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The same old process? Older people, participation and deliberation

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ABSTRACT
Opportunities for older people to take part in decision making about public policies and services are expanding in the United Kingdom and elsewhere. This paper considers the potential of older people's participation in policy processes for both transforming the policy process and for achieving socially just outcomes. It argues that the way in which such participation takes place, in particular the nature of the deliberative processes, affects both who will feel able to take part and the capacity to develop new policy discourses which can challenge official perspectives and assumptions. It draws from critical perspectives on deliberative democracy to provide a theoretical framework. This work emphasises the importance of story telling and forms of exchange designed to offer recognition to others, as well as the rational argument more usually associated with deliberation on matters of public policy. The argument is illustrated with examples of participation initiatives that have involved 'active' older people and those who are users of social care services. Different styles and processes of exchange are distinguished in the three case studies. In one, active facilitation enables individual stories of ageing and of service use to be woven into collective narratives that offer an alternative vision of care services. In another, a strong emphasis on 'greeting' enables conflicting views to be expressed without participants falling out. In the third, styles of exchange familiar in formal debate limit the development of an alternative discourse. The conclusion suggests that attention needs to be given to the process of participation as well as to outcomes.

KEY WORDS – participation, deliberation, inclusion, discourse, public policy making, user involvement.

Introduction

This paper examines British initiatives through which older people are participating in discussions about public policy and services that affect their lives. It refers to very different examples of older people's participation that have been studied in the course of two research projects (Barnes and Bennett-Emslie 1997; Barnes *et al.* 2002). The first is a 'User

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Panels' project, developed under the aegis of *Age Concern Scotland* (a major voluntary organisation) in Fife (Cormie 1999). The others are Senior Citizens' Forums in two English cities.

Older people have welcomed the increased opportunities for them to have their say about services and policies, and an increasing number are being consulted. Consultations are organised in different ways to ensure that the interests and perspectives of older people are represented to policy makers, and this is happening not only in Britain but also elsewhere in Europe, the United States, and most recently in Africa (Diallo and N'Doye 2002). What is less clear is how much impact such consultations are having on the way in which issues of public policy are debated, and whether older people feel that as a result real differences are being achieved. Barnes *et al.* (2004) argue that the nature of public participation is such that evidence of new discourses concerning public policy issues is rare, and there is little cause for optimism at the expansion of public participation if one of the purposes is to achieve more inclusive outcomes from such processes. If this is the case, we need to look closely at what happens when citizens become involved and how debate is conducted.

The aim of this paper is to examine in some depth the processes of older people's participation and to consider their potential for achieving transformative outcomes. Thus, this article focuses on the micro-processes of interaction in the various initiatives. How is dialogue being conducted and what does that suggest about the ways in which participation can include diverse older people and generate a more inclusive discourse about social policy? To locate the examples discussed here in a broader context, the paper starts with a brief review of the contexts and purposes of older people's participation. It then addresses theories of deliberative democracy to provide a framework for the consideration of the nature of the exchanges in the three case study examples.

Origins and purposes of older people's participation

Several reasons account for the expansion of opportunities for public participation in the United Kingdom since the 1980s. A concern about the nature of public services and their capacity to be responsive to the needs and aspirations of increasingly sophisticated, knowledgeable and diverse 'consumers' has led to a proliferation of initiatives to enable service users to become more active consumers. Questioning of the authority traditionally attached to professionals or other 'experts', and an awareness of the significance of lay and experiential knowledge in decision making, have led to an increasing emphasis on shared decision making in health care

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and other contexts. The inter-connectedness of social problems and the need to understand how they impact on people's lives has resulted in area-based initiatives in community involvement, both in defining and responding to policy problems. Concern that traditional models of representative democracy are losing their legitimacy and failing to engage with a sufficient number of citizens has led to the development of diverse methods of engaging citizens directly in a more participative democratic practice that is considered to confer greater legitimacy on public policy making.

