



GIVE me STRENGTH

A major campaign from 4Children to avert family crisis



# Crash Barriers

A new approach  
to preventing  
family crisis

LAUNCH REPORT

**Every year 28,000 children go into care in England. Millions more have their chances of success in later life diminished by growing up in families facing serious and multiple challenges with little or no practical help. Yet research shows us that these crises can often be prevented if the right help is available at the right time.**

The system is not working in a way that makes prevention a reality, with parents too afraid to ask for help for the risk of being labelled as 'failing parents' and services still focused on dealing with parents only when they have hit crisis point. The viewpoint of individual services also remains too narrow with the needs of the whole family often ignored unless children are deemed 'at risk'.

**Crash Barriers** argues for a new approach to support for families which tackles these system failures head on.

It also calls for a new focus and response to protect families from harmful factors that we know are most prevalent. The major risks for families are known and visible in child protection cases throughout the country. 1 in 8 new mothers in the UK experience maternal depression; 1 in 11 children in the UK are living with parental alcohol misuse; 1 in 16 children in the UK are exposed to domestic violence in the home. These problems

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can have devastating consequences for the family but too often remain hidden with families suffering in silence until crisis hits. When these problems are addressed the solution is often limited and restricted – focusing on the distinct problem in isolation rather than the underlying causes.

**Crash Barriers** calls for an end to this waste to lives and the economy. It sets out five key changes which have the potential to transform opportunities for the thousands of families struggling to cope with the difficult and complex problems they face.

**We have the knowledge and ability to help prevent family crisis. We must use it.**

[www.givemestrength.org.uk](http://www.givemestrength.org.uk)

# Wasting money, wasting lives: why we need to take action

Ask a parent – any parent – what they want for their children and they will tell you that they want them to be happy, healthy, to be able to get on in life. They want to do the best they can for their children in the hope that they will grow into happy and fulfilled adults. Research for The Family Commission in 2009-10<sup>1</sup> showed that the vast majority of families were a source of love, strength, protection and resilience as well as a vital source of practical help and advice.

But, we also found that almost no family was completely self-reliant and with most telling us that they used a network of family, friends, voluntary and statutory services to help them bring up their children and support their family. This is especially true when families are facing tough times.

For all families, an event like a bereavement, family break-up or redundancy is filled with challenges and can have life changing implications. Nevertheless, most will find a way to cope and pull through. For those families with a toxic mix of problems; including addiction, serious mental ill-health, domestic violence and poverty, these life events can be catastrophic and can compound existing problems to see life spiral out of control. For these families, their children, their community and society as a whole this has a serious social and economic cost.

The good news is that families – even very vulnerable families – have strengths, most obviously the pervasive desire to do what is best for their children. If we could get better at building on these strengths, intervening earlier before problems become crises and understanding risks and protective factors; then we could build stronger families, happier children and flourishing communities. It would be an end to wasting money and wasting lives.

Thanks to the reviews from Graham Allen MP, Frank Field MP and Eileen Munro, there is now strength behind these arguments. Research undertaken for 4Children's Give Me Strength campaign<sup>2</sup> shows considerable public support for the notion that with the right kind of help and support, families that are struggling are capable of getting back on track.

Moreover, 70% of people surveyed agreed that more public money should be spent on preventing problems and keeping families together rather than focusing overwhelmingly on families already in crisis. Yet, this is still not the reality of how the vast majority of public services deliver, how professionals are trained or how families are supported.



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## **This has got to change. We cannot afford to wait.**

The scale of change that is required should not be underestimated. This report argues that there are three areas of policy and practice which should be prioritised for action. These are:

1. Maternal depression
2. Domestic violence
3. Parental alcohol abuse

We contend that addressing these issues with a proactive, early intervention and family-focused approach has the potential to pay huge dividends to children, families and the Exchequer. And we believe this approach, which incorporates 'family focus' with early intervention measures, offers the key building blocks for a more effective way of dealing with parental problems in the future.

