

SOCIAL POLICY AND THE SOCIAL SCIENCES

UNDER the broad, general title of "Social Policy and the Social Sciences", the recently formed British Sociological Association arranged its first conference, held during March 27-29 at Queen Elizabeth College, London. The opening address was given by Dr. Gunnar Myrdal, the executive secretary of the Economic Commission for Europe, who dealt with the relation between social theory and social policy. The whole of March 28 was devoted to group discussions, in which the conference was divided into three sections, meeting simultaneously; and on the following morning Prof. T. H. Marshall, after receiving verbal reports from the chairmen of the three groups, summed up on the work of the conference.

The first group began its discussions by considering what contribution social scientists could make to their main subject, namely, health. Dr. J. N. Morris, in introducing his paper on "Changing Needs", asked the pertinent question what, in our way of living, is leading to so much inefficiency and disease. Very little research, he said, is being carried out on the running of the health services, either to provide us with basic knowledge or even to enable us to judge how good the services are. More study is required if we are to know how far we are preserving freedom and the essential ideals of democracy. He suggested that social scientists might well collaborate with the medical profession in acquiring fundamental knowledge that would help us to deal effectively with such matters as smoke pollution, the defects of the catering industry, and the building industry. Many of these problems are social rather than medical; but teamwork is needed.

Prof. Ferguson Rodger, in a useful paper, took up the theme of changing needs from the angle of the psychiatric services. He showed how the scope of psychiatry has expanded rapidly from the concept of mere custody to a concerted and intelligent plan designed to care for the far greater numbers who are incapacitated by neurosis. In spite of this, half the hospital beds in Great Britain are devoted to major mental illness, and it is natural that we should still be hospital-minded and only half aware of the great advances in non-institutional psychiatric treatment. Prof. Rodger cited, for example, the therapeutic and economic value of hostels and day hospitals; the development of the latter means that twice as many patients can be treated in the same space, through the saving in beds and other night furniture.

As the discussion went on, it became clear that the emphasis was shifting from the consideration of medical needs as such to the *terra incognita* between medical and social science. Dr. M. I. Roemer, for example, asked how social science could help in the transfer of new ideas from one culture to another. This means that it should address itself to study of the best time for their absorption, as well as the rate at which new findings in medical care could be digested. Dr. J. H. F. Brotherston carried the discussion further by considering, in a thoughtful paper, how medical education could be helped to give the student a deeper knowledge of the springs of human behaviour. Much could be done, he felt, by showing the student the real practice of both medicine and social work in the homes of the people: "The medical

student emerges from training with a well-developed scientific approach to disease processes. At the same time he may be as ignorant as the next man when it comes to understanding his patient as a person whose social situation is of the greatest importance in determining his reaction to ill-health. His scientific training may increase rather than diminish his difficulties in this direction".

In this way the issue of the practical contribution of social work to medical practice is revealed, and its value is generally agreed. A more fundamental question, however, is uncovered, so to speak, by Dr. Brotherston's plea for integration. What is social science, and how far can its practical applications be regarded as the core of the subject? Social science is concerned with human behaviour, but honour is not satisfied merely by its handing over a technique to medicine, even if it bears the pleonastic title of 'social medicine'. If social science and medicine are to work happily together, then each needs confidence in its own techniques, and there must be an agreed common basis of understanding. It may well be that the medical man needs the help of social science in therapy, in preventive action—such as the limitation of neurosis—and, above all, in framing policy through the study of priorities in medical care. The fundamentals of social science were again considered, by Prof. M. Ginsberg, in his closing commentary on the conference. While recognizing the great value of the conference in bringing together workers in so many different fields, he felt that the meeting as a whole suffered from the vagueness of its title, especially as it concealed a lack of real knowledge of the terms social science and social policy. He argued that a good deal of so-called social research is not research in any accepted sense of the term; much of it is plain common sense mixed with a little elementary physiology and psychology. There is a profound difference between fundamental and applied theory, and therefore the function of social science proper is to find out the principles themselves. Social psychology, for example, is in danger of being overwhelmed with new techniques, as in the study of public opinion. The theoretical side is not being investigated at all, as, for example, the theory of public suggestibility as a basis for propaganda. The study of the techniques of propaganda and public attitudes do not advance the theory at all. Similarly, in relation to values, Prof. Ginsberg pointed out the confusion between fundamental studies and the operational research which consists in trying to find out what people want. This is a relatively simple matter, he said; but when one begins to criticize what people want, that is where values come in.

The group dealing with health further considered the problem of co-ordination and integration of the tripartite services under legislation for the National Health Service in Great Britain. In many respects our lack of knowledge of how the Service works is a serious matter; and, as Prof. R. M. Titmuss pointed out in his paper, there is a great deal of confusion not only about the role of the social services but also about the theoretical framework within which these services can be appraised as an integral part of the total performance of the social system.

