Ageing and Society, **18**, 1998, 79–99. Printed in the United Kingdom
© 1998 Cambridge University Press

Conceptualising practice with older people: friendship and conversation

PAM CARTER* and ANGELA EVERITT*

ABSTRACT
We reflect upon the practices of two projects working with older people – one involving health promotion and the other arts – in terms of the discourses deployed in their work. The material discussed is drawn from evaluations which, through their use of feminist and critical methodologies, were committed to revealing and challenging the layers of inequality often present in practice with older people. The familiar notions of friendship and conversation are shown to be useful in conceptualising the work of these projects. It is argued that the discourses within which these ideas are embedded offer the basis of progressive practice with older people even in routine settings such as housing, social care, recreation and social work. These concepts offer the possibility of thinking of older people as active subjects within, rather than passive objects of, practice and of challenging inequalities through reframing more functional discourses.

KEY WORDS – Evaluation, arts, health promotion, practice, discourses, voluntary sector, critical and feminist research, residential and daycare.

Introduction

In this article we examine the practices of two projects working with older people based in north-east England: one involving health promotion and one using arts. Through evaluations of these projects, we observed that, although operating within quite different policy initiatives and funding mechanisms, in their practices they had much in common. Although both projects were developed as 'innovatory', and indeed in many ways they were, both were also closely linked to more routine work in health and social care. However, unlike much mainstream work with older people these two projects framed their work within a language of self-development, drawing upon ideas of personal enhancement more familiar within educational and social development settings. In various ways, then, the assumptions of these two innovatory projects provided a challenge for more mainstream

* Formerly at the University of Northumbria, Newcastle.

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

practice about what can be achieved by and with older people. It is important not to leave the practices which developed within an 'innovatory' and therefore marginal category. Our evaluations indicated that there was much to learn from these two initiatives: both suggested that practice in many settings is based on assumptions about the needs and capacities of older people which are too limited. In this article, drawing on data collected during evaluations of the two projects conducted over a three-year period, we offer a tentative conceptual basis for creative practice with older people in 'ordinary' health, housing and social care settings.

The projects

The health promotion project was initiated by a long-established shop-front pensioners' advice and advocacy project in an area with high levels of disadvantage (Churchill *et al.* 1997). The project secured funding from the health authority for a three-year programme in health promotion and has subsequently acquired resources to cover a further three years. Funding covered the salary of one development worker, as well as sessional payments for tutors' fees and costs of transport. The development worker organised a programme of groups and classes for older people involving health-related activities such as yoga, aromatherapy, relaxation, tai chi, keep fit and walking. Some were short-term groups, some long-term, and others were one-off events such as days at sports and leisure centres. Quite challenging activities such as canoeing, abseiling and windsurfing were also available. In developing the programme, the worker consulted older people and local professionals. The project also encouraged the development of similar activities in other settings and tried to influence facilities in the locality to become more accessible to older people.

Approximately ten activities were offered at any one time and up to 30 older people attended each one, with many of them attending more than one. Some of these were held in sheltered housing schemes in the locality, some in community-based settings open to everyone, for example, church halls and clinics. In the neighbourhood in which these activities took place, participants were almost invariably from working class backgrounds defined in terms of previous occupations and current levels of income and resources. 76 per cent of participants were women, mostly between the ages of 70 and 75. Some specific activities were devised to attract older women originally from Bangladesh, India and Pakistan, and Asian tutors were employed to facilitate these. However most participants in the project as a whole were white.

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

The community arts programme was developed by a voluntary sector arts and disability project. The programme provided arts activities for residents of three local authority 'elderly persons' homes' (to use the local authority terminology) and people attending a day centre. The voluntary sector project employed a development worker to co-ordinate the programme, liaise with the Social Services Department and recruit and provide supervision for arts workers. These were either employed on fairly long-term, but time-limited, contracts, or on a temporary, sessional basis. The arts covered dance and movement, singing, music, weaving, writing and pottery. The original project was co-funded by the local authority Social Services Department and the Arts and Libraries Department through the government's urban programme, with contributions from a range of charitable trusts and local firms. The arts sessions were usually held in the sitting rooms of the homes and day centre, but sometimes in specialist facilities such as a pottery in a community centre. Participation varied from one arts activity to another and from one home to another. The usual picture was for approximately 10 to 12 residents, mainly women, to take part in each home. At the day centre, the activity included nearly all those attending, usually about 20 people, mainly women. People were of a very similar social class background to those who attended the neighbourhood-based health promotion project. They were, however, on average older and more frail, some of them well into their 90s.

Evaluation design and methods

The involvement of the authors in these projects was as evaluators. Evaluation was built into both projects in order to learn from and contribute to policy and practice development during the lifetime of the projects. The health promotion project was evaluated over a three-year period, the evaluation being funded by the health authority as part of the project grant (Carter 1993). The arts project was evaluated over two years, funded by an additional grant secured by the project from a charitable trust (Everitt 1994). The evaluators were from a local university research unit and in both cases were appointed by the project. The resources available for the evaluations were very limited: each project had up to about 100 hours of evaluator time in any one year. The approach adopted was to encourage the projects themselves to become evaluative through creating opportunities for those involved in them to reflect critically on the work. The evaluations were undertaken for the projects rather than only for the funders. Data were

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

generated through the routine processes of the projects as well as through specific data collection exercises such as conducting interviews with and without questionnaires. In both cases the evaluators' time was spent attending meetings of the projects, in discussion with project workers including development workers, tutors and arts practitioners, interviewing users and other relevant local workers, and responding to practitioners' reflective accounts of their work. Interim reports with analyses of data contributed to processes of reflection and development of the work.

