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Governing the future: children's health and biosocial power

Kevin Ryan

When Michel Foucault began to develop the concept of biopolitics, he wrote that 'a society's "threshold of modernity" has been reached when the life of the species is wagered on its own political strategies' (1998: 143). More recently, Giorgio Agamben has shown how this threshold is a zone of indeterminacy at the intersection of *zoē*, which is 'bare' metabolic life, and *bios*, or life that has been 'clothed' or cultivated by language and politics, thus amounting to a 'form or way of living proper to an individual or a group' (Agamben, 1998: 9-10). What I want to suggest by way of an introduction is that the 'politicisation of bare life', or 'the entry of *zoē* into the sphere of *the polis*' (Agamben, 1998: 10) cannot be adequately grasped without examining how the figure of the child came to articulate an idiom of unruly otherness: 'nature', 'animal', 'savage', 'primitive' – these are among the remainders which have been constituted by (and are constitutive of) the modern 'quest for order' (Bauman, 1991). As the embodiment of order's excess, the figure of the child is at times the sign of an innocence or original purity to be preserved or restored (see Faulkner, 2011), at other times the sign of a brutish or savage nature that must be tamed and civilised (Hall, 1911; Sully, 1903). Either way, childhood has long been both a way of projecting the present into the future and a means of making such imagined futures practical and technical. Furthermore, the threshold between *zoē* and *bios* is also the locus of a specific public health strategy that emerged during the nineteenth and twentieth centuries. Grafted to the figure of the child, this was assembled at the intersection of the biological and the social, the medical and the moral, and to this day remains a way of acting through and upon life with a view to governing the future.

This chapter begins by examining the writings of Jean Jacques Rousseau, focusing specifically on how his critical social theory and his normative political

theory meet as a conception of childhood that would come into sharper focus during the nineteenth century, largely through the efforts of educationalists and hygienists. This was a social economy (Procacci, 1991) characterised by innovation and also at times by competing strategies, but its anchoring point was the figure of the child which became an analogue to Rousseau's 'state of nature': a way of hitting the re-set button; of halting physical and moral decline by returning to the beginning so that the passage from nature to society, from animal to human, from savage to civilised could be governed. Rousseau marks a beginning (not necessarily *the* beginning) in the story of how childhood has come to articulate a moralised conception of health which is also a medicalised pedagogy. The second part of the chapter tracks this history through the nineteenth and early twentieth centuries by examining reformatory education and public hygiene, focusing specifically on how these strategies were developed and deployed in Ireland. Originating in the problem of delinquency, the scope of these strategies gradually expanded so that by the start of the twentieth century childhood *as such* had become a 'national asset', with the technique of school medical inspection – a form of quality control – tasked with producing healthy, efficient and self-disciplined subjects.

The third and final section looks at how this 'biosocial' apparatus has recently been reconfigured through a policy framework called *Healthy Ireland*, the purpose of which is to 'reduce health inequalities' by 'empowering people and communities'. What this means in effect is that individuals are to take responsibility and make 'right choices', and as was the case in the past, childhood is framed as the key to successful implementation of this strategy. Children are now enmeshed in a networked constellation of instruments, agencies and techniques that measure, monitor and manage the lives of children, and while this network does not exhibit the singularity of a sovereign will or intention, it nevertheless governs by seeking to ensure that one and all participate in what Foucault (2008) described as a neo-liberal 'game of inequality'.

Biosocial power and the 'anthropological machine'
Given the context-specific focus of this book (contemporary Ireland), it may seem odd to begin by examining the thoughts of an eighteenth century French

philosopher. My reason for starting with Rousseau is to initiate an analytics of government as this applies to the intersection of childhood and health, and before tackling the question of how this relates to modern Ireland, I first want to plot the main coordinates of a discursive process that would culminate in 'the birth of a subject which a positive science of man could take as its object' (Rose, 1985: 20). Rousseau's writings provide a way of doing this in a reasonably succinct and concise manner, and more importantly, of showing how this subject was constituted in the form of a specific conception of childhood.

Rousseau's *Discourse on Inequality* (published in 1755 and hereafter referred to as the *Discourse*) might be characterised as a 'diagnostics of the present' (Dean, 1999: 6), comparable in fact to the questions Foucault posed through his genealogical studies: how are we constituted as subjects of our own knowledge, as subjects who exercise or submit to power relations, and as moral subjects of our own actions? (Foucault, 1997: 318). Though not expressed in precisely the same way, the questions posed by Rousseau in the *Discourse* are broadly similar, and his way of staging a critical diagnostics utilised what was then a conventional analytical device: the state of nature. However, the way he assembled this device and put it to work marks a departure from convention, and it is this that places Rousseau at the threshold of biopolitical modernity.

According to Rousseau, 'the philosophers who have inquired into the foundations of society have all felt the necessity of going back to a state of nature; but none of them has got there' (2004: 15). What has led them astray, he argues, is an enduring tendency to project 'social man' into the past, thereby neglecting to distinguish what is 'fundamental' to human nature from the 'changes and additions' which have occurred during the long transition from nature to society (2004: 15). Rousseau had studied the works of the naturalists and comparative anatomists, and was aware of the difficulties encountered in discerning what, if anything, distinguished Man[1] from the apes (see Agamben, 2004: 23-7). His solution to this problem was to dispense with conjecture and to commence his discourse on the basis of an assertion which was also a constitutive decision: Man came into the world standing upright, with opposable thumbs, and 'measuring with his eyes the vast expanse of Heaven' (Rousseau, 2004: 17-18). Further to this, he acknowledges the impossibility of actually returning to the state of nature, and

so this is to be understood not as an 'historical truth' but as a figure of thought. Within the textual space of Rousseau's *Discourse*, Man emerges in the form of a decision which is anchored in a fiction that functions as a conceptual machine, and this is put to work so that Rousseau can both 'explain the nature of things' and 'form a proper judgement of our present state' (2004: 11-16). Openly oscillating between fiction and fact, fact and judgment, the contingency of this decision rapidly dissolves so that it becomes a solid foundation that supports Rousseau's critical diagnosis.

