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Policy Briefing: The Biologisation Of Poverty–Policy And Practice In Early Years Intervention

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The idea that poor people are poor because their brains have been damaged in childhood by inept parenting may seem extreme, but increasingly it is informing early years policy and practice. Policy documents and high profile commentators advocate neuroscience as a base for child and family intervention initiatives, presenting brain mechanisms as shaped by quality of care, and as underpinning both individual outcomes and the wellbeing and stability of society as a whole.

It seems that assertions of the cause of poverty as transmission across generations are receiving a new lease of life. We are witnessing a shift away from prevalent ideas about the cultural transmission of disadvantage towards a new biologisation of poverty, despite the lack of any credible evidence for either. Findings from our research into brain science and early years intervention as part of the [Faraday Institute's Uses and Abuses of Biology](#) programme reveal that this biologisation of poverty reinforces social divisions and obscures inequalities.

The neurofication of policy

In recent years, important policy documents have drawn heavily on a biologised conception of children's future potential, claiming that quality of care in the early years is reflected in the anatomical structure of a child's neural circuits. Poverty is seamlessly conflated with poor parenting through an assumption that disadvantaged mothers are neglectful. For example, the Government commissioned [Independent Review into Child Poverty and Life Chances](#), in 2010 concluded 'the development of a baby's brain is affected by the attachment to their parents' and that brain growth is 'significantly reduced' in inadequately parented children. Similarly, the [Allen Reports on early intervention](#) (2011) called for urgent Government action on the basis that 'brain architecture' is set during the first years, inside and outside the womb, with the 'wrong type' of parenting profoundly affecting children's 'emotional wiring' through into adulthood.

This deterministic message is softened through an optimistic focus on 'up-skilling' parents and thereby enacting biological change. Cycles of deprivation, it is claimed, can be broken simply by teaching poor mothers how to love their babies more effectively. Time is of the essence though. The general consensus in policy documents is that the 'prime window' for development is 18 months, beyond which deficits are portrayed as hard to overcome. Early intervention is presented as a fleeting opportunity for deliverance before the window of

Factual – Measured - Critical

opportunity slams shut, leaving behind a 'bio underclass' destined to reproduce poverty and crime.

Despite the eugenic resonance of such reasoning, the emphasis on love and its transformational benefits to children constructs a veneer of progressive benevolence. Politicians from every political party, social commentators from across the political spectrum, professionals and practitioners, and children's charities have all rallied around the cause of early intervention. Last year MPs published the cross-party manifesto [1001 Critical Days: The Importance of the Conception to Age Two Period](#) which, essentially, called for greater surveillance of pregnant women and mothers of young children. The authoritative tone of this and other similarly focused policy documents suggests a clear-cut robust body of scientific evidence concealing an altogether more troubling reality.

The misuse of science and its implications for practice

There is a striking dissonance between neuroscience as a rapidly developing field and its appropriation and misuse in policy circles. Startling policy claims about infant brains are erected on a combination of flimsy citations and dubious extrapolation. The notion of 'hardwiring' is a case in point, with references to a time-limited, calcifying process of brain development appearing in policy literature. This flies in the face of contemporary evidence that such assertions are anachronistic, with scientists revealing the life-long capacity of the brain to adapt and change. Widespread claims that poorly parented children fail to develop appropriate connections in their pre-frontal cortex (described as the seat of rational behaviour) and rely instead on their ('primitive') limbic system are similarly lacking in rigorous evidence.

Yet our research shows that erroneous ideas are directly informing professional practice on the ground. Many family intervention projects draw heavily on a version of brain science as a way of underlining to mothers the crucial significance of their participation. The health and early years practitioners we interviewed were enthusiastic about neuroscience as an apparent evidence base, feeling it gave them the authority to challenge behaviour that some might previously have viewed in terms of cultural difference. This misappropriation of brain science extends right across the health, education and social care sectors and has seeped into the family courts system. In 2011 the Director of the Association of Children's Services attributed a sharp increase in the numbers of children taken into care to 'a better understanding of the physical damage to brain development associated with poor parenting'.

Biologising poverty, naturalising privilege

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The appeal and language of neuroscience is being deployed to produce a deterministic orthodoxy that explains poverty and classed, gendered and racialised inequalities by naturalising them. Success is correlated unproblematically with brain structure and intelligence through a meritocratic construction of the wealthy and privileged as biologically superior. Social class is positioned as irrelevant and outmoded, with little consideration given to wider structural and economic factors. Quite the opposite in fact. Several of the influential advocates of neuroscience as a driver of early intervention whom we interviewed cited biological developments as a challenge to notions that social class shapes life chances.

The embellishment of the early intervention evidence base with brain science has also led to an increasingly explicit gender encoding of policy, re-inscribing traditionalised approaches and institutionalising mother blaming, while unspoken and implicit, issues of race and nation are also inscribed in current agendas. Early intervention seeks to reproduce a white, Western conception of optimum childrearing. The centrality and significance of mother—child relationships is asserted through reference to a child’s biological need for an available and responsive primary caregiver. Yet in many communities across the world childrearing is shared among extended kinship and social networks in interdependent households. Held against current UK policy models, this form of childrearing could damage children’s brains. Quite apart from the incipient biologised racism, the implications of this reasoning are that people in poor countries create their own poverty; just as people in Britain who live in poverty are posed as the outcome of inadequate childrearing stunting their brain development.

Brain science claims and the biologisation of poverty sidestep the need to address major social inequalities and pressing material needs, and are being used to justify a narrow, interventionist approach to service provision rather than broad family support.

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