

Review Article

Involvement of Lay Assessors in the Inspection and Regulation of Public Services: A Systematic Review

Deborah Chinn ¹, Katy Brickley ¹ and Andrew Power ²

¹Faculty of Nursing, Midwifery and Palliative Care, King's College London, 57 Waterloo Road, London SE1 8WA, UK

²School of Geography and Environmental Science, University of Southampton, University Road, Southampton SO17 1BJ, UK

Correspondence should be addressed to Deborah Chinn; deborah.chinn@kcl.ac.uk

Received 21 April 2023; Revised 18 October 2023; Accepted 23 February 2024; Published 12 April 2024

Academic Editor: Helen Skouteris

Copyright © 2024 Deborah Chinn et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Public services have increasingly sought to use lay assessors (often known as “experts by experience”) as members of inspection teams in health, social care, and education settings. This involvement has been credited as giving more influence to users over how services ought to run. Yet, little is known about the process or outcome of engaging with lay assessors. We conducted a systematic review to understand the benefits and challenges of involving lay assessors in the inspection of public services. Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, we searched the literature in English using five bibliographic databases with the date of publication limited to 2000 onward. Across 27 eligible studies, results suggest that including diverse views and perspectives is a strength, yet little consideration is given to issues of “representativeness” of lay assessors or the power differentials within mixed groups that can shape which perspectives gain dominance. Despite a frequent rehearsal of the many benefits of involving lay assessors in inspections as a potential force to drive up the quality of inspections and inspected services, the impact of including lay assessors in inspections in terms of improving services was hard to determine. When designing training for lay assessors, services needed to carefully consider the tension between maintaining the assessor’s “naive eye” versus becoming “professionalised.” It was also apparent that expectations are often not clearly shared over how lay perspectives could be included in final inspection reports, thus risking disengagement. Involving lay assessors is still a fairly novel, yet rich and meaningful way to improve services, yet a lack of clear expectations, and typical exclusion of lay assessors in setting standards for regulation, can still act as barriers to meaningful involvement, preventing lay views from being heard and acted upon.

1. Introduction

In 2001, in this journal, Kerrison and Pollock bemoaned the absence of service users’ voices in the inspection and regulation of public services [1]. Over twenty years later, citizens and people who share key characteristics with actual beneficiaries of services are increasingly invited into processes of quality control undertaken by service providers themselves or external regulatory bodies. This development is part of what has been called the participatory turn in public administration [2] and a wider trend in policy and practice towards coproduction in the delivery and evaluation of services [3]. Coproduction is an umbrella term for involving service users in different roles and processes in the

provision and governance of public services, which Loeffler and Bovaird [4, 5] have identified as cocommissioning, codesign, codelivery, and coassessment of services. Of these processes, coassessment has received the least attention from researchers interested in coproduction.

Simply accessing the service user voice—inviting service users to comment on the services they receive—is only one aspect of coassessment. Coassessment can involve citizens in key elements of inspection and regulation of services, working alongside paid assessors to evaluate the delivery of public services. McKenna [6] arranges these elements in a “wheel of coassessment,” an iterative cycle of *cofocusing* (identifying what needs to be assessed), *codirecting* (setting quality standards), *codetecting* (gathering data on providers’

performance), *cojudging* (deciding how well provision meets agreed benchmarks), and *coeffecting* (bringing about positive change in services) [6].

These are the sorts of activities, with or without the coelement, that are undertaken by bodies engaged in national and local regulation and inspection of health, education, and social care services across the Economic North, such as the Office for Standards in Education (Ofsted), the Care Quality Commission (CQC) in the UK, the Australian Commission on Safety and Quality in Health Care (ACSQHC), and the Centres for Medicare and Medicaid (CMS) in the US. The expansion of the regulatory landscape has been driven by a range of intersecting factors including increased scrutiny and publicity of adverse events in public services, the proliferation and diversification of private-sector providers, and diminishing trust in professional expertise [7].

The participatory turn in public administration and expanding regulatory regimes is the background for the expansion of roles for nonprofessional citizens in coassessment, working together with service providers involved in self-evaluation, or with established inspection and regulation agencies. Citizen inspectors have been given different names and titles over the years: “lay assessors,” “service users,” “mystery shoppers,” “quality checkers,” and more commonly these days “experts by experience.” These terms suggest different subject positions for citizens to occupy which shape particular relationships between those who commission and provide public services and those who use them.

The layperson exists in binary opposition to the expert and ideally is brought in as a corrective to entrenched professional assumptions. They might or might not have experience of service use but are assumed to possess attributes of common sense and a sense of civic duty, in contrast to the implied vested interests of professionals [8]. The term “service user” was adopted as a neutral label by patient activists, though can be critiqued as reductionist, rendering all diverse and multiple identities that might be claimed by the individual as inconsequential, apart from their status as recipients of care and support with connotations of dependency [9]. Mystery shoppers go “undercover,” sampling the service being evaluated, with the surprise element presumably capturing genuine and unrehearsed service delivery [10]. Originating in the private retail sector, this term suggests a consumerist model of public service delivery [11] where the “customer is always right.”

The role of quality checker has been created in the UK for individuals from service user groups who often experience inequities and discrimination in their use of services including disabled people, people with mental health needs, and carers. Quality checkers are paid by service providers, commissioners, and managers of health and social care services and often focus on how services ensure the inclusion of marginalized groups [12]. Experts by experience can be seen as occupying a complementary position with professionals, having access to specialist knowledge derived from their lived experience of using services. However, the nature of this knowledge, who can lay claim to it and its place

in decision-making, is often only vaguely specified [13]. In contrast to professional knowledge which is assumed to be derived from theory and professional practice, the knowledge brought by experts by experience is necessary context-bound and embodied [14], so it can be hard to translate into official discourse, which tends to claim universality and neutrality [15].

The foregoing discussion makes it clear that different terms for citizens engaged in the inspection and regulation of services and the identities these suggest have been shaped by specific institutional contexts. Nevertheless, for the purposes of this review, after some discussion, we have chosen the term “lay assessor.” This term has perhaps fallen somewhat out of fashion since Mordaunt explored it in 1998 [8]. However, the term covers a range of citizens who might or might not have personally experienced conditions or services and who have in common a “lay”/nonprofessional identity.

Our aim, therefore, was to systematically search for and synthesize findings from published accounts of involving lay assessors in the inspection of public services to address the following research question: What are the benefits and challenges in involving lay assessors in the inspection and regulation of public services? This is the first review of its kind and will have the potential to inform future policy and practice in the fields of service inspection and regulation.

2. Methods

2.1. Study Selection. The review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [16] drawing on information sources written in English. The review was registered with the PROSPERO international register of systematic reviews of health-related literature (ID CRD42021268134). The review aimed to gain insight into how nonprofessionals are involved in the inspection or checking of health, social care, and education services anywhere in the world. To reflect more contemporary practices in inspection and regulation, we included information sources from 2000 onward, involving adults, children, and young people. We excluded information sources that involved citizens inspecting or regulating any other services (e.g., retail, hospitality, and IT) or taking part in other activities, for example, policy formation, research, service codesign, and general reflections or feedback on services. We included peer-reviewed articles, “grey literature” and reports, empirical articles, think pieces, and editorials, and both qualitative and quantitative studies relevant to the research questions.

2.2. Information Sources. We searched the following bibliographic databases covering research and practice in health, social care, and education: Medline, PsychINFO, Social Policy and Practice, Social Services Abstracts, and ERIC. The following grey literature sources were also searched using the same key words: Social Care Institute for Excellence (SCIE), Community Care Journal, and the King’s Fund, with all results being reviewed. The process of

searching was iterative, with a final update run in February 2023. We also included hand-searched articles meeting the inclusion criteria identified, carrying out forward and backward hand searching using reference lists and citations from relevant sources. In eight instances, we were unable to access the literature, in some cases because of websites being removed. Although we contacted the authors, we were unsuccessful in obtaining copies.

2.3. Search Strategy. To support the identification of search terms, we used the PICO [17] framework (population, intervention, comparison, and outcome) designed for healthcare research (Table 1). We chose to omit the comparison element as not relevant to this review (for discussion see [18]).

2.4. Selection Process. We used Covidence [19] to manage all information sources to ensure ease of communication between research team members. One reviewer (KB) screened imported information sources' titles and abstracts for eligibility. The full text of all included information sources was then assessed independently by DC. Any conflicts of opinion over the inclusion of information sources were discussed and resolved by reference to the research questions. The selection process is represented in Figure 1.

2.5. Data Extraction and Analysis. We jointly devised a data extraction form and independently extracted key data (authors, dates, terminology, aims, design, participants, design, findings, recommendations, and limitations) from each of the information sources (see Table 2). We used thematic synthesis [46] to synthesize findings, involving line-by-line coding using qualitative data analysis software NVivo 1.6. (QSR, 2022) and generation of descriptive and analytic themes.