Returning to the problem of distinguishing Man and animal, Rousseau notes that in a state of nature, 'without industry' and 'without speech', Man 'remained a child' and 'lived the life of an animal limited…to mere sensations' (2004: 38-41). Furthermore, 'every animal has ideas' and it is merely by 'degree that Man differs, in this respect, from the brute' (2004: 23). But there are two faculties that only Man possesses and Rousseau claims that these are beyond dispute: 'free will' and an irrepressible desire for 'self-improvement'. It is this unique combination that spawned speech and language, and this is what enabled 'savage man' to leave the world of the brutes (2004: 23-25). Rousseau admits that he can only speculate on how the transition from voice ('the simple cry of nature') to language occurred, yet somehow it did (2004: 28-31). Here Rousseau seems oblivious to the paradox he creates as a result of this blend of assertion and speculative reasoning, because what he is saying amounts to this: that in the state of nature 'savage man' was merely one animal among others, but at the same time this proto-human was already more than an animal. The *Discourse* might thus be mapped onto Agamben's concept of 'the anthropological machine', in that it produces Man by 'excluding as not (yet) human an already human being from itself, that is, by animalizing the human, by isolating the nonhuman within the human' (Agamben, 2004: 26, 37).

A century before Darwin published his *Origin of Species*, Rousseau wrote this quasi-evolutionary account of Man which culminates as a moral tale of 'degeneracy', a version of the Fall of Man (Rousseau, 2004: 22). As noted already, Rousseau has no answer to the question of why or how language became 'necessary', but once it did there was no turning back. With language came self-understanding, with understanding came knowledge, with knowledge came

property and industry, and with the technological revolution in 'iron and corn' came inequalities born from vanity, envy, rivalry and contempt (Rousseau, 2004: 39, 46-50). The *Discourse* concludes on a wholly negative note which, Rousseau insists, is the consequence of self-imposed ignorance: if we had the courage to ask ourselves how we have become what we are, he suggests, then we would be obliged to admit that 'we have nothing to show for ourselves but a frivolous and deceitful appearance, honour without virtue, reason without wisdom, and pleasure without happiness' (Rousseau, 2004: 65). He offers no remedy to this state of affairs in the *Discourse*, but would go on to do so in two later works, one his essay on principles of political right (*The Social Contract*), and the other his treatise on education (*Emile*).

The *Social Contract* is analogous to the state of nature in that it too is a fiction, but it differs in that it articulates a normative ideal. It gestures towards a freedom that comes from willingly submitting to a sovereign power which is stretched between the rule of law and the 'general will', and this is a power that becomes insistent in cases of recalcitrance, so that – as Rousseau phrases it – those who 'refuse to obey the general will shall be constrained to do so by the whole body' (1968: 64). When Rousseau invokes this particular species of constraint, which concerns those who are to be 'forced to be free', he is thinking of cases where individuals are enslaved by passions and thus externalise the general will. Coercion would remind transgressors that the general will mirrored their own free will; that it was in fact nothing other than the collective manifestation of the unique qualities which, as noted in the *Discourse*, distinguishes the 'human machine' from the beasts (2004: 23-5). But there was a far more effective way of ensuring voluntary submission, and this is the significance of *Emile*, which completes Rousseau's triangle in a way that redoubles on itself: first by moving from a critical diagnostics (the *Discourse*) to normative ideal (*The Social Contract*) to remedy (*Emile*), and secondly by connecting sovereign power to government and to discipline (see Foucault, 1991: 102).

In *Emile*, the sovereign power that orchestrates the transition between the two fictions – the state of nature and the social contract – takes the form of a Tutor, whose sole purpose is to take charge of Emile's education from birth, preparing the boy for the freedom that awaits him upon reaching adulthood. The Tutor

anticipates and controls the desires and temptations he knows will lead Emile astray, and he organises everything in such a way that Emile learns without being aware that he is in fact, and at all times, being taught. The indirect and unobtrusive power to which Emile is subject is to be experienced as autonomy, but this is a regulated and supervised freedom which is constitutive of Emile's subjectivity. As he approaches adulthood – with his education about to conclude – Emile entreats his Tutor to continue to 'advise and control us' (1993: 533). 'As long as I live I shall need you' he declares, and at this point, which completes the passage from nature to society, the distance between external control and self-discipline is effaced, so that subjectivity folds into subjection, and the mature Emile willingly embraces – and embodies – the guiding constraint of the general will.

