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Social and democratic participation in residential settings for older people: realities and aspirations

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ABSTRACT

This paper explores some of the experiences of older people living in residential settings (sheltered, very sheltered housing and residential care), in the context of theories of participation, consumerism and citizenship. It draws on material from personal interviews undertaken with over 100 older people in England and Wales, and also from discussions with staff. Two-thirds of respondents were aged over 85. A significant minority of residents expressed some concerns about the routines of life, such as meals and social contact. Staff expectations of social participation were often unrealistic: for many residents, social contact was more a matter of adjustment than of friendship. Residents did not participate in deciding how the residential settings where they lived should be organised and managed, except for helping with simple domestic tasks. There is a need to change both attitudes and practice to enable older people to participate more fully in these settings.

KEY WORDS – Participation, consumerism, citizenship, residential homes, sheltered housing, older people.

Introduction

There is a long philosophical tradition affirming the value of participation by ordinary people in civic and public affairs. The literature on citizen participation (Pateman 1970; Parry 1972) generally cites Rousseau as the first major thinker on this topic, tracing the tradition through 19th century liberalism (de Tocqueville, John Stuart Mill) to 20th century radicalism. In this tradition, a number of reasons are offered why participation in civic and public affairs is important for ordinary people. Participation affirms dignity and self-

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respect; it develops political and moral awareness and responsibility; it develops community cohesion; and it empowers communities, community groups and individuals to pursue their own interests and to challenge existing power structures.

More recently, participation in a specific and limited form, consumerism, has been identified as having an important contribution to make to public services management (Wistow and Barnes 1993). Consumer feedback helps to assure quality, and can be a mechanism for public accountability; in addition, services may become more responsive to service users' needs and opinions.

However, it is also argued that a consumerist perspective alone is inadequate as an underpinning of values in public services, and that there are significant contrasts between the notions of consumer and of citizen. It is therefore argued that public services should place emphasis on the customer who receives services and on the citizen, to whom services are accountable (Clarke and Stewart 1986). More specifically, Pollitt (1988) considers that:

the concept of the citizen-consumer suggests additional values, such as equity, equal opportunities and of course, representation and participation themselves (1988: 122),

thereby linking back to the older tradition of citizen participation theory.

In contrast to such values and traditions, however, the scope for people to act fully as citizens and/or consumers is eroded as they become older. Townsend famously argued that:

the dependency of the elderly in the twentieth century is being manufactured socially ... its severity is unnecessary ... the imposition, and acceptance, of earlier retirement; the legitimation of low income; the denial of rights to self-determination in institutions; and the construction of community services for recipients assumed to be predominantly passive. (1981: 5)

In the light of this, one might suppose a priori that institutional settings for older people such as sheltered housing, residential care homes and nursing homes would be non-participant environments.

In examining this supposition, this paper draws on evidence gathered during research into the ideas and experiences of independence and involvement among older people living in sheltered housing and residential care homes (Abbott and Fisk 1997). The concept of participation underpinning this paper is that of taking an active role in the management, the day-to-day running and the social life of the residential community where informants lived. There was some

evidence in our study of participation in the wider community, but this is not the subject of this paper.

Here, we set out to make explicit an implicit account of participation in sheltered housing and residential care homes, as expressed, often briefly or obliquely, by some residents of such facilities. The paper describes the aims and methods of the research on which it draws, and the profile of residents interviewed. It then presents and considers selected data relating to themes of social and democratic participation within these settings. The conclusion emphasises the need for organisations and staff teams to learn how to listen to resident voices, particularly those which dissent from majority views.

Aims and methods

The aim of the research was to explore the range and diversity of views held by older people living in sheltered housing and residential care settings about independence and involvement, including not only what the concepts meant to them but also how and to what extent their own lives embodied those meanings.

Two national voluntary sector organisations and five local authorities participated in the research. The sample of research sites was opportunistic, and was identified in discussion with service providers in the North West of England, the West Midlands, and Wales.

Quota samples within the residential settings were used. These were set with the intention that a third of respondents should be aged between 70 and 84; and that a quarter of respondents should be men. Only the first of these was achieved. Interviewers were also asked to interview members of ethnic minorities wherever possible and to try to ensure that residents who might be less likely to volunteer (less outgoing personalities, those with hearing impairments) were positively encouraged to take part. Nevertheless, the sample was inevitably opportunistic, and may not be representative: this was acceptable, as the aim of the research was to explore the *range and diversity* of views rather than to *generalise*.

