RESPONSIVE

Horizon Europe project: Increasing the responsiveness of social services to citizen voice across Europe

Research report

Normative, policy, legal and organisational contexts shaping the responsiveness of social services to citizen participation

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		vii-xix	Executive Summary placed after Contents Page

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Executive Summary

1. Introduction

This report analyses the existing legal, policy and organisational frameworks in six EU countries (Austria, Denmark, France, Poland, Portugal, Romania) for incorporating the voices of citizens into the development and implementation of personal targeted social services. It focuses on four different types of social service:

- Community-based disability services
- Mental health services
- Child protection services
- Services for young people at risk of social exclusion

The analysis is part of the Horizon Europe research and innovation project 'Increasing responsiveness to citizen voice in social services across Europe' (RESPONSIVE) that runs from 2023-2026.

The European Union defines 'personal targeted social services' as support or assistance offered to individuals or groups with particular needs, vulnerabilities and/or in special situations in order to strengthen their social inclusion. Interventions may be preventive or reactive in nature.

There are no standardised, comparable statistics about the number of social services and the number of people using them in EU countries. However, it is clear that social services affect the lives of many people in Europe:

- 27.0% EU population aged 16 years and over reported some or severe long-standing limitations in their usual activities due to health problems (disability) in 2022.[1]
- 46% EU citizens reported having experienced an emotional or psychosocial problem in the last 12 months in 2023.[2] Less than half received professional help.
- 758,018 children and young people were living in alternative (residential or fostering) care in the EU in 2020.[3]
- 11.2% young people across the EU were neither in employment nor in education or training in 2023.[4]

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[1] Eurostat (2023) Population with disability, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_with_disability

[2] European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 7. https://europa.eu/eurobarometer/surveys/detail/3032

[3] United Nations Children's Fund (UNICEF) and Eurochild (2021) Children in alternative care: Comparable statistics to monitor progress on deinstitutionalisation across the European Union, p. 9.

[4] Eurostat (2024) Statistics on young people neither in employment nor in education or training.

People living with poverty, social exclusion, unemployment and personal challenges face documented barriers to political participation.[5] EU research shows that the perceived quality of public services is positively linked to trust in state and government institutions[6] as well as higher rates of voting and political engagement.[7] Such evidence points to the value of public participation in the design and implementation of social services to ensure their relevance to citizens' lives and exercise democratic rights.

There is also a need to improve democratic participation in social sector policy processes. Citizens using social services often do not have a direct voice, being instead represented by federations, unions and other intermediary bodies, which risks the dilution and instrumentalisation of their perspectives by professionals.[8] Participation by citizens is often expected to be a voluntary unpaid action even though social sector staff and policymakers are salaried. Finally, participatory formats and discussions are generally service-driven and not always accessible, especially for people facing disadvantage.

2. European Union policy and practice context

Personal targeted social services have generally received limited attention at European Union level because competence for them under subsidiarity principles lies at national and subnational level.

Analysis of EU policies shows a disconnect between European Union agendas around democracy and social rights. Documents and action plans on democracy and civic participation rarely mention the role of personal targeted social services in meeting key EU policy agendas around social inclusion, equality, social rights, mental health, the rights of persons with disabilities and children's rights. Conversely, EU reports and strategies on the social services rarely considers democracy and may approach 'participation' instrumentally as a means to improve 'efficiency' or 'effectiveness' rather than the means to instantiate fundamental principles of democracy.

These blind spots are worrying because the people who use personal targeted social services often face high levels of structural vulnerability and exclusion from key societal and political structures and are therefore an important group to consider in terms of democratic and civic participation. Linking agendas on participation and social services can also be a valuable opportunity to tackle the 'non-take-up' of social rights and support

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[5] Parliamentary Assembly, Social exclusion: a danger for Europe's democracies, Resolution 2024 (2014), https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=21322&lang=en

[6] Eurofound (2019) Challenges and prospects in the EU: Quality of life and public services, Publications Office of the European Union, Luxembourg, p. 1.

[7] Eurofound (2024) The political dimension of social cohesion in Europe, Publications Office of the European Union, Luxembourg, p. 56. https://www.eurofound.europa.eu/en/publications/2024/political-dimension-social-cohesion-europe.

[8] Burstin A., Olier, L., Seiler, C. (2024) La participation citoyenne directe dans les politiques de solidarité: état des lieux et perspectives. Inspection générale des affaires sociales

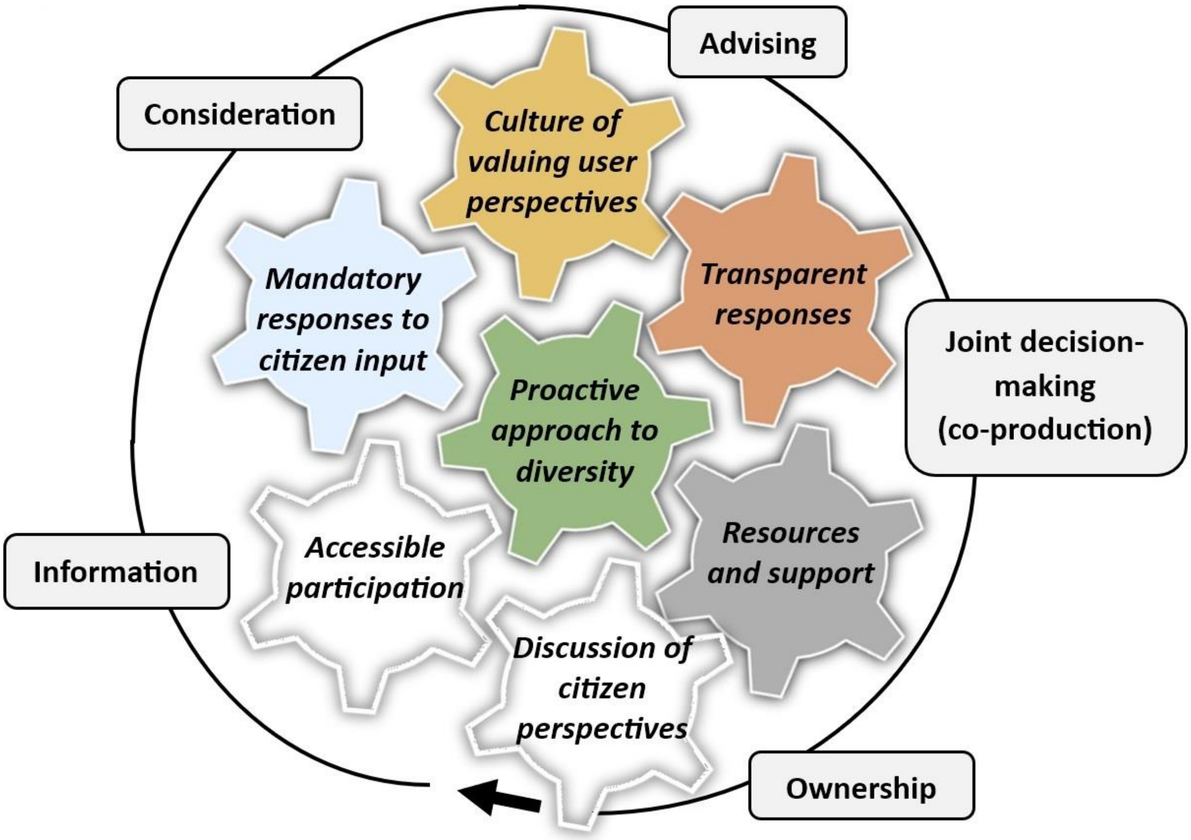
3. Conceptual framework: responsiveness as an institutional infrastructure for democracy in social services

The conceptual framework for the present research project has been developed by reviewing conceptual and empirical literature about democracy, participation and co-creation. Models of participation and co-production lack a transparent explanation of the conditions and processes required for citizen voices to have impact in social services. The report therefore presents the concept of 'responsiveness' within social service organisations, defined as follows:

Responsiveness is the process of learning from and reacting to the perspectives of diverse citizens who use social services. It ensures that citizen voices have an impact on social services.

Seven core elements of responsiveness within social services can be identified by synthesizing literature on democracy and participation: mandatory responses to citizen input, active discussion of citizen feedback, organisational culture of valuing citizen input, transparency, proactively promoting diversity, resourcing and accessibility. Responsiveness can be understood as a gear wheel in which each of the seven "cogs" is needed to enable comprehensive and sustainable democratic change processes within social service organisations.

Figure: Elements of responsiveness



4. Methodology

This report is based on a scoping review of documents and online sources conducted by research teams from March to August 2023 in the six countries of the RESPONSIVE project: Austria, Denmark, France, Poland, Portugal and Romania. The aim was to give an overview of the legal, policy and organisational frameworks concerning citizen participation in four different types of personal targeted social service (disability, mental health, youth at risk and child protection). The study had a particular focus on the responsiveness of social services to input from citizens, utilising the conceptual framework developed in the previous section.

The main findings of this report are based on an analysis of four different dimensions of citizen participation in personal targeted social services in each country:

- Narratives about citizen participation in policy, practitioner and activist sources for the four types of social service.
- Legal frameworks for participation.
- Policy guidance (mandatory or advisory) on how to implement citizen participation in social services.
- Organisational structures for citizen participation in social services, both at sector-level and within individual social services.

The main limitation of the study relates to the desk-based methodology, which could only include publicly available documents and could not yield detailed insight into how participatory mechanisms work in reality.

5. Research overview: democracy and citizen participation in social services

Analysis of research and practice resources about social services in the six countries of the project identifies several gaps in existing knowledge about citizen participation: (i) little literature on the *responses* of social service organizations to input received from people using them (ii) little discussion of democracy within social services (iii) a lack of in-depth discussion about elements of responsiveness like accessibility, transparency and intersectionality.

Within countries, there is wide variation in themes addressed by literature on different types of social services, driven by the main policy and practice approaches in that sector. In the four areas of social service studied in the RESPONSIVE project:

- Existing literature on disability services generally has the strongest focus on citizen participation, being influenced by the UN Convention on the Rights of Persons with Disabilities and disability activism.
- Literature on mental health services is fragmented in terms of whether it reports on participation and co-construction, or presents medicalized, psychiatric perspectives.
- With certain exceptions, there is less literature about participation in social services working with young people at risk of exclusion and child protection. Where existent, studies highlight that professional judgements are often prioritized in these sectors and

real co-construction by children, young people and parents inside social services is limited, but emerging.

6. Findings: narrative, legal, policy and organisational dimensions of responsiveness

The report shows that legal, policy and organizational structures for citizen participation are only partially established in social services across the six European Union countries covered in this project.

Transparent, mandatory, monitored, intersectional, supportive and accessible co-construction mechanisms for utilising citizen input are often underdeveloped or unknown in social services.

6.1 Cross-country findings

Across the six countries studied in the RESPONSIVE project, it was very rare to find documented examples of citizen participation leading to change and reform in the organisational fields of social services. This may partly be a methodological issue because information about internal processes of change is often not published and therefore cannot be identified in desk research. Yet, the lack of clear information on how social services are responsive suggests that democratic practices in the social sector are not visible or reported, or else require further development.

The analysis of legal and policy frameworks for social services in the six project countries showed that:

- Participatory mechanisms to develop laws and policies on social services are used and mandated to some degree in EU countries.
- Laws and policies rarely give users an explicit role in decision making, mandate citizen participation in monitoring social services, or require social services to publish service user feedback and report on how they use it.
- Social sector policies show some recognition that resources are needed to support the participation of citizens who use social services (e.g., finances, staffing, accessibility), but resources for this are almost never allocated in law.

None of the six EU countries studied in the RESPONSIVE project have a well-developed legal or policy framework that require social services to utilise and react to input from people using their services.

Table A: elements of responsiveness in legal-policy frameworks for social services

Legal or policy framework?	Were participatory mechanisms used to develop the laws on social services?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Is there recognition that finances and resources are needed to support participation of users?
AUSTRIA					
Legal framework	Varied	Limited	Almost none	Almost none	Limited
Policy framework	Varied	Somewhat	Almost none	Almost none	Often
FRANCE					
Legal framework	Almost none	Somewhat	Varied	Almost none	Almost none
Policy framework	Often	Almost none	Somewhat	Somewhat	Somewhat
ROMANIA					
Legal framework	Often	Almost none	Almost none	Almost none	Almost none
Policy framework	Limited	Varied	Almost none	Almost none	Almost none
DENMARK					
Legal framework	Somewhat	Limited	Somewhat	Almost none	Almost none
Policy framework	Limited	Almost none	Almost none	Almost none	Varied
PORTUGAL					
Legal framework	Varied	Varied	Varied	Limited	Varied
Policy framework	Varied	Somewhat	Somewhat	Almost none	Varied
POLAND					
Legal framework	Somewhat	Limited	Almost none	Almost none	Almost none
Policy framework	Varied	Limited	Almost none	Almost none	Limited
ACROSS THE SIX COUNTRIES					
Legal framework	Varied	Limited	Varied	Almost none	Almost none
Policy framework	Varied	Limited	Limited	Almost none	Varied

Citizen participation in sector-level structures:

Some level of citizen participation can be observed in sector-level structures, including associations of service users, advisory boards at national or regional level, working groups and citizen councils. However, there is limited information about the impact of this citizen input on decisions and policy development.

Across the six countries surveyed in this report, there seems to be no or only a very limited level of citizen participation and responsiveness in social sector stakeholders, including directors of social services, associations of social workers, and agencies that monitor quality, inclusion, and human rights.

Table B: **Overview of organisational structures for responsiveness in social services in Europe (sector-wide)**

Country	Organisational analysis: structures for responsiveness in sector-wide structures					
	Are there associations and networks of service users (national, regional or local)?	**Are citizen-users represented in advisory boards and working groups for social service development?**	**Do citizen councils or assemblies for the group involved in the target services exist?**	**Is citizen-user participation anchored in external structures that monitor inclusion and human rights?**	**Do citizens-users participate in agencies that monitor quality in social services?**	**Is citizen-user participation present in associations of social service directors or practitioners ?**
Austria	Somewhat	Somewhat	Varied	Varied	Almost none	Limited
France	Often	Varied	Somewhat	Somewhat	Limited	Almost none
Romania	Often	Varied	Almost none	Varied	Limited	Almost none
Denmark	Somewhat	Often	Somewhat	Varied	Almost none	Almost none
Portugal	Often	Varied	Varied	Varied	Varied	Varied
Poland	Often	Limited	Almost none	Almost none	Limited	Almost none
Cross-country	**Often**	**Varied**	**Varied**	**Varied**	**Limited**	**Almost none**

Citizen participation in individual social service organisations

There is high variation within countries in the extent to which individual social services incorporate citizen/user participation and responses to it into their work. Within individual social service organisations, there are, at least in some cases, service user consultative groups, participatory events, positions for experts by experience, and publicly advertised complaints procedures. However, it seems to be uncommon for citizens to sit on the main board of a social service or to actively participate in formal decision-making processes. There are few examples of transparent reporting by social service organisations on how citizen feedback has been utilised. User-led social services and peer work are emerging, mostly in disability and mental health services.

Table C: Organisational structures for responsiveness in individual social services

Country	***Organisational analysis: structures for responsiveness in individual social services***						
	Do social services have advisory groups or assemblies of service users?	Are there any one-off participatory or consultative events to develop social services?	Do user-led social services exist?	Are service users represented on main boards of individual social services?	Do social services employ people with lived experience as staff (peer workers)?	Are there any publicly advertised complaints processes?	Is feedback from service users published?
Austria	Somewhat	Limited	Varied	Limited	Often	Limited	Almost none
France	Somewhat	Varied	Varied	Varied	Almost none	Some-what	Almost none
Romania	Varied	Varied	Almost none	Almost none	Varied	Varied	Varied
Denmark	Varied	Almost none	Almost none	Almost none	Almost none	Somewhat	Almost none
Portugal	Often	Often	Varied	Varied	Varied	Varied	Varied
Poland	Varied	Often	Some-what	Varied	Often	Almost none	Varied
Cross-country	**Varied**	**Varied**	**Varied**	**Limited**	**Varied**	**Varied**	**Limited**

Findings by social sector

In-depth analysis of the four different social sectors illustrate the lack of mechanisms for social services to respond to citizen input, but also important examples of well-crafted policies, laws, proposed solutions and change processes.

6.2 Disability services

In most of the countries studied, there are broader participation structures and cultures in the disability sector than in other types of social services. However, the participation of people with disabilities in the decision-making processes of disability services is only partially embedded in law, policy and organizational practice. Participation is often limited to an advisory role, lacks transparency and monitoring mechanisms, and tends to occur through disability organizations (or bodies on which they are represented) rather than through the direct participation of individual citizens.

Good practice example:

- In Austria, the Tyrol Participation Act 2018 established a mandatory advisory board of people with disabilities who use disability services and receive personal budgets.

6.3 Mental Health

Mental health services in most countries are often integrated with the more general health or disability sectors. In some contexts, a strong focus on health outcomes and patients' rights, or alternatively independence and autonomy in the disability sector, has helped to foster a partial structure of responsiveness to mental health users (Portugal, Denmark, France, and to some extent Austria). In other contexts, the dominance of medical and psychiatric perspectives can lead to situations where mental health services are invisible, underfunded, or over-institutionalized, , giving little room for citizen participation (Poland, Romania, and to some extent Austria).

Good practice example:

- In France, the “Groupes d’entraide mutuelle” (GEM – mutual aid groups) are self-managed structures of people with mental health issues. GEMs can be found all over France. GEMs are non-professionalised, with only one animator for each GEM and a limited budget, but represent a valuable and rare example of direct citizen participation in the social sector across France.

6.4 Services working with youth at risk of exclusion

Services for youth at risk include many categories like alternative and residential care, substance use, probation, reintegration, vocational training, young refugees, special education programs, street work and outreach work. While the youth sector in general often offer broad participation opportunities for young people, the desk research for this report suggests that young people at risk of exclusion are more likely to be confronted by formalised, top-down and exclusionist interventions.

Good practice example:

- In Portugal, the “Escolhas” (Choices) programme aims to promote the inclusion and social integration of children and young people from socioeconomically disadvantaged neighbourhoods. The active participation of children and young people at all stages of a project is a key principle. There is also the possibility to include young people as community facilitators in the project staff.

6.5 Child protection services

In the area of child protection, the frameworks for social service responsiveness tend to be very limited in each of the countries studied and the lowest of all the social service sectors studied in the RESPONSIVE project. The frameworks for services working with youth at risk overlap significantly with child protection in Austria, Romania, and Denmark, meaning that this pessimistic conclusion largely applies to these sectors as well. Involvement of children or parents is generally limited to having some influence on individual intervention plans. While the focus on protecting children reduces attention to their participation, exceptions from France and Portugal demonstrate opportunities for good governance within child protection services.

Good practice example:

- In France, guidance from the Agence Nouvelle des Solidarités Actives (ANSA, 2022) supports social services and organizations active in the field of child protection that want to set up or redesign their citizen advisory groups called Councils of Social Life (CVS). The guidance was created in a participatory way with the input of people who have experience in child protection services and makes proposals for a more democratic approach to power relations.

7. Conclusions

7.1 How is democracy understood in the social service sector?

The analysis found multiple framings of 'citizen participation' in documents and legal-policy frameworks for social sector organisations. Not all these understandings prioritise the democratic goal of ensuring that citizens have influence over state-regulated structures that shape their lives. Participation is often framed as a way to increase 'effectiveness' or drive 'innovation' in social services. Such an instrumental and technocratic rationale can reduce focus on participation and inclusion as non-negotiable democratic rights for citizens facing disadvantage.

7.2 Structures for citizen participation to have impact in social services

The desk-based research on the impact of citizen participation in the six countries showed that:

- Mechanisms to ensure that social services utilise the input of citizens are underdeveloped and generally absent in laws, policies and organisational frameworks.
- Existing systems and institutional and organisational processes for citizen participation generally limit the role of citizens who use services to consultation and advice.
- Where structures for citizen involvement have been established for some time, citizens and their associations are voicing frustration about 'participation fatigue' and tokenistic participation that does not lead to change.
- The voices of citizens who use social services are very rarely included in associations of social service directors, associations of social work practitioners or agencies that monitor quality in the social sector.
- Despite limited structures for citizen participation, all countries have examples of creativity in developing democratic processes of change in social services that can be harnessed and shared across sectors and countries.
- Across all countries and sectors, no information about the adjustment of participation activities to conditions of the Covid-19 pandemic could be found.

7.3 Elements of responsiveness

Many elements of the conceptual model of 'responsiveness' offered in this report were found to be absent or under-developed in the social sectors of the six countries reviewed:

- **Transparency**: Publicly available information about participation in social services is generally patchy, especially concerning how social services utilise input from citizens.
- **Proactively address inequalities in participation**: Current structures generally outline a single format for participation that will not capture the views of diverse groups of

people using services, especially people who face exclusion and barriers to taking part in participatory mechanisms.

- **Resources and support**: Legal, policy and organisational frameworks in the social sector provide very limited resources to organise and support the participation of citizens who use social services.
- **Open and accessible participatory structures**: The overall legal-policy and organisational frameworks generally show little recognition that formats for participation need to be flexible and multiple in order to increase accessibility for citizens even though there are examples of interesting practice.

7.4 Overall conclusion

There are limited legal, policy and organisational frameworks for citizen participation to have an impact on personal targeted social services in the six European Union countries surveyed.

Social services rarely have clearly defined structures for learning from and reacting to citizen perspectives.

8. Recommendations

Overall, considerable work is needed to instantiate almost all dimensions of responsiveness in social services in the six European Union countries studied in this project, regardless of their welfare model or history of social sector development.

8.1 Recommendations for policy makers

EU-level

- Create measures to encourage and exchange good practice between member states in developing legal and policy frameworks for the use of citizen input in social services.
- Ensure that the democratic principle of meaningful participation clearly informs policies, strategies, evaluations and guidance about social rights and personal targeted social services.
- Embed the right to participate in the conduct of public affairs (Art. 25, International Covenant on Civil and Political Rights) in initiatives to realize the European Pillar of Social Rights.
- Update quality standards for social services to include:
    - The implementation of democratic governance principles.
    - Citizen participation in its full sense of co-creation and joint decision-making.
    - Organisational responsiveness to input from citizens who use services.
    - The allocation of resources to support citizen participation within social services.
- Require EU-funded projects, programmes and social services to provide evidence of how citizen input has been incorporated into decision-making.

National and regional level:

- Adjust legal and policy frameworks to require citizen participation structures in social services and, crucially, the utilisation of information received from citizens.
- Use proactive outreach strategies to gather the views of diverse citizens on social services, especially those who do not participate in existing participatory structures.
- Develop initiatives and organisational tools for building capacity and connecting citizens who use social services, for example networking platforms and umbrella organisations.
- Mandate the allocation of human, administrative and financial resources to support citizen participation in the social sector, especially for developing networks of citizens who use services.
- Require social service organisations to publish feedback received from citizens and the responses from management (online and leaflets).
- Include the existence of structures for citizen participation and feedback mechanisms from management as quality standards for social services.
- Ensure that internal and external quality assurance processes for social services include the participation of citizens who use services.
- Promote the exchange of good practice in citizen participation, including NGO, state and private sector social services.

8.2 Recommendations for citizens who use services and their associations

- Request information from social services about how ideas and recommendations from participatory structures have been used.
- Use deliberative and democratic decision-making processes to develop citizens' proposals for improving personal targeted social services.
- Explain to services and policy structures that participation is not cost-neutral and that the time and effort of citizens must be supported through staffing and compensation.
- Review the ideas received from members to see if they represent diverse people, including in relation to gender, disability, sexuality, socioeconomic and ethnic-migration background.

8.3 Recommendations for social service organisations and their networks

- Publish feedback received from citizens who use your services and responses from the service's management board.
- Develop initiatives to involve citizens who use your services in core decision-making and governance structures.
- Conduct an internal review of how feedback from users is gathered and how it is and distributed utilised within the organisation.
- Use proactive outreach and a range of participation formats in order to collect views from the full breadth of people using your service.
- Use accessible and comprehensible tools to communicate with citizens about the functioning of the service and the professional practices implemented.
- Allocate human and financial resources for participation structures.

- Create participatory structures for gaining the voice of citizens who use social services within national and regional associations of social service directors and practitioners, paying attention to how input can shape organisational strategy.

8.4 Recommendations for training and education within the social sector

- Include a strong focus on the principles and practice skills required for the collection, utilisation and impact of citizen participation.
- Give citizens who use social services a central role in training and university programmes by facilitating processes for their employment or remuneration.
- Co-design and co-deliver training together with citizens who have experience of using social services.
- Organise study visits and good practice seminars with organizations/structures that have experience in co-creation and collaborative decision-making processes.

8.5 Recommendations for researchers and research organizations

- Increase research on how gender and intersectional dynamics shape participation processes within social services, including the reasons for non-participation and exclusion.
- Research studies about social services should focus on the perspectives of people who use them
- Promote funding streams, research projects, events, publications and networks that are grounded in the perspectives of people who use social services, including by drawing on the disciplines of Disability Studies, Mad Studies, User-Led Research, Survivor Research and Peer Research.
- In-depth qualitative methods (interviews and participant observation) are required to understand when and how citizen participation influences social service

1. Introduction

1.1 Introduction to the Horizon Europe RESPONSIVE project and legal-policy analysis

Strengthening democracy is a key European Union policy priority and the goal of many social movements and associations of people who use public services. This report analyses the existing legal, policy and organisational frameworks in six EU countries for incorporating the voices of citizens into the development and implementation of personal targeted social services. It has a particular focus on whether there are requirements on social services to be 'responsive' to input from citizens who use them. This knowledge about how citizen participation is anchored in legal, policy and organisational structures is an important foundation for understanding opportunities and constraints on expanding the impact of citizen voice and advancing 'co-creation' agendas.

The report presents the first results of the Horizon Europe research and innovation project 'Increasing responsiveness to citizen voice in social services across Europe' (RESPONSIVE) that runs from 2023-2026. The RESPONSIVE project aims to increase the impact of citizen voice in four different types of personal targeted social service:

- **Community-based services to support inclusion and independent living for adults with disabilities**, e.g. personal assistance, supported living, supported employment in mainstream settings. Services for children and young people with disabilities are not considered if they fall into the remit of education or health/social care.
- **Mental health services**: community-based and residential-based support for adults or young people living with mental health issues, including addictions, ADHD, depression, suicide and anxiety (see WHO definition). The services may include social interventions, psychiatric or psychological care, psychological support and housing initiatives.
- **Services for youth at risk of social exclusion** (15-29), including alternative education, employment, criminal justice (probation and reintegration, not penal system) and alternative care (housing, residential, fostering). Young people may engage voluntarily with these services or else be required to take part.
- **Child protection services**: for families and children where there are concerns about neglect or protection. The engagement may be on a voluntary basis or compulsory by order of social services or courts.

These services are 'specialised' in that they generally can only be received following a referral or assessment of needs. Importantly, there is often overlap in the issues addressed by different services and citizens may use multiple services.