The figure of the child in *Emile* (who represents 'man in general') mirrors the relation between animal/human, voice/language, savage/civilised as examined in the *Discourse*, while the Tutor (representing mandatory education/training) governs the transition from nature to society, thereby restoring what had been lost – Man's natural vigour and independence – while also modifying nature's bounty by engineering a vital and virtuous self-governing subject. Of course Rousseau did not have the last word on these matters, but of greater significance – because this would articulate a whole series of practical innovations – was the enigmatic nature of Man. It was in large part because the answer to this puzzle was, and would remain, so elusive that it could function as a catalyst that fuelled the anthropological machine, and would do so by keeping multiple relations and relays in play: pinning fiction to fact, and fact to norm, it constituted a subject neither entirely animal nor human – a figure representing humanity's infancy that could be acted upon with a view to governing life itself. This then is the subject that 'a positive science of man would take as its object' (Rose, 1985: 20), and it emerged at the threshold of nature/society, animal/human, voice/language, savage/civilised, all of which combined to make the double fiction of natural state and social contract into a technical task. Modern Western childhood was assembled from this series of thresholds, and the figure of the child would become a vehicle for biosocial technologies spanning the physical and the moral, the medical and the pedagogical. The next part of this chapter looks at how the prescriptive thrust of *Emile* was made practical through a pedagogical

form of philanthropy (Rose, 1990: 179). More specifically, in Britain and Ireland this was a response to the problem of 'delinquency', which was framed as a 'moral disease' that necessitated publically-funded reformatory schools.

Between the medical and the moral: childhood as a 'national asset'

Reformatory education was a seedbed of innovation during the early decades of the nineteenth century, and among the many experiments were the Rauhe Haus reformatory in Hamburg and the Mettray agricultural colony in France (Barnes, 1989: 21-4). In Britain and Ireland, the initial response to the problem of vagrant, destitute, and criminal children took the form of ragged schools, but it was the first industrial feeding school, established in Aberdeen in 1841, that would signal the shape of things to come. Within a decade, a number of prominent individuals – social reformers such as Mary Carpenter – were pressing for legislation to institute a system of publicly funded reformatory and industrial schools. Initially there was no substantive difference between these schools other than in name, and in Carpenter's writings both are subsumed under the heading 'penal reformatory schools', but an emergent distinction was already evident in the way that Carpenter split the problem of delinquency into the two classes of 'dangerous' and 'perishing'. For others this necessitated a dual strategy, so that the reformatory would rebuild the character of children already hardened in criminal habits (hence dangerous), while the industrial school was envisioned as a preventative intervention, targeting the children of the perishing class exposed to the demoralizing influence of 'depraved and profligate' parents, and thus destined to become paupers, prostitutes, and criminals[2] (Pim, 1854). Differences aside, the objective was singular: to rescue children from what Carpenter called 'neglect'.

This section begins by examining the origin of these schools, though it should be noted that I will not be discussing their now notorious history or exploring how, in Ireland, they came to be managed by religious orders. Instead the focus will be on the ideas that brought them into existence, and the ways in which these ideas were to be made practical and technical (see Dean, 1999: 18). The second part of this section examines the strategy of public hygiene in the same way, and it may seem as though I am sidestepping the constraints of empirical analysis, and in particular what Ruth Barrington has described as 'the immense

influence of the Catholic Church' in shaping the field of public health in Ireland (1987: 2). Though without doubt important, the relationship between church and state, religion and politics in Ireland has been well documented, but there is still much work to do in examining how the instruments of power that govern through care, control and correction, and which operate both at the level of individuals and population, have been assembled around the figure of the child, and this is what I wish to focus on in approaching the present.

Reformatory education: the school as a 'moral hospital'
The reformatory movement cohered around the view that the existing system of punishment was wholly inadequate. Statistical societies were proliferating at that time: forums where prominent public figures – doctors, civil servants, barristers, philanthropists – presented papers to each other in what they claimed was the impartial language of 'facts'. The science of statistics was the imbrication of 'social economy' and 'social medicine', i.e. vital statistics and criminal statistics conversed across the boundary of physical and moral health (Joyce, 2003: 26-9). In Ireland members of the Dublin Statistical Society (established in 1847) accumulated evidence on recidivism rates, which provided ammunition in arguing for the efficacy of prevention over retribution (Hancock, 1860; Haughton, 1850, 1857; Pim, 1854; Wilson, 1857). In identifying education as a solution to crime, reformers insisted that young offenders ought to be treated *as children* in special reformatory institutions *for children* (see Barnes, 1989: 24-6; Miller, 2013). Parkhurst prison on the Isle of White, where young convicts awaited transportation to the penal colonies, was seen to exemplify the problem because – in the words of Carpenter – it attempted 'to fashion children into machines instead of self-acting beings, to make them obedient prisoners within certain iron limits, not men who have been taught how to use their liberty without abusing it' (1851: 321-2). Punishment, whether by hanging, imprisonment or transportation, was deemed to be wasteful. To rescue, on the other hand, was to restore and refashion, so that the lives that were saved could be made useful, hence the salience of the medical register of disease and cure: if the delinquent child was perceived as a 'moral patient', and if delinquency was understood to be a 'moral disease', then the reformatory could be convincingly framed as a 'moral hospital'

or 'moral infirmary', which would restore those exhibiting criminal propensities to good moral health (Carpenter, 1851: 15-16, 81, 366; Lentaigne, 1885: 35). In this way life would not be wasted, and society could make use of those it cured. Analogous to Rousseau's argument that those who deviate from the general will should be brought back into line, delinquent children would be forced to be free by placing them in a purpose-built environment that would instill 'habits of industry, regularity and good conduct' (Pim, 1854: 17).

According to Carpenter, delinquency was marked by a prematurely developed muscular strength and a will that was unrestrained by authority and reason, so that among the children of the perishing and dangerous classes, 'the governing faculty of the mind' became 'subservient to the gratification of animal desires' (1853: 296-7). At once an adult in the guise of a child and an animal in human form, the delinquent child was seen to invert the natural order of things, but the anthropological machine did not falter, and the activists driving the reformatory movement insisted that the principal cause of delinquency was social rather than inborn, the result of demoralizing associations and influences, particularly as a result of parental 'neglect', meaning inadequate supervision and training. Taken together, this combination of symptom and cause converged in the argument that delinquency was a contagious disease, a moral plague, and the source of an infection that would – if left unchecked – blight the 'social body' (Carpenter, 1851: 344-6, also Pim, 1854: 7). In this discourse of reformatory education can be seen echoes both of Rousseau's diagnosis and his envisioned remedy: the figure of the child remained at the threshold of animal/human, nature/society, while the search for a solution to the problem of Man in society saw the school folded into the prison and the hospital. What enabled this internally complex apparatus to cohere was the technique of moral treatment.

