated by the E-SPC:

'... we as inspectors would not have been able to access the documentation otherwise, we would not even have been able to assess it ... we brought in an expert who was missing and who was able to provide us with a specialised opinion or statement that we would actually be able to rely on ... I have to say that this was very beneficial'.

From the outset of the interview it was evident that the nature of the 'specificity of surveillance' when a public service is provided by a formal provider (a registered social service or a subject in the field of social and legal protection of children and social curatorship) will be different from the case when surveillance activities are carried out in relation to individuals - recipients of cash benefits and informal carers in their homes. On the question of the specificity of surveillance in this case, the E-CB highlighted:

'... we carry out surveillance of individuals, mostly directly in their dwellings, and each individual surveillance is specific in itself ...'.

Although MoLSAF has conducted more than a hundred home-based surveillance visits to date, generally oriented to the area of informal care, the IIP has not yet been used in this field of inspection. This was not only due to the fact that such surveillance activities only started in practice in April 2023. The E-CB repeatedly emphasised the importance of a well-prepared background documentation, which is used as a basis for the surveillance teams to prepare for the visit to the supervisees' homes. This would potentially predetermine the need for the presence of an invitee and in what his/her expertise might be required. The E-CB on this stated:

‘... if I have to find out what all the assistance is being provided for, then I have to know what the assistance should be provided for [and this should be clearly stated in the assessment protocol; author’s note] ... of course, I see the institute, it’s perfectly set up. But we haven’t got to that step yet ... but that doesn’t mean that when that situation arises now, if the need arises, we will certainly use it’.

The E-CB has repeatedly referred to the importance of well prepared assessment protocols regarding dependence on a person for assistance of another person, to which the reform of the disability assessment should contribute. Its adoption and implementation was even seen as a more important step than the actual completion of staff capacity in this field, as no need has yet been identified to compensate for any missing inspectors’ expertise. However, inspectors are already preparing for a situation of a need to bring in, for example, an interpreter to ensure communication of inspectors with persons belonging to minorities neighbouring Hungary, or with the large Roma-speaking clientele in Eastern Slovakia, or with persons with hearing impairments.

With regard to the surveillance activities aimed at individuals in their households and the quality of informal care provision, the E-CB highlighted another important circumstance. Namely, the impact of broader aspects of the household (e.g. accessibility of premises, availability of necessary equipment), the evaluation of which is not the subject of surveillance under the new Act, but which have a direct impact on the quality of care that is the focus of the surveillance. This complicating factor was considered by the E-CB in the context of human rights:

‘What we perceive in that performance is that even if the people in the household don’t have some responsibilities or standards of what a household should look like, we per-

ceive that that has a profound effect on care. Because, for example, with hygiene: different quality care is provided when a person can get to the bathroom than when they have barriers, but those barriers can be removed. We will also focus on the right of free access to information; what is the opportunity for a person with a severe disability to express his or her will, whether he or she is being restricted in the home ... the person with a disability in the home also has the same rights. Just where is the cut-off point ...?’

Despite the different starting points for the different areas of surveillance activity, all three experts independently agreed that the low uptake of the IIP to date is mainly due to the fact that it is a newly introduced institute. Although they are open to the idea of involving invitees, they expect a more intensive use of this institute only after the staff and infrastructure base of surveillance activities have been completed, *‘after the basic problems have been resolved’*. They also shared the view that not every future surveillance would require the application of an IIP; that this would depend on the quality of the background documents for the surveillance, which could indicate the need to invite an expert in a specific field already in the preparation phase, or that such a need would only become apparent in the course of the surveillance and/or in the formulation of its conclusions.

The second block of interviews immediately followed the first one. The question on fact finding - to what extent the IIP has been used so far - was followed by a question aimed at exploring: **What is considered to be the added value of this institute for the quality inspection in the different areas falling under the inspection system (in general)?** Given the low amount of previous experience with the use of IIP, we considered the answers of the experts to be rather presumptive, as expressing their pre-understanding of the topic, while it was obvious that the running interviews also contributed to it.

The explanatory memorandum to the new Act philosophically defines that the purpose of the IIP is to ensure that there is sufficient qualified evidence of a provider's status of compliance with its legal obligations and thus to ensure that the provider delivers better quality care to its users in the future (NC, 2022). In our interviews, we sought to explore deeper what the experts understood by such a philosophical paradigm and how the implementation of the IIP would be particularly beneficial in fulfilling the purpose of surveillance activities as thus defined. Based on the analysis of their responses, it was possible to outline a preliminary *typology of situations and purposes* associated with the possible added value of this institute:

a) IIP as a way to compensate for the lack of expertise in the surveillance team

This function of the IIP was mentioned most frequently. According to the E-SPC, this occurs, for example, when surveillance involves studying and evaluating documentation that is only accessible to persons with certain qualifications (e.g. psychological) that no member of a particular surveillance team possesses. The E-SS expressed the opinion that inspectors should be able to make at least a basic professional judgement on all supervised aspects of a social service. At the same time, she acknowledged that situations may arise where surveillance teams need complementary in-depth expertise from another person, and that the decision to invite an external expert may be taken before the actual on-site surveillance begins, or during the course of the surveillance, or even at the finalisation stage. As has been indicated, this depends significantly on the quality of the background documents for the surveillance, whether the surveillance starts in the context of the MoLSAF action plan or on the announcement, as well as on what emerges as needing to be addressed in the entire surveillance process;

b) IIP as a condition for ensuring the course of surveillance

This includes, for example, inviting an interpreter into another language or into sign language during the surveillance. However, such an invitee does not do what an IIP is primarily expected to do - to influence the process and outputs of surveillance by purposefully obtaining and evaluating relevant information. Rather, his/her presence provides the basic prerequisites for on-site surveillance, i.e. to enable communications between the actors involved;

c) IIP as a solution to the lack of confidence of the inspected subject or the wider professional public in the expertise of the members of the surveillance team in a specific area

This surveillance function was identified by the E-SS when, based on previous experience, she stated:

‘... we were aware that pointing out the inadequacy of such measures would provoke a negative reaction from providers ... And I confess that this was also linked to the expectation that our expertise in this particular area would be called into question.’

d) IIP as a tool for addressing ‘big issues’ in an expert manner

This is a related IIP function to the previous one, dealing with the evaluation of ‘big issues’ on which there is not yet a fully shared view, even within the expert community, and which may give rise to uncertainties. It has been identified by the E-SS in preparation for the new surveillance, where it is planned to undertake the IIP again:

‘Now I have a new surveillance where I have come across a great topic and I realise that the waters are stirring a little bit again. It’s about clients with substance addictions in residential settings. It’s about how to work with risk in these cases’.

d) IIP as a tool to 'facilitate' the person under surveillance

Such a consideration was articulated by the E-SPC, who saw potential for engaging invited persons in surveillance focused on children's services (e.g. in Children and Family Centres) to facilitate children and young people in the situation of the presence of surveillance teams. The E-CB mentioned that in the case of surveillance carried out in the household, this issue has already been resolved by guaranteeing the possibility of the presence of a person chosen by the person under surveillance in order to provide him/her with increased protection and emotional support.

After settling on a preliminary understanding of the using IIPs for the purpose of improving the quality of surveillance activities and thus promoting better services for a better quality of life for their beneficiaries, we moved on in the interviews to consider the possible involvement of the URs in the role of invitees. In the *third block*, we asked the experts: **Would it be beneficial to involve URs, i.e. 'experts by experience/experts with lived experience', as invitees into surveillance and what could be the added value, as well as limitations of such involvement?** In the case of the E-CB and E-SPC, the interviews in this section first required an introduction to what the involvement of URs in the work of the surveillance teams would entail, drawing on the initial experience gained during the piloting of this idea in the NP QSS.

The E-SPC identified a parallel of such involvement with its own experience from an earlier time when, in the context of resocialisation programmes aimed at reducing the demand for drugs, persons with previous experience of this kind were in leadership positions in such institutions. As she stated, the staff's first-hand experience was perceived by other staff as adding value in relation to the purpose of the programmes:

‘We’ve been told by staff who haven’t had this experience that those clients didn’t take them as they don’t know what they’re going through, they don’t know how hard it is ...’.

