

The moral economy of early intervention

Mothers, children, and the impact of austerity
on perinatal mental health

Rodolfo Maggio

‘I feel the Children’s Centres in Oxfordshire have a deeper value than budgets or funding’

– Maddy, 25, Abingdon¹

Abstract

In November 2015, protests erupted in Oxford in response to the decision of the Oxfordshire County Council to cut, among other things, forty-four Children’s Centres and seven Early Intervention Hubs. The debate about whether these centres could be considered as disposable or not did not get to an agreement. I argue that the main cause of this outcome is that the opposing arguments were based on moral positions that were not only incompatible but fundamentally incommensurable. Those in favour of reducing deficit spending argue that cuts to social services (including family and children services) are unavoidable. Parents, however, refuse to accept austerity measures that will undermine the rights of their children to access services that will improve their chances in life. Neither

¹ Save Oxfordshire’s Children’s Centres Campaign, ‘Our stories’,
<http://saveoxfordshireschildrenscentres.com/our-stories/>.

position is based on incontrovertible evidence. On the one hand, the decision to cut a given service always involves the arbitrary evaluation of that service against other services that will not be cut. On the other, the demand to fund those services is based on the hope that early intervention initiatives will benefit children, even if the evidence that early intervention works is inconclusive or thin. On the basis of a thematic analysis of twenty-seven stories written by Oxfordshire parents, I interpret this conflict using the notion of moral economy, and argue that such an approach allows an appreciation of the link between health economics, perinatal mental health, the morality of parenting, and the early intervention discourse.

Keywords

anthropology of value, austerity, child development, maternal health, Oxfordshire

Introduction

In 2015, the Children's Centres and Early Intervention Hubs in Oxfordshire faced the prospects of closure after the local County Council announced cuts to services in the attempt to save £6m. These centres provide Oxfordshire parents with practical and psychological support and help them raise their children with programmes ranging from home visits to play spaces. Families in the area considered the austerity measures as morally wrong, due to the negative impact they fear these cuts will have on perinatal mental health and on the 'life chances' of their children. Their connection between austerity measures, morality, and mental health suggests a relationship between the macro-level determinants of health economics, the values held by a community, and the individual experiences of psychological stress. In order to make these connections explicit, I look at how these families reacted to the announcement of the Oxfordshire County Council as part of the austerity measures to the UK national budget, and frame these experiences within the public and political discourse about early intervention in England.

Although the influence of austerity measures on mental health in England has been the subject of a growing corpus of research (Barr, Kinderman, and Whitehead 2015; Karim, Cook and O'Reilly 2014; Lewis and West 2017), their impact on users of early intervention services has received less attention. For this reason, the case of the Oxfordshire Children's Centres presents a novel opportunity to think about the effects of austerity on mental health. More specifically, this case highlights that contemporary Oxfordshire families recognise the usefulness of the centres in a way other than was originally intended. Early intervention initiatives in the UK were originally conceived to improve the life chances for the poorest and least resourceful children. For example, the Sure Start programme was created after the

Comprehensive Spending Review in 1998, to improve the health and welfare of children in areas of high socioeconomic deprivation (Barnes et al. 2005). Today, however, families that are not necessarily among the poorest and least resourcesful in the Oxfordshire area value the centres especially as a resource for addressing mental health problems like postnatal depression and perinatal social isolation. Cutting these services means that these families will no longer have access to a specific response to their needs.

These needs are historically determined. The history of early-years services provided by the UK government goes back to the beginning of the twentieth century, but only in recent years has early intervention entered the policy debate. In 2007, members of parliament Graham Allen and Iain Duncan Smith wrote a report entitled ‘Early Intervention: Good Parents, Great Kids, Better Citizens’, in which they called on all parties to jointly work on a new social policy for early-years development. Three years later David Cameron commissioned Allen to chair an independent review of early intervention services, which was released in January 2011, followed by a second report in July of the same year.

The first report focused on the argument that failure to develop a solid foundation of social and emotional skills early in life results in great disadvantage for individual citizens and high costs for the society as a whole. The second report focused on the economic costs of providing early intervention services and the foreseeable savings such services were hypothesized to engender for taxpayers. One of the results of these and other reports, such as the Marmot review (Marmot and Bell 2012), was the establishment of charities such as the Early Intervention Foundation.

The 2008 global economic crisis hit England roughly at the same time that early intervention was getting to the centre stage of the political and public debate. Multiple developmental studies around this period showed that the first two to three years of life determine much of what a child will be and do in the future (Shonkoff 2003; Johnson, Riis, and Noble 2016; Heim and Binder 2012). Cognitive abilities, socioemotional skills, physical health, and many other variables depend heavily on early life experiences, which in turn are influenced by specific socioeconomic conditions. Maternal depression and other perinatal mental health issues in particular are deemed to have important repercussions for early child development (Shonkoff et al. 2009).

In response to these scientific studies, various actors – parents, medical associations, schools – put forth deterministic arguments about the consequences of parenting choices on neurocognitive development, social skills, emotional stability, and more (Macvarish 2016, 14, 51–63, 98, 104–106). The debate turned to issues of justice and equality because differential access to economic and societal resources affect the capacities to parent in disadvantaged

families and the life outcomes for individual children. The moral aspect of the issue gained political traction and grew to such a high profile in British public life that in January 2016 Prime Minister David Cameron gave a speech about how the government intended to give all children the same chances in life, regardless of their conditions at birth. The foundational idea was that identifying children who, because of their initial conditions of disadvantage, were unlikely to 'get the best chances in life' would allow appropriate support to be provided to them and their parents, thereby neutralising such conditions (Cameron 2016).

Cameron's speech marked an important shift in the public debate about the moral responsibility for the life outcomes of children, from causes limited to the family to structural causes involving the state. The 'responsibilization' of individual families for how well their children do in life was indeed distracting public attention from structural problems that are as much if not even more powerful in shaping parents' resources and the individual outcomes of their children. Cameron's speech was a political recognition that individual outcomes are not solely a result of family background and individual performance; they are also affected by services provided by the government to support the difficult challenges of parenting.

But when the cuts to the Children's Centres and the Early Intervention Hubs were announced, the debate shifted from structural causes to individual responsibilities, a shift that was marked by a discourse about the morality of austerity. As the Oxfordshire Conservative Councillor Melinda Tilley said, 'This is not about children's centres, it's about £6m of savings we already committed to save' (quoted in Ballinger 2016). However, by that time many British parents had already subscribed to the government-sponsored moral project of equalising 'life chances': in order to be 'good' parents they had to prevent their children from having anything less than the 'best start in life'. As a consequence of the discursive shift from the morality of parenting to the morality of austerity, British families experienced practical problems and psychological stress that cannot be understood without an appreciation of the moral aspects of the public and political debate. In particular, the impact of the cuts to the Children's Centres and the Early Intervention Hubs on the perinatal mental health of Oxfordshire parents must be understood in relation to the shift in the political discourse about the moral responsibility of parents that dominated the British public sphere before, during, and after the advent of the economic crisis.