There are examples of older people's participation which reflect each of these different purposes. As public service consumers, older users of social care services have been consulted about community care plans and service delivery and have engaged in initiatives designed to create more responsive services (Barnes and Bennett 1998; Raynes 1998; Thornton and Tozer 1995). The 'Expert patients' initiative of the National Health Service (NHS) has recognised the importance of supporting people, including older people, who are experts in their own health problems with a programme to develop their capacities to manage their own conditions (Department of Health 2001*a*). The *National Service Framework for Older People* has provided an opportunity for older people to act as expert consultants in the implementation of policy intended to improve health services for older people through the creation of 'person-centred care' (Department of Health 2001*b*). In other contexts, older people's expertise has been recognised through their active engagement in designing and carrying out research (*e.g.* Peace 1999; Warren and Maltby 2000).

Older people's and pensioners' organisations have represented their views to national policy makers for much of the 20th century in the UK, elsewhere in Europe and in the USA (Vincent *et al.* 2001). In some countries, such as Israel and Slovenia, older people have tried to develop their own political parties (Iecovich 2002; Versa and Schmitt 2002). As well as campaigning around pensions, regional and national pensioners' organisations in England are increasingly engaged in campaigns on health service issues. The generation that saw the introduction of the welfare state has been vocal in its opposition to the privatisation of aspects of health and social care services and to charges for long-term care. Another major focus of attention has been public transport services and the availability of free travel and concessionary fares for pensioners. There are strong links in terms of both membership and campaigning focus between the *National Pensioners' Convention* and the retired members' sections of the trades unions.

At a city or local authority level, a number of Senior Citizens' Forums provide a focus for autonomous campaigning and for dialogue between local policy makers and older people. As strategies for neighbourhood renewal are implemented in response to central government requirements

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(Department of the Environment, Transport and the Regions 1998), policy is increasingly focused at the sub-authority or locality level, and so also is officially sponsored public participation. Older people are involved as members of their local communities and influence the implementation of policies for the entire local population, not just older people.

The *Better Government for Older People* (BGOP) initiative adopted a holistic perspective, and viewed older people as service users, active citizens and experts with contributions to make to their local communities and to the governance of public services (see www.bgop.org.uk). It recognised the need to challenge ageist attitudes which prevent older people making such contributions. BGOP demonstrated many characteristics of 'New Labour' government policies. It brings together statutory, voluntary and private sector bodies to develop new ways of delivering services, and to involve older people directly in the process. Its pilot projects focused on diverse policy issues of relevance to older people: health and social care services, leisure and education, transport, information and information technology, finance and benefits. Other projects have raised awareness of older people as employees and have contributed to 'age diversity' in employment policies (Hayden and Boaz 2000). As the above brief summary of initiatives involving older people in the UK demonstrates, diverse activities now enable older people to take part in policy making at local, regional and national levels; opportunities are also developing at an international level (Verbbrughe 2002). Dialogue between older people and public officials is taking place in a wide range of institutional contexts and through many different forms of engagement.

Deliberative democracy

The practice of public participation has been informed by theorists of 'deliberative democracy', who along with practitioners have argued that for a diverse citizenry it holds greater promise than representative democracy for inclusive, critical, informed and responsive engagement (see Dryzek 1994; Fishkin 1991; Coote and Lenaghan 1997). Deliberative democracy aims to develop the citizens' capacity to take part in public debate by providing opportunities to engage in critical reflection. Public officials, politicians and technical experts are required to explain policy issues in ways that are accessible to and can be debated by 'ordinary people'. To engage in debate about many of the critical issues of public policy, citizens require access to knowledge that has traditionally been restricted to particular scientific or knowledge communities. This is evident in, for example, health care and environmental policy making. Citizens

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wanting to make an impact in relation to such issues need to be able to access and debate evidence about, for example, the effectiveness of different types of clinical treatment, or the impact of different forms of waste disposal mechanisms (*e.g.* Petts 1997). The practice of deliberative democracy is intended to open such knowledge to lay scrutiny, as well as to open up political arenas to more direct processes of citizen involvement. This is evident in, for example, the design of citizens' juries (Barnes 1999; Coote and Lenaghan 1997).

Underlying such initiatives is also the belief that technical knowledge alone is inadequate to the resolution of policy problems. The issues such problems raise are not solely technical but also political and ethical, concerned as much with what sort of society we want to create as with decisions about the most efficient way of dealing with particular problems. And since policy decisions impact differentially on different groups of the population, the experiential knowledge of those most directly affected – those, for example, living close to incinerators or who are the recipients of a particular medication – provides another valid and legitimate source of knowledge which should usefully contribute to the policy debate.