In designing this evaluation approach we drew on feminist and critical social research paradigms in a number of ways (Fay 1987; Harding 1987; Harvey 1990; Maynard and Purvis 1994; Stanley and Wise 1993). We took as one starting point a recognition of multiple forms of inequality and oppression. For example, amongst other sets of social relations, gender, 'race', class and age were all important in the contexts of these projects. We recognised that these would influence day-to-day practice and experience, and that the evaluation process as well as other practices of the projects should, where possible, contribute towards challenging these inequalities. Feminist and critical researchers also recognise that more nuanced and sensitive pictures will develop through paying close attention to the knowledge and experience of those with least power, and through recognising the influence of power in the construction of what is usually accepted as valid knowledge (Haraway 1988). With these epistemological arguments in mind we believed that more would be gained in terms of understanding by opening up routine practices for reflection and deliberation than by documenting inputs and measuring outputs and outcomes. It is possible to describe two interrelated processes within the evaluations: one was concerned with generating evidence about all aspects of policy and practice; the other involved facilitating informed and critical debate about the meaning and value of the projects' practices. These arguments are more fully elaborated by Everitt and Hardiker (1996) and Everitt (1996).

Practice as a discursive field

This evaluation approach, emphasising dialogue between evaluators and all those involved in the programmes rather than identifying and measuring outputs, fitted particularly well with the agendas of the two projects. The health promotion project wanted to tease out its particular role and practices in order to identify its unique contribution for future contracts. The community arts programme was funded as a

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

demonstration project, and its practitioners were keen to make its work visible to, and understandable by, arts workers and social services departments, particularly those which might be interested in hosting similar projects. Articulating the practice was also necessary for the training of care workers in the homes and day centre, part of the remit of the arts project.

The evaluation process was concerned not only to describe the practice, but to make explicit the often implicit theories and values integral to it. This is in line with the idea that practice is not simply what we do but involves thinking about our actions and intentions, 'it is the interaction of theory-making, judgement and action' (Carter *et al.* 1995: 5).

Our task was not to provide a description of practice waiting to be discovered. Rather we envisaged practice as constructed within a discursive field, a multiplicity of discourses expressed within policies, in ways of talking and thinking, in explicit theories and everyday routines and practices. The concept of discourse used in this way is drawn from the work of Foucault (1977; 1979; 1981). Discourses operate through various naming and categorising processes within bodies of knowledge and social practices, linking what might otherwise be seen as disparate phenomena and ideas. To call upon one part of the linked chain within the discourse is to bring the other links into view. For example to be named as old is to be placed within a whole set of legal, social and medical discourses. One important way in which discourses operate is through creating apparently opposing categories: old and not old; dependent and independent. In relation to professional practice this creation of dichotomies and oppositions involves naming some practices as 'good' or 'empowering' and others as 'bad' and 'oppressive'. What is important is to be alert to the ways in which power is constantly operative in these naming processes, and to be aware that such naming can limit the ways we can think about our interventions. For example, here we suggest that discourses involving education and self development may offer opportunities for more creative practices than the discourses which are more routine in work with older people – those involving 'care' or occasionally those involving 'therapy'. It is crucial to explore both how practice is talked about and how it is conducted. With this perspective the task is not to arrive at some truth of practice or to get beyond discourse. Rather it is to examine the ways in which particular discourses are being deployed, and what practices are generated through them, in order to facilitate more reflective interventions.

We do not argue here that there is a single, 'correct' model for working with older people. Instead we draw out themes from our

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

evaluations of these projects in order to show how practices are constructed. We attempt to conceptualise these practices in order to provide a language which will enable practitioners and others to talk with each other about what they are doing and thinking and why they are choosing to act in particular ways. Hence we are advocating an open-ended approach to practice, one that is continually self-reflective and conscious of its own language and assumptions.

Work in arts and health promotion are particularly interesting to look at in terms of the discourses of practice. Both are relatively un-institutionalised in terms of work with older people and both of them bring discourses involving empowerment and self-development. These discourses provide a contrast to many routine practices with older people which are based on more functional ways of thinking about their needs. The notion of examining practice in terms of its discursive construction does not rely only on listening to users. The experiences of users are frequently constructed through the range of discourses concerning ageing, as well as gender and class. This includes the users; hence older people themselves may well have absorbed ideas about their marginal role and limited capacities. Although both evaluations included talking with users, both recognised that a broader engagement in all aspects of the work was required to understand practice. From this engagement we have identified a number of issues which we found useful in exploring the practice of these projects. These are: the relationships between process, activity and products in work with older people; appropriate activities in terms of age, class and gender; ageism and the role of practitioners; and democratic forms of practice. From these we offer ideas for conceptualising practice with older people in terms of conversation and friendship and show how these notions, alongside other traditions of progressive practice, can be the basis for creative work with older people even in routine care and institutional settings.

Process, activity and product

Both the health promotion and the community arts projects placed much emphasis on 'process' rather than on activity as an end in itself. The process through which the activity was conducted was in itself seen as valuable. This included attention to talking and relating, using different activities as vehicles for generating talk. Similarly, Smith (1994) describes the practice of a range of professionals in informal and local settings as conversation.