The morality of austerity is a narrative of debt through which the economic crisis was socially constructed in England, as in many other countries (Hay 1995). In the late 2000s, the US subprime mortgage insolvency reverberated into many financially connected countries and penetrated the British banking system, causing a major decline in investments. A coalition of Conservatives and Liberal Democrats was formed in May 2010 in the understanding that the deepest recession since the Second World War (Office for National

Statistics 2013) required the largest cuts to public expenditure that the British public had seen since the same period (Taylor-Gooby and Stoker 2011, 4). The difference was that, this time, no war had left the country in ruins. It was the Britain's fiscal deficit and public debt that had to be tackled.

Britain officially entered 'the age of austerity' when the reaction to the crisis was formulated as a moral imperative (Stanley 2014). According to Liam Stanley, the moral framing is what made austerity acceptable in the eyes of the British public between 2008 and 2012. He writes, 'The general acquiescence to the idea of fiscal consolidation, despite the potential harm of the measures' can be attributed to the relative small amplitude of 'the legitimacy gap between the fiscal consolidation plan and the everyday justification of these plans based on [people's] shared wisdom and experience' (ibid., 897). In other words, British citizens were relatively familiar with the idea of reducing expenditures to solve problems caused by overspending. Even though this 'household metaphor' (Kelly 2001, 724) is an oversimplification of the recession, it did make austerity measures appear legitimate, for it framed the immediate future as a period of economic redemption after 'wider societal experiences of perceived overspending and related feelings of guilt concerning pre-2008 excessive consumption and financialization' (Stanley 2014, 897).

However, different economic measures have different reactions, and therefore do not result in the same degree of 'acquiescence'. Austerity measures do not hit the population as a whole, but rather target specific groups such as students, recipients of social benefits, and public sector workers. Even though the public might perceive that there is a moral basis upon which certain austerity measures can be justified, there is one instance in which the morality of austerity has been particularly difficult to defend. That is the case of the cuts to the Oxfordshire Children's Centres and the Early Intervention Hubs.

As a consequence of the shift in the public debate from the moral responsibility of parenting to the morality of austerity, the political discourse that accompanied these cuts was characterised by a unique sense of inherent contradiction. At the macrolevel of economic theory, the cuts have been dubbed a 'false economy' (Oliver 2015), for even if it is hypothetically assumed that closing the Children's Centres was the only choice available at the moment, it was simultaneously reasonable to anticipate that their closure would incur heavy costs in the long run. Investing in children, as economist and Nobel laureate James Heckman (2006, 1902) famously noted, 'is a rare public policy initiative that promotes fairness and social justice, and at the same time promotes productivity in the economy and in society at large'; the reverse, sudden and deep cuts, could clearly slow the economy down.

At the meso-level of political economy, this unsettled debate over economic theory and the shift from the morality of ‘good’ parenting to the morality of austerity resulted in the hesitant and contradictory positions of the British government. While David Cameron, in his capacity as prime minister, introduced the fiscal measures requiring the Oxfordshire County Council to cut, among other things, the Children’s Centres and the Early Intervention Hubs, he also declared, as representative of the Oxfordshire constituency of Witney, ‘I firmly believe [these services] should remain open’ (‘Cameron opposes Oxfordshire children’s centre cuts’ 2015).

The contradictions continued at the micro-level of interpersonal relationships. Mary Cameron, mother of the prime minister, signed a petition to keep those services open (‘David Cameron’s mother signs anti-cuts petition’ 2016), but when she was asked about the government’s decision to cut the centres, she preferred not to comment. In this case, there was an incompatibility between her personal political opinion and the pressure she faced to support her son. A similar incompatibility prevented Downing Street and the Oxfordshire County Council leader Ian Hudspeth from making a comment about Mary Cameron’s signature. It is as if no words were allowed to comment on the incompatibility between the morality of parenting and the morality of austerity.

These contradictions at different levels of British public and political life are particularly relevant to understand the reactions of Oxfordshire parents to the cuts. These contradictions focused on the relationship between the state and the household, which is perhaps the central metaphor of Cameron’s rhetoric. While, on the one hand, the household metaphor in the British public discourse legitimised the austerity measures, on the other it revealed the contradiction between the cuts and the government’s commitment to ‘offer every child who has had a difficult start the promise of a brighter future’ (Cameron 2016). Such contradictions reinforce the impression that a change has taken place in the political and public discourse about early interventions and austerity, one that has shaped how parents responded to the cuts.

Methodology

I was introduced to the mothers and fathers of the Oxfordshire Children’s Centres in early 2016, while collecting preliminary data about early intervention in order to develop a research protocol for a study of the social, political, and ethical dimensions of early intervention programs in maternal health and child development. Rather than framing that study within a general research question or hypothesis, I began with an exploration of early intervention in a multiplicity of settings, including Children’s Centres and protests against the cuts organised by Oxfordshire parents. This approach was meant to increase my

theoretical sensitivity (Glaser 1978) to the issue of early intervention in preparation for a longer period of fieldwork.

During the preliminary research, I interacted with mothers and fathers in Oxfordshire, including those involved in the campaign against the cuts. I met with specialists in the field of early intervention and attended academic conferences and seminars about parenting and early intervention in Europe and beyond. At some of these venues, I presented papers on the methodological challenges of conducting research on early intervention.² In collaboration with the executive staff of Preparing for Life, a community-based early-intervention programme that provides support to new mothers and pregnant women in Dublin, I developed the research protocol for a study called Mothers: Early Interventions Ethics, which is part of the larger BeGood: Early Interventions Ethics project supported by the Wellcome Trust and the University of Oxford. Finally, I engaged in a rather intensive kind of participant observation of services for parents in Oxfordshire, as I went through the experience of becoming a father for the first time, shortly after beginning an appointment at Oxford University.

This article analyses twenty-seven stories that reflect the views of Oxfordshire parents involved to different degrees in the campaign against the cuts. Parents wrote and submitted their stories to the campaign's website, where they were published, and thus can be read as purposefully crafted narratives meant to serve as statements of support for the campaign. When parents linked their personal experiences to the broader economy and the morality of the cuts, they did not do so in response to a pre-existing research agenda, question, or hypothesis connected to my research project. Instead, they may be understood as answers to the more general question: 'What is the value of the Children's Centres?'