With regard to the user component in the surveillance activities focusing on the area of social and legal protection of children, the E-SPC has specifically highlighted the problem of trust- building. In the case of multiple surveillance visits to the same provider, she considered it advisable to ensure that it was always the same UR, ‘... *otherwise it could cause mistrust by children*’.

The E-CB appreciated the opportunity to build on the previous pilot experience of the NP QSS and accepted in principle the idea of surveillance with the application of the IIP, where the invitee would be a person with lived experience. However, from the outset of the interview, she consistently emphasised the individuality and distinctiveness of any surveillance carried out at home, regardless of whether an invitee would be involved or not. If the invitee were UR, she considered as a possible benefit, in particular, his/her presumed informality towards the person under surveillance. However, as she stated:

‘For us, there are probably more barriers than incentives for. It may be the severely disabled person him/herself who would not want to have a conversation with someone who has had a similar experience, because he/she doesn’t see himself/herself in that way and prefers to talk in a community of completely able-bodied people. The other thing is a certain degree of subjectivity that cannot be removed because, although several people have the same health problem, everyone experiences it differently’.

The E-CB also mentioned the dwelling factor as limiting, where the entry of a ‘third person’ into the dwelling (household) of

the person under consideration would have to be legally resolved and organised in such a way that it would not be intrusive, but supportive.

All experts identified subjectivism and the transfer of URs' own life experiences into interviews as a potential risk. The E-SPC also highlighted a possible concern about the inability of interviewees '*... to realise that they had crossed some boundaries in the interview*'.

Also in this block, all experts independently agreed that they could envisage the involvement of URs as invitees in surveillance activities, but not universally, in every surveillance, but rather when the need actually arose, especially in surveillance carried out on notice. Further, that URs would need to be trained to perform the role of invitee. Finally, that the source of potential URs could be mainly civic associations, persons from their member bases, but also from outside.

At the **end of the interview**, we still invited all the experts to freely comment on any issue/topic that they consider important in relation to the surveillance activities and the use of the IIP. They independently noted the particular benefit of the information, findings and insights that they gain unintentionally during their surveillance activities, which they considered to be '*an add-on to their work*'. As reported by the E-SPC:

'... we can survey the situation, we can point things out; we can also bring quality to the awareness of those who believe that they are providing care and implementing measures to the highest possible degree ... how many times does the performance, the speed, the need to get things done, outweigh the fact that they don't have the time to think about why certain things and measures need to be done, to think about the philosophy ... Our added value to control is that we can afford to go into that quality as well ...'.

The E-CB commented that as an add-on to the surveillance activities carried out in the household, it can be seen:

‘... what is not related to surveillance, but to the fact that we get into the home and many times we get information beyond the inspection: what people are struggling with in the home, what problems they have, that they are uninformed ... which we then communicate also with the headquarters’.

In the final part of the interview, the E-SS raised an issue related to the nature and objectives of surveillance activities. She shared the experience that providers in particular, but also the wider public, sometimes expect that surveillance activities will be primarily a tool for supporting providers. While acknowledging some supportive effect of surveillance in relation to providers (e.g. by publishing the results of surveillance activities, which raises awareness of acceptable and unacceptable practices of providers), she interpreted the professional mission of surveillance primarily as a human rights issue related to the protection and support of users of social services. She highlighted the importance of surveillance in raising awareness that:

‘... surveillance is a tool to achieve change. It is a tool for protecting users and supporting people to get to standard conditions. To make it the norm that the service is person-centred and that people are properly supported. And that a distinction is made as to what support is appropriate for whom ... The conditions for improving people’s lives are set out in the legislation as obligations on the provider. And it is our duty to know the situation in the facility, whether it corresponds to the legislation, the obligations that the provider is bound by ... ‘.

In order to fulfil this mission, the E-SS considered the selection and training of inspectors towards value alignment so that *‘they have the same optics of looking at things’* as central. She

approached the involvement of the user perspective as an essential and courageous step for future inspection work, which will link us to broader international efforts to promote and protect the rights of people in adverse life situations.

At the end of the interviews, all the experts highlighted the necessity to continue the project's application of the idea of involving URs in surveillance activities in individual areas of inspection, as it is still a new idea whose intended benefits, as well as unintended effects, need to be verified in a broader than pilot mode.

5.4 Summary and discussion on continuation

In Chapter 5, we addressed selected issues that are currently determining the thinking on the continuation of the project initiative to involve URs into evaluation/surveillance activities in the different areas covered by social inspection. We reflected on the fact that at the time of writing this monograph, efforts to launch such project/s were still underway, and it was unclear when the work would be completed and the real implementation would be launched. However, from a research perspective, we have seen the way in which the initial and subsequent discussions on these initiatives have been philosophically evolved and led to as crucial, as they can be considered as a core determinant of the sustainability of the ideological alignment of actors on this issue and thus the stability of future project actions and outcomes (cf. EASPD, 2023).

We find it particularly rewarding, even unique, that we have been able to engage the MoLSAF experts in a research collaboration and to explore with them the idea of the possible involvement of URs as invitees in surveillance activities at a time when the IIP itself is only just emerging in the awareness of the inspector community and tentatively applied in practice in Slovakia. That is why we cannot even make any prediction to-

day as to how and to what extent this institute will be used in the future. Obviously, this will depend significantly on **how the IIP will be approached**. Based on the study and research work conducted so far, we have identified two possible approaches. The first, we have termed as a *substitution approach*, whereby invitees are engaged as 'substitutes' in the absence of the expertise of internal surveillance team members that is essential for a specific surveillance. Hypothetically, this approach could be more strongly represented in the early stages of an application the surveillance system, when 'things are being clarified', answers to the 'big issues' are being sought, and the social and professional position of the surveillance as such is being established. It cannot be ruled out that over time and with the accumulation of surveillance experience, the substitution-based involvement of invitees will weaken as the expertise of the inspectors will strengthen.

The other potential approach we have described as *complementary*. In applying it, it would be consistently assumed that on certain issues and in certain situations the presence of an invitee should be the standard, since he/she is likely to have expertise irreplaceable by any 'ordinary inspector'. Such expertise may be, for example, the type of formal education that provides access to some type of documentation or the application of specific surveillance procedures. Or, such expertise may be the lived experience of URs as invitees, which was the ideological basis for the pilot project of involving URs in evaluation activities, as well as basis for our first interview with the MoLSAF expert in May 2023. It was envisaged that the evaluation of providers' obligations linked to selected quality criteria (e.g. in the area of mistreatment of users or evaluation of the accessibility of the provider's environment) should/could be by default provided by URs as experts with experience in the following areas.

At present, it is difficult to predict which approach will be pri-

oritisied in the national context, or whether a combination of them will be more likely over time, depending on how all the conditions for a more systematic involvement of the URs in surveillance activities will be achieved (e.g. awareness-raising, recruitment, selection, training, reimbursement of additional costs; cf. Simpson, O House, 2002; EC, 2010; WHO, 2012; EASPD, 2023). If we base on the situation in the Czech Republic with the long-established institute of the invited person (specialised experts) as a tool for achieving the purpose of inspection (Section 98 of the Act No. 108/2006 Coll. on Social Services), then we could expect a rather substitutionist concept of this institute to be applied. As can be seen from the reports on the activities of the Department of Inspection in Social Services, in the Czech Republic this institute has not been used in recent years because ‘... *there was no reason to use it*’, the expertise of the authorised employees of the Ministry of Labour and Social Affairs was sufficient (MoLSA, 2024).

The next round of expert interviews, which took place in February 2024, brought an additional dimension to the expert discussion on the possible involvement of URs in surveillance through the IIP. It was opened particularly in the context of surveillance carried out in the person under surveillance’s dwelling (home) and his/her right to choose whether he/she is interested in communicating with a person with lived experience as part of the on-site surveillance process. As it has been assumed that the response to such a model of surveillance work could vary among such persons, the consistent view expressed in the interviews with the experts was that IIP, including the situation where the UR would be the invitee, should not be applied universally. The primary consideration should always be based on the need arising, i.e. whether it is a **surveillance of a special purpose**. In doing so, two perspectives should be incorporated into the consideration on the specificity of the designation - MoLSAF’s decision to engage UR as an invitee combined with the willing-

ness of the person under surveillance to accept such a special way of obtaining evidence. Of course, such an approach would then be applied not only to surveillance carried out in the home, but also in all formal public services.