Activities were not only vehicles for talk however. Sometimes,

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

particularly in the health promotion programme, older people valued the physical activity for itself more than the workers did. In some of the health promotion groups, the workers' orientation to talk as the primary focus was resisted by older people who desired the sheer pleasure and enjoyment as well as the challenge of, say, keep fit or walking. Since both projects had chosen activities as a way of getting into process, rather than choosing a more direct discussion-based approach, these could not then be put to one side. The particular activity was important. It either attracted or repelled older people. For example, members of a carers' group within the health promotion programme wanted fun rather than meaningful discussions about their feelings and tasks. In addition, the practitioners themselves often had some personal commitment to the activity and would struggle to find connections between activity and process.

So the activity was not arbitrary. Selection of activity and the relationship between activity and process had different implications for the two programmes. Arts can be seen as more obviously liberatory than health promotion, less trammelled by control and normativeness – to do with creativity. Public exhibitions of the arts were mounted in galleries. All the proper protocol of programmes, including sherry at private views and mounted exhibitions, gave older people opportunities they may never have had before. Through their creativity, residents from 'homes for the elderly' participated in public events, were accorded public regard and were taken seriously. In this way, through the arts, 'private' older people engaged with the public world. However this brought with it difficulties associated with the public gaze. For example, the exhibition, which was mounted by the workers, raised for them concerns at what the effect would be of a full-size photograph of an untidy and poorly clothed older man enjoying himself dancing, without the fit and attractive body often associated with the dancer. The project had no control over the viewer – and viewing may have fed, rather than challenged, stereotypes. In the event the workers decided to take whatever risk might be involved in displaying the picture. Although no problems arose because of this, they might have resolved this issue more democratically by consulting the older people involved. Mistakes were made: reflecting on a pottery exhibition the workers realised that the exhibits had been displayed unattributed, as though they were produced by the project rather than by the person.

The other project revealed different difficulties. Health is readily bound up with control. Health promotion for older people, as with all health promotion, can be very problematic in this respect (Bunton *et al.* 1995). Smoking is a key example of an activity which many older,

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

particularly working class, people undertake for pleasure but which may contribute to their poor health. In this project this was an important issue during one enjoyable and over-subscribed activity, a 'Head for the Hills Walking Group' where people wanted to smoke on the bus. Such questions have to be resolved, as this one was, by workers thinking on their feet about what was important to achieve in any particular situation. In this case the older people continued to smoke, unchallenged by the worker. A different setting or another occasion may have led to a different outcome.

Health promotion is still a relatively open-ended discourse providing room for other kinds of practice within it (Beattie 1991; Bunton *et al.* 1995). Of course, there are constant limitations about how open ended health promotion activities can be, as funding becomes attached to measurable outputs which in turn must demonstrate their relevance for meeting or approaching targets, for example those set out in the Health of the Nation strategy (Secretary of State for Health 1992).

Reflective thinking about the complex relationships between activity and process is in marked contrast to seeing activity as competence, as something which has to be done correctly, on time and completed to a pre-defined standard. For example, a quiz hosted in the sitting room of one older persons' home, with residents in rows, involved the 'quizmaster' (literally) behaving as tester, pronouncing answers 'right!' or 'wrong!', paying little attention to how the older people themselves understood or engaged with this activity, or more often became rapidly disengaged. It was not the quiz in itself which was inappropriate activity, but the absence of conscious attention to the quiz as social practice.

For these projects, attention was constantly paid to the purposes of activities: entertainment? occupation? ends in themselves? something which has to be done properly? something which requires competencies? These questions had to be borne in mind by practitioners while they 'thought on their feet' (Schon 1983).

As well as involving activity and process these two projects also envisaged some kind of product. Inevitably the products of arts activities cannot be overlooked. Some of the arts workers were attached to the programme on a temporary, sessional basis and felt personally and professionally accountable in terms of their reputation for good practice in the arts community. The arts work with older people involved placing the products of their work in the arts world, in exhibitions, concerts and so on. These workers were concerned lest their own artistic work be judged by the quality of the products of arts sessions with older people. For them, it became essential that the process and the objectives of the arts work were made visible to the

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

world of their peers. The product of the health promotion work was supposedly improved health, a notion which cannot be totally side-stepped but which brings with it extraordinary complexity, for example in terms of how to balance the relationship between different facets of physical, social and emotional wellbeing.

Process, activity and product are not then separate categories. Each gathers its meaning and its relationship to the other from the particular practice and context. Reflective thinking, evaluation and deliberation can attempt to develop and capture these meanings as practice is continuously scrutinised, not through inspectorial means, but in ways that are dialogical and dynamic.

Work and play: age, gender and class

Some older people in the arts project expressed a particular criticism of dance and movement work, which some saw as childish. They felt patronised through it. Batting a soft ball to one another, playing with coloured scarves, moving and drawing attention to parts of the body and relating to bodies in unfamiliar ways, caused embarrassment for many. On the other hand, one of the most pleasurable times in the health promotion programme came when older women were provided with opportunities usually only open to younger people: canoeing, mountain biking, abseiling and windsurfing. One difference between the two was that these last activities took place in a public leisure centre, on the river and in the open-air, whereas the dance and movement work took place in institutional settings. Choosing to take part was a key factor. To be resident in an older persons' home whilst the dance and movement activity was underway meant that in order to remain in one's 'own' sitting room, it was necessary to refuse in one way or another to take part, to opt out rather than opt in.

