

Constructions of Parents in Adverse Childhood Experiences Discourse

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In December 2017, the House of Commons Parliamentary Science and Technology Committee put out a call for submissions to an Inquiry that would consider the evidence-base for early intervention policies, with a particular focus on 'Adverse Childhood Experiences' or ACEs. This article analyses those submissions and the transcripts of the Inquiry's oral sessions in the belief that they constitute a useful window through which to explore the types of claims being made in ACEs discourse. Our aim is to assess whether the ACEs phenomenon represents a continuity with what has been termed the 'first three years movement' (Thornton, 2011a, 2011b) – social policy and philanthropic activism which focuses on the earliest years of life in the name of preventing social problems 'down the line'. In particular, we consider constructions of parents as determinate of these social problems through their influence on their children and the ways in which these are gendered in new ways.

Keywords: ACEs, parenting, determinism, neuroparenting, first three years movement.

Background

In December 2017, the House of Commons Parliamentary Science and Technology Committee (House of Commons Parliamentary Science and Technology Committee, 2018) put out a call for submissions to an 'Evidence-Based Early Years Intervention' Inquiry which would consider:

... current research into 'adverse childhood experiences', the extent of the evidence linking them to negative outcomes in later life and relevant educational, social and health interventions, as well as the extent to which this research is supported and used by Government.¹

This article analyses those submissions and the transcripts of the Inquiry's two oral sessions in the belief that they constitute a useful window through which to explore the types of claims being made in ACEs discourse. Our aim is to assess the extent to which the ACEs phenomenon represents a continuity with what has been termed the 'first three years movement' (Thornton, 2011a, 2011b): social policy and philanthropic activism which focuses on the earliest years of life in the name of preventing social problems 'down the line'. A particularly striking feature of the first three years movement has been the description of

parents as both the cause of, and solution to, these social problems. The Inquiry evidence provides an opportunity to examine some of the tensions within this construction.

One hundred and ten documents were submitted by a range of organisations and individuals. They were most numerous from the charitable sector (32), with high numbers also submitted by university departments (22, mostly psychology, epidemiology and public health) and individuals (22, most described themselves as psychologists, but this group also included MPs, parents and advocates for particular causes). Government departments also made contributions, as did some local authorities and health service providers (15). Another notable group was constituted of professional bodies (10) such as the Association of Directors of Public Health, the Royal College of Paediatricians, the British Psychological Society and the Institute of Health Visiting. Intervention programme providers (6, including Triple P and Roots of Empathy) also submitted, as did two quasi-governmental organisational bodies (The Big Lottery and Manchester Child and Parents Service) and one think tank (the Centre for Social Justice).

A small number of submissions was highly critical of the ACEs concept and the development of policies based upon it. We were the co-authors of one such submission², in which we expressed our concern that the stated aim of the Committee to ‘examine the strength of the evidence linking adverse childhood experiences with long-term negative outcomes’³ may have been compromised by a presumption, evident in the committee chairman’s video request for submissions, that ‘we now know’ the ‘truth’ about the benefits of the ACEs framework. This, we argued, risked prematurely narrowing the Inquiry’s purpose to that of amassing evidence of ‘what works’ in implementing the ACEs approach, rather than interrogating whether ACEs is a useful way of addressing social problems. We positioned our submission as a ‘social science critique’, rooted in a critical engagement with the conceptualisations of children, families and society that have underpinned ‘early intervention’ since the mid-1990s.

The ‘social science critique’

A novel feature of the first three years movement has been a narrow conceptualisation of social problems that effaces complexity and material factors. In our submission, we questioned the way in which early intervention and ACEs advocates tend towards an almost evangelical embrace of ‘new solutions’ and ‘magic bullets’ to complex and longstanding social problems, arguing that the history of social policy suggests that there are unlikely to be ‘magic bullet’ interventions that work rapidly and universally. We also argued that the movement has taken structural questions off the agenda, thus offering as ‘solutions’ only individualised, ‘preventive’ behaviour change or retrospective therapeutic interventions.