2.6. Quality Appraisal. The CASP [47] for qualitative studies was used to evaluate the quality of the information sources with an empirical research component that had been peer reviewed (see Table 3). Overall, there was great variation in the clarity, detail, and adherence to research quality standards, particularly as some of the sources were not written for academic audiences. Generally, detail was lacking regarding methods of recruitment, methods of data analysis and synthesis, and consideration of the positioning of the authors, and researcher reflexivity was largely absent. Nevertheless, no sources were rejected because of poor quality as all contained insights relevant to the review research question from a valuable range of perspectives. In mixed methods studies, we evaluated only the qualitative elements due to our focus on the rich detail of involving lay assessors in inspection and regulation, and the goal of understanding different participants' perspectives.

3. Results

3.1. Description of Papers Included in the Review. Twenty-seven papers were included in the final data extraction and analysis.

The majority (19) of papers were from the UK, 4 were from the Netherlands, and 3 were from Ireland. Two studies had contributors from many countries.

Most of the papers reported or commented on national, centrally managed inspection programmes, but we also included reports of single services undergoing self-evaluation or quality improvement where lay assessors helped to conduct these processes (see Table 2).

There were two overarching themes suggested by our research question, namely, the benefits and challenges of involving lay assessors in inspection and regulation. We added a third theme generated through inductive coding—Who are the Lay Assessors?

3.2. Theme 1. Who are the Lay assessors?

Here, we consider and critically review findings relating to the reported identities of the lay assessors and the methods used for their recruitment. The findings in this section reflect the ambiguity and lack of clarity regarding the key attributes of lay assessors, discussed at some length by Scourfield [38]. We found considerable variation in our reviewed documents relating to the approaches adopted for the recruitment of lay assessors and lack of detail about who exactly was included in the inspection programmes described. We suggest a framework for understanding assessors' identities across intersecting dimension of "layness" and "familiarity" with compromises evident where those with a convincingly "lay" or nonprofessional/community member identity might present as less convincingly "familiar" with the particular setting being evaluated and vice versa. A cross-cutting dimension relates to how "representative" the lay assessor might be of the wider group with whom they share an identity (Figure 2).

In some studies, both nonprofessional identity and lived experience as someone who has drawn on the service under scrutiny were prioritized. Hibbert's [30] report of local authority inspections of services for children and young people involved young people with care experiences themselves. Similarly, in Robertson [44], social housing lay inspections were conducted by tenants. Lay assessors saw their shared identity with service users as a strength, though Hibbert [30] mentioned that inspecting can be emotionally challenging for lay inspectors who have had bad experiences of care themselves. However, insisting on lived experience can very much narrow the field of potential lay assessors. It can be a challenge for instance to find individuals with lived experience of high support environments who are also able to take part in the inspection process [42]. Using the "mystery shopper" approach extends opportunities for

TABLE 1: Search terms.

Population	Service user* or service-user*, resident*, patient*, consumer*, student*, pupil*, carer* or parent*, expert by experience or expert-by-experience
Intervention	Inspection or inspector*, quality check*, self-evaluation, lay assessor, mystery shopp*, or mystery guest*
Outcome	Report, feedback, rating, certification, regulation, registration, supervision, or quality control

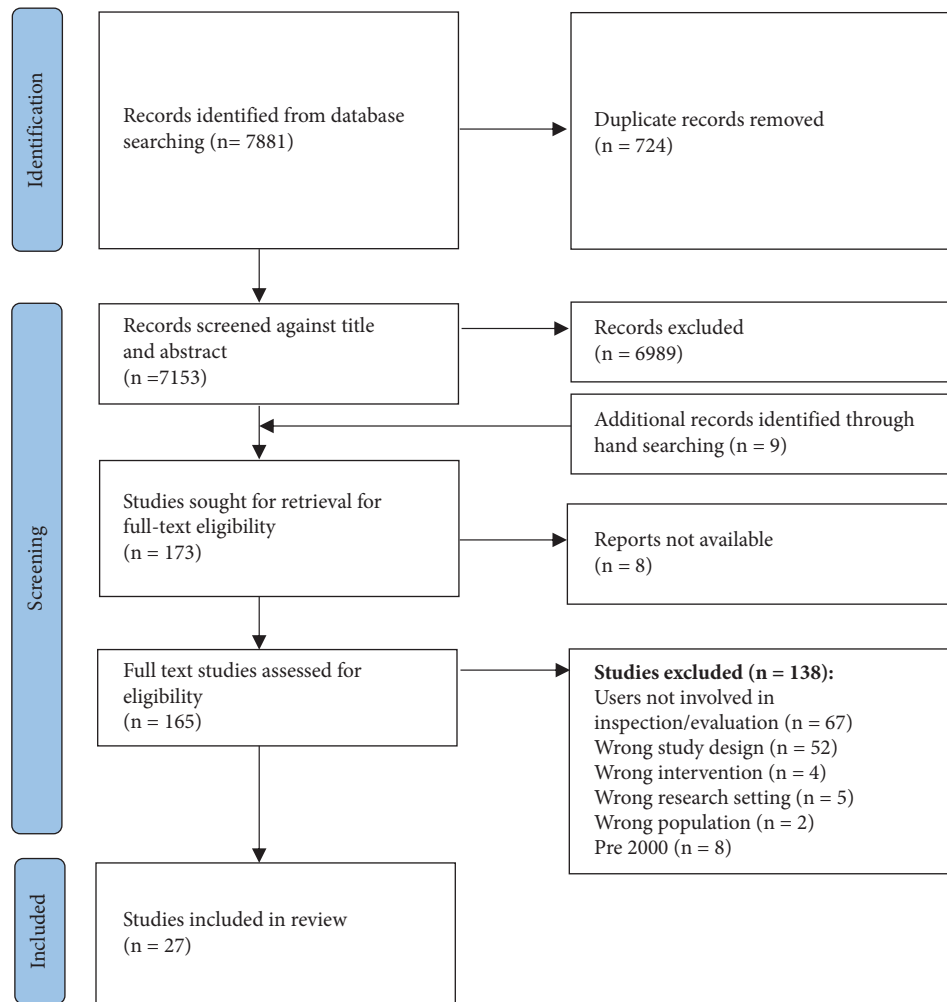


FIGURE 1: PRISMA flowchart. From: [50].

evaluation to people who appear identical to “real” service users, though not necessarily having previous personal experience of service use [10, 20].

In a number of other programmes, the lay assessor group was heterogenous in terms of familiarity with the setting under review, including those who, because of personal characteristics, might be more likely to access those services in the future (for instance, older adults in Unwin and Leverett [36] or young LGBT people in Baraitser et al. [20]). Mixed groups might also include relatives of those who call on services and members of the “general public.” Individuals

whose familiarity with a service setting derives from their professional experience within these settings might also join with lay assessors in mixed groups [28].

Unwin and Leverett [36] celebrate this heterogeneity as a strength, in that diverse views and perspectives are included. However, little consideration is given to the power differentials that can arise within mixed groups that can result in some perspectives gaining dominance. This may be a particular concern when those from a lived experience background are in a disempowered minority [36, 40, 42, 45]. However, the respective numbers of lay assessors from

TABLE 2: Summary of included studies.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Baraitser et al. [20], UK	To test the feasibility of professional patients as a tool for sexual health service evaluation	Quantitative and qualitative evaluation of mystery shopping sexual health services	40 professional patients (PPs): 16 male, 24 female, average age 26.5 (16–50+) 9 white British; 7 not stated, 24 BAME (Black & minority ethnicity)	(i) Using PPs can be a useful method for inspecting sexual health services and providing information to providers with little staff resistance (ii) Interviews with PPs gave more detailed and specific data than questionnaires (iii) PPs adopted different approaches: some tried to see services from the perspective of other patients, while others recorded their own feelings	(i) Ethical issues around staff spending time with PPs rather than genuine patients (ii) Possible negative effect of poor healthcare experienced by PPs (iii) Breakdown of trust between health professionals and those conducting the research due to deception involved in mystery- shopping
Health and Social Care Regulatory Forum [21]; Ireland	To propose a framework for involving service users and the public in the work of health and social care regulatory bodies in Ireland	Overview of current good practice in Ireland UK, Australia and New Zealand, USA, Canada, Sweden, Finland, Denmark, and The Netherlands	N/A	(i) Varying levels of public involvement and empowerment across different states (ii) Framework for public and service user involvement in regulation proposed from level 1 (inform or educate) to level 5 (partner)	None mentioned
Adams et al. [10]; The Netherlands	To examine the use of “mystery guests” as a method of monitoring quality and safety in elderly care	Qualitative research and policy document analysis and analysis of 38 completed reviews; semistructured interviews	23 participants including IGZ inspectors, inspection officials in other sectors, regulatory inspectors, experienced mystery guests	(i) Lack of clarity regarding expectations and rationale for mystery guest visits (ii) Mystery guests had the potential to get a detailed view of everyday practice (iii) Mystery guests noted “softer” aspects of care, lack of access to back office features (iv) Hard to integrate mystery guests’ findings into final reports	None detailed