This is the first in a series of publications which will form the evidence base for 4Children's Give Me Strength campaign. For further information about the campaign go to [www.givemestrength.org.uk](http://www.givemestrength.org.uk)

1) The Family Commission (2010)

2) Consumer Analysis Limited Survey (2011)

## The extent of the problem and what we know about risk factors

There is strong evidence to show that growing up in a family with parents who have health, social and economic disadvantages has significant long-lasting effects on children's lives.<sup>1</sup> Around 117,000 families in England experience multiple social, economic and health problems and 46,000 of these families have problems with their children's behaviour.<sup>2</sup> But research tells us that there is a category of parental 'risk factors' that should be of particular interest to those who wish to prevent family crisis and improve children's life chances because: a) they are particularly prevalent, that is, they occur in families across all social groups rather than being confined to a small or distinct part of the social spectrum; b) they can have a more detrimental long term impact on families and children; and c) they are inter-linked. More importantly, they are 'risk factors' that any parent could experience at any one point.

1) Ermisch et al, 2001; Forester and Harwin, 2008; Cabinet Office 2008; Marmot Review, 2010

2) Children's Workforce Development Council (2011)

## Maternal depression

- Maternal depression can occur during pregnancy and up to a year following child birth.
- Up to 15% of new mothers (1 in 8) experience maternal depression<sup>3</sup> but despite this it remains a neglected aspect of ante-natal advice and care.
- A history of depression increases the risk that a new mum will experience post-natal depression and history of postnatal depression carries risk of more than 30% in further pregnancies.
- Maternal depression has also been shown to have a longer term impact on children's outcomes, and can affect children's behavioural outcomes at age three, subsequently cognitive outcomes at age five and have longer term impacts.<sup>4</sup>

## Domestic violence

- An estimated 750,000 children (1 in 16 children) in the UK are exposed to domestic violence in the home.<sup>5</sup>

3) Gloucestershire's Strategy for Maternal Depression 2005-2010; Knapp et al, 2011

4) Hobcraft and Kiernan (2010)

5) Department of Health (2002)

## Alex's story ... give me strength to overcome depression and be the best parent I can be

Alex had been struggling for years to get pregnant with her partner, when finally on their last attempt it happened. Their relief and excitement was cut short when Alex discovered she was suffering from a type of blood cancer needing immediate treatment. Alex gave birth prematurely at 30 weeks but then underwent intensive treatment meaning she was unable to care for the baby she had so strongly fought to keep.

With her self-esteem at rock bottom due to hair loss and scarring Alex found it difficult to catch up on the time she had missed to bond with and care for her baby. Steve worked long hours and as they had recently



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moved away from her home town, she had no friends or family around to support her. Alex felt like there was no way that she could cope and no one she could turn to.

Isolated and feeling lost and hopeless, Alex attended her local Children's Centre. There she was warmly welcomed with the help and support she needed – working one-on-one with support workers to build her self-esteem and offered information about how to care for her premature baby.

As time passed Alex grew to be the confident life and soul of the new group of friends she made at the Centre. She has been given the all clear from cancer and her baby, just over a year old now, has been developing well. Alex says that the support she received kept her going when she was at desperately struggling to cope.

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- In 2009-10, 68% of the women who used Women's Aid services (for domestic abuse) were parents and/or pregnant.<sup>1</sup>
- More than 30% of domestic violence cases start during pregnancy<sup>2</sup> and it is more common for domestic abuse to occur in families with younger children than older age groups.<sup>3</sup>
- If a woman is assaulted by her partner there is a high probability that her children will be abused too.<sup>4</sup>
- As many as 52% of children in some local authorities are subject to child protection plans as a result of domestic abuse.<sup>5</sup>
- Domestic abuse is also one of the most common causes of mental health problems in women. In addition, children who witness domestic abuse (most children are either in the same room or in the room next door) tend to have more emotional and behavioural problems than children who live in non-abusive environments.<sup>6</sup>

