Working Together or Pulling Apart? The National Health Service and child protection networks,

This book addresses a central problem of the welfare system in the UK, the division of services between different competing agencies each drawing on its own special professional expertise and each defining need in its own particular way. Despite central government exhortations that agencies should provide seamless and integrated care the fragmentation of services means that vulnerable individuals who are unable to protect themselves continue to fall through the welfare net. Nowhere is this more evident than in child protection. Since the early 1970s there have been a continuing series of shocking disasters in which vulnerable children have been harmed and in some case died because service fragmentation and disorganisation resulted in a failure to identified and rectified individual errors of judgement. The authors note in their introduction that even as they were completing the drafts of their book news was breaking of another major disaster, the abuse and death of Victoria Climbié and that the ‘public again expressed disbelief at the apparent inability of [social services, the police and the health services] to respond to unmistakable signs of physical abuse endured by the little girl’ (p. 1).

Lupton, North and Khan’s book examines the ways in which the various agencies involved in child protection form a coherent network. The first part of the book provides the policy context plus a review of relevant theories. The theoretical discussion focusses on the relationship between organisations and includes Bachrach and Baratz’s study of non-decision making; Alford’s typology of interests; Lindblom’s discussion of incrementalism; Lipsey’s identification of street-level bureaucrats; Benson’s analysis of the political economy of interorganisational relations; and Marsh and Rhodes’s assessment of network theory. The second part of the book reviews the evidence on interorganisational collaboration. This part starts with a general review of health and social care collaboration which provides the context for a more detailed discussion of one specific mechanism, the Area Child Protection Committee. The core of the second part is a review of the roles of three key groups of health workers; designated and named health professionals; general practitioners; and health visitors.

While the book is wide-ranging, it does focuses primarily on the structural dimensions of collaboration and devotes less attention to the personal and interpersonal factors which have major significance for child protection. While it is important to acknowledge that failures in the child protection system indicate systemic failures, it is also important to acknowledge and address individualfailings. Given the critical press which social work in particular has received and the contemporary development of a blame culture, it is perhaps inevitable that academic commentaries such as this book will seek to redress the balance by focussing on the systemic failures underpinning individuals’ errors. For example, the authors when commenting on the Victoria Climbié case note that ‘Newspaper reports, and thus public debate, were quick to focus on the perceived failures of the professionals involved’ (p. 1). However these individuals’ failures are important as they undermine trust in health and welfare services. They indicate that health and welfare systems are not fail-safe. Such systems have failed to identify and rectify the consequences of the malevolent actions of Beverly Allitt and Harold Shipman and the arrogant or uncaring actions of Rodney Ledward and the paediatric heart surgeons at Bristol Royal Infirmary.

Organisations have structural features but they are also made up of individuals whose collective attitudes and values create distinctive cultures some of which may be dangerous. For example the Bristol Inquiry identified the ways in which individual values and actions interacted with structure of a service to create a harmful club culture (Learning from Bristol, 2001, synopsis paras 3 and 8). Studies of disasters (see for example Turner and Pidgeon, 1997) emphasise the ways in which such cultures are implicated in a disaster. Front-line
members of staff are usually well aware of people whose behaviour may result in indicators of impending disaster or near-misses. Most conceal their concerns from senior decision makers because of fears of victimisation. However some do overcome their fear and seek to alert senior managers to the danger. Senior managers discount these warnings as they do not fit with their shared perceptions that all is well and dismiss the individuals who make the warnings as ill-informed troublemakers.

Lupton and her colleagues do recognise the importance of individual values and mutual perceptions in shaping collaboration. For example in their initial discussion of the knowledge and networks underpinning collaboration they acknowledge the impediments created by different conceptual frameworks:

We can expect that a particular professional group will apply a certain frame of reference, will highlight particular types of information as evidence of abuse and will categorise this information according to their distinctive professional… encoding systems. Professionals in other fields are likely to utilise different reference points, creating the potential for misunderstanding or disagreement (p. 42).

While Lupton and her colleagues do explore the ways in which collaborative networks could and should be developed, they do not focus on the ways in which the cultures that mediate between the structure of networks and the actions of individual workers can be used to enhance safety.

References


Andy Alaszewski
Centre for Health Services Studies, University of Kent at Canterbury, UK