The papers belonging to the second section, "Design and Planning", ranged over a very wide field, from the broad implications of the Town and Country Planning Acts to the more intimate social problems of rehousing the family. Hitherto, the social scientists have been able to do little to influence such plans, but the fruits of their research have had considerable potential value and ought not to be neglected. To the observer of the discussions relating to these papers the day's work was stimulating; but sometimes there crept in a doubt about whether some of the more basic questions were being missed. There were so many different views on how the needs and aspirations of a planned community could be measured; it was therefore disturbing to feel that the experts had not reached any solid basis of agreement.

The third section of the conference—on "Needs and Standards in the Social Services"—began by considering social security in the epoch following the Beveridge Report. Recent years have brought about developments which were not foreseen when the scheme was planned. Ever-increasing demands are being made on the central exchequer to supplement the allowances paid under national insurance. These allowances fall substantially below the minimum subsistence requirements as assessed by the scale of need of the National Assistance Board. In 1952, 24 per cent of the households drawing retirement pensions were receiving supplementary assistance compared with 18 per cent four years previously, and the same trend is apparent in the other branches of national insurance. Clearly it would be impossible to raise the level of contributions to make the scheme actuarially sound. Would it therefore be better to drop the figment of a contributory insurance and finance the entire scheme out of general taxation? Or should one follow some other British Commonwealth countries and raise the money through a progressive social-security tax? In such a case should there be progressive rates of benefits, thus taking account of the fact that different people have different needs? Would it be advisable to develop some branches of social security as self-supporting insurance schemes—for example, those providing for short-term crises such as sickness or unemployment—while financing the remainder out of general taxation? These were some of the questions raised in the discussion. There was a general feeling that the abandonment of the principle of a contributory insurance for the purpose of economy and simplification in administration would, in the popular mind, entail the abandonment of the right to benefit. This right is held dear by working people, particularly in regard to unemployment. The imposition of a test of need would be considered as harking back to the days of the means test and the Poor Law. There is some recent evidence to show that there is still reluctance to claim assistance on the part of unemployed workers. Old people, too, it has been said, like to feel that they have something which they have earned, contributed or 'put by' for themselves and generally deplore the idea of charity.

It seems desirable that the purpose of the various social-security schemes be thought out and defined more clearly with the view of bringing about modifications designed to meet the needs for which they were intended.

The group turned to subsistence standards and to methods of measurement in social science. A method of measuring poverty that takes into account the

actual purchasing behaviour of people was discussed and shows promise of an improvement over its precursors. Then followed a discussion on the advantages and limitations of social survey techniques. It was agreed that such investigations could provide accurate factual data on the problem of needs and standards in the field of social insurance, but there was a lively debate on their value to the administrator in policy-making and in assessing priorities in the field of social welfare. Here the question of values which had obtruded itself many times in the conference came to the fore. Social scientists cannot claim the right to pronounce on how value judgments are to be made, but—and perhaps this was a keynote of the meeting—they can provide factual data by which such judgments can be considered and made more rationally.

INSECTICIDES AND COLONIAL AGRICULTURAL DEVELOPMENT

SOME eighty representatives of Colonial agricultural administration, of applied entomology, and of insecticide research and development were invited to Bristol by the Colston Research Society during March 23–27 to take part in a symposium dealing with insecticides in relation to Colonial agricultural development. The conference, which had the support of the Colonial Office and the Agricultural Research Council, was directed by Prof. T. Wallace, head of the Bristol University Agricultural and Horticultural Research Station at Long Ashton.

In the opening session, Dr. W. G. Hall (Commonwealth Institute of Entomology) stated that entomologists have been appointed in only fourteen of the thirty-eight British Colonies. The Colonial Empire, totalling 2½ million square miles, with a population of 70 millions and an annual export of crops valued at £182 million, employs, in all, 29 entomologists. Dr. Hall referred to the coming expiry of the Colonial Welfare and Development Act in 1956 and expressed the hope that ample funds will be made available to continue the pest-control work initiated by that Act.

Mr. C. B. Symes, of the Colonial Office, outlined the insecticide research programmes in the British Colonies, emphasizing the uses of the chlorinated hydrocarbons on pests of food plants. He pressed for an increase in fundamental work on specific Colonial problems.

Mr. S. Callaway, of the Chemical Defence Experimental Establishment, Porton, gave a detailed account of an air-spraying operation against locusts in Tanganyika, in which a spray of 20 per cent dinitroresol in oil destroyed 4½ million locusts (96 per cent of the original population).

In the discussion on these papers, several speakers questioned the practicability of introducing insecticide treatments on peasant-grown crops. Sir Harold Tempany pointed out that the yields from peasant holdings are exceptionally low and will have to be increased because population is outpacing food production. Mr. W. T. Cowan noted that co-operative societies of native cotton growers are starting in Uganda.

In the afternoon session of March 24, Mr. E. O. Pearson (Empire Cotton-Growing Corporation) said that the control of jassid on irrigated cotton in the Sudan is the only instance in Africa of large-scale insecticide applications to this crop. He considers