# Medicalization and Moral Claims: Health care policies concerning the family and their effects on the moral understanding of the family.

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One of the insights generated by social policy scholarship of recent years is the identification of the emergence of an 'explicit family policy' in Britain. Britain has been considered traditionally 'reluctant' in regards to policy making about the family. Thus while some European countries, for example, have had ministries of the family, or policies that manifestly relate to the family in some form, British policy has held 'the family' at a distance (Clarke 2006, 2007). The period of new Labour Government 1997-2010 has been identified as constituting a watershed time in changing the nature of social policy in this regards. At election, new Labour began moving 'the family' to the centre stage of policy making, and continued this trajectory consistently during its time in office.

This development has been analysed in various ways, but for the purposes of this paper, the innovation that is most important is the emergence of 'parenting' as an ascendant social policy concern. As a number of analysts have noted, a very marked line of thinking emerged in Britain from the late 1990s onwards, in which more and more status was given to the import of the role of parental behaviour and 'parenting style' in determining the behaviour and development of children and in turn their 'life chances' (Furedi 2008, Gillies 2005/2008, Gillies and Edwards 2004, Goldson and Jamieson 2002, Jensen 2010a/b). In the terms of this approach, 'parenting' became directly and causally linked to 'social exclusion', 'poverty', 'educational attainment', 'antisocial behaviour' and 'criminality'. By the early years of the new millennium, parenting' had emerged in policy terms, by merit of this way of thinking, as a (and arguably *the*) central cause of social problems. In turn, changing 'parenting' became a core project for social policy.

Notable among the remedies to the problem of parenting thus defined has been the provision of 'parenting education or 'parent training'; interventions reflecting,

> [A] particular understanding of the role of parents in shaping children's behaviour and development, relative to other influences, and a belief that the provision of information and of specific skills training can transform parent's practices so that they conform of current norms and values' (Churchill and Clarke, p43).

In this way, modifiying the behaviour of parents (and mothers in particular) emerged as a core objective of social policy; policy makers sought to provide:

> [A] range of services and resources directly to young children in the form of integrated care and education, but also the provision of services which sought to change parenting (particularly maternal) practices: the promotion of breast feeding, cessation of smoking in pregnancy, and encouraging parents to relate to their children in specific ways – reading to them, playing and adopting specific disciplinary strategies. The objective of changing parenting in these ways was to try to ensure that children started school 'ready to learn', and thereby reduce the social class attainment gap, which was seen as an important factor in the reproduction of social exclusion'. (Churchill and Clarke, p43)

As the extract above indicates, social policy agendas in this form construed 'health behaviours' as a key focus for behaviour modification initiatives. A set of issues have been repeatedly identified in policy documents of this period – parental smoking (especially maternal smoking during pregnancy), breastfeeding rates, maternal (and also paternal) depression - as ones that parent training programmes should seek to address. These issues also appear repeatedly in *public health* documents published over the same period of time. For example, the 1990s saw over 20 documents published with directly or in part discuss breastfeeding rates and set out schemes and programmes seeking to increase the rate and duration of breastfeeding (Lee 2011). Ante-natal and postnatal depression have attained more and significance (Lee 2003, 2008). In addition to smoking in pregnancy, notably new policy has been developed advocating alcohol abstinence in pregnancy (Lowe and Lee 2010) and calorie consumption by pre-pregnant and pregnant women is a rapidly growing policy concern (McNaughton 2010).

Against this backdrop of analysis of explicit family policy and the construction of parenting as a policy problem, the aim of this paper in to present some 'work in progress' thoughts on the development of public health policy and social policy since the election in England of the Coalition Government in May 2010.

The last year has seen the publication of new public health policy: *Healthy Lives, Healthy People: Our strategy for public health in England* was published in November 2010, in which the English Secretary of State for Health claims the Government intends to introduce, '[A] radical shift in the way we tackle public health challenges' (2010, p2). It cites the stock concerns of public health policy (eating [obesity], drinking [alcohol problems], sex [sexually transmitted infections], smoking and drug use) but argues it is adopting a different approach to that taken previously, namely (with reference to the arguments made by the epidemiologist Michael Marmot) a 'life course framework for tackling the wider determinants of health' (2010, p4). Notably, it explains that, 'The new approach will aim to build people's self-esteem, confidence and resilience *right from infancy – with stronger support for the early years'* (p4, my emphasis), and that, '*Even before conception and through pregnancy*, social, biological and genetic factors accumulate to influence the health of the baby' (p14, my emphasis). The theme of 'starting well', addressing pregnancy and the 'early years', and notably also the period *pre*-conception is one of the major areas

addressed through the document. Of particular note is the attention given to brain development. The following appears in bold, at the end of one section titled 'starting well':

> At birth, babies have around a quarter of the brain neurons of an adult. By the age of 3, the young child has around twice the number of neurons of an adult – making the early years critical for the development of the brain, language, social, emotional and motor skills. (p18, bold in Box)

In addition Government commissioned documents about 'the family' have also recently been published, setting out what is presented as a radical programme of action to address social problems, centrally poverty and 'social mobility'. *The Foundation Years: preventing poor children become poor adults,* authored by Frank Field MP, was published in December 2010. He concludes:

> 'Parents are the key drivers in determining their children's life chances. It is not so much who parents are – what their jobs are – by what parents do – how they nurture their children – which the evidence shows, determines a child's life's race….schools should teach parenting and life skills throughout the whole of their school life. Pupils will begin to learn how they can advance the lives of their children when they start a family'.