We found it useful to understand these two examples by looking at the notions of power and resistance within the work of Foucault. For him power is constantly expressed through discourses which shape and control people's experiences. At the same time he argued that power is always accompanied by resistance (Foucault 1981). In the first example, activities which appeared to be what young people did became part of a discourse of 'childishness' because of the practices and setting which provided the discursive links. In these settings, being asked to bat a ball was just another imposed obligation, and, for some, a deeply embarrassing one at that. So resistance for some took the form of refusing to participate or of complaining. Power and resistance were operating differently in the second example. There, discourses

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

concerning what older people could and could not do were challenged by women, in a situation which they had chosen. In that setting they wanted to try something new, to participate in activities connected with children. Here, resistance to ageism took a different form from that in a location where routine lack of choice was the day-to-day experience of life in an institutional setting. In the second example an activity commonly entered into by children did not become framed within a discourse of childishness. Instead it was seen as fun and as exciting.

These two examples highlight the need to think about the relationship between play, work and age in our society. Play was not of itself a problem. The enthusiasm of some older women for mountain biking suggests that all of us can benefit from activities and identities that transcend age and gender. It is clear that such experiences can be enjoyable, exciting and potentially liberating. Through play, children often transcend age and gender; they are applauded for playing at 'being' adults. All too soon, though, this kind of play is viewed in functional and instrumental ways as training for later adult life. For example, younger children are allowed to play at being the opposite sex but adults, and later, children themselves, disapprove of this. Many of the structures around which age and gender are maintained involve the labelling of certain activities as age or sex appropriate (Gamarnikow *et al.* 1983). Challenging these restrictions on 'who can do what' are extremely difficult and often reveal deep-seated taboos. Nevertheless, they can be important in addressing inequalities of all kinds and change does occur through such processes. For example, it is now accepted that boys should learn cookery in schools. Unfortunately it seems much harder for women to appropriate high status 'male' activities than it is for men to acquire lower status 'women's' activities.

Engaging in activities which are traditionally perceived as inappropriate for one's age group or gender requires settings which support people's dignity and allow them to take risks. In the sitting rooms of the 'elderly persons homes', people were very much more frail than those attending the leisure centre. Their daily lives were controlled and they were often patronised by others as a matter of routine. It was within these settings that the batting of balls was experienced, by some, as 'childish'. However, the workers' thoughtfulness and skill in facilitating the activity ensured that embarrassment and discomfort were not the only effects. Being playful herself, in a way that demonstrated friendship, was important. Activities disrupted very passive situations, prompted people into action, into relating with each other, producing laughter, silliness and even pride. For some, the amazement at being able to catch the ball, when it had become taken

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

for granted in the routines of residential living that they could not do very much, was enough, even momentarily, to challenge their low self-esteem. Through play, undertaken in a thoughtful way, it was possible to jolt people out of passivity. Fay (1987) argues that liberation requires changes in our bodies as well as in our minds. People are often oppressed through the ways in which they are expected to manage and control their bodies, to shape them and use them as objects for others. This is particularly the case for women, since feminity has to be routinely presented through particular sorts of posture and appearance (Brownmiller 1986; Bartley 1988; Young 1990). Challenging these forms of oppression is extremely important:

> people are also bodies. A good deal of their society enters their bodies directly, or continues to be an effective determinant of their identities in addition to their having certain ideas: their bodies bear their society like stigmata (Fay 1987: 154).

In Foucault's terms, our bodies express discourses, for example those of feminity and ageing, which can be disrupted in ways which create resistance to their controlling effects. Perhaps this explains why an offer to older women of places on countryside familiarisation courses, as well as the skills exhibited by the workers in helping them undertake new and sometimes difficult activities, was so important.

Other patterns of routine social inequalities established in family, school and work, were also made visible through the evaluation processes. Even though more women than men took part in the health promotion groups and the arts programme, men were very much more visible. They attracted a lot of attention and in the dance and movement work were able to adopt roles familiar to them, for example, by flirting with the young dance worker or the care assistants. At first sight, it looked as though men were more co-operative, they 'joined in' more. But we began to observe that women were still subject to the often internalised processes of social control which constitute femininity. For example, they were especially alert to, and sometimes disapproving of, each other's clothing and personal behaviour. In the controlled setting of the residential home, in particular, the relationships between class, gender and respectability produced limits on opportunities for self-expression available to women. Public/private divisions, which had supposedly been left behind by all older people with their loss of earlier social roles in the workplace and in the home, were still operative.

Health promotion activities also are often gendered: keep-fit for women; walking for men. These divisions were reinforced in this project as funders and members of the project management committee constantly reminded workers to include more men in the activities.

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

Men were seen as more inherently valuable. Women alone or in the majority were often seen as not good enough.

These gender differences in appropriate activity are also strongly class related. Working class older people are expected by policymakers and practitioners to take part in activities and be entertained. Middle class older people are expected to talk and learn and often continue with their former, frequently professional, occupations, either paid or unpaid. Thus, there is a continuing mental/manual divide in older age for women as well as men (Bernard and Meade 1993). Practitioners have to engage with questions about whether they are imposing their values and preferences on people by encouraging them to tackle something they have not tried before. Nevertheless it is important that they do not collude with, and thereby reinforce, supposed natural differences and interests between people. The effect of a class-divided education system and of employment experiences produces what Sennet and Cobb (1972) describe as 'the hidden injuries of class'. This means that many working class people will have acquired the idea that anything considered remotely intellectual is not for them. We are not arguing here that practitioners should try to impose bourgeois tastes and values on captive audiences of older people. Rather that, in the best traditions of adult education, practice should challenge taken-for-granted assumptions, drawing on people's own experiences but not being imprisoned within them (Thompson 1980; Usher 1985; Allen and Martin 1992; Usher and Edwards 1994). These were constant debates for workers in both projects: for example, is it right for workers to consider chosen activities such as watching television or playing bingo to be insufficiently 'healthy' or 'creative?'

