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# Reviews

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Ailsa Cameron, Lyn Harrison, Paul Burton and Alex Marsh, *Crossing the Housing and Care Divide*, Policy Press, Bristol, 2001, 38 pp., £10.95 pbk. ISBN 1 86134 3167.

If the fundamental role of housing has long been acknowledged in community care, and the wider social requirements of residents have been acknowledged in housing, how can independently established housing and care agencies work together on the ground? *Crossing the Housing and Care Divide* is the report of an exploratory programme of the same name which was jointly sponsored by the Housing Corporation and Anchor between 1995 and 1998. The programme was intended to fund and evaluate projects which tackled, in practical ways, the interface between housing and personal care systems, with a focus on services for older people. It funded nine projects which focused on: information and advocacy; new technology; and management and support services. The projects were variously led by voluntary organisations and agencies, housing associations, and local authorities.

*Crossing the Housing and Care Divide* begins by setting the policy context within which these inter-agency relationships were formed. One of the main aims of the programme had been to inform policy development, both nationally and locally but, during the course of the programme, policy priorities had changed. In 1995 the context was one of health and community care reforms, pressure on resources, quasi-markets and the 'targeting' of resources. For organisations working in housing and social care, the complexities of implementing legislative reforms and reconciling new priorities in both housing and care did not make the formation of new systems of joint working any the easier. The new Labour government came into power in 1997 advocating 'joined-up' working, and with a raft of new policies and initiatives to encourage the development of local policy communities to replace quasi-markets in the public sector. In effect the case that this report makes had already been accepted. What remained was a pressing need for guidance on the practicalities of inter-agency co-operation and models for good practice.

*Crossing the Housing and Care Divide* provides a very useful summary of the policy changes and documents published after 1995 which have had such an impact on the way that social organisations must now try to work. For this alone it will be useful to many professionals and students working in this area; but it also provides an excellent insight into what can really happen when housing and care agencies attempt 'joined-up' working. The projects described in this report varied in the number of partners involved and the nature and objectives of their co-operative involvement, and the report discusses their experiences in terms of themes emerging from the processes and outcomes of joint working arrangements. For example, the success or otherwise of inter-agency working depended on a number of factors, including both organisational arrangements and personal relationships between professionals. It seems clear that professional vested interests, distrust within and between organisations, and differing perceptions about aims and objectives need to be worked through before inter-agency projects can really make an impact. The report also looks at user involvement and issues of quality, value and sustainability. The involvement of users in joint working initiatives in itself presents real problems, not least in terms of the additional skills it may require of staff, and the difficulties of avoiding exclusion and tokenism. In spite of a policy climate in which inter-agency working is generally accepted as a desirable thing, the message of this report is that really effective joint working will require much more flexibility than most current management arrangements allow. With this report we can begin to take on board some of the practical implications of the rhetoric of 'joined-up thinking'.

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Benyamin Schwarz and Ruth Brent (eds) 1999, *Aging, Autonomy, and Architecture: Advances in Assisted Living*, The Johns Hopkins University Press, Baltimore and London, 1999, 311 pp., £38.50 pbk. ISBN 0 8018 6033 4.

It is always exciting to approach a book that is eclectic and interdisciplinary, as it gives you the opportunity to reflect on how different approaches contribute to a subject in terms of experience, context, theory and practice. Here, the disciplines include: gerontology, psychology, medicine, nursing, architecture, urban and regional planning, and environmental design: alongside the views of older residents and business practitioners. The subject is the form of North American housing for older people, known as assisted-living residences, that accommodate a million or more citizens.

Whilst licensed by state regulatory bodies since 1996, there is no national definition with regard to regulation and the types of accommodation understood as 'assisted-living'. It can include: 'residential care facilities, domiciliary care homes, personal care homes, adult congregate-living facilities, homes for older people, foster care homes, adult foster care homes, catered living facilities, retirement homes, homes for adults, board and care homes, and community residences' (Tinsley and Warren 2001). Given this diversity, the structure of an edited text is important and here the story evolves through macro and micro dimensions in four sections, from 'the context of assisted living residences within the spectrum of long term care', through 'the ways in which people shape places', to 'the experiences of care', and finally to 'the importance of design in evolving a new form of place'. Each section reveals similarities and differences with the UK at a time when housing and care in later life is evolving and utilising new developments in design to encompass both security and autonomy. In the North American context the issues to emerge include the need to understand the diverse implications for individuals, their families, and service providers of living and caring in one place rather than moving through a continuum of settings; how regulation can enhance and develop quality based on minimum standards without denying innovation or leading to institutionalisation; how a person-centred approach to supportive living can recognise cultural difference and yet maintain collective identity, and how the financial circumstances of older people still play a great part in how and where they will live and die.