Qualitative interviews with residents were based on a core of seven open-ended questions:

- What part of the day do you enjoy most?
- Compared to where you lived before, what is better about living here?
- Compared to where you lived before, what is worse about living here?

- What would make your life better?
- Some people say that independence is very important to old people. What do you think?
- Some people say that being involved is very important to old people. What do you think?
- Why did you move here?

These questions were designed to help interviewers develop a conversational style whereby interviewees would feel sufficiently at ease to talk freely about their daily lives and their accommodation in ways which would shed light on the key themes of the research: independence and involvement. Interviewers usually made their initial contact with residents in a social setting, for example at lunch or coffee, thus creating a degree of rapport prior to interviewing. Indeed, the boundaries between social conversation and the interview itself were not always clear, which was not surprising given the close relationship between the themes of the research and the daily lives of the residents.

Interviewers were asked to take full notes during each interview, and to make additional notes of any relevant information gleaned during less formal contact with residents. These notes were written up by the interviewers shortly after each interview.

Additional data were obtained more informally from staff and managers during initial discussions about the research and while negotiating access to sites. In some voluntary sector schemes, management was vested in a committee of volunteers, and they are included in the term 'staff' in this paper.

Data were initially analysed using thematic content analysis. Because sampling was opportunistic, and detailed personal histories of respondents were not taken, any apparent associations between expressed attitudes and variables such as age, gender, health, lifestyle, etc. could not be taken to be robust and generalisable. In any case, it was the intention of the research to explore the variety and scope of residents' views, rather than to seek to define and explain differences of opinion between sub-groups. After initial identification and categorisation of themes, more detailed analysis was applied to *minority* views. Dissenting views were usually expressed to researchers as brief, sometimes even incidental remarks, rather than as sustained complaints. Such remarks could be divided into two categories. Some mentioned dissatisfaction with, for example, the standard of cooking, the choice of social events, the personality of the staff, etc., and these, reflecting as they did purely local matters, have been excluded from this paper. Others, on the other hand, expressed dissatisfaction with the *processes and structures* which created and sustained the residential setting. By aggregating and

examining these latter views, the analysis allowed an implicit but coherent critique to emerge from the data. It must be emphasised, however, that the minority views represented are not representative. Most residents interviewed were very appreciative of their surroundings, and did not express dissatisfaction with levels of participation where they lived. Material has only been included in this paper which relates to the theme of participation.

Findings

A total of 122 interviews were carried out. These generally took place with a single older person in a private room. In a handful of instances, and by the choice of interviewees, other people were present (other residents, relatives, or staff).

Table 1 records the locations where interviews took place. Other respondents lived in ordinary housing, but data from these interviews are not included here. It was assumed at the outset that sheltered housing was clearly distinguishable from residential care homes, meeting the different needs of contrasting groups of residents. Residential care homes offer full hotel services and personal non-nursing care, while sheltered housing typically offers the support of a part-time staff member to people otherwise living independently. However, such clear differences were not in fact apparent in the research sites. One voluntary sector sheltered housing scheme, for example, had recently been re-classified as a residential care home, without any change of residents or admissions criteria, although with some changes to staffing. Some residential care home clients were much more active than others who lived in sheltered housing; some sheltered housing schemes provided services such as room-cleaning and, most commonly, meals; and some sheltered housing residents received extensive personal care from outside agencies. Because clear differences between different sorts of supported housing were not evident, no attempt has been made to explore associations between expressed views and residence type.

Table 2 records the age and gender of research subjects. Two-thirds of those interviewed were aged 85 or over, though the proportion of very old men was much less. Nearly 40 per cent of the total sample were aged between 85 and 89. The oldest person interviewed was 102, the youngest 74. Only two non-white people were interviewed. About 20 per cent were men.

TABLE 1. *Locations and numbers of interviews*

	North West	West Midlands	Wales	Total
Voluntary sector sheltered housing	20	22	10	52
Local authority sheltered housing	8	8	8	24
Voluntary sector residential care homes	12	8	10	30
Local authority residential homes	0	8	8	16
Total	40	46	36	122

TABLE 2. *Age and gender*

	Men	Women	Total
Aged 70–74	2	1	3
75–79	4	12	16
80–84	7	15	22
85–89	6	40	46
90–94	4	24	28
95–99	2	4	6
100+	0	1	1
Total	25	97	122

Individual respondents are referred to by their gender (M/F) and age.