These stories are of particular interest in the field of early intervention studies because they are spontaneous statements about the impact of austerity on the mental health of parents and children in a relatively affluent area of England. Early intervention services are mostly studied in areas of greater deprivation and socioeconomic disadvantage (Peacock et al. 2013), where effect sizes are usually hypothesised to be relatively larger. Furthermore, as the stories are publicly available on the web, they may be examined by other researchers who might enrich or challenge the present analysis with other perspectives and arguments.

² Excerpts from these papers were published on the blog that I manage on the behalf of my research group at the University of Oxford (<http://begoodie.com/>).

The iterative process of analysing the narratives began with the transcription of all the stories from the website. I first read the transcriptions closely and identified recurrent words and expressions; through subsequent readings, I compared codes identified in one narrative with those in other narratives. Constant comparison resulted in the identification of commonalities and suggested themes in which these words and expressions could be subsumed. After discussing these themes with colleagues, I identified ‘perinatal isolation’ as an overarching theme, closely followed by the importance of the Children’s Centres to the families. This second theme was expected precisely because Oxfordshire parents narrated these stories as statements against the cuts.

This ‘grounded theory’ inductive approach is arguably enhanced ‘by not engaging with theoretical literature at the early stages of the analysis’ (Braun and Clarke 2006, 86). However, the themes that emerged from the thematic analysis can be read in relation to the theoretical notion of the moral economy. This has proven to be a fruitful approach in the study of people’s reactions to economic measures in England, as we shall see.

The moral economy

The juxtaposition between the morality of austerity and the morality of good parenting reflects two intellectual approaches to the issue of valuation: formalist and substantivist. Formalists, drawing on neoclassical economics, argue that individuals allocate limited resources according to their subjective principle of utility. In contrast, substantivists contend that the economic choices of each individual result from the shared values of their group. Karl Polanyi, the economic historian, anthropologist, economist, and philosopher, is regarded as having first conceptualised this substantive, cultural approach to economics, one that has become popular in anthropology. He presented this perspective on economics in his 1957 book *Trade and Markets in the Early Empires*, sparking a fierce – and still unsettled – debate.

Marshall Sahlins’s book *Stone Age Economics*, published in 1972, embodied the substantivist position in the debate (Durrenberger 1998) after Polanyi’s death in 1964. Initially, these two works were read as major contributions to answering the question of how to study non-Western, noncapitalist societies. The formalist approach was challenged on the grounds that using theoretical paradigms of Western economics to study non-Western societies was not fit for purpose. The abstract theories of the formalist approach, it was argued, could only reproduce the economic assumptions upon which they were based, rather than adding new knowledge about different societies. Substantivists argued that the economies of these societies were to be studied in their own terms (Spencer 1996).

Later, the debate shifted from which approach was better suited to study non-Western, noncapitalist societies to whether Western, capitalist economies should also be studied as embedded in their own specific cultural context. Formalists proposed that the economies of Western, capitalist societies were to be understood in terms of utilitarian thinking, individualism, or rational choice theory, which indeed had been influential in the history of these societies. In contrast, substantivists argued that Western economies were to be studied in relation to their particular sociocultural contexts.

That shift was largely informed by a growing corpus of ethnographies of non-Western, noncapitalist economies that took a substantivist approach. The publication that most starkly illustrates the feedback-loop from Western political economy to ethnography and back to Western political economy is undoubtedly *The Moral Economy of the English Crowd in the Eighteenth Century* by the social historian E. P. Thompson (1971). In order to challenge dominant economic understandings of the food riots in eighteenth-century England, Thompson referred to Bronisław Malinowski's ([1922] 2002) ethnographic studies of exchange and moral obligation in Melanesia. Thompson's (1971, 78) own words best illustrate the significance of this intellectual phase in the history of British political economy:

Too many of our growth historians are guilty of a crass economic reductionism, obliterating the complexities of motive, behaviour, and function, which, if they noted it in the work of their marxist analogues, would make them protest. The weakness which these explanations share is an abbreviated view of economic man. What is perhaps an occasion for surprise is the schizoid intellectual climate, which permits this quantitative historiography to co-exist (in the same places and sometimes in the same minds) with a social anthropology which derives from Durkheim, Weber, or Malinowski. We know all about the delicate tissue of social norms and reciprocities which regulates the life of Trobriand islanders, and the psychic energies involved in the cargo cults of Melanesia; but at some point this infinitely-complex social creature, Melanesian man, becomes (in our histories) the eighteenth-century English collier who claps his hand spasmodically upon his stomach, and responds to elementary economic stimuli.

To the spasmodic I will oppose my own view. It is possible to detect in almost every eighteenth-century crowd action some legitimizing notion. By the notion of legitimation I mean that the men and women in the crowd were informed by the belief that they were defending traditional rights or customs; and, in general, that they were supported by the wider consensus of the community.

Thompson interpreted that phase of English history as the definitive penetration of market ideology of self-interest into the traditional moral economy of provision. Before, practices

such as buying cheaper and selling dearer were considered condemnable acts. After, a new mentality, fundamentally structured by the principle of marginal utility, took over and legitimated such practices. Similarly, the legitimisation of austerity measures via the household metaphor challenged previously held convictions about the shared moral responsibility of the government and the parents for the health and development of children.

I use the expression ‘moral economy’ to explore the reactions of the Oxfordshire parents to the cuts to the Children’s Centres. Their protest is not motivated simply by the decision to allocate the limited resources of the Oxfordshire Council to other policies. Even though the cuts have been argued in economic terms (to reduce deficit spending), that is not how Oxfordshire mothers and fathers perceive them. They oppose the notion that the moral commitment they share with the government, to give their children the best chances in life, can be broken because of an economic calculation. Withdrawing services that are now deemed essential for children and parents is morally unacceptable.

The case of the Oxfordshire Children’s Centres

The Oxfordshire Children’s Centres developed between 2004 and 2010 following the Sure Start pilot project that was successfully completed in 2000. Initially, they were situated ‘in the 30 percent most deprived Super Output Areas of Oxfordshire and were required to provide full-day care (8am-6pm, 5 days, 48 weeks a year) in addition to the core offer of services’ (Cabinet Advisory Group 2015, 2). They subsequently spread through Oxfordshire with additional government funding. About forty-five Children’s Centres have since been under the management of schools, volunteers, or other local authorities. In 2011, additional support for families ‘vulnerable to achieve poor outcomes’ (ibid., 5) came with the establishment of seven Early Intervention Hubs (in Abingdon, Banbury, Bicester, Didcot, East Oxford Littlemore, and Witney) and six satellite centres (in Barton, Rose Hill, Blackbird Leys, Riverside, Berinsfield, and Kidlington).