The RESPONSIVE project is being implemented by a consortium that includes universities, social work training organisation, local authority social services, NGOs and the International Federation of Social Workers Europe.

The project is keen to hear to capture the experiences of citizens who use social services and also social service organisations seeking to develop participatory structures. The project will undertake the following activities.

- September 2023 to February 2024: interviews and workshops with citizens who take part in participatory mechanisms within the social sector, including advisory groups, peer workers and participation groups.
- March to August 2024: interviews and analysis of public and activist work to increase voice and awareness of the perspectives of citizens who use social services, including social media campaigns, public demonstrations, activist art and cultural work.
- September 2024 to February 2025: interviews, document analysis and focus groups with staff in social services to learn more about how the results of citizen participation are used.
- March 2025 to November 2025: pilot projects to improve the utilisation of citizen input within social services (publicly funded, NGO, charity and private sector)

If any of these activities align with your work, then please get in touch if you would like more information, to hear about our results or to possibly take part in the research project. We are very happy to share our analysis, provide advice or support organisations seeking to launch or improve their systems for utilising feedback from citizens.

1.2 Definition of social services

Recent analysis for the European Union to provide a baseline definition distinguishes between ‘personal targeted social services’ and social services that are provided more generally, including health, education and employment.

Personal targeted social services address particular needs and seek to strengthen social inclusion and encompass the four types of social service studied in the RESPONSIVE project: child protection, disability services, community-based mental health services and services for youth at risk of exclusion.

Box 1: definition of personal targeted social services (European Union 2022: 21-22)

Social services can be defined as services provided to the public offering support and assistance in various life situations. Social services differ from other services of general interest as they are person-oriented, designed to respond to human vital needs, generally driven by the principle of solidarity and contributing to the protection of universal human and social rights, upholding democratic principles, religious and/or cultural values, and socio-economic objectives.

Social services can be provided universally to the public at large in the ‘general interest’ and to specific target groups in society with particular needs, vulnerabilities and/or in special situations in order to strengthen their social inclusion. Examples of services focused on strengthening social inclusion include:

- Activities with preventive function aimed at preventing or reducing the risk of social exclusion of persons in vulnerable situations due to financial, health or other problems.

- Activities with reductive function aimed at reintegrating persons already experiencing social exclusion (for example: homeless persons, persons with addictions, ex/offenders).

Social services may also be provided in a personalised (targeted) way, where the type of service offered is determined in a flexible way by the service provider.

Social services are provided by public, private-commercial, third or informal sector organisations and actors, and are further shaped by their users and their needs.

1.3 Statistics on number of social services and the people using them

There are no standardised, comparable statistics about the number of social services and the number of people using them in EU countries. This paucity of statistical data stems from multiple issues[9], including:

- Different definitions of need and eligibility criteria for support
- Variation in type of social service response
- Lack of international, national and subnational coordination of data gathering
- Division of responsibilities for social services between national and subnational levels
- Combined reporting on the number of people accessing financial benefits as well as social services

In particular, EU institutions do not collect standardised statistics on number of social services and characteristics of their users. Ad hoc Eurobarometer surveys provide snapshots on particular issues and groups, but usually present self-reported disability/mental health issues and use of social services instead of data collected from social welfare administrations.

The information in this section comes partly from EU statistics and partly from national sources. Statistics tend to be most precise about the number of children and young people in the child protection system with less clarity about users of mental health, disability or youth services.

General information on the number of social services

The size of the social services sector is shown in the number of social service organisations and number of people using them in particular countries. Only certain countries publish summary data on the total number of social services and the number of people using them, which is rarely disaggregated by gender, age, education and other sociodemographic variables.

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[9] United Nations Economic Commission for Europe (2022) Statistics on Children: Spotlight on children exposed to violence, in alternative care, and with disabilities. Geneva: Conference of European Statisticians Task Force on Statistics on Children, Adolescents, and Youth.

- Romania: The 2022 statistical report on social services in Romania lists a total of 4,302 social services with the capacity to serve 149,819 people, of which 63% are public and 37% private organisations.[10] 2,035 of these services are for children and families with children. Services for children, additions, disabilities, homeless people and domestic abuse are more likely to be state sector.

For most countries, data is only available by specific social service sector (e.g. child protection, disability) and therefore presented in subsequent subsections. For example, in Portugal, the Carta Social lists the number of institutions and capacity for different groups separately: early years (nursery), older people, adults with disabilities, children and young people with disabilities, mental health, children and youth at risk.

Persons with disabilities

Eurostat statistics show that 27.0% of the EU population aged 16 years and over reported some or severe long-standing limitations in their usual activities due to health problems (hereafter referred to as a disability) in 2022.[11] 19.8 % reported some limitation and 7.2 % reported a severe limitation. In 2022, 28.8% of people with disabilities in the European Union were at risk of poverty or social exclusion, compared with 18.3% of people without disabilities.[12]

Age: Self-reported disability increases with age, from around 10% in the 16-24 and 25-34 categories to more than 30% for 55-64 year olds and more than 50% for over 75s.[13]

Gender: In the EU, on average, 29.5% of the total female population had a disability in 2022, compared to 24.4% of the total male population.[14] The share of women with disabilities was higher than that of men in all EU member states.

Education: The rate of early school-leaving is double for people with a disability compared to non-disabled people. Many young people in Europe with a disability attend special schools and have difficulties accessing mainstream education and training: only 29% obtain a tertiary degree (post-secondary education) compared with 44% of people without disabilities.[15]

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[10] Ministerul Muncii și Solidarității Sociale (2023) Raport anual privind stadiul acordării serviciilor sociale aferent anului 2022.

[11] Eurostat (2023) Population with disability, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_with_disability

[12] European Council (2024) Disability in the EU: facts and figures, https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/

[13] Eurostat (2023) Population with disability, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_with_disability

[14] European Council (2024) Disability in the EU: facts and figures, https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/

[15] Disability in the EU: facts and figures, https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/

Poverty and socioeconomic status: 22% of women with disabilities in the EU are at risk of poverty, comparing to 20% of men with disabilities, 16% of women without disabilities and 15% of men without disabilities.[16]

Across the EU, 46.6% persons who need help with personal care or household activities reported that they receive insufficient assistance, compared to 40.1% who get enough assistance.[17]

The European Association of Service Providers for Persons with Disabilities (EASPD) has 180 members representing over 20,000 support social services, indicating the size of the sector. Country-level statistics show the large number of people with disabilities who access social services and high number of social service organisations working with them:

- Austria: there were 759,311 'registered' disabled people in 2022[18], referring to people who receive some form of benefit or official disability status. The federal statistics do not capture how many people in this group use a social service designed to promote inclusion and self-determination because these services are regulated and delivered at regional level.
- France: at the end of 2018, 167,300 children and teenagers with disabilities were being supported in medico-social establishments and services dedicated to them, i.e. 1% of all under-20s. At the same date, 311,700 people were being cared for in social and medico-social residential centres and services dedicated to disabled adults, i.e. 0.6% of the total population aged 20 or over in France.[19]
- Romania: there are 721 services for people with disabilities with a total capacity of 21,333 places.[20] 83% are services with accommodation, pointing to high rates of institutional care as opposed to community-based services.
- Denmark: in the fourth quarter of 2022, 72,319 people accessed different disability services and benefits (financial support, community-based day care, personal assistance, sheltered employment, housing support).[21] This is equivalent to approximately 1.2% Danish population.
- Portugal: the Carta Social lists a total of 560 disability services, including:
    - 52 centres for rehabilitation and care with 3,332 users
    - 371 Activity and Training Centres for Inclusion (CACI) with 15,176 users
    - 68 residential homes for autonomisation and inclusion with 437 users
    - 35 centres for independent living with 722 users
    - 284 residential care homes with 6,796 users
    - 34 home support services with 816 users
- Poland: in December 2022 there were 2.3 million persons with a certificate of disability, level of disability or level of inability to work in the Social Insurance Institution data

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[16] European Disability Forum (2023) 2023 EU Gender Equality Index: Women with disabilities still left behind.

[17] Eurostat (2022) Need for help with personal care or household activities by level of difficulty experienced in those activities, sex and age, https://doi.org/10.2908/HLTH_EHIS_TADLH.

[18] Statistik Austria (2024) Registrierte Behinderung, https://www.statistik.at/statistiken/bevoelkerung-und-soziales/behinderung-und-teilhabe/registrierte-behinderung

[19] DREES (2023) Le handicap en chiffres - Édition 2023

[20] Ministerul Muncii și Solidarității Sociale (2023) Raport anual privind stadiul acordării serviciilor sociale aferent anului 2022.

[21] Danmarks Statistik (2023) Modtagere af handicapydelser. Available at: Handicapområdet.

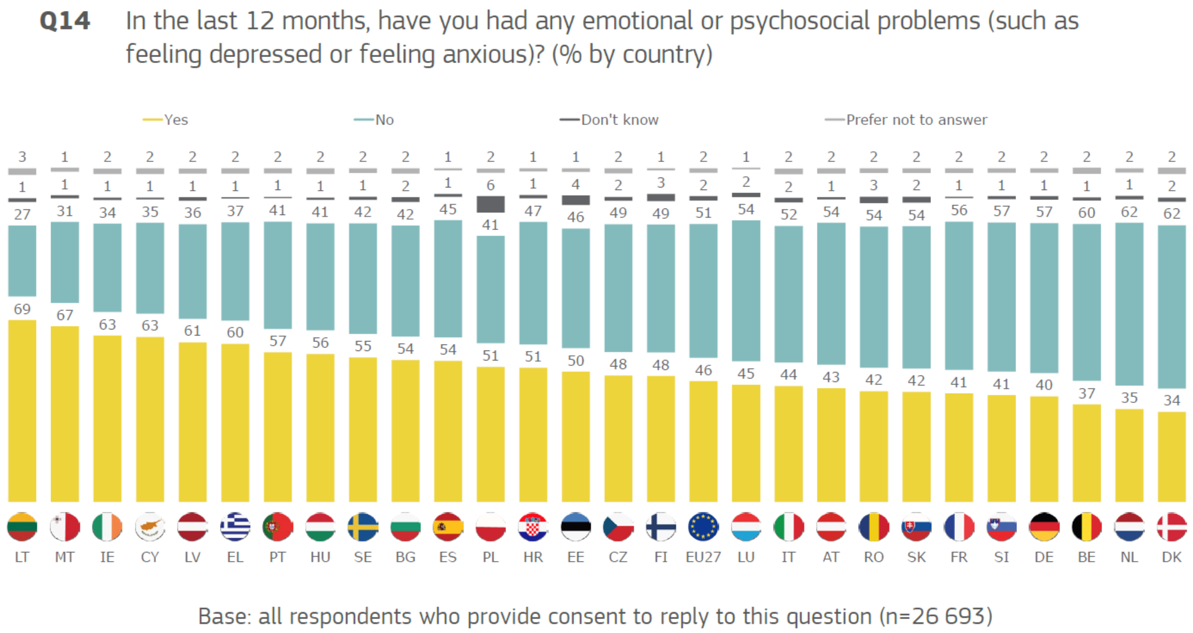
sets.[22] National statistics only indicate the number of persons with disabilities in residential care[23] and not the number who use services to support inclusion and independent living.

Mental health services

The RESPONSIVE project covers a range of mental health services, including community-based and residential support. Statistics from a 2023 Eurobarometer survey show that 46% of EU citizens reported an emotional or psychosocial problem in the last 12 months, of which more than half of respondents (54%) had not received professional help.[24] Anxiety and depression were the most common mental health problems in the EU before the COVID-19 pandemic, followed by alcohol and drug use disorders, bipolar disorder, and schizophrenia.[25]

Figure 1 shows 2023 flash Eurobarometer data about self-reported mental health incidence rates across EU countries.

Figure 1: self-reported mental health issues in EU countries in 2023



Source: European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 50. https://europa.eu/eurobarometer/surveys/detail/3032

Mental health issues and service responses are affected by gender, age and socioeconomic status.

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[22] Statistics Poland (2023) Disabled Persons in 2022. News Release, 30.11.2023.
[23] Statistics Poland (2024) Stationary social welfare facilities in 2023. News Release, 14.05.2024.
[24] European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 7. https://europa.eu/eurobarometer/surveys/detail/3032
[25] European Council (2024) Mental health, https://www.consilium.europa.eu/en/policies/mental-health/

Age: The 2023 Eurobarometer flash survey on mental health found that younger respondents were more likely to report having experienced emotional or psychosocial problems: 59% of those aged 15-24, 56% of those aged 25-39, compared to 48% of those aged 40-54 and 35% of those aged 55 and above.[26] In spring 2022, almost one in two young Europeans reported unmet mental health needs (49%), which was more than double the share of the adult population (23%).[27]

Gender: Women are more likely to have experienced an emotional or psychosocial problem (such as feeling depressed or feeling anxious) in the last 12 months (52% vs 39% of men).[28]

Education: the Eurobarometer flash survey on mental health in 2023 suggests that differences in mental health across levels of education are minor.[29] Age is instead an important driver with younger people still in education more likely to report experiences of mental health problems along with greater difficulties in accessing mental health support.

Poverty and socioeconomic status: the European Commission has identified people in vulnerable situations as a key risk group for mental health, including: people living in poverty; uninsured people; people experiencing homelessness or living in overcrowded housing, collective sites, informal settlements or slums; Roma, migrants, refugees or displaced people; people with a minoritised ethnic background; people in prison; people who are victims of discrimination on the grounds of sexual orientation; victims of gender-based violence; victims of crime and victims of human trafficking.[30]

Access to mental health services is a major challenge in Europe. 25% of EU citizens report that they or a family member encountered issues accessing mental health services with especially high numbers in Portugal, Ireland and Scandinavian countries.[31] The same Eurobarometer statistics show that women are more likely than men to report having encountered issue(s) accessing mental health services (28% of women vs 23% of men). The younger the respondents, the more likely they are to have encountered issue(s) accessing mental health services (from 19% for those aged 55 or above to 32% for those aged 15-24 and 33% for those 25-39).

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[26] European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 7. https://europa.eu/eurobarometer/surveys/detail/3032

[27] OECD/European Union (2022) Health at a Glance: Europe 2022: State of Health in the EU Cycle, OECD Publishing, Paris, https://doi.org/10.1787/507433b0-en, p. 30

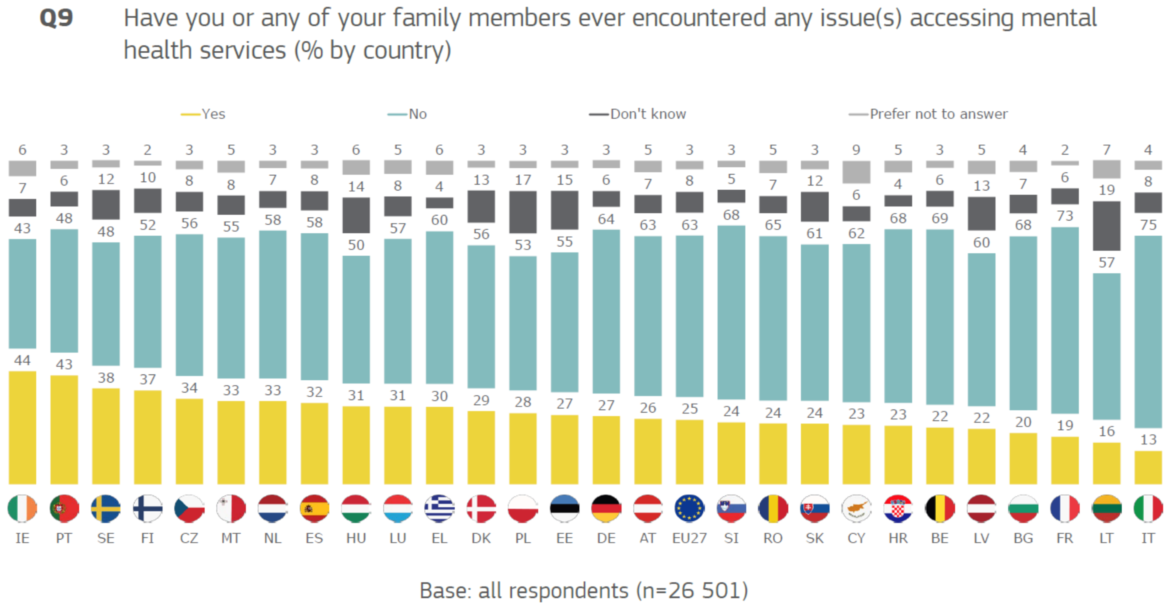
[28] European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 51. https://europa.eu/eurobarometer/surveys/detail/3032

[29] European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 51. https://europa.eu/eurobarometer/surveys/detail/3032

[30] European Parliamentary Research Service (2023) Mental health in the EU. Briefing PE 751.416.

[31] European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 45. https://europa.eu/eurobarometer/surveys/detail/3032

Figure 2: difficulties in accessing mental health services across EU countries (Eurobarometer 2023 data)



Source: European Commission/Ipsos European Public Affairs (2023) Flash Eurobarometer 530: Mental health, p. 45. https://europa.eu/eurobarometer/surveys/detail/3032

Child protection

2020 data collected by UNICEF and Eurochild indicates a total of 758,018 children and young people in alternative care in the European Union[32], meaning that they are looked after by the state in either foster or residential care. On average, 0.8% of 0–17 year-olds are in out-of-home care across the 26 OECD countries for which data are available[33].

Disability: UNICEF analysis shows that children with disabilities are over-represented in formal alternative care in Europe, particularly residential care.[34]

Gender: Sex-disaggregated data from EU countries indicates that there are more boys than girls in residential care in most member states and in some cases, generally in formal alternative care overall.[35]

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[32] United Nations Children's Fund (UNICEF) and Eurochild (2021) Children in alternative care: Comparable statistics to monitor progress on deinstitutionalisation across the European Union, p. 9.

[33] OECD (2022), Assisting Care Leavers: Time for Action, OECD Publishing, Paris, https://doi.org/10.1787/1939a9ec-en, p. 10

[34] United Nations Children's Fund (UNICEF) and Eurochild (2021) Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries, p. 71. https://eurochild.org/uploads/2022/02/UNICEF-DataCare-Technical-Report-Final-1.pdf

[35] UNICEF Regional Office for Europe and Central Asia (2024) Pathways to Better Protection - Taking stock of the situation of children in alternative care in Europe and Central Asia. TransMonEE analytical series, UNICEF, Geneva, https://www.unicef.org/eca/reports/pathways-better-protection

Most statistics only capture the number of children currently in alternative care systems. It is also important to consider those who had previous experience of alternative care and may now be adults and now longer classified in statistics. For example, estimates suggest that 3% of children in Denmark are placed into care at some point before they turn 18, a share three times as large as the share of minors in care in the country in 2019.[36]

In the six EU countries reviewed in RESPONSIVE (of which three are comparatively small), 366,632 children[37] and young people aged 0-17 were in alternative state care, pointing to the large number of lives affected by social services.

Table 1: number of children and young people in alternative care in the six countries covered in the RESPONSIVE project in 2020

Country	**Total number of children aged 0-17 in alternative care in 2020**	**% living in formal family-based care (as opposed to residential care)**
Austria	12,785	40%
Denmark	11,399	66%
France	158,124	54%
Poland	121,225	58%
Portugal	5,952	2%
Romania	57,147	62%
Total children in alternative care in the six countries of the RESPONSIVE project	**366,632**	

Source: United Nations Children's Fund (UNICEF) and Eurochild (2021) Country Overviews. DataCare Project. https://eurochild.org/resource/datacare-country-overviews/

Youth at risk

The RESPONSIVE project works with a wide definition of services for youth at risk of social exclusion. There are few statistics about the availability of services to support young people in non-compulsory youth projects and programmes.

One indirect proxy for the number of young people potentially affected by social exclusion and therefore who could benefit from youth is the rate of young people ‘neither in employment nor in education and training’, which is often abbreviated to NEET, a term that is often associated with negative stereotypes and assumptions.[38]

Eurostat analyses show that 11.2% young people across the EU were not in employment or education/training in 2023. Of the six countries surveyed in RESPONSIVE, this ranged from 8.6% in Denmark, 8.9% in Portugal, 9.1% in Poland and 9.4% in Austria to 12.3 in France,

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[36] OECD (2022) Assisting Care Leavers: Time for Action, OECD Publishing, Paris, https://doi.org/10.1787/1939a9ec-en, p. 6

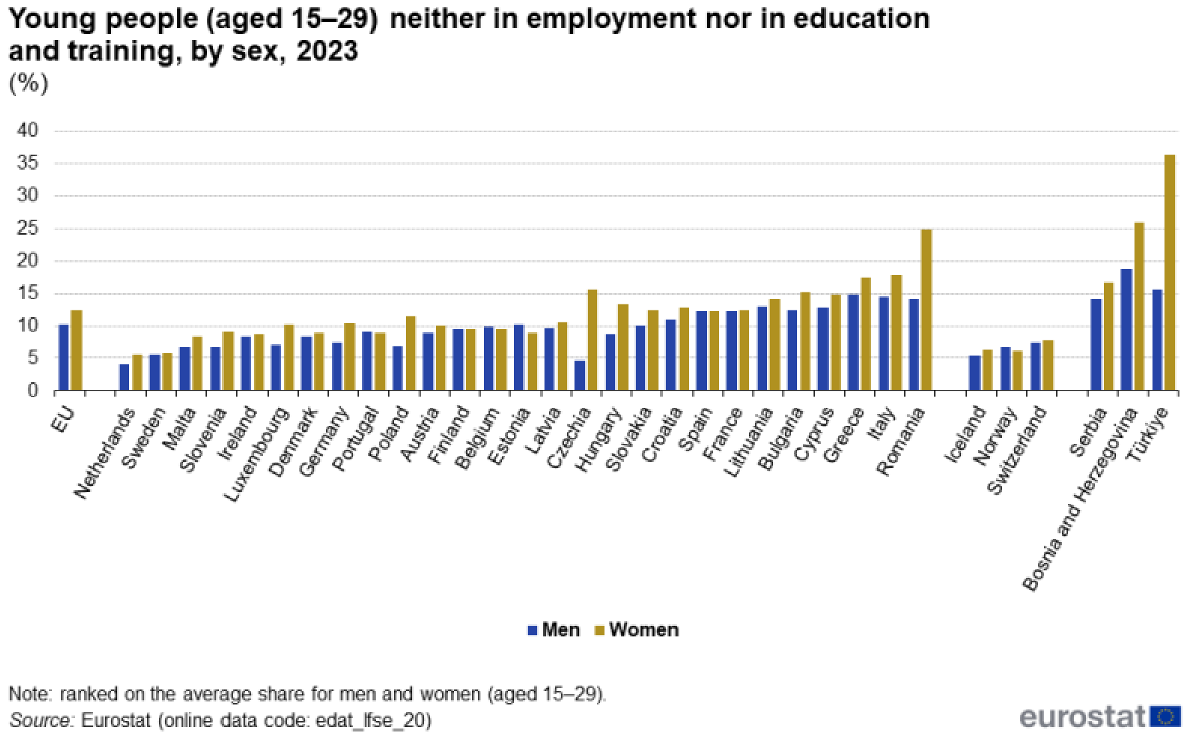
[37] Country Overviews. DataCare Project. https://eurochild.org/resource/datacare-country-overviews/

[38] Suttill, B. (2021) Non-academic, lazy and not employable: Exploring stereotypes of NEETs in England. EWOP in Practice, 15(2), 102-126, https://doi.org/10.21825/ewopinpractice.87146

19.3% in Romania.[39] Young women tend to be more affected, especially in the age group 25-29, reflecting gendered societal norms as well as labour market discrimination.

Education is a major influence on employment and education. The NEET rate in 2023 for young people aged 15–29 years in the EU was 12.9 % among those with a low level of education, compared with 11.6 % among those with a medium level of education and 7.8 % among those with a high level of education.[40]

Figure 3: Young people (aged 15-29) neither in employment nor in education and training, 2023



Young people (aged 15–29) neither in employment nor in education and training, by sex, 2023

Note: ranked on the average share for men and women (aged 15–29).
Source: Eurostat (online data code: edat_lfse_20)

Source: Eurostat (2024) Statistics on young people neither in employment nor in education or training.

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[39] Eurostat (2024) Statistics on young people neither in employment nor in education or training.
[40] Eurostat (2024) Statistics on young people neither in employment nor in education or training.

1.4 Democratic participation by people using social services

Democratic participation in political and public life

It is well documented that people living with poverty, social exclusion, unemployment and personal challenges face greater barriers to political participation. In 2014 the Council of Europe Parliamentary Assembly adopted a resolution on the dangers to democracy posed by social exclusion. Its recommendations to member states include to 'develop targeted measures for groups in need of special protection and support, who are often particularly threatened by social exclusion in a given national context and disproportionally hit by the crisis (or austerity measures), in particular migrants, ethnic minorities and people with disabilities'.[41] Evidence shows that:

- Disability has a significant impact on political participation due to legal/administrative accessibility and institutional barriers.[42]
- It is important to adopt a broad concept of youth participation that takes into account the everyday experiences and normative concerns of young people.[43]

The participation of citizens in developing social and public services is directly linked to broader dynamics of trust and democracy. Eurofound (2019) found that the 'perceived quality of public services is a key driver for higher trust in institutions, pointing to the value of public participation in the co-design of services'.[44] The same study identified that disadvantaged groups exhibit lower trust in national institutions (p. 12). Discontent and low trust in institutions have political implications with 'a clear relationship between discontent and non-voting, with discontent being expressed through lower rates of voting'.[45]

With regard to understanding quality of services, the OECD (2017b, p. 106) has pointed out that:

> Confidence in public institutions is derived from factors beyond the conventional measures of service quality. This suggests that attention should be paid to the 'how' as well as the 'what' of public services. In other words, good policy design and public service improvement may not be sufficient to restore trust if citizens are

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[41] Parliamentary Assembly, Social exclusion: a danger for Europe's democracies, Resolution 2024 (2014), https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=21322&lang=en

[42] Lecerf, M. (2024) Political participation of people with disabilities in the EU. European Parliamentary Research Service Briefing, PE 747.889 – April 2024. https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/747889/EPRS_BRI(2023)747889_EN.pdf

[43] Delezan, T. (2023) Young people's participation in European democratic processes: How to improve and facilitate youth involvement. Policy Department for Citizens' Rights and Constitutional Affairs, European Parliament.

[44] Eurofound (2019) Challenges and prospects in the EU: Quality of life and public services, Publications Office of the European Union, Luxembourg, p. 18.

[45] Eurofound (2024) The political dimension of social cohesion in Europe, Publications Office of the European Union, Luxembourg, p. 56. https://www.eurofound.europa.eu/en/publications/2024/political-dimension-social-cohesion-europe.

suspicious of the policy-making process and perceive the distribution of costs and benefits as unfair.

This observation emphasises that fairness should be part of the considerations when assessing quality of public services, yet also raises questions about mechanisms that can help citizens feel that they or their peers are part of policymaking and implementation.