Although the first three years movement relies on scientised metaphors to lend authority to its claims to truth, criticisms of the scientific evidence base do not necessarily dent the confidence of its advocates (Macvarish, 2016). That the ACEs approach has already been rolled out through government institutions and state service providers prior to the parliamentary Inquiry suggests that despite claims that this is evidence-based policy, a belief in early years determinism – the ‘first years last forever’ – exists prior to, and often in spite of, scientific and other research: hence the description of the first three years movement as a social cause ‘in search of an argument’ (Lee *et al.*, 2014).

The Inquiry called for submissions to address the ‘opportunities, risks and challenges’ of the ACEs approach. Our contribution raised the possible risks of cultivating a view

which sees people as wholly determined by their past experiences, asking whether this is a helpful solution to current difficulties, whether at an individual or a societal level. A familiar trope of much policy advocacy is a tendency to exaggerate the scale of a social problem: in the case of ACEs, in claims that almost half the population (47 per cent in England, 50 per cent in Wales, according to some) experiences at least one ACE. We argued that growing the problem, in order to strengthen the case for policy attention and state-funding, risks blurring the boundaries between normal and abnormal experiences, pathologising a very large proportion of the population and undermining the possibility of meeting the specific needs of people with serious problems.

The 'first three years movement'

From the late nineteenth century onwards a succession of social movements sought to secure familial and social progress through improving maternal behaviour (Hendrick, 1997; Apple, 2006). In 1998, the renowned developmental psychologist Jerome Kagan (1998) drew attention to the 'seductive allure' of infant determinism evident in a new strand of late twentieth century US policy-making, which resurrected earlier preoccupations with improving the quality of mothering. The following year, Professor John T. Bruer (1999) questioned the way in which this agenda was being constructed around highly fatalistic claims about infant brain development. The re-articulation of parental responsibility around the cultivation of the infant brain has since become disseminated to Canada and South America, Northern Europe and increasingly, globally, through international agencies (Broer and Pickersgill, 2015; Edwards *et al.*, 2015; Martin, 2015; White and Wastell, 2015; Macvarish, 2016).

Sociologist Frank Furedi used the concept 'parental determinism' to connote this intensive focus on parental behaviour and, in particular, on parental failure. Furedi writes of parents being assigned the new identity of 'flawed gods': determinate of their child's future but destined to fail in the task (Furedi, 2001). Parents, it is argued, are thus centred as the primary 'risk factor' determining the infant's future, but are simultaneously de-throned because they are cast as requiring professional support to render them 'safe' (Macvarish *et al.*, 2015). The ACEs phenomenon seems to represent a continuation of these policy developments in that the way children are raised by their parents is located as the key cause of social problems and claims to truth are highly biologised. In what follows, we explore the way in which parents are positioned in the contributions to the Inquiry, drawing out continuities and discontinuities with the first three years movement.

Methods

Identifying 'the problem' and its cause

The documents were analysed in two stages using MAXQDA qualitative data analysis software. First, searches were run across the sample to determine the types of 'problems' being raised. In our sample, the most commonly mentioned problems were 'mental health' (915 references) and 'abuse' (834 references); both were referred to over three times as often as 'housing' and over ten times as often as 'unemployment', indicating that the household and intimate relations were favoured for concern over material factors. Adverse Childhood Experiences are typically listed as sexual abuse; physical abuse; verbal abuse; domestic violence; parental separation; mental illness; alcohol abuse; drug

abuse and parental incarceration, tending to locate 'the problem' and its cause within parent-child relationships.

A second stage of analysis searched for keywords denoting parental roles: mother, father, parenting, family, maternal and paternal, to quantify their relative frequencies and to identify segments of text where parents were discussed. These segments were then read and coded for meaning, with a particular focus on the theme of 'determinism'. 'Parents' were mentioned multiple times (1879 references) in almost all the documents; however, 'family' was mentioned far less (696 references). 'Parenting' was mentioned in over half the sample, but 'mothers' (223 references) were given far greater prominence than 'fathers' (87 references). Concern with mothers was further indicated by mentions of 'maternal' (87 references) being much higher than mentions of 'paternal' (5 references).