As it emerged from the interviews with the experts, the current situation can be considered not only as a time of building the personnel base of the inspection, but also a time of efforts to form a shared view of the inspector community on its mission in society and standardisation of procedures and methods of surveillance work. However, the interviews also indicated another important insight, namely that, despite the common mission, **individual areas of inspection have their own specificities**. For example, in the case of services whose clients are children or adolescents, the expert stressed the issue of building trust between them and the members of the surveillance team. If an UR was invited to surveillance, it should always be the same UR during repeated visits, otherwise the situation could hurt the child or young person and increase their mistrust.

The most significant differences occurred when comparing surveillance activities carried out in the dwelling (home setting) of persons under surveillance and in the environment of formally organised social interventions (in social services and in measures of socio-legal protection of children and social curatorship). One of the fundamental differences concerned the **evaluation of the environment (setting)** in which the social intervention is provided, which can be both a supporting and limiting factor for its effectiveness. The fact that the standard of household equipment is not subject to surveillance in the home setting, as individuals are not bound by the law in force to do so, complicates not only the surveillance work and the way to evaluate what is its subject (e.g. the quality of informal care), but in particular the person's access to quality informal care and the fulfilment of his/her human rights.

What is of particular relevance is the fact that today's model of home-based surveillance already gives the supervisee the possibility to invite a person whom he/she trusts and who can 'facilitate' the whole process for him/her. This evokes a principal question: is the presence of such a confidant no longer a fulfilment of the idea of involving URs in the evaluative (surveillance) activity? After all, as we mentioned in the terminology chapter (see section 2.1 for more details), the **broader concept of user** includes not only primary users, but also their carers, relatives or other significant persons and organisations that are engaged on their benefit. And would it not then be possible to integrate into such a category also experts who have already been engaged by the MoLSAF through the IIP (e.g. an Alzheimer's care specialist invited to inspect a social service; or a psychologist invited to inspect a children's home), as they have long been specialising in a particular aspect of the care of the target groups and enjoy wider professional prestige? Even if we would admit that in the broadest sense this is part of the issue of user involvement in the evaluation of social services (cf. Evers, 2003; EC, 2010; WHO, 2012; EASPD, 2023), we do not advocate such a generalised view, as it partially nullifies the essence of the whole concern: that URs are involved in evaluation on the basis of their own lived experience, which is at the core of their irreplaceable expertise independent of formal qualifications (Munday, 2007a; Beresford, Carr, 2012), and that they are engaged in as a collectivity (cf. Fleming, 2012; Strøm, Slettebø; 2021).

In summarising and discussing the research findings, we turn also to considerations on **how to ensure project continuity** in involving URs in the evaluation of social services or in social inspection per se. The conducted research work, including interviews with experts indicated a number of interesting findings on this issue as well. Firstly, the substantive links of the new potential project objectives to the previous pilot project, in terms of recognising a human rights-based approach to the

development of a national framework focused on quality social interventions. Further, that there is an apparent alignment of the discussions and intentions with the overarching principles of the developing EU Framework (EASPD, 2023), which defines excellent social services as a part of a wider ecosystem within which they operate, particularly in terms of their sustainability and flexibility. Incorporation of the principles of *sustainability* and *flexibility* of solutions into upcoming project plans is approached in a number of ways. As the interviews with the experts revealed, they perceived surveillance activities as part of the broader social policy in the field of social affairs and its reform intentions, in particular the link with the reform of disability assessment (cf. Repková, 2022). Further, there is an attempt to move from a pilot project experience to a large-scale project initiative with more sustainable outcomes. The sustainability of the initiative to involve URs in surveillance activities could also be supported by the fact that it is underpinned by the current legal system (in the IIP). Such a grounding was absent during the pilot project, making the fulfilment of the original project idea and the sustainability of its outputs highly vulnerable to any change in the external circumstances of the project.

The future sustainability and flexibility of the outputs could certainly be enhanced by the possible **synergy of several project initiatives**, especially as regards the social services system. From the preparatory work so far, it appears that the issue of user involvement in social services, including their evaluation at system level (level of surveillance), could interlink the project initiative aimed at building quality social services at the community level with the one aimed at building professional capacity for surveillance activities. While the first initiative could prepare (train) URs for future involvement in surveillances, the second could focus on preparing inspectors for conducting surveillance with a user perspective and institutionalising the rules of the URs' engagement in such performance.

At present, the question of a possible **extension of the project initiative/s** aimed at involving users in social services to all areas covered by the social inspection system - including the system of social-legal protection of children and social curatorship and the system of direct payments for persons with severe disabilities - also remains open and discussed. We argue that such an extension could strengthen the sustainability and flexibility of interventions aimed at quality (excellent) social care, as the interventions provided in these areas are often complementary and overlapping in their effects and impacts on primary users, which is the ultimate goal of social inspection system.

6 Involving users in the evaluation of social services – implications for social work

One important note to preface this chapter: we ended the previous chapter by considering the relevance to introduce a user perspective into the evaluation of all interventions that fall under the new Act in the national context. It may therefore come as a surprise that, as the title of the last chapter reveals, we return ‘only’ to the social services sector. This is not because we ignore or question such consideration. Rather, on the contrary, it sounds very promising, especially in terms of the sustainability of future solutions and their benefits for the widest possible target groups of social interventions. There is no professional reason to believe that the issue of quality evaluation (inspection) should exclusively concern the field of social services and not other types of social interventions. Therefore, a situation where no quality evaluation systems have yet existed for other intervention schemes seems to be unsustainable, requiring change (NC SR, 2022). And such a change could be offered by a new system of inspection in social affairs.

If this chapter is to address the implications of the issue of involving users and their representatives in the quality evaluation at system level for social work, then we return to social services for different reasons. Primarily because individualised/personalised social services are seen as a typical social work intervention field (Payne, 2014) with an ever increasing number of social workers working in this sphere (Munday, 2007b)⁷. Also because

7 Based on the available national data, it is difficult to verify the claim about the increasing number of social workers in social services, as the methodological continuity of these data is not maintained. For example, until 2019, Annex 3 of the Report on the Social Situation of the Population in Slovakia (MoLSAF, 2016-2020) explicitly reported the number of employees performing social work in social service institutions, which even decreased in absolute and relative terms within the total number of professional staff (from 1,271 in 2015 to 1,058 in 2019; or from a share of about 8 % in 2015 to a share of 6.5 % in 2019).

commitments to supporting the independent living of primary users of social services through community-organised social services are human rights relevant to social work interventions in particular (EC, 2021). It is not surprising, then, that it was the social services sector in which the idea of introducing a user perspective into quality evaluation was first piloted in Slovakia. This is why we can so far think most authentically about its implications for social work in the context of social services. Apparently for similar reasons, in the international literature the issue is most often related to the social services sector, albeit more broadly defined than in the national context (cf. Pillinger, 2001; COM(2006); EASPD, 2023). On the other hand, we believe that the considerations formulated in the context of social services will be largely transferable to other areas that are subject to social inspection, since even there social work is being pursued primarily as a human rights discipline.

6.1 Complementarity of the social-political, professional and practical context

At the end of the monograph, we reconnect with Evers' idea that:

'... the issue to be debated is not whether to opt for a 'yes' or a 'no'; ... user involvement is valued to some degree, but it is seen differently. It should however be underlined right at the beginning that in reality we will find various ways to blend elements of different strands in order to outbalance the weaknesses and strengths of specific ideas and concepts'. (Evers, 2003, p. 1)

In a significant part of the previous text, we have drawn on the broader socio-political and project context, through which the idea of involving users into social services is gradually taking on a 'national meaning'. As we have shown, this context is particu-

larly important, especially when it comes to user involvement in the evaluation of social services at system level. Without the existence of legal conditions for the participation of URs in evaluation (surveillance) teams, it will always be a pilot, and therefore episodic experience, without the possibility of fully exploiting its potential for all actors involved in social services, especially for their primary users. At the same time, without more explicit conditions for the participation of URs in system-level evaluation, it will not be possible to ensure equal treatment of the different parties to the evaluation with a user perspective (primary users, providers and persons under surveillance, members of surveillance teams, including URs) in the future.