Source: Eurofound (2019), Challenges and prospects in the EU: Quality of life and public services, Publications Office of the European Union, Luxembourg, p. 13.

In many EU countries, there are no statistics showing involvement and participation by people in vulnerable life situations who use social services. Some initiatives within the last 10 years do, however, indicate that these groups are participating less in democratic processes than other groups in society. Examples from Denmark include: ‘Voices from the edge’ (a democracy campaign initiated by a private organization), ‘The inclusion and participation of vulnerable citizens in co-creative arenas’, ‘Vulnerable youth and civil society’ (both from The Danish Center for Social Science Research) and ‘Participation as the road to change’ (The Committee for Socially Marginalized People).

Within the social sector

Research by the General Inspectorate for Social Affairs in France highlights the need for direct democracy and participation by people affected by solidarity policies (exclusion, poverty, disability).[46] These people tend to be represented by federations, unions and other intermediary bodies, which risks the dilution and instrumentalisation of their voices by professionals.[47]

Support and preparation for the participation of people using social services is important because they may have the difficulties to meet the expectations of public institutions, which expect “prêt à porter” (ready-made) thematic contributions on sometimes very technical issues. It may be difficult for people using services to go beyond the experience level (life story narrative) at the micro level to reach the level of generality needed to design or evaluate a public policy at the macro-level.[48]

To remedy these risks and support the direct participation of individuals to participate in the policy decision-making process, participatory processes should contain a working methodology that makes it possible to raise the level of generality, starting from the individual experiences of the people concerned. Methodologies of public participation in the vulnerabilities sectors (such as the "merging of knowledge" led by the anti-poverty NGO ATD

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[46] Burstin A., Olier, L., Seiler, C. (2024) La participation citoyenne directe dans les politiques de solidarité: état des lieux et perspectives. Inspection générale des affaires sociales.

[47] Burstin A., Olier, L., Seiler, C. (2024) La participation citoyenne directe dans les politiques de solidarité: état des lieux et perspectives. Inspection générale des affaires sociales

[48] Burstin A., Olier, L., Seiler, C. (2024) La participation citoyenne directe dans les politiques de solidarité: état des lieux et perspectives. Inspection générale des affaires sociales

Fourth World[49] or the assemblies of National Council of Service Users in France[50]) are based on the considerable discussion between peers before the meeting with public officials or other stakeholders. Another issue regarding participation at the policy level is the remuneration or compensation of participants with lived experience, which is rare, meaning that participation is expected to be a voluntary contribution even though social sector professionals are salaried.

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[49] ATD Fourth World (2021) Guidelines for the Merging of Knowledge and Practices when working with people living in situations of poverty and social exclusion, https://www.atd-fourthworld.org/wp-content/uploads/sites/5/2021/10/2021-09-08-ATDFourthWorld-GuidelinesMergingKnowledge.pdf

[50] Conseil National des Personnes Accueillies ou Accompagnées, https://cnpa-crpa.altengroup.net/

2. EU policy and practice context

There is increasing recognition at European Union level that personal targeted social services are an important element of welfare states and crucial to meet key European policy agendas around human rights, democracy, social inclusion and equality.

2.1 European Union policy agendas for democracy, rights and equality

European Pillar of Social Rights

The European Pillar of Social Rights (2017) outlines 20 key principles for instantiating social rights. Several principles contained in the third chapter ‘Social protection and inclusion’ have direct relevance to the provision of personal targeted social services:

- Principle 11: Childcare and support to children
- Principle 16: Healthcare
- Principle 17: Inclusion of people with disabilities

The European Pillar and its Action Plan do not directly mention democracy, citizen participation or co-production in realising social rights (European Commission 2021). The Action Plan emphasises ‘social dialogue’ and engagement of relevant stakeholders, but this is understood mainly as consultation with representatives of employers and trade unions. Although the chief responsibility of governments to provide for social rights is important, this can be difficult to achieve without people’s own involvement and expertise on what will best fit their lived realities.

European Union Strategy on the Rights of the Child

The European Union Strategy on the Rights of the Child (European Union 2021a) contains the clear conclusion that ‘all children have the right to express their views on matters that concern them, and to have them taken into account’ (European Union 2021a: 25). However, mention of democracy and participation are absent in the content on child protection and violence prevention, which recommends that interventions focus on a child’s ‘best interests’ (ibid: 12) and recommends putting ‘the child at the centre’ (ibid: 13). However, these principles are often conceptually defined and practically implemented by adults, especially professionals, without participation of children or their families (Hammarberg 2008). This shows a tension in integrating children’s participation into their protection (cf. Mitchell, Lundy and Hill 2023).

The lack of focus on child participation in their social services is striking given that the background survey of 10,000 children for the EU Strategy on the Rights of the Child found that only 34% children said that social workers always consult them about decisions that affect their lives, which is far lower than for parents or teachers (Eurochild et al. 2021: 43). At the same time, only 36% children felt that having more social workers would help to protect children from being hurt, suggesting that they see existing social services as ineffective in addressing their needs (ibid: 71).

European Union Strategy for the Rights of Persons with Disabilities

The EU ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2011. This Convention is unequivocal in asserting the independence, participation and choice of persons with disabilities, especially over services that they receive. The European Union Strategy for the Rights of Persons with Disabilities 2021-2030 states that "effective policy making implies consultation and participation of persons with disabilities and their representative organisations throughout the process and the provision of information about relevant policy initiatives and consultations in accessible formats" (European Union 2021b: 25). The emphasis here on 'effective' rather than 'democratic' policy making can suggest an instrumental reading of participation by persons with disabilities, although the Strategy does clearly define "full political participation" as taking part in elections "as well as in political and decision-making processes on an equal basis with others" (ibid.: 6). The Strategy outlines that the European Commission will issue guidance on independent living and inclusion in the community in 2023 and a specific framework for Social Services of Excellence for persons with disabilities by 2024 (ibid: 12).

2.2 European Union documents on personal targeted social services

Personal targeted social services have received limited attention at European Union level, partly because competence for them under subsidiarity principles lies at national and subnational level. Often EU policies, reports and projects that refer to 'social services' focus mostly on employment and health services. It is noticeable that EU sources on social services and the welfare state do not have a strong focus on democratic principles and often approach citizen participation as a tool for increasing effectiveness.

The Voluntary European Quality Framework for Social Services (VEQF) was issued in 2010 in order to promote a common understanding of quality in social services across the European Union (Social Protection Committee 2010). The VEQF has a specific section on the 'Relationships between service providers and users' based around two principles: 'Respect for users' rights' and 'Participation and empowerment'. The framework includes involving users in the decision-making system and planning, development and monitoring and evaluation of services. A separate principle on 'good governance' includes participatory forums, transparency and collecting service user feedback. Yet, the document does not explicitly state the importance of considering democracy within the social sector and was published before interest in co-production and co-creation governance models. It is recognised that the Voluntary European Quality Framework needs to be updated and there is no common approach to measure and compare the quality of social services across the EU (European Union 2022: 141).

Recent EU documents show an interest in co-production – the joint design and delivery of services. A 2018 technical dossier on co-production suggested that 'granting greater rights to citizens in the development of new service models' could be an important element of partnership in projects of the European Social Fund (Stott 2018: 21). Yet, the dossier frames co-production as enhancing 'overall performance' rather than directly relating to citizen participation as a democratic right. A high-level expert report into the future of the welfare state in the EU also contains an explicit recommendation that Member States foster co-production and increase the involvement of non-profit and social economy organisations in the design and delivery of social services (European Union 2023: 86). This report does not connect the welfare state to broader questions of democracy and citizen participation, but its recognition of the importance of inclusive social service provision is important. A similar assessment applies to a recent EU study on personal targeted social services, which recognises their role in protecting fundamental human and social rights (European Union 2022: 66), but does not have a strong focus on the need for this sector to be participatory and encourage co-production.

2.3 European networks of citizens who use social services

A range of Europe-level networks of citizens who use social services give clear messages about the democratic and practical necessity for citizen participation in the development of social services. Approaching questions of participation and social services from a very different perspective to policy makers and service providers, they seek to ensure that 'expertise through experience' is valued and that people have influence over interventions in their lives. A history of social services being used to exclude people with disabilities and mental health conditions means that some groups see themselves as 'survivors' of institutionalisation rather than more neutral 'users' of services.

As examples, the Europe-wide Care Leavers Network has been launched with participation of Italian, Irish, English, Romanian and Croatian care leavers. The European Network for Independent Living (ENIL) advocates for full participation of persons with disabilities in society and for disability legislation and services to be oriented towards independent living and equal opportunities. The European Network for (Ex-)Users and Survivors of Psychiatry (ENUSP) promotes alternatives to psychiatric treatment based around the guiding principles of supporting people's autonomy and responsibility in making their own decisions. Both ENIL and ENUSP are among the 29 European NGOs in the European Disability Forum. Self-determination is a key theme across materials from citizen-led networks along with recognition that participation has gender and intersectional considerations and the importance of relaying the voices of underrepresented groups (Cojocariu 2022; EDF 2023).

The human, organisational and financial resources – as well as access and influence in national and EU-level policymaking – of networks of people using social services tend to be much more constrained and unstable than organisations representing service providers (Brown and Ormerod 2020).

2.4 European networks of service providers and professionals

Citizen participation and co-production are increasingly being explored by European networks of social service providers. A report on inspiring practices in social services from the European Platform on Rehabilitation concludes with a call for the involvement of service users and co-production, including funding for citizens to engage in co-production processes (Dubost 2017). In 2015, the European Association of Service Providers for Persons with Disabilities (EASPD) urged the European Union to self-evaluate how co-production is reflected in existing legal frameworks (Social Platform 2015). Its recommendations on the EU Framework on Social Services of Excellence for persons with disabilities state that "The design, development and implementation of the framework should be guided by a co-production approach, with a diverse range of stakeholders and centralised around the "nothing about us without us" principle" (EASPD 2022: 6).

Co-production is a key theme in events and documents from the European Social Network (ESN), an association of local public social services. Its recent input into the European Care Strategy argues for participatory approaches in the planning, commissioning, designing, implementing and evaluating of social care services (ESN 2022). The ESN's proposal for quality assurance principles in social services states that person-centred care is "the toolbox in which all other [quality assurance] tools sit" and that "valid assessments of quality should include opportunities for coproduction with those who have experience of the service or opportunities for their views to be heard" (ESN 2020: 12). Recent proposals by Eurodiaconia and the European Social Network on the future of social services include a specific recommendation to "involve people using social services and their families/carers at all stages of the commissioning cycle such as needs assessment, specification of tenders, procurement delivery and inspection" (Eurodiaconia 2022: 3), but co-production or citizen participation is otherwise not mentioned in proposals covering social innovation, integrated social services, active inclusion, deinstitutionalisation, quality, funding, staffing and digitalisation.

Citizen participation or co-production of services was not directly addressed in a joint paper on the EU's role in COVID-19 and social services issued by the European Social Network, EASPD and other associations of social services providers and staff (EASPD et al. 2020), although it is stated that "social service providers, workers and the people using these services have also been largely voiceless during the pandemic".

Social Platform is an alliance of networks of civil society organisations advocating for social justice and participatory democracy in Europe. Some member organisations are providers of social services. At a general level, its campaigns call for greater citizen participation and 'co-creation: working with people and communities to identify what works, to help people to live in dignity, feel included and valued, and to participate fully in economic and social life' (Social Platform 2018). Yet, the focus on participation often becomes lost in documents that specifically address social services. The position paper *Quality Social Services for All* (Social Platform 2021) does not contain mention of democracy and only makes a passing reference to co-production. Citizen participation focuses mostly on broader society as the outcome of social services, with just one line that support from social services should be "rooted in a meaningful, participatory, and individual needs assessment with the full ownership of the beneficiary" (Social Platform 2021: 9), which limits participation to individual cases rather than influence over wider services.

At the level of frontline practice in social services, participation and democracy are key principles in international definitions and ethical principles for social work (Agius and Jones 2012: 7-8). However, there are few concrete documents or projects on co-creation or service user participation from the International Federation of Social Workers. The PowerUs network seeks to bring service user experience and knowledge into social work teaching within Europe.

2.5 Conclusions

Both democracy and social rights are key policy priorities for the European Union. However, there is a disconnect between these two fields. Policy documents and action plans on democracy and human rights rarely mention the role of social services in general, let alone personal targeted social services addressing particular needs. Conversely, reports and strategies on the social sector rarely consider democracy and may approach ‘participation’ instrumentally as a means to improve ‘efficiency’ or ‘effectiveness’ rather than the means to instantiate fundamental principles of democracy. These blind spots are worrying given that the people who use personal targeted social services often face high levels of structural vulnerability and exclusion from key societal and political structures and are therefore an important group to consider in terms of democratic and civic participation. Linking agendas on participation and social services can also be a valuable opportunity to tackle the ‘non-take-up’ of social rights and support (cf. De Schutter 2022).

3. Conceptual framework: responsiveness

This chapter presents the concept of ‘responsiveness’ as a way to think about democracy and citizen participation in social services. The concept has been developed through a review of critical discussions about democracy, participation and co-creation in literature on governance, public administration and more specifically in social services. This conceptual analysis is important because the notion of ‘co-creation’ in public services lacks a firm theoretical grounding (Verschuere, Brandsen and Pestoff 2012).

Terminology

The term ‘citizens’ is used in this report to emphasise that social services are used by persons who hold democratic rights to voice and self-determination. The impact of social services on people’s lives means that there is a fundamental democratic argument that they should have influence over these interventions. The fundamental right of citizens to participate is not always clear with the terms ‘users’, ‘beneficiaries’ or ‘clients’ that are generally used in social services. The term ‘citizens’ is also potentially less divisive and othering because it does not position ‘service users’ as a group separate to professionals, social services and the broader citizenry.

At the same time, several nuances with the term ‘citizen’ need to be recognised. First, considering how many states restrict access to social services based on nationality and residence, the term ‘citizen’ is used in this report in an inclusive sense to refer to all people and not just those who are granted formal entitlements in a particular country. Secondly, the concept must consider all people as ‘rights holders’ regardless of social differences and intersectional forms of exclusion given how ‘citizen’ has historically been defined and socially constructed as male, adult, white and non-disabled (Lister 2003; Gruev-Vintila 2023). Finally, an understanding that citizens have autonomy, agency and space to act is crucial because social psychology highlights the decisive nature of the social representations about the ‘citizen’ that operate in societies, and by extension among social services organizations and professionals. The socio-political system, including social services, is likely to perceive the citizen as an ‘object’ to be ‘thought about’ (Roquette 1989). This contrasts with representations that accord agency: the citizen as ‘thinker’ or, more strongly, the citizen as ‘acting’. This is important because the power dynamics between citizens and the social system are decisively different in the three social representations: “there can be no power, on any scale whatsoever, without a conception of the *asujettis* (subjugated) and without the implementation of this conception” (Rouquette 1999).

3.1 Democracy and responsiveness

Critical scholarship on democracy highlights that there have long been historic and persistent processes of exclusion within democratic systems in Europe. Women, people from socioeconomically disadvantaged backgrounds, minority ethnic groups, migrants, sexual minorities and people with disabilities are just some of the groups who are excluded or disregarded in structures of representative democracy and policy development (Ludwig 2018). This can result in a lack of sensitivity to the lived realities and structural pressures faced by groups of people who use social services.

Organisations and services in the social sector often externalise democratic processes by locating them outside their institutions, responsibilities and range of agency. This is problematic because issues of social service reform are rarely part of political party manifestos, meaning that the election of public officials does not offer a strong democratic mandate for decisions in this sector. Furthermore, there is well-recorded societal and political stigmatisation of people who engage with social services, from ableist assumptions about persons with disabilities to negative judgements about 'bad parents' and persons with mental health issues (e.g. Geiger 2017). The risk is that 'mainstream' democratic structures do not recognise the perspectives of the minority of citizens who need to use social services. The question thus arises of how social services can be aligned and 'responsive' to the perspectives of people using them.

Political theory identifies responsiveness as a key element of a functioning democratic system. For democracy theorist Robert Dahl, "a key characteristic of a democracy is the continuing responsiveness of the government to the preferences of its citizens, considered as political equals" (Dahl 1972: 1). Responsiveness is not explicitly listed in Dahl's famous five criteria for a democratic process, but can be read as part of the criterion "effective participation" (Dahl 1982: 6). Responsiveness and participation are often linked together, but mean different things. Whereas participation deals with the general question of how people participate, for example voting rights and participation in political parties, NGOs and deliberative forums, debates around responsiveness concentrate more on how political institutions and elected representatives "adopt policies that are signalled as preferred by citizens" (Manin et al. 1999).

The literature on personal targeted social services does not directly engage with responsiveness, but two readings of responsiveness can be identified in the broader literature on public administration. One perspective looks at how responsiveness can increase the effectiveness of the public sector (Vigoda 2002; Andersen et al. 2013). Debates here concentrate on "the speed and accuracy with which a service provider responds to a request for action or information" (Vigoda 2002: 529). This approach is criticized for regarding the public sector as 'quasi-markets' (Greener & Powell 2009), reducing citizens from holders of democratic rights to 'customers' of public services and for neglecting the democratic aspects of responsiveness: collaboration, participation, and involvement (Vigoda 2002).

In the second line of thought, responsiveness in the public sector is read as democratic collaboration in the form of "co-production between users and providers" (Sjoberg et al. 2017: 340). This fits with understandings of responsiveness from democracy theorists whereby "citizens should have greater direct roles in public choices […] and be assured that officials will be responsive to their concerns and judgments" (Cohen & Fung 2004: 23-24). Pluralist democracies and their political systems, institutions and social services have to work in a manner that privileges "co-production, co-creation and participatory decision-making" over top-down decision-making (Howarth and Roussos 2022: 14). This cannot happen without addressing barriers connected to social inequality, the disempowerment of democratic institutions and technocratization (ibid.: 15).

This democratic understanding of responsiveness is anchored in international law and is therefore a legal obligation that all states theoretically must guarantee. The International Covenant on Civil and Political Rights has been ratified by all European Union countries and includes the "the right to participate in the conduct of public affairs" (Article 25). This right applies to all aspects of public administration and includes citizens "exerting influence through public debate and dialogue with their representatives or through their capacity to organize themselves" (OHCHR 1996: Article 8).

The Guiding Principles on Extreme Poverty and Human Rights (OHCHR 2012) from the United Nations outline that the right to take part in the conduct of public affairs means the "active, free, informed and meaningful participation of persons living in poverty at all stages of the design, implementation, monitoring and evaluation of decisions and policies affecting them" (Paragraph 38). Participation is then a way to promote social inclusion "not least by ensuring that public policies are sustainable and designed to meet the expressed needs of the poorest segments of society" (Paragraph 37). The Guiding Principles also highlight that empowerment is an important requirement for the participation of people at higher risk of falling into poverty, including those who experience intersectional discrimination (Paragraph 39).

3.2 Democracy in the social services sector

Social movements created by citizens who use social services highlights the limited state of democracy in the social sector. Choice and control over the format of social services have been key goals of disability rights activists to achieve independent living and overcome the high use of institutional care (Mladenov et al. 2023). Within the mental health sphere, a range of movements from reformist psychiatry to 'survivor' and 'anti-psychiatry' networks regard medicalised approaches to mental health as punitive and unjust (Faulkner 2017) and present alternative perspectives on distress and appropriate treatment. The academic fields of Disability Studies, User-Led Studies and Mad Studies challenge pathologizing interpretations of 'need' and criticise social interventions that tend to exclude people rather than address the social causes of the discrimination and inequality that they face (Goodley 2017; Rose 2022). Activism in the sphere of child protection is less prominent, but protests against interventions in families with a migrant background in Norway in 2016 show that interventions can be contested and questions (Whewell 2016).

These movements of citizens who use social services are united by a belief that there is a discrepancy between social service interventions and the lived realities of citizens who engage with social services. In an attempt to readdress the power imbalances in social services, the notion of 'expert by experience' is emerging that posits lived experience as an important source of information to be valued alongside professional and policy expertise (Videmsek 2017). There are calls to value "knowledges based on direct experience and […] own conceptual frameworks and bodies of theory" of people who use social services more systematically in academic, policymaking and practice circles (Beresford 2000: 489).

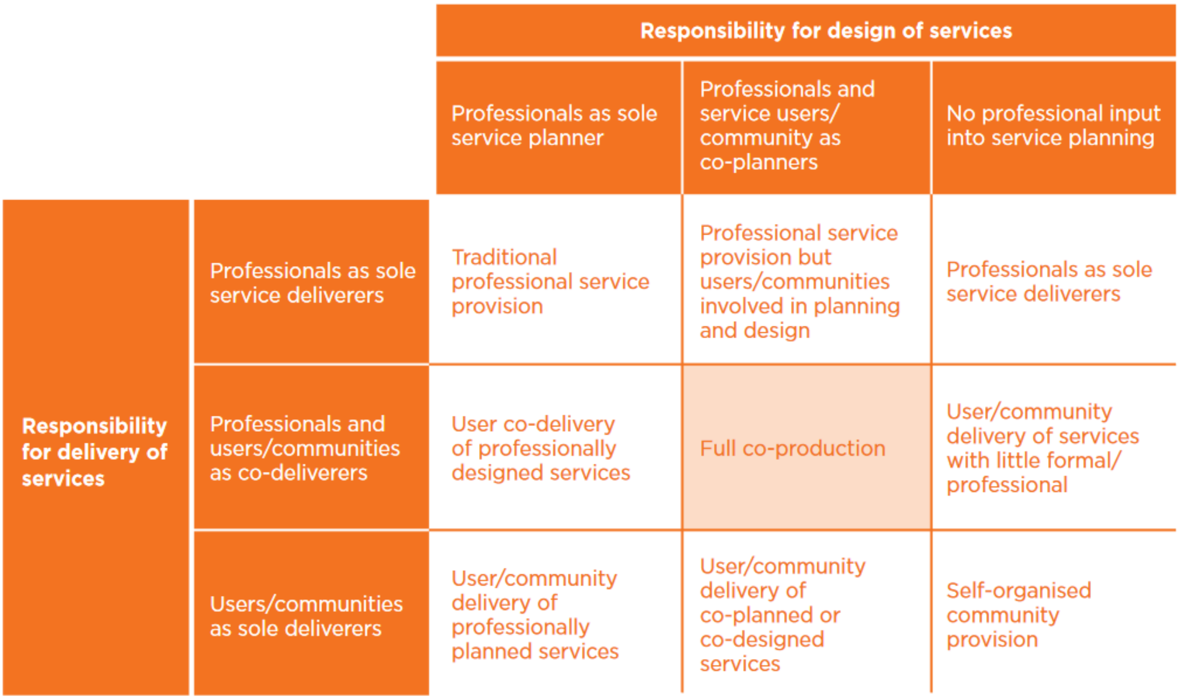
3.3 Participation, co-production and co-creation in social services

Discussions about how people using social services can take part in their development and operations are not new. Terms such as ‘involvement’, ‘participation’, ‘co-production’ and ‘co-creation’ show increasing emphasis on collaboration. As with responsiveness in public services, two broad approaches to co-production can be identified. The first regards co-production instrumentally as a way to increase efficiency, innovation and potential cost savings in social services, drawing on logics of new public management and its focus on ‘customer’ choice and voice. There are fears that such understandings of participation promote neoliberal rather than democratic agendas when used to ‘reduce direct state and social work involvement’ (Carey 2009). The second approach to co-production is rooted in the paradigm of new public governance that places stronger emphasis on democracy and citizen involvement (Rosenberg et al., 2018).

Citizen or user participation in developing social services is often depicted in the form of a ‘ladder’ (Arnstein 2019) or ‘pyramid’ (Fuchs et al. 2006) with stages ranging from very limited participation of being informed, expressing opinions and discussing relevant topics to advanced levels of joint decision-making and full control. At this higher end of participation, the term ‘co-production’ refers to how “citizens are not merely recipients of services, but can act as co-producers in the design and the delivery of public services.” (Fusco et al. 2020: 2). The Social Care Institute for Excellence defines co-production as having four elements: “co-design” which involves planning of services, “co-decision making”, “co-delivery of services” and “co-evaluation of the service” (SCIE 2022: 6). European Union policy documents use the similar term ‘co-production’ (Stott 2018). Whilst definitions of the different terms vary between authors, they all share a similar emphasis on generating ideas and building partnership with citizens (Brandsen and Honingh 2018). Co-production is also cautiously welcomed in activist circles, being seen as a format that has the “potential to prevent and repair the harm done” by the epistemic injustice related to the devaluation of users’ knowledge and experience (Maddie 2023).

As shown in Figure 4 (created by Boyle and Harris 2009: 16), co-production means that people who use services have joint responsibility – and thus decision-making influence – in both the design and delivery of services.

Figure 4: User and professional roles in the design and delivery of services



		Responsibility for design of services		
		Professionals as sole service planner	Professionals and service users/ community as co-planners	No professional input into service planning
Responsibility for delivery of services	Professionals as sole service deliverers	Traditional professional service provision	Professional service provision but users/communities involved in planning and design	Professionals as sole service deliverers
	Professionals and users/communities as co-deliverers	User co-delivery of professionally designed services	Full co-production	User/community delivery of services with little formal/ professional
	Users/communities as sole deliverers	User/community delivery of professionally planned services	User/community delivery of co-planned or co-designed services	Self-organised community provision

Source: Adapted from Carnegie Trust (2006), 'Commission for Rural Community Development – Beyond Engagement and participation, user and community co-production of services.' By Tony Bovaird, Carnegie Trust.

Research and citizen campaigning highlight significant constraints on participation and co-production having meaningful impact. Firstly, the structural imbalance of power in the relationships between citizens and social service practitioners can lead to weak influence and mistrust (Uggerhoj 2014). Consultative structures are often designed by social services, which also set agendas for meetings and constrain options within a spectrum of changes feasible within existing institutional frameworks, thus limiting the transformative potential of participation (European Commission 2015: 22). Participation also runs the risk of incorporating or 'co-opting' citizens and civil society groups into the agendas of services and ministries (Eriksson 2018).

Scholars criticise the concept of co-production as "defined by the legacy of the Enlightenment and its notions of reason and the cognitive subject" (Rose & Kalathil 2019: 1), echoing critiques of traditional notions of the 'citizen'. Research shows that user involvement in mental health services without delegating power leads to more containment, control and silence (Lewis 2014: 1). In the field of social work, there are also important discussions about the tokenistic inclusion of people who use social services (Batty et al. 2022) and the need for "resources and agency to groups of people with lived experience to create their own solutions" (Wells 2023) instead of what has ironically been called "faux production" (McGrath 2021) or "pseudo-participation". Self-organised groups like the National Survivor User Network in the United Kingdom openly discuss what it costs to be "endlessly being asked for input and information […] with no meaningful change resulting from the engagement" (Sadid 2022).

These critiques highlight what is missing in models of participation and co-production: explanation of the conditions and processes required for citizen voices to have an impact within social services (e.g. LeRoux 2009; Coram et al 2021). This conjuncture is important considering that research “shows that genuine responsiveness to citizens’ input encourages greater participation” (Sjoberg et al. 2017). There is a danger that participation is reduced to simple interaction and discussion in the absence of frameworks for responsiveness and the utilisation of citizen input.