The practices of deliberative democracy are designed to create spaces in which such debate can take place. Theorists have argued that this requires spaces in which rational debate amongst equals can happen; where citizens, politicians and 'experts' can meet without one group dominating another, where all have equal opportunity to pursue their arguments and challenge others, and where the intentions of all are focused on achieving the best possible policy outcome, rather than pursuing self interest (*e.g.* Dryzek 1990). In order to achieve this, it is argued, *communicative competence* is required, 'the ability to use language (more precisely, speech acts) to create understanding and agreement, that is to communicate rationally' (Habermas quoted in Webler 1995: 44). Webler goes on to specify four elements to communicative competence: '*cognitive competence* – the ability of an individual to master the rules of formal logic; *speech competence* – mastery of linguistic rules; *pragmatic competence* – mastery of pragmatic rules; and *role competence* – mastery of rules for interaction'.

Critics of deliberative democracy have pointed out the impossibility of creating the type of 'level playing field' implied by such an analysis, and have argued that normative notions of what is an acceptable rational debate may exclude those whose 'communicative competence' does not enable them to engage in deliberation, or whose style of engaging in debate is culturally different or considered inappropriate to the process of deliberation on matters of public policy. If deliberative processes are to include those who have traditionally been excluded from policy making,

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then there needs to be a broader conception of ways in which debate might take place.

Iris Marion Young (2000) has argued that if deliberative democracy is to be 'internally inclusive', that is, if people are not only to be present in deliberative forums but really able to take part in them, then such forums need to encompass forms of communication which go beyond rational argument. As well as argument, she suggests that three other types of exchange are necessary to enable effective and inclusive dialogue. First, this requires attention to the significance of *greeting* in human interaction. Greeting refers to 'those moments in everyday communication where people acknowledge one another in their particularity' (2000: 57–8). It includes literal greetings, 'lubricating egos', deference, politeness, and offering refreshments to those taking part.

Rational argument is often seen to exclude the use of imagery and other forms of playful language that is designed to be persuasive through the way in which things are said as well as through its content. The pejorative associations of the term *rhetoric* express suspicion that people are inappropriately taken in by language which is anything but disembodied and dispassionate. However, Young argued that attempts to privilege dispassionate forms of expression can exclude those whose communicative styles are more dramatic, emotional or figurative. She gives the example of Jesse Jackson in the United States whose bid for the Presidency was undermined by critics who mocked his style of speech that was associated with Black churches.

The third type of exchange which Young argued is necessary for a more inclusive concept of deliberation is narrative or story telling. Narrative is recognised as valuable in some forms of clinical practice (*e.g.* Mattingly 1998) and as a means of researching people's lives in their social and historical contexts (*e.g.* Miller 2000). Young argued that it serves several purposes in relation to deliberative democracy: as a bridge to enable those who have been wronged to relate their sense of injustice, as a means of articulating collective affinities, as a way of developing an understanding of others' experiences, as a means of revealing the source of values and priorities, and as a way of revealing how issues are seen from a particular point of view.

Older people and deliberation in practice

In view of the diverse forms of older people's participation in discussions about services and policy, we might expect to find different types of dialogue and exchange within them. The three examples which follow do not

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illustrate all the types of deliberation that exist, but they do show that *how* dialogue takes place influences the returns from such exchanges in terms of new ideas and ways of thinking, and that there is a relationship between how dialogue is conducted and who takes part. In particular, the examples offer evidence which supports Young's argument for the inclusion of diverse forms of exchange in the process of deliberation on public policy issues.

The Fife User Panels

This project developed out of a commitment to a community development way of working. All the participants used community-based health and social-care services and all needed assistance to attend meetings because they were unable to travel unaided. The panels were based on a belief that not only was there value in enabling frail older people to express their views about their lives and the services they received, but that the issues and the agenda for action should be determined by older people themselves (for detailed descriptions of the methods see Cormie 1999 and Barnes and Bennett-Emslie 1997).

During the early meetings, the participants were encouraged to talk about their experiences of growing older and what it felt like to need services. From this process of story telling common concerns emerged. Various methods were subsequently used to enable the panel members to define more closely the nature of the problems they experienced, and to suggest what action they wanted to take. For example, virtually all received home-help services, and identified aspects of the ways in which they were provided which was not as helpful as it could be. Participants started to define what they considered were the key problems with existing services. The facilitator of the panels then obtained a copy of the local authority social services' policies and procedures for the service. From this the panel members defined a series of questions that they wanted to address to the home-help manager. He was subsequently invited to attend a meeting to respond to their questions.

