

Befriending Young Mothers

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The context of voluntary befriending schemes to help mothers of young children is outlined. There is evidence that two main UK voluntary befriending schemes to help mothers of young children engage families where there is significant psychosocial morbidity. It is concluded that well conducted befriending schemes can make a significant contribution to the mental health of mothers and children. Whether they do so will depend on their experience and training and the elements they incorporate.

The significance of child-rearing for mental health

Child rearing is a very demanding activity, and this is perhaps particularly so on a day-to-day or minute-to-minute basis in the early years. The responsibility still falls predominantly on mothers, and mothers do indeed see themselves as responsible for the promotion of their children's health (Mayall, 1986). The burden is greater for single parents, whose numbers are increasing.

There is accumulating evidence that the quality of child rearing and ensuing intra- and extra-familial relationships influence an individual's current and future mental health (Caspi & Elder, 1988; Rutter, 1989a; Robins & Rutter 1990). For example, a link has been shown between an early 'lack of care' (manifested by neglect and emotional indifference on the part of carers), and an increased risk for depression in adulthood (Brown *et al.*, 1986; Brown, 1988; Harris *et al.*, 1990). Sanson *et al.* (1991) have reported three classes of variables that are essential in determining an individual's risk status with respect to adolescent or adult mental health:

- (a) within-child variables such as temperament and biological/physical status
- (b) family environmental variables such as family structure background and socio-economic status
- (c) significant relationships in the child's life with parents and mentors.

Their own and other studies indicate the cumulative nature of childhood adversities, such as poor child rearing, in determining mental health status both concurrently and prospectively (Kolvin *et al.*, 1990; Rutter & Sandberg, 1992). Although it has been argued that current factors may be more salient than sometimes recognised (Blanz *et al.*, 1990), if a transactional view is taken with cumulative incorporation of risk factors over time, then the

importance of early adversity is given more appropriate weight (Rutter, 1989a; Sanson *et al.*, 1991). Quality of child rearing and the child's early environment are therefore important not only for adult mental health but also that of future generations.

Factors affecting child rearing and the extent of child-rearing difficulties

Difficulties in child rearing are themselves related to current stressors, current parental mental health and relationships (Richman *et al.*, 1982; Richman, 1985; Cox, 1988; Belsky & Vondra, 1989; Rutter, 1989b), and the parents' own early childhood rearing experiences (Caspi & Elder, 1988; Kaufman & Zigler, 1989; Rutter 1989c). Such difficulties in early child rearing are particularly common in inner-city areas and range from the problem of getting a one-year-old child to eat, or a two-year-old child to settle in bed at night (Douglas & Richman, 1984; Richman, 1985), to parents who are unable to feel affection for their child, or frank child abuse and neglect. The associations with parental mental ill health and conflictual interparental relationships are particularly well established (Rutter, 1989b, Jenkins & Smith, 1991) and are more prevalent in inner-city areas (Rutter *et al.*, 1975), and working class populations (Harris *et al.*, 1990).

At the extreme of parenting difficulty the prevalence of child abuse is substantial; Mitchell (1975) estimated that six in every 1000 children are abused by their third birthday. The estimate for severely physically abused children under four years was one per 1000 in 1977 (HMSO) and has steadily increased since that time to 1.5 per 1000 in 1986 (Creighton). American estimates of child abuse range from 7.6 children per 1000, reported to child protection services each year (Giovannoni, 1989), to 2.5% of families engaged in physical abuse (Zigler & Hall, 1989). In inner-city areas in the UK, approximately

1% of children are on the child protection register at any one time and about half of these will be under five (Phillips, 1989).

With social services departments under increasing pressure there is a move towards monitoring and intervention, rather than therapeutic activity, and it may be this that has led to at least one author suggesting that the responsibility of social services departments should be to monitor, the responsibility not to abuse resting with the families concerned (Parton, 1985). In contrast, the Children Act emphasises parental responsibility but also enjoins local authorities to ensure that there are facilities to meet the developmental needs of young children. This is clearly a large task, and one that cannot be encompassed directly by statutory health, educational and social services.

Accessibility of services and response to intervention

There is an additional problem to the extent of early child rearing difficulties, and this is that those families with more severe problems are often the least accessible. Shinman (1981) showed that non-users of pre-school provision were often depressed and suspicious or fearful of both services and those delivering them, whom they perceived to threaten their own sense of identity. Such families felt impotent and the mothers often had difficulty in establishing adult relationships, as well as lacking maternal parenting skills. A number of early intervention projects have reported difficulty engaging this particular group (Barbrack, 1970; Stevenson & Bailey, 1987; Nicol, 1988; Osofsky *et al*, 1988). The acknowledgement that there is a 'hard to reach' group has led to the proposal of different solutions.

Thus although there is now a general acceptance that early intervention programmes to promote children's development can be influential, particularly with regard to personality development and mental health, Seitz (1990) sees the evidence as pointing in the direction of a family support model of intervention, while McGuire & Earls (1991) argue that just because certain families are difficult to reach, the approach must be directly to the child in those cases. In this latter view it is considered that the parents, and therefore the parent/child relationships, are in some circumstances irremediable and therefore efforts should be directed to improving the child's relationship with the community. Thus, although Bronfenbrenner (1974) concluded that parental involvement was crucial to the success of early intervention programmes and there is now recognition that there can be long-term social and emotional gains (Kolvin *et al*, 1981; Lazar &

Darlington, 1982; Sylva, 1989; Seitz, 1990), it is not clear that all families are accessible.