At the end of the eighteenth century, Philippe Pinel and William Tuke had pioneered the technique in treating insanity, while several decades later in North America the principle of 'moral management' was organized into the architectural and administrative fabric of the penitentiary model of correctional punishment[3] (Foucault, 1965, 1977; Rothman, 1971). By the middle of the nineteenth century, moral treatment functioned as a sort of technical-epistemic relay between medicine and law, and the strategy of reformatory education expanded the scope

of the practice. As a hybrid of school, hospital and prison, the reformatory aimed not only to cure delinquency by reforming the character of young criminals, but also to subject the incipient delinquent to a course of treatment that mirrored the figure of the Tutor in Rousseau's *Emile*. It would tackle the problem at its source by training the child in the arts of a regulated and supervised freedom, so that children would come to embody the power they were initially subjected to, thereby translating external control into self-restraint. Furthermore, though delinquency was the specific target of reformatory education, the vision was far more ambitious and shared with Rousseau the goal of rescuing society from its own excesses.

Both in terms of design and strategic objective, the penal reformatory school exemplified biosocial power in that it was deployed as a social technology to re-fashion life that had been deformed by social circumstances. The reach of the strategy was distinctly limited however, for it could act only upon the actions of those children who crossed the threshold of the law and, as a result, could be forcibly removed from the space of the family. More specifically, the strategy was limited by the way it replicated the prison in combining school and hospital as an insular institution that operated through exclusion from the wider society. By the end of the nineteenth century however a far more encompassing apparatus was taking shape, and importantly, this did not replace the reformatory and industrial schools. Instead it incorporated them, together with the principle of exclusion, into a strategy of public hygiene that targeted the normal child so that all children would be within reach of biosocial interventions.

The strategy of hygiene
One of the major disagreements articulated by the discourse of public health in Ireland (as elsewhere) concerned the meaning of prevention, which could be operationalised in the form of environmental measures such as the improvement of housing, sewerage and drinking water, but also in the form of eugenic interventions to prevent the birth of children who – according to the science – would grow into 'degenerate' and 'defective' adults. For contextual reasons examined by Greta Jones (1992), eugenics failed to gain any real traction in Ireland, but that does not mean that it did not play a part in shaping the strategy

of hygiene. At the 1911 Congress of the Royal Institute of Public Health for example, held that year in Dublin, the section devoted to Child Study and Eugenics examined ways to 'encourage the breeding of the fit, and discourage the breeding of the unfit' (*Irish Independent*, 1911a, 1911b; *Freeman's Journal*, 1911a, 1911b, 1911c)[4]. Eugenicists and environmental hygienists sometimes met as antagonists, but the strategies were by no means mutually exclusive, and they aligned on the terrain of 'infant life protection'. This was a field of discourse shaped initially by concerns over 'baby farming' and infanticide, and it was codified by a series of legal reforms that commenced in 1872 and culminated in the Children Act of 1908 (more on this below). Moreover, it also gained traction through an emerging science of childhood.

The British Child Study Association, led by James Sully, was established in 1894 (Cunningham, 1991: 198). Though the organisation's influence had already waned by the start of the First World War, it paved the way for professionally trained psychologists to lay claim to a science of childhood and education, and part of what made this possible was the idea of racial 'degeneration' or, in the case of Britain, 'national deterioration' (see Pick, 1989). In some respects echoing Rousseau's account of the Fall of Man, this framed the relation between animal/human, nature/society, savage/civilized as a battle staged on the terrain of evolution: between the 'fit' and those deemed to be physically, intellectually, and morally 'defective'. Influenced by Ernst Haeckel's biogenetic law (whereby ontogeny is seen to recapitulate phylogeny), the child study experts believed that human evolution was recapitulated by the child, and this afforded the means of scientifically ascertaining the 'raw material or morality' (Sully, 1903). In Sully's words (1903: 8, 325), the 'wild untamed nature' of the child could be 'subdued' by education, but only if the child was educable, and it was this concern that was taken up by school hygiene activists.

Ireland was at this time lagging behind international trends in school medical inspection, the aim of which, according to Theophilus Kelynack (1910: iii) – a Fellow of the Royal Society of Medicine and consultant to the National Association for the Feeble-Minded – was 'to secure the prevention of all disorder and disease in early life'[5]. By 'all' Kelynack meant – quite literally – everything, for the method was to leave nothing unaccounted for. To this end, the procedure

entailed disassembling both school and scholar so that each element could be scrutinised, whether physical and mental indicators of disease and defect (eyes, ears, teeth, skin, scalp, speech, 'mental condition'), biometric parameters (age, weight and height), biographical details (personal and family history), environmental factors (heat, air, light), and the arrangement of physical objects and equipment (size and positioning of desks, chairs, windows), with each item meticulously examined and recorded by a panoptic medical gaze (see Howarth, 1910; Reid and Priestly, 1910). Why was this extensive labour to be carried out? There was more than one way of answering that question, but there was also widespread agreement that the future of state and nation hinged on the 'efficiency' of the rising generation (Gogarty, 1912; Moffat, 1911; Story, 1911, 1912; Thompson, 1913).