Analysis

In many of the documents, there were strong echoes of typical first three years movement claims-making: in particular, the invocation of scientific authority. We will focus first on the way in which some of the sample dramatised and scientised infant determinism. Secondly, we will discuss how infant determinism segues into parental determinism in heavily gendered, but largely unacknowledged, ways. Thirdly, we note that there was a higher than usual degree of contestation over ACE claims in a way that is less typical of existing first three years discourse. Finally, we consider what becomes of the parent in ACEs claims-making.

Dramatising and scientising infant and parental determinism

The degree of certainty about, or perhaps faith in, 'the science' of infant determinism as an established fact was a marked feature of some of the contributions – for example in the submission from Penelope Leach, the child psychologist and author of a number of influential guides to parenting:

... there remains no scope for argument. It is a fact that the emotional environment of infancy, consisting almost entirely of relationships with the parents or their surrogates, shapes the individual emotionally, psychologically and neurologically, for good or for ill, forever...⁴

The submission from the Big Lottery, a 'non-departmental public body' which straddles the space between government and the third sector, distributing the proceeds of the national lottery, set out claims to ACEs 'truth' in similarly definitive terms:

ACEs are leading determinants of all mental illnesses, many pervasive societal problems and the ten leading causes of death in the Western world (including cancer, diabetes, and strokes).⁵

Infant determinism is rarely separable from parental determinism: it is the parent-child relationship that is understood to define not only the infant but the future adult. An individual submission from a health visitor expressed in particularly poetic terms the typically biologised claims of parental determinism.

*T.S.Elliott [sic] wrote 'In my beginning is my end'...This speaks an important truth. An individual's experience as a baby will shape and influence their life. It will influence their relationships, their physical and mental health and their ability to learn and fulfil their potential. Long term stress in pregnancy can have a profound effect on both the mother and her foetus. Cortisol released as a result of this will affect the foetal brain... If the baby experiences loving consistent care, the child's brain will be 'wired up' in a different way to the infant who experiences neglect, domestic abuse in the home.*⁶

Such highly dramatised assertions locate the source of 'the problem' in parental, usually maternal, behaviour and emotions. The family home and the maternal body are talked of as posing an imminent threat to infant bodies and minds.

Gendered harms

As noted earlier, there was far greater interest in, or concern for, mothers than fathers. With mothers, there was a powerful emphasis on pregnancy, attachment, depression and stress, positioning the mother, her emotions and her body as the primary determinates of normal or abnormal infant development. In a number of documents, references were made to mothers as the 'uterine environment', with the behaviour of the mother directly transmitting harm to the foetus, whether through taking in 'toxins' such as drugs and alcohol or through emitting 'toxic stress' from her emotional state.

*Consistently stressful experiences are likely to have a negative influence on all aspects of development. This, as mentioned, is especially true for in utero experiences, when the mother is stressed during pregnancy...*⁷

Although some contributions were concerned with the suffering of women themselves, in the vast majority of references to mothers' mental health, the consequences for the child were emphasised, indicating that the mother's body and mind are of secondary concern, instrumentalised in the task of creating emotionally functional children.

The work of the sociologist Sharon Hays and others who have subsequently worked with her conceptualisation of 'the cultural contradictions of motherhood', suggests that the intensification of demands on mothers, expressed most strongly in the re-biologisation of their role, emerges as an attempt to deal with the uncertainty thrown up by the reconstitution of womanhood during the late twentieth century (Hays, 1996; Faircloth, 2013). This insecurity does seem borne out in the concern for 'attachments', which can be read as expressing an anxiety about the continued existence of maternal love. Whereas the origins of attachment theory lie in attempts to make the case against maternal *absence* during the early years of life, the quality of maternal *presence* seems to be the object of concern in our sample (see Kanieski, 2010). The depressed mother is constructed as physically present but emotionally absent; a parent who requires sensitising to her child – indeed, to her role as mother. Otherwise, poor attachment becomes 'psychologically and neurologically encoded', forming 'what could be the basis of lifelong expectations of the world and of the self'.⁸

The quote below from The WAVE Trust makes a forceful claim for the mother's emotional state 'damaging' their child's brain, but the father is also implicitly introduced as a contributory factor, here constructed as a violent figure causing stress during pregnancy.