A deeper insight into the application of the user perspective in social services, with a special focus on involving URs in the evaluation of their quality, also offered us additional horizons of understanding. First of all, that the **topic cannot be left unaddressed** (in Evers' sense, it is impossible to say "no" to this topic), since it is in some form and in some degree inherently present in social services (cf. Repková, 2023f). It has always been of lesser or greater, intuitive or systematic interest to the social service providers themselves to involve users in some way in the design and delivery of social services and, at the same time, to survey their satisfaction with particular aspects of social services in order to improve them. Over time, this spontaneity and inherence has been superimposed by the increasing information and legal awareness of users and their relatives (cf. Nies et al., 2010) about what a quality social service means, how it is supposed to help realise in everyday life the human rights and freedoms of its primary users. Even users themselves (and their families) have come to be expected to actively participate in the quality assurance in social services field (cf. Mc Millan, 2019; Mukoro, 2023). In providers' everyday practice, the initially intuitive view of quality gradually began to be transformed into a human rights issue, i.e. an institutionalised public interest

and obligation, the fulfillment of which became subject to public control, both state and civic.

In line with this trajectory, the presence of the user perspective, i.e. the perspective of involving users in the design, delivery and evaluation of social services, is embedded in all the quality standards set out in the relevant annex of the Social Services Act. These are set to be user-reflective, i.e. based on an examination of the impact of particular aspects of the social services provided on the lives of their primary users (cf. EASPD, 2021; EASPD, 2023). However, it is no longer sufficient to recognise and address the issue of the user perspective in a socio-political framework (strategies, laws, programmes) focused on social services. What is at least equally important is what is being done in the routine activities of social actors and various professionals or activists to empower social service users in real terms to position themselves as active co-creators of social services and to achieve their higher quality (cf. Mc Millan, 2019; EASPD, 2023; Burns, McGinn, Fitzsimons, 2023). And this is the thinking where the optics of the socio-political or project determinants of involvement initiatives are complemented with professional optics, especially the optics of social work as a human rights discipline. When the existence of general ideological frameworks, declarations and legal conditions for involvement become real opportunities for users to be involved, and these opportunities are mediated through the professional commitments and activities of social workers (cf. Payne, 2014) or other helping professionals and practical conditions at the organisational level (Bromark et al., 2022).

Shier (2001) also built his five-level model of participation on the interconnection of ideological (systemic, socio-political), legal, professional and practical aspects of implementing a strategy of user involvement in social services. The author identified *three stages of commitment* that work at each level of participation. He called the first stage as an *opening* which

occurs when a helping professional is ready to operate at a given level and in a certain way (to apply empowering practice towards users to participate). When the worker or organisation is enabled to operate at a given level of participation in practice, the author called this stage as an *opportunity*. Opportunities include resources (including staff and time), skills and knowledge (training), development of new procedures or approaches to establish tasks (methods and routines). The final stage is an *obligation* when initiatives at given levels focused to promote involving/participating of users become the agreed policy of the organisation, they are built-in to the system as an obligation of the staff that they must to do so. At this stage, promoting involvement activities is closely related to the quality and content of daily work of helping professionals. According to Bromark et al. (2022), underestimating these system conditions and management practices can lead to the risk that the issue of implementing user involvement becomes an individual social worker's (or other practitioner's) initiative, what Andersson et al. (2023) consider to be an obstacle to its long-term implementation.

In line with the chosen methodological framework of the monograph, the last chapter will discuss the **implications** of the issue of user involvement in evaluating the quality of social services for social work as a human rights discipline. By implications, we will understand in particular the roles that social work is expected to fulfil in involvement initiatives.

6.2 Involving users in the evaluation of social services – roles of social work

We built the conceptual and methodological framework of the monograph on a human rights-based interpretation of the issue of embedding URs in quality evaluation at system level, i.e.

on the primary user's right to be involved at individual level, at the same time, on the primary user's right to be involved through URs at system level (Munday, 2007a; EC, 2010; WHO, 2012; Fleming, 2012). With such a conceptualisation, it is understandable that the professional implications of the issue relate primarily to social work as a human-rights discipline and a tool for promoting participatory democracy (in general), as: *'Social work is uniquely positioned to lift up the voice of those who have not traditionally been heard'* (Erickson, 2012, p. 187).

Human rights and sharing responsibility for working to oppose and eliminate their violation are among the core principles of the global definition of social work as a practice-based profession and academic discipline (IFSW, 2014). The document *Standards in Social Work Practice meeting Human Rights* (2012) further specifies what the promotion and realisation of human rights means in the global context. In terms of the theme of the monograph, some core purposes of social work deserve special attention, namely (IFSW European Region e.V., 2012, p. 9-10):

- Assisting and educating people to obtain services and resources in their communities;
- Encouraging people to engage in advocacy with regard to concerns at different levels;
- Formulating and implementing policies and programmes that enhance people's wellbeing, promoting development and human rights and collective social harmony and social stability;
- Acting with and/or for people to advocate the formulation and targeted implementation of policies;
- Acting with and/or for people to advocate changes in those policies and structural conditions that maintain people in marginalised, dispossessed and vulnerable positions.

If the performance of social workers' tasks related to the fulfillment of the above global goals is a part of the standards of their profession, then the responsibility of social workers to involve users and their representatives in social services, interpreted in a human rights optic, is not whether to opt for a 'yes' or a 'no' (paraphrase of Evers's expression, 2003). It is rather a matter of searching for and determining the closer meaning of *what it means when social workers use human rights as a basic framework for their practice* while understanding for it is still limited (Reynaert et al., 2021). In more practical terms, it is about seeking answers to the question of what is realistically expected of social workers in order to harmonise the perception and practice of interested actors on involvement of primary users and URs in the evaluation of social services in order to improve their quality (Erlandson et al., 2023; Mukoro, 2023; EASPD, 2023). A 'universal' answer to such a formulated question may be complicated by the fact that it always depends on the welfare regime of a country how the human rights are understood and implemented (Reynaert et al., 2021). Moreover, the status and roles of social work in social services remain relatively unclear, especially for social service managers and staff, who often do not know what exactly to expect from social workers (Musil, 2012; 2017; Repková, 2018).

It is reasonable to assume that ambiguities will also relate to the roles and responsibilities of social workers in promoting the involvement of primary users or their representatives in evaluating the quality of social services. On the one hand, it is encouraging that, according to some research works, among social service professionals, they are social workers who have been more likely to have direct experience of user involvement activities (Kristiansen, 2012; Omeni et al., 2014). However, other research works (e.g. Erlandson et al., 2023) still mention a lack of agreement on what user participation (involvement)

means and on how the involvement policy can be translated into care and support practices. It leads social services' staff, including social workers, for using different involvement strategies, based on their own interpretation, of how to reconcile different values (e.g. conflict between promoting users' involvement and responsibility for their safety) and prioritise between tasks (e.g. due to a lack of time and/or inflexible care schedules and routines). According to Burns, McGinn, Fitzsimons (2023), the development of inclusive/involved practice is strongly influenced by the managerial and process driven culture of organisations and a pressurised environment of the social work practice. Based on their research findings, it is high caseloads, excessive administrative and paperwork, lack of time and resources to spend time with primary users on co-production activities, even lack of clarity of their roles, poor management of their expectations, and the often complex language used, which can inhibit inclusive/involved practice at an organisational level.