It was the experience of one such scheme, the DARCEE project in Nashville, and the problems of finding an appropriate intervention strategy for the most disadvantaged families (Barbrack, 1970) that led Margaret Harrison to establish the Home Start Befriending Scheme to focus on parents as well as children (Van der Eyken, 1990).

There are therefore major differences in the strategy advocated to attempt to influence child rearing in the most disabled families. The befriending approach considers that it can overcome at least some of these difficulties by the very nature of what it offers. In other words, that it can extend the range of families accessible to help. The recognition that intergenerational transmission of abusive behaviour is not inevitable (Zigler & Hall, 1989) gives encouragement.

Partnership with parents

Alongside the recognition of the importance, extent, and severity of the problems of child rearing, there has been an important shift in the direction of acknowledging both the responsibility and contribution of clients, or parents themselves, if health, educational, and social services are to work effectively. Where early development is concerned, this view is expounded in a book by Pugh & De'Ath (1989) *Working Towards Partnership in the Early Years*, and this philosophy has been underpinned by the Children Act; in particular, the principle concerning multi-agency collaboration in the field of child abuse and neglect (HMSO, 1988) has been recognised. The concept of partnership goes back a good deal further and was described in the Court report by the Committee on Child Health Services (HMSO, 1976) which stated that: "we have found no better way to raise a child than to reinforce the ability of his parents to do so". It is interesting that the principle still needs such emphasis. The paradox is that the demand for partnership with clients can be seen as a threat to professional institutions, which therefore respond by increasing, rather than reducing, the professional/client barrier. It is argued that if the parents feel they have control, or at least influence, over both access to resources and the resources that they are tapping, then the way in which they use these resources is more likely to be appropriate and effective. In this perspective, the aim is that services are provided as *services*, not as *interventions* where something is done to the families.

The emphasis on parents as partners, and therefore equals, is at the heart of the concept of befriending. However, it can be difficult to draw clear lines between befriending and professional intervention if professionals adopt a partnership approach and befrienders are increasingly trained and paid, or both. Nevertheless, in the present climate of restrictions on professional resources, with an emphasis on parental responsibility and partnership with service providers, it is understandable that there is increased interest in the voluntary sector.

The Wolfenden report (1978) identified the voluntary sector as having roles as: (a) a pioneer of services; (b) a provider of services complementary, additional, or alternative to the statutory provision; (c) sole provider of services; and (d) a pressure group seeking change of policy and provisions. Befriending can be seen, to some extent, reflected in the first three categories.

In contrast, the Barclay report (1982) pointed to four types of non-statutory providers of care: (a) informal carers and neighbourhood networks; (b) mutual aid groups (strangers with common particular difficulties); (c) volunteers (individuals offering their services); and (d) formal voluntary organisations (with paid professional staff). Befriending as discussed here bridges the last two categories since befriending schemes are largely constituted of volunteers but have a small core of paid professional staff.

Approaches to the prevention of child abuse and neglect

Kempe & Helfer (1972) summarised innovative therapeutic approaches in the field of child abuse and neglect, and argued that the limited availability of skilled, specialist, mental health workers made it essential to use people other than highly skilled professional therapists. They argued further that in many cases there was a problem of "insufficient mothering" which could be handled by such people working in collaboration with specialists. Their list included foster grandparents (parent-aides), visiting nurses, homemaker services, crisis nurseries, and a self-help group – Mothers Anonymous. Parent-aides included both men and women, who were themselves parents, paid a small hourly wage. They received basic training and Kempe & Helfer emphasised the importance of good matching and ongoing supervision by a highly skilled worker.

A parent-aid scheme has recently been evaluated in Australia (Lines, 1987). Such a parent-aid scheme comes close to being a befriending scheme, except

that in the UK such individuals would not be paid. The most established UK befriending schemes are different from that described by Kempe & Helfer, not only because the befrienders are not paid, but also because many facilities other than befriending are made available to those engaged in the scheme. At least one British scheme (Newpin) bears some relationship to Mothers Anonymous in that volunteers have, themselves, been previously befriended, and volunteers and clients share common characteristics (Cox *et al*, 1991).

Non-statutory voluntary activity has been criticised on a number of accounts, namely that self-help organisations are not necessarily representative, that they may require professional backup (with the implication that they may not recognise the need for it), that they are not accessible to everyone, and that some families or clients may need more intensive intervention such as the placement of a handicapped child in a specialist day nursery. All these comments may be true, but they can be levelled also at statutory services. The issues are that any helping agency should recognise its own limitations and be prepared to communicate and bring in other resources where necessary. In recognition of this, Kempe & Helfer (1972) listed features necessary for a successful self-help organisation such as Mothers Anonymous:

- (a) weekly group meetings run by a skilled leader are an important and integral part
- (b) the scheme should have recognised links with a hospital- or community-based child abuse consultation team
- (c) the mothers need ongoing counselling in child rearing practices and in the normal growth and development of their child because their own backgrounds do not provide this
- (d) there needs to be an active follow-through programme to deal with 'drop-outs' and 'no-shows'
- (e) in the case of childhood abuse and neglect there is the problem that parents may stop beating their children but still find it difficult to have feeling or love for them.