3.4 The concept of responsiveness in social services

The concept of ‘responsiveness’ has been formulated against the backdrop of scholarly and activist concern that participatory and co-production mechanisms do not fully instantiate democratic rights to participate and be heard. It aims to specify the conditions in which citizen participation can transform social service organisations.

Box 2: concept of responsiveness in social services

Responsiveness is the process of learning from and reacting to the perspectives of diverse citizens who use social services. It ensures that citizen voices have an impact on social services.

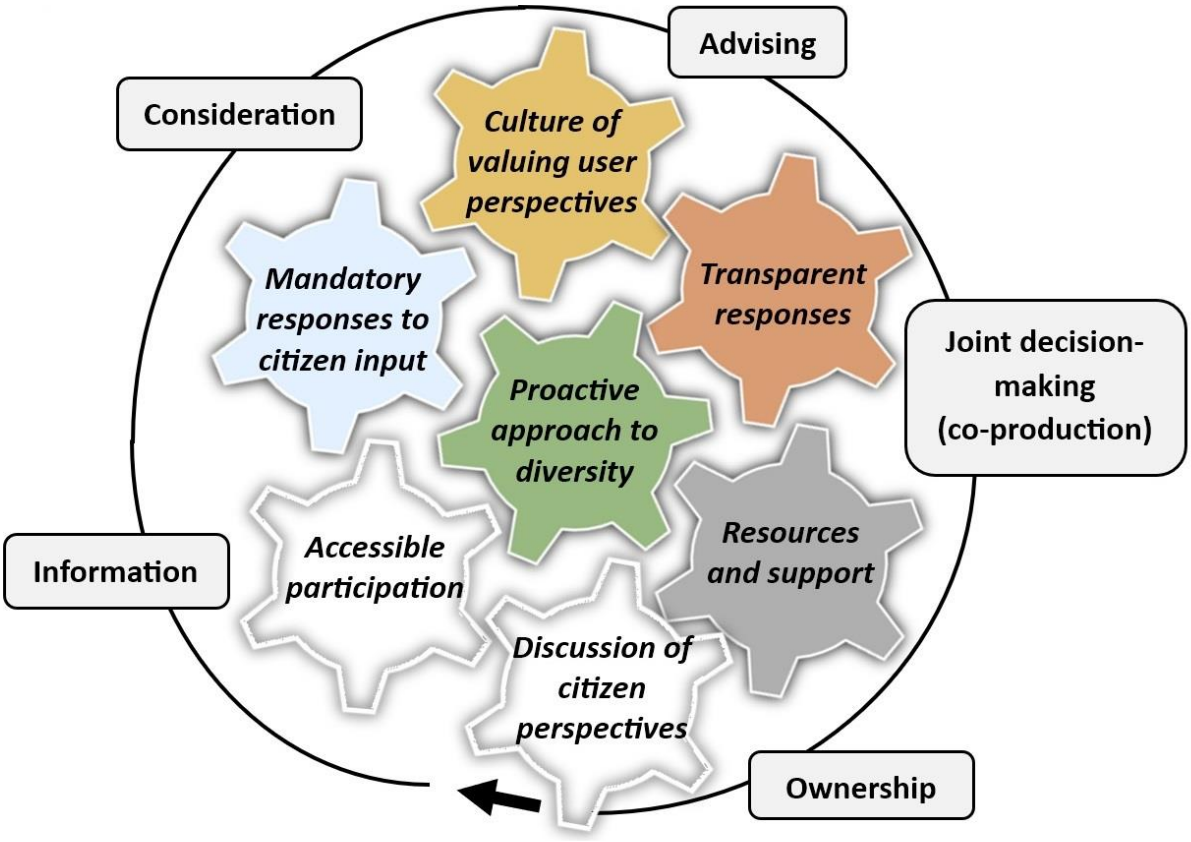
‘Responsiveness’ is not a widely established concept in research, policy or practice circles. Using a new or underrepresented term is valuable to enable different thinking and make new connections. Whereas models of participation or co-construction often focus on input from citizens, the term of responsiveness relates more strongly to the responsibility on institutional and organisational structures to develop on the basis of the feedback received.

Seven core elements of responsiveness within social services can be identified by synthesising literature on democracy and participation: mandatory responses to citizen input, active discussion of citizen feedback, organisational culture of valuing citizen input, transparency, proactively promoting diversity, resourcing and accessibility (see Fig. 1). These elements are mutually reinforcing and can be seen as both conditions for responsiveness as well as the results or impacts of the process.

Figure 5 represents the multiple elements of responsiveness as a gear wheel in which each ‘cog’ is needed in order to facilitate comprehensive and sustainable democratic processes within social service organisations. If one ‘cog’ is jammed or absent, then responsiveness as a whole is much less likely to be achieved. This logic of responsiveness draws attention to the fact that democracy, participation and innovation are continuous processes involving effort and actions over time (Dedding et al 2022).

The ‘cogs’ of responsiveness are shown within the classical spectrum of participation or co-production that ranges from people who use social services being informed about decisions through to consultation and full ownership and decision-making power. The rationale for this is that an ‘infrastructure’ for responsiveness must be developed alongside structures for citizen participation. Full responsiveness can only be achieved alongside high levels of citizen input, participation and joint decision-making in all stages of social service development (design, planning, implementation and evaluation). Sensitivity to the lived realities of citizens using services is only possible when social services have the capacities to collect, listen and process feedback from citizens and use it to influence their services, working culture and relationships between professionals and citizens.

Figure 5: Concept of responsiveness



The **requirement for social services to consider and respond to input from citizens who use their services** is the first element of the responsiveness concept. Legal, policy and organisational frameworks governing social services must mandate the gathering of input from citizens and require that it is incorporated into decision-making processes. These mandatory requirements will help to embed citizen participation into the development, implementation and monitoring of social services so that it becomes a fundamental element of decision-making. Citizen participation cannot be optional or ad hoc if it is regarded as a democratic right and therefore an obligation on social services.

An **organisational culture that values citizen perspectives** is an important precondition for responsiveness and complements the need for formal processes for collating and using citizen viewpoints. Organisational management theory highlights that new systems can only be implemented when accompanied by changes in core values and working approaches (Drumm 2012). More equal relationships between people who use services and professionals are important parts of a responsive organisational culture, including promoting openness to ‘expertise through experience’ and developing processes of dialogue and interaction rather than one-way input (Beresford 2019). Building such relationships require an appreciation for diversity and differences, including between citizens and staff in social services.

The circulation of information from citizens within organisations is the next important element of responsiveness and underpins both formal processes and organisational culture. Messages and proposals from citizens cannot be siloed in single events, committees or reports, but need to be communicated within organisations and actively discussed by staff at all levels. The visible engagement of senior decision-makers with feedback from citizens using social services will set examples.

Transparency about how social services use citizen feedback is an important element of responsiveness. Even when participatory processes are well-implemented and mandatory, information about participation possibilities and outcomes might still be missing, unclear, overly general or only communicated to higher authorities. To tackle the problem of token participation, it is necessary to know what happens with inputs from consultations, how citizen voices are considered and the areas on which citizens are able to advise and co-construct, e.g. format, process, goals, strategies, values, norms in social services. Concrete mechanisms for transparency like the publication of citizen feedback and responses by social services will motivate organisations to take democracy seriously and allow citizens to trust that social services are sensitive to their concerns and input.

Proactively addressing gendered, intersectional and power inequalities in participation is a crucial aspect of responsiveness and enhancing democracy, particularly in the social sector that works with people facing high levels of marginalisation. It is important to ask whose perspectives are missing and how to gain input from citizens who do not participate in existing participation processes due to life pressures and various exclusion mechanisms. Such work is important due to the disbalance between white, middle-class and largely male figures in social sector policymaking in Europe (Pease 2011) and the many intersectional inequalities faced by citizens who use social services, including poverty, class, gender, ethnicity, sexuality and disability. Research on processes of service user participation shows that gendered discourses and practices often keep women from expressing their views and taking part in decision-making (Rouhani 2017, Lewis 2012). On the other hand, men tend to be invisible to certain social services as potential users and are rarely expected to participate (Baum 2016). Attention to multiple and minority perspectives is necessary because the views of diverse citizens can be lost in processes that aggregate feedback and relay it through multiple governance stages.

Resources and support for citizen participation are a necessary element of responsiveness. Inequalities exist when policymakers and social services practitioners receive payment for their work, but people who use services are required to 'volunteer' their time and energy without remuneration. Fair compensation for time, the refund of expenses and the provision of childcare and personal assistance all facilitate participation and are ethically important to value the expertise of citizens' lived experience. Resourcing for responsiveness should also include staff to guide citizen participation processes, including offering training and guidance to citizens, arranging meetings, circulating citizen feedback and reporting on the use of input in decision-making. These mechanisms will support the institutional and cultural changes needed for social services to be more responsive.

Open and accessible participatory structures complete the responsiveness dimensions which have been worked out at this stage of analysis. Flexible formats can reduce barriers to participation. Accessibility implies barrier-free access to locations (architectural and geographical), possibilities for different communication styles (e.g., sensory friendly acoustics and light, easy language, sign language interpreters, accessible texts and transcripts), sufficient breaks as well as paid personal assistants. Participation can be supported via peer work, inclusive trainings and preparatory briefings so that it does not feel intimidating. In combination with an organisational culture that values citizen input, a culture of openness and mutual respect is also crucial to avoid citizens' feelings of being ashamed, patronised, disregarded or instrumentalised.

3.5 Methodological implications: applying the model of responsiveness

The model's principles are multi-level and can be applied to individual social service organisations, including associations of practitioners or social service directors, as well as sector-wide structures, for example national or regional consultative bodies for policy development or the monitoring of social services. The concept also has broader relevance for other state, non-governmental or private organisations that work with citizens, particularly those who face marginalisation.

The concept of responsiveness can inform social service development, for example the improvement of policy frameworks or organisational structures for citizen participation within organisations. It can also guide an evaluation of responsiveness and participation in a specific social service organisation by researchers, service user groups, activists and social services.

At this stage of the RESPONSIVE project, the concept of responsiveness is grounded in existing theory and literature. The concept will be updated following empirical validation through research and co-design exercises with citizens, activists, practitioners and policymakers in 2024-2025.

4. Report methodology

This report is based on a scoping review of documents and online sources conducted by research teams from March to August 2023 in the six countries of the RESPONSIVE project: Austria, Denmark, France, Poland, Portugal and Romania. The aim was to give an overview of the legal, policy and organisational frameworks concerning citizen participation in four different types of personal targeted social service (disability, mental health, youth at risk and child protection). The study had a particular focus on the responsiveness of social services to input from citizens, utilising elements of the conceptual framework developed in the previous section).

4.1 Methods

The analysis for this report started with a qualitative scoping review of academic and practice resources to identify the state of existing knowledge about the impact of citizen participation and dynamics of responsiveness in social services in each country. Scoping reviews seek to synthesise evidence and establish the availability and content of key resources on a particular topic. They are useful in drawing together different types of resource or covering topics where there have been few meta-synthesises, for example using systematic review methods.

The main findings of this report are based on a four-stage analysis of frameworks for citizen participation in personal targeted social services in each country. This analysis looked at four different dimensions:

- **Narratives** about citizen participation in policy, practitioner and activist sources in the four types of social service. The aim was to understand the normative or ideational framing of participation in line with theories of discursive institutionalism that emphasise how ideas shape institutions (Schmidt 2008).
- **Legal frameworks** for participation by studying the provisions of key laws regulating the work of the four different types of social service in the project, including general laws on social services as relevant. The focus was on ‘hard law’ embedded in specific legal acts due to their compulsory nature.
- **Policy guidance (mandatory or advisory)** on how to implement citizen participation in social services. Sources included action plans, guidelines and instructions from NGOs, ministries, central government, regional government, parliamentary groups and agencies for policy or social service implementation.
- **Specific organisational structures** for citizen participation in social services, covering both arrangements at sector-level and mechanisms within individual social services. The aim was to gain an insight into the range and diversity of structures for responsiveness, including the amount of information that is publicly available about them.

In all these stages, the aim was to understand how the responsiveness of social services to citizen participation is constructed and embedded in different countries.

It became apparent during the data collection that it was difficult to clearly separate the four levels due to variations in the level of detail and instruction given in documentation at legal, policy and organisational levels. As an example, national strategies for disability rights could be very detailed with concrete action plans and performance indicators, or else very general in outlining overarching principles. The findings in this report therefore present information without always making a strict differentiation between level.

4.2 Data collection and analysis

Standard tools for data collection, analysis and subsequent country reports were developed for each stage of the analysis based on the conceptual framework of responsiveness. Research team seminars at the start and midway of each stage were used to align approaches and identify common themes.

The findings presented in this report are based on a synthesis of individual country reports for each level by colleagues at the University of Innsbruck. The draft report was reviewed by country teams and project colleagues external to the research process to check accuracy of findings.

4.3 Sample size

In total, country research teams reviewed approximately 140-190 publicly available sources when conducting their analysis, yielding strong insight into social services. Samples were purposive with sources selected based on their **importance** for the work of social services (e.g. key laws or policy documents) and **relevance** to themes of responsiveness and citizen participation. Samples often included sources from regional or local level within countries due to the decentralisation of social services.

Table 2: sample size in each research stage

Type of source or information	Number of sources reviewed for each type of social service in each country	Total number of sources reviewed per country (across all types of social service)
Academic and practice resources	10-15	40-60
Sources with policy and practice narratives	7-10	30-40
Pieces of legislation	3-5	15-25
Policy guidance documents	3-4	12-15
Organisational structures	10-12	40-50
Total	33-46	137-190

4.4 Limitations

Several limitations of this study relate to the desk-based nature of the review methodology. First, desk analysis can only include publicly available documents. This approach works well for analysing legal and policy structures because decisions and processes are codified in official documents. However, the review of documents is not able to fully capture realities in frontline social service practice. Research teams' knowledge of the social sector in their countries suggests that social services may have participatory mechanisms that are undocumented or only discussed in internal documents, so therefore not visible in a desk-based review of published documents. Informally constituted groups or even the actions of individual citizens may have important influence on the work of specific social services. Primary research with citizens and practitioners in the next 1.5 years of the RESPONSIVE project will explore the different forms and contexts of responsiveness in social services.

Secondly, document-based analysis does not yield detailed insight into how participatory mechanisms work in reality. Policy evaluations, NGO statements and media reports indicated that policies and structures that might seem participatory are often criticised by a range of actors for their limited impact. Interviews, observations and focus groups in the next stages of the RESPONISVE project will illuminate actual experiences of participation in social services.

Thirdly, the report could not assess the following two dimensions of the conceptual framework for responsiveness:

- Organisational culture that values citizen perspectives
- Circulation of information from citizens within organisations

These two dimensions of responsiveness relate to processes that are hard to identify by analysing documents, especially since social services rarely publish information about how they use citizen feedback. The primary data collection within social service organisations to be conducted later in the RESPONSIVE project will explore these aspects.

The final limitation of the qualitative, desk-based methodology in this report is that it does not allow an evaluation of the degree to which responsiveness takes place in social services. The report instead focuses on the formal structures shaping how responsiveness takes place in social services, giving largely narrative findings in line with the qualitative nature of the analysis. Chapter 6 includes tables with evaluations of the overall presence of different elements of responsiveness in legal, policy and organisational frameworks. The four-point scale used in the tables reflects a qualitative analytical judgement based on analysis of documents in their wider national context. Such an approach refers to a methodological framework (Boehm 1994: 125) that does not aim for statistical representativity and comparability (e.g. valid for all legal and policy documents in EU-countries), but for conceptual representativity (includes all factors that constitute responsiveness).

Conducting the analysis exposed certain assumptions in the methodology and analysis that require further reflection. One example is the question of whether detailed legislation and structures concerning participation and social service responses are indisputably advantageous for citizens. In contrast to the very defined, top-down organisation of social services found in most countries covered in this project, legislation in Denmark only regulates access to social services and measures (including problem definition) rather than the specific implementation of social interventions and the associated processes. The desk analysis seemed to identify ‘gaps’ in Danish legal and policy frameworks that in fact relate to the remit and autonomy of individual social services and may not necessarily be negative in terms of instantiating participation, although professional discretion in implementing services has long been criticised for weakening the participation of people who use services (Munday 2007: 10). Similarly, input from citizens who use mental health social services into upcoming primary data collection highlighted the crucial importance of having influence and choice in individual intervention plans and how this might not be analytically separable from input into the wider running of a social service. Personalisation is a priority for people using social services and should not be taken-for-granted or seen as ‘light’ participation by academic or practice analysis more interested in organisational dynamics. Upcoming research with citizens and social services will further understanding of the conceptual and practical assumptions in this project.

A last limitation of this report is that the research findings do not present a generalisable picture of all European Union countries. Completing the analysis reinforced the heterogeneity of social services and the broader legal, policy and socioeconomic contexts in the six European Union countries covered in this report, which makes it difficult to generalise or categorise countries according to their structures for responsiveness. Comparisons between different types of social services within countries are more relevant, especially since they are regulated at national or subnational level. In line with the critical appraisal of qualitative research, it is instead more promising to consider the transferability and relevance of the findings for other contexts.

5. Research overview: democracy and citizen participation in social services

This section presents an overview of research and practice resources about civic participation in the social sector in the six European Union countries covered in the RESPONSIVE project. It focuses on the extent to which the literature explores the impact of citizen participation on social services and presents main findings about factors supporting or limiting the ‘responsiveness’ of services to citizen voice.

The analysis in this section draws mostly on texts written in German, French, Romanian, Danish, Portuguese and Polish because social services are largely regulated, designed and delivered at national or subnational level. The majority of research and practice resources on social services are therefore also in national languages rather than English.

The state-of-the-art exercise identifies limited literature on the responses of social service organisations to input received from people using them. There is also an absence of direct discussions about the democratization of social services. The concepts of participation, co-production, inclusion, and empowerment are used in some literature and practice resources in the four social sectors covered in this project, but less attention is paid to changes and effects of citizen involvement. Finally, existing research very rarely addresses questions of how gender, intersectionality and inequality affect participation and its impact on social services.

The majority of studies reviewed come from the disciplines of social work, social policy, sociology, education or psychology, and often presented theoretical or professional perspectives. Fewer studies were directly informed by research paradigms rooted in the lived experiences of people who use social services. Although the field of Disability Studies – which analyses the social, political, cultural and economic barriers that exclude ‘disable’ people with impairments – is becoming established in Austria, Denmark, France, Poland and Portugal, almost no studies could be found that are based on the emerging paradigm of User Research (Rose 2022).

5.1 Research on disability services

In Austria, resources about disability services often have a strong focus on participation and inclusion, but many are rather general reflections on either participatory research (Lutz 2022; Wesselmann 2022) or barrier-free participation (Seifert 2015; Windisch et al. 2015; Pinner 2015; Doose 2015; Kunze 2021). The studies are strongly linked to questions of human rights and how they can be implemented within the framework of social services. Yet, the literature specifically on disability services does not directly address how participatory input shapes organisations and changes practice. As with Austrian literature on mental health, youth at risk and child protection services, the wider question of participation as a mode of democratizing all parts of society is not discussed. The introduction of personal budgets for persons with disabilities is considered an important structural change towards a more self-determined and responsive practice in social services because it allows persons with disabilities to choose the activities in which they participate and who they employ as personal assistants (Stockner 2011). There is less literature exploring the role of persons with disabilities in developing services, although research on the history of the Austrian disability movement discusses the creation of services by disability organisations (Schönwiese et al. 2018).

In France, the institutionalisation of participation is an important topic (e.g. Bartoli & Gozlan 2014). The majority of studies focus on the participation of persons with disabilities in decision-making processes, echoing the 2005 Law on Equal Rights and Opportunities, Participation and Citizenship for People with Disabilities (Law No. 2005-102). However, the idea of accessibility is rather narrow and does not cover the full potential of the concept of participation. The participation of people with disabilities (or their representatives in associations, which raises delicate questions of representation and representativeness), means the necessity to think about their integration into decision-making processes, including political bodies, and not just in the inter-individual relationships that develop with social workers.

In Romania, the literature on services for persons with disabilities focuses mostly on the lack of community-based disability services. The result is that persons with disabilities, their families and local communities become responsible for social inclusion. Local authorities lack coherent and sufficient budget allocation to develop specific services for this target group. Academic sources discuss the "involvement" of people with disabilities (e.g. Neamtu 2016), but otherwise no literature focusing on participation was found, pointing to a major knowledge gap for the social sector.

The Danish literature on disability services contains two discussion threads that are less visible in the other countries, but important for understanding responsiveness and citizen participation in the social sector. First, there are barriers within organisations to involving citizens who use social services in co-productive efforts. Sustainable and long-lasting change cannot occur in social services before their organisational culture changes to support initiatives that promote responsiveness (Digmann and Ejlersen, 2018; Digmann, 2020; Ottesen, 2022). Second, involving persons with disabilities implies several dilemmas. Firstly, some people may not wish to be involved or to receive support from professionals (Andreasen & Kanstrup, 2019; Kanstrup et al., 2021; Rømer, 2016). Democratic participation also suggests a right to not participate, especially for persons from groups who are heavily scrutinised and controlled by social services. More broadly, there is recognition that frontline workers need greater communication and cooperation skills to facilitate dynamic and sometimes complex co-creation processes (Mortensen 2022).

Compared to literature on mental health services, there are far fewer resources for understanding the responsiveness of disability services in Portugal. In Portugal, only one specific text that explicitly addresses processes of responsiveness in the disability area was identified (Fenacerci 2014). This survey of 42 NGOs operating in the area of intellectual disability highlights the crucial role of participation and self-representation. Almost all (38) of the surveyed organizations have self-advocacy groups and train their members in self-representation strategies. Almost all of these advocacy groups have their say about the activities of organizations and these groups participate in management processes in at least seven NGOs. These groups are also involved in policy activities at local, national or European level. The few other sources on citizen participation in disability services address family centred-practices in early childhood intervention (Pinto 2019; Pinto 2018; Pinto & Serrano 2022) and user participation in the context of an artistic community-based project (Lindeza et al. 2022).

In Poland there is a reasonable literature on co-production, participation and responsiveness in services for people with disabilities (e.g. Kubicki 2016; 2019; Zadrożny 2015). However, this literature discusses the participation in very general terms and has limited focus on the participation of persons with disabilities in creating specific solutions or specific services. Results show that there is too little involvement of communities of people with disabilities in creating and monitoring public policy (Zadrożny 2015) and that "although the NGOs of the persons with disabilities have the possibility to participate in the discussion on disability policy – their influence on that policy is insignificant and limited to exceptional situations" (Kubicki 2019: 96). There are some assessments of the situation of people with disabilities in various areas of life and evaluations of the support system and its challenges (Gąciarz et al. 2014; Kubicki 2019), but relatively little is known about the specific needs of people with disabilities.

5.2 Research on mental health services

In Austria, no sources that deal directly with the question of mental health services' responsiveness to feedback from users could be located. Questions about participation, collaboration, individualization (especially needs orientation) and inclusion inside social services are raised, implying the need for greater democratisation of this sector. The existing research landscape on mental health is mainly psychiatrically focused (e.g. Zechmeister-Koss et al. 2020; Christiansen et al. 2019) and less informed by social work or social science perspectives. One article uses the term responsiveness once, but in the context of parental responsiveness rather than the responsiveness of social service organisations (Goodyear et al. 2022: 2). The literature review showed a strong focus on children of parents with mental illness because they are seen as a stigmatized and "particularly vulnerable group" (Dobener et al. 2022: 1). More recently, participatory concepts have been developed, like "collaborative care" (Christiansen et al. 2019; Zechmeister-Koss et al. 2020) and the "mental health trialogue" encouraging discussion between persons with mental health conditions, professionals and family members or friends (Amering et al. 2012). There is less focus on general questions of participation or responsiveness to the perspectives of adults facing mental health issues.

In France, the literature on mental health services also largely focuses on the importance of individualized responses to user needs (e.g. Giraut 2013). The concept of "inclusive care pathways" has been recently proposed in which staff in mental health services "ensure a relevant and adapted relationship with persons with disabilities, follow and accompany in the coordinated healthcare program and design the accompaniment in cooperation with the partners of the territory and work in a network" (Dubruc & Vialette 2019: 54). It can be said critically that this approach does not put the voice of persons with disabilities at the heart of the systems that concern them. There is little recognition that the expression of both individual and collective needs must be made possible by setting up institutional forums where those with a voice can relay these needs and help to ensure that they are met.

In Romania, the services addressed to people with mental health issues are mainly medical services. Only from 2020, social workers working in psychiatric hospitals have the opportunity to work according to a procedure developed by CFCECAS together with practitioners in this field. Although new, academic discussions are similar to those in the other countries in using the concept of the 'ladder of participation' and seeing participation as a "fundamental right" with multiple dimensions or steps to achieve (Popa 2016).

In Denmark, like in Austria and France, needs orientation is an important theme in resources on mental health services. One common finding concerns the importance of developing the skills of both employees and people who use social services for co-creation (Jensen et al. 2021), echoing similar results in Danish research on disability services. Some Danish sources criticize participation concepts as non-effective buzzwords if no real change possibilities exist (Helm, 2021). A recovery-oriented focus that include alternatives to medication (including massage, rehabilitation interventions and a "collaborative approach" between professionals and service users) is also seen as useful, although more evidence is needed about their potential effects (Lunde & Dürr 2021).

In Portugal, mental health services and literature are closely related to developments in the wider health sector. The participation of patients, families and NGOs in health services in general (and in mental health services in particular) is an important topic. There are several academic sources concerning citizen participation in health in general (e.g. Conselho Nacional de Saúde 2020; Crisóstomo et al. 2017) and community-based mental health (e.g. Caldas de Almeida et al. 2016). Bramesfeld et al (2016: 712) refer to the implementation of the WHO Quality Rights Toolkit for routine quality measurement in mental health care in Portugal, planned to be piloted in 2016 and then implemented nationwide. The WHO Toolkit considers monitoring by users to be an important part. According to a report on the health system published by the Calouste Gulbenkian Foundation "In Portugal, the citizen participation policy is one of the most advanced in the world, but its implementation is still far behind that of other countries" (Crisp et al. 2014: 67). Other literature highlights serious issues concerning access to mental health services in Portugal, combined with poor implementation of the law and lack of resources (e.g. Serapioni & Matos 2014). Citizen participation is promoted at the legal level, but its effectiveness seems to be low (Serapioni 2016). On the other hand, associations representing people who use mental health services and their family members have a very active role in Portugal as both users and providers of services.