Social participation

In general, most residents interviewed believed that social participation with other residents was both enjoyable and beneficial, particularly as a way of avoiding loneliness and depression. One summed up this view when she emphasised the importance of being involved with other people:

as it stops you thinking about yourself and helps you feel that you can be of some use in the world. (F, 85)

However, a minority pointed out that they did not wish to socialise in this way while others noticed that contact between residents was less extensive than it might be: ‘We’re all friendly enough, but we keep each other at a distance’ (F, 86).

There was little evidence of friendships or intimacy within the residences, even from those who liked the company of others, and some expressed regret that this was so. The reported experience of social participation was one of adjustment rather than of friendship.

Several staff members reported having noticed the degree of distance which residents tended to maintain between themselves, and felt

concerned: 'I have said to them "You are all here to be together", but they don't want to mix' (staff). Indeed, there was evidence on the part of some staff of a somewhat coercive expectation of harmony among residents:

We're asked to get on with people we don't like. If there's any friction, you're asked to leave, black-listed as a trouble-maker. (F, 76)

One staff member said that, when looking for new residents, he and his committee looked for:

someone who will fit in, not cause any problems. We don't want a rotten apple in the barrel, a rotten apple can upset the whole tenor of the house ... someone of a quiet nature, who is not going to cause disruption. (staff)

Staff appeared to have unrealistically high expectations of *social* participation and harmony, although by contrast, as is evidenced below, their expectations of *democratic* participation were very low.

Residents were on the whole more realistic than staff about issues of friendship and intimacy, recognising that the simple fact of sharing accommodation is no guarantee of shared interests or outlooks, and that some residents could be bad-tempered, selfish, touchy or jealous. Most residents had accepted that having to tolerate such people was an inevitable aspect of group living. As one put it:

When you get a little community together, you have to adjust - it's about tolerating each other. (F, 86)

This evidence of friction and distance as well as friendliness between residents replicates that of the few studies which have considered such issues (Gutheil 1991; Reed and Payton 1997). Wilkin and Hughes, in their study of residential care homes, found that 'very few people were actually named as friends by respondents' (1987: 184), and that 'conflicts, antagonisms and complaints were, not surprisingly, common in all homes' (1987: 185). They comment: 'Failure to recognise the problem of loneliness stems from a naive assumption that being together with other people guarantees friendship' (1987: 198).

Practical participation

In a society where older people are expected to withdraw from paid work, it is important that residential settings should allow them to continue to do unpaid work, should they so choose. Although some spoke of being relieved at no longer having the worries and difficulties of having to maintain a house, it is not to be supposed that the only alternative is for residents to become the passive recipients of services.

A significant minority of residents spoke of a variety of practical ways in which they participated in the running of the house. It was important to be able to offer help (for example, laying the table at lunch-time, helping with the washing-up, gardening, etc.), and suggested that these activities increased their self-esteem.

The house-keeper's husband went into hospital suddenly and she was going to call someone to get the tea. But I said that I'd do it ... , and felt quite proud to be involved. (F, 76)

In a few cases, residents spoke of offering practical help to each other as individuals, in ways not mediated by the structure and routine of the residence. One said that she tried to look after the other residents 'whether they want me to or not!' (F, 86).

Routinisation and depersonalisation

Staff had recognised the value of practical participation and in several houses there was a rota for laying the table: 'to make them feel involved' (staff).