### Parental alcohol abuse

- Up to 1.3m children (1 in 11 children) living with parental alcohol misuse.<sup>7</sup>
- Parental alcohol abuse is five times more common than drug abuse within families.<sup>8</sup>

1) Women's Aid (2011)

2) Lewis et al, 2001

3) Brown et al, 2003

4) NSPCC (2008)

5) Plymouth Multi-Agency Strategy for Tackling Domestic Abuse 2009-2012

6) Home Office (2004)

7) Turning Point (2006)

8) Turning Point (2006)



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- Children whose parents misuse alcohol are more likely to experience behavioural, school-level and emotional difficulties than children whose parents have other mental or physical health problems.<sup>9</sup>

Behind these statistics are children and their families on the edge of crisis; many of whom will struggle to overcome their problems without practical, empathetic and non-stigmatising help and support.

More importantly, intervening early and helping these families to overcome their problems caused by, or associated with, maternal depression, domestic violence or alcohol abuse can bring:

- Benefits for families – enabling them to live safe, happy and fulfilling lives.
- Benefits for society – leading to less family breakdown, fewer children in care and reduced problems with anti-social behaviour.
- Benefits for the taxpayer – with tangible, long-term financial savings.

9) Tunnard (2002)

### The growing number of children in care

In the year ending 31 March 2010, a total of 64,400 children were looked after by local authorities in England: a rate of 58 per 10,000 children under the age of 18. The absolute number of children looked after has increased by 7% since 2006 to 60,300.

The reasons why children are looked after range from abuse and neglect through to a need to offer parents or children a short break because of severe disability.

In 2010, the main reason why social services first engaged with looked after children was because of abuse or neglect (61%), with family-related issues making up the majority of the rest of cases; a consistent pattern over the past five years.

In the 2009/10 financial year around £3 billion (gross expenditure) was spent on looked after children's services in England. Both the total expenditure and the cost per looked after child have increased year-on-year since 2000/01.<sup>1</sup>

1) House of Commons Library (2011)

# Building blocks for a family support system

Graham Allen's review (2011) emphasised the importance of early intervention and the subsequent social and economic benefits to society.<sup>1</sup> In addition, Allen's review, alongside Frank Field's review also suggested that interventions for families become more costly and have diminishing returns the later you leave it.

But families tell us the present system works against prevention, meaning that these problems stay behind closed doors until crisis occurs with enormous consequences for children and parents.

1. In the early stages, when problems are manageable, families seeking help find they are passed from pillar to post because services are not joined up.
2. The thresholds for accessing services are high, and rising because of spending cuts, so families seeking help find that they do not qualify for help and support because their problems are not sufficiently 'severe'.
3. As soon as the parental problems escalate, self-referral is rare. Parents fear being stigmatised as 'failing parents' by professionals and their communities. Some parents fear that they may lose their children if they admit to experiencing

1) See p.15 of Graham Allen's Review

serious problems, and children worry about losing their parents and families if they seek help or raise the alarm.

It is never too late to help. The good news is that whilst intervention gets more expensive and less effective the later it is implemented,<sup>2</sup> research shows that there does not appear to be a 'threshold' or 'point of no return' for interventions beyond which it is 'pointless' or hopeless.<sup>3</sup> This recognition of the strength and ability of individuals to turn around their lives is also strongly supported by the public. **95% of people surveyed for the Give Me Strength campaign<sup>4</sup> think that most families in crisis are capable of turning their lives around, with some help and support.**

## What children say

Research from the NSPCC<sup>5</sup> and Women's Aid<sup>6</sup> about the impact of parental problems, such as depression, domestic abuse and parental alcohol abuse on children, found that they were much more aware of parental problems than their parents realised but that they did not always understand what was

2) Graham Allen Review (2011)

3) Appleyard et al, 2005

4) Consumer Analysis Limited Survey (2011)

5) Gorin (2004)

6) Dwyer (2009)

## Costs to society of not addressing these problems

Not intervening early is very costly:

- For families experiencing five disadvantages – depression, alcohol misuse, domestic violence, periods of homelessness and involvement in criminality – the costs to the state is between £55,000 to £115,000 a year (HM Treasury). [These figures reflect the costs for parents only.]
- The health and social care costs of post-natal depression are around £45m for England and Wales (NICE, 2007).
- Treating physical injuries and mental health problems as a result of domestic abuse cost the NHS almost £1.4bn a year (Making the Grade, 2006).
- For children who need additional support the costs are much larger:
  - Children looked after in foster care: £25,000 per year placement costs.
  - Children looked after in children's home: £125,000 per year placement costs.
  - Children looked after in secure accommodation: £134,000 per year placement costs. (Department for Education, 2010)

happening and why. Interviews with children have shown that children worry about their parents (once again more than the parents realise) and in some cases are anxious about their parent's safety.

*"I usually, like, watch her [mum] a bit more when she's feeling depressed. Half the time I don't realise I'm doing it, but I do." (13 year old) <sup>1</sup>*

But research with children also reveals the emotional turmoil in their lives as they are torn between the love and loyalty they feel towards their parents, and frustration and resentment because of restrictions placed on their lives.<sup>2</sup> Children have reported feeling depressed, isolated, finding it difficult to make friends and being worried about the stigma attached if people find out about their parents' problems.

Children living with domestic violence and alcohol abuse, in particular, experience chaotic and unpredictable lives, and often find it difficult to concentrate at school. Many children also end up taking practical responsibility for their parents, particularly when there are younger siblings to take care of. Above all, interviews with vulnerable children

reveal that what they want the most is safety, both for their parents and themselves, followed by someone that they can trust and talk to.<sup>3</sup>

Most importantly, the research with children living with domestic abuse, parental substance abuse or parental depression shows that they have remarkable resilience and can heal from terrible experiences – with the right kind of help.

### What parents want

Depending on the extent (and causes) of parental problems needs may vary greatly, from practical help with running their home to making appointments for advice and treatments. Overall, research shows that vulnerable parents need several levels of help: practical, professional, emotional and a social network support.<sup>4</sup> This includes:

- Information and the opportunity to discuss their depression, alcohol misuse or domestic abuse problems and the possible impact these may be having on their children.
- Information about, and the opportunities to discuss the range of interventions available and the best options for them and their families.
- A named link/health visitor who will be the main point of contact throughout.
- Home-based help for parents varying from help with domestic chores to a more organised routine for children.
- Advice or advocacy on issues that trigger some of the problems that they are experiencing.
- Practical and emotional support for both children and their parents as a result of their problems.

Research for The Family Commission carried out by 4Children found that almost half of parents said they wanted more advice and information when things go wrong.

### How are people falling through the cracks?

For too many families, their experience is of a system that is often ill equipped to offer them the support they need. This report has already described how high thresholds for family support limit families'

1) Aldridge and Becker (2003)

2) Mullender (2004)

### What are the 'protective factors' that help children cope in adverse circumstances?

- A stable relationship with a parent who is not suffering from alcohol misuse or depression problems, or another adult
- The identification of relatives, or another adult to provide continuity of care, or planned respite periods
- Routines and boundaries
- Parents and older children understand their difficulties
- Positive influences in school
- Friendships
- Recreational activities so that they can enjoy and benefit from normal activities
- The maintenance of self-esteem and coping skills

Source: Tunnard, 2002:47

3) Gorin (2004)

4) Research to Practice Notes (2006) and Turning Point (2006)

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ability to get help as problems develop. But specialist services when they are provided also often fail to consider the needs of the family as a whole.