As national minimum standards for care homes are shortly to be implemented in the UK, and as the 'Supporting People' developments begin to separate housing management and supportive services in sheltered housing, this is an important time to reflect on parallel developments in another country. The 16 chapters of this edited text raise the important issues of quality, identity, diversity and affordability, and draw upon the work of authors known to the British audience – from a foreword by the late Powell Lawton to Regnier, Golant, Pastalan, Weisman, Kershner, Schwarz, Kaplan and Hoglund – whilst introducing those who may be less well-known. It is a book that may not present the answers to all the questions raised, but is one that is useful and timely for those for whom housing, care and health are firmly intertwined.

## Reference

Tinsley, R. K. and Warren, K. E. 2001. 'Assisted living: the current state of affairs'. In Benyamin Schwarz and Ruth Brent (eds), *Aging, Autonomy, and Architecture: Advances in Assisted Living*. Johns Hopkins University Press, Baltimore and London, 21–31.

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Jacki Pritchard, *Becoming a Trainer in Adult Abuse Work: A Practical Guide*, London: Jessica Kingsley, 2001, 176 pp., £16.95 pbk, ISBN 1 85302 913 0.

Jacki Pritchard, *Male Victims of Elder Abuse: Their Experiences and Needs*, London: Jessica Kingsley, 2001, 112 pp., £13.95 pbk, ISBN 185302 999 8.

The abuse of elderly people has been known about and acknowledged as a problem for several years now, but it still does not receive enough attention, and is an issue of general discussion for neither professionals or the general public. This is also the case more generally for adult abuse.

Within the area of adult abuse, Jacki Pritchard is well known as a consultant and freelance trainer. She was one of the first people in this country to try and do something about elder abuse and to publish on the issue. Her long-term commitment to the issues of adult and elder abuse is evident from her publications over a number of years. These two books, published during

2001, are further evidence of this commitment and cover quite different aspects of Pritchard's work.

The first book, which is essentially a guide for trainers, is described by Pritchard as a 'simple, helpful, realistic guide for people who do not have much time'. The book is written in a clear, conversational style and is both practically-based and very accessible. This is the major strength of the work. Most of the guidance contained in the book derives from personal experience as a trainer in adult abuse work. However, the length and format of the book result in some constraints over content, and Pritchard recommends that two of her earlier books should also be used. Some additional sources are also suggested, not all of which are readily available. This is unfortunate, as it may result in some frustration for the reader who is trying to develop their training resources. Additionally, there is no mention of Internet sources, which are increasingly-used sources of information.

The book contains advice on developing a training strategy, the selection of trainers, and preparation for training. The process of creating a pool of trainers is described in some detail. The guidance contained in the most recent Department of Health document, *No Secrets* (Department of Health, 2000), is used to establish the importance of multi-agency adult abuse training. However, in a handbook that is aimed at inexperienced trainers, rather more attention should have been given to the development of learning outcomes, the links between research and practice and the principles of adult learning. These essential stages in the planning cycle are dealt with somewhat superficially.

The general advice on delivering training is useful. Fundamental concerns, such as the need for sensitivity, are combined with more practical details, such as checking that mobile phones are switched off during sessions. Training is described as a performance that must be planned, rehearsed and managed with care. The various difficulties and problems that trainers might encounter are discussed in some depth. Unfortunately, there is no consideration of the needs of disabled people or the structural barriers that limit their participation. Additionally, there is little coverage of the issue of racial abuse although this is increasingly an area about which workers require guidance (McCreadie 2001).

Pritchard's discussion of the evaluation process is very helpful and the creative approaches she describes could be applied to other areas beyond her focus here. The importance of proper evaluation for trainers at all levels is emphasised. The commitment to the development of high quality training is evident throughout the text. Although it would provide a firm foundation for practitioners wishing to become trainers, it is discouraging to find so few references to theory and research. The approach here is essentially practical in orientation and does not indicate how relevant academic contributions can be.