Although the Oxfordshire Council announced the cuts, the Children’s Centres and Early Intervention Hubs still provide a wide range of services. For example, peer-to-peer support is offered to parents to understand how their child will develop and how they can find their own nurturing strategy. Mentors and supporters make use of empathy and sharing of experiences as a roadway to decision making and intervention, rather than statistics or rationalistic reasoning. If parents need a safe place to practice interactions, they can do so in the play spaces provided and request guidance if needed. This can be particularly helpful when it comes to feeding babies and weaning, for many mothers experience difficulties with breastfeeding and need information, guidance, and support, including about when and how to introduce solid foods. The same can be said about the transition to nursery and school,

for parents can use these spaces to prepare their children to become emotionally independent.

The Children's Centres are also 'Parents Centres', for parents can find help for a wide range of problems related to their personal circumstances. One of the centres' main goals is the identification and prevention of postnatal depression, and providing recovery support to mothers who are experiencing this and other mental health issues. Some parents are hindered by their situation, and the centres help them to access government entitlements. Some parents need advice on economic issues, such as housing costs and family budgets. Others require expert advice on health matters, particularly relating to healthy lifestyles, and mental and sexual health. They seek advice in relation to family planning, employment status, and career development in relation to parenting. Some parents need a combination of these services, particularly those who are isolated and those experiencing challenging life circumstances, such as domestic violence or stigmatisation due to age, race, or income. In sum, the Children's Centres constitute a site where the reproduction of society is taken in charge by a group of specialists who aim to assist in a wide range of issues related to the challenge of becoming a parent and raising a child.

According to my thematic analysis of the twenty-seven stories, the Children's Centres are understood as a societal response to these challenges. The most common challenge mothers expressed was physical isolation from their family, friends, and familiar places. Very often these concerns were expressed by women who had just given birth and had just moved into a new area where they did not know anyone. For example, Bekki, a thirty-year-old mother from Kidlington said: 'My family lives overseas and my in-laws in Kent, and all our friends scattered after university. I knew no one here'. For some mothers, their only family is their husband. When he goes back to work, they can only see months of solitude ahead of them. And sometimes it is their husband or partner who condemns them to total isolation under the threat of violence. One mother sadly remembered, anonymously: 'When I was with my ex, he stopped my family and friends from coming round, got me to leave my job'.

Isolation causes at least three kinds of problems for new mothers, which are not neatly separated from each other but largely overlap. First, there is a lack of concrete help, when mothers need a helping hand to manage and coordinate the new tasks and chores that come with a new child. In the case of first-time mothers, the issue of needing someone to assist them as they learn to breastfeed comes up frequently. In later stages, many mothers felt that a similar kind of practical assistance is needed to achieve developmental goals in the areas of speech, coordination, and socioemotional skills. These are not skills that can be learnt in isolation.

The second kind of problem is the scarcity of expert advice. Many mothers simply did not have the opportunity to observe their own mothers, sisters, or other relatives becoming a parent and making it through the initial stages of parenting. One mother lamented, 'you have so many questions and feel rather unsure of many parenting decisions'. Mothers sought answers to their questions on the internet or in the many books on parenting, which proliferate precisely because of widespread uncertainty and demand for advice. However, another mother explained that 'online advice was contradictory', so 'the internet and books only seemed to undermine my confidence and make me feel worse'.

In the Children's Centres, in contrast, mothers can learn about being a parent by getting the advice they need not only from professionals in the field but also from other mothers who have gained knowledge 'on the field'. Arguably, the kind of knowledge they can get from courses and programmes is not undisputable and might be contradicted by other approaches, schools of thought, or new research. But that did not seem to be an obstacle for these mothers, who did want expert advice as such, but moreover wanted it from human beings in the flesh. Advice, it appears, has much to do with the feeling of being supported and not only with receiving specialist knowledge.

The third set of difficulties concerned the dearth of psychological support. The interplay between expert knowledge, physical presence, and concrete help increased mothers' confidence. For example, a mother who lacks material help might not have enough time to try repeatedly to 'get breastfeeding right'. Her confidence in her ability to parent might decrease as a consequence, and contradictory advice from multiple sources may lower her morale even more. Many mothers made their first visit to the Children's Centres under these conditions, and did so because the centres are, as one mum put it, 'walking distance away, which meant I actually went'. Their proximity was crucial for many women; one wrote that for someone who had 'no access to a car in the week and 2 small children it has been key that these facilities are within a 30 minute walk of my front door'. Easy access gives them one more reason to get out of the house: 'It got me out of the house on dismally rainy days', said another mother. And once they make it to the Children's Centre, they first and foremost find those 'friendly faces during a difficult time', as one mother wrote, which they need so much.

In sum, the centres seem to be valued because they provide an adequate response to perinatal isolation. As these stories illustrate so neatly, the three above-mentioned issues are not discrete but overlap significantly. The personal relationships between service users and service providers, and also among service users themselves, are also extremely important. For it is within the limit of that relationship that the challenges of becoming parents are understood in their specific complexity and addressed. There is no single solution that fits all the cases, but rather a collection of different encounters and relationships that match.

Parenting challenges and life chances

One of the words that parents recurrently used in the twenty-seven stories is ‘invaluable’: ‘the Children’s Centres of Oxford are invaluable’; ‘the stay and play sessions at Marston and East Oxford Children’s Centres continued to be invaluable’; ‘the Marston Children’s Centre is an invaluable resource for us as a family’; ‘Dad took over the full time childcare, for social and support groups for Dads, which I know were also invaluable for my partner’; ‘the support given and received between parents of children of similar ages cannot be underestimated – it is invaluable’; and so on. The meaning of ‘invaluable’ can be sought in the particular response that the Children’s Centres provide to what the Oxfordshire parents see as major challenges of parenting.

These challenges are historically and context-specific. Since industrialized societies like England have undergone the demographic transition from high birth and death rates to lower birth and death rates, child mortality has become less of a concern compared to the preoccupations related to living the ‘good’ life. It is assumed that a child will survive their fifth birthday, and the question is rather how to best prepare them to get the ‘best chances in life’. In the speech on life chances, David Cameron recurrently associated the degree of opportunity each individual has to achieve a ‘good life’ to his or her condition at birth (including economic capital, health, cognitive stimulation, and other environmental factors). Many English parents welcomed this message and made it part of their parenting ethic. From the perspective of someone who was born and raised in a post-demographic-transition country, like the parents discussed here, the reverse logic applies too. Withdrawing public money from early-intervention services disregards the developmental disadvantage that some babies and children will be handed, instead of getting the ‘best start’. To the Oxfordshire mothers this disadvantage was as dreadful as the high rates of infant mortality that once plagued England and that still torment other societies.