These provisos point to the need for some professionalisation of voluntary organisations working in the field of child abuse and neglect, which includes a recognition of their own limitations.

Voluntary activity can be carried on at much less cost than specialised professional activity (Lines, 1987; Kingdon *et al*, 1989). It is understandable that this has led to the criticism that an increase in the range of voluntary activity may lead to the

government and statutory agencies avoiding their responsibility to provide specialist services. A more satisfactory perspective is to recognise the complementary nature of the contributions of volunteer and professional with the strengths and weaknesses of each. The complementary model is one advocated by Van der Eyken (1990) in discussing the evaluation of the Home Start Befriending Scheme.

The nature of befriending

This will be considered with particular reference to befriending of young mothers by other mothers. Befriending defines an activity that aims to develop a relationship between individuals that is distinct from professional/client relationships. Although the relationship is intended to incorporate the strengths of day-to-day friendship and avoid the disadvantages of professional/client relationships, it is not, in fact, day-to-day friendship, although it may develop into just that. The main characteristics of such a relationship are as follows.

(a) Commitment to the befriended person, not limited by a professional organisation's rules or values, so that there is availability of friendship, unconstrained by formal working hours. The potential range of activities is also wide, and most activities are shared between the befriended and the befriender. Such activities can include shopping and cooking together, visits to the befriender's home, or the befriender babysitting. Therefore, the scope and function of the befriender is in many respects wider than that of professionals.

(b) The befriended person is seen as essentially like the befriender; that is, someone struggling with the stresses and strains of existence, rather than a client with pathology. Difficulties are not immediately defined as problems to be acted upon, rather they are experiences to be shared. However, initially commitment is not equal and the befriender takes the main responsibility for developing and sustaining the relationship.

(c) There is the potential for affective sharing and mutual self-disclosure with involvement in experiences and activities on an equal footing. Mutual emotional attachment can develop which becomes an established day-to-day friendship.

(d) For the befriender there is a lack of the statutory responsibilities which influence the professional's approach and which the befriended mother may perceive as threatening. The mother may perceive the professional therapist as a threat to the removal of her child. The befriender's lack of statutory responsibility also permits spontaneity and risk-taking. While this has dangers, there may

also be greater benefits because the befriender's actions are seen as personal. The befriended person is therefore special and treated with partiality in contrast to statutory services whose duty it is to be impartial. Since the befriender relationship is personal and freely given, it can be highly valued and, in consequence, more influential in changing the befriended person's view of themselves and what they do: she must be more worthwhile if another person voluntarily spends time with her and helps her.

Van der Eyken (1990), discussing Home Start, draws on Wolff's (1977) views of psychotherapy. He argues that the befriending relationship can be seen as embodying the 'being with' aspect of psychotherapy, as opposed to the 'doing to' aspect. The 'being with' aspect is seen as incorporating the essential components of 'good mothering'. In this context, it is interesting to liken the potential advantages and disadvantages of befriending and professional activity to Pugh & De'Ath's (1989) comparison of professionals with parents. Befriender can be substituted for parent, mother for child (see Table 1).

It will be seen that befrienders could have the advantages and disadvantages of good mothers. Pugh & De'Ath quote from Newson & Newson (1976):

"All the other caring agencies that we devise can never be quite as satisfactory as the "good-enough" parent (to use Winnicott's term). The best that community care can offer is impartiality – to be fair to every child in its care. But a developing personality needs more than that: it needs to know that to someone it matters more than other children; that someone will go to unreasonable lengths, not just reasonable ones, for its sake."

There is increasing evidence that mothers who have difficulty in child rearing and have themselves lacked a good experience of being mothered in their own childhood, need a partial relationship with a peer if they are to change the quality of their relationship with their own child (Rutter, 1989c). Support for this notion comes from the study following up parents who had been raised in care as children, where those who had established good relationships with partners were much more likely to have a satisfactory relationship with their child, although they were much less likely than controls to have established a good relationship with a partner in the first place (Quinton & Rutter, 1984; Rutter, 1989c).

In the field of child abuse and neglect, mothers have often, although not necessarily, experienced maltreatment as children (Kaufman & Zigler, 1989; Zigler & Hall, 1989). It has been suggested that

Table 1

The comparison of professionals with parents can be related to that of professionals with befrienders (substitute befriender for parent, mother for child)

| | Professionals | Parents |
|----------------------------|---|---|
| <i>Scope and function</i> | Specific and limited | Diffuse and limitless: nothing is not the parents' business; parents of young children are never off duty. |
| <i>Intensity of affect</i> | Low | High emotional involvement leads to more intense interaction - more anger and discipline, more love and support. Difficulties in 'teaching' own children. |
| <i>Attachment</i> | Optimum detachment - or detached concern. Need to avoid burn-out. | Optimum attachment: parents' optimism about child may be in child's best interests. |
| <i>Rationality</i> | Optimum rationality: rational analysis of how to proceed on the basis of knowledge of how children learn and develop. | Optimum irrationality: someone who is "crazy about that kid" (Bronfenbrenner, 1974). |
| <i>Spontaneity</i> | Optimum intentionality. Activities largely pre-determined and pre-meditated in terms of aims, goals and objectives. | Optimum spontaneity. Danger of parent education programmes which encourage parents to become excessively cerebral. |
| <i>Partiality</i> | Optimum impartiality. Universalism - must be equally available to each child. | Highly partial. Biased in favour of own children, wanting the best for them. |
| <i>Responsibility</i> | Concern for all children. Balance response to unique individual with responsibility to group. | Concern with own child. Protect their own children's uniqueness. |