The second book covers a completely different area. The book is short, a little over 100 pages, but covers findings from a British research study which was principally concerned with the experiences of older women. Pritchard found that many men also wished to share their experiences with her. This book is a useful addition to our knowledge of the subject, as it covers the abuse experienced by older men, a topic that until recently has received little attention.

The book has six chapters. These concern an outline of the focus of the study, the survey data and data collected from in-depth interviews. It also covers the expressed needs of men who have experienced abuse, a summary of the respondents now and key practice issues. There is also an introductory chapter, which provides a rather disappointing overview of elder abuse. Although elder abuse is recognised as a problem that has not been effectively tackled due to the negative social constructions of ageing, the brevity of the section does not really do justice to our current knowledge of the topic.

Pritchard states that the current understanding of women and children as 'victims' is simplistic and reflects cultural norms and stereotypes. This appears to have resulted in an absence of research relating to abused men. Indeed, the study reported here developed from a study into the experiences of older women. Of the 171 abused older people taking part in Pritchard's study of three areas, 39 were males aged between 60 and 99 years. Generally, the men were 75 or more years of age and they had a range of physical and mental health problems. All were white, and the range of different accommodation types was covered: living with their abuser, in residential care or alone. Just over half (51 per cent) were abused by women. This finding presents a challenge, to some extent, to the current view of men as perpetrators. It leads to a range of questions for research and practice.

The most commanding data, however, come from the 12 in-depth interviews conducted with men aged 60 to 80 years. The narratives of these men who had experienced abuse are vivid. They are important because they contribute to our understanding of how older people, in this case men, perceive their abuse. Abuse was openly acknowledged by the men, and they described what happened to them and how they felt about it. Although the sample was small, the range of types of abuse was experienced; however, financial abuse and neglect were most common. An interesting finding was the relatively high number of men (two of the 12) who reported sexual abuse. As Pritchard suggests, this is very much a taboo subject and one that requires further research across the range of adult men. The men's stories illustrate the complexity and the range of service needs that resulted. Eighteen needs were identified, ranging from accommodation (and the need for a place of safety), through information and advice to police involvement, and from practical help to counselling-type support. It was a shame, however, that not more space was given to discussing such complex issues as, for example, abuse by professional caregivers.

As Pritchard states in her conclusion, it is likely that a metaphorical 'iceberg' exists, and that there are many more abused men than those who report their experiences. Her call for further research in this area is therefore re-iterated. This is an important book for practitioners working in the field of elder abuse. Whilst the research is not representative, the rich descriptions of the respondents' experiences are full of information and emotion. The book is also useful as a first step from which other, in-depth studies can be undertaken into abuse as experienced by older men.

In both these books, Pritchard's style is conversational and accessible. Material is introduced in a friendly and informal way. In spite of the differing limitations of both books, described above, the books are likely to be welcomed by individuals who either wish to become trainers, or who are more generally interested in the area of elder abuse. It will also be of interest to academics and researchers in the field. Although they may not agree with all Pritchard's recommendations they will find some interesting, thought-provoking material.

## References

Department of Health 2000. *No Secrets: Guidance on Developing and Implementing Multi-agency Policies and Procedures to Protect Vulnerable Adults from Abuse*. Department of Health, London.

McCreadie, C. 2001. *Making Connections: Good Practice in the Prevention and Management of Elder Abuse: Learning from SSI Inspection Reports in Community and Residential Care Settings*. Age Concern Institute of Gerontology, London.

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Jana Staton, Roger Shuy and Ira Bycock, *A Few Months to Live – Different Paths to Life's End*, Georgetown University Press, Washington D.C., 2001, 341 pp., pbk £19.50, ISBN 0 87840 841 x.

*A Few Months to Live* is an account of the last months of life of nine terminally ill people and their caregiver. The Missoula Demonstration Project carried out the research in 1997 with participants who lived in Missoula, Montana. Earlier studies of life-end experience have attended to clinical concerns and been framed within a quantitative medical framework, while this chose a wholly different qualitative approach. The motivation for the project came from other documented research which pointed to the deficits in medical care, communication, comfort and adherence to people's preferences when they are nearing the end of life. The authors note that in the face of these inadequacies the burden of care often falls upon families who provide the invisible but often sacrificial support for their dying relative. While the book offers this picture as a commentary upon the perspectives on terminal care in American society, the points are mirrored in Britain as health care provision is stretched to the limit and the allocation of resources faces the reality, often unacknowledged, of rationing.