*... permanent damage can be done to children's brains by the mother experiencing stress or anxiety during pregnancy. There is also strong evidence that pregnancy can be a peak period for domestic violence, and that it often begins during pregnancy.*⁹

References to fathers were concentrated in a quarter of the documents, with no mentions at all in the majority. Where fathers were mentioned, it was often their absence rather than their presence which was the source of concern: 'not having a father in the house remains the number one predictor of teenage mental health problems in the UK'.¹⁰ The theme of male violence runs through many documents, but some parenting programmes emphasised the need for men to be cultivated as 'involved' or 'engaged' fathers despite violence between the couple. Expectations of fathers were significantly less demanding than those of mothers and were not biologised, other than where they were a cause of 'toxic stress' through violent behaviour, but, even here, the mother tends to be positioned as the vector for the paternal threat:

*... a mother who has suffered significant domestic abuse from the baby's father, sees the father in the child's eyes and unconsciously reacts to the baby as though they are a threat.*¹¹

Whereas the influence of mothers is constructed as a very direct, totalising, biologised effect on the child's physical and mental development, the father is attributed a much more muted role, usually mediated by the mother.

Querying 'the science'

In a number of documents, considerable caution was expressed concerning the current state of knowledge about 'the science of ACEs'. Such contestation over early years claims-making is relatively unusual in the context of the usual discourse of the first three years movement. In a highly critical submission, the sociologist Professor Hilary Rose and neuroscientist Professor Steven Rose challenged simplistic claims that measuring 'cortisol' levels has established that 'stress' is the mechanism by which negative maternal emotions are transmitted to the child ('stress' was mentioned 387 times in seventy documents):

*The EI [Early Intervention] literature tends to ignore such complexities... instead asserting that high cortisol levels are indicative that an infant has been subject to 'toxic' stress as a result of an unsupportive environment, even referring to it as 'corrosive cortisol'. Neither neuroscience nor endocrinology could accept such a simplistic designation.*¹²

While a few other submissions were critical of ACEs on the grounds that claims to certainty are premature rather than fundamentally unscientific, some cautioned against the misapplication of population-level data as containing insights into phenomenon at the individual level, in particular regarding the use of an 'ACE score' to describe individuals. Academic researchers involved in longitudinal studies also pointed to the problems with the 'ACE score':

*The ACE score approach is highly limited in being able to inform interventions as it's unclear which adversities produce the most negative impacts upon health and how this occurs. The limitations of the ACE score approach are becoming more widely acknowledged in this field of research...*¹³

And Professor of Epidemiology and Public Health Christine Power similarly queried the extent of knowledge about the effect of particular ACEs:

*Evidence is scarce for ACEs separately, particularly for childhood neglect, and for associated child developmental trajectories likely to affect later outcomes.*¹⁴

These contestations were emphasised in the Inquiry's final report and recommendations.¹⁵ Some of the professional associations were also wary of the claims to certainty about 'the science' of ACEs. The Association of Directors of Public Health wrote:

*There is also limited research examining the magnitude of the impact in those at the lower end of the spectrum, who have experienced a small number of ACEs (less than four). Other potential gaps in the evidence also include research establishing causality; it is important to distinguish association from cause and effect.*¹⁶

Meanwhile the Royal College of Paediatrics and Child Health suggested that there is 'little robust research' to 'claim there is a sufficient evidence-base for specific interventions'.¹⁷ Existing critiques of the first three years movement have noted that doubts or criticisms about 'the science' do not necessarily dent the confidence of its advocates (Macvarish, 2016), but the claims put forward by this latest iteration of early years advocacy do seem to have provoked greater criticism than earlier phases. Why this would merit further investigation.