In Poland, the literature on citizen or service user participation, co-creation and empowerment in the mental health field – let alone the responses of services – is extremely limited. There are certain structural features that might influence this lack of discussion on responsiveness. In Poland, mental health care is extremely institutionalised and centred on mental health hospitals or specialised, medicalised mental health centres. The network of community-based mental health centres and outpatient facilities is limited as it has just been developing in the last few years. The main statutory document National Mental Health Programme of 2022 contains no references to patient participation, co-decision-making or responsiveness of the system. One publication briefly mentions the process of public consultation regarding the deinstitutionalization of the local mental health system in

Wrocław municipality (Skiba & Siwicki 2021). Responsiveness in the context of mental health services is most of the time seen in a limited way as the “fulfilment of patients’ expectations by physicians” or more generally as “patient satisfaction”. Even though there seems to be no direct discussion of responsiveness in Poland, research identifies that peer work is being introduced in some mental health centres. Mental health recovery assistants (MHRA) are people who have overcome mental health crises and are trained to support patients with mental health issues in their recovery process (e.g. Bartosiewicz-Niziołek et al. 2021).

5.3 Research on services working with youth at risk of exclusion

In Austria, resources on services for youth at risk are rather optimistic and not especially critical of existing structures. The available studies emphasize that a central task of social services should be to strengthen young people’s self-worth, to empower them and to promote their autonomy and independence. An individualised (Groinig & Sting 2019) and sometimes therapeutic (Höllmüller 2012) approach should be chosen by professionals in the field. Yet, these arguments are rarely explained by drawing on human rights or democratic theory. Rather, the focus is on how young people can make a ‘successful’ transition from the care system to adult independence. In contrast to resources on mental health services in Austria (e.g. peer work, trialogue), there is little guidance or discussion of models of participation for young people, especially regarding the design and remit of services.

In France, research interest focuses on young people’s participation in political and social structures, including local democracy (local youth councils, citizens’ councils, town councils) (Bordes 2007), public spaces and local areas (Vulbeau 2005; Ruel et al. 2018) and alternative forms of youth involvement (Becquet 2014; Becquet and Goyette 2014). This research is not so focused on social services, but has relevance for specialised prevention activities like street work. Increased involvement of young people in the public arena is interpreted as an indicator for inclusion and as a tool for empowerment. The literature and research on participatory democracy at the local level have mostly been developed by sociologists and geographers, studying the conditions and dynamics of the people living in neighbourhoods and cities. There are ideas like “constructed participation” (Carrel 2007) or important categorizations of different participation models (Bacque et al. 2005). At the same time, there is a lack of scientific and professional literature on young people’s participation and responses to it in specialised prevention and judicial youth protection services.

Social work and social services are fairly young fields of practice, education and research in Romania, having been re-established in the 1990s along with sociology and psychology. Social services were not regulated until recently and minimum quality standards only appeared in 2006. There is therefore a small number of Romanian authors and researchers in the social field. There are no specific regulations for social services for young people at risk, which are instead assimilated with child and family protection services or various other types of services, depending on the problem (drug use, lack of housing, lack of a job, young people leaving the child protection system, etc.). In Romania, the literature consulted regarding social services and interventions for young people at risk did not discuss elements close to the responsiveness of social service organisations. The term responsiveness was identified only once in the description of a practice model applied in probation – the Risk – Needs – Responsiveness Model (RNR) (Durnescu 2020). The RNR model was developed for social services that work with former prisoners to reduce the risk of recidivism. "The Responsiveness Principle holds that interventions with sentenced persons should use behavioural and social learning as well as cognitive-behavioural strategies in a manner that takes into account the different characteristics and personality types of clients" (Durnescu 2020). Responsiveness is thus described as a main principle of individualised interventions to reduce the risk of recidivism and not as a feature of social services.

In Denmark, similarly, to many reviews on other countries, the sources contained no direct mention of responsiveness as a term or concept. However, elements of responsiveness were present in the documents included in the sample. There is overlap between services for youth at risk and child protection, which is why some sources address both target groups directly or indirectly (e.g. Lyngholm et al., 2020; Müller, 2022). The sources primarily present three perspectives on the participation of youth at risk: (1) A preventive perspective (Berlau & Bilstrup, 2018; Monrad, 2022; Iversen, 2017; Stougaard & Müller, 2022) that emphasizes the importance of including the youth at risk in the social service processes as a preventive tool, (2) an improving and optimizing perspective (Katznelson & Pless, 2013; Beck, 2020) which stresses that young citizens at risk are much more likely to experience social services as successful when their own needs, input, and resources are included (Pless & Görlich, 2018), and (3) a risk assessment perspective that stresses the importance of considering citizens' unique situations and the characteristics of the given risk faced by young people (e.g. Lyngholm et al., 2020). Multiple perspectives are present in some sources. Common features of the literature include a focus on including several actors, and especially paying attention to citizen needs and the perspectives of people who use services. The sources indicate an ambition and need for increased involvement of citizens and for services working with youth at risk to become more inclusive and responsive to citizens' needs. A central finding is that when providing social services for young people with multiple needs, the professionals must approach young people as authoritative citizens, who have the resources to get it right, but at the same time need support (Dam et al 2019).

In Portugal, the literature contains an interesting discussion on the pros and cons of youth participation. On the one hand, research supports the overall idea that social protection services for youth at risk need to increase young people's participation in policy and decision-making processes, and, specifically, increase young people's participation in needs assessment processes, which tend to lack their effective involvement (Calheiros & Patrício 2014; Dionisio, Hortas, & Campos 2022; Gomes, Antão, & Pimentel 2019). When young people take part in these processes, their needs are better met and they feel important enough to be heard, which generates positive results *per se* (Branquinho & Matos 2019; PAGE 2022; Antão et al. 2020). On the other hand, some authors are not so optimistic about conventional approaches to youth participation. Raposo (2022) discusses how the main public policy directed at poor, racialized, and peripheral youth in Portugal (the so called "Choices" or *Escolhas* programme) is officially driven by strategies of empowerment and action aiming to engage youngsters in resolving their problems. Although these strategies call for citizen participation, they also restrict young people's field of action to rules drawn up by the state, discouraging emancipatory and subversive discourses. The result is biopolitical control and management of marginalized youth, somehow masking the suppression of their collective action.

In Poland, the literature shows a widespread theoretical and to some extent empirical belief among researchers about the need to increase responsiveness in social interventions with youth at risk of exclusion (e.g. Danecka 2014). However, there is a lack of literature and empirically verified systemic solutions that address key elements and core institutions of the education system, social work, youth justice system and other sectors working with youth at risk. Responsiveness-enhancing activities appear more often in (non-governmental) organisations and informal groups, or those operating on the fringes of the system (e.g. Gulczyńska & Wisniewska-Kin 2020; Gulczyńska & Granosik 2014).

5.4 Research on child protection services

In Austria, academic studies about child protection commonly argue that greater participation and focus on the perspectives of children and families are needed (e.g. Einbock & Wade 2016). Especially the ideas from Lätsch et al. (2023) could lead to social services that are more responsive to user perspectives and demands. They call for a mandatory practice of including children's views (from age 4) in assessment reports. Further, they recommend staff training on how to inform children of their rights, how to incorporate children's views into decision-making process, and how to effectively document and communicate children's views to the bodies that ultimately decide on interventions (ibid.). It is striking that there is no research on the perspectives of parents whose children are going through child protection process.

In France, in the field of child protection, little documentation could be found about structure that allow parents and children to speak for themselves and not be represented by other actors. At the same time, there is greater research discussion in France about child participation in the child protection field compared to other countries studied in the RESPONSIVE project. Research that explicitly deals with service user participation in the decisions of the child protection system has been developing for about fifteen years. The most common practices in child welfare theoretically place parents and children as a source of information for professionals to make decisions, but not as the co-constructors. Studies highlight that the way in which professionals communicate, and the vocabulary used by services, are revealing (Plante 2018: 51) and major obstacles to the presence of the family in consultation processes. Parents' or children's agreement and/or adherence to interventions are often perceived as an expression of their participation. Research shows that disagreements, conflicts and even refusals are just as much an expression of participation when this notion is considered from a democratic perspective and not from a management perspective (Faisca 2021). However, few parents dare to openly oppose the decisions, proposals and assessments of professionals. Their disagreement is visible when, for example, they complete or qualify what the professionals say, indirectly asserting that what was said was not fairly reported in their opinion (Rurka & Rousseau 2017).

In Romania, the concepts of participation and empowerment are known and discussed in social work (Neamțu 2016), but they are not used in studies on child protection services. The concept of responsiveness is present in one textbook that describes the relationship between children and caregiver (Muntean 2013). Other articles written for the general public consider parental responsiveness to children's needs and the attitude with which parents bring rules into the child's life (Hum & Gordan 2015). Yet, these sources focus mostly on interpersonal relationships and not change processes at organisational level in social services.

In child protection services in Denmark, not only the children are essential actors, but also the parents, which may complicate protective or preventative efforts. Based on the theory of Gilbert, Parton, and Skiveness, Petersen & Bundesen (2022) explain that three fundamental paradigms in child protection policies are relevant to the present Danish context: (1) The child protection paradigm with little involvement of children or parents (2) family focused paradigm, and (3) children focused paradigm. Although these paradigms are ideal types and therefore co-exist, an increasing focus has been placed on the third paradigm. In this paradigm, securing the children's development and well-being is considered a key aspect. Family-based efforts are still used, but with a greater focus on the individual child's needs. If necessary, these protective efforts may go against the wishes of the parents.

In Portugal, there are some descriptive or evaluative case studies around the right of children and youth at risk to participate in decision-making (Antão et al. 2020; Barbosa-Ducharne et al. 2022; Carvalho 2017; Morgado 2019). Questionnaires to children and young people and educational teams show that the right to participate is present in the daily life of residential care homes (Antão et al. 2020; Marques 2018). In the evaluation of the project of the "Tudo aos Direitos" ("all to rights"), Antão et al (2020) acknowledge a statistically significant increase in cognitive autonomy and effective and perceived knowledge of human rights among children who participate in the programme. Practitioners consider that although the child's right to participation is defined legally, there are still obstacles to its full exercise related to the social services or even to the professionals themselves, including the absence of child-friendly spaces and formats for meetings (Casquilho-Martins & Matela 2021; Morgado 2019). The danger of pseudo-participation is also recognised in Portuguese research. Delgado, Carvalho, & Alves (2023) find that there is a gap between the formal rhetoric adopted by the practitioners and decision-makers and practices that, despite being institutionally correct, do not value meaningful participation.

In Poland, academic discourse, law and practice about child welfare are affected by a much stronger public policy focus on the right of children to protection compared to their right to participation. Literature highlights that there is an opposition between a child seen as an "object" that can be hurt and needs protection and an active subject. This is connected with the opposition of children as unaware and undeveloped human beings versus citizens exercising their rights (Brzozowska 2017). Despite these problems, numerous initiatives are undertaken in Poland to respond to children's needs. An example in the field of prevention is the use of participatory action research to develop anti-bullying school programs (Tłuściak-Deliowska, 2021). There are specific discussions about young people's role in individual cases concerning the form and scope of placement in foster care (Barankiewicz et al. 2021; Regulska, 2022) or contacts with parents in the situation of divorce, especially when child abuse or neglect has taken place (Trocha, 2015; Cichos, 2022). So-called child-friendly hearings in civil and criminal courts (Bąk, 2015; Budzyńska, 2015) and the new institution of probation officers for minors in trials where parents cannot or must not represent the children (e.g. when parents are perpetrators of child abuse) show increasing orientation to young people, but are far from participation (Malinowska-Bizon, 2021).

5.5 Conclusions by type of social service

There was great variation within literature about different types of social service within the same country, suggesting that research, policy and practice are siloed rather than coherently framed by the same concepts and discourses in relation to participation and democracy.

In the disability sector, academic research is strongly concerned with the question of whether political institutions and social services adhere to the Rights of Persons with Disabilities and its core principle of participation. Research shows that there are examples of responsive services in the field, including user-led initiatives and some personal assistance schemes. However, there are still objectifying approaches towards persons with disabilities and barriers in the organisational cultures of social services that do not take participation, co-creation, co-production and responsiveness seriously.

In the mental health sector, there are stark contrasts between countries regarding the focus and amount of research sources. Driven by the wider policy and practice context in the countries, some national literature focuses on participation and specific dimensions of responsiveness like co-construction and monitoring of services. Involvement in creating one's own treatment plan is also frequently discussed, especially concerning alternatives to medication. Where relevant resources exist, the responsiveness of social services is not only analysed theoretically, but also its practical implementation in the form of research on peer work (Poland and Austria) and housing projects (Portugal). As in the other fields of social service, there is a lack of in-depth discussion on accessibility, transparency and intersectionality in structures for citizen participation in mental health services.

Research on services working with youth at risk of exclusion also demonstrates a broad spectrum of perspectives on responsiveness between countries. The approach in France, which is more informed by democratic theory and interested in overcoming urban youth inequality, and the more modernization-theoretic and service-optimisation approach of Romania and Denmark show different reference points. The strategy of exercising power over youth *through* conventional participatory processes is an important finding from Portugal that needs to be considered.

The child protection sector is clearly the area where there are fewest resources on the participation of citizens who use services and the responsiveness of social service organisations. Literature highlights that participation is often limited by protectionist approaches to children's welfare and against the backdrop of family-focused paradigms. Whilst co-construction by children and parents inside social services is limited, a children-focused paradigm nonetheless seems to be on the rise in literature from all countries. There is also some research in France on parental perspectives of child protection processes, pointing to their possible role in participation mechanisms.

6. Findings: narrative, legal, policy and organisational dimensions of responsiveness

This chapter presents the analysis of narrative, legal, policy and organisational frameworks shaping the extent to which social services respond to citizen voice and participatory input. The delineation between law, policy and organisational levels is not always distinct and varies between countries. Synthesised findings across countries and sectors are first presented, followed by country-level analysis for the four types of social services studied in the RESPONSIVE project. Although there are considerable differences between countries and fields of social services concerning possibilities for citizen participation, no cases seem to have a comprehensive institutional framework for responsiveness.

6.1 Cross-country findings

The results suggest that there is a strong divide between the 'front side' and the 'back side' of citizen participation. A range of opportunities for citizen input in social services can be found on the front stage, but backstage processes of responsiveness – understood as the utilisation of citizen voices by transparent, mandatory, monitored, intersectional, supportive and accessible co-construction mechanisms – remain underdeveloped or at least difficult to identify through publicly available documents. The snapshot of frameworks for citizen involvement provided by the desk research suggests that there is a gap between the aspirations and concrete outcomes of participation.

Comparing different types of social service, the disability sector in the project countries generally has clearer structures for responsiveness and a stronger activist presence than other type of social service. Mental health services show high variety and inconsistent outcomes between countries, ranging from reasonably participatory structures to underfinanced and over-institutionalised sectors. A democratic deficit appears in services working with marginalised young people when participation structures are not attentive to those at risk of social exclusion. Finally, child protection services seem to have the lowest levels of citizen involvement with a dominance of protective and paternalistic approaches and a tendency to reduce participation to involvement in individual intervention plans. Tensions between constraint and participation are especially high in compulsory court-mandated interventions across all types of social service.

6.1a Legal and policy frameworks for responsiveness to citizen voice

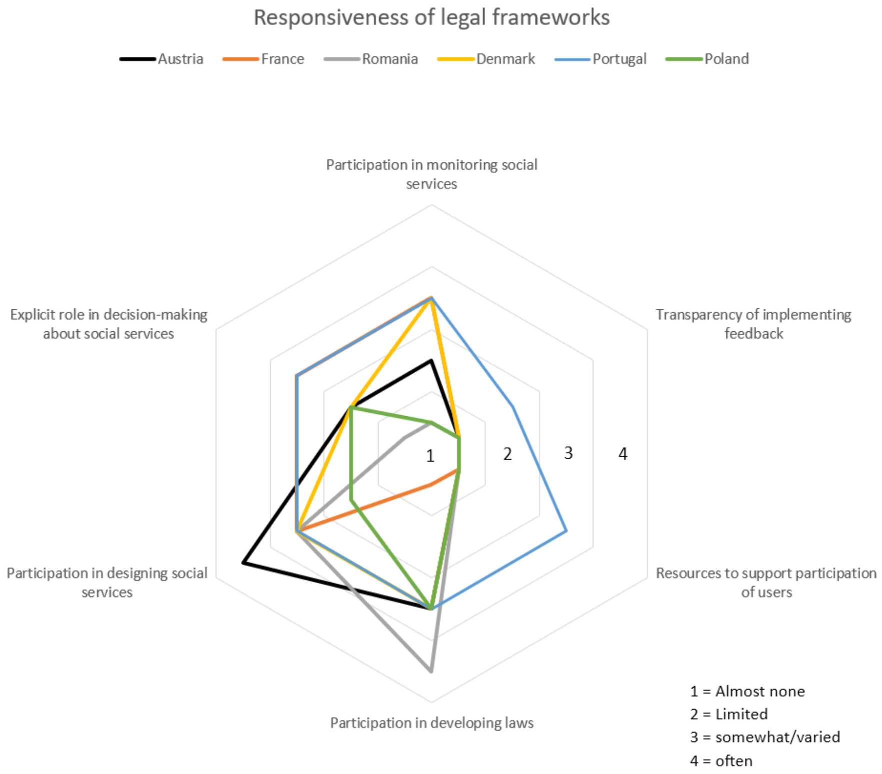
Table 3 and Figure 6 show the extent to which legal and policy frameworks in social services contain particular elements of responsiveness. They were created by combining and depicting the analyses for individual countries presented in the Appendix. The table and diagram use a four-point scale to give a qualitative analytical judgement on different aspects of responsiveness.

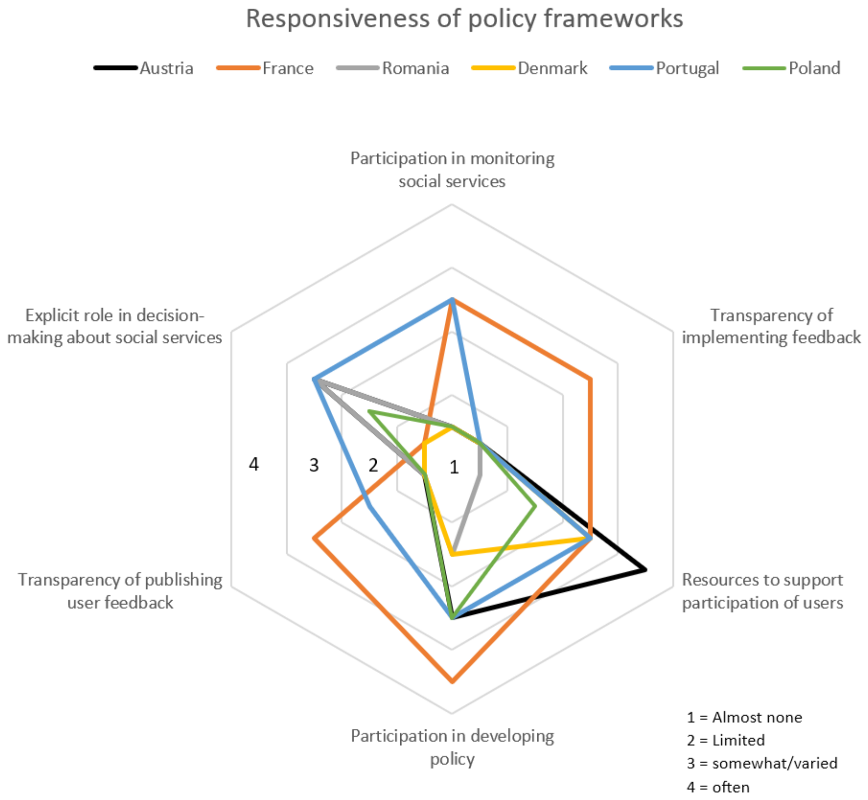
Key: four-point scale concerning elements of responsiveness "Almost none": No or only single cases could be found in the analysis "Limited": Although there are some examples, an overall lack is prevalent "Somewhat": There is a mix of sources where such information is covered or missing "Often": Most or all of the analysed documents/structures contain the dimension in question
"Varied": The degree is not generalisable and varies by sector or country, as explained in the table and shown in the tables in the Appendix.

Table 3: Overview of legal and policy frameworks for responsiveness across six EU countries

	Were participatory mechanisms used to develop the laws on social services?	**Are service users given an explicit role in making decisions about social services?**	**Is service user participation in monitoring social services mandatory?**	**Must social services report on how they use feedback from users?**	**Are finances and resources allocated to support participation of users?**
AUSTRIA					
Legal framework	Varied	Limited	Almost none	Almost none	Limited
Policy framework	Varied	Somewhat	Almost none	Almost none	Often
FRANCE					
Legal framework	Almost none	Somewhat	Varied	Almost none	Almost none
Policy framework	Often	Almost none	Somewhat	Somewhat	Somewhat
ROMANIA					
Legal framework	Often	Almost none	Almost none	Almost none	Almost none
Policy framework	Limited	Varied	Almost none	Almost none	Almost none
DENMARK					
Legal framework	Somewhat	Limited	Somewhat	Almost none	Almost none
Policy framework	Limited	Almost none	Almost none	Almost none	Varied
PORTUGAL					
Legal framework	Varied	Varied	Varied	Limited	Varied
Policy framework	Varied	Somewhat	Somewhat	Almost none	Varied
POLAND					
Legal framework	Somewhat	Limited	Almost none	Almost none	Almost none
Policy framework	Varied	Limited	Almost none	Almost none	Limited
ACROSS THE SIX COUNTRIES					
Legal framework	Varied	Limited	Varied	Almost none	Almost none
Policy framework	Varied	Limited	Limited	Almost none	Varied

Figure 6: Responsiveness in country-level legal and policy frameworks





NB: ‘varied’ and ‘somewhat’ are equated in the visual representation; country tables 6-19 in the Appendix provide clarification.

Table 3 and Figure 6 show that:

- Participatory mechanisms to develop laws and policies on social services are somewhat mandated in the six EU countries under investigation.
- Laws and policies rarely give users an explicit role in making decisions or monitoring social services.
- There is no obligation on social services to publish feedback from citizen or to report how they use this input.

These legal-policy gaps are significant because they refer to core dimensions where citizen participation is put into practice and democratic transformations in social services are facilitated.

The only slightly identifiable difference between the legal and policy levels is that policies sometimes recognize that resources are needed to support the participation of citizens who use social services, including finances, staff and accessibility. This result is somewhat understandable given that policies seek to implement and add detail to legal provisions. However, the policy guidelines that were studied rarely draw on a legal foundation that allocates such resources. Mechanisms to support and empower citizens to participate are therefore rarely in the domain of mandatory ‘hard law’, but rather ‘soft law’ frameworks of international treaties and advisory guidance that are less binding.

According to Table 3 and Figure 6, participation mechanisms to develop laws on social services were partially used or varied across target groups. In Austria, Poland and Romania, user participation in monitoring social services is not legally mandatory, while it is strongly anchored in Portugal and partially in Denmark and France. In France, participatory mechanisms were also frequently used to develop policies and in Romania only rarely. In other countries, there is a strong variation between different target services. The importance of resources to support participation is strongly emphasised in Austrian, partially in French and almost never in Romanian policies. It varies between different target services in Portugal and Denmark.[51]

Overall, legal and policy frameworks seem to provide for citizens’ ‘right to talk’, but place little responsibility on services to listen, respond and incorporate citizen feedback into decision-making. For instance in France, a framework for assessing the quality of social and medico-social services contradictorily states that “the service user is involved in revising the rules of collective living, service operating procedures and tools needed to help understand them”, but it is the professionals who “co-construct the rules of collective living or the operating procedures of the service, while respecting the rights and freedoms of the person being cared for” (HAS 2022: chapter 1.3.1, 1.3.2).

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[51] The graphical comparative models in Figure 6 do not distinguish between “somewhat“ and “varied“ and do therefore not include the variances between target services. However, tables 6-19 in the Appendix cover such differences and give a short qualitative description of the most important variation.

6.1b Responsiveness to citizen voice at organisational level

Table 4 presents the organisational structures for citizen participation in social services. In structures operating sector-wide, citizen participation can be observed through the existence of associations of people who use social services (e.g. *Consiliul Tinerilor Instituționalizați* or Council of Institutionalised Youth in Romania) and, in certain countries and types of social service, in advisory or consultative boards (e.g. *Österreichischer Behindertenrat* or Austrian Disability Council), working groups, citizen councils and agencies that monitor inclusion and human rights. However, no or only very limited examples of structures for user participation, let alone responsiveness, could be found in other social sector stakeholders, including quality insurance agencies, associations of social service directors and associations of social work practitioners.

Regarding variations between investigated countries, citizen representation in sector-level advisory boards and working groups was frequently found in Denmark and Poland and partially in Austria, while there is a strong variation between different services in the other countries. Citizen councils seem to be strongly present in Poland, partially in Denmark and France and almost not in Romania, while differences between target groups are more present in Austria and Portugal.

Table 4: **Sector-wide structures for responsiveness in social services in Europe**

Country	***Organisational analysis: responsiveness in <u>sector-wide</u> structures***					
	Are there associations and networks of service users (national, regional or local)?	Are citizen-users represented in advisory boards and working groups for social service development?	Do citizen councils or assemblies for the group involved in the target services exist?	Is citizen-user participation anchored in external structures that monitor inclusion and human rights?	Do citizens-users participate in agencies that monitor quality in social services?	Is citizen-user participation present in associations of social service directors or practitioners?
Austria	Somewhat	Somewhat	Varied	Varied	Almost none	Limited
France	Often	Varied	Somewhat	Somewhat	Limited	Almost none
Romania	Often	Varied	Almost none	Varied	Limited	Almost none
Denmark	Somewhat	Often	Somewhat	Varied	Almost none	Almost none
Portugal	Often	Varied	Varied	Varied	Varied	Varied
Poland	Often	Limited	Almost none	Almost none	Limited	Almost none
Cross-country	**Often**	**Varied**	**Varied**	**Varied**	**Limited**	**Almost none**

Within individual social services, the desk research yielded varying findings on almost all dimensions of responsiveness, as shown in Table 5. Some cases could be found of consultative events (e.g. self-advocacy conference of *Lebenshilfe Vienna,* nationwide *Mental Health Congress* in Poland), people with lived experience employed as social service staff (e.g. peer workers for mental health in Austria and youth at risk in Denmark), user-led services (especially in disability and mental health services in France and Austria) and publicly advertised complaint processes (e.g. Human Rights Ombudsperson *[Défenseur des droits]* in France). However, very few examples of transparent reporting about the use of citizen feedback were identified across the different countries and areas of social service. Moreover, participatory boards within individual social services are generally subordinated to the organisation's main board. It seems to be unusual for citizens to sit on a social service's main board or to actively participate in its formal decision-making processes. In most cases, there is strong variation between types of social services within countries. Advisory groups seem to be especially present in Portugal, consultative events in Poland and Portugal, user-led services in disability and mental health, and peer workers in Poland and Austria.