The meeting between researcher(s) and participants (dying patients and their care-giving relatives) used a conversational approach as this was seen to be more natural than a conventional interview. This clearly made analysis of the data more complex but provided congruence between the sensitive object of the study and its process. The nine participants differed in age, diagnosis and ethnicity. The study explored their thoughts about the impending death, the planning and conduct of daily life, how they dealt with pain, and the sense that was made of this end-of-life experience. Emerging from the detailed conversations was an account of the diverse texture of death and dying. For some the confrontation with death brought peace and a sense of meaning, while for others the complexity and ambiguity was dominant.

The nature of qualitative research is that findings cannot be generalised but the authors point to those areas in which the study provided pointers to improve the lives of terminally ill people. At a stage when life is physically ending, people seek alternative ways of finding a sense of continuity. This may be achieved by a belief in an after life and/or through the sense of continuity through children, their own writing and persisting love. In the face of diminishing control, some of the participants wanted to have more information about their illness and the dying trajectory, as a way of maintaining some power over their situation. This may be particularly important to care-givers. The development of specialist support groups was commended by the authors. In the face of increased immobility, the study concludes that service providers need to understand the limited mobility of dying people while still making some practical provision to assist movement where that is desired or desirable.

The diminishing social network of both patient and informally 'designated' care-giver produces a strain which needs to be relieved by a care approach which involves family groups and support from outside, experienced carers. Such a broadening of responsibility might also be applied to financial planning where the costs of illness can result in declining economic security. The study amongst people who had a stated preference for the comforts of home care illustrated the pressure for carers. Alongside this, professional help was received with praise and appreciation. The study focused on the nature of the relationships between the patient and their carer as a crucial dimension in the quality of the terminal phase of illness.

A sense of hope was greatest amongst the younger participants who looked for possibilities of remission or new treatment. This was not true amongst the older participants who were more ready to die and sought transcendent hope for life. The authors observed a denial of the need for continued personal growth in dying patients and urged a new enlightenment, within society, in recognition of the persisting intellectual, emotional, relational and spiritual need for growth to the end of life. The often inevitable loss of physical dignity which accompanies terminal illness was redressed by study participants in several ways. It did, however, depend upon their carers to extend respect and allow choices. The challenge for the wider community is to recognise the innate dignity of the dying, a recognition implicit in the rituals of some cultures.

This research reflects an exciting and new dimension in the study of human experience. The story of that experience is a rich source of information which readily resonates with practitioners as well as academics. *A Few Months to Live* provides a valuable example of qualitative research through attention to the frequently marginalised reality of death and dying. This is a worthwhile source book for health care and social care professionals.

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Misa Izahura, *Family Change and Housing in Post-War Japanese Society: The Experiences of Older Women*, Ashgate, Aldershot, Hampshire, 2001, 198 pp., £37.50 hbk. ISBN 0 7546 1284 8.

Misa Izahura has written a fascinating book which cleverly marries a broad conceptual approach with detailed analysis of her empirical study. The subject of her research is interviews with 29 older women in Japan and some other relevant people. The focus is their experience of family change and housing. The experiences of these women is placed in the broader context of the changes that have taken place in Japan in the post-war period.

The book starts with a useful account of the demographic challenge facing Japan where the proportion of older people is growing faster than in most parts of the world. Next follows a chapter on social and family changes where, as the author puts it, 'the remarkable speed of post-war industrialization helped to shape the fundamental character of modern Japanese society' (p. 11). Alongside this, the traditional pattern of co-residence, where three generations live together, has been changed to one where more older people live alone. However, two-thirds of older people still co-reside with their younger family members. There have been other developments too, such as the changing role of women. In the next chapter, these changes are illustrated by an account of the interviews with the older women. These show that, while many women have been liberated from their traditional roles, many are 'still caught between traditional norms (cultural values) and their own preferences in decision-making, which sometimes constrained their residential choices' (p. 57).