Specialist services, such as those dealing with adult alcohol abuse or depression, will often fail to consider the wider family circumstances – unless there is a risk to the child. Even then, the impact of parental problems can be under-estimated, a problem that is all too evident in a number of cases in Serious Case Reviews. Parents tell us that they feel trapped because services are inflexible, not supporting their role as parents, and not meeting the needs of the whole family. It is noteworthy that there are only 59 projects or initiatives in the whole of the UK aimed at supporting both children and parents affected by alcohol abuse.<sup>1</sup>

Compartmentalising problems in this way limits the ability to help families resolve the causes of their problems. This is compounded by an approach by statutory agencies and social workers which can often focus too narrowly on assessing and

quantifying ‘risks’, rather than thinking more broadly about the range of family support that could help. This point, about focusing too much on risks, was highlighted in Eileen Munro’s review which argued that social workers “differentiate those aspects of poor parenting that tend to be correlated with adverse outcomes for the child from the less damaging ones”.<sup>2</sup>

Whilst there is no question of not prioritising the needs of a vulnerable child if they are ‘at risk’, we must also think of the long term interests of families and children when the ‘risks’ are less damaging and potentially manageable. Professionals working with such families must work with the family to identify the mix of support that families need to get back on track, meet their children’s needs and hopefully stay together.

**Until specialist services work more broadly and link up with ongoing universal and targeted services to help families to overcome their problems, they will continue to fall through the gaps.**

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1) Turning Point (2006)

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2) Eileen Munro Review p.12, 2011

# What has been shown to work with families?

## 1. Pro-active non-stigmatising family centred services

Evidence from successful local programmes suggests that a ‘tailored, family centred approach’ produces the most effective results for families.<sup>1</sup> As we have argued, a child protection focus, whilst clearly necessary in some cases, can deter families from universal and targeted services, as parents fear being stigmatised as part of the referral process.<sup>2</sup> Key components and principles of successful programmes such as Family Intervention and Family Nurse Partnerships are based on whole family interventions, and start from the family’s strengths.

Family Intervention Programmes in particular, are demonstrating strong success. 79% of families are considered to have a positive outcome such as a reduction in poor parenting, marriage or family breakdown or child protection issues. And with costs of around £14,000 per family per year and savings of around £50,000 per family per year,<sup>3</sup> there are clear economic incentives to invest more in this approach. Moreover, outcomes are sustained and indeed improve 10–14 months after intervention.<sup>4</sup>

## 2. Recruitment and retention of case/key worker

Research shows that it is important to work with a vulnerable family for as long a period as necessary (average 12–18 months) as it is not a question of

1) Cabinet Office (2008)

2) Batchelor et al (1999)

3) Parrot and Godfrey (2008) and DFE Presentation, 2010

4) Cabinet Office (2008)

## Family Nurse Partnerships

Family Nurse Partnership programmes, such as intensive and structured home visiting delivered by specially trained nurses for young first time mothers, are considered valuable investments. In an international review by the Lancet in 2008, Family Nurse Partnerships were identified as one of only two programmes that prevent child maltreatment. Significantly, the Family Nurse Partnership programme is also cost-effective with US savings of \$3-5 return for every \$1 invested.

## Factors that protect families and help support wellbeing

- Nurturing and attachment: Building a close bond helps parents better understand, respond to, and communicate with their children
- Knowledge of parenting and child development: Parents know what to expect at each age and how to help their children reach their full potential
- Building resilience: Recognising the signs of stress and being able to solve problems helps families build their capacity to cope
- Social networks: Parents with strong networks of family, friends, and neighbours have better support in times of need
- Practical support: Financial, debt management, housing, and health support helps families thrive

how long a key worker works with a family per week, but how long the work is sustained for.<sup>5</sup> A key worker should also have small case loads (four to six families at a time) as this builds, and there should be scope for key workers to use resources, such as family budgets, flexibly to address bespoke needs.

## 3. Parenting and relationship programmes

Interventions that include home visiting and parenting programmes that focus on creating positive home environments have been shown to be particularly effective in reducing parental alcohol abuse.<sup>6</sup> The Incredible Years BASIC parenting programme focuses on improving self-esteem and practical skills for parents to improve parent-child relationships. Evaluations of parents taking part in the programme show that they experienced greater confidence, reported less stress and isolation, and developed a better understanding and management of children’s behaviour at home. These benefits appeared to be sustained 12–18 months after the

5) Dixon et al (2010)

6) Research to Practice Notes, October 2006

programmes.<sup>1</sup> The Frank Field Review (2010) also highlighted the importance of creating positive home environments and strong, positive parenting.