In January 2011, Graham Allen MP made the case on the basis of his report, *Early Intervention: the Next Steps,* that all parents need to know how to, 'recognise and respond to a baby's cues, attune with infants and stimulate them from the very start, and how to foster empathy…If we can invest a little early in the life cycle to help mums and babies, and young people, then I think you'll find that money is recouped over and over again'.

A common theme is these reports is that neuroscience leaves us with no uncertainty that 'poor parenting' is the main cause of social problems. Allen's report features images of brain scans on its front cover, which, 'illustrate the negative impact of neglect on the developing brain'.

A reading of these documents will be presented, focussing on the following points:

1. Public health policy and social policy have become more and more aligned meaning that, to a hitherto unprecedented degree, 'health behaviour', and in particular maternal 'health behaviour', has become politicised (that is, construed as central to the development of large social problems, principally poverty) and social problems have become medicalized (that is, understood as best addressed via allegedly scientific/medical insights and associated inventions directed at individuals).

2. The idea of 'prevention' as opposed to 'cure', already validated through the 'new public health' (Lupton 1995) has acquired greater power, as ever more attention is focussed in both public health and social policy programmes on pre-pregnancy, pregnancy and the early years. Intervention during the period of

'transition to parenthood' and 'the early years' has arguably emerged as the example *par excellence* of preventative behaviour modification efforts. 'Starting well' by changing the behaviour of prospective and new parents has come to constitute the ultimate expression of the preventative approach; it is considered to be the best possible way of 'getting to the root cause' of problems.

3. The idea that policy is 'evidence based' (not ideological), already firmly established in the 2000s, has been developed further through reference in recent policy approaches to 'brain science'. Indeed, the extent to which the brain of the child is now the main target for intervention, and is seen as the key to a better or worse future for society as a whole, cannot be overestimated.

4. In the context of this policy agenda, specific problems and issues – for example infant feeding or maternal mental health – come to be seen and addressed less and less as issues in their own terms, requiring pragmatic case-by-case responses but as linked by their import for the healthy development of the child's brain. The unifying concept at work is 'bonding'; for this reason maternal depression and bottle feeding are both considered threats as they diminish bonding, and hence brain development. In this form, a challenged/discredited theory of mother-child bonding (Eyer 1993) has been given a new lease of life.

In conclusion it will be argued that these developments modify the moral understanding of the family in at least two ways. First current policy provides a powerful encouragement to the already well established trend towards the *moralisation* of parental behaviour.

It has been noted that moralisation is inherent to the 'new public health' in that 'health behaviours' in general have come to be taken as a marker of how responsible and admirable a person is deemed to be. Fitzpatrick has thus argued, for example, that in conditions where previously significant moralities have lost their purchase, 'health' has come to operate as a 'secular moral framework' for society, emphasising 'individual responsibility and ... compliance with the appropriate medically-sanctioned standard of behaviour' (2001, 70). Others also emphasise how 'health' has attained increasingly moralised connotations, as it is more and more considered to be a state that can, and should, be chosen by responsible individuals (Burrows et al. 1995; Lupton 1995; Nettleton 1998; Murphy 2004) and it has been argued that 'healthy living' has become widely accepted as a moral obligation (Hunt 2003, Leichter 1997, Rozin 1997; Murphy 2004). It has also been argued, however, that the moralisation of health is greatly intensified when policies are formulated that relate to the care of the child (and 'unborn child') (Murphy 1999, 2004). It is deemed especially morally questionable to fail to do what is 'healthy' as a parent with responsibility for a child (Lee 2007, McNaughton 2011). The present context, with its heightened attention focussed on crucial impact of parental practises on the brain, and therefore future of child and the wider society, amplifies this process of moralisation.

Second, *the moral integrity and moral autonomy of 'the family' is increasingly undermined*. Indeed, the concept of 'the family' has given way to the far more individuated notion of 'the parent/carer and the child'. In turn, the notion of the family as *a unit* with a legitimate internal life, authority and autonomy, has given way to the idea of fragile and potentially harmful relationships between individuals (parents with children, and mothers and fathers to each other) which policy makers can and should seek to mould and shape. In particular, the way in which emotion and feeling is expressed between individual members in families (the process of 'bonding') has become a political concern.

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