The next part of the book looks at the Japanese welfare state in transition. Set in the context of a remarkable post-war economic growth, it is argued that the country has developed a residual welfare state. A mixed economy of welfare is developing in which there is a shift away from reliance on the family. The author argues that, 'For the welfare state of the twenty-first century to achieve more equality among families and individuals and between genders, the nature of Japanese society – presently 'male dominated', with an employment system predominantly 'large-firm oriented' and with social security systems based on 'the family as a unit' – will all be put under great pressure' (p. 86). The next chapter vividly illustrates these points through interview extracts with some of the women. Both the problems of older women and their growing power, for example as consumers, are shown. The interesting point is made that by raising the profile of older people the government have caused older people to rethink their perceptions of welfare and family provision. Another familiar theme is in the wide differences there are between women, with great inequalities according to their marital and employment status.

The book then moves on to housing – for which the general background needs to be taken into account. For example, only six to seven per cent of the population live in social housing and owner-occupation is high. In common with other countries there is support for independent living but, at the same time, as shown above, there is a high rate of co-residence. While 'staying-put' policies are beginning to be adopted, the government is also encouraging intermediate options between traditional co-residence and institutions. The penultimate chapter gives striking examples from the interviews with the older women, all of whom lived as co-residents or alone. The advantages and disadvantages of both situations are vividly illustrated, as are some findings which are increasingly replicated, for example, the sense of liberation of women who find freedom from the husband/wife relationship following the death or divorce of a spouse. A growing number of older women have started making their own choices about where to live in old age, and this includes not living with their families. As the author puts it, 'Living independently allows older people to avoid unnecessary conflicts with younger generations, to enhance the importance of individual pursuits, and also to maximise freedom and privacy in their residential setting' (p. 156).

Each chapter ends with a useful summary and conclusions and some explanatory notes. There is a comprehensive Appendix, which gives details of the methods, including an account of how her sample was chosen, and a helpful glossary of Japanese terms. There is a long bibliography but, sadly, no index. This book can be recommended on many levels. For those who want to know about welfare developments in Japan there is a clear account of developments. This is particularly interesting for housing. For those interested in older women, the book offers a picture of women whose lives have been transformed in old age with regard to their housing and family links. Sometimes this is for the worse but sometimes for the better.

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Harley Carl Schreck, *Community and Caring: Older Persons, Intergenerational Relations, and Change in an Urban Community*, University Press of America, Lanham, Maryland, 2000, 198 pp., pbk £10.95, ISBN 0 7618 1772 7.

In *Community and Caring* the social history of an urban neighborhood in the city of Minneapolis, Minnesota, is revealed through the ethnographic stories of 21 of its long-term residents. Based on the lifecourse perspective, history, age and cohort are interwoven to display the dynamic process of community life and ethnic relationships in north-eastern Minneapolis.

Divided into six chapters, the four inner chapters describe the development of the community through successive historic periods: from the beginning of the city of Minneapolis until 1918, from 1918 until 1941, from 1941 until 1970, and from 1970 until 2000. In each of these chapters, the life history of a specific individual is told as the framework for understanding the general context of the period, its key institutions, and the community and social interactions that characterise the period. The chapters describe how the social, ethnic, community and institutional characteristics of the neighborhood change through time, and how these changes affect the relations of the residents. Each chapter ends with a summary of the main historical, structural, institutional, and individual changes experienced through the period.

The chapters that open and close the book are more academic in tone. They place the stories in a larger context and help the reader to understand the theoretical basis underlying the study. They highlight the common and diverse experiences affecting the participants, and how these experiences influence and are influenced by the larger, structural and historical context.

Special attention is paid throughout the book to patterns of care-giving and care-receiving. The ethnographic methodology provides the reader with a dynamic and lively account of the ways in which these relationships change across time in the lives of the participants, and how institutional and societal changes affect them. Through the stories of the participants, the reader learns about the patterns of intergenerational relationships and the solidarity that characterises their lives.

Written in clear and accessible language, *Community and Caring* could be a valuable text for courses on ethnographic research or the lifecourse, as well as for those who wish to become familiar with the changes and development of urban neighbourhoods in the United States. In summary, this book provides an excellent example of a study at the intersection between older adults and the contexts in which they live, and how these interactions are reflected in help-giving and help-receiving patterns in an urban neighbourhood.