Pugh & De'Ath (1989). Reproduced by permission of the National Children's Bureau. The table appears in *Working Towards Partnership in the Early Years*, available from the National Children's Bureau, 8 Wakley Street, London EC1V 7QE.

their children's behaviour is seen as an index of their own failure as a parent and also as the embodiment of their own childhood behaviour which incurred their own maltreatment. The emotional response engendered leads to the mothers re-enacting their own maltreatment with their child (Pond, 1991). If help is also perceived as a threat this increases their sense of guilt, failure, and anger, theoretically enhancing the danger of abuse occurring. Professional help carries the implied threat that the mother's behaviour will be criticised and her failure defined to the point where the child may be removed. Befrienders do not have this disadvantage. They can make direct contact with parents' distress and, by alleviating it, reduce the immediate possibility of abuse (Jenkins, 1987). In addition, the befriender is able to have frequent contact so that the safety of the child may, in practice, be more effectively monitored than by professional resources.

The befriending relationship has theoretical advantages not only with regard to cost and availability, but also in the quality of the relationship which can develop, leading to an increased sense of self-worth. Where parents are demoralised and depressed, improvements in self-esteem are arguably vital if there are to be changes in the parent/child relationship. Training and employment are characteristics of professional workers but the befrienders have value just because they are untrained and unpaid. After all, is friendship real friendship, if someone is paid and trained to be a friend?

However, the distinctions are unclear because it is also recognised, especially where there are severe child rearing difficulties, that those engaged in helping need to be trained, organised, and supervised (Kempe & Helfer, 1972). In these circumstances, the balance of initiative and response, or giving and taking, found in day-to-day friendship will be inadequate to establish and sustain relationships. The befriender is responsible for starting and persisting with a contact. Therefore, the concept of befriending does not, in practice, rule out those who may have had previous training, nor does it preclude training, indeed such training is seen as necessary in all organised befriending schemes for young mothers. The boundary between befriender and professional becomes even more blurred when they are paid, as has happened both in the USA (Kempe & Helfer, 1972) and in Australia (Lines, 1987).

Therefore, initially at least, a befriender is poised between the role of friend or neighbour and professional. The aim is to preserve those qualities of a relationship, as outlined above, which distinguish the befriender/client relationship from the professional/client relationship. Because the line between professional and volunteer can sometimes be difficult to draw, and because there are several important volunteer befriending schemes for young mothers in the UK which do not pay the volunteers, the focus of this review will be on such schemes. In these schemes, the majority of the direct work is done by unpaid people, although there is always a small core of trained professional staff and access to

other professional staff for training purposes. Although those doing the work are unpaid, there are vital elements of professionalism embodied in the training and supervision of the befrienders. It is also important to recognise that these schemes do not confine their activities to befriending, and indeed consider other elements to be equally crucial (Van der Eyken, 1990).

The organisation of befriending schemes

Early interventions are commonly delivered as packages, so it can be difficult to disentangle effective and ineffective constituents. The review by Seitz (1990) emphasises the importance of parental involvement, and the benefits for parents themselves, in several schemes where there were gains for the children, while McGuire & Earls (1991) emphasise the importance of involving children directly.

Newton (1992) has reviewed established schemes doing preventive work with children under five years old in the UK. There are many efforts to provide opportunities for young mothers to escape isolation and develop friendship – for example, mother and toddlers' groups, or playgroups. At a more informal level, Newton herself points to the need for health visitors to encourage mothers to make contact with each other. While of great value for young families, these approaches do not involve any component of training for befrienders.

Among established schemes or innovative projects where work has employed befriending principles, Newton refers to several projects where workers are paid, either as lay people or as professionals. In one project in south Manchester, the support for pregnant mothers was offered by lay women. Mothers at risk of giving birth to low-birth-weight infants were targeted for support. Supporters had a two-week induction course. An essential concept was that supporters and support were equal – 'on a level'. Newton comments that implementation and evaluation ran into financial difficulties, partly because so many women (a quarter) fell into the target group.

A second project, the Penn Green Family Support Project in Corby, has active involvement of unpaid parents, some of whom are also trained to befriend others as 'family friends'. It aims to help local families with more marked difficulties in child rearing. A wide range of activities are conducted at the centre: local families have the opportunity to 'drop-in' to the family room, toy library, bookshop, coffee bar, and to participate in a variety of open and closed groups. A crèche frees mothers

to engage in the groups. Apart from training as befrienders, mothers can be involved in running the bookshop, library, or crèche. This is a well funded resource centre, with 11 professional workers as well as volunteer workers, which resembles a social services family centre more than a volunteer befriending scheme. However, as already indicated, there is no clear line to be drawn since these latter schemes also require professional input and significant funding even if it is not at the level of statutory or professional services.

