

in the English NHS, with its emphasis on performance management, auditing, accountability and risk management, there is a low trust culture (and blame culture where mistakes are not acceptable or admissible), which may compromise clinical practice.

The book confines itself mainly to examining trust relations in the NHS, although drawing on evidence from other countries might have thrown further light on questions that relate to trust in systems. Evidence from countries such as Australia, which have a more mixed, pluralistic system of health care, suggests that a form of trust (symbolic trust) is crucial to the publics' decisions to subscribe to private health insurance (Natalier and Willis, 2008). This leads on to the thorny but fundamental question of the relationship between the different levels of trust relations and if and how system level trust relations might shape interpersonal relations or vice versa. This reviewer is still to find a clear framework with explicit explanations or pathways provided for a possible link between the different levels, and this book does not provide much further insight into this despite the triangulation of the different modes of analysis.

This book has a lot to commend it not least that it shows the complexity and diversity of the approaches and arguments about trust and trust relations, the incompatibility of some of the different perspectives and that there is no single and predominant account of the nature of trust relations in health care.

References

- Calnan, M. and Rowe, R. (2008), *Trust Matters in Health Care*, Maidenhead: Open University Press.
- Natalier, K. and Willis, K. (2008), 'Taking responsibility or averting risk? A socio-cultural approach to risk and trust in private health insurance decisions', *Health, Risk and Society*, 10: 4, 399–411.
- Titmuss, R. (2004), 'Choice and the welfare state', in A. Oakley and J. Barker (eds.), *Private Complaints and Public Health: Richard Titmuss on the NHS*, Bristol: Policy Press, pp. 167–74.

MICHAEL CALNAN
University of Kent
email: m.w.calnan@kent.ac.uk

Rob Baggott (2011), *Public Health Policy and Politics*, Second Edition. Basingstoke: Palgrave Macmillan. £24.99, pp. 495, pbk.
doi:10.1017/S0047279411000638

This second edition of Rob Baggott's book has been revised and updated, reviewing public health challenges and strategies over the decade since it first appeared. There are extended accounts of the impact of globalisation and climate change (and the increasing influence on public health policy of international agencies), partnership working, essential for addressing the inter-sectoral nature of complex public health problems, and policies for improving the health of children and young people and for tackling inequalities in health.

The focus is on political debates surrounding public health and the often tortuous routes leading from awareness of a public health threat to policy formation and (sometimes) to policy implementation. It underlines the perennially contested nature of the boundaries of public health and forensically unpicks the political context of a plethora of policies and strategies related to population health.

Analysis is informed by three frameworks described at the outset: ideological perspectives, theories of risk and models of the policy process – returned to, albeit briefly, in the last chapter. The interplay between political ideologies and public, professional and corporate interests is traced from the Victorian era to the advent of the UK coalition government in 2010, and is

also explored in detail for topics of public health relevance, ranging from climate change to illicit drugs. The book charts the blossoming of the 'new public health' in the 1970s and the changing fortunes, and often low morale, of a public health workforce subject to repeated NHS reorganisations, and uneasy relationships with primary care and local authority services, typically dominated by a concern with health care services and downstream interventions.

The main emphasis is on public health policy in England: the second edition describes numerous initiatives adopted by the Blair and Brown governments only to herald the abandonment by the coalition government of certain policies (such as traffic light approaches to food labelling), targets (including Local Area Agreements and Public Service Agreements) and organisations (including the Sustainable Development Commission). While an element of built-in obsolescence is unavoidable in policy analysis of this kind, certain themes endure: the public health function is to be reorganised once more and conflicts have re-emerged over the balance to be achieved between voluntary and regulatory approaches to public health challenges, such as alcohol misuse.

While the main focus is on public health strategy in England, there are summaries of approaches adopted in the devolved administrations (for example, in relation to public health nursing, partnerships, mental health promotion and health inequalities), a welcome reminder of the disparate approaches adopted in relation to health policy.

Chapters on public health services and lifestyle topics include reviews of epidemiological and other evidence: on occasions a discursive approach is adopted where an assessment of the methodological rigour of studies quoted or a review of the evidence base would be more appropriate. In the section on vaccination (in Chapter 8), it is noted, for example, that 'the evidence base for vaccination has been challenged', although references quoted for this statement largely refer either to specific vaccines for specific groups (rather than vaccination in general) or are personal accounts.