Table 5: **Organisational structures for responsiveness in individual social services in Europe**

Country	***Organisational analysis: structures for responsiveness in individual social services***						
	Do social services have advisory groups or assemblies of service users?	Are there any one-off participatory or consultative events to develop social services?	Do user-led social services exist?	Are service users represented on main boards of individual social services?	Do social services employ people with lived experience as staff (peer workers)?	Are there any publicly advertised complaints processes?	Is feedback from service users published?
Austria	Somewhat	Limited	Varied	Limited	Often	Limited	Almost none
France	Somewhat	Varied	Varied	Varied	Almost none	Some-what	Almost none
Romania	Varied	Varied	Almost none	Almost none	Varied	Varied	Varied
Denmark	Varied	Almost none	Almost none	Almost none	Almost none	Somewhat	Almost none
Portugal	Often	Often	Varied	Varied	Varied	Varied	Varied
Poland	Varied	Often	Some-what	Varied	Often	Almost none	Varied
Cross-country	**Varied**	**Varied**	**Varied**	**Limited**	**Varied**	**Varied**	**Limited**

6.1c General analysis

Across the six countries studied in the RESPONSIVE project, the research teams very rarely found documented examples of citizen participation leading to change in individual social service organisations. This may partly be a methodological issue if information about internal processes of change is not published, but it points to a more fundamental issue that democratic practices in the social sector are not reported or visible. Limited transparency in public affairs and professional practice goes against the Guiding Principles on Extreme Poverty and Human Rights (OHCHR 2012: 10) and affects the accountability of social services.

Strikingly, the analysis found very little recognition in policy and practice narratives, let alone concrete structures, that gender, intersectionality and power inequalities affect participation and its impact. This absence of a core dimension of responsiveness is worrying in light of academic and social service practice knowledge that gender, class, ethnicity and disability affect voice and representation (Pease 2011; Lewis 2012; Rouhani 2017). Failing to address these inequalities means being inattentive to participation gaps and problems of exclusion in the social sector as well as in the general field of democracy (Klinger 2008).

The analysis of policy, activist and practitioner narratives about citizen participation in the social sector shines light on the limited frameworks for responsiveness in social services. Citizen and activist documents tend to criticize policy structures and organisations for lacking responsiveness, providing detailed examples of frustrating meetings with social services and failed or tokenistic participation (Hus Forbi 2020; Nutzer:innenvertretung Tirol 2023; Skjold & Jakobsen 2023). In contrast, official documents are more likely to refer to participation when it helps to justify decisions (Ministère des Affaires Sociales et de la Santé 2016: 18) or promote human capital (Raposo 2022). Documents originating from professional practice and NGOs tend to emphasise the potentially empowering benefits for participants. It will be the task of upcoming primary data collection in this project to reveal the circumstances under which democratic change and checks and balances as a principle of democratic governance are established inside social services.

The following sections present findings for the four types of social service studied in the RESPONSIVE project, first giving a general discussion and then presenting country results for Austria, France, Romania, Denmark, Portugal and Poland in that order. Analysis considers the presence or absence of mechanisms for social services to respond to citizen participation and also highlights examples of well-written policies, laws, proposed solutions or change processes. This is done to recognise the work that has been undertaken to promote citizen voice in social services and to show that it is possible to strengthen the responsive side of participation in social services across Europe.

6.2 Disability services

In recent years and decades, services for persons with disabilities have changed through a shift in the disability paradigm within international scientific debates, standard-setting bodies and public policies on disability (Kubicki 2016, 2019; Schönwiese 2019). This transition proceeds from a medical model of individually disabled persons, whose impairments ought to be ‘healed’ or compensated, to a social and cultural model of disability that emphasises the societal barriers impeding the participation of persons with disabilities in society (Waldschmidt 2020). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) plays a central role in this regard and has been ratified by the European Union and all six RESPONSIVE countries. Initiated and co-developed by disability activists, the UNCRPD is underpinned by principles of participation, self-determination and independence, but national and international monitoring mechanisms reveal far-reaching deficiencies in its implementation. The deinstitutionalisation of services for persons with disabilities is a key issue across most EU countries, where the scale of needed change is especially high in Austria and Romania.

The disability sector seems to have slightly more developed structures for citizen participation and the responsiveness of organisations compared to the three other fields of social service investigated in the RESPONSIVE project. The exception is Portugal, where the mental health and in some regard the youth at-risk sectors seem to have equally established structures for the responsiveness of social services. In Denmark, the differences between target services seem to be rather low in general. Nonetheless, the desk analysis suggests that the participation of persons with disabilities in the decision-making processes of disability services is only partially anchored in law, policy and organisational practice across the six countries studied in the RESPONSIVE project. It seems that participation is often limited to 'advisory' roles, lacks transparency in terms of outcomes and is implemented indirectly through representation by disability rights organisations rather than the direct participation of individual citizens.

In Austria, disability activists have long raised the problems of token participation, limited responses from decision-making structures and patchy implementation of the UNCRPD (Schönwiese et al 2018). The process of creating the country's National Action Plan for Disability 2022–2030 was recently criticised as not participatory because it is not clear how the working groups were formed and to what extent the opinions of civil society were included (Monitoringausschuss 2022: 22).

As with most fields of social provision in Austria, federal law outlines general expectations for disability services that are then elaborated in regional law (Bundesbehindertengesetz / Federal Disability Act No. 283/1990 – No. 185 2002; Bundes-Behindertengleichstellungsgesetz / Federal Disability Equality Act No. 82 2005). Although not explicitly required by federal law, it is striking that a substantial number of regional disability acts in Austria used participatory mechanisms to implement the federal laws and mandated the involvement of users in designing social services (e.g. Chancengleichheitsgesetz Wien / Vienna Act on Equal Opportunities No. 29 2013 – No. 49 2018, Tiroler Teilhabegesetz / Tyrol Participation Act No. 32/2018 – No. 62/2022, Gesetz zur Förderung der Chancengleichheit von Menschen mit Behinderung / Act to Promote Equal Opportunities for Persons with Disabilities No. 30/2006 – No. 50/2021). Most importantly, regional acts like the Vienna Act on Equal Opportunities 2013 or the Tyrol Participation Act 2018 give people who use disability services some decision-making role in social services and allocate finances and resources to support their participation.

The Tyrol Participation Act 2018 is a good example of legal and policy mechanisms aiming to increase citizen voice and – somewhat – enhance the responsiveness of disability services. This law introduced the "personal budget" tool, where people with disabilities take ownership of their social services by receiving a direct payment and directly managing their personal assistance. The Tyrol Participation Act established a Service User Representative Group (Nutzer:innen-Vertretung) to advise on disability services and contribute to the creation of the Tyrol Action Plan for the implementation of the UNCRPD. However, on 25 May 2023, the Service User Representative Group temporarily resigned due to what they saw as insufficient possibilities for co-construction and attempts by the regional government to reduce its independence (Nutzer:innenvertretung Tirol 2023, Mitterwachauer 2023). According to their statement, the Department for Inclusion, Child and Youth Welfare had rejected proposals from the Service User Representative Group to include a more diverse range of persons with disabilities as well as comprehensively reimburse expenses. The members felt that an implied threat from the regional government to abolish the Service User Representation Group as a legal body was evidence that they were being used instrumentally for promotional purposes. Similar to the declaration from Austria's Independent Monitoring Committee for the Rights of Persons with Disabilities, the impression was that the voices of people using social services were heard, but at the same time excluded from actual decision-making processes.

A number of user-led services are offered by disability rights organisations in Austria (e.g. BIZEPS, WAG, Selbstbestimmt Leben Innsbruck). Personal assistance services for persons with disabilities to live independently were in fact pioneered by disability rights organisations in Austria before being mainstreamed in policy (Schönwiese 2019). Whilst advisory boards and peer workers within social services for persons with disabilities do exist, very few examples of user representatives sitting on the main board of social services could be found. Large commercial and not-for-profit social service organisations remain politically and financially dominant in Austria's disability sector. The main consultative body at federal level in the disability sector (*Österreichischer Behindertenrat*, Austrian Disability Council) follows a corporatist structure that combines the voices of persons with disabilities as users with those of service providers and employees. Overall, the desk research suggests that co-creation is addressed and certain processes for democratic change occur in some parts of the Austrian disability sector, but a general problem of unresponsiveness remains.

In France, the *Councils of Social Life (Conseils de Vie Sociale, CVS*) serve as an example of a mechanism seeking to promote the participation of people within disability services. While the French legal framework for disability services was not informed by participatory processes, it mandates participatory mechanisms in some types of services. The Councils of Social Life were created as part of 2002 legislation (Loi n° 2002-2 / Law No. 2002-2) as consultative bodies to ensure that the interests of persons with disabilities were better expressed. They are a mandatory structure when a service in the social or medico-social field provides accommodation, continuous day care (except for some cases in child protection) or a work-assisted activity. A CVS represents various stakeholders in a facility: users, staff and families. It enables these players to make proposals and express their opinions on the main decisions governing the life of persons with disabilities. The CVS are required by law to meet at least three times a year and record the opinions and proposals in a book of deliberations. Beyond the CVS outlined in the 2002 legislation, which is mandatory for some social services and optional for others, there are no binding policies or provisions in France that aim to involve citizens using social services on a permanent basis. Nearly all policies concerning citizen participation in social services are instead optional guidance documents that provide advice, recommendations and good practices.

The *Conseil de Vie Sociale* as the main structure for citizen participation in French social services does not have any formal powers to influence decision-making or budget allocation. In this sense, they have more of a consultative role than a co-construction or co-decision function. In addition, while some policy documents from French governmental and non-governmental organisations (ANSA 2022, APF 2017) claim that responsiveness is a core objective of the CVS, the feedback mechanisms or channels through which responsiveness to participation might occur are not explicit. Very limited information is publicly available about the composition of the councils within specific organisations, on meetings, follow-up, accessible structures or evaluations from people who use services. Against this background, the question arises of whether the experiences of people using social services are in line with the results of a survey conducted by the *Agence nouvelle de solidarité active*, according to which 76% of services with CVS structures declare that they often or always implement proposals arising from CVS meetings or other collective participatory bodies (ANSA 2022: 34).

Taken as a whole, responsiveness dimensions of mandatory citizen participation and monitoring are somewhat prevalent in legal, policy and organisational frameworks for disability services in France. However, the analysis of their formal structures and grey literature suggests that they are accompanied by low or unknown levels of joint decision-making, transparency, accessibility and attention to intersectionality.

In *Romania*, there seem to be limited participatory structures and very few services for people with disabilities in general despite the ratification of the UNCRPD, ongoing deinstitutionalisation processes and the transition from medical rehabilitation to social inclusion approaches. The development of laws for people with disabilities in Romania usually involves various stakeholders, including governmental institutions, civil society organizations, service providers, experts, and, to a certain extent, citizens who use social services. Written proposals on draft laws can be submitted, but parliamentary commissions and deputies have power over who to invite to sessions. Service providers may be consulted during the legislative process in a non-binding manner, but the participation of citizens who use social services usually only happens when independent research is conducted. Citizen participation is often framed in laws on disability services as involvement in individual cases rather than shaping disability services more widely (Person-centred care for independent living: Law 7/2023 (LEGEA 7/2023) on supporting the process of deinstitutionalization of adults with disabilities and prevention of institutionalization; Order 82/2019 (ORDINUL 82/2019) on specific minimum mandatory quality standards for social services with accommodation).

Yet, there are also examples of participation in Romanian disability services that to some degree can serve as inspirational models for law, policy makers and social actors. The 2016 National Strategy for the Inclusion of People with Disabilities included nationwide consultations, which can be a valuable mechanism for fostering participatory decision-making and ensuring that policies and laws align with the realities and aspirations of citizens. The active involvement of people who use social services and their families in the planning, provision and evaluation of social services is one principle in frameworks for evaluating and monitoring quality in social services in Romania (Law on Quality Assurance in the Field of Social Services, No. 197/2012 [LEGEA nr. 197/2012]). Law 7/2023 has recently mandated user representation on advisory boards of residential centres for persons with disabilities, although it is too early to assess its implementation.

At the same time, more powerful forms of responsiveness in terms of user-led organisations, user representatives on main boards of social services or associations of service directors and practitioners could not be found in Romania. Problems of low levels of involvement, transparency and mandatory requirements for participatory structures seem to persist in the disability sector.

In Denmark, social services are regulated through national law and policy and implemented by regional and municipal social service organisations. Most national policies in the social service areas do not specify how to implement policy, which is typically left to regional or municipal levels of government and organisations. This rather unregulated context means that it is difficult to gauge processes of citizen participation in the disability sector in a desk analysis. Consultation with people about their intervention plans is compulsory in the Act on Social Services) and there are evidence-based national standards for social work and structures for complaints. However, it is hard to establish if other dimensions of responsiveness are present at organisational level. Practitioner and activist sources highlight instances where the participation of persons with disabilities is inadequate or even absent, despite being seemingly integral to the specified social service. They critique laws and policies for hindering citizen-system responsiveness (Skjold & Jacobsen 2023). Suggested remedies involve either preventing the implementation of particular laws, altering the allocation of resources, or reconfiguring the distribution of power and influence among the various actors engaged in social services and the corresponding processes (Hus Forbi 2020, 2023; Christiansen 2023).

Portugal has made a significant effort to advance the rights of persons with disabilities, according to a recent report of the Disability and Human Rights Observatory (ODDH 2023). The participation of persons with disabilities is enshrined as a principle in law and embodied in a set of rights: representation, intervention, consultation, information and request (i.e. to ask for information about the implementation of these rights). The National Strategy for the Inclusion of People with Disabilities (ENIPD) 2021–2025 was submitted to public consultation and representatives of citizens with disabilities participate in the Monitoring Commission for its implementation. At organisational level, there are many participatory structures in which information regarding the results of their recommendations is available. For instance, reports of the APD Portuguese Association for Persons with Disabilities include information on the outcome of proposals, recommendations, or complaints, whether at national or local level, including amendments in the National Strategy for Inclusion and the adoption of measures to improve accessibility in cities.

Despite these positive developments at different levels, problems of implementation persist and people with disabilities – especially girls and women – continue to experience disadvantage and multiple discrimination in Portugal. Thus, voices in the disability sector are often rather critical and pessimistic. For instance, the National Federation of Social Solidarity Cooperatives categorically asserts that there is no genuine national strategy for the participation of people with disabilities (FENACERCI 2023). The National Confederation of Organizations for People with Disabilities criticized that new laws were only created to “shut up” people with disabilities (CNOPD 2020). The RESPONSIVE desk research could not find examples of social services led by persons with disabilities, citizens using social services represented on their main boards or the employment of people with lived experience in disability services in Portugal, although primary research is needed to confirm this. There also there seem to be limited resources to support citizen participation, absent policy reports on the impact of user participation and fragile institutional or organisational frameworks for co-construction, but again research should be expanded on these issues.

In *Poland*, discussions concerning participation in the disability sector have grown stronger in recent years. Greatest attention to responsiveness and participation can be found in the narratives of activists and practitioners (Różański 2021, 2023), reflecting their historical concern with exclusion from decision-making. As in the majority of the other countries analysed in this project, people with disabilities appear to be the best organised and represented group of citizens using social services with numerous self-advocates and activists. They call for efficient, holistic and inclusive support systems, conditions for decision-making and propose concrete, well-considered innovations that have been proven in other European countries (Głąb & Kocejko 2019; PFZPSiPS 2021; Różański 2021). These solutions are interlinked by the ideas of deinstitutionalisation, independent living, community-based services and involving people with disabilities as co-decision makers.

These activist voices are raised in response to the limited attention to the responsiveness of services within policy discourse on disabilities in Poland. While the Strategy for the Development of Social Services 2021–2035 aims for the deinstitutionalisation of social services, there is almost nothing about co-decision-making. The Government Plenipotentiary for Persons with Disabilities only mentions "broad consultations, listening to the people, listening to their needs and showing them various possibilities" (Przybyszewski 2021) and does not address the prevalent dominance of paternalistic and top-down approaches. One exception is the new Strategy for Persons with Disabilities 2021–2030, which aims to increase possibilities for self-determination and independent living.

Legal acts governing disability services in Poland outline consultation and evaluation mechanisms based on special advisory bodies (Law on Social Welfare 2004, Act on Vocational and Social Rehabilitation 1997). The National Consultative Council for Persons with Disabilities consists of 5 government officials, 5 local government officials, 20 representatives of NGOs working for the benefit of people with disabilities and representatives of trade unions and employers. However, citizens who use disability services do not directly participate in these bodies and are not assigned mandatory representation in agencies that monitoring social services.

Participatory structures for persons with disabilities in Poland seem to be more established at organisational level than on the legal and policy levels, which might be due to the relatively strong activist and practitioner community in the disability sector. Although no information about specific networks of people using disability services or mechanisms for making complaints could be found, there are numerous consultative bodies and some examples could be identified of: participation in external monitoring bodies; peer workers (Fundacja Podaj Dalej); user-led services (Fundacja Prodeste), and the representation of citizens who use services on the main boards of social services ("Stowarzyszenie Integracja"/"Integration Association").

6.3 Mental health services

Across the different countries, mental health sectors often have a liminal status in that they are integrated into – and therefore shaped by – either the health or disability sector. In countries with patient-oriented health systems or progressive disability sectors, this alignment has helped to promote a partial structure of responsiveness towards mental health users (Portugal, Denmark, France and partly Austria). In other contexts, the dominance of medicalised and psychiatric perspectives can lead to situations where mental health services are invisible, underfinanced and over-institutionalised, giving little room for citizen participation (Poland, Romania and partly Austria).

In Austria, research, narratives, laws, and organizations in mental health are strongly influenced by the ratification of the UN Convention on the Rights of Persons with Disabilities in 2008. The federal, regional and municipal governments are legally obliged to implement the UNCRPD, but there are few structures dedicated specifically to mental health.

In 2012, a national Health Commission ("Bundesgesundheitskommission") began to develop so-called health targets. Health Target 9 on "psychosocial health" was published in 2019. Its goals were developed by more than 40 organisations from the policy and social sectors and emphasise that psychosocial work should be as participatory and needs-oriented as possible, and have the goal of increased social inclusion (Arrouas 2019: 10). Responsiveness is not mentioned, but strongly implied. Part of this work at federal level included the creation of a Networking Platform of Experts with Personal Experience in Mental Health that is financed through Ministry of Health structures and meets regularly to develop collective proposals for reform.

Austrian mental health practice has some interesting models that try to integrate participation and collaboration into treatment, including "collaborative care" (Christiansen et al. 2019; Zechmeister-Koss et al. 2020) and "It Takes a Village Approach" (Goodyear et al. 2022). "Trialogue" groups consisting of people with mental health issues, their families, friends and mental health professionals are also becoming established as a more democratic form of mental health intervention (Amering et al. 2012). User-led organizations are taking the lead in professionalizing peer work (TIPSI 2021) and institutionalizing more democratic and user-centred forms of treatment, including the trialogue formats (Verein Freiräume 2012).

However, limited focus on broader questions of responsiveness, democratisation, gender and intersectionality could be found in laws and policies on mental health in Austria. Statements from mental health practitioners often call for a general increase in personnel and hospital beds (Springer 2022, Pötsch 2023), but have less of a focus on participation and opening the mental health system to citizen input. In contrast, activists demand the increasing professionalization of self-help structures, alternatives to psychiatry (e.g. Home-Treatment, "Weglauf-Häuser") and peer work in line with the well-known disability rights statement "Nothing about us without us!" (Lüthi 2022: 437). Activists and user groups also argue for greater use of empathy and experiential knowledge in treatment approaches (Vernetzungsplattform 2021).

In France, the field of mental health is part of the disability sector and has generally similar problems and gaps in responsiveness. One example of citizen participation leading to change and reform in mental health services stands out. *Groupes d'entraide mutuelle (GEM – mutual aid groups)* are self-managed structures of people with mental health issues that exist all over France. They were established in the 1960s in the form of clubs and then, supported by four founding federations, carried out advocacy actions until being included in the 2005 law on the Equal Rights, Opportunities and Citizenship for People with Disabilities. The GEMs wanted to become autonomous from these federations and created a national coordination of GEMS. A recent research report shows their important democratic dimension and contribution to health democracy, despite the fragility of their operations (Barreyre et al. 2023). GEMs are non-professionalised, with only one animator for each GEM and a limited budget, but represent a valuable and rare example of direct citizen participation in the social sector across France.

In Romania, mental health is still a rather invisible area in social services. There are very few social services for people with mental health problems because this domain is usually included under medical services. In addition, there is no specific law regulating social services for people with mental health difficulties. This category is under the same regulation as disability. The only specific regulation regarding mental health is the Law 487 from 2002 called "Law on Mental Health and Protection of People with Mental Disorders", which includes almost none of the investigated participatory indicators. In addition, no references or initiatives regarding consultative groups created with people with mental health problems could be identified during the last ten years.

In Denmark, the health and social sectors are divided into two separate and very distinct areas with little organizational and professional overlap. The Danish mental health sector is part of the wider health area and has for several years had a stronger narrative of patient rights and responsive services than the social sector. Since 2019 Denmark has been working to develop a 10-year Plan for Psychiatric Care and Mental Health (Danish Health Authority 2022). It contains 19 ambitious aims, embracing mental health, prevention, early intervention, treatment and social psychiatry. The needs of people who use social services are highlighted several times in the policy, but it lacks a plan for how to include citizen perspectives. Other policy documents in the mental health field offer little, if any, information on how to implement the participation of citizens who use services. For example, some of the policies are directed at healthcare professionals who treat and care for people facing mental distress and substance abuse, but do not cover participation.

Organisational structures for responsiveness also seem to be rather scarce in the field of mental health in Denmark, although this may reflect a limitation of the desk-based methodology in only identifying documented processes. There are associations and advisory groups of citizens who use mental health services along with peer workers and complaint procedures. However, no information could be found about the representation of citizens with lived experience on the main boards of mental health services, the use of citizen councils and consultative events to develop mental health services. The research for this report also could not find examples of user-led mental health services or citizen participation in external monitoring structures or associations of mental health services. There may be processes of responsiveness that take place informally, so could not be captured in the analysis.

In *Portugal's* mental health sector, many efforts and improvements have been made over the last decades. Recently, the government committed to concluding the Mental Health Services Reform foreseen in the Mental Health National Plan in order to overcome the poor implementation of previous plans and structures. A working group was created in 2020 to propose revisions to the Mental Health Law and two new laws were approved to replace the existing ones. Decree-Law 113/2021 (14 December 2021) established the general principles and rules for the organization and operation of mental health services and Law 35/2023 (21 July 2023) amended the Mental Health Law. About 30 institutions, associations and professionals (including representatives of professional orders/associations, practice, user and family members' associations) presented written contributions on the draft Law (by invitation) in the context of established consultation mechanisms for parliamentary legislation. Decree-Law 113/2021 outlines that the participation of people using services is mandatory in that associations of people using mental health services should be included in permanent consultation structures at national, regional and local levels. Furthermore, it is the duty of the State to collaborate with associations for the protection of people using health services (Law 44/2005, 29 August).

However, concerns about the effective implementation of participation structures in (mental) health services have been raised in relation to unbalanced representation, insufficient representativeness and power imbalances within these structures (AAVV 2019). Moreover, the concrete role of associations of citizens using mental health services in decision-making about services is often unclear.

At the level of direct practice in Portuguese mental health services, participation is mandatory concerning individual intervention plans for integrated continuous responses and decisions that directly affect people who use services. Participation seems to be less directed towards changing services at a more organisational level. At a sector-wide level, persons who use mental health services and associations representing them are present in sector-wide advisory boards, monitoring committees and networks of service users, directors or practitioners. There are also a few examples of users leading or sitting on the main boards of mental health services. However, little online information could be found about advisory boards and participatory events within individual mental health service organisations, which might be one reason why no examples of citizen participation leading to change within specific organisations could be found. Analysis of key documents shows that the rhetoric of participation is counterbalanced by vague or unclear information regarding the implementation of participatory processes, for example concerning the role of users in decision-making and monitoring of policies and programs, the funding of citizen participation, and the responsivity of programs and social services to participation.

In Poland, there is some recognition in policy and practice narratives concerning the mental health sector about the importance of responsiveness to citizen or user perspectives. Some sources concerning mental health services include different voices and were created in a participatory manner, even if they do not contain many proposals to improve citizen participation. A specific solution produced in a participatory manner comes from the Working Community of Associations of Social Organisations (WRZOS 2022), including participatory lobbying to advance mental health reform, for example Yellow Ribbon Marches, where people experiencing mental health issues and health professionals can present their demands in a public space. At concrete organisational level, self-help forums, peer workers (e.g. "Zakład Aktywności Zawodowej") user-led services (e.g. "Warszawski Dom pod Fontanną"), monitoring committees ("Council of Patient Organisations") and broad advisory structures are examples of citizen involvement in social services, albeit mostly in the non-governmental sector.

These narratives and civil society examples of participation contrast strongly with Poland's legal framework for mental health services, where designing and co-constructing mental health services, feedback and evaluations by people using services, and the allocation of resources for participation seem to be almost non-existent. The Act on Mental Health Protection 2006 establishes two main structures: The Mental Health Council and the Mental Hospital Patient Ombudsman. The Mental Health Council is a consultative and advisory body established to monitor the implementation of the tasks set out in the National Mental Health Protection Program and to give opinions on matters to the Minister of Health. It is composed exclusively of experts and academics. Thus, both a 'culture of responsiveness' and concrete resources to support for citizen participation in mental health services.

The pilot project of Mental Health Centres based on the idea of community-based psychiatry is one exception to this general trend of limited participation in mental health. These services are designed to be flexible and encourage the participation of users of services. Patients should co-decide about their treatment, communicate their needs and be listened to. However, after several years of the successful and well-evaluated pilot programme, the government proposed draft amendments to the Law on Mental Health Protection that aroused significant controversy and objections. The Polish Association of Community-Based Psychiatry (PTPŚ 2023) "strongly opposes the provisions concerning the prerequisites for hospitalisation without consent in a psychiatric hospital and placement without consent in a social welfare home, which are proposed in the draft amendments to the Mental Health Act". This development highlights that innovative projects in citizen participation are highly threatened if wider policy understanding of the need for democratisation and participation is missing in the social sector. Overall, responsiveness in state sector mental health services seems to be hampered by the underfunded and strongly institutionalised nature of mental health care in Poland.

6.4 Services working with youth at risk of exclusion

Services for youth at risk represent a wide category in the RESPONSIVE project, including alternative and residential care, drug use, probation, reintegration, vocational training, young refugees, specialist educational programmes and outreach or street work. Whilst the youth sector in general often offers broad participation possibilities for young people, the desk research for this report suggests that young people at risk of exclusion are more likely to be confronted by formalised, top-down and exclusionist interventions. This is due to a general neglect of disadvantaged persons in democratic approaches and a more specific lack of attention to power imbalances between marginalised youth and practitioners in social services.