Various attempts have also been made to form groups for mothers, either with a view to preventing depression in the perinatal period (Elliott *et al.*, 1988), or to working with emerging parent/child relationships and parenting problems, or both (Stevenson *et al.*, 1988). However, these are, essentially, professionally run groups which do not employ the principle of befriending, although the group nature will reduce isolation and might provide opportunities for friendship. Newton mentions other schemes of this type, such as Scope in Southampton where the focus is predominantly on help for the mother in improving herself or her social circumstances. The project promotes mothers' groups to alleviate loneliness, and there are indications that this approach can improve mental health.

Evaluation of two of these projects (Elliott *et al.*, 1988; Stevenson *et al.*, 1988), as in the case of the Meninger Project (Osofsky *et al.*, 1988), draws attention to the problem of engaging the 'hard to reach' families who are most in need.

Home-Start

Margaret Harrison, a former voluntary worker organiser in a children's department in Leicester, set-up this scheme influenced partly by a visit to the DARCEE project in Nashville where evaluation pointed to the difficulty of working with the most disadvantaged families. In contrast to many of the early intervention programmes at that time, she placed the main emphasis on the mothers' needs because she thought that otherwise such disadvantaged families would not be engaged.

Home-Start is now the most widespread befriending scheme in the UK, operating in approximately 130 urban and rural areas. It supported over 19 000 families 1991/92. It was evaluated by Van der Eyken (1990) and its *original* objectives were as follows.

- “1. To support and encourage mothers with pre-school children and show how they can help their children to learn and develop their many potentials,

- so that ultimately they might lead a fuller and happier life.
2. To work with any families experiencing frustrations or difficulties with their pre-school children.
 3. To use volunteers for the home visiting in a 'mum-to-mum' relationship. Notably, Home-Start was to be developmental, rather than remedial.
 4. To build on the parent as the 'sustaining agent' in the child's life and to consider the home as the 'sustaining background', with volunteers offering individual programmes of support and help to suit the needs of particular families.
 5. To concentrate on the use of toys and low cost materials available in even the poorest homes.
 6. To keep the cost of the scheme to a minimum, by turning away from the institutional form of provision to one focused on the home and the individual parent and child.
 7. To focus on the parent, rather than on the child. This is a critical objective and differs from most American programmes.
 8. To build up the parent's self-confidence.
 9. Finally, by working with and through the parent, the Home-Start volunteer's objectives were defined as encouraging:
 - (i) physical contact between mother and child
 - (ii) verbal contact between the two
 - (iii) the child's language development
 - (iv) sensory stimulation in the child
 - (v) play
 - (vi) positive reinforcement from the mother
 - (vii) independence of the child and of the parents
 - (viii) self-respect within the mother
 - (ix) the use of local outings with the child
 - (x) the use of community resources.
 10. Finally, the Home-Start volunteers were to promote the overall development of children both physically, emotionally, socially and intellectually." (Van der Eyken, 1990).¹

The organisation of the scheme shows the need to see the process of befriending in context in two senses. Firstly, the form of Home-Start has been repeatedly adapted to local circumstances. Secondly, befriending is one type of activity in which the scheme engages but, as in the case of the Penn Green Family Centre, it is embedded within a range of other activities and with close links with statutory and professional agencies. As described by Van der Eyken, the mother/child/volunteer relationship is at the heart of the network, with the volunteer having a relationship with both mother and child. In the original scheme, mothers were able to join a parents' discussion group and both mothers and children could engage in Home-Start playgroups, the toy

1. Copyright: Home-Start Consultancy, 2 Salisbury Road, Leicester LE1 7QR.

library, or social outings and parties. In Home-Start schemes generally, contact is established (where appropriate) with social work, health, and education. The volunteer receives regular support and supervision from a paid, professional, Home-Start organiser on at least a two-weekly basis with further backing from other volunteers. Each Home-Start scheme has a support group to which the Home-Start organiser belongs and this facilitates relationships with other agencies, both statutory and voluntary. In 1981 Home-Start Consultancy was established to facilitate the development of Home-Starts on a nationwide basis.

In his evaluation of the scheme, Van der Eyken (1990) described how it commenced in April 1974 following preparation of the first group of 13 volunteers. In the first four years there were 303 positive referrals and 226 were matched with volunteers. These referrals came from a wide variety of sources but predominantly from social workers (38%) and health visitors (21%). Of the referrals, 90% were low-income families with 40% single parents. Twenty-five per cent of the children were on the child protection register but parents had also suffered physical and emotional battering, many suffering deprivation in their own childhood. Many families lacked any routine and most were lonely and isolated. Volunteers were recruited by word of mouth, talks by the organiser, and advertisements in the local press. Of the 226 cases, 156 were involved with the scheme for at least a minimal period and of these 45% had between a few weeks and a year of involvement; 42% were in contact for between 12 to 28 months, and the remainder for up to four years or longer. From 50 families, 132 children were on the child protection register. Only 18 were received into substitute care in the first four years and this was at a lower rate than in other areas. Of the 156 engaged families, the Home-Start organiser rated 66% as having shown considerable change, and a further 27% as having shown some change, with only 7% with no change. A random group of 30 families were ranked by referrers, matched volunteers, and the families themselves (see Table 2).