Perinatal isolation is not a new determinant of decreased life chances. Biological anthropologist Rebecca Sear has studied the importance of having relatives around in the early stages of life and the impact this has on infant mortality rates. In her research in Gambia she found that simply having more relatives does not necessarily result in increased chances of survival; much depends on which relative a mother can rely on (Sear et al. 2002, 43–63.). The presence of paternal relatives, the father, or elder brothers did not seem to make any difference in the survival rates of children. In stark contrast, the presence of grandmothers and elder sisters showed a considerably positive correlation. In a subsequent study Sear and David Coall (2011) compared her earlier results with other populations with high mortality and fertility rates, and found that women at the perinatal stage were receiving some kind of significant help by a relative. It could be a sister, father, or maternal or paternal

grandmother, depending on the particular culture of the observed group and their residential patterns.

Sear and Coall write (2011, 103): ‘As societies move from a subsistence economy to an industrial wage-based economy ... this shift in subsistence strategy tends to be accompanied by changing social networks: individuals associate more often with non-kin and may physically move away from kin to enhance their prospects of work’. In a post-demographic-transition society, like England, there may not be any nearby relatives upon whom mothers can depend. The link between social isolation and poor health among new mothers has been clearly established (Morgan and Eastwood 2014; Eastwood et al. 2012), and so has the correlation between postnatal depression and early child development (Grace, Evindar, and Stewart 2003; Deave et al. 2008; Murray et al. 1999). Isolation was indeed an issue brought up frequently by the Oxfordshire mothers, which explains why the Children’s Centres and Early Intervention Hubs are seen as ‘invaluable’ resources. When the Oxfordshire parents protested the closure of the Children’s Centres, they were protesting the disruption of a specific local response to perinatal social isolation, namely an association with non-kin.

We can imagine that perinatal isolation may increase for women in other societies that undergo the demographic transition. Helaine Selin (2013, 1) writes in *Parenting across Cultures* that ‘as people move to the cities, as women join the labor force, as so-called modern life and mobile phones infiltrate into people’s belief systems, the method of parenting has to change also. There is less reliance on other family members, especially grandparents, and there is a more limited social network for other activities’. It follows that, as societies complete the demographic transition, the ability of mothers to rely on their social network decreases along with the opportunities of their children to benefit from it.

England has seen different segments of its population respond to the challenges of social isolation in similar ways, namely with other paradigms of relatedness. For example, a study found that white postnatal women in the UK are less at risk of developing postnatal depression and personality dysfunction when living in areas with a higher density of their own ethnic group (Du Preez et al. 2016). Gibson and Hanson (2013) observe that UK mothers consider Facebook an important aspect of their motherhood because it allows them to be socially connected (see also Kaufmann, Buckner, and Ledbetter 2017). A randomised controlled trial suggested that support of lay workers improves maternal and child outcomes in disadvantaged families (Kenyon et al. 2016). Hence, be it through family ties, ethnic associations, or support from lay workers, English mothers find support in paradigms of relatedness in response to perinatal social isolation. The Children’s Centres and the Early Intervention Hubs are another way, indeed an ‘invaluable’ way, of responding to the threat that such challenges pose to the life chances of their children. It is thus understandable that

the families conceived of the value of these centres as not subject to calculation, and were so fiercely opposed to the cuts.

That does not necessarily mean that arguments in favour of early intervention are supported by unquestionable scientific evidence. Despite government funding and support for early-intervention initiatives and the insistence on rigorous methods for programme evaluation, researchers have reached ‘distinctly agnostic conclusions’ (Moss 2016, 91) regarding the general effectiveness of early intervention. Some studies suggest that the intended results of many programmes were not achieved (Roberts, Kramer, and Suissa 1996; Blauw-Hospers, Cornill, and Hadders-Algra 2005) or achieved only in a moderate or low degree (Peacock et al. 2013, 1; Van Sluijs, McMinn, and Griffin 2007, 703). There have also been studies suggesting that early intervention is beneficial (Kendrick et al. 2000; Olds et al. 1986; Feldman, Sparks, and Case 1993; Bruder 1993, Anderson et al. 2003), and may have long-term benefits too (Aronen and Kurkela 1996; Olds et al. 1986). In other studies, however, early intervention initiatives produced results that tended to fade with time (Anderson 2008).

The lack of consensus about effectiveness results partly from the limited comparability of early intervention initiatives and partly from the different types of methods utilized to evaluate them. Different interventions have different outcomes and, consequently, studies of them have different outcome measures. These differences create theoretical as well as practical challenges that make outcome comparison not possible or inaccurate. The lack of consensus as to the effectiveness of early-intervention programmes, thus, can perhaps be attributed to the fact that researchers often struggle to compare the results of different programmes because these have been designed in different ways, at different times, and in different contexts, without necessarily defining shared criteria for subsequent comparison (Nicholas and Broadstock 1999). It follows that, even though early-intervention programmes are increasingly being designed in accordance with international standards of evaluation, a new methodology is needed for their comparative evaluation.

In the absence of incontrovertible evidence, however, parents can still justify their support of the Children’s Centres and the Early Intervention Hubs as a moral project. The fact that there is no science of improving one’s life chances does not affect mothers’ tendency to equate the support provided to or withdrawn from the Children’s Centres with the opportunities their children will get to live the ‘good life’. Even though austerity might be justified with a narrative that places the responsibility of reversing a fiscal deficit on citizens, the Oxfordshire parents would not accept such a justification in relation to their children. For, no matter how responsible they could be for the current lack of resources, they consider their children invaluable, as well as their centres.

Conclusion

One way to think about the case of the Oxfordshire protests is to suggest that the opposing arguments were not simply incompatible; they were – and are – fundamentally incommensurable. John Kekes (1996, 21) writes:

the basic idea of incommensurability is that there are some things so unlike as to exclude any reasonable comparison among them. Square roots and insults, smells and canasta, migrating birds and X ray seem to exclude any common yardstick by which we could evaluate their respective merits or demerits. That this is so is not usually troublesome because the need to compare them rarely arises. But it is otherwise with values. It often happens that we want to enjoy incompatible values, and so it becomes important to compare them in order to be able to choose among them in a reasonable manner. If, however, incompatible values are also incommensurable, then reasonable comparisons among them become problematic.

