Book Reviews

Negotiating Death in Contemporary Health and Social Care
Holloway, M.

This is an impressive, wide-ranging book which surveys the relevant theoretical perspectives and puts the practice issues into their social and policy contexts. The objective is to enrich working practice because our ‘beliefs and practices surrounding death and dying are in a state of flux’ (p.145). The eight chapters cover seven broad topics: death in late modernity; the delivery of health and social care; theories of dying and bereavement, including social anthropology, philosophy and theology; contemporary debates about dying; dying and bereavement in old age; the aftermath of death; and the need to integrate theory and practice. There is an illuminating sequence of case studies and good use of tables, figures, and reflective practice questions.

Two interlocking concepts prove important. The first is that of ‘liminality’. Much of the ritual we have inherited – liturgy, sealing tombs, secondary burial, and the like - concerned the fate and well-being of the dead person, and governed their transition after biological death. Now the liminal state that primarily concerns us is the one before death, where medical technology is such that “many seriously ill people are neither (by any easy consensus) quite ‘alive’ nor quite ‘dead’” (Kellehear, 2007, p.784).

The second is the altered status of the dead person within our secularised, personalised funeral ceremonies. Despite the ‘revival of death’ in the 1980s and a renewal of popular interest in ritual and symbolism, contemporary practice is psychologically focused on the emotions of the bereaved. Holloway makes a case for staff being better prepared to deal with concerns and distress about life’s meaning. She regrets the retreat from pastoral theology, referencing practitioners who try to respond to ‘spiritual pain’ among the dying and bereaved. To a radical secularist, our fate after death is not a concern, but Holloway quotes Ros Coward’s view that the older rituals offered something more cathartic, and supportive of grieving. Ken Howse questions the causal stories linking well-being in later life with religious belief, pointing out that, if they were correct, “institutional religion constitutes a kind of cultural resource that we may find ... hard to replace” (2004, p.19). Young and Cullen (1996) assert the need to achieve a richer balance and better orientation between the personal and the communal.

As a former social worker, Holloway continues to value Colin Murray Parkes’ model of bereavement as a ‘psycho-social transition’ and would enhance its sociological and psychological components with a third existential dimension. Attachment theory has had to modify some assumptions in the face of a challenge from ‘continuing bonds’ theory and Holloway highlights the relevance of memorialising the dead to bereaved parents and to people from some faith traditions. There are useful sections on the globalisation of death; the shifting boundaries between public and private; and on cultural pluralism. If only partially successful in looking beyond the UK, Holloway offers valuable vignettes, for example, the growth of secondary burial to communal plots in Japan as ancestor worship has declined; the development of an African palliative care network in response to AIDS; the discomfort of some African-Americans as more personalised ceremonies displace the commemoration of historical suffering. Holloway’s own recent work contrasts the changing experience of Chinese communities in Hong Kong and
abroad. The book is stimulating regarding euthanasia and assisted dying, with a helpful exposition of the terminology. I was interested by her sceptical appraisal of advance directives.

Turning to the experience of the old, Holloway says trenchantly of recent policy in the UK: “the emphasis on quality of life has not included the idea of moving towards death” (p.121). The list of issues is relentless: the higher risk of suicide; the under-representation of users of palliative care (even among people with cancer); the privileging of exceptional death; the lack of qualitative research; the prevalence of death in hospital (often on general wards) and in nursing homes. These issues are exacerbated by a continuing professional reluctance to address the fact of death itself and help the patient acknowledge their “dying phase of life” (pp.122-5).

Holloway sees potential for the current UK policy frameworks to correct the more destructive aspects of the managerialism that followed the NHS and Community Care Act. Palliative care approaches need to be diffused widely across health and social care. “Holistic practice” is the key that will “respond with knowledge, competence and sensitivity” and privilege “the richness of the interdisciplinary encounter” (p.182). She is frank about the obstacles to pursuing such an agenda - as her excellent exposition of the idea of ‘a good death’ shows, palliative care does not lend itself to objective evaluation. She quotes Ovretveit (1993) on the need for a shared primary goal in successful inter-disciplinary practice but, if her project is to succeed, she has understated the need for strong, consensual leadership. How else to reconcile interdisciplinary tensions, maintain an accepted ideological over-view and manage the meaningful input of service-users?

I hope this book will be widely read and that some of its overtly expressive themes are taken up at policy level.

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**References:**


**Service User and Carer Involvement: Beyond Good Intentions**
McPhail, M. (ed.)

This book aims to cover how service user and carer involvement has been implemented in both Scottish universities and across the Scottish health and social care sectors. However, it goes further and presents a rich and comprehensive story that provides an interesting contribution to the debate on service user and carer involvement in health and social care.