However, activity which was felt to be compulsory might be judged to be a qualitatively different form of participation from voluntary activity. A few residents pointed out the effects of such routinisation of life. One spoke of her accommodation having:

an institutional 'feel', somehow. Because you're expected to join in with things ... Everyone seems to have their own chair and no one else must sit in it. (F, 80)

Another said:

The staff are very nice, but the routine is planned, and one fits in. One doesn't want to be a nuisance. (F, 86)

Townsend pointed out that residents:

are subtly oriented towards the system in which they submit to orderly routine, lack creative occupation and cannot exercise much self-determination ... the result for the individual seems fairly often to be a gradual process of depersonalisation. (1962: 329)

In voicing dissatisfaction with having to comply with patterns of behaviour decided by others, some residents showed that they were not internalising such depersonalisation, although there was little evidence of overt challenge to the process. A few offered detailed instances of staff behaviour which showed insufficient respect for the autonomy and

individuality of residents. Several felt that they were just told what to do, whereas they would prefer to be asked. One (M, 88) complained that, in his residence, committee members knocked on his room door but did not wait for a reply before walking in. Another said:

I wish we could call each other by our first names, it's more friendly. But the committee don't approve. (F, 86)

In particular, a significant minority of residents in very sheltered housing expressed the view that the provision of meals could be very restrictive if they wished to go out during the day. One said that she had realised on moving in that she would have to 'make life work round them' (F, 82). Other studies have identified how organised meal-times can remove a sense of control from residents (Feingold and Werby 1990).

Others believed that the felt necessity to comply with custom and practice was created more by other residents than by staff. For example, one woman thought that the food, though excellent, lacked variety, but added:

I am sure that this is the fault of the residents, as they complain if anything out of the ordinary is served. (F, 82)

It appears that the routines of 'custom and practice', though they may be able to accommodate practical assistance, are not readily open to being changed or challenged by residents.

Suggestions and complaints

Although the idea of participation logically includes the notion that discussion is permissible and encouraged, very few informants indicated that they felt able to make suggestions or complaints. Residents who alluded to dissatisfaction with meal-times, for example, had generally chosen not to make staff aware of their dissatisfaction. This was often out of gratitude: one man (M, 78) said that he would not like to suggest any changes to the committee as they were all volunteers and did the best they could. Others felt that to make suggestions was in any case ineffective: one (F, 90) said that the committee took little notice of what residents wanted and did not consult them enough, while another said: 'You might make suggestions but nothing will happen, so you stop suggesting things' (F, 95).

The question of complaints produced a variety of responses among staff. All agreed that complaints were very rare. One staff member went so far as to say:

They're happy, I know they're happy. When I see them, they smile. If anything's wrong, they have family and friends. (staff)

In general, staff expected that residents would identify problems by talking to staff, and that complaints would be dealt with by informal discussion. One committee did meet residents twice yearly specifically to deal with complaints, although most residents attended the meeting without being very participative. In another, the chairperson took advantage of a weekly tea-party to invite 'bouquets and brick-bats'.

No staff or residents, however, mentioned the existence of a complaints procedure. Barlett and Brooke-Ross (1986), who studied private residential care homes, found that only one of 262 'contracts' set out a complaints procedure. Limited knowledge of complaints procedures has been noted in a more recent study of nursing and residential care homes (Wigley *et al.* 1998).

Evidence in this study of residents 'not wanting to rock the boat', and of staff accepting such docility at face value, confirms other research findings. Allen *et al.* (1992) found that most residents were 'reluctant to criticise anything about the home' (1992: 204), while Wilkin and Hughes also found that 'most accepted the routinisation of life ... only a fifth of those interviewed expressing criticism' (1987: 189). Furthermore, Ellis (1993) noted that care service users who complained ran the risk of being labelled as 'fussy and demanding'.

Aspirations to democratic participation

Where residents aspired to a participative role, they tended to collaborate practically in the daily running of the residence. More creative and less routinised forms of collaboration were not in evidence. Just four informants in this study expressed clearly and positively their aspirations to be involved more strategically in the running of the residence. Such participation was seen as both desirable and appropriate for residents who were, after all, paying for services received. The first aspired to being better informed, admittedly a relatively passive form of participation in itself, although a prerequisite for more active forms:

They have a committee that meet on Thursday. We are never told what goes on. They just say, 'If there's anything special ...' I think we ought to know what goes on – even if it's just to make your brain work. We haven't a clue ... (F, 85)

The second sought representation on the house committee. Such

representation may be little more than a token gesture in reality, but it does at least represent a symbolic acknowledgement of the possibility of some degree of power-sharing, and does create a structure for dialogue:

I would like to participate more. We could have a representative on the committee – but the committee didn't respond to this. (F, 86)

The third and fourth drew on the concept of themselves as consumer-citizens in their aspiration to be included in making decisions about how the residence's income, to which they contributed, should be spent:

Residents should be involved in management. They pay vast sums of money but have no say in how it is spent! ... I would love to be involved in the policy. (F, 80)

A fourth (M, 88) also felt that he 'didn't have any say'. He would like to have been involved in what items were purchased for the house, as he was concerned about costs and the effect on rents.