In the case of the Oxfordshire Children's Centres, the state framed the discussion of cuts in such a way that the parents perceived the value of money as being equated to the value of their children's life chances. While the state argued that cuts were unavoidable, parents argued that austerity measures would disrupt a valued, local response to perinatal social isolation, and thereby affect the life chances of their children. Neither argument is based on incontrovertible evidence. On the one hand, austerity measures hit specific groups like the Oxfordshire parents, and spare others, depending on political choices. On the other hand, the protest against the cuts was based on the hope, not the evidence, that early intervention necessarily works.

Alasdair MacIntyre (2013, 71) writes about the incommensurability of value-laden arguments, and the following paragraph applies well to the Oxfordshire case:

The self-assertive shrillness of protest arises because the facts of incommensurability ensure that protestors can never win an argument; the indignant self-righteousness of protest arises because the facts of incommensurability ensure equally that the protestors can never lose an argument either. Hence the utterance of protest is characteristically addressed to those who already share the protestors' premises. The effects of incommensurability ensure that protestors rarely have anyone else to talk to but themselves.

MacIntyre goes on to say that although arguments may be framed as rational and objective in fact they are rooted in values that are subjective, normative, and historically determined. By historically determined, MacIntyre means that they are directly influenced by the context

in which the arguments arise as competing positions. This is the perspective that the anthropology of value can provide: by examining the underrepresented, largely oral and localized moral perspectives of parents in this case, it is possible to provide an account of the values underpinning the moral economy of early intervention and its incommensurability with the moral economy of austerity. Oxfordshire families understood the early-intervention initiatives in a different way than they were originally intended, which suggests that the programme could have been structured differently. If structured differently, resources could have been spent more efficiently, perhaps by placing researchers across the catchment area to grasp the point of view of different groups of service users. While early intervention initiatives might always be useful, the reason why they are valued depends less on the presumed conception of utility of planners and policy makers and more on the specific needs of local families.

Appendix

Table 1. Selected quotes from website stories, according to theme

Theme	Subtheme	Selected quotes
Perinatal isolation	Social isolation	We had just moved to Oxford.
		Everyone had to go back to work.
		We have no family in the area.
		Parenting can be frustrating and lonely at times.
		When I moved to Banbury I was 20 weeks pregnant and I didn't know anyone.
		I had left a very abusive relationship and moved areas in order to give myself and my son a chance at living successfully away from abuse.
		My family live overseas and my in-laws in Kent, and all our friends scattered after university. I knew no one here.
		Moving here from the US was incredibly challenging.
		One of the biggest being isolation. When I was with my ex, he stopped my family and friends from coming round, got me to leave my job.
		I had been moved away from my friends, my mum and dad, and everything I thought that was normal.
	Moving to Banbury almost a year ago, we didn't know anyone.	
	Distance from Children's Centre	Walking distance away, which meant I actually went.
		It got me out of the house on dimly rainy days.
		No access to a car in the week and 2 small children, it has been key that these facilities are within a 30 minute walk of my front door.
	Need for company	Friendly faces during a difficult time
		Baby groups and stay and play sessions
		Play-based experiences Soft play-based playgroups
	Need for expert support	Speech and language support
		Freedom Programme and Recovery Toolkit
		Getting breastfeeding right
		Learning about being a parent
	Need for confidence	Getting breastfeeding support
		I struggled a LOT with establishing breastfeeding, for probably the first 6 weeks.
		You have so many questions and feel rather unsure of many parenting decisions.
		Listen to other mamas with varying issues
		The internet and books only seemed to undermine my confidence and make me feel worse.
		About sleep, breastfeeding, first aid, weaning and many other topics
Build my confidence in my abilities as a new parent Feel I'd failed by being labeled as a vulnerable parent		

Acknowledgements

The research upon which this paper is based has been possible thanks to a Wellcome Trust Senior Investigator Award (#HQR00280) to Ilina Singh, Principal Investigator of BeGood: Early Intervention Ethics. BeGOOD is an umbrella project, comprised of distinct but overlapping studies, focusing on the ethical, societal, and scientific dimensions of the early intervention paradigm at the intersection of psychiatry, mental health, and child development.

About the author

Rodolfo Maggio holds a PhD in social anthropology and works as Postdoctoral Researcher at the University of Oxford. He develops and leads MO:EIE, an empirical study on the social and ethical dimensions of early intervention in child development. The project is highly interdisciplinary, bringing together expertise in empirical ethics, developmental psychology, neuroscience, and anthropology. Rodolfo's research draws extensively upon his past and current experiences as ethnographer, with a particular focus on the anthropological study of values. He has conducted ethnographic research in Rome, Prague, Dublin, the suburbs of London, and the Asia-Pacific region. In his work he collects stories from his research informants and makes them available in the form of narrative descriptions, analyses, and theoretical arguments.

References

- Anderson, Laurie M., Carolynne Shinn, Mindy T. Fullilove, Susan C. Scrimshaw, Jonathan E. Fielding, Jacques Normand, and Vilma G. Carande-Kulis. 2003. 'The Effectiveness of Early Childhood Development Programs: A Systematic Review'. *American Journal of Preventive Medicine* 24, no. 3: 32–46. [https://doi.org/10.1016/S0749-3797\(02\)00655-4](https://doi.org/10.1016/S0749-3797(02)00655-4).
- Anderson, Michael L. 2008. 'Multiple Inference and Gender Differences in the Effects of Early Intervention: A Reevaluation of the Abecedarian, Perry Preschool, and Early Training Projects'. *Journal of the American Statistical Association* 103, no. 484: 1481–95. <https://doi.org/10.1198/016214508000000841>.
- Aronen, Eeva T. and Sirpa A. Kurkela. 1996. 'Long-Term Effects of an Early Home-Based Intervention'. *Journal of the American Academy of Child & Adolescent Psychiatry* 35, no. 12: 1665–72. <https://doi.org/10.1097/00004583-199612000-00019>.
- Ballinger, Alex. 2016. 'Children's Centres to Shut This Year?' *Oxfordshire Guardian*. 25 February. <http://www.oxfordshireguardian.co.uk/childrens-centres-to-close-in-september/>.
- Barnes, Jacqueline, Carol Desousa, Martin Frost, Gillian Harper, and Donna Laban. 2005. 'Changes in the Characteristics of Sure Start Local Programme Areas, 2000/2001 to 2002/2003'. *NESS Research Report* 8. Nottingham, UK: DfES Publications.