This notion of efficiency relates to a very specific instrument that warrants attention here: the norm. Nikolas Rose has examined the normalisation of childhood in detail, showing how the idea of developmental milestones – norms against which individual children are measured, and hence also a developmental schedule that children are expected to be able to keep pace with – is essentially a fiction made possible through the interpenetration of school and clinic (1990: 140-3). Such norms were derived by measuring the minds and bodies of individual children grouped together on the basis of relatively arbitrary criteria, such as age, and by aggregating this data. But once transformed into an instrument to evaluate physical or mental functioning, then the measure of normality would no longer necessarily correspond to any particular child, which is why Rose insists that 'normality is not an observation but a valuation' (1990: 131). The purpose of school medical inspection was to 'discover' those children who 'presented some deviation from the normal' – those of a 'low mental grade' who would not benefit from 'ordinary day schools' – and yet practitioners could be quite candid about the lack of consensus in determining the cut-off point between the normal and the abnormal (Howarth, 1910: 36-40; Moffat, 1911: 32). Analogous to Rousseau's theory of Man, the discovery of defect proceeded on the basis of a decision anchored in a fiction, and as with the notion of delinquency, defect was a moral judgement. Among the symptoms and signs of abnormality were mischievousness, disobedience, angry outbursts and deceitfulness. This was taken as evidence not

simply of individual defect, but also inadequate parenting, which was seen to necessitate the extension of the technique from school to home, so that parents could be supervised and homes placed under medical surveillance (Moffat, 1911; Story, 1911; Thompson, 1913). It is here that the practice of medical inspection can be seen to augment the penal reformatory school and connect up with the discourse of infant life protection.

When viewed retrospectively, the Children Act of 1908 can be taken as a milestone in a long process that, via the Geneva Declaration of the Rights of the Child adopted by the League of Nations in 1924, culminated in the UN Convention on the Rights of the Child (UNCRC). At the time, the Children Act (or Children's Charter as it was known) was referred to as a 'great charter of the helpless' that would 'recognise the rights of children' and secure 'the protection of infant life' (Lawson, 1919; Millin, 1912, 1917). The Act consolidated existing statutes and amending laws dealing with infant life protection, including laws on neglect and cruelty (Barnes, 1989: 86-7), and in many respects simply enlarged the scope of the reformatory strategy. But in creating the instrument of the Juvenile Court it also proved to be a major innovation in the way it cemented the relation between law and norm, care and control, prevention and correction. As argued by Rose (1985: 171), the Juvenile Court 'established the linkage between familial scrutiny and moralisation on the one hand and the penal system on the other which remains until today, providing "voluntary" interventions into the lives of families and children with the coercive back-up necessary for them to operate'.

The instruments and techniques of infant life protection extended well beyond the problems associated with (and attributed to) diseased, malnourished and delinquent children. Assembled through the interpenetration of school, hospital and prison, and at the intersection of the biological/social, medical/moral, pedagogical/penal, this was a technology of government that had already begun to envelop childhood *as such* by the time the Irish Free State was established, and the strategic objective was to govern both the *quantity* and the *quality* of life[6]. It was in this sense that childhood was framed as a 'national asset' to be harnessed with a minimum of waste. This was to be accomplished by monitoring 'the numbers of our children, their physical fitness, and their mental development', and by ensuring that that each and every child underwent a

combination of treatment and training, thereby minimising 'the manufacture of criminals and paupers' whilst maximising the numbers equipped to serve the nation as healthy and efficient workers (Crichton, 1925: 302-5; Lawson, 1919: 497; Millin, 1917: 316; Ryan, 1917). What I want to examine in the final section below is how policy in Ireland today is instituting very similar objectives under the rubric of 'reducing health inequalities'.

'Healthy Ireland': governing through inequality

On the 13th June 2011, Dr. James Reilly, then-Minister for Health, and Frances Fitzgerald, then-Minister for Children jointly launched a new initiative called *Your Health is Your Wealth*. Reilly explained that 'it's up to us as individuals to take responsibility for our life choices and it's also up to us as a society to make our environment safer and the right choices easier to make' (Department Of Health, 2011). Two years later, following a period of public consultation, the framework was published under the title *Healthy Ireland* which is set to run until 2025 (DOH, 2013). Presented as a policy innovation, *Healthy Ireland* attempts to facilitate a 'shift towards a broader, more inclusive approach to governance for health' (DOH, 2013: 8). What this means is that the Department of Health as well as non-state actors with a stake in the health sector are to work in partnership with 'other areas of Government and public services concerned with social protection, children, industry, food safety, education, transport, housing, agriculture and the environment' (DOH, 2013: 8). Moreover, the vision is presented as a 'whole system approach' to governance, meaning that this is an attempt to mobilise and co-ordinate the 'whole-of-Government' and the 'whole-of-society' (DOH, 2013: 8, 13). Viewed historically, it could be argued that these broad conceptions of health and governance are continuous rather than discontinuous with the past, and so is the way the new strategy prioritizes children, which it does. In terms of operationalising the long-term objective, which is about reducing expenditure on 'sickness benefits' while increasing 'productivity and contributions to the exchequer', *Healthy Ireland* reads like the latest phase of a long iterative process: 'The creation of healthy generations of children…is critical to the country's future' (2013: 12). As was the case in the past, childhood is framed as a strategically important asset: a means of governing the future.