Service area: health

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Adams et al. [22]; The Netherlands	To examine political expectations for increasing citizen participation in healthcare regulation and explore how these compare to regulators' expectations and experiences	Qualitative document and web analysis, focus groups, and interviews	Employees of IGZ (Dutch health inspectorate), inspectors from the policy sectors, and organisations such as the Dutch patient and consumer federation (NPCF). 32 participants in focus groups; 19 semistructured (face-to-face) interviews	(i) Barriers to participation included: lack of understanding of different participatory strategies; surface-level involvement; individuals expecting response to personal complaints; lack of respect from care professionals; lack of understanding about role and training required	None detailed
Boyd et al. [23]; UK	To understand how inspection team members work together to conduct surveys of hospitals, the challenges teams may face, and how these challenges might be addressed	Qualitative study: interviews and survey	Interviews with 18 key national organisation stakeholders, 35 inspection team members, 25 hospital staff Survey (with free text) of 369 team members from inspections of 19 organisations and 698 managers from inspected organisations	(i) Challenges included: the temporary nature of teams hindering activities; tensions between team members; team leader regarding experts by experience as opinionated; the perception that users are not represented in the final report (ii) Existing processes of recruitment and selection, training, and preparation, and to some extent leadership, did not lend themselves to addressing the challenges arising from the temporary nature of the teams	Data collection is not designed for temporary teams Leadership insights are drawn from observations only CQC processes changed shortly after the pilot with more robust recruitment and training Better evaluation of team performance advised
Marsden et al. [24]; UK	To explore what constitutes effective regulation in health and social care	Identified 42 publications via an iterative approach to finding the most appropriate publications	N/A	(i) Inspection and regulation can improve standards, but challenges include: not enough service user participation in the development and delivery of regulatory activities; user value downplayed; disagreement over definitions of quality	Language and practice of regulation varies by context, sector, and country and therefore meaning of terms may differ No exclusion criteria meant papers reviewed with a range of rigour, validity, and generalisability

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Wiig et al. [25], Norway, England, the Netherlands, and Australia	A systematic analysis of how patient and family involvement in regulation is accomplished across different health systems, mapping user involvement strategies	Multiple case studies	N/A	(i) Benefits included: Improving regulatory work; providing additional information source; fresh perspective; focus on softer aspects of car, legitimising regulation (ii) Barriers included: organisational procedures hinder involvement; incorporating user input into reports; user input undervalued; tokenism; lack of user interest; lack of diversity; user professionalization; costs and time; "hard to reach" groups	Involvement methods can be used without being published or identified as regulatory practice Hard to determine whether the diversity of methods was due to country characteristics, regulatory regimes, or other factors
<i>Service area: education</i>					
Hustler and Goodwin [23]; UK	Examining head teachers' views on lay inspectors within OFSTED inspections	Qualitative research	20 secondary and 25 primary head teachers	(i) Heads questioned the need for lay assessors and did not take them seriously, concerned with "deprofessionalisation" (lack of experience with children and education) (ii) Secondary heads regarded assessors as "safe," examining marginalized areas, not "at the heart" of teaching	None noted
Brown et al. [24]; Ireland	To explore the extent to which efforts to involve parents and students in school self-evaluation (SSE) in Ireland are developing in practice	National online survey of postprimary school principals Semistructured interviews with a range of stakeholders	164 principals responded to survey Interviews with 12 principals and deputy principals, 34 teachers, 20 parents and 43 students	(i) Principals mainly valued parents and teacher involvement in SSE as informants (ii) Principals felt barriers to involvement included a lack of commitment, knowledge, skills, and experience among parents and students (iii) Staff, parents, and students were concerned with time constraints	Schools may have failed to document how policies were developed

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
O'Brien et al. [28]; Ireland	To document an approach to student involvement in school self-evaluation (SSE) in Irish postprimary school	Qualitative case study, interviews	5 students aged 16-17, 4 members of school staff	(i) Barriers included: Lack of clarity over the role; student concern over speaking openly in front of teachers; more resources needed to engage students as coresearchers than as data sources (ii) Students felt respected/gained skills but were concerned that the impact of involvement was not clear (iii) Positive impact on wider staff team: raised awareness of SSE	None noted
<i>Service area: social care</i>					
Valios [29]; UK	To comment on the use of lay assessors in social care settings	Online opinion piece (blog); Reviews social care leaders' opinions of the use of lay assessors in social care settings in the UK	NA	(i) Lay assessors are less intimidating than inspectors and can help gather more evidence of strengths/weaknesses (ii) Service users can be scared to criticise due to repercussions (iii) Lay assessors not treated as equal participants: not trained, respected, recompensed for time/expenses, tokenistic (iv) Not all service users can communicate their concerns; need for other strategies, e.g., comment cards	None noted
Hibbert [30]; UK	To compile learning from the listening and responding component of social services inspectorate inspections of local authority children's services involving care-experienced young people in inspection teams	Report from feedback workshops with inspection team members	Listening and responding teams that took part in 19 children's services inspections in England in 2001 14 adult inspectors from associated voluntary sector organisations and 12 care-experienced young people	(i) Team members felt more training was needed (ii) Young inspectors found briefing sessions hard to follow (iii) Children and young people receiving services opened up more to young inspectors (iv) Not enough time for discussion and reflection (v) Some young inspectors found experience triggering	None noted

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Commission (NCSC) [31], UK	To clarify characteristics, activities, contributions, and financial costs of lay assessors in social care inspections	Postal survey and qualitative interviews	Survey of 45 NCSC area managers A national survey of 360 stakeholders—inspectors, lay assessors, and service providers Interviews with 18 service users (older people and people with learning disabilities) Feedback from regional workshops	(i) Use of lay assessors by NCSC not routine (ii) Lay assessors are predominantly white, female, and over 50 (iii) Some mixed views, but in general contribution of lay assessors is seen as positive; they bring independence, impartiality, and informality (iv) More reservations among service providers and inspectors (v) Need for lay assessors to have clear roles, training, ongoing communication, and support	Only 63% of NCSC area managers responded to the survey Lay assessors conducted interviews with service users at the end of the inspection, danger of bias Information on financial costs was limited
Wright [32]; UK	To explore the role of lay assessors in the inspection process of care homes in England and Wales	(1) Postal survey about policies/practices regarding lay assessors (2) Semi-structured interviews with participants in 13 care homes for older people and 5 for adults with learning disabilities)	21 survey respondents, all administrators of local registration and inspection units 73 interview participants: 14 residents, 13 lay assessors (9 women and 4 men), 13 inspectors, 13 care home managers, 20 care staff	(i) Survey showed variation in nature of lay assessor involvement, issue with representativeness (ii) Inspectors had little time to talk to residents/staff so valued lay assessors for this role. Lay assessors saw this as a key difference and considered themselves more approachable (iii) Confusion over roles, and difficult to explain to service users (iv) Some lay assessors had done 60 inspections—question over “layness” (v) Variation in who contributed to reports: lay assessors felt they did not get feedback on their input	Communication barriers made interviewing people with autism and dementia challenging

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Smith and Hasler [33]; UK	To report on the involvement of people with learning difficulties in the inspection of registered care homes	Descriptive article	4 people with learning difficulties supported to work with inspectors in 45 registered care homes	(i) Care home residents felt understood (ii) Experts by experience valued; gained new skills and experience yet frustrated by limited role. Support needed to deal with these emotions (iii) Experts by experience critical of the minimum standards; did not have enough time to get to know people who did not speak	None stated
Weinstein [34]; UK	To compare the process and outcomes of two approaches to engaging mental health service users in the quality assurance (QA) evaluation of a mental health day centre	Document analysis including service user questionnaires collected in two reviews. During the second review service users were involved in an inclusive process in the stakeholder steering group, designed a questionnaire and agreed on an action plan on receipt of the findings	The day centre is attended by 15 clients per day with severe and enduring mental health issues. Overall membership is between 70 and 90. Most members aged 40–60	(i) Top-down QA inspection had less ownership from service users and staff. Response rate was 28%. Staff was minimally involved; users were only involved via questionnaires and 5 spoke to QA volunteers. Took 6 weeks. The outcome was to report to the board that “services met standards” (ii) Second collaborative review: focused on different priorities and developed a new approach to getting users’ views; 73% response rate. Took 5 months (iii) Joint implementation plan developed by staff and service users	The author identified being involved with the project; she could not claim to be objective Significant time gap between data collection and write-up stages