The difficulty of settling on a shared understanding of the roles of social workers in promoting the involvement of service users and their URs in evaluating the quality of social services is also related to the fact that this is a very complex issue. It needs to be considered and approached in a multi-leveled manner in line with a multi-leveled strategy of involving (co-producing) policy in sector of social services as such (Nies et al., 2010; Mukoro, 2023). Indeed, it is not only the roles of social workers who are directly engaged in social services, but also the professional responsibilities of social work in the broader context of a social welfare regime and social services policy, where its broader mission (global purpose) is realised in the *'... formulating and implementing policies and programmes that enhance people's wellbeing, promoting development and human rights and collective social harmony and social stability'* (IFSW Europe Region E.V., 2012, p. 9). In this mission, social workers

are engaged at different levels and positions, in various public settings (institutions and organisational arrangements), acting in relation to different target groups and through different intervention programmes.

Despite this complexity, it is possible to frame a **typology of the roles and tasks of social workers** that are associated with the targeted involvement of primary users and their representatives in social services, with a particular focus on their evaluation at different levels. Before introducing the typology, we will present some frameworks and concepts that inspired us in its elaboration. In terms of the roles of social work as a human rights discipline (in general), it is certainly noteworthy to mention an **Action framework for human rights in social work**, which was formulated by Reynaert et al. (2021) as part of their research to answer the question, what actions do social workers do when they use human rights as a framework for their practice. Based on ethnographic research and focus groups conducted, they arrived at a key point of the framework, which is *'... the recognition that human rights in social work are collectively constructed and that social workers play a crucial role in this construction process'* (ibid, p. 15). The framework consists of *five building blocks of actions*, namely:

- *systemworld-oriented action* (actions focused on ensuring an access for people living in vulnerable life conditions to all the institutionalised societal resources necessary for the realisation of their human rights);
- *lifeworld-oriented action* (it is about social workers making connections with the experiences from people's everyday lifeworld; about getting to know practices that people in vulnerable situations develop to cope with daily experiences of injustice and violation of their human rights);
- *participatory action* (it is about 'relational' practice focused

on shaping human rights on a basis of dialogue between social workers and citizens/users on how to construct human rights and for what purpose);

- *joined-up action* (it means that social workers use their professional discretion in order to be guided by their ethical duties instead of following fixed rules and arrangement);
- *politicising action* (it concerns a commitment of social workers to collectivise individual experiences of human rights violations and to bring these to the public debate; to use political advocacy to denounce structures and systems of power that cause violations of human rights).

What is inspiring is the complexity, comprehensiveness and multi-level structuring of the framework within which social workers engage with individuals, groups and communities with experience of human rights violations. Moreover, in joint discussion with them, they seek a shared understanding of what human rights are and how to construct them. Finally, they bring the experiences of individuals, groups and communities into the public space and into discussions at different levels in order to change the system, its ideology and structures. This action framework corresponds to the tradition of the general division of social work interventions into macro-, mezzo- and micro-level interventions (Levická, Levická, 2015); it also corresponds to the multi-level approach to quality assurance and management in social services (Nies et al., 2010), or to the multi-level conception of the position of people with lived experience in the co-production literature (Mukoro, 2023). This offers a space for reflection on the full range of possible roles, tasks and organisational anchors through which social workers can, or are expected to, engage professionally in involving users in evaluating the quality of social services. A typology of such roles is presented in Table 2.

Table2: Roles of social work in involvement initiatives at different levels

Level	Target group	Roles of social work
System (Macro level)	Public authorities: base & legislation	Co-creation the system conditions for involvement policy Creation of descriptive, explanatory and ethical base for involvement policy
	Public authorities: surveillance (control) performance	Awareness raising for involvement policy Education/training for involvement practice
	Public authorities: project initiatives	Holdering the idea on involving users Co-creation of conditions for involving users Integration ideas & actors on involvement initiatives
	Wide public (civic society)	Awareness raising on involving and empowering of primary users and URs
	Inspectors & URs	Awareness raising for involvement idea Education/training for involvement practice Empowerment to be involved
Organisation (Mezzo level)	Founders & Service management	Awareness raising for involvement policy
	Service staff	Awareness raising for involvement policy Education/training for involvement practice Controlling and monitoring the involvement practice
	Representatives of primary users	Education/training for involvement practice Empowerment to be involved as collectivities
Individual (Micro level)	Individual primary users	Empowerment/Mobilising to be involved individually
	Families and informal carers	Empowerment/Mobilising to be involved individually

Source: author

In developing the typology, we were not only inspired by the Action Framework and other sources mentioned above. We have also integrated into the typology the results of our own research activities aimed at studying the role repertoire of social workers engaged in the social services sector (Repková, 2018b). We also approached the typology from the perspective of a **triple mandate of social work** (Staub-Bernasconi, 2012), in which the human rights substance of social work is translated into a specific composition of a mandate of help, a mandate of control and a mandate of self-development of social work as a third party. Finally, the lessons learned from the pilot validation of the user perspective in evaluation activities at system level in 2019-2021 within the NP QSS were also applied.

In the text that follows, we will address the typology in more detail.

6.2.1 Roles of social work at system level

At **system level**, the theoretical and ethical mandate of social work is claimed for the critique of society and social agencies (service providers) and for science-based advocacy towards human rights and social justice (Staub-Bernasconi, 2012). These are all those roles of social work that are enacted in the context of the politicising actions of social workers (Reynaert et al., 2021) and are aimed at change, transformation and reform (Mukoro, 2023). Through these roles, social work fulfils those professional purposes that are focused on formulating and implementing policies and programmes that enhance people's wellbeing, promoting development and human rights. When social workers act with and/or for people to advocate the formulation and targeted implementation of policies; and, when they act with and/or for people to advocate changes in those policies and structural conditions (IFSW European Region e.V., 2012).

If we translate these global objectives of social work into the substantive context of the monograph, then it is about setting

theoretical, methodological and ethical frameworks for the creation of conditions and relevant legislation aimed at promoting the philosophy of involving users in social services and their evaluation. At this level, social workers are the holders and advocates of the 'involvement idea'; mediators of the interactions between the various key actors who are to discuss it professionally and mediators of the professional debates between them (cf. Musil, 2017; Repková, 2018b; Reynaert et al., 2021). The outcome of such a focused reform mission should be an informed (science-based) basis for decision-making by public authorities - usually MoLSAF and its project implementation structures - on relevant policies and projects aimed at involving users in social services, especially at system level (e.g. in the framework of social services inspection).

The integrating and mediating function of social work has been fully asserted in the national context by the recently completed NP QSS. This was not only in the period 2019-2021, when pilot evaluations with a user perspective were prepared and implemented, but also in the entire previous and subsequent context. That have been precisely representatives of social work from the academic, research, legislative and practical spheres who, from the last decade until today, expertly *integrated the different phases* of the project initiatives and ensured their ideological and methodological consistency. They initiated and justified the legitimacy of the original idea of the pilot project, shaped its design, and ensured to a significant extent the implementation of the individual pilot activities and their evaluation. After all, representatives of this discipline initiated the *search for ways* how to bridge the developments and experiences of the pilot period into a new stage - the discussion on large-scale initiatives in this field as described in the previous chapter.

At the system level, social workers also assert themselves as direct *performers of surveillance activities* aimed at evaluat-

ing the quality of social services, thus fulfilling the mandate of control (Staub-Bernasconi, 2012) stemming from their responsibilities in relation to society as a whole and to the organisation they represent (MoLSAF). This does not mean, however, that quality evaluation (surveillance) should be carried out exclusively by social workers and prominently defined as a specialised social work practice. Although it can be assumed that persons formally qualified in social work will be significantly involved in the surveillance teams, the inspection legislation makes it possible to involve in the surveillance experts from other professions related to the social field (e.g. pedagogical, health care, legal or public administration). Similarly, persons with different professional backgrounds may be involved as invitees, depending on the specific focus of the particular surveillance. However, given the nature of most of the evaluated quality standards, especially those relating to procedural issues, the principles and methodological practices that underpin social work should be the guiding principles when conducting surveillance activities.

Social work representatives are also expected to undertake activities focused on the promotion of participatory democracy principles in social services, i.e. those that are included in the participatory actions block in the Framework for Action (Reynaert et al., 2021). In the context of the monograph, these activities are mainly about *sensitising and civic education of the wider public*, including civic society organisations and their members, on the importance of involving users in the co-design of social services to make them generally user-friendly and advocate for the protection of the rights and freedoms of their users. Through such activities, a base of future potential URs can be formed for strengthening the staff capacities of inspection in social services and for introducing surveillance with a user perspective as a natural part of a system of inspection in the social field built on a human-rights basis (EASPD, 2023).