Continuities notwithstanding, it is crucial to note the extent to which the focus on children has intensified in recent years. Also significant is an apparent tension between words and actions. Among the key objectives (or 'targets') to be achieved during the lifetime of *Healthy Ireland* is to reduce health inequalities by 'empowering people and communities' (2013: 24). Viewed in terms of the actions, instruments, and agencies tasked with hitting this target, what this means in effect is that one and all must participate in the neo-liberal game of inequality. Before drilling deeper into the *Healthy Ireland* framework, I first want to take a closer look at Foucault's analysis of neo-liberalism.

The 'enterprise society' as a game of inequalities

In his lectures on the *Birth of Biopolitics*, Foucault examines how neo-liberal thought began to take shape during the post-war period and – more specifically – how this took the form of a body of ideas that Foucault interprets as 'state-phobia' (2008: 116, 187). The German ordoliberals for example argued against the idea that the state should steer and manage the market in order to correct or ameliorate its negative social effects (such as unemployment and poverty). Instead, the state should be placed under the supervision *of* the market. In contrast to nineteenth century *laissez faire* liberalism, the ordoliberals did not perceive competition to be a 'given of nature'. Instead, competition was conceptualised as a mechanism or machine that would have to be 'carefully and artificially constructed' (Foucault, 2008: 118-21). Furthermore, for the machinery of competition to function correctly, there would have to be fluctuation within what Foucault refers to as a 'game of differentiation'. In other words stimulating competition would necessitate inequality among equals, which is why Foucault describes neo-liberalism a 'formal game between inequalities' (2008: 141-3). Neo-liberalism is thus more than the policies and mechanisms through which competition is generalised – privatisation, the introduction of new markets, de-regulation, and so forth – because it also requires instruments of control to manage how the game of inequality is played. These instruments of control measure and monitor the performance of the players, thereby ensuring that as many as possible stay in the game (Donzelot, 2008) while also trying to regulate the behavioural excesses that inevitably accompany intensified competition.

This fusion of competition and control is well established in Ireland, most visible perhaps in the public sector, which has undergone a lengthy process of restructuring through a combination of neo-liberal reforms and the introduction of performance management systems (see Lynch, Grummell and Devine, 2012). But this is not just about remodelling the state, and the trend is more accurately captured by Foucault's thoughts on the 'enterprise society' (2008). The enterprise society institutes the principles codified by the *Healthy Ireland* framework, i.e. individual responsibility and choice, so that competition and control interface as a governmentality that governs through the subject of enterprise. As Peter Miller and Nikolas Rose point out, the enterprised self, as the embodiment of a regulated autonomy, is 'enjoined to bring the future into the present, and is educated in the ways of calculating the future consequences of actions as diverse as those of diet and home security' (2008: 215). In Ireland this combination of enjoining and educating – which is the 'how' of 'empowering people and communities' envisioned by *Healthy Ireland* – is currently being orchestrated through a 'life-cycle' approach to policy, evident in the way that *Healthy Ireland* stipulates that 'supporting people to enjoy a healthy and active life, starting in the womb and continuing through childhood, adolescence, adulthood and older age, is a fundamental goal of this policy Framework' (DOH, 2013: 14). At the same time, and echoing the focus of the reformatory and hygienist strategies examined above, the long-term success of *Healthy Ireland* is seen to hinge on early intervention: 'The most effective time to intervene in terms of reducing inequalities and improving health and wellbeing outcomes is before birth and in early childhood' (DOH, 2013: 14). Bearing in mind that *Healthy Ireland* is premised on a 'whole system approach' (also known as HiAP, or Health in All Policies), it can be conceptualised as a biosocial technology that governs two axes of life: one that extends along the life-cycle, and a second that encompasses the entirety of childhood and which is codified in Ireland by the idea of the 'Whole Child'.

Governing the future
Instituted through the *National Children's Strategy* (National Children's Office, 2000) which ran from 2000-2010[7], the Whole Child approach to policy recognises that children have the 'capacity' to 'shape their own lives as they grow, while also

being shaped and supported by the world around them' (see also DOHC, 2007; DCYA, 2011: 17). Children and young people in Ireland are now regularly consulted as part of the policy-making process[8], and this conception of children – as active subjects rather than passive objects to be acted upon by authoritative adults – dovetails with (and explicitly defers to) Article 12.1 of the UN Convention on the Rights of the Child. The UNCRC was ratified by Ireland in 1992, and Article 12.1 stipulates that children should be consulted in matters that affect them[9] (NCO, 2000: 6, 30). This is important to note because the Whole Child meshes with the Whole-of-Government approach to policy, which combine as a technology of government which exhibits a strong resemblance to the figure of the Tutor in Rousseau's *Emile*. In other words, this attempts to act *upon* children's actions by structuring the field of possible action, thereby governing *through* their capacity for action.

The Whole Child and the Whole-of-Government together articulate a multi-stranded strategy of surveillance, services, supports, and interventions that simultaneously enable and constrain in response to emerging social trends and particular situations, so that the biological and social processes that combine as child development can be monitored and managed through a full spectrum of preventive and remedial measures (see Figure 1).

Figure 1 here

Among the problems that are seen to necessitate intervention are the harmful effects that result from the 'pressure to compete and succeed' (NCO, 2000: 6), and in the *National Children's Strategy* it is noted that not all children have the resilience required to withstand such pressures, which may be exacerbated by poverty and homelessness (linked to drug use and prostitution), or racism and discrimination; may become manifest in harmful behaviours such as smoking, alcohol and drug use (in turn associated with crime and 'anti-social behaviour'); and may culminate in unplanned pregnancy and early school leaving, both of which are detrimental to future employability (NCO, 2000: 6-7). This complex web of situational contingencies is seen to necessitate systematic surveillance, which is the purpose of the *National Strategy for Research and Data on Children's Lives*.

