

\BOOK REVIEW

Alison Petch
Health and Social Care: Establishing a Joint Future?
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Among the almost infinite number of major and minor trends in human relations, an especially important one concerns the division of labour in society. Anthropologists present a convincing case that in prehistoric, preliterate, scavenging, hunting and gathering communities, it was required of all members to be minimally competent in the various skills needed for group survival. True, a gender-based division of responsibilities typically separated women's work from men's work, and gradations based upon age normally played a part in the allocation of tasks. Nonetheless, in small, folk societies it was uncommon for women and men to be assigned (or to demand) a single specific job. Everyone participated to the best of their abilities, and abilities were seldom confined to a uniquely endowed individual or a privileged group.

Today, we are irredeemably fragmented. Few of us who are able to repair small appliances are equally adept at plumbing, cooking, animal husbandry, accountancy and neurology. Fully in the maw of modernity, we have embraced Adam Smith's economics and Durkheim's sociology. We have agreed that, although we consequently experience anxiety and alienation, efficiency requires expertise. We must therefore risk becoming what Weber called "specialists without spirit," if we are succeed in producing and distributing enough value-added goods, services and information to keep the quantitative measures of our economies and the qualitative assessments of our lifestyles growing. Though some mumble that "small is beautiful," and others compared our devotion to development to the ideology of cancer, we seem smitten by the human purpose of mastery – first over nature and now over ourselves.

Our possibly pathological Promethean project demands intricate social arrangements compounded by the simultaneous stimulation of specialization and the comprehensive coordination of administrative, financial and implementation activities as we endeavour to manage everything from milk delivery to intercontinental ballistic missiles.

Clear-headed thinkers can see, of course, that these trends may pose a problem. Frantic organizational growth, attended by frenetic employee specialization means increasingly difficult problems of fragmentation which can only be temporarily alleviated by adding layers of management aided and abetted by multifarious structures of committees. In time, however, system collapse may seem a preferable alternative to organizational frenzy ending in the inertia of death – the ultimate result of the laws of entropy. In time, we will just wear ourselves out.

That time, I am happy to add, may be negotiable. Some fresh analysis has recently come to the fore and is encouraging the more light-hearted among us to recognize that, although fragmentation provided a boost to industrial factory production as explained by students of time and motion in offices and construction sites, it may have been a counterproductive strategy for most other human activities. This optimistic analysis suggests that our Stone Age ancestors (and John Donne) might have been right all along. Human beings are not islands unto themselves. Likewise, successful human societies are not composed of mere aggregates of isolated producer-consumer units. In fact, nothing in all of nature – including coral atolls and whole continents can be properly understood except in context.

Such second thoughts have been particularly compelling in the study of human health and well-being. Efforts to understand complexities through the intellectual device of reductionism may not work as well as methods of thinking based on holistic and ecological principles. This does not obviate the need for deep reservoirs of precise knowledge and expertise. We require, perhaps more than ever, women and men who are expert radiologists, geneticists, pipe-fitters, carpenters and possibly even artists and musicians. Their work, however, can no longer be considered apart from the work of others. This is especially so when we consider the members of our own species and the troubles that afflict them.

Physical disease is often directly linked to environmental conditions, nutrition and exercise. Emotional distress is often directly linked to employment and education (or the lack thereof). Family tensions are frequently affected by external social circumstances including racial and ethnic stereotyping and discrimination. It is just not possible to address problems of health and welfare without realizing that these issues are inextricably linked.

Our methods of dealing with problems from lung disease to spousal abuse to homelessness to diabetes have reflected our previous analytical methods. We have tried to break things down into manageable parts; we have not exhibited sufficient piety – nicely defined by the late American literary critic Kenneth Burke as the sense of “what properly goes with what.”

As a consequence of confronting our epistemological prejudice toward reductive analysis, we have now begun to appreciate the nature of our twenty-first century organizational challenge. We must reconnect. We must reconstruct causal or at least correlative associations across all sorts of previously unbridgeable gaps. Professional specialties, academic disciplines and other artificial barriers and boundaries must be reduced in height and made much more porous. This is not because a health care worker could learn something of importance from a social worker (and vice versa); it is because neither can do their work fully and effectively in the absence of the other.

This is a serious problem. We have been isolated in what are now fashionably called our organizational “silos” for a long time. It will be difficult to venture out and risk adverse conditions and new challenges. We will worry about losing control of our surroundings and therefore of ourselves. Change is always worrisome – even for its champions. These are just some of the issues with which Alison Petch are addressed directly and indirectly in, *Health and Social Care: Establishing a Joint Future?*

The helping professions including social work and health care are part of the enormous bureaucratic delivery system that seeks to provide entire modern populations with services necessary for their social and physical well-being. Petch offers an analysis of the policy priorities and implementation problems that have arisen mainly in the past decade in Scotland.

The impetus for change has been a trend in local and national government initiatives that sought increased quality and efficiency of service. At the outset, we are presented with a map of the territory with respect to health and social care partnerships. The purpose of the book is to provide a means to explore that territory with a view toward assessing the current situation and anticipating what is to come.