- Barr, Ben, Peter Kinderman, and Margaret Whitehead. 2015. 'Trends in Mental Health Inequalities in England During a Period of Recession, Austerity and Welfare Reform 2004 to 2013'. *Social Science & Medicine* 147: 324–31. <https://doi.org/10.1016/j.socscimed.2015.11.009>.
- Blauw-Hospers, Cornill H., and Mijna Hadders-Algra. 2005. 'A Systematic Review of the Effects of Early Intervention on Motor Development'. *Developmental Medicine and Child Neurology* 47, no. 6: 421–32. <https://doi.org/10.1017/S0012162205000824>.
- Braun, Virginia, and Victoria Clarke. 2006. 'Using Thematic Analysis in Psychology'. *Qualitative Research in Psychology* 3, no. 2: 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Bruder, Mary Beth. 1993. 'The Provision of Early Intervention and Early Childhood Special Education within Community Early Childhood Programs: Characteristics of Effective Service Delivery'. *Topics in Early Childhood Special Education* 13, no. 1: 19–37. <https://doi.org/10.1177/027112149301300105>.
- Cabinet Advisory Group. 2015. 'Recommendations of the Cabinet Advisory Group on Children's Early Intervention Services'. Report. Oxford, UK: Oxfordshire County Council.
- Cameron, David. 2016. 'Prime Minister's Speech on Life Chances', 11 January. <https://www.gov.uk/government/speeches/prime-ministers-speech-on-life-chances>.
- 'Cameron Opposes Oxfordshire Children's Centre Cuts Plan'. 2015. *BBC News*, 23 September. <http://www.bbc.co.uk/news/uk-england-oxfordshire-34334177>.
- 'David Cameron's Mother Signs Anti-Cuts Petition'. 2016. *BBC News*, 9 February. <http://www.bbc.co.uk/news/uk-england-oxfordshire-35532047>
- Deave, Toity, Jon Heron, Jonathan Evans, and Albert Emond. 2008. 'The Impact of Maternal Depression in Pregnancy on Early Child Development'. *BJOG: An International Journal of Obstetrics & Gynaecology* 115, no. 8: 1043–51. <https://doi.org/10.1111/j.1471-0528.2008.01752.x>.
- Du Preez, Andrea, Susan Conroy, Susan Pawlby, Paul Moran, and Carmine M. Pariante. 2016. 'Differential Effects of Ethnic Density on the Risk of Postnatal Depression and Personality Dysfunction'. *British Journal of Psychiatry* 208, no. 1: 49–55. <https://doi.org/10.1192/bjp.bp.114.148874>.
- Durrenberger, E. Paul. 1998. 'A Shower of Rain: Marshall Sahlins's *Stone Age Economics* Twenty-Five Years Later'. *Culture & Agriculture* 20, nos. 2–3: 102–106. <https://10.1525/cag.1998.20.2-3.102>.
- Eastwood, John G., Bin B. Jalaludin, Lynn A. Kemp, Hai N. Phung, and Bryane EW Barnett. 2012. 'Relationship of Postnatal Depressive Symptoms to Infant Temperament, Maternal Expectations, Social Support and Other Potential Risk Factors: Findings from a Large Australian Cross-Sectional Study'. *BMC Pregnancy and Childbirth* 12: 148–59. <https://10.1186/1471-2393-12-148>.

- Feldman, Maurice A., Bruce Sparks, and Laurie Case. 1993. 'Effectiveness of Home-Based Early Intervention on the Language Development of Children of Mothers with Mental Retardation'. *Research in Developmental Disabilities* 14, no. 5: 387–408. [https://doi.org/10.1016/0891-4222\(93\)90010-H](https://doi.org/10.1016/0891-4222(93)90010-H).
- Gibson, Lorna, and Vicki L. Hanson. 2013. "Digital Motherhood?: How Does Technology Support New Mothers?". Proceedings of the SIGCHI Conference on Human Factors in Computing Systems, 313–22. New York: SIGCHI.
- Glaser, Barmey G. 1978. *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory*. Mill Valley, CA: Sociology Press.
- Grace, Sherry L., A. Evindar, and D. E. Stewart. 2003. 'The Effect of Postpartum Depression on Child Cognitive Development and Behavior: a Review and Critical Analysis of the Literature'. *Archives of Women's Mental Health* 6, no. 4: 263–74. <https://doi.org/10.1007/s00737-003-0024-6>.
- Hay, Colin. 1995. 'Rethinking Crisis: Narratives of the New Right and Constructions of Crisis'. *Rethinking Marxism* 8, no. 2: 60–76. <https://doi.org/10.1080/08935699508685442>.
- Heckman, James J. 2006. 'Skill Formation and the Economics of Investing in Disadvantaged Children'. *Science* 312: 1900–1902. <https://doi.org/10.1126/science.1128898>.
- Heim, Christine, and Elisabeth B. Binder. 2012. 'Current Research Trends in Early Life Stress and Depression: Review of Human Studies on Sensitive Periods, Gene-Environment Interactions, and Epigenetics'. *Experimental Neurology* 233, no. 1: 102–11. <https://doi.org/10.1016/j.expneurol.2011.10.032>.
- Johnson, Sara B., Jenna L. Riis, and Kimberly G. Noble. 2016. 'State of the Art Review: Poverty and the Developing Brain'. *Pediatrics* 137, no. 4: 1–15. <https://doi.org/10.1542/peds.2015-3075>.
- Karim, K., L. Cook, and Michelle O'Reilly. 2014. 'Diagnosing Autistic Spectrum Disorder in the Age of Austerity'. *Child: Care, Health and Development* 40, no. 1: 115–23.
- Kaufmann, Renee, Marjorie M. Buckner, and Andrew M. Ledbetter. 2017. 'Having Fun on Facebook?: Mothers' Enjoyment as a Moderator of Mental Health and Facebook Use'. *Health Communication* 32, no. 8: 1014–23. <https://doi.org/10.1080/10410236.2016.1196513>.
- Kekes, John. *The Morality of Pluralism*. 1996. Princeton, NJ: Princeton University Press.
- Kelly, Philip. 2001. 'Metaphors of Meltdown: Political Representations of Economic Space in the Asian Financial Crisis'. *Environment and Planning D: Society and Space* 19, no. 6: 719–42. <https://doi.org/10.1068/d277>.
- Kendrick, Denise, Ruth Elkan, Michael Hewitt, Michael Dewey, Mitch Blair, Jane Robinson, Debbie Williams, Kathy Brummell. 2000. 'Does Home Visiting Improve Parenting and the Quality of the Home Environment? A Systematic Review and Meta Analysis'. *Archives of Disease in Childhood* 82, no. 6: 443–51. <https://doi.org/10.1136/adc.82.6.443>.