The paradox of parental determinism

In the oral sessions of the Inquiry, during which some contributors of written submissions (including our group of co-authors) were invited to give evidence to the committee, Professor Edward Melhuish, a psychologist whose work has been influential in UK early years policy since the mid-1990s, made an argument for inculcating a belief in 'parental determinism' more widely in the general population as a way of countering a different kind of determinism – presumably a naturalistic or perhaps class-based fatalism.

*There is an ignorance among people in general about the importance of what they do for children's lives. Children's everyday experiences shape their lives, yet among many people there is a kind of fatalism. They think, "The child will be what it is going to be like anyway. It does not really matter what I do." When you have that kind of attitude, you do not try to help your child. To overcome that kind of philosophy, we need to change our culture with regard to how we view parenting.*¹⁸

Here we can see that the articulation of parental determinism can sound like a rallying cry for the exercise of greater parental agency. However, the ACEs proposition contains within it a central tension for policy-makers: the parent is both the cause of the problem and the solution to it. Where the parent is 'emotionally available', they serve as a protective mediator between the child, material circumstances or other adverse factors: a parent who loves in an appropriate way can offset the harm that would otherwise be caused by a suboptimal environment. But most ACEs are directly attributed to parental behaviour, or, where the problematic behaviour is that of one parent and not another, the

'good' parent who fails to effect a positive mediation in a harm-reducing direction, then becomes a cause of harm. How can the parent be appealed to as the agent of change when they are identified so relentlessly as the cause of the problem? Secondly, how can problems that it is believed have become embedded in the brain during pregnancy and infancy possibly be remedied?

Descriptions of what parents must do in order to act as mediators against the effect of ACEs are various: sometimes the need to inculcate 'attachment' in the parent-child relationship is emphasised¹⁹ or, as noted above, ACE-preventive parenting is said to require the avoidance of 'stress', often referred to as 'toxic stress'. Parents must work, with professionals, on their own ACEs, to reduce their stress, 'break(ing) the cycle once and for all'.²⁰ Much has been written on the move from political understandings of inequality and social class to the re-emergence of biologised theories of 'cycles' (Welshman, 2008). We do not have space to explore the particular invocation of intergenerational transmission of disadvantage in ACEs discourse, but it is a significant feature of the phenomenon and further demonstrates that early intervention and ACEs are, to a certain extent, 'old wine in new bottles' (Lee *et al.*, 2014).

Elsewhere in the sample, there seemed to be evidence that some ACEs advocates have become sensitive to criticisms that the first three years movement risks promulgating negative parent-blaming and pessimistic determinism. One submission argued:

*There is . . . concern that a high ACE score could be seen as a pre-determined predictor of long term failure, and this is simply not true . . .*²¹

But it goes on:

. . . in order to address the long term effects of ACEs and to stop a high ACE score become a self-fulfilling prophecy, we need to be building confidence, knowledge and understanding of professionals in their roles as 'stable, caring, adults' to support resilience building for/with the children in their care, or to support parents to become 'stable, caring, adults'.

Here, the professional is explicitly positioned as the key 'stable, caring adult' not only for the child but also for the parent, in order to reconstruct them, in turn, as 'stable, caring adults'. In the oral sessions, George Hosking of The Wave Trust, a central figure in the UK advocacy, was also keen to counter accusations of fatalism:

*. . . research shows that not everybody who has ACEs ends up becoming a violent criminal or having other negative impacts.*²²

Hosking went on to explain that the determining effects of ACEs can be mediated by relationships:

If you look at and understand what makes the essential distinction, it is whether that person has experienced warmth, love and understanding, usually from a consistently available adult during their life. That could be another family member; it could be a school teacher; it could be a youth worker; it could be almost anybody, but when that is provided in somebody's life it makes a difference . . . turning them into a pro-social human being.