Present is a useful discussion of the core concept of partnership including working definitions of the application of the term to various levels of service provision from simple agency-to-agency communication to full-scale organizational mergers. Present as well are discussions of the rationale, dimensions and importance of evidence-based outcomes analysis for the assessment of whether partnerships – while intuitively advantageous – actually perform to the expectations of those who engineered them. Absent, at least at the beginning, is the kind of historical overview that might have allowed readers unfamiliar with the specific environment of care provision in Scotland to understand better the origins, evolution and current state of the system.

Petch appears from the outset to possess a measure of skepticism with regard to theory-driven organizational innovations. As she wisely observes, “in a real world environment ... practice rarely stands still”; accordingly necessarily static organizational models suffer from a social Heisenberg effect and inevitably misrepresent or distort dynamic systems. Furthermore, “models in practice often have less clarity and less distinction between them than those on paper.” This apparent preference for experiential rather than abstract understanding continues throughout. Also on display is a hint of suspicion about the partnership innovation process: thus, the opening chapter claims to have “exposed the aspirations lurking behind the concept.” In addition, despite detecting “embryonic whispers of a more promising nature, the evidence in support of partnership working delivering more effective outcomes is flimsy.” It is plain that *Health and Social Care* will not be a reflexive exercise in cheerleading for policies and programs real or contemplated by New Labour.

There are, however, policies and programs that are at stake. In the second chapter, Petch provides a skeletal outline of the development of local care within the National Health Service

in 1946 and briefly identifies legislative changes and policy discussion initiatives that sporadically addressed issues on consultation, planning and joint finance but which stopped well short of combining health and social care: in 1998, it was firmly stated that “major structural change is not the answer” to the problems of policy making and service delivery. Petch discusses in some detail three areas (Mental, Older People and Learning Disabilities) in which National Service Frameworks have been developed, and for which some encouragement for institutional partnerships has been given. Nonetheless, just as in 1946, when professional jealousies made a unified health service impossible, so today a reluctance to surrender powers and privileges Petch concludes that the “drive for partnership working ... is still tentative.

Health and Social Care is somewhat more positive about prospects in Scotland, thanks largely to the added autonomy that came with the creation of the Scottish Parliament in 1999, and the subsequent creation of the Joint Future Group which was mandated to study and make recommendations “to improve joint working in order to deliver modern and effective person-centred services.” The impressive results are presented in considerable detail, and careful note is taken of the gaps that remain. Housing policy, once central to social issues has been marginalized and the important role of voluntary groups seems to have been wholly ignored.

The fourth and fifth chapters track the further development and implementation of an already ambitious agenda. In the hands of a less adept and fully engaged writer, the assessment of progress in terms of user outcomes might have become a dry catalog of acronyms and a tedious inventory of goals set and made or missed. Despite obvious constraints of space, Alison Petch manages to make good use of devices from tables to bullets in the successful effort to present a great deal of information in a relatively small space. Moreover, critical insights and that slightly skeptical edge are not lost. Frameworks, targets and agreements among participant agencies are well described and processes for policy implementation are contextualized and skillfully assessed.

Obstacles to partnership are identified and none are surprising. The importance of communications clarity, participant commitment, transparency in process and the good will needed to put systemic goals – in this case the well-being of the service users – above petty

quarrels and “turf” contests are paramount. In this respect it is pleasant to see little mention of leadership, change champions or other suggestions that successful organizational transformation should or can be the result of top-down administrative fiat, but must rather be built on conditions of trust and stakeholder equity. At the same time, it is, in the author’s own word, “depressing” to see that, among the significant obstacles, one that has been centred out is a certain bafflement about how the laudable goal of joint working is to be achieved.

Petch does not avoid the deep problems. They are identified as organizational, cultural, financial and political differences. Specifically, the author mentions issues such as professional differences concerning appropriate evaluation techniques, incompatible information systems, ongoing debates about the meaning of confidentiality in different sectors, confused and confusing lines of responsibility and communication, etc. In addition, the difficulty in distinguishing between “teething problems” and “substantive barriers” to success is candidly acknowledged.

Most refreshing is Petch’s willingness to maintain some distance from an uncritical commitment to the partnership project. Organizational evolution is never easy. “The partnership agenda,” it is acknowledged, “is inching forward ... [despite a number of cul-de-sacs and dead-ends along the route.” Such forthrightness is gratifying. More refreshing still, however, is what the author calls a “nagging” question: “To what extent is partnership working still key to the policy agenda?” More specifically, “there is a new focus on personalization, on the individual service user becoming the key driver in determining the network of support which they access.” This sounds dangerously like the language of the market place, wherein consumer demand determines the priorities in service provision and competition among service providers to attract a larger number of “customers” becomes the standard for professional conduct.

That tantalizing question is not answered; however, it may be a proper topic for a further contribution to this excellent series of books about policy and practice in health and social care.