- Kenyon, Sara, Kate Jolly, Karla Hemming, Lucy Hope, Jackie Blissett, Sophie-Anna Dann, Richard Lilford, and Christine MacArthur. 2016. 'Lay Support for Pregnant Women with Social Risk: a Randomised Controlled Trial'. *BMJ Open* 6, no. 3: 1–8.
- Lewis, Jane, and Anne West. 2017. 'Early Childhood Education and Care in England under Austerity: Continuity or Change in Political Ideas, Policy Goals, Availability, Affordability and Quality in a Childcare Market?' *Journal of Social Policy* 46, no. 2: 331–48. <https://doi.org/10.1017/S0047279416000647>.
- MacIntyre, Alasdair. 2013. *After Virtue*. London: A&C Black.
- Macvarish, Jan. 2016. *Neuroparenting: The Expert Invasion of Family Life*. London: Palgrave Macmillan.
- Malinowski, Bronislaw. (1922) 2002. *Argonauts of the Western Pacific: An Account of Native Enterprise and Adventure in the Archipelagoes of Melanesian New Guinea*. London: Routledge.
- Marmot, Michael, and Ruth Bell. 2012. 'Fair Society, Healthy Lives'. *Public Health* 126: S4–10. <https://doi.org/10.1016/j.puhe.2012.05.014>.
- Morgan, Katie J., and John G. Eastwood. 2014. 'Social Determinants of Maternal Self-Rated Health in South Western Sydney, Australia'. *BMC Research Notes* 7: 51. <https://doi.org/10.1186/1756-0500-7-51>.
- Moss, Peter. 2016. 'Where am I? Position and Perspective in Researching Early Childhood Education'. In *The SAGE Handbook of Early Childhood Research*, edited by Paul Atkinson, Amanda Coffey, Sara Delamont, John Lofland, and Lyn Lofland, 89–102. London: SAGE.
- Murray, Lynne, Dana Sinclair, Peter Cooper, Pierre Ducournau, Patricia Turner, and Alan Stein. 1999. 'The Socioemotional Development of 5-Year-Old Children of Postnatally Depressed Mothers'. *Journal of Child Psychology and Psychiatry and Allied Disciplines* 40, no. 8: 1259–71. <https://doi.org/10.1111/1469-7610.00542>.
- Nicholas, Barbara, and Marita Broadstock. 1999. 'Effectiveness of Early Interventions for Preventing Mental Illness in Young People'. *NZHTA Report* 2, no. 3. Christchurch, New Zealand: Department of Public Health and General Practice.
- Office for National Statistics. 2013. 'National Accounts Aggregates (ABMI Gross Domestic Product: Chained Volume Measures: Seasonally Adjusted £m, Constant Prices)'. *Quarterly National Accounts*. London: UKGOV.
- Olds, D. L., Henderson, C. R., Chamberlin, R., & Tatelbaum, R. 1986. 'Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation'. *Pediatrics* 78, no. 1: 65–78.
- Oliver, Matt. 2015. 'Closure of Children's Centres in Oxfordshire 'Could be Socially Damaging''. *Oxford Mail*, 16 June. http://www.oxfordmail.co.uk/news/13333605.Closure_of_children_s_centres_in_Oxfordshire_could_be_socially_damaging/.

- Peacock, Shelley, Stephanie Konrad, Erin Watson, Darren Nickel, and Nazeem Muhajarine. 2013. 'Effectiveness of Home Visiting Programs on Child Outcomes: A Systematic Review'. *BMC Public Health* 13: 17. <https://doi.org/10.1186/1471-2458-13-17>.
- Polanyi, Karl Paul. 1957. *Trade and Market in the Early Empires: Economies in History and Theory*. London: Free Press.
- Roberts, Ian, Michael S. Kramer, and Samy Suissa. 1996. 'Does Home Visiting Prevent Childhood Injury? A Systematic Review of Randomised Controlled Trials'. *BMJ* 312, no. 7022: 29–33. <https://doi.org/10.1136/bmj.312.7022.29>.
- Sahlins, Marshall. 1972. *Stone Age Economics*. Piscataway, NJ: Transaction Publishers.
- Sear, Rebecca, and David Coall. 2011. 'How Much Does Family Matter? Cooperative Breeding and the Demographic Transition'. *Population and Development Review* 37, no. 1: 81–112.
- Sear, Rebecca, Fiona Steele, Ian A. McGregor, and Ruth Mace. 2002. 'The Effects of Kin on Child Mortality in Rural Gambia'. *Demography* 39, no. 1: 43–63. <https://doi.org/10.1353/dem.2002.0010>.
- Selin, Helaine. 2013. *Parenting Across Cultures: Childrearing, Motherhood and Fatherhood in Non-Western Cultures*. London: Springer Science & Business Media.
- Shonkoff, Jack. 2003. 'From Neurons to Neighborhoods: Old and New Challenges for Developmental and Behavioral Pediatrics'. *Journal of Developmental & Behavioral Pediatrics* 24, no. 1: 70–76. <https://doi.org/10.1097/00004703-200302000-00014>.
- Shonkoff, Jack, Greg J. Duncan, Hirokazu Yoshikawa, Bernard Guyer, Katherine Magnuson, and Deborah Phillips. 'Maternal Depression Can Undermine the Development of Young Children'. 2009. Working paper. Cambridge, MA: Centre on the Developing Child, Harvard University.
- Spencer, Jonathan. 1996. 'Formalism and Substantivism'. In *The Routledge Encyclopedia of Social and Cultural Anthropology*, edited by Alan J. Barnard and Jonathan Spencer, 142. London: Routledge.
- Stanley, Liam. 2014. "'We're Reaping What We Sowed": Everyday Crisis Narratives and Acquiescence to the Age of Austerity'. *New Political Economy* 19, no. 6: 895–917. <https://doi.org/10.1080/13563467.2013.861412>.
- Taylor-Gooby, Peter, and Gerry Stoker. 2011. 'The Coalition Programme: A New Vision for Britain or Politics as Usual?' *The Political Quarterly* 82, no. 1: 4–15. <https://doi.org/10.1111/j.1467-923X.2011.02169.x>.
- Thompson, E. Palmer. 1971. 'The Moral Economy of the English Crowd in the Eighteenth Century'. *Past & Present* 50: 76–136. <https://doi.org/10.1093/past/50.1.76>.
- Van Sluijs, Esther M. F., Alison M. McMinn, and Simon J. Griffin. 2007. 'Effectiveness of Interventions to Promote Physical Activity in Children and Adolescents: Systematic Review of Controlled Trials'. *BMJ* 335: 703. <https://doi.org/10.1136/bmj.39320.843947.BE>.