The role of practitioners and ageism

Younger people as practitioners wanting to engage in critical, non-discriminatory practice had to think carefully about their role and their relations with older people. Social class, age, disability, frailty, attractiveness and sexuality marked out vast differences between the arts workers and older people living in local authority residential homes. These practitioners, through the process of the arts, made attempts to bridge differences. For example, a local folk singer increasingly depended upon the older people suggesting songs and singing local songs that were unknown to him. This led to the compilation of a book of songs of the area (north-east England) from the 1920s, 1930s and 1940s. Similarly, a potter described herself as

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

providing the hands for a frail older person who talked through with her the pot he wanted to create.

The dance worker emphasised and made use of otherness. She would, through dance and movement, do things and display herself in ways that people admired and sometimes were astonished by. This combination of admiration and incredulity prompted much talk and laughter, again serving to disrupt passivity and orderly routine. Dancing down the corridor with an older person while escorting them to the toilet produced reprimands and disapproval from the officers in charge. In these ways, daring to do things entered the agenda for older people and care workers alike. Indeed, the older people often enjoyed the youth of the arts workers. Many had younger relatives and dance would provoke talk about them. Indeed dance, in both the arts project and the health promotion project, was very significant in creating conversation. Visiting dance halls had been a very important pastime for many older people. This particular physical activity and movement reminded them of what is often talked about warmly as their 'misspent youth'. Dance is a way in which many older people keep fit and, after walking, was regarded by those interviewed for the health promotion project as the most popular activity. In talking about times past, dancing every night was not uncommon. Dance thus belonged, albeit in different ways, both to the youthful arts workers and to the older people. It provided a bridge between the young and the old, and between current life and the pleasures of personal histories.

Both projects are now attempting to engage older people as workers as well as users of services. The health promotion project recruited older people as tutors for a number of its groups and the arts project has embarked on a programme to train older people to work as arts workers with people older and more frail than themselves. It has become a kind of truism in the discourses of anti-oppressive practice that practitioners should be drawn from the same social group as those they work with, women working with women, black workers for black communities. While this is a significant idea we would argue that it is important to be wary of essentialism that is sometimes implicit within it. The matching of worker and user can pretend to sameness when inevitably there will continue to be important differences. In relation to older people, it may be no more comfortable to be guided by someone of your own generation more fit, able and accomplished than yourself than by a younger person where 'differences' are more acceptable. Ageism and the age difference between practitioners and older people produce similarities with other dimensions of inequality but also differences. One important distinction is that everyone has been young and many

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

will become old. Ageing belongs to everyone and, although the dynamics of ageism mean that many people try to reject this knowledge, progressive practice whether by younger or older workers demands recognition of the intricacies of difference and commonality (Bytheway and Johnson 1990; Bytheway 1995). It is not a matter of assigning people, practitioners or users, to the correct category. On the contrary, reflective practice requires a continuing scrutiny and disruption of categories, and a recognition of the complexities of commonalities and differences.

Democratic forms of practice

Both programmes arose, like many others, out of professional definitions of need, involving top-down decisions about ways to improve the quality of life of older people. However, over the four years of the health promotion project's life so far there has been a gradual shift from the practitioner planning activities to older people deciding what they would like to do. For example, the walking group now meets at the beginning of each season to decide on trips and venues which are then organised by the worker, a small step on the way to more democratic practice (Beresford and Croft 1993). Health promotion work has been criticised for trying to perfect ways of passing health messages downwards rather than tackling issues such as material causes of health inequality (Ashton and Seymour 1988; Blackburn 1991; Bunton *et al.* 1995). The practice of this programme shows a more complex picture. In many ways older people take what they want from the project, voting with their feet and simply not attending activities irrelevant to their needs as they see them. The walking group and others increasingly involve older people in defining and acting on their own understanding of their needs (including smoking when they want to), overlapping with professional definitions but not framed and limited by them.

The arts programme was taken into residential homes following negotiations at senior management level in both the Social Services and the Arts and Libraries Departments. Since it was an explicit objective of the programme that care workers be trained in arts, much work was undertaken so that care assistants 'owned' the project and engaged fully with it. Far less effort went into ensuring that older people felt the same sense of ownership.

While not a planned intention of the project, perhaps one of its most significant effects was to increase older people's control of the homes they lived in. A small group of older people from one home decided,

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

with the potter, to do something together and make something that they would be able to take 'back home' with them. Their discussions raised issues such as what would happen to the results of their work in the tidiness of the residential home. Eventually the idea of a bird-bath emerged. Through talking about the place of pottery in the home, they realised that the garden as well as the home conveyed feelings of not belonging to them. Making a bird-bath would be something they could do together, something they could take back with them and, through it, make a corner of the garden theirs.