Participants went one step further in relation to the issue of hospital discharge. They identified the typical problems they had experienced on being discharged from hospital: not knowing precisely when it would happen, no preparation being made for their return home, and the assumption that a neighbour or family member would be able to drop everything else in order to look after them. The panel members then drew up a Good Hospital Discharge Plan (Barnes and Cormie 1995). Subsequently some panel members became part of a multi-agency task group which met to try to implement the practical proposals it contained. The facilitator had an active role. Whilst she did not see her task as suggesting

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agenda items, she understood the role as actively to enable the panel members explore the issues of concern that they identified. She suggested ways in which they might develop their ideas once the issues had emerged, for example by bringing a map of the area on which they could locate services when the issue of service access came up; she linked their discussions with current policy and service developments, and issued invitations to service providers to meet with the panels once they had decided they wanted to have such a conversation. During the evaluation of the initiative, a panel member described the facilitator's role as follows:

> Well, I think she knits it. She encourages you to voice your opinion. She'll explain things to us and tell us what has been happening and where we can do things, but she encourages you to put your point of view across.

The evaluation demonstrated the way in which the approach used in deliberations enabled the older people not only to take part in the panel meetings but also in deliberations with officials in working groups and at conferences. They were able to develop their own discourse about services, and on that basis to offer positive challenges to official ways of thinking. The project also demonstrated that the validity of the older people's contributions to the debate was questioned by officials who subscribed to a particular notion of 'evidence'. During the meetings, older people told each other stories about their lives and experiences of using services. They told stories about how people responded to them since they had grown older, about waiting to be discharged from hospital, or about their day-to-day encounters with the home help or district nurse. They compared and found common experiences, and took some comfort from that. Some service providers dismissed this as 'anecdotal'. It was not evidence generated through research based on a random sample of older service users.

There appeared to be some implicit break point at which service providers considered an experience had been recounted enough times to be 'believable'. They sometimes asked 'how many people said that?' in response to the views and experiences of panel members that were conveyed to them. Officials did not understand story telling as a process through which people make sense of events that have happened to them, rather than a means of determining how prevalent a particular experience might be. The power of story telling to make an impact is evidenced through the success of the collective story which was encompassed in the Good Hospital Discharge Plan. The sharing of individual stories and the discussion this gave rise to made it possible to generate an alternative story which service providers recognised as a narrative within which they could re-design their practices. By the end of the three years during which the

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Panels were being evaluated, officials were less likely to use the accusation of 'anecdotes' to dismiss the validity of what was coming from them.

The Senior Citizens Forums

The other two examples considered here are two rather different Senior Citizens' Forums in two large English cities. One (SCF1) was also the result of an initiative by a local Age Concern organisation. Representatives from Age Concern's six consumer councils in the area as well as the local umbrella organisations for voluntary organisations in the field of social services, community groups, and observers from the Health Authority and the City Council were invited to establish an advisory committee to come up with terms of reference for a SCF. An inaugural open meeting was held attended by over 100 older people and a committee of 15 people was subsequently elected. That committee meets monthly and there is also an Annual General Meeting (AGM). Discussion in committee meetings is conducted according to a conventional agenda.

The constitution of the Forum meant that all the committee members were actively involved in some other organisation of older people, or in a group or organisation with a remit not exclusively concerned with older people, but relevant to older people's concerns – for example, some committee members represented minority ethnic community organisations. Interviews with some committee members indicated that most of the members had a long history of activism in political, trade union, community, voluntary or other groups.

The other SCF (SCF2) had a similarly representative structure and also operated with a committee structure and an AGM. But in this instance the origins of the Forum were in links between a woman who was an active member of the Pensioners' Convention and the leader of the city council. Support was secured from the city council, and only after this was Age Concern invited to take part in discussions about how such a forum should be established. The issue of the depth and breadth of membership was prominent during the interviews with members and was discussed at the AGM observed during the research. There was a widespread feeling that the Forum should expand and diversify its membership, and in view of this there was a reluctance to assert the rules of representation when individual older people who were not representatives of any other organisation expressed an interest in more active membership than attending the AGM. (See Barnes *et al.* 2003 for an extended discussion of 'representation' in this and related initiatives.)