The set of roles of social work and the activities of its representatives at system level can also include the provision of *education/training of inspectors* (and in the future, hopefully also URs in the position of invited persons), who form the personnel base for the performance of surveillance activities in the field of social services. Again, however, these will not necessarily be social workers in the role of trainers, although it can be assumed that they will to a significant extent be at the core of tutor/trainer teams or facilitators of collaborative working in these teams.

Considering the identified roles of social work at system level, it is reasonable to expect social workers from a wide range of sectors involved - in particular people from academia and research, but also representatives of NGOs or umbrella organisations of providers, independent think tanks or professional organisations.

6.2.2 Roles of social work at organisational level

Even in such a circumstance, the primarily reformist role of social work is asserted, focusing on acting with and/or for people to advocate the formulation and targeted implementation of policies and, acting with and/or for people to advocate changes in those policies and structural conditions (IFSW Europe Region e. V., 2012). However, quality policy is implemented at the *organisational level*, where individual service providers implement quality standards and use (should use) the results of the self-evaluation to develop an internal quality management system. Thus, at this level, social work roles focused on politicising activities (creating and implementing an internal quality system) are complemented with roles focused on life-oriented activities, where the experience of social workers based on their connections and dialogues with primary users and their representatives is utilised (Reynaert et al., 2021).

As we have stated elsewhere (Repková, 2018b), social workers are *co/creators of quality policy* at the provider's level, advo-

cating and promoting the idea that quality social service is not possible without the active involvement of its users or their representatives in the planning, delivery and evaluation of the social service, as well as its improvement. To this purpose, they are expected to provide the activity of *raising the overall awareness* of founders and providers on the importance of involving users in all structural aspects of social services (in their co-producing). Furthermore, to provide *internal education and training* of the staff of the different departments of the provider and to *coordinate* their activities towards the practical implementation of the user involvement and co-production strategy. These roles and related tasks may also include the performance of selected *control and administrative tasks* related to the implementation of the quality policy and the co-production strategy (Staub-Bernasconi, 2012).

In terms of the practical application of the strategy of involving and co-producing of social services at organisational level, a key role of social workers is also the *empowerment of elected representatives* of primary users in the position of collectives (Fleming, 2012; Strøm, Slettebø, 2021) to apply the self-management principle at the provider as part of the participatory actions (Reynaert et al., 2021). This refers to their empowerment for tasks related to their participation in determining living conditions in the service, namely in the creation and modification of domestic rules, in the resolution of various situations related to the day-to-day functioning of the service, in the choice of leisure activities, etc. Social workers are expected to guide primary user representatives to understand the essence of the self-management principle in social services, its importance for their quality planning, delivery, evaluation or improvement. At the same time, they will educate them on how this status can be practically implemented in order to fulfil its original purpose, prepare them for the fulfilment of the corresponding role and assist them in its implementation (e.g. supporting them to participate before, dur-

ing and after meetings to decide practical issue how the service operates; Burns, McGinn, and Fitzsimons, 2023).

For the purpose of fulfilling the above mentioned social work tasks at the organisational level, both internal social workers in the position of the provider's senior staff and external social workers specialised in internal quality management issues and empowerment of primary users' representatives to become an active part of it, can be engaged.

6.2.3 Roles of social work at individual (user) level

The literature offers the most common examples of social workers' involvement in *empowering individual primary users* to decide about day-to-day help and support provided to them by a service (Fleming, 2012), when they are co-designing their personalised care and wellbeing pathways (Mukoro, 2023). At this level, the mandate of social work as individualised help and support is generally promoted (Staub-Bernasconi, 2012) and social workers are charged for encouraging individual users (and their families) to be engaged in advocacy with regard to concerns of their individualised help and support (IFSW European Region e.V., 2012). In terms of the action framework (Reynaert et al., 2021), social workers' advocacy activities are mainly those that focus on the lifeworlds of the primary users in combination with those that are participatory-based.

In the national context, the rights of primary users to be involved in decisions about their day-to-day help and support are enforced through almost all the quality standards defined under Annex 2 of the Social Services Act, particularly those of a procedural nature. These include in particular the application of the method of individual planning and individualised work with users (*standard 1.5*), the institute of the right to express satisfaction with particular aspects of the social service (*standard 1.10*) and, most recently, the institute of the trustee in social services

(*standard 1.15*). In achieving these aspects, the individual user acts as part of a network of various actors directly or indirectly involved in the social service provided (user, family, friends, staff, trustee, guardian), whose interactions and cooperation need to be coordinated. Therefore, in order to draw users into social services at the individual level, the *coordinating and mediating role* of social workers in particular is asserted (Musil, 2017; Repková, 2018b), whereby the framework of joined-up actions becomes a mediating element in the cooperation of actors ‘around’ the primary user (Reynaert et al., 2021).

The mobilisation of individual primary users for active involvement in decisions about the social service they receive is also related to another important role of social workers. As mentioned in the previous text, the practical use of involvement-oriented institutes (e.g. expressing dis/satisfaction through comments and questionnaires or participating in meetings with the provider’s management) is significantly related to the enabling conditions that are created for primary users to do so. This is related to the *informational, educational and mobilisational role* of social workers to familiarise users and their families with the rules and culture of the organisation, especially in the initial phases of the cooperation. Consequently, it is important to create operational conditions for the practical application of the right to have a say in different aspects of social services that are accessible and friendly to people with different kinds of health, social or emotional disadvantages. Previous national practice has pointed out many reserves in this respect, in particular: the inadequately placed boxes for the submission of suggestions or complaints in the provider’s premises, or the absence of writing instruments to do so; the absence of information for primary users and their families about the method of submitting complaints and the rules for their handling; or the absence of conditions ensuring sufficient anonymity of users when submitting complaints and the elimination of fears of

engaging in such a way. Therefore, empowering primary users to influence the way in which social services are delivered to them also involves *creating the practical conditions 'for action'*. This task is integral to the internal quality management of the social service provided.

It would be reasonable to expect that the mediating, informative and educational, but also practical roles and tasks in exercising the right of individual users to be involved in deciding how social services are provided to them on a day-to-day basis would be provided by the internal social workers of the service. However, particularly in the case of smaller providers, there may also be external social workers who help to build and apply the provider's internal quality management system.

6.2.4 Summary and discussion

We presented a typology and a more detailed description of the roles and tasks of social workers and representatives of social work discipline, which are related to creating of conditions, mobilisation and practical implementation of the right of service users (but also their families) to be involved in the co-production of quality social services. From a social work perspective, the chosen approach has led us to some **interesting insights**. At the same time, it indicated the limits of possible generalisations, also depending on how social work is approached in terms of its institutionalisation and professionalisation (Matulayová, Schavel, 2021).

The first topic discussed is the issue of *conceptualising social work roles at system level*. As is evident from the proposed typology, to a significant extent we have compared the different roles with the general action framework developed by Reynaert et al. (2021) in order to specify what actions social workers do when they use human rights as a framework for their practice. Although we labelled some roles as roles at system

level, we did not have in mind roles that fully encompassed what Reynaert et al. (ibid) described as systemworld-oriented actions aimed at accessing all citizens to the institutionalised societal resources which are necessary for the realisation of their human rights. In the author's work, we were rather interested in the idea of 'progressive universalism', according to which it is appropriate in social work to combine universal social resources and systems (for all citizens) with selective social systems relevant for supporting people living in vulnerable life conditions. In line with this idea, we have had in mind in particular those roles that are purposively aimed at supporting actors to be involved in the evaluation of social services as a tool for their improvement. However, we have assumed that the fulfilment of such roles is not possible without embedding the idea of involving users in social services in the cultural and value framework of society as a whole (cf. Munday, 2007a).