Scheduled to run until 2016, and framed as a 'strategic approach to knowledge about children's lives' that will serve to identify 'the most effective ways to intervene in their lives' (DCYA, 2011: v), this is an innovation that scales-up the technique of school medical inspection[10]. In fact the *Research and Data* strategy is but the latest addition to a series of similar initiatives targeting young life in Ireland, including the *Health Behaviours in School-aged Children* study (conducted since 1998 by the Health Promotion Policy Unit at the National University of Ireland Galway); the *National Longitudinal Study of Children in Ireland* (which commenced in 2006); and the *State of the Nation's Children Biennial Reports* (which also commenced in 2006, Figure 1). The translation of life into data via research is now central to the aims and means of governing childhood, because this is how the lives of those who are to compete in the neo-liberal game of inequality are to be measured, monitored and managed. Moreover, when it comes to dealing with problem and risky behaviours, this biosocial apparatus continues the shift from exclusion to inclusion examined above with respect to the strategies of reformatory education and public hygiene. Governing through inclusion today entails ensuring – as far as this is possible – that one and all can withstand 'the pressure to compete and succeed'. There are to be no exceptions, because this is about ensuring an equality of inequality (Foucault, 2008: 142-3). In short, the neo-liberal version of egalitarianism dictates that no child be excluded from the opportunity to compete in a race where one's relative position is – apparently – a matter of taking personal responsibility and making the 'right' choices.

Part of a comprehensive networked apparatus, the *Research and Data* strategy collects and stores information on children's lives which is made practical and technical in the form of supports and interventions which act through and upon the actions of children: health services, child welfare and protection, education, juvenile justice, family support, sports council, nutritional surveillance, all of which (in theory at least) combine as 'a continuum of research and data use within policy and practice settings' (see right-hand side of Figure 1). It is important to underline what is being proposed here in this idea of a networked apparatus. In the introduction I suggested that this does not exhibit the singularity of a sovereign will, and here I would add that it should not be confused with a 'system' in the Parsonian sense of that word. It is instead an example of what

Foucault had in mind when he suggested that power relations are 'intentional' but 'non-subjective'. Non-subjective intentionality is a tactical and strategic game that produces this type of networked apparatus, but as Foucault points out, 'the logic is perfectly clear, the aims decipherable, and yet it is often the case that no one is there to have invented [it]' (Foucault, 1998: 94-5). Otherwise put, this is orchestrated, coordinated and steered as a grid of intentions, but the many actors who participate in this tactical and strategic game need not be singing in chorus or pursuing identical objectives. Friction is in part what enables this type of apparatus to cohere, but to cohere at all it must have an anchoring point, and this is what the figure of the Whole Child accomplishes. Replicating the eighteenth century fiction of Man, the Whole Child is a biosocial construct assembled from the modern history of childhood: the discourses, the forms of knowledge, the techniques that spiral back in time through the hygienist movement, the strategy of preventive and reformatory education, to the birth of the modern anthropological machine. But if the anthropological machine was originally assembled at the threshold of human and animal, civilized and savage, it now operates solely on the basis of a distinction between those who can and will play the game of inequality from those who cannot or will not keep up with the accelerating pace of competition. This then is what it means to reduce (health) inequalities in the enterprise society, and so this chapter ends where it began, with the supervised and regulated autonomy once envisioned by Rousseau, because in twenty-first century Ireland, children are routinely forced to be free.
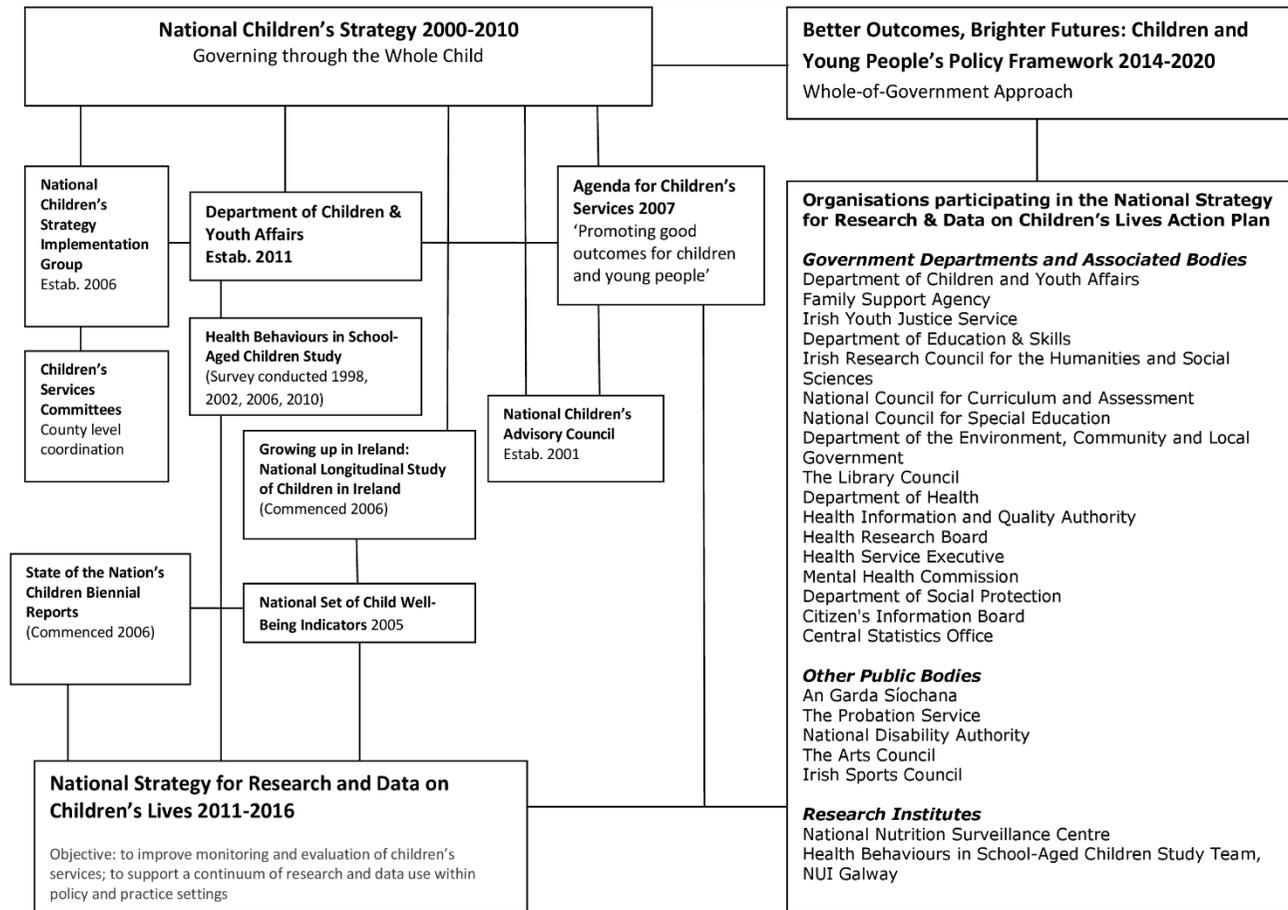
National Children's Strategy 2000-2010
Governing through the Whole Child