Table 2
Summary of ratings (%) of 30 randomly selected families

| | Social worker | Health visitor | Family | Volunteer | Organiser |
|---------------------|---------------|----------------|--------|-----------|-----------|
| Considerable change | 55 | 89 | 85 | 47 | 67 |
| Some change | 45 | 11 | 11 | 40 | 23 |
| No change | — | — | 4 | 13 | 10 |

Van der Eyken (1990).¹

Evaluation was generally favourable although it is interesting to note that the volunteers were the most conservative in their assessment. However, the procedure did not constitute a formal evaluation because there was no control group. In addition, the assessment was not prospective: there was no use of standardised measures and no blind assessment. Referrers had differing views about suitable families for the scheme, some sending inexperienced mothers with a young family, but without major deficiencies in their early experiences or current relationships, while others thought that just this latter group was most appropriate. Volunteers showed an impressive degree of retention, with almost half of the original 13 still active in August 1978. They were predominantly women whose children were either into full-time education or had grown up. They reported two groups of volunteers: those involved with their church and a wide range of community activities; and an older group for which Home-Start was their single voluntary activity. Although the issue is not clarified, it is implied that most of the volunteers came from more advantaged social situations than those they were befriending, and included a number with high educational or professional qualifications.

The examples given point to considerable personal benefit for mothers which, in at least some cases, was reflected in improvements in the relationship between parent and child. The scheme was summarised by Van der Eyken (1990).¹

1. Home-Start operates an 'open-door' policy of accepting referrals, many of which might be classified as "heavy" cases of severe environmental stress, and on the face of it would appear to effect 'considerable change' within the majority of these families.
2. It does so through a 'reciprocity' model of community care, using self-selected volunteers whose sole qualification is that they are mothers, who benefit through their membership of a group, through a process of personal development and through the 'legitimation' of their child-rearing skills in a social context.
3. An initial course of preparation, followed by discussion groups and lectures, offer a 'status' to the volunteers and this, coupled with a high degree of field support, the challenge of working 'on the edge of experience' and of considerable autonomy of action, leads to an intense and lengthy involvement with the project for the volunteers.
4. Because they are not paid, the volunteers wield a considerable, though unspoken, moral authority within the families they support, tacitly recognised by those families by the fact that few, if any, relationships break down.
5. The volunteer and the family she visits develop a contractual relationship that might be described

as 'befriending' but is actually 'befriending with commitment' in which the family can rely on empathy, constancy, non-possessive warmth and genuineness on the part of the volunteer, and openness, co-operation and honesty on the part of the family.

6. This 'contract' is very much family-focused, in that the object is neither simply the children, nor the mother herself. Rather, it is a 'total' environment, in which every person can expect to benefit, while none need feel a 'client' in need of some treatment or a 'case' demanding remedy.
7. A more tentative point, and a more contentious one, relates to the characterisation of the families themselves. We stated in (1) that many of them were 'heavy' cases. More generally, they can be categorised as being under many forms of stress; not simply stress of the everyday form which we all experience, and which in many respects is beneficial, but stress which in its severity has in many cases caused the family, either very temporarily or over a longer period, to lose control.

This term, 'loss of control', is a key point in the description of the families, who are so often inappropriately described as 'at risk', 'problem families', 'deprived' or, even worse, 'inadequate'. What is useful about the term is that it strongly implies an environment cause for the loss, in that it does not encompass, for example, severe personality disorders, where, in a sense, 'control' never existed. Further, it offers the possibility that, theoretically at least, 'control' might be restored.
8. Home-Start seeks to provide 'support' for such families, while at the same time offering a positive educational stimulus and input for the children. It could thus be regarded, over-all, as aiming to strengthen the parent-child bonds or relationships. More broadly, I believe that it actually aims to restore 'control' to the family, to a point where it can again - or perhaps for the first time - function as a healthy, child environment."

Discussing the 'support process', Van der Eyken sees it as positive, non-threatening, and growth orientated. An initial period of the development of attachment to the befriender leads to identification with them, at which time the befriender may challenge what the mothers do, either by what they do themselves, or by direct comments. For some mothers the process is smooth, but for others, with more adverse early life experiences that have led to difficulty in trusting others, there may be an initial period of greater or lesser duration during which the mother tests the befriender. If successful, it is followed by a period of more intense dependency. The testing has been used to establish that the volunteer does indeed have a personal commitment to them. Conclusion of the relationship can become more difficult, with some spontaneously recognising

it as time for them to cope with less support. For others, the volunteer will initiate a move to less intensive contact.

Perhaps because the volunteers may come from different social circumstances from the mothers who are befriended, the befriending relationship in this scheme does not often lead to a fully reciprocal friendship. However, Van der Eyken points to the Home-Start playgroups and parental discussion groups as a forum where mothers can develop relationships with other mothers.

Newpin

“Newpin is an independent voluntary organisation working with parents or other main carers suffering from depression or emotional distress who are at risk of abusing, or who actually abuse their children, emotionally or physically” (Evans, 1991). It was originally conceived as a befriending scheme showing many of the features of Home-Start, but adapted to an inner-city area and with a special focus on the prevention of child abuse and neglect. Although befriending remains an important component of the scheme, the training originally devised to prepare mothers for befriending is now available as an experience that does not necessarily lead to matching with another woman.