Similar disruption to routine and control arose from activities which made a mess and a noise: brightly coloured materials and wools on the sitting room carpet during the textiles session; clashing 'symbols' of musical instruments replacing the drone of the television. The writing group allowed older people to make their lives prominent to themselves and to each other. Individual and group writing included not only reminiscence but importantly critical comment on immediate past and current experiences. Writing about entering and living in residential homes, having no choice as to what to eat for breakfast at the age of 93, reflecting on the inadequacy of services for a man whose partner had Alzheimer's disease (Cunningham 1995), all served to resist and disrupt the objectified passivity of the lives of many older people processed through health and social services.

Stanton (1990) has argued that it is essential to progressive practice that workers themselves have opportunities for democratic involvement in decision making about their work. In the older people's homes, the arts programme exposed contradictions and dilemmas for care assistants. They were practitioners in hierarchical organisations, workers on the 'shop floor' – the corridors, dining room and sitting rooms – separate from those in charge, sitting in 'the office'. Rigid routines had often been developed by those 'on the corridors' in attempts to exercise control over the work. Moving up the hierarchy through the office and across to the headquarters of the Social Services Department, senior staff were able to allow themselves the luxury of valuing innovative practice without fear of taking risks. Encouraging an older person to get up and dance might be innovative, but also might be dangerous. Care assistants, with little opportunity to engage in decisions about policy, resources or priorities, were expected to take such risks and bear the consequences. It was they who had to decide whether to join in with weaving rather than wipe up the mess. The arts programme exposed these dilemmas and gave opportunities for care workers to talk about their work with each other, with the arts worker and with the evaluator. It is now recognised as important that these

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

workers have opportunities to meet together and to reflect upon their work.

These examples illustrate ways in which democratic processes were beginning to be built into the practice both for practitioners and for older people. This is practice moving towards 'democracy in action', in contrast with other supposedly participative models such as involving people in management tasks and responsibilities irrelevant to their needs, or eliciting their views as consumers through processes of quality assurance.

Conceptualising practice

Conceptualising the practice was an important aspect of the evaluation so that it could be understood, analysed, communicated and debated by all having an interest in it.

The ideas involved in Community Development and Health (CDH) (Beattie 1991) could and do offer some ways of describing the practice of the health promotion project but they do not capture all of what goes on here. Health promotion is not the same as community development and is still an arena within which new practices are developing relating to the specific situations and needs of particular groups. For example, the impact of activism in relation to HIV/AIDS and other social movements has led to new innovative models of practice cutting across community development, education and democratic and accountable practices, linked to social movements (Carter and Watney 1989).

The health promotion worker initially drew on discourses of support and self-esteem, 'feeling good about yourself'. To begin with the part friendliness played both in relations between older people and tutors and in the intention to offer opportunities for older people to make friends with each other, was not thought of as significant. Eventually friendship moved from being an unexamined concept to a model for developing practice. Fundamentally, friendship involves reciprocity between equals (Allan 1989; O'Connor 1992). Taking this idea, practitioners from the health promotion project are now encouraging the development of co-operative living or processes of making friends in sheltered housing schemes. Residents have been asked to identify activities in which they are or have been interested, to begin to value their own skills in order to share these with each other in small groups, of say two or three people. This is a very different starting point from being offered activities on a 'service delivery' basis. For example, one woman said how much she would value a sewing machine; she used to

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

have one in her own home but had not brought it with her, thinking there would not be room for it in her small flat. Another woman in the group immediately offered to share hers, suggesting that they could start a small sewing group. This led to much discussion about garments sewn and mended in the past, embroidery and other sewing projects undertaken. This lively exchange was in sharp contrast with a rather grumbling discussion, witnessed by the evaluator, by the same people in the tenants committee. This concerned a recent visit made by children from the local school who came into the tenants' sitting room to sing to the older people and supposedly talk with them about the war, conversations that neither the young nor the old were very enthusiastic about (Churchill *et al.* 1997). Recognising that people need to be given opportunities to make friends, that friendships are important to people and that they develop in settings where people feel good about themselves and believe that they have something to offer as friends, is important in work with older people. Older people have often lost and will lose friends. They also have diminishing opportunities for making new friends, through work and children for example (Allan 1989; O'Connor 1992). Workers in many settings can consciously encourage the development of friendship. In fact of course many workers do just this. But we are suggesting that this should be seen as a primary goal of practice rather than a happy by-product.

'Conversation' most aptly conceptualised the practice of the arts programme, distinguishing it from 'therapy' on the one hand and from 'activity' on the other. The movement and dance, for example was described by the practitioner as providing opportunity for communication for everybody including those who find words difficult. More than that, she talked of the value of joining in, sharing, having fun, letting go, a process concerned with both self-identity, individuality and group process. The training for care assistants undertaken by the acts project was important as it involved creating conversation amongst care assistants and between care assistants and older people. The Social Services senior management appreciated the programme for ways in which it involved older people in meaningful conversations and in co-operative activities in small groups. Conversation was also the term used by the pottery worker in describing the experience of one very frail older man making a pottery model. The model presented a picture of two people with their dog and picnic hamper having a day out in a rowing boat. As he made it, or rather described what he wanted to make to the potter who acted as 'his pair of hands', he effectively 'engaged in a conversation with himself'. Through the evaluation, a number of themes emerged which strengthened this notion of arts as

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

conversation: art experienced therapeutically, but not as a form of therapy; art experienced as activity but providing more complexity in engagement than occupational activity; art experienced as a means through which social dialogue and personal development is generated. The table below shows how the contrasting concepts of 'conversation', 'therapy' and 'activity' clarified what was experienced as important to the processes of the project.