Targeted programmes such as One Plus One Brief Encounter training courses which train primary care practitioners including Health Visitors, GPs and Midwives to identify relationship difficulties and guide couples to appropriate services have also been deemed successful in terms of preventing serious conflict between couples with children.<sup>2</sup>

#### 4. Personal Support Networks

Personal and community support networks help support parenting and increase the success of Family Support programmes.<sup>3</sup> Support networks can buffer parents from stress and help give them the advice, support and confidence to parent more effectively. A majority of families benefiting from befriending schemes such as Home Start report increased confidence and self-esteem.<sup>4</sup>

#### 5. Targeted programmes for parental alcohol misuse, maternal depression and domestic violence that take a whole family approach

There is strong evidence to suggest that targeted programmes on single parental risk factors which take a whole family approach can be very cost-effective

in turning around parental problems. An evaluation of the Family Alcohol Service, for instance, showed that parents and children reported more ability to cope, improvements in family functioning, better communication within the family and regaining a sense of childhood. Moreover, it is argued that the success of the Family Alcohol Service lies in its multi-disciplinary team strengths (including co-working, peer support, debriefing and supervision and support from a manager) and the holistic and positive focus on families and what's going on in the family.

### Building on what already exists

We do not begin this journey at year zero. Children's Centres and the newly focused Health Visitor programme offer a solid platform from which to develop. The Give Me Strength campaign endorses the recommendations from the Munro review which argued that Children Centres and Health Visitors should be core contributors to early intervention. But there is an important distinction between early intervention and early years. So whilst the nature of parental alcohol misuse, domestic violence and maternal depression all suggest that pregnancy and early years services are ideally placed to lead a new way of working (because these problems often appear or deteriorate in pregnancy or post-pregnancy), it is important to recognise that vulnerable families with children over the age of five are also in desperate need of support.

1) McDaniel et al (2009)  
2) Simons et al (2001)  
3) De Panfilis (1996)  
4) Armstrong and Hill (2008)

### Creating Children and Family Centres

4Children believes that Children's Centres should be extended to become Children and Family Centres to help vulnerable families develop long term coping mechanisms to prevent crisis:

#### **They are already undertaking preventative work:**

in some areas Midwives and Health Visitors are already on site doing outreach work for expectant mothers and those with young children; providing advice and information; linking with social services and already undertaking multi-agency work.

**They are a neutral location** for all families with younger and older children, and there is no stigma attached for parents who may have additional problems.

**A trusting relationship** already exists between families and Children's Centres, and this is particularly core to disclosure from a victim of domestic abuse.

**Most Children's Centres already offer parenting programmes** which could be adapted and targeted to help parents with additional problems.

**There are already many examples of good practice** with Children's Centres. Some Children's Centres have had local women's aid organisations as a member of their multi-agency group; others have run programmes such as INTERCEPT and FREEDOM for people experiencing abuse. Some Children's Centres are already providing specialist groups for mums suffering post-natal depression.

# Putting the Crash Barriers in place to prevent crisis

Children's research shows that support for families needs to become a priority – locally and nationally – from early intervention to specialist support.

At the heart of this support lies the need for a whole family, strengths based approach which gets behind families to help them overcome their problems and flourish. This means professionals working together

to intervene early – identifying families who need help and combining their efforts to support families to resolve their own problems and flourish.

Furthermore, a new understanding and response is needed to the key three 'parental risks' that are prevalent yet often hidden; maternal depression, parental alcohol misuse and domestic violence.