Newpin was originally set up in January 1982 in the deprived inner-city area of Walworth in south London. Six more Newpins have now been established in inner London, and two further afield. A national organisation and network was launched in 1991. The original coordinator, Ann Jenkins, was a former local health visitor with some counselling training, but all subsequent staff have been recruited from within Newpin itself. Referrals are received from health visitors, social workers, and other local agencies, or are self-referred, and each is first assessed at home for suitability for Newpin's approach. Depending on need, the referral client may then be offered help from a befriender, attendance at the ‘drop-in’ (opportunities to attend the centre outside training sessions), a client group, or individual counselling or therapy. Many members later go on to undertake training as volunteers, sometimes soon after entry, or sometimes after a fairly lengthy period of support.

The volunteer training now consists of two half-days per week over six months. One session consists of lectures and workshops on topics such as child development, play, marriage and childbirth, problems in parenting, and the befriending relationships. The other consists of a self-development group run by a group therapist, in which members are

encouraged to explore current and past relationships and to come to terms with earlier trauma and loss. At the conclusion of training, volunteers are assigned to support new clients and continue to receive weekly supervision while befriending. Some experienced volunteers have now gone on to train as coordinators for new Newpins, undertaking a two-year, full-time, in-service training, which includes a counselling course, theoretical teaching, and a work placement.

Evaluation of volunteer intervention

Evaluation of psychosocial intervention in the field of mental health is of great importance, but there are many difficulties in the methods used. These are highlighted in the case of voluntary projects. The scheme may consider that assessment will threaten financial liability if the research report is unfavourable, or that investigations will disrupt good practice. The researchers may be unable to control both the intervention and the sample to be studied, so that the quality of the intervention is not assured and randomisation of subjects may be impossible to achieve. Appropriate contrasting interventions can be hard to find. If controls are taken from another location then it may be questioned whether they are comparable, and independence of assessment will be difficult. A further issue is the need for sufficiently extended follow-up.

Pilot study

In the pilot study (Pound & Mills, 1985), a small group of volunteers and their matched referrals were assessed before, and six months after, befriending. The pilot made clear that mothers, whether volunteers or referrals, were generally enthusiastic about the project and reported considerable improvements in many areas of their own life.

An important question which arose from the pilot investigation was whether befriending schemes such as Newpin can change the quality of the relationships between mothers and children, as well as improving their sense of wellbeing.

The aim of the main study was therefore to evaluate the befriending scheme with particular reference to the effect on the parent/child relationship.

Systematic research evaluation

Research evaluation of services run by professionals in the health or social services is rare. A variety of monitoring is quite commonplace and certain specific treatments have had research evaluation,

but this is not the same as testing whether a service achieves what it sets out to do. Newpin had the courage to make the attempt, and the Department of Health provided resources to make it possible for the research team engaged in the pilot study to carry out a more systematic evaluation.

The question arising from the pilot investigation – whether Newpin was able to change the quality of parent/child relationships – is a question of central importance for a wide variety of interventions to help families with young children, and is a particularly salient issue in the field of child abuse and neglect.

It was natural that Newpin would hope that any evaluation would demonstrate the value of their work. At one level there is no need for further justification: the women's commitment to the scheme and the outcome of the pilot gave solid indications of the worth of the project. But to be useful, evaluation does not just ask the question whether what being done is good or bad, rather it asks the question whether something that is known to be worthwhile can be improved.

The research used stringent methodology and established methods of measurement (Cox *et al*, 1991). In addition to a group of 40 Newpin mothers and their children, a comparison group of 24 mothers and children was found, through health visitors, in the inner-London district of Tower Hamlets. There were plans to develop a Newpin within that district, so it seems reasonable to ask how the 'comparison families' would have benefited if they had been involved in a Newpin over a similar period to the 'Newpin families'.

The Newpin families consisted of two main groups: referrals for befriending who were fresh to the project, and those entering training as volunteers, of whom many had had quite extensive experience of the project before entering training. The constraints of the research and funding meant that it was only possible to assess the mothers and children across an interval of some six to eight months, during which the new referrals had the opportunity for befriending, for attending the drop-in and, in some instances, for attending a mother's group that was not a training group.

Unlike the pilot project, the volunteers were not matched with the study referrals but were assessed across their period of six months training. In some instances, these mothers had a short experience of being befrienders following this. The pilot suggested that the whole experience of training was an important one because there had been indications that those who had been trained and who had been working as volunteers recorded more improvements than new referrals. However, it could be that it was the

experience of befriending others, rather than the training, that was the most helpful – it was not possible to assess this.

Within the comparison group of Tower Hamlets, most of the mothers were assessed by the coordinator of the Walworth scheme, or her colleagues, so that it was possible to assign the mothers to those who would have been taken on as referrals and to those that might have entered training as volunteers.

As in the pilot phase, there was extensive interviewing of mothers in their homes, both at the beginning and at the end of the study period. This interviewing included some questioning about the mothers' own childhoods, as well as their current circumstances, their children's developments, their own and their partner's mental health, inter-parental relationships, environmental stresses, and social support. In contrast to the pilot, both interviews were conducted with each mother by members of the research team, and it was different members who interviewed at the two different points in time.