Conversation	Therapy	Activity
Communication	Treatment	Production and productivity
Recognition of self and other	Applied by one on the other	Requiring skills and competence
Reciprocity and equality	Inequality between therapist and client	One more expert than the other
Mutual learning and reflection	Producing change and correcting deficiency	External to inner selves

In both projects enjoyment, pleasure and 'having a good time' became an important discourse. Within this discourse friendship and conversation have a central and familiar place.

A developing model of practice

This analysis of health promotion and arts work with older people begins to reveal a number of key elements in the various approaches to practice. First, the practice paid attention to process involving conversation and interaction for practitioners and older people alike. Second, activities were simultaneously vehicles for generating talk and also allowed older people to experience themselves in new ways, for example, as creative. Third, it was recognised that the value attached to 'products' of practice, for example a healthier body or a piece of art work, must evolve from democratic practices. It is important to resist the tendency, and increasingly the requirement, for product to override and constrain process. At the same time product is important. Products in art could result in older people patronised and dismissed. On the other hand, they can bring a sense of achievement and a measure of public regard. Lack of product in health promotion could result in real differences in morbidity, and in the overlooking of mortality. If a complex understanding of health is used including broader aspects of wellbeing more varied products can be valued (Thompson *et al.* 1990).

This kind of practice also demands that barriers between work and play, and education and training, are challenged and reconceptualised (Young and Schuller 1991). Choosing to take part in activities leads to

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

situations where older people can engage in activities which could in other circumstances be seen as patronising. At the same time new choices and unlikely possibilities can be offered so that older people can experience themselves both in terms of mind and body in ways which disrupt gender, class and age hierarchies. There is an inherent and necessary tension between allowing older people to choose and offering new and more stimulating possibilities. Attention must be paid to class and generation. Practitioners must neither compound processes of cumulative exclusion through offering only familiar choices nor offer activities which people find impossible to relate to, and which therefore exclude them once again. It is important that stereotypical assumptions relating to class, gender and ethnicity do not dictate the opportunities offered.

At face value there may be difficulties in developing egalitarian practices if practitioners are all younger people. However, this does not mean that only older people should engage in practice with older people. It is important not to adopt essentialist notions of old age but rather to imbue practice with an understanding of ageism and to make the relations between older and younger people the subject of ongoing scrutiny. We are arguing that some of the ideas developed here can be incorporated into work undertaken by care assistants, sheltered housing wardens and many others. Inevitably many of these will be younger.

There are traditions of practice which may be drawn upon further to develop these approaches to practice with older people. These include: reminiscence groups, particularly those involving dialogue rather than therapy (Bornat 1994); oral and local history (Slim and Thompson 1993); social pedagogy and the practice of animateurs (Lorenz 1994); 'conscientization' (Freire 1972); consciousness-raising as in feminist practice (Dominelli and McLeod 1989); social movements (Croft and Beresford 1992; Beresford and Croft 1993); praxis (Fay 1987; Grundy 1987).

What these have in common is that they are articulated through discourses concerned with education, learning and equality, and with the kind of reciprocity involved in notions like friendship and conversation. These seem from the examples we have explored here to offer greater potential for the development of critical and progressive practice than either individualistic discourses of therapy, support and counselling or those concerning care and service provision. Conceptualising even seemingly ordinary and routine practices with older people in these ways would enable a wide range of practitioners across a number of sectors – health, social care, social work, housing, libraries, sports, recreation and adult education – to contribute to more creative

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

work with older people. The notions of friendship and conversation, in their very ordinariness, express what is most important in the best of routine practice.

References

Allan, G. 1989. *Friendship: Developing a Sociological Perspective*. Harvester Wheatsheaf, Hemel Hempstead.

Allen, G. and Martin, I. 1992. *Education and Community: the Politics of Practice*. Cassell, London.

Ashton, J. and Seymour, H. 1988. *The New Public Health*. Open University Press, Milton Keynes.

Bartky, S. L. 1988. Foucault, femininity and the modernisation of patriarchal power. In Diamond, I. and Quinby, L. (eds) *Feminism and Foucault: Reflections on Resistance*. Northeastern University Press, Boston.

Beattie, A. 1991. Knowledge and control in health promotion: a test case for social policy and social theory. In Gabe, J., Calnan, M. and Bury, M. (eds), *The Sociology of the Health Service*. Routledge, London.

Beresford, P. and Croft, S. 1993. *Citizen Involvement: a Practical Guide for Change*. Macmillan, Basingstoke.

Bernard, M. and Meade, K. 1993. A Third Age lifestyle for older women? In Bernard, M. and Meade, K. (eds), *Women Come of Age*. Edward Arnold, London.

Blackburn, C. 1991. *Poverty and Health: Working with Families*. Open University Press, Buckingham.

Bornat, J. (ed), 1994. *Reminiscence Reviewed: Evaluations, Achievements, Perspectives*. Open University Press, Buckingham.

Brownmiller, S. 1986. *Femininity*. Paladin Grafton Books, London.

Bunton, R., Nettleton, S. and Burrows, R. 1995. *The Sociology of Health Promotion: Critical Analyses of Consumption, Lifestyle and Risk*. Routledge, London.

Bytheway, B. 1995. *Ageism*. Open University Press, Buckingham.

Bytheway, B. and Johnson, J. 1990. On defining ageism. *Critical Social Policy*, **27**, 27–39.