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Simmill-Binning et al. [35]; UK	To examine the reasons for the involvement of lay assessors and perceptions of the effectiveness of lay assessors in specific regulatory functions	Qualitative study: group interviews with assessors and stakeholder organisation, questionnaires for inspectors and lay assessors, follow-up telephone interviews; interviews with lay visitor providers and CSCI's lay assessor forum members	45 lay assessors plus prospective lay assessors. 65 questionnaires were sent out. 20 inspectors took part	(i) Lack of agreement and call for clearer guidance on roles and responsibilities (ii) LAs saw themselves as putting service users at ease, seeing problems otherwise missed, asking important "naïve" questions (iii) Some inspectors said the lay view contradicted their findings due to lack of knowledge. LAs felt they were not heard in the inspection process/reports. Some felt it should be made clear if there were disagreements (iv) Call for training but debate over level and type (v) A need for diversity	A lack of time and resources limited the authors' strategy
Unwin and Leverett [36]; UK	To evaluate the "having your say" training course to develop peer visitors for older people's residential care homes	Evaluation of the training programme	Participants' ages ranged from 61 to 90.3 were residents of older people's homes; 2 tenants in sheltered housing, remainder lived independently	(i) Some peer visitors used offensive language, raising the issue of what training should be given (ii) Participants questioned role title. Alternatives were "inspector," "lay visitor," "volunteer visitor" (iii) Participants' mixed professional backgrounds meant some were intimidated by others	None stated
Care Quality Commission [37]; UK	Statement of commitment to involving people who use services in the work of the Care Quality Commission (CQC)	Policy document/charter	Consultation process involving local and national groups (no details available)	(i) Links between involving service users and the promotion of equality, diversity, and human rights (ii) Compliance with a legal framework (Health and Social Care Act) (iii) Commitment to including experts by experience in inspections as well as a wide variety of involvement activities (iv) Emphasis on partnering with existing groups	None stated

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Scourfield [38]; UK	To explore whether the choice of the word “expert” in the context of CQC lay assessors is appropriate and useful	Qualitative: critical reflection and discussion paper	NA	(i) Conceptual problems of the term “expert by experience” (ii) Experts by experience felt in a vulnerable position: one to be judged/scrutinised (iii) Author questioned’s role of experts by experience as appropriate to include service user perspectives	None noted
Care Quality Commission [39]; UK	To capture the views of experts by experience and professional advisors regarding their involvement in inspection. To determine how to improve the process and experience for future inspections	Service evaluation using interviews and a survey	58 participants inspecting 150 services and 14 inspectors	(i) All groups including inspectors felt the experience was positive, added value to inspections, and went beyond “tokenistic” - brought additional insights to inspections (ii) Experts by experience reported families “opened up” to them (inspectors agreed) (iii) Participants felt reports accurately reflected their input	Low response rate to the survey
National Development Team for Inclusion (NDTI) [40], UK	To evaluate the experiences of people with learning disabilities, family carers, and professional advisors as members of CQC inspection teams within the learning disability review	Group discussions at evaluation workshops and a questionnaire	16 self-advocates with learning disabilities 15 family carers 27 professional advisors	(i) Consensus that involvement of self-advocates and family carers added value to inspections (ii) Enabled more in-depth discussions (iii) Limited opportunities to advise services on how to improve their practices (iv) Structure of the feedback form and report format felt to be limiting (v) More preparation is needed, including team building and consideration of the most appropriate team to inspect each service (vi) Mixed views about value of training	None mentioned

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
Care Quality Commission [41]; UK	Details the CQC's testing of a range of methods for the inspection of home care services	Qualitative interviews and review of inspection types against regulations and key themes	Unclear	(i) Experts by experience felt their background helped them to know when to ask more detailed questions about particular topics	Lots of organisational change impacted on the success of the methodology and slowed down programme; the scale of study stretched resources; home visits and calls were time-consuming
De Graaff et al. [42]; Netherlands	To explore how to involve citizens to better use clients' perspectives on quality of care to improve regulatory work in the IG (Dutch Health and Youth Care Inspectorate). To evaluate a pilot involving experts by experience in inspections of elderly care homes	Qualitative research: organisational ethnography; document analysis; observations; 41 interviews including experts by experience, project team, inspectors, clients, board members, care home managers, other stakeholders	7 experts by experience (four men and three women)	(i) Professional epistemology dominated the way care information produced (ii) Experts by experience not involved in the design of interviews so views were structurally excluded (iii) Inspectors used experts by experience input to illustrate their own views (iv) Inspectors felt expert by experience information not valuable for safeguarding quality	Specific selection of active clients, and informal caregivers, and focus on reports and interviews rather than observations Ethical issues (anonymity), and how legal and institutional responsibilities limit participants to explore possibilities Lack of early involvement of clients in development of themes to use in their interviews
Richardson et al. [43]; UK	Inductive analysis of the role of service users and citizens in health and social care regulation. This includes how CQC involved people as experts by experience in inspecting and rating health and social care providers	Qualitative research: 6 geographical case studies including interviews with staff, and document analysis	61 interviews across acute care, mental health adult social care, and general practice with CQC staff and representatives of groups of service users and citizens, and voluntary sector organisations	(i) Experts by experience better able to elicit experiences from people due to greater insight (ii) Barriers included: the current transactional nature of the relationship; professional hierarchies make using lay findings difficult; lived experiences can colour contributions; experience not always relevant to the service; service users do not always want to talk to fellow service users; lack of feedback about inspection outcome	Sites were not varied; the study did not explore CQC's national public engagement work, e.g., state of care reports; interviewing individual members of public/service users could further aid understanding of engagement practices

TABLE 2: Continued.

Author/s and year, country	Aims	Design	Participants	Findings	Limitations (author identified)
<i>Service area: housing</i>					
Robertson [44], UK	To report on new certified training for tenant inspectors	Online opinion article reporting on a group of tenants completing a 14-week tenant inspector course	19 social housing tenants aged between 21 and 70 were trained	(i) Course trains prospective tenant inspectors: assessing void properties, refurbishments, joining scrutiny committees (ii) Useful to have a tenant perspective in inspections (iii) Development opportunity for tenant inspectors (iv) Good value for money	None noted
Dolbear [45]; UK	To outline the learning from the project using volunteers as lay assessors to improve the quality of life of older people in care homes	Qualitative case study	Volunteers aged 50+ from the retired senior volunteer's programme, with personal or professional experience in social care	(i) Managers overall found lay assessor role improves residents' quality of life (when suggestions were specific and practical) but sometimes their input failed to make changes (ii) Residents and families happy for independent people to hear views (iii) Challenges included: high staff turnover; establishing trust and respect; communication; not falling into institutional care home culture; keeping volunteers motivated	None noted

TABLE 3: CASP evaluations of peer-reviewed studies.

Quality criteria	Baraitser et al. [20]	Adams et al. [10]	Adams et al. [22]	Boyd et al. [23]	Wiig et al. [25]	Hustler and Goodwin [26]	Brown, et al. [27]	O'Brien et al. [28]	Wright [32]	Weinstein [34]	Simmill-Binning et al. [35]	Unwin and Leverett [36]	Scourfield [38]	De Graaf et al. [42]	Richardson et al. [43]	Dolbear [45]
Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is a qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the research design appropriate to address the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the recruitment strategy appropriate to the aims of the research?	Y	Y	U	U	Y	Y	U	Y	Y	Y	Y	Y	U	Y	Y	Y
Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	Y
Has the relationship between the researcher and participants been adequately considered?	Y	U	Y	Y	U	U	U	U	Y	U	Y	Y	Y	Y	U	U
Have ethical issues been taken into consideration?	Y	Y	U	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the data analysis sufficiently rigorous?	Y	U	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is there a clear statement of findings?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
How valuable is the research?	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V

Y = yes, U = unclear, V = valuable.

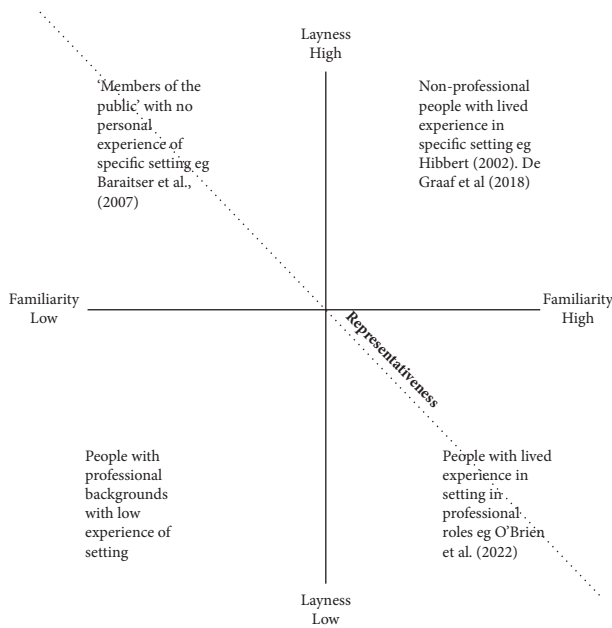


FIGURE 2: Dimensions of “layness,” familiarity, and representativeness.

different backgrounds were not always specified in the programmes reviewed here, suggesting a tendency to overlook important dynamics within the lay assessor groups.