Although the number of expressed aspirations was low, and the aspirations expressed were relatively modest, it was nevertheless heartening to hear these comments in the face of so much other evidence of passive acceptance, whether willing or reluctant, of the status quo.

As already pointed out, staff appeared to view social contact as the major mode of participation, and to attach little or no importance to the possibility of democratic participation in the management of the residence. There was relatively little evidence that the staff had considered or implemented ways of making, or stimulating, aspirations such as those expressed above. However, in a small number of residences, there were regular meetings which residents could attend or to which they could send representatives. In one sheltered housing scheme, there were a number of resident committees, but these were all chaired by the warden (despite the fact that a significant minority of residents seemed not to be happy about this).

Resident views of such meetings were varied, as one would expect, although comments tended to be neutral or critical rather than enthusiastic. One found them 'a bit of a bother and rather stressful' (F, 85), and another (F, 82) did not think that the residents' meetings were very effective. On the other hand, one said that 'the meetings are useful, and we can discuss outings, classes, shopping...' (F, 87). Some staff, however, said that the invitation to attend meetings was rarely accepted.

Devitt and Checkoway (1982) found that, although most of the U.S.

institutions which they studied did have residents' councils, rates of involvement and activity were very low, while Peace *et al.* (1979) reported a relatively low level of interest in the idea of resident committees in their sample of care home residents. More recently, Riseborough (1996) found a substantial desire for greater involvement among sheltered housing tenants who, although they did not seek direct responsibility for scheme management, wished for 'partnerships' between managers and tenants in order to overcome what were seen as persistent inequalities. Tenants, she noted, often had inadequate information on which to make judgements or exercise choices, and in many cases lacked the confidence to express their views.

Discussion

Pollitt (1988) suggests that five principles underpin a 'citizen-consumer' model: access, information, choice, redress and representation. In general, our informants' lives were not enriched or structured by a demonstrable adherence to or pursuit of these principles.

Access was not presented as an issue, as residents were already in receipt of services. However, the selection in some settings of residents who 'would not rock the boat' illustrates that there are issues of access. Such a selection policy seems in any case likely to discourage a culture of participation or any challenge to the status quo by reducing the numbers of residents willing to express dissenting opinions.

Information issues were also rarely mentioned, although one resident said movingly:

They put things on the notice board but I can't read it... I have to rely on someone telling me... people don't always think to tell me. (F, 85)

Furthermore, residents were generally not informed in detail about what happened in or was decided by management committee meetings.

There was substantial evidence of limited choice (particularly concerning meals), an absence of clear processes for *redress*, and limited opportunities for *representation*. But what was perhaps of greatest concern was the ease with which both residents and staff accepted these deficits, without questioning them or appearing to imagine that things could be different.

Theorists of participation such as John Stuart Mill have long recognised that in society in general:

apathy must be expected. Social and political institutions could, however, be so arranged as to maximise the individual's opportunities to determine the

conditions in which he lived...the more varied the opportunities for participation, the more varied would be the capacities which emerged. (Parry, 1972: 28).

If such apathy is a feature of society in general, it is not surprising that it occurs in residential settings for older people, and that there is an absence of arrangements to maximise resident participation. Work has been done to identify what such arrangements could be. Beck (1982), Bounds (1996), McDermott (1989) and Robson *et al.* (1997) summarise a range of possible practical measures:

- representation on governing body committees and working parties, formal and informal consultation on policy and campaigns;
- active contributions to the organisation, such as staff recruitment and induction, meeting visitors, working in partnership with staff;
- participation in campaigning, publicity;
- self-help groups, advocacy, training other users.

However, problems have to be owned before solutions can be found and implemented. We found only a little evidence that their 'structured dependency' was resented by residents, and less still that staff were able and willing to hear and to learn from such resentments if and when they were expressed or implied. A necessary although not sufficient first step in achieving a more participative culture is for organisations and individuals providing sheltered housing or residential care to learn how to encourage and attend to dissenting as well as majority voices among their residents.

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