## Crash Barriers demands that there is a new focus on preventing family crisis by taking action in the following five areas:

**1 Central and local government to take action to put families first and deliver a wholesale change from the crisis management of families' problems to prevention.** This means support for all families and specialist support for those families with complex and multiple problems, with a new approach from services to offer families practical help and support to tackle problems early as they develop. A crucial first step is to extend Children's Centres to become Children and Family Centres, providing continuous support for families as their children grow up.

**2 Professionals and providers to increase their focus on supporting families and preventing family crisis and breakdown,** including more help for parents to overcome domestic violence, maternal depression and parental alcohol abuse. This means

more awareness training to understand the impact of these 'parental risks' on the whole family; a more effective approach which builds on families' strengths and a greater understanding of the key role of all professionals in early identification and referral of these families to the relevant services.

**3 Increased support for parents who have maternal depression, alcohol misuse and relationship conflict in neutral locations** such as Children and Family Centres, so it becomes normal to ask for and receive help for these problems at the earliest opportunity.

**4 Training in family risk factors and whole family solutions for the new cohort of 4,000 Health Visitors** to enable them to fulfil their potential in a web of joined-up, preventative support for vulnerable families.

**5 Parenting support included at the heart of specialist programmes** for parents with single or multiple risk problems.

Family dramas don't have to become crises. Sign up to [www.givemestrength.org.uk](http://www.givemestrength.org.uk) to help families get the support they need now.