In *Austria*, a tendency to regard young persons at risk as objects of care by adults rather than active subjects is reflected in limited participatory structures. In stark contrast to the fields of disability and mental health, participation does not appear to be a very strong narrative in the field of youth work. The introduction of the Advisory Board on Child and Youth Welfare ("Kinder- und Jugendhilfebeirat") along with an Ombudsperson for Children and Youth (“Kinder- und Jugendanwaltschaft”) in 1991 were innovations at that time. However, these bodies are only consultative and the composition of their members and documents is dominated by professionals from social work associations, ministries, scientists, judges and attorneys. The desk analysis for this report rarely found youth participation in the creation of policy documents or organisational guidelines. However, there are some single federal initiatives (e.g. “Moverz”: Urban 2020) and increasing practical discourses around participation (e.g. participation as quality standards in child and youth welfare services: FICE 2021). The few documents that have clearer ideas about participation structures and directly outline democratic aspirations relate to representative bodies addressing young people in general and not specifically those at risk of social exclusion, for example the Austrian Youth Strategy (*Österreichische Jugendstrategie*), Youth Advisory Board (*Jugendbeirat*) and Federal Youth Representative Group (*Bundesjugendvertretung*).

In France, research shows that general participatory mechanisms like public debates, neighbourhood councils, development councils, participatory budgets in local authorities and citizen councils often fail to attract young residents, particularly those at risk of exclusion (Vulbeau, 2001). However, non-participation is rarely discussed in policy or practice circles. When they exist, analyses criticize limited timeframes, a lack of communication about results, consultation fatigue, weak ties with decision-making, a lack of clarity in objectives and expectations, and an over-representation of institutions compared to young people in working groups. One report from the French Human Rights Ombudsperson (Défenseur des Droits 2020) states that the lack of participation is due to the fact that more than two-thirds of youth feel that their contributions are not sufficiently considered in decision-making, that their participation is merely tokenistic and that they are not taken seriously. Existing participatory bodies thus seem to perpetuate youth exclusion.

Similar contradictions around responsiveness to participation can also be found in the legal framework for youth services in France, which, on the one hand, uses participatory mechanisms to develop laws, mandates user participation in designing social services and allocates some finances and resources to support participation. However, the legal structures do not promote the transformative dimensions of responsiveness because they rarely allow young people to be part of co-construction or monitoring processes. Youth services in France are also not legally obliged to report on how they use feedback from citizen voices. The dominance of top-down participation procedures becomes apparent: central bodies and councils on youth issues are either summoned by the prime minister (CIJ: Comité Interministériel de la Jeunesse) or report to the prime minister (Youth Policy Orientation Council). Consequently, even though an intention to report on the utilisation of user perspectives is anchored in law, the information is untransparent and only communicated to or by higher authorities.

While the abovementioned legislation is mandatory across France, guidelines and recommendations for the practical implementation of youth participation are only advisory and largely designed to support professionals or users. Most of these documents were developed following a participatory methodology, but it is not always clear whether citizens and actual or past users of social services were directly involved. None of the documents prescribes the participation of young people in the monitoring of social services as mandatory. Even the documents that refer to the Conseil de Vie Sociale, which is mandatory as part of 2002 legislation, are not binding. Therefore, it is not surprising that there seem to be limited participatory structures at levels of the social sector and individual social service organisations. Associations and networks of young people at risk of exclusion, advisory groups of young people at sector level and publicly advertised complaints processes are somewhat present in France. However, no information could be found on other types of organisational structures for responsiveness: representation on advisory or main boards of services, citizen councils or external monitoring structures; participation in associations of social service directors or practitioners; participatory or consultative events to develop youth services; youth-led social services; peer workers and published feedback from people who use social services.

In *Romania,* there are no specific laws or regulations for social services working with young people at risk of exclusion, who are defined as young adults from 18 to 26 years and regulated by child protection laws. Detailed discussion of institutional structures for responsiveness therefore follows in the next section on child protection.

In Denmark, there is considerable overlap in structures for participation and responsiveness to citizen input between services for youth at risk and child protection, meaning that longer discussion follows in the next section. Several interesting examples of peer boards and user associations in services for youth at risk were identified, including One of Us and The Social Network/Headspace). The Critical Time Intervention (CTI) model of the Danish Authority of Social Services and Housing for empowering socially vulnerable citizens can be regarded as a citizen and service user-oriented policy. An ongoing evaluation was used to develop the tool and policy, which includes a clear system of guidelines and structures that are used to inform decisions. However, the policy did not make user participation in monitoring social services mandatory or require reporting on how services use feedback from citizen, meaning that it unclear how attentive and flexible the policy truly is to user perspectives.

In Portugal, young people at risk of social exclusion and involvement with the criminal justice system have become a priority in public policy and legislation. There are several strategies, programs, commissions and laws that promote this group’s inclusion and participation, for example the National Strategy for the Promotion of Citizenship and Prevention of Delinquency, the National Commission for Promotion of Rights and Protection of Children and Youth, Youth Guarantee & Youth Inclusion Programs, Law 146/1999-2023 on Child and Youth-At-Risk Protection, Decree-Laws for the Protection of Children and Young People in Danger 2008, Family Foster Care and Residential Care Implementation 2019. These efforts have facilitated a shift from a parental rights focus to the mandatory consultation and participation of children and young people in decision-making during individual cases. However, participation in these channels seems to be mostly reduced to consultative mechanisms and do not provide a compulsory structure for having a final word. Youth participation is often understood very generally in terms of civic, political, social, cultural and economic life instead of the design, implementation, management or evaluation of specific social services that affect their lives. Although young people at risk are represented in some associations, citizen councils and monitoring agencies, no examples of publicly advertised complaints processes, published feedback, user-led services or representation on the main boards of services could be found.

While organisational and policy responses to the participation of disadvantaged young people are often lacking in Portugal, one exception can be highlighted that, in some regard, facilitates most dimensions of responsiveness. Since 2001, eight waves of the Escolhas Program ("Choices Program") have promoted the inclusion and social integration of children and young people from socioeconomically disadvantaged neighbourhoods (ACM 2023). Experimental projects have been implemented in 53 selected vulnerable neighbourhoods. One of the program's general principles is the active participation of children and young people in decision-making processes. Projects must involve participants, communities and organisations in all stages of the project to increase the relevance and effectiveness of the intervention, as well as training and co-responsibility processes. Young people can also be included as community facilitators on project staff. A survey among the community facilitators in the eighth wave of the project showed that the vast majority of participants stated that the program had a great impact on their personal and professional development (Almeida 2022). These results indicate the transformative potential of responsiveness in social services, but crucially do not reveal what impact the project had on professionals and decisions. Since there are no guidelines about the concrete influence on decision-making and budget allocation, in many cases it is not specified which participatory elements were in fact incorporated and put into practice. Consequently, there is no publicly available evidence to measure the extension and intensity of change within services based on young people's input.

In the *Polish* youth at-risk sector, discussions about citizen participation and the responsiveness of services focus mainly on the deinstitutionalisation of care and the Act on the Support and Resocialisation of Young People. While ideas of responsiveness and participation of young people feature in the discourses of activists and some practitioners, very little about participation was found in the narratives from the Ministry of Justice. The ministerial focus is instead on control and punishment in line with the questionable belief that harsh penalties will deter potential juvenile offenders. Service user participation is very rarely mandatory in any social service in Poland. It is compulsory for young adults raised in foster care to participate in the development of their post-18 independence plan. Beyond such individualised approaches to participation, there are no structures for responsiveness in specific legislation on youth services (Act on Family Support and Foster Care System 2011, Family and Guardianship Code 1965, Act on the Support and Rehabilitation of Juveniles 1982/2022) or general legal frameworks for social services (Act on the Implementation of Social Services 2019, Act on Public Benefit Activity and Volunteerism 2003). Participatory possibilities are missing in legislation concerning vulnerable individuals and community groups, which underpins an overall finding of exclusionary targeting of democratic mechanisms.

The limited nature of participation is also apparent when looking at policy structures for youth services in Poland. There is no national strategy in the area of youth at risk or child protection, although issues concerning them are included in local strategies that often include extensive cooperation with NGOs, for example the Youth Policy of the City of Warsaw. Youth participation in developing general youth policies is strong, but this is not the case for youth at risk of exclusion, who are often positioned as passive 'recipients' of programs aimed at them. Despite this unfavourable policy context, a respectable number of organisational initiatives for youth at risk can be found. "Fundacja Robinson Crusoe"

(Fundacja Samodzielni Robinsonowie) is a user-led organisation that aims to support young people in foster care or under the care of social welfare institutions and to sensitise society to their problems. Another example is “Sheltered housing”, a service run by youth leaving foster care with support from guardians. There are also associations for youth in crisis of homelessness (“Stacja”), publicly advertised complaint processes (“Start into Adulthood” / Start w dorosłość) and hired peer workers (“MONAR”) in the youth at-risk sector in Poland. As with mental health services, it is therefore civil society organisations in Poland that show greater practice and openness to the participation of people using services.

6.5 Child protection services

In the field of child protection, frameworks for responsiveness seem to be rather limited in each of the investigated countries and the least developed of all social service fields surveyed in the RESPONSIVE project. Services working with youth at risk overlap significantly with child protection in Austria, Romania and Denmark, meaning that this pessimistic conclusion largely applies to both sectors. Participation by children or parents – the citizens directly affected by the services – is often interpreted as expressing voice in individual intervention plans or as children being the focus of ‘best interest’ discourses. Despite many references in policy and operational guidelines to the UN Convention on the Rights of the Child (UNCRC), it is rarely recognised that rights are being claimed on behalf of children by well-meaning adults without providing channels for children to directly express themselves. Whilst a focus on protecting children limits attention to user participation, exceptions from France and Portugal show possibilities for responsiveness within child protection services.

In Austria, services for child protection and youth at risk are shaped by the Federal Child and Welfare Act, guidelines from the federal government and implementing laws at regional level (European Education and Culture Executive Agency 2023). The delegation of most responsibilities for child protection to regions and the resulting lack of national standards is criticised by children’s rights organisations as an attack on the UNCRC (Netzwerk Kinderrechte Österreich 2019). There are frequent discussions in Austrian academic and practice sources on child protection about participation as a right of children and an obligation on the state. However, concrete legal, policy and organisational structures in Austria tend to regard children as objects of interventions rather than rights holders. Calls for reform often seek to strengthen services rather than change their structures in the direction of co-decision-making. They seek to strengthen the scope for action for children’s rights organisations (Kindernothilfe 2019: 29), improve child protection structures (ECPAT Austria 2020) and increase the participation of children and youth in political decision-making (Netzwerk Kinderrechte 2019: 27ff.). However, only a few documents in the child protection field in Austria have emerged from participatory formats (Netzwerk Kinderrechte Österreich, Children and Youth Strategy 2020–2025, Kinderfreunde 2023, Concordia 2023).

The desk research could not find specific examples of user-led organisations, citizen councils or cases where parents or children sit on advisory committees, working groups or the main boards of services or professional associations in Austria’s child protection sector. The “Children’s Office” (Kinderbüro) and the “Children’s Rights Network” (Netzwerk Kinderrechte) are examples of external structures that monitor human rights with the participation of children. “Beteiligung.st” is a specialized agency for children’s participation that organises a children's parliament in interested local areas, where children regularly discuss important issues that affect them and other children from the community. These meetings are addressed to all children and take place under the professional guidance of the agency. However, these general and sporadic initiatives do not represent responsiveness on a structural or mandatory policy level.

The *French* child protection sector has a long history of seeking to establish processes of deinstitutionalisation, prevention, home-based care and participatory mechanisms. The Child Protection Law 2016 (Loi n° 2016-297 du 14 mars 2016) updated the definition of child protection by focusing on "the fundamental needs of the child", offering a strong version of the 'best interests' principle found in the UNCRC and other countries. However, these "fundamental needs" are often defined by professionals. An indirect orientation to the input of children and parents involved with services is characteristic for the entire legal framework for child protection in France, which provides very limited dimensions of responsiveness.

There are, however, examples of interesting practice for participation in child protection in France. A guidance document from the Agence Nouvelle des Solidarités Actives (ANSA, 2022) supports child protection services and organisations that wish to launch or redynamise their Council of Social Life (CVS). It was created in a participatory manner with the input of persons who have experience of child protection services and makes proposals on how to deal with power relations in a more democratic way. It states that restricting the number of adults around the table in CVS meetings may encourage children to express themselves and that children may be more likely to express themselves openly in the absence of their teachers or other support staff.

The French child protection field also has several interesting initiatives akin to deliberative democratic forums. For several years, the region (department) of Finistère ran a project named "Haut Parleurs" ("Loudspeakers"). Although only a temporary structure for dialogue between children and youth, parents, professionals and elected officials, it appears to be an exemplary initiative in terms of responsiveness. One result was a detailed booklet presenting different proposals from participants and how they were taken into consideration or put into action by the regional authorities.

Two examples of "Youth Councils for Child Protection" in different regions (departments) show new dynamics of responsiveness in this sector in France. In Gironde, the *"Conseil des jeunes de la protection de l'enfance – Gironde"* is composed of more than 100 children under the care of the Children's Social Welfare Agency (ASE). It gives them the opportunity to express their views on how the child protection system is working and their recommendations for improvement. A follow-up committee is in charge of monitoring implementation and the departmental council engages in the reform work, although it is not yet clear how the regional authorities will respond to these recommendations. In Puy-de-Dôme, the "*Conseil des Jeunes en Protection de l'Enfance du Puy-de-Dôme"* intends to "provide a forum for the free and confidential expression of young people in care, to develop the department's child prevention and protection policy through concrete proposals" (Conseil départemental du Puy-de-Dôme 2023). The council is made up of 40 young people aged between 8 and 21 years under child protection measures who were selected by a call for applications. More than 60 applications were received, and boys aged 16 to 21 (particularly unaccompanied children seeking asylum) were over-represented. In order to ensure that the council was somewhat representative of children in the department's care, diversity was sought in terms of gender, age-range and type of foster care facility. The inaugural session was held on 16 March 2022, but no reports or recommendations from the participation structures could be found to date. Although such examples are not representative of the whole child protection sector in France and seem to have some limitations or uncertain outcomes, they show processes to democratise the sector by facilitating many dimensions of responsiveness.

In *Romania,* there have been significant efforts to improve the well-being and protection of children in the last two decades. Starting from 2000–2005, every county in Romania began to establish a General Directorate for Social Work and Child Protection (DGASPC). International organizations such as UNICEF and the European Union provided support to align with international standards and reform the large children's homes inherited from the state socialist era. Despite improvements in deinstitutionalisation, a paternalistic approach is still prevalent and children and youth are not involved in generating ideas on social service development. In research conducted by World Vision in March 2023, one in four Romanian parliamentarians believes that a child is not capable of having an opinion about a law that concerns him (Curierul National 2023). Participation as a concept is only occasionally present in policy discourses, but its elements, purposes and consequences are not specified.

At the legal level, participatory mechanisms were used in developing all the laws on children and youth, but this can refer to a wide range of stakeholders rather than people who directly use child protection services. The Law on the Protection and Promotion of Children's Rights (No. 272 / 2004) and its quality standards make user participation in designing social services mandatory, but these responsibilities are vaguely formulated and the standards do not outline how this obligation should be implemented. Measures to return feedback to citizens and the allocation of resources for user involvement are absent. Thus, compared with other types of social services in Romania studied in this project, there are rather unclear legal structures to support the participation, feedback or involvement of citizens in child protection and youth services.

There are even fewer structures for responsiveness at the policy level in Romania with no well-written examples. The Law on Protection and Promotion of Children's Rights 2004 stipulates that local authorities have an obligation to involve the local community in the process of identifying community needs and addressing children's social issues. However, children are not named as participants in the process of identifying community needs. The only exception that could be found in the desk analysis is the "Children's City Hall" in the village of Ciugud. It is an advisory structure that represents children and the first participatory budgeting project for children in Romania. The children have elected a mayor and local councillors who represent their interests at the local level and implement projects for the children of Ciugud. Since 2021, the Children's City Hall has been included in the Civic Culture manual as an example of good practice on how children can be involved in decision-making processes that concern them.

Isolated examples of innovation in child protection can be found in specific social services, including a Child Consultative Council, peer workers and a participatory laboratory organised by an international NGO to train and empower children to participate in creating policies and social programs (SOS Children's village Romania). A World Bank report (2022) states that 43% of the country's communes have a functional Consultative Structure for Communities (SCC) or Child Consultative Council (CCC), but the desk analysis could not find any publicly available information regarding their work. Moreover, information on user-led services in child protection and representation on main boards of services and associations of directors or practitioners is missing. No details could be found of consultative events, publicly advertised complaints processes and feedback mechanisms. Thus, there seem to be very limited structures for responsiveness within Romanian child protection services. The few innovative examples are mostly enacted by non-governmental initiatives and would need a mandatory legal and policy framework to be established on a broad, national and effective basis.

In *Denmark*, there seem to be rather unclear structures for citizen-user involvement and responsiveness within services for child protection and young people at risk of social exclusion. Although the Danish child protection system offers citizens broad opportunities to participate in their own individual cases, research suggests that professionals tend to overestimate certain risks and underdiagnose when it comes to abused and neglected children (Christensen & Jørgensen, 2014). Thus, responsiveness to participation at an individual level also means being attentive to specific cases and balancing the needs for autonomy and protection by neither overchallenging nor patronizing children via presupposed definitions of best interests. Legislation in Denmark is aware of these risks and states that by granting new rights, responsibility for welfare must never be placed solely on the child or young person. On the one hand, the wishes of the child or young person should be considered and guide the case. On the other hand, children should be allowed to be children, and it should continue to be the municipality's responsibility to make a professional assessment of the child's or young person's needs.

In the Danish child protection sector, the autonomy of regions and municipalities to develop their own processes in combination with the lack of (participatory) systems for monitoring and evaluating concrete outcomes leads to high variation. The Danish research team's knowledge of the field suggests that many social service organisations have participatory mechanisms that are difficult to identify in desk analysis because they are not the result of legal and policy requirements. This might be one of the reasons why policy and organisational frameworks for child protection in Denmark seem to be characterised by limited dimensions of responsiveness.

A central participation right in Denmark lies in the right to appeal. This means that decisions made without observing the legal rules will generally be regarded as 'invalid'. If a child or parents have not been involved in their case or if a prescribed action plan is missing in the municipality's case, the Administrative Appeals Board (Ankestyrelsen) will, upon complaint, be inclined to set aside the decision, amend it, or return it to the municipality for a new decision. The decision will only be confirmed if it can be demonstrated that the procedural error was not significant for the outcome of the case. Complaints are one mechanism of responsiveness and democracy within social services and can have important impact in individual cases, but not so much on the broader organisation, running and monitoring of services, where there seems to be little children or parental participation in Denmark.

In Portugal, the domain of child protection is characterized by strong overlap with the field of youth at risk, but also shows key differences. The model established in the Law for the Protection of Children and Young People in Danger (Law No. 147/99 of 1 September) is based on active community participation in partnership with the State, implemented in Commissions for the Protection of Children and Young People (CPCJ). The extended Commissions include representatives of both parents and youth associations. Nevertheless, according to the 2022 Evaluation Report of CPCJ Activity, for the 311 CPCJs in Portugal, parents and youth associations were among the groups with most missing representatives. Furthermore, these are no specific associations of users of child protection services.

Portugal's legal framework for participation in child protection is focused on children, parents and legal guardians, but does not clearly establish specific structures for participation and responsiveness in social services. The involvement of parents and children in shaping discourses about child protection is even scarcer and the voices represented are dominated by organisations and professionals.

The recent White Paper on Children's Participation in Portugal (CNPDPC 2023) serves as a counterexample at policy and organisational level. Resulting from the National Strategy for Children's Rights 2021–2024, the White Paper was drafted by the National Commission for the Promotion of the Rights and Protection of Children and Young People (2023) and involved 778 children from 6 to 18 years old (265 from vulnerable contexts) to apply and evaluate the Council of Europe's Child Participation Assessment Tool indicators. Children were invited to give recommendations for improving children's and young people's participation. The materials were adapted by specialised professionals to be understood by the youngest children. The White Paper gives many proposals to help social services and professionals developing participatory methodologies with children and young people. For instance, it calls for the implementation of councils and participation mechanisms in residential care, hospitals, schools and governmental bodies. It also suggests developing clear consultative and co-decision procedures along with user-friendly versions of websites that contain information about children's and young people's rights. Although there is no explanation about whether some of the children who participated were under the child protection system, the proposals cover residential care and judicial and administrative processes. Nevertheless, the proposals often include only abstract references to participation and do not give clear guidelines for the implementation of participatory strategies. The evaluation of social services is mentioned as an activity where children need to be included, but specific guidance on methodology for achieving this is missing.

In Poland, there are no separate public child protection services, which hinders the introduction of systemic measures preventing child abuse and neglect. Most tasks connected with child protection are the responsibility of social assistance or law enforcement agencies, including police, family and criminal courts. Ideas of responsiveness and citizen participation are rather marginalised in the area of child protection. They are strongly present in academic, media and NGO discourses, but this does not translate into the sector of child protection services, where participatory aspirations are only articulated explicitly by the current Commissioner for Children's Rights. Even so, the focus is on children and young people as informants rather than equal participants or decision-makers. The postholder is quite widely criticised for being passive, ignoring requests to take action and not being a true advocate for children (Helsińska Fundacja Praw Człowieka 2022; Wantuch 2023; Zakrzewski 2023).

Polish legal and normative systems are family-oriented and see the child primarily as a family member under the protection of parents or guardians rather than an individual rights holder. There is therefore almost no recognition of children's participation in laws and policies. The Act on Family Support and Foster Care System 2011 assumes that if problems occur, the welfare system and other public institutions should support families in the first place through family assistants, while parental rights can only be limited or deprived as a last resort. This orientation to family and parents is also visible in organisational structures. Associations in the area of child protection do not bring together children or young people, but rather foster parents or fathers demanding respect for fathers' rights. The adoption of the Law on the Protection of Minors (Ustawa o ochronie małoletnich) in June 2023 was achieved through long advocacy actions and supported by the "Empowering Children Foundation" (Fundacja Dajemy Dzieciom Siłę) and a wide citizen movement after the tragic death of an 8-year-old boy due to abuse by his stepfather.

7. Conclusions

This report set out to analyse the legal, policy and organisational frameworks shaping how social sector organisations respond to input from citizens using their services. It studied services working in four different areas: disability, mental health, child protection and youth at risk of social exclusion. An understanding of the formal structures for collecting and using input from citizens is important to grasp the extent to which principles of democracy are institutionally anchored in the social sector.

The report was compiled on the basis of data collection in six countries: Austria, Denmark, France, Poland, Portugal, Romania. Comparison between these countries is complicated given their diverse political, economic and social conditions and quite different systems of social services.

It is important to note that findings in this report are based on desk analysis of publicly available information, including official documents, academic publications, media reports and websites of social services and NGOs. Examples of practice that are not documented or have not been identified by the project's research teams will have been missed. It is also not possible to assess how the identified legal, policy and organisational frameworks are implemented and function in practice.

7.1 How is democracy understood in the social service sector?

The analysis in this report found varying degrees of recognition in official documents that the participation of citizens who use services is an important principle for the social sector. Participation is framed in different ways across documents and legal-policy frameworks for social sector organisations. It is rarely presented as a democratic goal of ensuring that citizens have influence over state-regulated structures that shape their lives. Participation is instead more often presented as a way to increase 'effectiveness' or drive 'innovation' in social services. This instrumental and technocratic rationale can reduce focus on participation and inclusion as non-negotiable democratic rights and of citizens facing disadvantage.

Many examples were also found when participation was conceptualised as having influence over one's own case or intervention plan with social services. 'Person-centred' approaches are vitally important in social service provision as a counter to professional dominance, but they may not provide the opportunity for citizens to influence the broader work of social service organisations.

7.2 Structures for citizen participation to have impact in social services

Overall, institutional structures for democratic processes within the social sector seem to be lacking. Existing systems and processes for citizen participation generally limit the role of citizens who use services to consultation and advice. Mechanisms to ensure that social services utilise the input of citizens seem to be underdeveloped or absent in laws, policies and organisational frameworks. Very few examples of higher levels of co-creation or participation in which citizens have a decision-making role concerning the running and development of social service organisations could be found in the six EU countries surveyed for this report.

Input on policies and services from citizens who use social services sometimes forms part of broader ‘stakeholder’ consultation processes, where there is a risk that the voices of citizens who use services may receive less weight than those of employers, trade unions, social service providers and professionals.

Where structures for citizen involvement have been established, the review of sources found that citizens and their associations are voicing frustration about ‘participation fatigue’ and tokenistic participation that does not lead to change.

Strikingly, the voices of citizens who use social services are very rarely included in associations of social service directors, associations of social work practitioners or agencies that monitor quality in the social sector.

Despite the limited structures for citizen participation, examples of creativity in introducing democratic practices in social services were found in all countries. Innovative practices have been initiated both through top-down decisions as well as on the initiative of individual social services or NGOs, showing that ‘responsiveness’ can be developed in multiple ways. One example is the employment of ‘experts by experience’ as peer workers that is emerging in several countries, especially in the mental health sector and in services that seek to reduce social exclusion.

Across all countries and sectors, no information about the adjustment of participation activities to conditions of the Covid-19 pandemic could be found in the official, practice and media resources that were reviewed. This absence is concerning in light of concerns that “during the COVID-19 pandemic, years of progress in service user involvement have been unravelled by service users being left on the outside of key decisions and matters affecting their lives” (Duffy et al 2022). The real impact of lockdown and pandemic measures will be investigated in more detail through interviews and primary data collection with citizens who use social services, campaigners and practitioners in social sector organisations later in the RESPONSIVE project. However, the lack of evidence and discussion about the pandemic in published sources suggests a lack of responsiveness on the part of services.

7.3 Elements of responsiveness

Many elements of the conceptual model of ‘responsiveness’ offered in this report were found to be absent or under-developed in the social sectors of the six countries reviewed:

Transparency: Publicly available information about participation in social services is generally patchy, especially concerning how social services utilise input from citizens. Even where organisations are known to be sensitive to feedback from citizens using their services, such processes are not fully visible and transparent.

Proactively address inequalities in participation: There is substantial room in policy discussions and legal-policy frameworks to increase recognition of how gender and intersectional inequalities shape citizen participation. Current structures generally outline a single format for participation that will not capture the views of diverse groups of people using services, especially people who face exclusion and barriers to taking part in participatory mechanisms. There is an absence of mechanisms for proactive work and outreach to gain feedback from the full breadth of citizens who use services.

Resources and support: Legal, policy and organisational frameworks in the social sector provide very limited resources to organise and support the participation of citizens who use social services. Almost no examples were found of dedicated staff roles within social services to focus on participation and mechanisms to compensate citizens for the time and effort they give to participatory processes.

Open and accessible participatory structures: the overall legal-policy and organisational frameworks generally show little recognition that formats for participation need to be flexible and multiple in order to increase accessibility for citizens. There are examples of interesting practice, especially within social movements and organisations led by users of social services. However, policy guidance is generally silent on questions of accessibility and its resourcing, suggesting that it assumes a 'standard' type of citizen who can fit into preset structures.

7.4 Overall conclusion

Box 3: Conclusion

There are limited legal, policy and organisational frameworks for citizen participation to have an impact on personal targeted social services in the six European Union countries surveyed.