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Leonie Kellaher, *A Choice Well Made: 'Mutuality' as a Governing Principle in Residential Care*, Centre for Policy on Ageing in association with Methodist Homes, London, 2000, 112 pp., pbk £15, ISBN 1 901097 40 4.

This study offers a sustained and perceptive insight into the features and determinants of good-quality residential care. Ten residents chosen from each of 10 Methodist homes participating in the study and stratified primarily according to length of stay were invited to take part in semi-structured interviews which sought to explore residents' perceptions of the core values of Methodist Homes.

From this qualitative approach, which looks behind and beyond measures of 'resident satisfaction', comes a report which offers a sound basis for ongoing quality management in residential care, as well as a rare opportunity to hear directly from older people what, in their experience, constitutes good-quality care. Kellaher proposes the notion of 'mutuality' to represent the fundamental principle underlying the values of privacy, dignity, independence, choice, rights, fulfilment, and spirituality which are expressed in Methodist Homes' *Aged Quality Standards Manual* and in their Model of Care.

The sections of the book deal sequentially with making the decision to move into a home, adjusting to a new life, 'living a good residential life', and the meanings of security and change, before exploring the ways in which a Christian basis of care contributes to the maintenance of a sense of self in these residents. This self-hood provides the basis for residents' contribution to 'mutuality' in their relationships within the home; in many cases, self-hood arises out of a sense of continuity between past lives and current situation. It is interesting to note a New Zealand booklet also based on interviews with residents in a local Methodist Home is entitled *I'm Still Elva Inside*, and similarly invokes the linkage between self-hood and continuity throughout later life (Ogonowska-Coates 1993).

In this and other ways, the value of this work goes well beyond the setting from which it originates. It contributes to a fully rounded understanding of care standards, as well as to the research literature in residential care. In this literature, it is rare to find some roses blooming amongst the thorns of negative case studies. Kellaher however is not simply wearing tinted lenses in the course of this study. Her methods are clearly set out in the appendices, and the independence of the research group from the management and staff in terms of its processes and the integrity with which the sample selection and interviews were conducted is well presented. The quotations from the interviews give life and colour to the report, although as tape recorders were not used, the basis for the qualitative analyses and verbatim recording is somewhat unclear.

She acknowledges that in her two earlier works with colleagues (Peace *et al*. 1982 and 1997) evidence of negative components of residential care predominate over the positive. Both in academic discourse and in public media, in Britain and around the Western world, residential care has had 'a bad press'.

So what is 'mutuality'? Will it become the new buzz word for quality management in residential care in this increasingly competitive industry? One ironic implication is that overuse of the term may well devalue its currency, which Kellaher has cautiously presented in her analysis. As she says, the informants she met in this study had chosen to spend their final years 'in the company of those they believe to be kindred spirits'. The mutuality which they experience is multi-directional and reciprocal – between residents in friendship and sociability, between residents and staff in their interactions surrounding the activities of daily living, and within each home (residents and staff) – and it sustains their local identity in the context of the national shared policies and practices of the Methodist Homes organisation.

Looking to the future, Kellaher indicates that the trends towards admitting more residents with increasingly high dependency needs will impact on the prospects and opportunities for mutuality. This scenario resonates with the challenges experienced also in New Zealand, where the residential care sector was similarly strongly founded in the growth of religious and welfare homes from early in the 20th century; recent market reforms and the rapid expansion of private and commercial provision has seen some voluntary sector providers selling out, while others focus on accentuating and enhancing the 'special character' and high quality of their care.

This report will be of interest to those involved with residential care in many capacities, whether as staff, residents, family members or policy makers.

Researchers interested in the connection between policy and practice will also benefit from this study, as it presents perspectives from those who all too often are seen but not heard.

## References

Ogonowska-Coates, H. 1993. *I'm Still Elva Inside*. Bridget Williams Books/Christchurch Methodist Mission, Christchurch, New Zealand.

Peace, S., Kellaher, L. and Willcocks, D. 1982. *A Balanced Life: A Consumer Study in One Hundred Residential Homes*. Survey Research Unit, London.

Peace, S., Kellaher, L. and Willcocks, D. 1997. *Re-evaluating Residential Care*. Open University Press, Buckingham.

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