Chapter One provides an overview and sets out a challenging call that service user and carer involvement can no longer be tokenistic and must go ‘beyond good intentions’. Chapter Two lays out a conceptual framework to the book. It contrasts two broad types of approach to involvement. Firstly, there is the ‘managerial’ or ‘consumerist’ approach with its ‘top-down’ imposition of targets and policies for the introduction of service user and carer involvement in health and social care. In contrast, there is the more ‘bottom-up’ democratic model that has developed from ‘user-led’ organisations which is based
on the principle of the social model of disability. It is argued that one is the “consumerist, managerial” agenda of governments, the other is the agenda of various civil rights and social movements” (p.8). Chapter Two also sets out both the policy context of Scottish social work, and of user and carer involvement in English and Scottish universities.

Chapter Three tells the successful story of the CU group of service users and carers that ‘grew’ at the University of Dundee and the lessons that can be learnt from their experience. This is coupled with the experience, at a wider level, of developing a Scottish network to support service user and carer involvement across Scottish University social work departments. Chapter Four is written by a carer and tells the powerful story of her personal experience of caring for her son and of her experiences of involvement at the University of Dundee as a carer consultant with the Scottish Institute of Excellence in Social Work Education project. Chapter Five is written by a service user who is a member of the CU group at Dundee University. With both force and humour, he reminds us that involvement cannot be tokenistic and must be real involvement that is about re-distributing power and partnership working.

Chapter Six focuses on ‘Ways of Knowing’, looking at evidence-based practice and the importance of listening to the service user/carers perspective of knowledge and understanding. The example is given of the ‘Making Sense of the Caring Experience’ module on the MA course at the University of Dundee. Here, students spend significant time with service users or carers trying to understand and experience their lives. This gives students a different perspective of knowing. The second example is an interesting look at the experiences of people with personality disorder and the potential for service user knowledge to inform health and social care practices.

Chapter Seven focuses on two themes which run through the book. The first is the frustrations around user involvement, “which stem from the failure and, occasionally, unwillingness of professionals and policy-makers to hear what service users and carers are saying” (p.72). The second is the potential of user and carer involvement, “the possibility of reconstructing professional practice, social work and social care services, and professional education, on a very different basis” (p.72). The chapter concludes by emphasising the importance of demonstrating trust and awareness of power differentials when trying to implement service user and carer involvement in health and social care.

For me, as a service user, researcher and academic, this was an interesting and innovative book. I could identify with the longing and desire to increase and develop service user involvement that is so evident in the passion of the book. The academic arguments made sense and were interesting, leaving me wanting to read more. An enjoyable, passionate and gripping read!

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Using the Law in Social Work (3rd edition)
Johns, R.

It is not surprising that this book has made it to a third edition. Not just because the law affecting the day-to-day practice of social workers continues to change rapidly, but because there is a growing need for a text that is accessible to students who enter their training often with limited knowledge of what used to be called the British constitution. A basic text prepares students
for books that go into greater detail and serves as a quick catch up for those of us whose knowledge is partial or somewhat historical.

This edition starts with a discussion of human rights before moving to areas of law covering children, adults and youth justice. The latter has an engaging set of case studies, perhaps in acknowledgment that many social workers in England and Wales do not have so great a familiarity with this area as their counterparts in Scotland where the social work profession has much greater contact with the criminal justice system. Court processes and powers are also covered. For me, the activities were less precise and reflective than they promised at first and I would be interested to see if this area could be developed further for any new edition. Legal changes in relation to research governance and ethics might also be worth considering for a future text, since frontline social workers may be at the receiving end of requests to consider these issues more than they have in the past, let alone having greater encouragement and opportunities to carry out research themselves.

The book offers some guides to current legal changes that must be the bane of any textbook writer on the subject. The protracted reform of mental health legislation in England and Wales must have been frustrating and Johns offers some guidance here but inevitably this is limited. Developments in respect of personalisation will also give rise to legal questions for frontline practitioners, despite the moves to reduce care management activities in setting up and in monitoring this aspect of social care.

For researchers, this book would be a good refresher when undertaking studies that cover practice activities and decision making. The index is helpful and the citations are easy to follow. There is a long and honourable tradition of the study of social work law and its implementation. If we wish to sustain this then, as researchers, we are well advised to know what we are talking about.

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Direct Payments and the Personalisation of Care
Pearson, C. (ed.)
Edinburgh: Dunedin Academic Press,
pp.84, ISBN 9781903765623, £12.95 (pbk.)

We live in a time of strange paradoxes. Nowhere are these more evident than in the area of direct payments and the personalisation of care. A policy promoted by the most militant disability movement in history was taken up and implemented by a right-wing Conservative government in the 1990s and now, under a New Labour government committed to neo-liberal policies, is increasingly promoted as the model for all adult care services. The policy is hailed by activists as the most empowering development ever seen in the sphere of disability and opposed by public sector trade unionists as a Trojan horse for privatisation. A degree of confusion and disorientation is therefore understandable.

This edited collection by Charlotte Pearson provides a useful guide through this ideological fog of competing policy discourses. It draws on a range of research produced over recent years, including a two-year, UK-wide study of direct payments conducted by Pearson and her colleagues and funded by the ESRC. Its focus is primarily on the Scottish aspects of that study, though some comparisons are made with the wider UK context.