Better Outcomes, Brighter Futures: Children and Young People's Policy Framework 2014-2020
Whole-of-Government Approach

National Children's Strategy Implementation Group
Estab. 2006

Department of Children & Youth Affairs
Estab. 2011

Agenda for Children's Services 2007
'Promoting good outcomes for children and young people'

Organisations participating in the National Strategy for Research & Data on Children's Lives Action Plan

Government Departments and Associated Bodies
Department of Children and Youth Affairs
Family Support Agency
Irish Youth Justice Service
Department of Education & Skills
Irish Research Council for the Humanities and Social Sciences
National Council for Curriculum and Assessment
National Council for Special Education
Department of the Environment, Community and Local Government
The Library Council
Department of Health
Health Information and Quality Authority
Health Research Board
Health Service Executive
Mental Health Commission
Department of Social Protection
Citizen's Information Board
Central Statistics Office

Other Public Bodies
An Garda Síochana
The Probation Service
National Disability Authority
The Arts Council
Irish Sports Council

Research Institutes
National Nutrition Surveillance Centre
Health Behaviours in School-Aged Children Study Team, NUI Galway

Children's Services Committees
County level coordination

Health Behaviours in School-Aged Children Study
(Survey conducted 1998, 2002, 2006, 2010)

National Children's Advisory Council
Estab. 2001

Growing up in Ireland: National Longitudinal Study of Children in Ireland
(Commenced 2006)

State of the Nation's Children Biennial Reports
(Commenced 2006)

National Set of Child Well-Being Indicators 2005

National Strategy for Research and Data on Children's Lives 2011-2016

Objective: to improve monitoring and evaluation of children's services; to support a continuum of research and data use within policy and practice settings

Figure 1: Childhood as Networked Governance

Endnotes

1 In Rousseau's writings the word 'man' is at times gendered, while at other times it signifies humanity. Here I use it only in the latter sense, and capitalise it to underscore this usage.

2 This distinction was codified by the Reformatory Schools Act 1854 and the Industrial Schools Act 1857.

3 The principle of moral treatment was organised into the first public asylums and penitentiaries in Ireland (see Reuber, 1999).

4 Two years later, following the passage of the Mental Deficiency Act, eugenicists lobbied for the legislation to be extended to Ireland (Dawson, 1913; Jones, 1992: 87).

5 In 1919, the Public Health (Medical treatment of Children) (Ireland) Bill empowered local authorities to undertake medical inspection and treatment of children in national schools, but there would be no compulsion to do so. Irish Unionist MPs as well as nationalists demanded that the provision be made mandatory, and when government acceded, this became 'the only mandatory public health service on the Irish statute book' (Barrington, 1987: 80, 102).

6 Due to limitations of space, I have presented only a partial sketch of how this was instituted in Ireland. A more thorough account would include both a more detailed discussion of legislation (see Barrington, 1987) as well as the work of the Women's National Health Association of Ireland founded by Lady Aberdeen in 1906, which laid the groundwork for a range of measures to reduce infant mortality, including public health nurses, services for mothers and babies, and school medical inspection (see Keane, 1999).

7 The second phase of this strategy was launched in April 2014 under the title *Better Outcomes, Brighter Futures*, which is very explicit in identifying children as a national asset. Quoting from the current Government's *Medium-Term Strategy for Growth*, the Foreword by the Minister for Children and Youth states that 'Our increasing child and youth population is a significant resource for our country…Ensuring the best possible outcomes for this group is therefore an important element in our future economic planning' (DCYA, 2014: viii).

8 A list of National Consultations conducted with children and young people since 2004 is available on the Department of Children and Youth Affairs website: http://www.dcya.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildYouthParticipation%2FNational_Con sultations.htm&mn=chiv&nID=5.

9 The wording of Article 12.1 is as follows: States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

10 The Research and Data Strategy was launched in 2011, the same year as a new Department of Children and Youth Affairs was established, which might be seen as the culmination of a reform process going back to 1997 when the Department of Health become the Department of Health and Children.

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