The degree to which the lay assessors reflected key characteristics of the wider group they were meant to represent was linked to the recruitment methods used. In general, detail on recruitment methods was not always given and could appear quite opaque, even to the inspection teams involved [23]. In some cases, an open recruitment call was implied [45]. In other inspection programmes, lay assessors were recruited through contacts with existing networks or organisations providing services to user groups [30, 31, 36, 40]. In the school self-evaluation projects described by O’Brien et al. [28], students were able to self-nominate. These sorts of recruitment methods can mean that the more confident and articulate individuals take up lay assessor roles, or those with a particular “axe to grind” [23], or whose experience of services has been shaped through contact with a specific organisation [31, 43].

There were examples of recruitment methods that offered more equitable access to lay assessor roles. Weinstein [34] described how service user representatives were elected by others using the service. The tenant inspectors in Robertson [44] and the young inspectors described by Hibbert [30] underwent a process of shortlisting and interviews.

As some lay assessor roles are voluntary and unpaid [28, 35, 36, 42, 45, 31], this may exclude those with lower incomes. Simmill-Binning et al. [35] noted that the majority of the lay assessors in their study were white British men with professional backgrounds over the age of 60, and the National Care Standards Commission (NCSC) [31] report identified that the majority of their lay inspectors were from those same social and age groups, though most in their survey were women. Information on the ethnic and cultural

composition of lay assessors and the extent to which this reflects local populations was scant.

Wright [32] reflects that the make-up of lay assessor teams raised questions in their report about how representative lay assessors might be of the service users who use the services under inspection, leading to situations where lay assessors’ background and experience may not be relevant to the service they are inspecting [43]. However, this reservation was not widely shared within the documents reviewed, and some respondents in the NCSC report [31] argued that lay inspectors’ lack of experience in the care setting and statutory and legislative restrictions was actually a plus. There is perhaps an assumption that the defining attribute of lay assessors—namely that they are not regular staff members of inspection bodies—is enough to ensure that they are fit for the job.

3.3. Theme 2. Genuine benefits or “window dressing”?

This theme addressed the kinds of justifications given for involving lay assessors and the added value that they brought to inspection and regulation and the mechanisms through which they achieved this. We found that potential tangible benefits to end users themselves were rarely evidenced, leading to concerns that the presence of lay assessors was more a form of “window dressing” for the activities of inspectors and regulatory bodies.

3.3.1. Instrumental and Democratic Benefits. We synthesized the benefits claimed to accrue from involving lay assessors into two categories: instrumental benefits and democratic benefits [6]. Instrumental benefits were those that were stated to improve the quality of inspections and minimize potential problems associated with inspection and regulation. These dominated the documents reviewed. Democratic benefits were those that promoted the empowerment of citizens within public service governance.

Under instrumental benefits, lay assessors may be seen as adding to the inspectorate workforce and compensating for the lack of local authority staff available to check standards of care [45]. “Efficiency” and cost saving are also mentioned; Adams et al. [22] state that the “mystery guest” model of assessing publicly funded care gained support because it was assumed to cost less and generate less paperwork than using professional inspectors only. Whether these cost savings occur in practice is a moot point; others were concerned about additional costs involved in training and supporting lay assessors [31, 32].

Involving lay assessors is seen as a way of adding legitimacy and credibility to inspections, at a time when public trust in the capacity of regulatory agencies to maintain standards has been undermined by scandals of poor care [21, 43, 45, 40, 31]. This justification appears to address one of the pitfalls that might befall professional inspectors [48], namely, “regulatory capture” or an over-identification of the values and practices of the organisations being inspected [24]. However, in some studies [32, 36, 45], the care home “lay” inspectors often had professional experience of

working in or with care homes rather than the lived experience of receiving care themselves.

While the degree of “independence” of some of the lay assessors was questioned by some, their role was nonetheless characterized as “independent” from professional self-interest [21, 26, 31, 35, 45]. The perceived failure of inspection and regulatory bodies to identify inadequate care and hold providers to account has also been attributed to a preoccupation with procedural matters, targets and performance indicators, and paperwork [40], rather than quality of care and enhancement of quality of life of service users [43]. Hustler and Goodwin [26] suggest that coming from outside the education establishment, school lay inspectors were seen to have the capacity to introduce “some grit into the system” and constitute a constructively disruptive presence [43]. The NCSC report [31], Unwin and Leverett [36], and Dolbear [45] similarly contend that lay assessors bring a “common-sense” perspective untainted by the culture of safety and risk avoidance that predominates in many care settings and consequently have higher expectations about residents’ quality of life.

The papers reviewed suggest different mechanisms through which lay assessors are able to elicit information that inspectors might miss: they are seen as less intimidating by service users [10, 29, 32] and are perceived as more empathic [31] and capable of understanding the service users’ perspectives [29, 33, 35, 41]; they have more time, or perhaps, they make more time to speak directly to service users [31, 32, 36, 38]; they are able to pick up on “intangible” aspects of the settings, its atmosphere and “feeling” [10, 29, 32], and the body language and emotional communication of service users [40]. There are various descriptions of the communication style that lay assessors may bring to their interactions with service users, which is described as “informal” [31, 35, 49] and “direct” and not afraid to ask “naïve questions” [40].

As a result of the attributes and skills lay assessors are seen to bring to inspections, authors of the reviewed documents describe how service users were more able to “open up” to them and disclose aspects of care they were not happy about [30, 34, 35, 41, 40, 31]. It is also possible that lay assessors are able to put staff at their ease so that they are able to observe more naturalistic interactions between staff and service users [32, 38]. The mystery shopper approach [10, 20] aims to ensure that staff are observed acting in an unguarded manner. A key justification, therefore, for including lay assessors is that overall the inspection gains a fuller and more accurate picture of the setting with lay assessors being well placed to find out what is “really happening” in everyday practice [10]. On the other hand, there were challenges to the assumption that service users will necessarily prefer to speak to a lay assessor [31], with a quote from one inspector stating service users “want to talk to a proper inspector” [43]. However, having meaningful conversations with service users takes time, and some lay assessors noted that the limited time available for inspections made it difficult for them to engage effectively with service users, particularly those with communication support needs [32, 33, 31].

Democratic benefits, relating to upholding human rights through citizen involvement and transparency of regulatory systems, were less prominent, although they were evident in the stated aspirations of regulatory authorities [21, 37, 31]. The authors of research into school self-evaluation emphasized how involving students promotes democratic forms of school governance and ways of learning [27, 28] while others argue that participatory structures such as regulatory systems that include lay assessors enable more democratic decision-making [22].

3.3.2. Who Benefits? The potential benefits of lay inspections are reported at a high level of abstraction, and one might wonder how such impacts would be evaluated. Evidence that lay assessors had indeed improved the lives of users was presented only impressionistically, despite awareness among some of the authors that evaluation of lay assessor involvement was important [21]. Weinstein’s [34] study was unusual in this respect by comparing quality assurance processes in a mental health centre that took place at different times, first professional-led and then user-led. The author found that service users were more responsive within the user-led process and felt the areas of inquiry were more relevant.

Determining the impact of involving lay assessors in improving care presents considerable challenges. The role of regulation and inspection in driving up standards in care is itself complex and somewhat contested, as evidenced in Marsden et al.’s [24] review. Moreover, regulation happens within a complex system involving multiple other stakeholders and institutional contexts that also constrain the capacity of regulation to be effective. In light of this complexity, assertions in some of the reviewed documents that involving lay assessors will lead in a linear fashion to improved quality of service provision can seem somewhat simplistic. Indeed, the lay assessors, who took part in the Learning Disability Review following the Winterbourne View scandal in the UK, themselves expressed fears that their involvement constituted “window dressing” and was more about improving the reputation of the regulator than bringing about ongoing service improvement [40]. Some of the professional inspectors surveyed by NCSC [31], and Simmil-Billing et al. [35] also cast doubt on the impact of involving lay assessors for service users with some claims that their involvement even obstructed the inspection process. Moreover, a criticism of the mystery shopping approach is that it takes staff time and resources away from “real” service users [20].