A further insight relates to the *cross-cutting nature* of the issue of user involvement in social services in the context of global thinking about quality (excellent) social services. Our aim was to show that this issue cannot be seen as an isolated, stand-alone aspect that needs to be addressed in social services, which will be achieved 'at some point in time' when certain specific conditions are secured. User involvement in social services, in the sense we have addressed it in the monograph, is an *overarching and continuously applied principle* of social services that is, or should be, present from the outset of a social service and its everyday functioning (cf. EASPD, 2023). That is why it is not conceptualised in the Social Services Act as a specific/separately defined professional activity carried out within the framework of individual types and forms of social services. Rather, it is defined as a universal perspective from which to approach various professional and other activities in social services of different kinds. From a human rights perspective, therefore, any such activity should naturally include 'involvement perspective'.

Based on research results to date, we would like to highlight the findings concerning the *position of social work* in fulfilling the competences and public commitments of actors at different levels in involving users and their representatives in evaluation of social services. Based on the role typology presented above, it would seem that social work has a privileged position among the helping professions in this field, as the activities aimed at involving users into evaluation of social services at different levels practically cover its complex role portfolio (cf. Musil, 2007; Repková, 2018). Such an understanding would also be favoured by recent international discussion frameworks dealing with the evaluation and improvement of social services towards excellence (cf. EC, 2021; EC, 2022; EA-SPD, 2021; EASPD, 2023), which explicitly emphasise the importance of social work interventions carried out in social services to activate, support the independent and community life of their users. However, the question is what is meant by social work in this context. Whether it is the professional interventions of persons who meet the relevant qualifications in this field (*the professional perspective of social work*) or whether it is a broader range of experts carrying out social interventions applying the principles and methods of social work (*the perspective of social work as a social institution*) (cf. Hubíková, Havlíková, Trbola, 2021). If we apply a professional perspective, then according to the 'Standards in Social Work Practice meeting Human Rights' (IFSW European Region e.V., 2012, p. 21), these would currently be persons with a bachelor's degree as the minimum level of education for social work practice. In Slovakia, the qualification prerequisite for the performance of social work is the completion of the second university degree in the field of Social Work, which is laid down in the Act No. 219/2014 Coll. on Social Work and on the Conditions for the Performance of Certain Professional Activities in the Field of Social Affairs and Family (MoLSAF, 2014).

In a situation where the share of social workers in social services in Slovakia in the long term does not even reach one tenth of all their professional staff (cf. MoLSAF, 2016-2020), it would be unrealistic to expect that all or most of the involvement activities will be preferably provided by social workers 'according to the law'. However, this does not exempt the provider from the obligation to involve the primary users in decisions that affect how the service operates. Therefore, engagement activities must be considered as an *overarching principle* that should be applied in every activity that the provider undertakes and through all helping and support staff. From this perspective, the position of social work in user involvement can be interpreted rather as a social institution (cf. Musil, 2010; Hubíková, Havlíková, Trbola, 2021; Andersson et al., 2023), where its values and methods become a framework for the professional action of a wider range of helping professionals working in social services (e.g. health professionals, occupational therapists, but also maintenance staff).

After all, the approach to social work as a value basis of all social service activities, including those aimed at involving users in their evaluation, is consistent with the overarching formulation of Section 2 of the Social Services Act that "*... social service is provided mainly through social work ...*" Research in this field, as well as completed or forthcoming project initiatives, could make a major contribution to the understanding of this position and to its internalisation through a joint search for how to implement it most effectively in the national context.

Final notes and conclusions

Towards the end of the monograph it is evident that its title has been conceived more broadly than corresponds to the bulk of the text. The issue of involving URs in evaluation of the quality of social services at system level represents only one fragment of the broadly conceived issue of involving users in social services and application of the co-production strategy in this field. We have done so with full awareness of the possible limitations of such an approach. Deeper study of the issue, however, has shown that within the scope of a single monograph it is not possible to cover the issue comprehensively, in its structural diversity. This is particularly impossible if the ambition is to draw the reader into a very specific experience that documents only one of the ways in which the broader issue of user involvement in social services is embedded in national context.

The monograph captures the national situation in a certain phase of turbulent legislative, project and application development and thus also in a certain phase of research knowledge in this field. The reader might argue whether it was appropriate to prepare a monograph in a situation where more fundamental future decisions, especially of a project nature, are only in progress. However, if one were to assume that it was necessary to wait for certain processes to be completed, then the 'appropriate period' for the preparation of a monographic work would probably never have occurred. Slovakia has been practically since the beginning of the last decade in a permanent transformation of the system of evaluating the quality of social services. Moreover, it is expected that in the coming years it will be significantly influenced by the forthcoming EU Framework on Social Services of Excellence for persons with disabilities. Therefore, for the purposes of the monograph, we have preferred a strategy of responding to the actual changes rather than a strategy of waiting for the situation being stabilised, which is always contextually contingent anyway.