Hosking is no doubt correct in his view that adults, and not just parents, can have a protective effect on a child, but it is noteworthy that the parent has now disappeared, to be replaced by other adults, with a flattening out of distinctions between family members and state professionals.

In the ACEs discussion we can see that parents fade in and out of the picture. Sometimes, they are the absent or shadowy sources of ACEs, their embedded emotional dysfunctions transmitted via stress, violence or 'insecure attachment' to the bodies and minds of their children. At other times, parents are brought to the fore as protectors against the effect of ACEs, but only if provided with the right professional support. Generally, they are more likely to be constructed as potential vectors of biologised harm in need of neutralisation than as sources of love, care or authority. In the case of mothers, there seems to be little faith in any maternal 'instinct' or spontaneous feelings of love; rather, motherhood is portrayed as more likely to inspire depression, or re-trigger past traumas. This is almost a mirror image of the historic idealisations of naturalised motherhood upon which early versions of infant determinism were founded.

This instability in the status of the parent and, indeed, of adulthood, produces fundamental tensions in the policy domain. In ACEs discourse, the infant determinism of the first three years is read simultaneously forwards into the future of the developing child and backwards into the past of the damaged parent. Indeed, some advocates encourage professionals to engage in 'routine enquiry' with all service-users regarding possible ACEs in their pasts; as the slogan goes, 'don't ask, "what's wrong with you?"', ask, "what happened to you?". While this seems to be a well-meaning attempt to reconstitute the citizen in need of social support less as a problem or a threat and more as a deserving victim of their past – imagining them as the vulnerable child they once were – it also positions professionals as the only 'adults in the room'. The problem this poses for the socialisation of children is that while the task requires a multitude of adults, at its heart it is founded on the spontaneous assumption of responsibility by adults with a unique connection to the particular child. Paid state professionals are no substitute for this role.

Conclusion

By politicising the earliest years of infancy, the first three years movement facilitated a reconstitution of the relationship between the state and the citizen (as parent). But in making its case for more direct state intervention in family relationships, it has tended to generalise problems, denigrate parents and reduce the moral and social significance of family life to instrumentalised, 'scientised' meanings. ACEs have continued this project but seem to be producing greater contestation amongst professionals and a bolder reaction from some parents who object to being constructed as vectors of harm. How the state can support families without undermining the authority of parents is the key question for family policy today. However, this is rarely addressed directly: as the approach which has dominated the policy domain for the past thirty years has tended to undermine a belief in the capacity of adults to function spontaneously in a competent, autonomous way, instead rendering complex human relationships and social structures in technocratic, pseudo-scientised terms. We hope that the social science critique can play a role in re-opening the terrain of the debate and re-humanising the concepts through which it is discussed.

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Notes

All submissions to the Inquiry can be accessed here (each document has a code beginning EY): <https://www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/inquiries/parliament-2017/evidence-based-early-years-intervention-17-19/publications/>

- 1 <https://www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/inquiries/parliament-2017/evidence-based-early-years-intervention-17-19/>
- 2 EYI0039
- 3 <https://www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/news-parliament-2017/evidence-based-early-years-inquiry-launched-17-19/>
- 4 EYI0027
- 5 EYI0091
- 6 EYI0067
- 7 EYI0005 PIP UK
- 8 Ibid.
- 9 EYI0078
- 10 EYI0059 Centre for Social Justice
- 11 EYI0064 Sheffield Children's and Young People's Public Health Team
- 12 EYI0095
- 13 EYI0043 International Centre for Lifecourse studies
- 14 EYI0056
- 15 <https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/506/50602.htm>
- 16 EYI0031
- 17 EYI0054
- 18 Professor Edward Melhuish, oral evidence
- 19 EYI0022 The Open University
- 20 EYI0076 Stephanou Foundation
- 21 EYI0113 Better Start Bradford
- 22 George Hosking, oral evidence

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