Whereas the impact of involving lay assessors on service quality may be hard to determine, participating in inspection activities was found in some studies to have a more immediate positive effect on the lay assessors themselves. The tenant inspectors described by Robertson [44] had the opportunity to gain a formal qualification as preparation for their role. Similarly, the students in O’Brien et al.’s [28] study saw opportunities to improve their academic skills and future career opportunities. Being a lay assessor can provide

employment opportunities and income for individuals who often experience exclusion from the job market [33] and payment was a motivation for some [23].

As well as gaining these tangible rewards, according to the National Development Team for Inclusion (NDTi)'s evaluation of inspections of learning disability services in England, lay assessors increased their personal knowledge of services [40]. Lay assessors also developed communication skills [33] and leadership capabilities, "gaining kudos" through being part of an inspection team [40] and using this to take more effective action in their local services and were also positioned as role models for the service users they met during inspections [30, 38]. Lay assessors in several programmes mentioned the intrinsic satisfaction of feeling that they were doing something to help other service users [28, 32, 33, 35, 36, 42, 40].

There were on the other hand some suggestions that involvement in inspections can expose inspectors to negative experiences: feeling undervalued when treated with less respect or appreciation than professional inspectors [29, 30], foregoing recompense for their time and out-of-pocket expenses, and feeling emotionally overwhelmed [30].

3.4. Theme 3. Challenges

3.4.1. Unclear Roles and Responsibilities. A problem raised in the papers reviewed here and across all sectors was the lack of clarity over the roles and responsibilities of lay assessors [10, 23, 28, 32, 34–36, 38, 42]. This resulted in confusion over what lay assessors bring to the inspection process.

Simmill-Binning et al. [35] found that there were differences of opinion "between inspectors and assessors but also amongst the individuals involved" about what lay assessors should do. Notably, lay assessors felt their contribution to be more significant than the inspectors did, and lay assessors also aspired to expand their involvement further. This lack of clarity regarding roles may be a challenge for inspection teams more generally, who can also struggle with leadership issues. Boyd et al. [23] consider how role confusion may be due to the inspection team spanning organisational boundaries, so team leadership may be ambiguous. They suggest a solution might be to facilitate shared leadership in which all inspection team members can regard themselves as coleaders, yet acknowledge that the topic of leadership within inspection teams requires further research. Similarly, Wright [32] and the NCSC report [31] found that communicating their role to care home residents was also a difficulty for lay assessors, as they try to distance themselves from the role of inspector and align themselves with the citizen, thus having to navigate a liminal space, something Scourfield describes as being in "categorical limbo" (2010: 1899).

Confusion around the involvement of lay assessors in regulation and inspection was identified at a political and policy level, too. For example, Adams et al. [22] note a "blatant lack of clarity regarding the difference between unannounced inspections conducted by inspectors and use of mystery guests as a new review instrument." This

"fuzziness" over the role perhaps relates to a lack of consensus over exactly what it is that lay assessors bring to the table, despite the sorts of justifications for involvement described in Theme 2. Not only does the lack of clarity result in confusion at the policy level, create tensions within inspection teams and during the inspection process, it also creates difficulties when reviewing and researching studies of this nature.

3.4.2. Maintaining "the Naive Eye" vs Professionalization. Several studies in this review [32, 35, 38, 42, 49] highlighted the problem of the "quasiprofessionalisation" [38] of lay assessors. In other words, the more they are involved, the less "lay" they become, as they learn the ropes of inspection and regulation.

Simmill-Binning et al. [35] report that many lay assessors in social care inspection deemed it important to maintain the "naive eye." Lay assessors in elderly care homes similarly expressed a desire to not become over-professionalised [42]. As Wright [32] notes, some lay assessors in care homes had conducted around 60 inspections, raising "the interesting issue of what it means to be lay." Baraitser et al. [20] also categorise this as a potential disadvantage: "the more experienced the professional patients become, the less like normal users they are."

Simmill-Binning et al. [35] also report that although they did not regard the role of lay assessors as "assistant or quasi-inspectors," inspectors did, however, perceive that a lack of training of lay assessors impacted the quality of the checking, as they lacked knowledge of expected standards. The difficulty evidenced in these studies is how to maintain the "naive eye" and benefit from the unique experiences and approach that lay assessors bring, while ensuring they remain objective and act professionally/respectfully.

This calls into question the level and type of training that is provided. As Wiig et al. [49] state, "such training may lead to the professionalization of patient input, which can distance the participants from their experiences as patients." This issue was explored by Unwin and Leverett [36] evaluating the training of older people to become "peer visitors" in care homes. The training need arose after some trainees reportedly used language that was considered offensive, thus justifying the need for professional acculturation into professional terminology and etiquette. Indeed, Wright [32] reports just this. When inspectors were asked to recall negative experiences of lay assessors, they reported lay assessors' inappropriate behaviour, which resulted in them not being asked back for further inspections. Hustler and Goodwin [26] also reported unprofessional conduct from lay assessors, for example, when they seemed aggressive or tactless. This indicates that there are perhaps topics of lay assessor training (e.g., around language, diversity, and inclusion) which are essential for lay assessors to participate respectfully with service users but would be unlikely to affect their "naive eye." This insight relates to the next challenge; how to ensure the "layness" of lay assessor's knowledge is valued, or, as Scourfield asks, "are experts by experience valued for their subjectivity or their objectivity?" (2010: 1901).

3.4.3. Including Lay Perspectives in Final Inspection Reports. Various studies in this review discuss significant difficulties around incorporating user knowledge and findings in inspection reports [10, 24, 27, 29, 33, 35, 42, 43]. Two broad areas of difficulty regarding lay information emerged under this theme: first, a perception that this knowledge lacked legitimacy, and second, that it failed to fit institutional information structures.

The debate over whose experience and knowledge define “good care” or “good quality” was raised in various studies under review (for example, [10, 24–27, 33, 34]). Although policy discourse focuses on the importance of including user’s voice [22, 27] and the “naïve eye,” professional epistemologies dominated inspection reports in these studies, with lay assessor input often being undervalued [10, 22, 24, 27, 42].

Wiig et al. [49] found that patient and family input was difficult to incorporate because regulators perceived their knowledge to lack legitimacy. In other words, their knowledge was deemed to have less “weight” than that of inspectors, which Wiig et al. refer to as “epistemic injustice” [49]. Inspectors and lay assessors may have differing understandings of what constitutes good quality services [24], and De Graaff et al. [42] posit that the lay assessors in their study had to give up their personal definition of “quality” in this setting for their views to be considered legitimate by inspection staff. In situations where inspectors and lay assessors disagree in their evaluation of services seem to adopt two strategies regarding reporting: either to give prominence to inspectors’ findings or present the lay assessors’ views separately.

The foregrounding of inspector knowledge was evident in a number of studies and individual inspectors were found to wield a significant amount of control over how individual assessor’s findings were incorporated in final reports. Adams et al. [10] and De Graaff et al. [42] conclude that lay assessor findings were largely used to illustrate issues inspectors were raising, rather than being presented as legitimate substantive findings. Lay assessors described by Boyd et al. [23] reported that their perspectives on hospital patients’ situations often did not coincide with the clinicians’ perspective, with the outcome of their inspection remarks being notably weakened in the final report. Thus, lay assessors thus may find their contribution restricted in the aspect of coassessment that McKenna [6] identifies as *cojudging* (deciding how well provision meets agreed benchmarks).

The alternative strategy of presenting inspectors’ and lay assessors’ views separately in final reports (e.g., [33]) creates greater epistemic parity between the professional inspector and lay assessor conclusions and provides a clear demarcation of areas of agreement and disagreement within the inspection team. However, findings presented in this way run the risk of confusing mixed messages being picked up by regulated organisations [24, 35].

There was also an issue with the reporting format used by lay assessors, which, as far as some the professional inspectors was concerned, was hard to integrate into the structure of the final report. Wright [32] describes how there was considerable variation in how lay assessors

communicated their views, with only some lay assessors using a template, and others using a narrative approach which might be edited for inclusion in a final report. Adams et al. [10] also suggest that the way information was collected by mystery guests in elderly care can be a significant challenge. They note that it was difficult for regulators to incorporate lay assessors’ insights, as their reporting style and focal point varied greatly and did not necessarily align with the regulator’s standard reporting practice. This may result in lay assessors being unable to “fit” their findings into the institutional information framework, and inspectors rejecting this information as lacking relevance [27, 42, 43]. Lay assessors in some studies expressed frustration that the data collection instrument confined responses to within only a few themes defined by the regulators [42, 40]. Inspectors also reported difficulties in incorporating assessor findings with other data, categorising it as “anecdotal” [42] when it could not be included in the report.