One of the difficulties facing commentators on public health is its all-encompassing nature: most policy areas (and many lifestyle choices) exert an impact on population health. In the same way, many occupations outside the health field can influence health, although their potential for doing so often remains unrealised. While there are arguments for bringing together so many topics in one text, not least the value of a compendium and reference guide to the political context of key public health strategies, there is a price to pay in terms of a loss of focus and perspective. For example, five ideological approaches relevant to public health strategy are identified at the outset. Paternalism, the liberal individualist perspective and collectivism are followed by the rather less iconic 'Third Way', while the final category combines both 'green ideology' and feminism but without a discussion either of eco-feminism or of social movements which could provide a link between them. Chapter 10 on 'health and the environment' spans a disparate group of topics, including accidents and violence, pollution policy and health in the workplace. Given the eclectic and contested nature of public health, a conceptual framework for inclusion or exclusion of potential topics is needed, and arguably the rationale for the choice and order of topics could be made more explicit. While Chapter 1 notes that equity in health is a key aspect of social justice, the WHO Commission on Social Determinants of Health (2008), an important text linking social justice, public policies and health, is not discussed in any detail until the penultimate chapter. The emphasis is on political debate and policy processes surrounding a series of topics related to public health rather than on developing an overarching framework or typology of the wide spectrum of policies with a potential impact on public health and health inequalities.

Despite these issues of balance, the depth of detail and comprehensiveness of this book make it an invaluable resource for students of public health and those interested in the political underbelly of public health policy.

Reference

WHO Commission on Social Determinants of Health (2008), *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*, Geneva: WHO, http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

LINDA MARKS

Durham University

email: linda.marks@durham.ac.uk

Steve Rogowski (2010), *Social Work: The Rise and Fall of a Profession*. Bristol: Policy Press. £14.99, pp. 216, pbk.
doi:10.1017/S004727941100064X

Steve Rogowski is well known amongst social workers in the United Kingdom because he writes a regular column in the weekly 'trade magazine', *Community Care*. Despite his obvious enjoyment of the academic side of social work (he has a doctorate and string of journal publications), he has remained a practitioner and his column is always a refreshing read as he draws on his theoretical knowledge and practice experience to discuss issues of the day. In this book, he offers an account of the current state of the social work profession in England. Employing a Marxist perspective, he argues that the profession has declined from its high point in the early 1970s, and is now a limited version of what it promised to be (p. 21). The key factor that he identifies is the overall context of neoliberalism; and then, growing out of that, further factors which have distorted social work include managerialism, marketisation, bureaucratisation and de-professionalisation.

The last few years have seen a resurgence of 'radical' critiques of social work and the challenges facing the people who use its services (examples are Ferguson and Woodward, 2009; Harris and White, 2009; Lavalette, 2011). The common themes are great unhappiness, amounting to anger, at the way that the profession has become de-skilled and tightly controlled by government and quango regulation; and how in turn this has made it ever-more controlling of service users and their families. Rogowski's book stands firmly in this tradition. It is encouraging that such radical and critical perspectives are becoming more prominent at this time, when (yet another) government-initiated review and re-organisation of social work is underway (the 'Social Work Reform Board'), and cutbacks threaten welfare services across the board. It is more important than ever to keep fighting for the role and soul of social work.

Rogowski's book has chapters on the history of social work up its 1970s zenith, Thatcherism (covering the 1980s and 1990s), New Labour's modernisation, professionalisation and managerialism. It rattles along at a great pace. Chapter 2, for example, on the beginnings of social work to the 1970s, goes from the protestant reformation to the Rolling Stones in 25 pages, taking in (amongst others) Locke, Malthus, Bentham, Darwin, the Charity Organisation Society, Marx, Fabianism, Beveridge and Seebomh.

In such a wide-ranging book, it is inevitable that ambiguities and complexities are left under-explored. As an example, Rogowski bemoans the de-professionalisation of social work, arguing that 'work that was once the preserve of highly trained professionals is increasingly being carried out by less qualified staff' (p. 90). But a fuller picture has to acknowledge (at least) two things; first, that social work has been the author of some of its own misfortunes, because practitioners have not always performed as though they were highly skilled and well trained. Most do, but many service users will be able to give stories of those that do not. (Generally, the views of service users about what they want from social workers and other welfare professionals are not strongly represented in this book.) Second, simply re-claiming the professional status of social work will not solve all the problems. Even if all social workers were highly qualified

Reproduced with permission of
copyright owner. Further
reproduction prohibited without
permission.