Carter, E. and Watney, S. (eds), 1989. *Taking Liberties: AIDS and Cultural Politics*. Serpent's Tail, London.

Carter, P. 1993. '*I just feel happier that day*': *Health Promotion and Pleasure in Older People*, Newcastle upon Tyne, Social Welfare Research Unit, University of Northumbria.

Carter, P., Jeffs, T. and Smith, M. K. (eds), 1995. *Social Working*. Macmillan, Basingstoke.

Churchill, H., Everitt, A. and Green, J. 1997. Taken away from community: older people and sheltered housing. In Hoggett, P. (ed), *Contested Communities: Experiences, Struggles, Policies*. The Policy Press, Bristol.

Croft, S. and Beresford, P. 1992. The politics of participation. *Critical Social Policy*, **35**, 20–44.

Cunningham, T. 1995. *Always Alice*. Equal Arts, Gateshead.

Dominelli, L. and McLeod, E. 1989. *Feminist Social Work*. Macmillan, Basingstoke.

Everitt, A. 1994. *Creating Conversations: an Evaluation of Equal Arts Gateshead Elderly Arts Project*. Equal Arts with the Social Welfare Research Unit, University of Northumbria, Newcastle Upon Tyne.

Everitt, A. 1996. Developing critical evaluation. *Evaluation*, **2**, 173–188.

Everitt, A. and Hardiker, P. 1996. *Evaluating for Good Practice*. Macmillan, Basingstoke.

Fay, B. 1987. *Critical Social Science*. Polity Press, Cambridge.

Foucault, M. 1977. *The Archaeology of Knowledge*. Tavistock, London.

Foucault, M. 1979. *Discipline and Punish*. Penguin, Harmondsworth.

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press

Foucault, M. 1981. *The History of Sexuality, Volume I, An Introduction*. Penguin, Harmondsworth.

Freire, P. 1972. *Pedagogy of the Oppressed*. Penguin, Harmondsworth.

Gamarnikow, E., Morgan, D., Purvis, J. and Taylorson, D. (eds), 1983. *The Public and the Private*. Heinemann, London.

Ginn, J. 1993. Grey power: age-based organisations' response to structured inequalities. *Critical Social Policy*, **38**, 23–47.

Grimley Evans, J., Goldacre, M. J., Hodkinson, M., Lamb, S. and Savory, M. 1992. *Health: Abilities and Wellbeing in The Third Age*. The Carnegie United Kingdom Trust, Dunfermline.

Grundy, S. 1987. *Curriculum: Product or Praxis*. Falmer, Lewes.

Haraway, D. 1988. Situated knowledges: the science question in feminism and the privilege of partial perspective. *Feminist Studies*, **14**, 575–599.

Harding, S. 1987. *The Science Question in Feminism*. Open University Press, Milton Keynes.

Harvey, L. 1990. *Critical Social Research*. Unwin Hyman, London.

Lorenz, W. 1994. *Social Work in a Changing Europe*. Routledge, London.

Maynard, M. and Purvis, J. (eds), 1994. *Researching Women's Lives from a Feminist Perspective*. Taylor and Francis, London.

O'Connor, P. 1992. *Friendships between Women: a Critical Review*. Harvester Wheatsheaf, Hemel Hempstead.

Ranson, S. 1994. *Towards the Learning Society*. Cassell, London.

Schon, D. A. 1983. *The Reflective Practitioner: how Professionals Think in Action*. Maurice Temple Smith Ltd, London.

Secretary of State for Health. 1992. *The Health of the Nation: a Strategy for Health in England*. HMSO Cm 1986, London.

Sennet, R. and Cobb, J. 1972. *The Hidden Injuries of Class*. Norton, New York.

Slim, H. and Thompson, P. 1993. *Listening for a Change: Oral Testimony and Development*. Panos, London.

Smith, M. K. 1994. *Local Education: Community, Conversation, Praxis*. Open University Press, Buckingham.

Stanley, L. and Wise, S. 1993. *Breaking Out Again: Feminist Ontology and Epistemology*. Routledge, London.

Stanton, A. 1990. Empowerment of staff: a prerequisite for the empowerment of users? In Carter, P., Jeffs, T. and Smith, M. (eds), *Social Work and Social Welfare Yearbook 2*. Open University Press, Milton Keynes.

Thompson, J. L. (ed), 1980. *Adult Education for a Change*. Hutchinson, London.

Thompson, P., Itzin, C. and Abendstern, M. 1990. *I Don't Feel Old: the Experience of Later life*. Oxford University Press, Oxford.

Usher, R. S. 1985. Beyond the Anecdotal: Adult Learning and the Use of Experience. *Studies in the Education of Adults*, **17**, 59–74.

Usher, R. and Edwards, R. 1994. *Postmodernism and Education*. Routledge, London.

Walker, A. 1993. *Age and Attitudes*. EC Commission.

Walker, A., Guillemard, A. M. and Alber, J. 1993. *Older People in Europe – Social and Economic Policies*. EC Commission.

Young, I. M. 1990. *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory*. Indiana University Press, Indiana.

Young, M. and Schuller, T. 1991. *Life After Work: the Arrival of the Ageless Society*. HarperCollins, London.

Accepted 22 August 1996

Address for correspondence:
angela.everitt@durham.ac.uk

https://doi.org/10.1017/S0144686X97006764 Published online by Cambridge University Press