Structural and inspection design problems were also highlighted in incorporating lay views into reports. Lay assessors are infrequently involved in aspects of coassessment that McKenna [6] labels *cofocussing* (identifying what needs to be assessed) and *codirecting* (setting quality standards). Weinstein’s [34] study was distinct in this respect, as service users set the evaluation goals in a steering group, suggesting strategies for handing authority to lay assessors in these processes.

The transitory nature of some inspection teams was also highlighted as a practical barrier to incorporating user knowledge. For example, Boyd et al. [23] describe how lay assessors had little involvement in contributing directly to hospital evaluation reports, which may be written by inspectors over several weeks, well after the team has been disbanded and the involvement of the lay assessors has ended. Consequently, limited feedback is available to lay assessors regarding how their input had shaped the final report and any changes that it had brought about [29]. Lay assessors in the NCSC report [31], Simmill-Binning et al. [35], and NDTi [40] studies felt unsure as to whether their views had been acted upon at all. This truncated experience can be unsatisfactory [43], relating once again to the need for a clearer understanding of roles and responsibilities by all involved. These findings suggest that lay assessors have limited opportunities for aspects of coassessment that McKenna [6] calls *coeffecting* (bringing about positive change in services).

4. Discussion

This review has demonstrated that a great variety of involvement of lay assessors is evident in coassessment across the three fields of health, social care, and education, though we found that overall lay assessors were recruited to engage in *codetecting* (gathering data on providers’ performance), rather than other dimensions of coassessment [6]. In this discussion, we consider how far this lay involvement has succeeded in challenging services to improve quality. We then distil three key interrelated issues that inspectorates or organisations seeking to involve users could address to ensure more meaningful coassessment.

There appear to be several benefits accrued from involving lay inspectors. It can add legitimacy and constructive disruption and embed higher expectations about users' quality of life. Lay assessors can also elicit information that inspectors might miss and are seen as less intimidating by service users. These suggest that improvements to the overall quality of the inspection process can be achieved through the meaningful involvement of lay assessors. However, it was less clear how tangible the final impact was on service users or inspectors themselves.

There was also some evidence that suggests that lay assessors widen the resource base of inspectorates (at a time of constraints in public services). However, a note of caution should be made here. We identified that the relationship between the identities of lay assessors and that of service users was not well delineated, raising questions about the representativeness and suitability of some lay assessors, and how well they reflect the diversity and characteristics of service users. Furthermore, in several of the studies, it was revealed how coassessment requires significantly more resources and time than commonly appreciated, and in some cases, lay assessors felt shortchanged. The time commitment of lay assessors needs to be considered, to avoid the risk of increased burden [27].

To maximise the benefits, inspectorates need to be mindful of some of the challenges facing lay involvement. First, unclear roles and responsibilities are one of the primary inhibiting factors to meaningful coassessment. There are repeated accounts of a lack of clarity over terminology and roles, and how coassessors are recognised [20, 35]. Sometimes, this confusion was driven by an inability or unwillingness to clarify roles among the inspectors. For social care inspections, the confusion was sometimes felt by other service users [32]. This lack of clarity undermined efforts by lay assessors to understand their expectations of them and the scope and limits of their role [22]. At times, assessors felt valued but were frustrated by how limited their role was [33]. Coproduction in the design and the assessment process can help mediate this concern, and from here, it should be considered at the point of recruitment [35].

Second, there is often a misfiring of expectations over the degree of professionalization required. Losing the authenticity of a lay assessor's "voice" and maintaining the "naive eye" is a justified concern. "Regulatory capture" undermines the independence of lay inspections. Protecting their authenticity can include ensuring their involvement is ring-fenced in terms of duration and number of inspections, although this may mean a shrinking pool of potential lay assessors who share important characteristics with service users. While training of lay assessors is justified around language, diversity, and inclusion, most authors felt that the naive eye was worth safeguarding.

A third, more difficult issue is the perceived divide between professional versus lay epistemologies. In some cases, this arose from a perceived lack of legitimacy among "professional" inspectors of lay knowledge; opportunities for

embedding potentially valuable lay feedback are sometimes overlooked and dismissed as "anecdotal." Failure to incorporate lay feedback suggests that institutional processes and forms are framed in a way that places lay and professional inspectors in oppositional camps. This relational framing relates to a wider challenge of ensuring the intrinsic (and assumed) power imbalance between professional and lay assessors is constructively challenged to maintain trust in the process and in each other. Inspectorates could reflect on the theme of the legitimacy of knowledge and the institutional structures that reproduce this hierarchy. Failing to involve lay assessors early in developing the inspection process and design of agreed standards, benchmarks, and inspection materials (e.g., questions to use in their interviews) further compounds this and suggests an unwillingness to adapt.

We recognize this review has its limitations. We restricted our selection of sources to those published in English meaning that some relevant articles and reports written in other languages may have been omitted, including those evident in included articles reference lists. We also encountered difficulties locating documents published online only since 2000 by now defunct organisations, such as the UK Commission for Social Care Inspection that was replaced by the CQC. The review also identified gaps in the evidence that require further research. Observational and ethnographic research would throw light on how lay assessors interact with professional inspectors and people using services and how issues of authority, expertise, and voice are negotiated. Research also needs to establish a clearer relationship between the involvement of lay assessors and improved outcomes for people using services.

5. Conclusions

We noted that over the last 20 years, including citizens in inspection teams has increasingly been seen as self-evidently beneficial by all stakeholders, following consistent pressure from service users, policy-makers, commissioners, and inspectorates for services to become more accountable to users. There are important lessons that this paper reveals that can help public bodies, commissioners, and inspectorates to avoid common pitfalls that prevent the lay assessors' voice from being incorporated, to ensure a more accountable and empowering inspection process.

Returning to Kerrison and Pollock [1], it is heartening to see evidence that service users' voices are becoming more present in the inspection and regulation of public services. However, issues remain around role ambiguity, levels of training, and legitimacy of knowledge. These will not be solved until there is a willingness to open a space for dialogue over what it is that lay assessors bring to the inspection report and regulation. The literature is lacking on this topic, and future research is needed as to what aspects of training for lay assessors can be given before their "lay" status becomes affected.

Additional Points

What is Known about This Topic? (i) There is consensus across public services that the views of citizens and people who rely on services should be part of the quality control of services. (ii) Regulatory bodies in health, social care, and education involve “lay assessors” in inspecting and evaluating services. *What This Paper Adds?* (i) Lay assessors are seen to add credibility, an independent perspective, and a layer of public accountability to inspections of public services though their specific roles, responsibilities, and the impact they bring to inspection activities are not always clear and explicit. (ii) Issues of power dynamics within inspection teams can be overlooked, and lay assessors may find their views have not been effectively integrated into inspection reports. (iii) The unique perspectives of lay assessors can add value to inspection of services, but their participation needs to be facilitated at every stage of the inspection process and their views meaningfully represented and acted on in order to avoid tokenism.

Disclosure

The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Acknowledgments

This work was funded by the National Institute for Health and Care Research (NIHR) and School for Social Care Research (SSCR) (Grant P160). Open access funding was enabled and organized by JISC.