Chapter One by Pearson and Riddell traces the development of direct payments in Scotland, from their patchy beginnings in the independent living initiatives of the mid-
1990s through to the mandatory duty placed on local authorities in 2003 to offer direct payments to all eligible groups. Despite that duty, the uptake of these payments continues to be uneven. The reluctance of Scottish local authorities to promote direct payments as a mainstream option is the focus of Chapter Two. A comparison of the practice of two different authorities highlights some of the factors – organisational, practical, ideological – which affect their take-up. In local authority 1, covering a large rural area, direct payments were integrated into the community care system, allowing social workers greater flexibility to make use of the payments where appropriate. By contrast, in local authority 2, which covered a large urban area with significant deprivation, the direct payments budget was ring-fenced, leading to waiting lists for those eligible for payments. The issue here, however, is not simply a conservative resistance to ‘modernisation’ on the part of councillors and social workers. As Pearson notes, workers in both authorities raised concerns about the potential impact of an extension of direct payment schemes on existing services. The issue is a very real one. Hundreds of day centre workers in Glasgow, supported by carers’ organisations, have just returned to work (December 2007) after a bitter 8-week long official strike against substantial pay cuts and the planned closure of several day centres. These resulted from Glasgow City Council’s proposals for the ‘personalisation’ of services for people with learning disabilities. Other factors affecting social workers’ involvement in direct payment schemes include training (or lack of it) and the additional paperwork which they involve.

As Chapter Three shows, one factor which has had a significant impact on take-up is the existence or otherwise of support organisations, providing information and advice in areas such as the hiring of personal assistants. However, while in the

early days of direct payments these were often user-led and rooted in the principles of independent living, increasingly support is provided by non user-led organisations that often do not share this wider vision. The weak funding base of many local support organisations and the extension of direct payment schemes across a much wider range of adult care groups suggest that the earlier model of support may soon be supplanted by a more commercial approach, particularly in areas such as the employment of personal assistants and payroll management (and Pearson notes the growing interest of local businesses in these areas).

In Chapter Four, Riddell continues the discussion of the factors affecting the take-up of direct payments, with a greater focus on the ideological issues involved. The fact that the demand for direct payments resulted from disabled people’s experience of State-provided services as oppressive leads her to suggest that the Left needs to avoid blanket criticisms of these schemes. Certainly, Victoria Williams’ chapter on the views and experiences of direct payment users, while based on a very small sample, confirms the findings of other research that many service users enjoy the greater flexibility, choice and control which direct payments provide. That said, for carers in particular, direct payments were often a service of last resort while several service user respondents struggled with issues of administration, paperwork and the retention of personal assistants.

In her final chapter on the future of direct payments in Scotland, Pearson notes the concern expressed by Barnes and Mercer that these payments are being used “as part of a cash-limited social care market, rather than a means to facilitate independent living” (p.64). This is a genuine fear and one which is shared by many public sector trade unionists, including social workers. It highlights the need to create forums where, together, we can develop models of service
which reflect the real needs and wishes of service users, rather than their purchasing power. This book is a helpful contribution to that process.

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Understanding Social Work Research  
McLaughlin, H.  

This useful and comprehensive book looks at the role and value of social work research. It recognises that understanding research is an important task both for students training for qualification into social work and for qualified social workers.

The author begins by suggesting that, once they have qualified, few social workers are able to pay much attention to social work theory, research or literature, because they need to adopt the ‘real world’ culture of their new employers and colleagues.

In ten chapters, the author shows how social work practice can be improved by research-mindedness. McLaughlin begins by exploring why research is critical to the development and survival of social work. This discussion locates research in the social and legal contexts of the real world within which practice operates.

The book attempts to show that research is not just undertaken for the sake of academic knowledge. McLaughlin argues that it is important for research to be written for practitioners as well as academics, and that knowledge needs to be translated into ways of working that support social work practice.

The author then explores the philosophical, epistemological and ontological underpinnings of social work research - linking each of these standpoints to different research methods. In looking at the ethical basis of social work research, McLaughlin cautions that:

It should also be remembered that gaining ethical committee/research governance committee approval does not mean the researcher can stop thinking ethically. (p.57)

The following broad themes are covered: evidence-based practice (currently an important plank of government policy); the new orthodoxies developing from the modernisation agenda; the importance placed on involving service users in social work research; anti-oppressive practice and anti-discriminatory practice; immigration and asylum; and interdisciplinary working. A critical approach is urged in looking at both the advantages and disadvantages of these developments.

Overall, this is a book that contributes to the use of research as a tool for social workers. It is well-organised with relevant sections that include reflexive questions that will be helpful for social work students at both qualifying and post-qualifying levels. It could be included in almost any social work programme as recommended background reading. It would help practitioners engage with debates about the application of research in practice. It also gives a brief introduction to those wanting to begin to learn about carrying out research.

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