Most committee members also had histories of active involvement in other forms of collective action and many were still active elsewhere. Ten

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of the 16 committee members were also volunteers, five were active in a religious organisation, seven took part in direct action or demonstrations, eight were involved in community groups, and three in sports or social clubs. Six were currently members of a political party, five of trades unions, four of self-help groups, three of advocacy and user groups, and two of disabled people's organisations; and one was a school governor. In the past, three others had been trades union members, one a member of a political party and one had been a lay health-board member.

In spite of the formal constitution and mode of conducting business, members of SCF1 recognised the significance of the mode of exchange characterised by Iris Marion Young as 'greeting':

> It is all friendly throughout. In fact since I came to [place] this is the first committee I find myself really at home with. Basically it's because where older people who are able to respect one another, and because if you attend any of the younger meetings, it's not the same: relaxed and able to speak out.

It was also noted that members shared general conversation and tea and biscuits before and after the meetings. Nonetheless, as the next extract from a committee meeting's proceedings indicates, older people are not immune from attitudes which are the complete opposite of the respect that the concept of greeting is intended to convey:

> The Chair's report to the AGM included an account of how Mr O and his wife had been racially abused. The offending party had been ejected from the meeting. The Chair also explained that he had sent a letter to the abusing member which stated that the forum found his behaviour wholly unacceptable, and that they wanted no more to do with him. This was unanimously condoned by all members.

In this instance the committee of SCF1 were clear that such behaviour would not be tolerated amongst the wider membership. Within the committee itself, there had been a real attempt to ensure the involvement of older people from the different ethnic and cultural groups within the city. A Yemeni member of the group spoke of the laughter and joking in the group and related this to the fact that he felt able to raise any issue he wanted in the forum about the circumstances of his community.

None of this should be taken to suggest that disagreements and conflict are absent – or indeed are better off absent, from forums in which older people are involved. Many of the forum members were passionate about the issues they were discussing and there were certainly examples of exchanges where the style of deliberation would be better characterised as rhetoric than argument. A number of interviewees in SCF1 spoke of examples of disagreements within the group, but most suggested that the basic respect people felt for each other enabled them to deal with such

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differences. It was suggested that the combination of humour and a clear agenda and constitution for the group enabled disagreements to be accommodated:

> It's formal in the way – there is an agenda, they stick to the agenda. But you are allowed to bring up other issues as and when you feel. … A lot of people forget the agenda and want to bring this issue up now and I think [the chair] is strong enough to say, well we need to deal with that further down on the agenda. But there is a lot of banter that goes on but at the same time we know when it's serious and when it's jokes and fun … there is a lot of political persuasion around the table. People can say, because they are comfortable with one another what they want.

Although there was also an indication that humour could also be used to deflect attention to genuine differences between members that needed to be debated. As well as personal experiences of growing older, most forum members bring to this activity experience of the way in which other groups and organisations operate. Whilst cultural diversity and different personal histories are an important resource in terms of the substance of deliberation within these forums, experience of other contexts in which citizens collectively organise can also affect the form such deliberation takes. This was most evident in the AGM of SCF2 that was observed during the research. AGMs are not typical of all meetings but are important as an opportunity for all, not just committee members, to take part. The AGM took place in the Council Chamber and was conducted according to formal rules of debate, typical amongst trade unions and council committees. The officers sat on a raised platform and members sat in tiered seats in a hemisphere, with microphones that had to be switched on when people wanted to make a contribution. The meeting started with officers' reports, followed by consideration of motions and the election of the Management Committee.

The formal structure and surroundings of the AGM were reflected in the nature of the contributions made to the discussions. They tended to be questions or points directed to the speakers on the platform, rather than exchanges between the members on the floor of the council chamber. Men were more frequent contributors than women. There were many references to previous and current experiences of engagement in negotiations and conflicts with the council – including one to a day in 1937 when the chamber was full of tenants resisting a council rent rise. Other contributors drew on their experiences in Neighbourhood Forums or in the groups that they represented such as the African-Caribbean Community. There was only one highly personal input: a woman spoke about why she thought it was important to make a commitment to action of this type and related this to her own experiences of conflict and oppression.