References

- [1] S. H. Kerrison and A. M. Pollock, “Absent voices compromise the effectiveness of nursing home regulation: a critique of regulatory reform in the UK nursing home industry,” *Health and Social Care in the Community*, vol. 9, no. 6, pp. 490–494, 2001.
- [2] S. Saurugger, “The social construction of the participatory turn: the emergence of a norm in the European Union,” *European Journal of Political Research*, vol. 49, no. 4, pp. 471–495, 2010.
- [3] T. Bovaird, “Beyond engagement and participation: user and community coproduction of public services,” *Public Administration Review*, vol. 67, no. 5, pp. 846–860, 2007.
- [4] T. Bovaird and E. Loeffler, “From engagement to co-production: the contribution of users and communities to outcomes and public value,” *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, vol. 23, no. 4, pp. 1119–1138, 2012.
- [5] E. Loeffler, “The four Co’s: Co-commissioning, Co-design, Co-delivery and Co-assessment of public services and outcomes through traditional and digital mechanisms,” in *Co-Production of Public Services and Outcomes*, E. Loeffler, Ed., pp. 75–176, Springer International Publishing, Berlin, Germany, 2021.
- [6] D. Mckenna, “Co-assessment through citizens and service users in audit, inspection and scrutiny,” in *The Palgrave Handbook of Co-production of Public Services and Outcomes*, E. Loeffler and T. Bovaid, Eds., pp. 451–467, Springer, London, UK, 2021.
- [7] J. Wright, “The regulatory state and the UK Labour Government’s re-regulation of provision in the English National Health Service,” *Regulation & Governance*, vol. 3, no. 4, pp. 334–359, 2009.
- [8] E. Mordaunt, “The citizens’ journey: an exploration of the term lay’ in four inspectorates,” *Research Papers in Education*, vol. 13, no. 3, pp. 277–290, 1998.
- [9] H. McLaughlin, “What’s in a name: ‘client’, ‘patient’, ‘customer’, ‘consumer’, ‘expert by experience’, ‘service user’—what’s next?” *British Journal of Social Work*, vol. 39, no. 6, pp. 1101–1117, 2009.
- [10] S. A. Adams, K. T. Paul, C. Ketelaars, and P. Robben, “The use of mystery guests by the Dutch Health Inspectorate: results of a pilot study in long-term intramural elderly care,” *Health Policy*, vol. 119, no. 6, pp. 821–830, 2015a.
- [11] S. Jacob, N. Schiffino, and B. Biard, “The mystery shopper: a tool to measure public service delivery?” *International Review of Administrative Sciences*, vol. 84, no. 1, pp. 164–184, 2018.
- [12] NHS England, “NHS quality checkers,” in *Introduction to NHS quality checking*, 2018, <https://www.england.nhs.uk/learning-disabilities/projects/>.
- [13] E. M. Castro, T. Van Regenmortel, W. Sermeus, and K. Vanhaecht, “Patients’ experiential knowledge and expertise in health care: a hybrid concept analysis,” *Social Theory & Health*, vol. 17, no. 3, pp. 307–330, 2019.
- [14] E. Krick, “Citizen experts in participatory governance: democratic and epistemic assets of service user involvement, local knowledge and citizen science,” *Current Sociology*, vol. 70, no. 7, pp. 994–1012, 2022.
- [15] R. Grundmann, “The problem of expertise in knowledge societies,” *Minerva*, vol. 55, no. 1, pp. 25–48, 2017.
- [16] A. Liberati, D. G. Altman, J. Tetzlaff et al., “The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration,” *Journal of Clinical Epidemiology*, vol. 62, no. 10, pp. e1–e34, 2009.
- [17] R. Snowball, “Using the clinical question to teach search strategy: fostering transferable conceptual skills in user education by active learning,” *Health Libraries Review*, vol. 14, no. 3, pp. 167–172, 1997.
- [18] K. S. Davies, “Formulating the evidence based practice question: a review of the frameworks,” *Evidence Based Library and Information Practice*, vol. 6, no. 2, pp. 75–80, 2011.
- [19] Covidence (nd), *Covidence Systematic Review Software*, Veritas Health Innovation, Melbourne, Australia, 2023.
- [20] P. Baraitser, V. Pearce, N. Walsh et al., “Look who’s taking notes in your clinic: mystery shoppers as evaluators in sexual health services,” *Health Expectations*, vol. 11, no. 1, pp. 54–62, 2008.
- [21] Health and Social Care Regulatory Forum, “Framework for public and service user involvement in health and social care regulation in Ireland,” 2009, <https://www.lenus.ie/handle/10147/92400>.
- [22] S. A. Adams, H. van de Bovenkamp, and P. Robben, “Including citizens in institutional reviews: expectations and

- experiences from the Dutch Healthcare Inspectorate,” *Health Expectations*, vol. 18, no. 5, pp. 1463–1473, 2015b.
- [23] A. Boyd, S. Ross, R. Robertson, K. Walshe, and R. Smithson, “How Hospital survey teams function: an analysis of Care Quality Commission inspections of acute hospitals in England,” *Journal of Health, Organisation and Management*, vol. 32, no. 2, pp. 206–223, 2018.
- [24] J. Marsden, D. Bazzard, K. Breeze, A. De’ath, and A. Thwaites, *Rapid Literature Review on Effective Regulation: Implications for the Care Quality Commission*, Care Quality Commission, London, UK, 2020.
- [25] S. Wiig, S. Rutz, A. Boyd et al., “What methods are used to promote patient and family involvement in healthcare regulation? A multiple case study across four countries,” *BMC Health Services Research*, vol. 20, pp. 1–15, 2020.
- [26] D. Hustler and A. Goodwin, “‘Letting Joe Public into my school’. Head teachers’ views on lay inspectors within the Ofsted inspection system,” *Research in Education*, vol. 63, no. 1, pp. 60–67, 2000.
- [27] M. Brown, G. McNamara, S. O’Brien, C. Skerritt, and J. O’Hara, “Policy and practice: including parents and students in school self-evaluation,” *Irish Educational Studies*, vol. 39, no. 4, pp. 511–534, 2020.
- [28] S. O’Brien, G. McNamara, J. O’Hara, M. Brown, and C. Skerritt, “Students as co-researchers in a school self-evaluation process,” *Improving Schools*, vol. 25, no. 1, pp. 83–96, 2022.
- [29] N. Valios, “Voice of experience,” *Community Care*, vol. 1450, pp. 26–27, 2002.
- [30] P. Hibbert, “Voices and choices: young people participating in inspections,” *Learning from the ‘listening and Responding’ Component of Social Service Inspectorate (SSI) Inspections of Local Authority Children’s Services*, Barnardos, London, UK, 2002.
- [31] National Care Standards Commission, “Inspecting with lay assessors: what value?, What impact? Research into the deployment and effectiveness of lay assessors for the National Care Standards Commission. Final research report,” *National Care Standards Commission*, vol. 45, 2003.
- [32] F. Wright, “Lay assessors and care home inspections: is there a future?” *British Journal of Social Work*, vol. 35, no. 7, pp. 1093–1106, 2005.
- [33] N. Smith and F. Hasler, “People with learning difficulties/disabilities join the inspectors,” *Community Care*, vol. 25, pp. 34–35, 2006.
- [34] J. Weinstein, “Involving mental health service users in quality assurance,” *Health Expectations*, vol. 9, no. 2, pp. 98–109, 2006.
- [35] C. Simmill-Binning, R. Clough, and I. Paylor, “The use of lay assessors,” *British Journal of Social Work*, vol. 37, no. 8, pp. 1353–1370, 2007.
- [36] P. Unwin and S. Leverett, “‘Having Your Say’- Reflections on a training course for older people volunteering to become peer visitors in care homes,” *Worcester Journal of Learning and Teaching*, vol. 1, 2009.
- [37] Care Quality Commission, *Voices into Action. How the Care Quality Commission Is Going to Involve People*, Care Quality Commission, London, UK, 2010.
- [38] P. Scourfield, “A critical reflection on the involvement of ‘experts by experience’ in inspections,” *British Journal of Social Work*, vol. 40, no. 6, pp. 1890–1907, 2010.
- [39] Care Quality Commission, *Independent Evaluation of the Learning Disability Inspection Programme*, Care Quality Commission, London, UK, 2012.
- [40] National Development Team for Inclusion, *An Evaluation of the Experiences of People with Learning Disabilities, Family Carers and Professional Advisors as Members of CQC Inspection Teams within the Learning Disability Review*, NDTi, England, UK, 2012.
- [41] Care Quality Commission, *Testing the Methods: A Report on the Methodology for the Home Care Inspection Programme*, Care Quality Commission, London, UK, 2013.
- [42] M. B. De Graaff, A. Stoopendaal, and I. Leistikow, “Transforming clients into experts-by-experience: a pilot in client participation in Dutch long-term elderly care homes inspectorate supervision,” *Health Policy*, vol. 123, no. 3, pp. 275–280, 2019.
- [43] E. Richardson, K. Walshe, A. Boyd et al., “User involvement in regulation: a qualitative study of service user involvement in Care Quality Commission inspections of health and social care providers in England,” *Health Expectations*, vol. 22, no. 2, pp. 245–253, 2019.
- [44] G. Robertson, “School for sleuths,” 2010, <https://www.insidehousing.co.uk/insight/insight/school-for-sleuths-21680>.
- [45] K. W. Dolbear, “Care homes lay assessor project—using volunteers to improve the quality of life of older people living in care homes,” *Working with Older People*, vol. 20, no. 2, pp. 94–100, 2016.
- [46] J. Thomas and A. Harden, “Methods for the thematic synthesis of qualitative research in systematic reviews,” *BMC Medical Research Methodology*, vol. 8, no. 1, p. 45, 2008.
- [47] Critical Appraisal Skills Programme, “CASP qualitative studies checklist,” 2018, <https://casp-uk.net/casp-tools-checklists/>.
- [48] G. Boyne, P. Day, and R. Walker, “The evaluation of public service inspection: a theoretical framework,” *Urban Studies*, vol. 39, no. 7, pp. 1197–1212, 2002.
- [49] S. Wiig, S. Rutz, A. Boyd et al., “What methods are used to promote patient and family involvement in healthcare regulation? A multiple case study across four countries,” *BMC Health Services Research*, vol. 20, no. 1, pp. 616–715, 2020.
- [50] M. Page, J. McKenzie, P. Bossuyt et al., “The PRISMA 2020 statement: an updated guideline for reporting systematic reviews,” *BMJ*, vol. 372, no. n71, p. n71, 2021.