Social services rarely have clearly defined structures for learning from and reacting to citizen perspectives.

The RESPONSIVE project will conduct research with citizens, activists, practitioners and policymakers in 2024 and 2025 to learn more about the factors shaping the impact of citizen participation on social services.

8. Recommendations

Overall, considerable work is needed to instantiate almost all dimensions of responsiveness in social services in the six European Union countries studied in this project, regardless of their welfare model or history of social sector development. Organisational management theory underlines that far-reaching and persistent transformations only can be achieved when routinised structures and processes are changed comprehensively (Kremser & Schreyögg 2016) alongside organisational cultures.

The following recommendations arise from the conceptual framework, literature review and desk-based analysis of existing legal, policy and organisational structures for citizen participation in the six countries surveyed in the RESPONSIVE project.

8.1 Recommendations for policy makers

EU-level

- Create measures to encourage and exchange good practice between member states in developing legal and policy frameworks for the use of citizen input in social services.
- Ensure that the democratic principle of meaningful participation clearly informs policies, strategies, evaluations and guidance about social rights and personal targeted social services.
- Embed the right to participate in the conduct of public affairs (Art. 25, International Covenant on Civil and Political Rights) in initiatives to realize the European Pillar of Social Rights.
- Update quality standards for social services to include:
    - The implementation of democratic governance principles.
    - Citizen participation in its full sense of co-creation and joint decision-making.
    - Organisational responsiveness to input from citizens who use services.
    - The allocation of resources to support citizen participation within social services.
- Require EU-funded projects, programmes and social services to provide evidence of how citizen input has been incorporated into decision-making.

National and regional level:

- Adjust legal and policy frameworks to require citizen participation structures in social services and, crucially, the utilisation of information received from citizens.
- Use proactive outreach strategies to gather the views of diverse citizens on social services, especially those who do not participate in existing participatory structures.
- Develop initiatives and organisational tools for building capacity and connecting citizens who use social services, for example networking platforms and umbrella organisations.
- Mandate the allocation of human, administrative and financial resources to support citizen participation in the social sector, especially for developing networks of citizens who use services.
- Require social service organisations to publish feedback received from citizens and the responses from management (online and leaflets).

- Include the existence of structures for citizen participation and feedback mechanisms from management as quality standards for social services.
- Ensure that internal and external quality assurance processes for social services include the participation of citizens who use services.
- Promote the exchange of good practice in citizen participation, including NGO, state and private sector social services.

8.2 Recommendations for citizens who use services and their associations

- Request information from social services about how ideas and recommendations from participatory structures have been used.
- Use deliberative and democratic decision-making processes to develop citizens' proposals for improving personal targeted social services.
- Explain to services and policy structures that participation is not cost-neutral and that the time and effort of citizens must be supported through staffing and compensation.
- Review the ideas received from members to see if they represent diverse people, including in relation to gender, disability, sexuality, socioeconomic and ethnic-migration background.

8.3 Recommendations for social service organisations and their networks

- Publish feedback received from citizens who use your services and responses from the service's management board.
- Develop initiatives to involve citizens who use your services in core decision-making and governance structures.
- Conduct an internal review of how feedback from users is gathered and how it is and distributed utilised within the organisation.
- Use proactive outreach and a range of participation formats in order to collect views from the full breadth of people using your service.
- Use accessible and comprehensible tools to communicate with citizens about the functioning of the service and the professional practices implemented.
- Allocate human and financial resources for participation structures.
- Create participatory structures for gaining the voice of citizens who use social services within national and regional associations of social service directors and practitioners, paying attention to how input can shape organisational strategy.

8.4 Recommendations for training and education within the social sector

- Include a strong focus on the principles and practice skills required for the collection, utilisation and impact of citizen participation.
- Give citizens who use social services a central role in training and university programmes by facilitating processes for their employment or remuneration.
- Co-design and co-deliver training together with citizens who have experience of using social services.
- Organise study visits and good practice seminars with organizations/structures that have experience in co-creation and collaborative decision-making processes.

8.5 Recommendations for researchers and research organizations

- Increase research on how gender and intersectional dynamics shape participation processes within social services, including the reasons for non-participation and exclusion.
- Research studies about social services should focus on the perspectives of people who use them
- Promote research funding schemes, projects, events, publications and networks grounded in the perspectives of people who use social services, including by drawing on the disciplines of Disability Studies, Mad Studies, User-Led Research, Survivor Research and Peer Research.
- In-depth qualitative methods (interviews and participant observation) are required to understand when and how citizen participation influences social services.

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Appendix: Country tables showing frameworks for responsiveness

Austria

Table 6: Legal and policy frameworks for social service responsiveness in Austria

Legal frameworks (laws)					
Were participatory mechanisms used to develop the laws on social services?	Is user participation in designing social services mandated in the law?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Does the law allocate finances and resources to support participation of users?
Varied	**Often**	**Limited**	**Almost none**	**Almost none**	**Limited**
Variations between fields of social service: Participatory mechanisms were used much more frequently developing laws on disability services.					
Policy frameworks (mandatory or recommended policy guidance)					
Were participatory mechanisms used to develop the policy?	Must services publish feedback from service users?	Are service users given an explicit role in making decisions about social services?	Does the policy make participation in monitoring social services mandatory?	Must services report on how they use feedback from service users?	Does the policy recognize that resources are needed to support service user participation?
Varied	**Almost none**	**Somewhat**	**Almost none**	**Almost none**	**Often**
Variations between fields of social service: Participatory mechanisms were used much more frequently developing laws on disability and mental health services.					

Table 7: **Organisational structures for responsiveness in social services in Austria**

<table>
<tr><th colspan="6"><i>Organisational analysis: responsiveness in <u>sector-wide</u> structures</i></th></tr>
<tr><td>Are there associations and networks of service users (national, regional or local)?</td><td>Are citizen-users represented in advisory boards and working groups for social service development?</td><td>Do citizen councils or assemblies for the group involved in the target services exist?</td><td>Is citizen-user participation anchored in external structures that monitor inclusion and human rights?</td><td>Do citizens-users participate in agencies that monitor quality in social services?</td><td>Is citizen-user participation present in associations of social service directors or practitioners?</td></tr>
<tr><td>Somewhat</td><td>Somewhat</td><td>Varied</td><td>Varied</td><td>Almost none</td><td>Limited</td></tr>
<tr><td colspan="6"><u>Variations between fields of social service</u>: In child protection and youth at risk, citizen councils or assemblies are absent, while no participatory structures that monitor inclusion and human rights could be found in child protection and mental health.</td></tr>
</table>

<table>
<tr><th colspan="7"><i>Organisational analysis: structures for responsiveness in <u>individual</u> social services</i></th></tr>
<tr><td>Do social services have advisory groups or assemblies of service users?</td><td>Are there any one-off participatory or consultative events to develop social services?</td><td>Do user-led social services exist?</td><td>Are service users represented on main boards of individual social services?</td><td>Do social services employ people with lived experience as staff (peer workers)?</td><td>Are there any publicly advertised complaints processes?</td><td>Is feedback from service users published?</td></tr>
<tr><td>Somewhat</td><td>Limited</td><td>Varied</td><td>Limited</td><td>Often</td><td>Limited</td><td>Almost none</td></tr>
<tr><td colspan="7"><u>Variations between fields of social service</u>: Most of user-led services were found in disability and almost none in child protection</td></tr>
</table>

France

Table 8: Legal and policy frameworks for social service responsiveness in France

Legal frameworks (laws)					
Were participatory mechanisms used to develop the laws on social services?	Is user participation in designing social services mandated in the law?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Does the law allocate finances and resources to support participation of users?
Almost none	**Somewhat**	**Somewhat**	**Varied**	**Almost none**	**Almost none**
Variations between fields of social service: Legal documents often relate to all target services. Separate laws are more present in disability and child protection. In child protection, user participation in designing laws and decision-making roles are a little less and monitoring social services is fairly less present.					

Policy frameworks (mandatory or recommended policy guidance)					
Were participatory mechanisms used to develop the policy?	Must services publish feedback from service users?	Are service users given an explicit role in making decisions about social services?	Does the policy make participation in monitoring social services mandatory?	Must services report on how they use feedback from service users?	Does the policy recognize that resources are needed to support service user participation?
Often	**Somewhat**	**Almost none**	**Somewhat**	**Somewhat**	**Somewhat**
Variations between fields of social service: Since the analysed documents are mostly cross-cutting policies, no assertion about major differences between the target groups can be made.					

Table 9: **Organisational structures for responsiveness in social services in France**

Organisational analysis: responsiveness in <u>sector-wide</u> structures

Are there associations and networks of service users (national, regional or local)?	Are citizen-users represented in advisory boards and working groups for social service development?	Do citizen councils or assemblies for the group involved in the target services exist?	Is citizen-user participation anchored in external structures that monitor inclusion and human rights?	Do citizens-users participate in agencies that monitor quality in social services?	Is citizen-user participation present in associations of social service directors or practitioners?
Often	**Varied**	**Somewhat**	**Somewhat**	**Limited**	**Almost none**

<u>Variations between fields of social service</u>: Representation of citizens who use social services in advisory boards is only present in disability and child protection services. Youth at-risk services miss almost all of the examples except for associations and networks.

Organisational analysis: structures for responsiveness in <u>individual</u> social services

Do social services have advisory groups or assemblies of service users?	Are there any one-off participatory or consultative events to develop social services?	Do user-led social services exist?	Are service users represented on main boards of individual social services?	Do social services employ people with lived experience as staff (peer workers)?	Are there any publicly advertised complaints processes?	Is feedback from service users published?
Somewhat	**Varied**	**Varied**	**Varied**	**Almost none**	**Somewhat**	**Almost none**

<u>Variations between fields of social service</u>: No participatory events could be found in mental health and youth at-risk. There is also no information about user-led services in child protection and youth at-risk. Disability services are the only case where user representation on main boards could be found.

Romania

Table 10: Legal and policy frameworks for social service responsiveness in Romania

Legal frameworks (laws)					
Were participatory mechanisms used to develop the laws on social services?	Is user participation in designing social services mandated in the law?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Does the law allocate finances and resources to support participation of users?
Often	**Varied**	**Almost none**	**Almost none**	**Almost none**	**Almost none**
Variations between fields of social service: User participation is at least partially mandated in child protection laws.					
Policy frameworks (mandatory or recommended policy guidance)					
Were participatory mechanisms used to develop the policy?	Must services publish feedback from service users?	Are service users given an explicit role in making decisions about social services?	Does the policy make participation in monitoring social services mandatory?	Must services report on how they use feedback from service users?	Does the policy recognize that resources are needed to support service user participation?
Limited	**Almost none**	**Varied**	**Almost none**	**Almost none**	**Almost none**
Variations between fields of social service: Citizens who use disability services are the only group with a partially established role in decision-making.					

Table 11: **Structures for responsiveness in social services in Romania**

<table>
<tr><th colspan="6">***Organisational analysis: responsiveness in sector-wide structures***</th></tr>
<tr><td>Are there associations and networks of service users (national, regional or local)?</td><td>Are citizen-users represented in advisory boards and working groups for social service development?</td><td>Do citizen councils or assemblies for the group involved in the target services exist?</td><td>Is citizen-user participation anchored in external structures that monitor inclusion and human rights?</td><td>Do citizens-users participate in agencies that monitor quality in social services?</td><td>Is citizen-user participation present in associations of social service directors or practitioners?</td></tr>
<tr><td>**Often**</td><td>**Varied**</td><td>**Almost none**</td><td>**Varied**</td><td>**Limited**</td><td>**Almost none**</td></tr>
<tr><td colspan="6">Variations between fields of social service: In the areas of disability and youth-at-risk, user representation in advisory boards and monitoring structures seems to be more present.</td></tr>
</table>

<table>
<tr><th colspan="7">***Organisational analysis: structures for responsiveness in individual social services***</th></tr>
<tr><td>Do social services have advisory groups or assemblies of service users?</td><td>Are there any one-off participatory or consultative events to develop social services?</td><td>Do user-led social services exist?</td><td>Are service users represented on main boards of individual social services?</td><td>Do social services employ people with lived experience as staff (peer workers)?</td><td>Are there any publicly advertised complaints processes?</td><td>Is feedback from service users published?</td></tr>
<tr><td>**Varied**</td><td>**Varied**</td><td>**Almost none**</td><td>**Almost none**</td><td>**Varied**</td><td>**Varied**</td><td>**Varied**</td></tr>
<tr><td colspan="7">Variations between fields of social service: While participatory events, complaint processes and published feedback could only be found in disability services, advisory groups and hired peer workers only seem to be present in child protection services.</td></tr>
</table>

Denmark

Table 12: Legal and policy frameworks for social service responsiveness in Denmark

Legal frameworks (laws)					
Were participatory mechanisms used to develop the laws on social services?	Is user participation in designing social services mandated in the law?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Does the law allocate finances and resources to support participation of users?
Somewhat	**Somewhat**	**Limited**	**Somewhat**	**Almost none**	**Almost none**
Variations between fields of social service: There are many general laws. Therefore, no major differences between the target services could be found.					
Policy frameworks (mandatory or recommended policy guidance)					
Were participatory mechanisms used to develop the policy?	Must services publish feedback from service users?	Are service users given an explicit role in making decisions about social services?	Does the policy make participation in monitoring social services mandatory?	Must services report on how they use feedback from service users?	Does the policy recognize that resources are needed to support service user participation?
Limited	**Almost none**	**Almost none**	**Almost none**	**Almost none**	**Varied**
Variations between fields of social service: Between the different target areas, results are rather similar. Only the notion that resources are needed to support user participation is partially more highlighted in child protection and youth at risk.					

Table 13: **Organisational structures for responsiveness in social services in Denmark**

Organisational analysis: responsiveness in sector-wide structures					
Are there associations and networks of service users (national, regional or local)?	Are citizen-users represented in advisory boards and working groups for social service development?	Do citizen councils or assemblies for the group involved in the target services exist?	Is citizen-user participation anchored in external structures that monitor inclusion and human rights?	Do citizens-users participate in agencies that monitor quality in social services?	Is citizen-user participation present in associations of social service directors or practitioners?
Somewhat	**Often**	**Somewhat**	**Varied**	**Almost none**	**Almost none**
Variations between fields of social service: Citizen-user participation in external structures that monitor inclusion and rights is not present in disability and mental health fields.					

Organisational analysis: structures for responsiveness in individual social services						
Do social services have advisory groups or assemblies of service users?	Are there any one-off participatory or consultative events to develop social services?	Do user-led social services exist?	Are service users represented on main boards of individual social services?	Do social services employ people with lived experience as staff (peer workers)?	Are there any publicly advertised complaints processes?	Is feedback from service users published?
Varied	**Almost none**	**Almost none**	**Almost none**	**Almost none**	**Somewhat**	**Almost none**
Variations between fields of social service: No advisory groups could be found in child protection.						

Portugal

Table 14: Legal and policy frameworks for social service responsiveness in Portugal

Legal frameworks (laws)					
Were participatory mechanisms used to develop the laws on social services?	Is user participation in designing social services mandated in the law?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Does the law allocate finances and resources to support participation of users?
Varied	**Somewhat**	**Varied**	**Varied**	**Limited**	**Varied**
Variations between fields of social service: **There are big differences between the target areas. While youth at-risk related laws often allocate finances and make participatory monitoring mandatory, mental health laws are more often developed in a participatory manner and sometimes (such as laws about disability) give users explicit roles in decision-making.** Child protection laws do not cover such dimensions.					

Policy frameworks (mandatory or recommended policy guidance)					
Were participatory mechanisms used to develop the policy?	Must services publish feedback from service users?	Are service users given an explicit role in making decisions about social services?	Does the policy make participation in monitoring social services mandatory?	Must services report on how they use feedback from service users?	Does the policy recognize that resources are needed to support service user participation?
Varied	**Limited**	**Somewhat**	**Somewhat**	**Almost none**	**Varied**
Variations between fields of social service: **Policies on child protection and youth at-risk recognize the importance of resources for participation and were created by participatory mechanisms more frequently.**					

Table 15: **Organisational structures for responsiveness in social services in Portugal**

<table>
<tr><th colspan="6">Organisational analysis: responsiveness in sector-wide structures</th></tr>
<tr><td>Are there associations and networks of service users (national, regional or local)?</td><td>Are citizen-users represented in advisory boards and working groups for social service development?</td><td>Do citizen councils or assemblies for the group involved in the target services exist?</td><td>Is citizen-user participation anchored in external structures that monitor inclusion and human rights?</td><td>Do citizens-users participate in agencies that monitor quality in social services?</td><td>Is citizen-user participation present in associations of social service directors or practitioners?</td></tr>
<tr><td>Often</td><td>Varied</td><td>Varied</td><td>Varied</td><td>Varied</td><td>Varied</td></tr>
<tr><td colspan="6">Variations between fields of social service: On the one hand, young people at risk are neither represented in advisory groups nor (such as child protection users) in external structures or social service directors. On the other hand, it looks like that for citizens who use disability services no participation structure in citizen councils or quality evaluations is existent.</td></tr>
</table>

<table>
<tr><th colspan="7">Organisational analysis: structures for responsiveness in individual social services</th></tr>
<tr><td>Do social services have advisory groups or assemblies of service users?</td><td>Are there any one-off participatory or consultative events to develop social services?</td><td>Do user-led social services exist?</td><td>Are service users represented on main boards of individual social services?</td><td>Do social services employ people with lived experience as staff (peer workers)?</td><td>Are there any publicly advertised complaints processes?</td><td>Is feedback from service users published?</td></tr>
<tr><td>Often</td><td>Often</td><td>Varied</td><td>Varied</td><td>Varied</td><td>Varied</td><td>Varied</td></tr>
<tr><td colspan="7">Variations between fields of social service: In services for youth-at-risk and child protection, there seems to be a lack of publicly advertised complaint processes and published feedback. Moreover, only in the field of mental health examples of user-led services and user representation on main boards could be found. However, it seems like hired peer workers are only present in services for young people at risk of exclusion.</td></tr>
</table>

Poland

Table 16: Legal and policy frameworks for social service responsiveness in Poland

Legal frameworks (laws)					
Were participatory mechanisms used to develop the laws on social services?	Is user participation in designing social services mandated in the law?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Does the law allocate finances and resources to support participation of users?
Somewhat	**Limited**	**Limited**	**Almost none**	**Almost none**	**Almost none**
Variations between fields of social service: Only disability laws partially give users an explicit role in decision making.					
Policy frameworks (mandatory or recommended policy guidance)					
Were participatory mechanisms used to develop the policy?	Must services publish feedback from service users?	Are service users given an explicit role in making decisions about social services?	Does the policy make participation in monitoring social services mandatory?	Must services report on how they use feedback from service users?	Does the policy recognize that resources are needed to support service user participation?
Varied	**Almost none**	**Limited**	**Almost none**	**Almost none**	**Limited**
Variations between fields of social service: Participatory mechanisms were somewhat used in developing policies but not in child protection.					

Table 17: **Organisational structures for responsiveness in social services in Poland**

<table>
<tr><th colspan="6">Organisational analysis: responsiveness in <u>sector-wide</u> structures</th></tr>
<tr><td>Are there associations and networks of service users (national, regional or local)?</td><td>Are citizen-users represented in advisory boards and working groups for social service development?</td><td>Do citizen councils or assemblies for the group involved in the target services exist?</td><td>Is citizen-user participation anchored in external structures that monitor inclusion and human rights?</td><td>Do citizens-users participate in agencies that monitor quality in social services?</td><td>Is citizen-user participation present in associations of social service directors or practitioners?</td></tr>
<tr><td>Often</td><td>Limited</td><td>Almost none</td><td>Almost none</td><td>Limited</td><td>Almost none</td></tr>
<tr><td colspan="6"><u>Variations between fields of social service</u>: Advisory boards, citizen councils and participatory monitoring structures of inclusion and human rights are not only present for each target group but also on a general level.</td></tr>
</table>

<table>
<tr><th colspan="7">Organisational analysis: structures for responsiveness in <u>individual</u> social services</th></tr>
<tr><td>Do social services have advisory groups or assemblies of service users?</td><td>Are there any one-off participatory or consultative events to develop social services?</td><td>Do user-led social services exist?</td><td>Are service users represented on main boards of individual social services?</td><td>Do social services employ people with lived experience as staff (peer workers)?</td><td>Are there any publicly advertised complaints processes?</td><td>Is feedback from service users published?</td></tr>
<tr><td>Varied</td><td>Often</td><td>Somewhat</td><td>Varied</td><td>Often</td><td>Almost none</td><td>Varied</td></tr>
<tr><td colspan="7"><u>Variations between fields of social service</u>: Advisory groups could only be found for child protection and youth at risk, while information about service users on main boards or user feedback is only available in disability and child protection services.</td></tr>
</table>

Table 18: Overview: legal frameworks for social service responsiveness in six European countries

Country	***Legal frameworks (laws)***						
	Were participatory mechanisms used to develop the laws on social services?	Is user participation in designing social services mandated in the law?	Are service users given an explicit role in making decisions about social services?	Is service user participation in monitoring social services mandatory?	Must social services report on how they use feedback from users?	Does the law allocate finances and resources to support participation of users?	**Overall assessment of legal framework for responsiveness in the country**
Austria	Varied	Often	Limited	Almost none	Almost none	Limited	Laws outline some opportunities for user input in developing laws and services (especially in disability and mental health fields), but there are few legal requirements for participation in the functioning of services and responses by social services.
France	Almost none	Somewhat	Somewhat	Varied	Almost none	Almost none	Generally limited legal basis for social services that are responsive to citizen perspectives, but some requirements for involvement in developing social services and decision-making.
Romania	Often	Varied	Almost none	Almost none	Almost none	Almost none	Very limited legal requirements for social services to be responsive to users
Denmark	Somewhat	Somewhat	Limited	Somewhat	Almost none	Almost none	National laws devolve considerable autonomy in running social services to local municipalities and thus do not outline obligations about user participation.
Portugal	Varied	Somewhat	Varied	Varied	Limited	Varied	Some elements of responsiveness within legal frameworks, but with high variation by law and type of social service
Poland	Somewhat	Limited	Limited	Almost none	Almost none	Almost none	Very limited legal requirements for social services to be responsive to users
Cross-country	**Varied**	**Somewhat**	**Limited**	**Varied**	**Almost none**	**Almost none**	
Analysis of dimension of responsiveness	**Mixed picture. User input in news laws on social services is rarely dedicated and generally falls under stakeholder consultation.**	**Legal frameworks show some recognition of participation in designing social services, but never to a high level**	**Very limited legal requirement for people using social services to take part in decision-making processes**	**Varied and never comprehensive legal requirements to include citizens in the monitoring of social services**	**Almost no legal requirements on social services to report and respond to feedback from users**	**Almost no legal requirements to allocate resources for user participation in social services**	**Legal frameworks for citizen participation and responsive social services are poorly developed. Laws are clearer about user participation in the design of laws and services rather than implementation and evaluation of social services.**

Table 19: Overview: policy frameworks for social service responsiveness in six European countries

Country	***Policy frameworks (mandatory or recommended policy guidance)***						
	Were participatory mechanisms used to develop the policy?	Must services publish feedback from service users?	Are service users given an explicit role in making decisions about social services?	Does the policy make participation in monitoring social services mandatory?	Must services report on how they use feedback from service users?	Does the policy recognize that resources are needed to support service user participation?	**Overall assessment of policy framework for responsiveness in the country**
Austria	Varied	Almost none	Somewhat	Almost none	Almost none	Often	Policy frameworks show some recognition of user participation, especially in disability and mental health services, but give few signals to encourage and be transparent about user feedback.
France	Often	Somewhat	Almost none	Somewhat	Somewhat	Somewhat	Policy frameworks partially recognise many elements of responsiveness, but need to be consolidated. However, users are not given a decision-making role, reducing user input to mere consultation.
Romania	Limited	Almost none	Varied	Almost none	Almost none	Almost none	Very limited policy framework for social services to be responsive to input and ideas from citizens who use them.
Denmark	Limited	Almost none	Almost none	Almost none	Almost none	Varied	National policy frameworks devolve considerable autonomy in running social services to local municipalities and thus do not outline obligations about user participation.
Portugal	Varied	Limited	Somewhat	Somewhat	Almost none	Varied	Policy frameworks partially recognise some elements of responsiveness, but need to be strengthened.
Poland	Varied	Almost none	Limited	Almost none	Almost none	Limited	Very limited policy framework for social services to be responsive to input and ideas from citizens who use them.
Cross-country	**Varied**	**Almost none**	**Limited**	**Limited**	**Almost none**	**Varied**	
Analysis of dimensions of responsiveness	**Mixed picture. User participation in policies about social services generally falls under stakeholder consultation.**	**Almost no policy obligations on social services to be transparent about feedback from people using them**	**Very patchy policy frameworks for including people who use social services in decision-making processes**	**Limited to non-existent policy frameworks to include people who use social services in monitoring processes.**	**Policy guidelines almost never expect social services to report on how they use feedback from people using them.**	**Very mixed and never strong recognition in policy documents that user participation should be supported by resources.**	**No country has a clear policy framework encompassing all elements for social services to be responsive to citizen voice. There tends to be more recognition of participatory input to develop policies and need to provide resources for user involvement, but even these are not frequent.**

Table 20: Overview of sector-level structures for responsiveness in social services in six EU countries

Country	***Organisational analysis: responsiveness in sector-wide structures***						
	Are there associations and networks of service users (national, regional or local)?	Are citizen-users represented in advisory boards and working groups for social service development?	Do citizen councils or assemblies for the group involved in the target services exist?	Is citizen-user participation anchored in external structures that monitor inclusion and human rights?	Do citizens-users participate in agencies that monitor quality in social services?	Is citizen-user participation present in associations of social service directors or practitioners?	**Overall country assessment of sector-level structures for citizen participation in social services**
Austria	Somewhat	Somewhat	Varied	Varied	Almost none	Limited	Varied
France	Often	Varied	Somewhat	Somewhat	Limited	Almost none	Some
Romania	Often	Varied	Almost none	Varied	Limited	Almost none	Limited
Denmark	Somewhat	Often	Somewhat	Varied	Almost none	Almost none	Some
Portugal	Often	Varied	Varied	Varied	Varied	Varied	Varied
Poland	Often	Limited	Almost none	Almost none	Limited	Almost none	Limited
Across the six countries	**Often**	**Varied**	**Varied**	**Varied**	**Limited**	**Almost none**	
Analysis of dimension of responsiveness	**Range of self-help and advocacy groups led by people using social services, most strongly around disability and mental health, less so in child protection**	**Some practice to include people using social services (or representatives of their organisations) in sector-level advisory boards.**	**Very mixed practice in using citizen assemblies in the social sector.**	**Varying practice within human rights bodies and ombudspeople to include people with lived experience**	**Rare to see people using social services involved in work of monitoring agencies**	**Very limited practice for associations of social work professionals or directors to include people using social services.**	**Very mixed picture. Citizen participation is especially limited in official structures in the social sector (quality assurance, human rights, professional associations).**