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Whilst formal rules were followed, some 'bending' was allowed, *e.g.* one member wanted to raise an issue after the meeting had formally closed and this was allowed. There was little evidence of conflicting views being debated, and many in attendance took no part in the proceedings other than as observers. It is arguable that the nature of the exchanges within this forum did not constitute 'deliberation' in the formal sense already outlined, and the formality of the proceedings left little space for the recognition and respect of the person, which Young argued characterises the concept of 'greeting'. Some members did use narrative as a means of making particular points during the course of debate, but there was no evidence of stories being shared and used to create a new discourse as was evident in the user panels.

There was less formality in the deliberation that was observed between forum members and council officials, but there were signs of differences among the forum members which had not been sufficiently explored before the meeting. During the interviews, some members indicated that it was difficult to debate fully differences of view among the committee members, although it was understood that when they met with the council, a united front had to be presented. This expectation was seen as analogous to the position of a trades union representative in negotiations with management, who is mandated to express a particular line, not to engage in a process of deliberation leading to a new position.

Conclusions

The initial review of the range of reasons for older people's participation in policy making and service delivery and the various contexts in which that is taking place suggests that we should not be looking to identify one model of participation which is equally relevant and appropriate to all situations. Nor is the above discussion intended to suggest that the way in which any of the groups considered here is 'doing participation' is the right or wrong way. But if older people's participation is to make a real difference this will involve transforming the way in which issues affecting their lives are thought about and discussed. Concerns about the fading legitimacy of traditional forms of politics and democracy are as important to address as concerns about the disadvantage experienced by many older people. The two are linked – as long as the way in which politics and democracy are practised is regarded as something that separates such activities from 'ordinary' people's lives, then the outcomes of political decision making are unlikely to reflect things that are of concern to them. Young (2000) is not alone in arguing that there is a strong link between democratic

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practice and social justice. If participation initiatives simply reproduce existing forms of debate, if only rational argument or the conflictual models which characterise political debate and trades union negotiations are deemed appropriate ways of conducting dialogue, then the potential for new, inclusive and just outcomes is unlikely to be realised.

Whilst this applies to all examples of public participation, it has a particular relevance in the case of older people who may bring to such participation experiences of political action in other contexts. Argoud (2002) considers the significance of diverse local forms of participation which take the voice of the individual into account, rather than the institutionalised representation of older people which has developed in France. 'Older people' comprises a group which encompasses considerable diversity: of gender, ethnicity, sexuality, disability, health status, need for assistance with personal and domestic care, class, political persuasion, work and life experience; experience of collective action. Attempts to allocate people to single identity categories as a basis from which to constitute specific 'publics' for the purpose of public participation are hugely problematic (see Barnes *et al.* 2003). The identity category 'older person' is itself socially constructed and the precise way in which this is defined can affect whether people feel that any particular initiative is for them (Barnes and Shaw 2000). But participation can also be a process though which collective identities are constructed. If we understand public participation initiatives as arenas within which new discourses can be generated and circulated, rather than in which established identities and positions are expressed, then we probably need to be looking for other ways of constituting participative forums than by seeking representation from existing groups, and we need to be exploring other ways in which deliberation can be facilitated than by adopting rules and procedures which derive from existing institutional contexts.

The quoted examples indicate some of the benefits which can come from developing forums in which the diversity of older people can be included. Vincent *et al.* (2001: 51) also point to the way in which older people's forums are capable of including diverse interests – many of which are the focus for separate action amongst younger people. But these examples have also illustrated the potential for older people's forums to reproduce ways of operating that can be exclusive rather than inclusive. They have also suggested that skilled and active facilitation, rather than complete autonomy in conducting affairs can sometimes be helpful if not necessary in ensuring the participation of those most likely to be excluded from decision-making processes. These are issues that both older people and the officials who increasingly recognise the need to engage with them in the policy process need to recognise and find ways of addressing. Neither

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the rules of statistical research, nor those of the council chamber or of shop stewards' committees, nor those of dispassionate debate amongst disinterested parties are sufficient to ensure that the deeply-felt and diverse experiences of an ageing population can be effectively represented in policy forums. The development of new 'rules of engagement' in such forums is the responsibility of both parties to generate, if older people's participation is to realise the transformatory potential of which it is capable.

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