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Author index

A

ABEELE, E., 32

ANDERSSON, P., 29, 45, 47, 53,
55, 90, 138, 155

ARMSTRONG, J., 43

ARNSTEIN, S. R., 26, 30, 42, 45,
46, 47, 60

B

BARNES, M., 7, 8, 26, 28, 44, 47,
50, 52, 54, 55, 93, 96, 140, 164

BATES, J., 90, 93, 167

BERESFORD, P., 7, 26, 28, 30,
42, 43, 56, 96, 131, 157

BERGER, P. L., 28, 41, 42, 158

BRICHTOVÁ, L., 69, 158

BROMARK, K., 90, 137, 138, 158

BURNS, P., 6, 29, 44, 45, 47, 48,
50, 52, 90, 96, 137, 141, 150, 158

C, Č

CARR, S., 7, 26, 28, 30, 42, 56,
131, 158

CLARKE, M., 6, 8, 26, 30, 42, 47,
48, 50, 51, 54, 57, 90, 91, 160

CRAWFORD, M., 7, 8, 26, 28, 44,
47, 50, 52, 54, 55, 93, 96, 140,
164

ČÁSLAVA, P., 6, 26, 27, 39, 49,
56, 73, 165

D

DONABEDIAN, A., 58, 159

MacDONALD, D., 7, 8, 26, 28, 44,
47, 50, 52, 54, 55, 93, 96, 140,
164

E

ERICKSON, CH. L., 139, 159

ERLANDSSON, S., 90, 137, 138, 158

EVERS, A., 6, 7, 8, 12, 14, 17, 25,
26, 27, 28, 29, 30, 44, 47, 49,
131, 135, 136, 140, 160

F, G

FITZSIMONS, L., 6, 29, 44, 45,
47, 48, 50, 52, 90, 96, 137, 141,
150, 158

FLEMING, J., 6, 7, 27, 28, 29, 30,
39, 54, 59, 60, 96, 98, 131, 139,
149, 150, 160

GOBEYN, H., 9, 96, 140, 142, 145,
146, 148, 149, 150, 151, 153, 166

GRIM, K., 29, 45, 47, 53, 55, 90,
138, 155

H, CH

HAVLÍKOVÁ, J., 154, 155, 160, 163

HEALY, J., 6, 8, 26, 30, 42, 47, 48,
50, 51, 54, 57, 90, 91, 160

HLEBEC, V., 110, 160

HOLLAND, S., 58, 166

HUBÍKOVÁ, O., 154, 155, 160

HUTCHINSON, G. S., 9, 160

CHETTY, E., 50, 161

K

KNUTSSON, O., 160

KOHOUT, J., 6, 26, 27, 39, 49, 56,
73, 165

KRISTIANSEN, A., 140, 161

KROGSTRUP, H. K., 6, 7, 12, 14, 15,
16, 40, 42, 51, 93, 161

KUBALČÍKOVÁ, K., 33, 61, 163

L

LEICHSENRING, K., 5, 6, 7, 27, 33,
34, 38, 44, 48, 49, 50, 52, 61,
62, 63, 69, 70, 136, 141, 143, 163

LEMAY, R., 5, 43, 161

LEVICKÁ, J., 63, 143, 161

LEVICKÁ, K., 143, 162

LITTLECHILD, B., 50, 161

LUCKMANN, T., 28, 41, 42, 158

M

MARENDIAK, J., 70, 76, 92, 166

MATULAYOVÁ, T., 152, 162

MÁTEL, A., 19, 62, 63, 66, 161

McGINN, T., 6, 29, 44, 45, 47, 48,
50, 52, 90, 96, 137, 141, 150,
158

McMILLAN, G., 6, 8, 26, 30, 42, 47,
49, 51, 55, 63, 98, 136, 137, 162

MILLS, K., 50, 161

MRZEL, M., 110, 160

MUKORO, F., 6, 7, 16, 30, 42, 48,
50, 51, 53, 54, 55, 90, 136, 140,
141, 143, 145, 150, 163

MUNDAY, B., 18, 26, 27, 28, 29, 41,
44, 45, 48, 49, 50, 51, 52, 53,
62, 93, 134, 139, 153, 163

MUSIL, L., 33, 61, 140, 146, 151,
154, 155, 163

N

NACHTERGAELE, S., 9, 96, 140, 142,
145, 146, 148, 149, 150, 151, 153, 166

NIES, H., 5, 6, 7, 27, 33, 34, 38, 44,
48, 49, 50, 52, 61, 62, 63, 69,
70, 136, 141, 143, 163

O, P

O HOUSE, A., 26, 30, 44, 50, 55,
96, 129, 166

OMENI, E., 7, 8, 26, 28, 44, 47, 50,
52, 54, 55, 93, 96, 140, 164

OSBURN, J., 43, 164

PAYNE, M., 134, 137, 164

R, Ř

REPKOVÁ, K. 7, 19, 29, 62, 69, 70,
73, 75, 76, 84, 90, 92, 132, 136,
140, 145, 148, 151, 154, 158, 164,
165

REYNAERT, D., 9, 96, 140, 142,
145, 146, 148, 149, 150, 151, 153,
166

ROOSE, R., 9, 96, 140, 142, 145,
146, 148, 149, 150, 151, 153, 166

ROSE, D., 7, 8, 26, 28, 44, 47, 50,
52, 54, 55, 93, 96, 140, 164

ŘEZNÍKOVÁ, V., 50, 166

S, Š

SALAMON, P., 50, 166

SHAW, I., 58, 166

SHIER, H., 42, 44, 47, 137, 166

SCHAVEL, M., 152, 162

SCHÖN, U.-K., 90, 137, 138, 158

SIMPSON, E. L., 26, 30, 44, 50,
55, 96, 129, 166

SLETTEBØ, T., 7, 26, 27, 28, 29,
39, 59, 98, 131, 149, 167

SPÄNBERGER WEITZ, Y., 90, 137,
138, 158

STAUB - BERNASCONI, S., 145,
147, 149, 150, 167

De STERCKE, N., 9, 96, 140, 142, 145,
146, 148, 149, 150, 151, 153, 166

STRØM, A., 7, 26, 27, 28, 29, 39,
59, 98, 131, 149, 167

SVEDBERG, P., 29, 45, 47, 53, 55,
90, 138, 155

ŠIŠKA, J., 6, 26, 27, 39, 49, 56, 73,
165

T

THOMAS, S., 43, 167

THOMPSON, N., 90, 93, 167

TRBOLA, R., 154, 155, 160

V, W

van der VEEN, R., 5, 6, 7, 27, 33, 34,
38, 44, 48, 49, 50, 52, 61, 62,
63, 69, 70, 136, 141, 143, 163

WOLFENSBERGER, W., 43, 167

Subject index

Approach

- bottom-up approach, 14, 14, 16
- top-down approach, 7, 16
- complementary approach, 128
- substitutive approach, 128

Assessment, 16, 19, 36, 48, 119

Barrier, 52, 53, 54, 55, 56, 82, 120

Cash benefit, 36, 103, 116

Collectivity, 70, 131

Condition, 37, 59, 60, 82, 83, 102, 104, 122, 136, 144

Consumer, 7, 13, 14, 25

Co-producer, 6, 13, 26

Democracy, 15, 16, 45, 139, 147

Evaluation

- external evaluation, 40, 69, 70, 71, 99
- quality evaluation, 36, 37, 38, 39, 40

Expert

- expert by experience, 116
- interview with an expert, 110, 111

Human rights, 17, 18, 19, 22, 23, 37, 59, 105, 119, 131, 138, 139, 140, 132, 143

Inspection, 10, 19, 27, 37, 38, 49, 68, 101, 102, 105, 107, 108, 115, 116, 130

Invited person, 71, 106, 108, 111, 123, 148

Involvement

- user involvement, 5, 8, 14, 18, 28, 29, 30, 40, 42, 44, 52, 53, 54, 58, 69, 79, 135, 138

Level

- system level, 6, 10, 25, 38, 40, 58, 70, 77, 78, 84, 109, 132, 138, 145, 146, 148
- organisational level, 38, 39, 49, 137, 148, 149
- professional level, 38, 50
- user level, 38, 39, 51, 54

Participation

- user participation, 15, 29, 40, 45, 50, 140

Project

- large-scale project, 132
- pilot project, 10, 72, 73, 77, 83, 87, 89, 112, 114, 132
- project initiative, 9, 109, 115, 132, 133, 144, 146

Representativeness, 54, 57, 93,
94, 95

Quality, 33, 34, 35

- quality conditions, 36, 70, 81,
101, 104, 106
- quality framework, 18, 21, 36
- quality standard, 7, 14, 19, 28, 35,
49, 68, 69, 76, 95, 105, 148, 150

Qualitative research, 58, 110

Risk, 78, 79, 80, 83, 86, 88, 122,
125

Satisfaction survey, 6, 7, 14, 38,
52, 63, 66

Semi-structured interview, 111,
116

Service

- essential services, 32, 33
- social services, 31, 32, 33
- service provider, 13, 19, 20, 21,
22, 30, 48, 59, 64, 71, 103, 104,
136, 145, 148

**Socia-legal protection of children
and curatorship**, 33, 103, 116,
133

Shared decision-making, 38, 47,
51, 52, 56

Social role, 8, 43, 44, 78

- social role valorisation, 43, 72

Social work

- roles of social work, 9, 138,
140, 141, 142, 144, 145, 148, 150

Surveillance, 68, 69, 101, 102, 103,
104, 105, 106, 107, 108

- surveillance with a specific
nature, 113, 115
- surveillance team, 113, 114, 116,
118, 121, 122

Training/Education, 22, 50, 72,
74, 78, 82, 84, 116, 144, 149,
149

Triple mandate, 145

User, 25, 26, 27

- primary user, 6, 27, 39, 42, 61,
66, 69, 70, 72, 78, 88, 94, 136,
144, 150, 151
- user representative, 7, 27, 36,
40, 69, 70, 88
- user perspective/component,
71, 79, 83, 84, 89, 90, 95, 99,
108, 109, 115

From reviews

'... the main task of the reviewer is to decide whether or not the submitted work should be published, or otherwise, whether the work contains new, as yet unpublished facts, which complement the current state of knowledge ... in this context, the peer-reviewed publication meets all these requirements placed on the scientific level ... the scientific monograph brings a new topic to Slovak practice, which is the active participation of social service users in the evaluation process. For part of the Slovak public, it can be slightly disturbing that the position of social service users is significantly transformed into the role of the experts and members of the evaluation group ...'.

prof. PhDr. Mgr. Jana Levická, PhD.

Faculty of Social Sciences, University of Ss. Cyril and Methodius in Trnava

'... the scientific monograph is very clearly structured and the author's long-term engagement in the topic is evident from its processing. Very important for me is the emphasis on the empowerment of social service users, not only at the individual level, but also at the community and system level (in the terminology of the author used, at the mezzo- and macro-level). This is very gratifying indeed ...'.

Prof. PhDr. ThDr. Andrej Mátel, PhD.

Faculty of Orthodox Theology, University of Presov

'... it is inspiring and encouraging to read how the author was able to seriously and soberly, without bias, formulate and especially analyse our previous experience with the implementation of quality evaluation of social services and our current experience with social inspection. It is very useful for our further considerations on how the idea of involving users in the evaluation of the quality of social services and other social interventions on a systemic level will be developed both in terms of projects and legislation.'

Mgr. Nadežda Vrtielová Prečinská

Ministry of Labour, Social Affairs and Family of the Slovak Republic