Questioning about the experience of Newpin was kept to the end of the second interview in order to reduce bias in the interviewer, who had no knowledge until this point of the extent to which any mother and child had been engaged in the project. However, the most important difference from the pilot study lay in the assessment of the mother/child relationship. Bath times and meal times were filmed at home, on each occasion for an hour, at the beginning and end of the study period. These films were assessed by members of the research team who had done neither the filming nor the interviews for those subjects whose films they were assessing. When reviewing the tapes the assessors had no knowledge of whether the mothers came from Newpin or Tower Hamlets, nor even whether the tape had been taken at the beginning or end of the study period.

The detailed observational method had been developed from an established approach (Downey *et al*, 1984) over a period of some 12 years and had been shown to be reliable between assessors and valid in discriminating between different mother/child dyads in their quality of relationship. Scoring is of particular interactions, but the measures can be grouped conceptually according to seven dimensions of parenting:

- (a) anticipation of the child's needs, both emotional and physical
- (b) the promotion of autonomy in the child
- (c) the emotional climate – whether there is warmth expressed towards the child
- (d) stimulation of the child and whether it is contingent

- (e) the child's distress and the mother's containment of it
- (f) the extent and nature of conflict
- (g) mutual cooperation and negotiation between mother and child.

Appropriateness to context and the child's stage of development were taken into account in coding.

What emerged from this exercise? There were both encouraging findings and important lessons to be learned (Cox *et al*, 1990). Some of these lessons appeared to be of considerable importance, not only to Newpin and other volunteer schemes, but also to family centres and other projects aiming to improve the quality of family life for parents and young children. Some of what emerged came from the more formal data, while other important feedback was drawn from comments of individual mothers. Some of the findings are as follows.

(a) Schemes such as Newpin can recruit and sustain work with mothers who are experiencing serious current adversities, but who, in most instances, have themselves had very troubled childhoods involving, for example: separations from parents (40%), placement in care (33%), or physical or sexual abuse (35%). Half had experienced more than two years of significant mental ill health, sometimes extending back into the teenage years, or even childhood. Two-thirds were currently clinically depressed, and half had discordant relationships with partners.

(b) Mothers recruited to Newpin who had experienced, or were experiencing, considerable adversity were nevertheless trainable as volunteers; indeed those who had experienced more adversity or mental health problems were more likely to sustain their involvement in the scheme.

(c) The professional element is very important in voluntary work. Some mothers (30% at the time of the study) did not sustain significant involvement with Newpin. This may have been a larger proportion than at other periods in Newpin's history. From the mothers' comments there were two important factors: firstly, there were occasions when the supervision of the volunteers' work was inadequately sustained; secondly, there was a period when some newcomers felt that it was difficult to break into already established groups within the organisation.

(d) The experience of Newpin had a more striking effect on those mothers who were fully involved with it, than with other mothers. Almost without exception, the involved mothers described changes in themselves, particularly in the areas of self-esteem and control over their lives. These changes were associated with improvements in maternal psychiatric state.

(e) Significant improvements in the psychiatric state of mothers occurred where they had between 7 and 12 months' involvement. Those with longer involvement had already changed by the start of the study. Those with less involvement changed less, so that it appeared that more than six months' involvement was necessary for this to effect improvements in mental state. There is therefore an important question of the time-scale of interventions of this type. This comment is also relevant to the time-scale of the research, which allowed for a much briefer follow-up than the research group originally proposed. This study (and others) has brought home the manner in which the benefits of various interventions may not be appreciated till a later stage, indeed beyond the time that they have formally ceased (Kolvin *et al*, 1981).

(f) Changing parent/child relationships is difficult. Overall, there were significant improvements in the mothers' ability to anticipate their children's needs. There were changes in other areas, but they were not statistically significant. These broad findings concealed that, on the one hand, there were undoubtedly some mother/child pairs who changed quite dramatically, but on the other there were some, including some who had been involved in the scheme well before the study period, who made no improvement and in whom the relationship between parent and child remained unsatisfactory.

There were important limitations of the evaluation, not least that the time period over which it took place was far too short, and that it was not possible to explore the value of mothers taking part helping other mothers. But these limitations do not vitiate the main findings. The Newpin project shows the way in which women with young families struggling against considerable adversity in their current lives and with the burden of having experienced a troubled childhood can build their confidence and self-esteem in a fashion that professionally run services may find harder to achieve (Nicol, 1988; Stevenson *et al*, 1988; McGuire & Earls, 1991). But if a volunteer organisation is to attempt to meet the needs of such children and their families, there must be a core of professionalism in the way that the project is conducted in order to sustain contact with those who may be less readily engaged. The big challenge remains in the improvement of parent/child relationships. Here the professionalism comes in the ability to recognise where one may have been unsuccessful, so that something new or more intensive can be implemented within the scheme, or the family can be encouraged to seek help elsewhere. Newpin has taken this issue to heart and is introducing new approaches based on the research to help

those mothers and children whose unsatisfactory relationship patterns have become fixed at an early age.

Conclusion

It is clear that befriending for mothers with young families can encompass a number of different processes incorporated in varying types of organisation. Different families may benefit from different types of schemes. It is important that the schemes recognise their limitations and have appropriate links with professional organisations, who in turn understand the valuable contribution that can be made by such voluntary projects.

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