## References

- Aldridge, J. and Becker, S. (2003), Children who care for parents with mental illness: the perspectives of young carers, parents and professionals.
- Appleyard, K., Egeland, B., van Dulmen, M., & Sroufe, L. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry*, 46(3), 235-245.
- Armstrong, C. and Hill, M. (2008) Support Services for Vulnerable Families with Young Children. *Child and Family Social Work*. Vol 6, Issue 4: 351-358
- Batchelor, Gould and Wright (1999), Family centres: a focus for the children in need debate. *Child & Family Social Work*, 4:197-208.
- Brown, B.V., and Sharon, B. (2003) 'Violence in the Lives of Children', *Cross Currents*, Issue 1, Child Trends DataBank, August 2003.
- Cabinet Office (2008) Think Family: Improving the Life Chances of Families at Risk, Social Exclusion Task Force, Cabinet Office.
- Children's Workforce Development Council (2011) *Parents and Families: Supporting Families with Multiple and Complex Needs*
- Consumer Analysis Limited Survey (2011) *Children in Crisis: A report for 4Children in the interests of families with multiple problems*. April 2011.
- Dearden, C and Becker, S. (2000) *Growing up Caring: Vulnerability and Transition to Adulthood – Young carers' experiences*. Joseph Rowntree Foundation
- De Panfilis, D. (1996) Social Isolation of Neglectful Families: A review of social support assessment and intervention models. *Child Maltreatment*, February 1996, 1:37-52
- Department for Education (DFE) (2010) *Early Intervention for Families with Multiple Problems*. Families at Risk Division.
- Department of Health (2002) *Women's Mental Health: Into the Mainstream*, London: The Stationery Office
- Dixon, J., Schneider, V., Lloyd, C., Reeves, A., White, C., Tomaszewski, W., Green R., and Ireland E., (2010) *Monitoring and evaluation of family interventions* (information of families supported to March 2010). Research Report DFE-RR044, DFE Publications.
- Dwyer, F. (2009) *Domestic Violence: Children's Perspectives*. NSPCC Conference, 12 May 2009. Women's Aid National Office
- Edwards, R et al, (2007) 'Parenting programme for parents of children at risk of developing conduct disorder: cost-effectiveness analysis' *BMJ*, 9 March 2007.
- Eileen Munro Review (2011) *The Munro Review of Child Protection. Interim report: the child's journey*.
- Ermicsh, J., Francesconi, M and Pevalin, D.J. (2001) *Outcomes for Children of Poverty, DWP Research Report Number 158*.
- Family Commission (2010) *Starting a Family Revolution: putting families in charge*. 4Children.
- Forester, D. and Harwin, J. (2008) Parental Substance Abuse and Child Welfare: Outcomes for Children Two Years After Referral. *British Journal of Social Work* (2008) 38 (8): 1518-1535.
- Frank Field Review (2010) *The Foundation Years: Preventing Poor Children from Becoming Poor Adults*. The report of the independent review of poverty and life chances. Cabinet Office.
- Gloucestershire's Strategy for Maternal Depression (2005) *Gloucestershire's Strategy for Maternal Depression 2005-2010*. Sue Moos. Gloucestershire Primary Mental Health Service.
- Gorin, S. (2004) *Understanding what children say about living with domestic violence, parental substance abuse or parental health problems*. National Children's Bureau and Joseph Rowntree Foundation, May 2004.
- Graham Allen Review (2011) *Early Intervention: The Next Steps. An independent report to her Majesty's government*. Cabinet Office
- Hobcraft, J.N. and Kiernan, K.E. (2010) *Predictive factors from age 3 and infancy for poor child outcomes at age 5 relating to children's development, behaviour and health: evidence from the Millennium Cohort Study*, University of York
- Home Office (2004) *Tackling Domestic Violence: Providing Support for Children Who Have Witnessed Domestic Violence*. Home Office Development and Practice Report 33
- House of Commons Library (May 2011) *Children in Care in England: Statistics*
- Kendall, S., Rodger, J and Palmer, H. (October 2010) *Redesigning provision for families with multiple problems- an assessment of the early impact of different local approaches*. London: Department of Education.
- Knapp, M. McDaid, D. and Parsonage, M. (ed) (2011) *Mental Health Promotion and Mental Illness Prevention: the economic case*. Department of Health. April 2011.
- Lewis, Gwynneth, Drife, James, et al. (2001) *Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9*; commissioned by Department of Health from RCOG and NICE (London: RCOG Press)
- Local Government Leadership and City of Westminster (2010) *Repairing broken families and rescuing fractured communities: lessons from the frontline*. London Local Government Leadership and City of Westminster
- Making the Grade (2006) *The Second Independent Analysis of Government Initiatives on Violence Against Women*. Amnesty International UK.
- Marmot Review (2010) *Fair Society, Healthy Lives*. Strategic review of health inequalities in England post 2010
- McDaniel, B., Braiden, HJ and Regan, H. (2009) *The Incredible Years Parenting Programme*, Barnado's. No 12 Practice and Policy Briefing
- Mullender, A. (2004) *Tackling Domestic Violence: providing support for children who have witnessed domestic violence*. Home Office Development and Practice Report. <http://www.homeoffice.gov.uk/rds>
- NICE (2007) Antenatal and postnatal mental health: clinical management and service guideline, Clinical Guideline 45, developed by the National Collaborating Centre for Mental Health, London
- NSPCC Northern Ireland Briefing Paper (2008) *Domestic Violence: Child Protection and Impact on Children*.
- Parrot, S and Godfrey, C. (2008) Dept of Health Sciences, University of York.
- Research to Practice Notes (2006) *Parental Alcohol Misuse and the Impact on Children*, NSW Dept of Community Services, October 2006.
- Simons, J., Reynolds, J. and Morison, L. (2001) Randomised controlled trial of training health visitors to identify and help couples with relationship problems following a birth. *British Journal of General Practice*, Vol. 51, no. 471
- Tunnard, J. (2002) *Parental problem drinking and its impact on children*. Research in Practice
- Turning Point (2006) *Bottling It Up: the effects of alcohol misuse on children, parents and families*.
- Women's Aid (2011), *Women's Aid Annual Survey 2009/2010*, Bristol: Women's Aid Federation of England

# GIVE ME STRENGTH

## A major campaign from 4Children to avert family crisis

### About Give Me Strength

Give Me Strength is a national campaign, run by 4Children, which demands more help for families to avert crisis. The social and economic cost of family crisis is avoidable and this campaign demands that we respond to this call to put an end to wasting money and wasting lives.

To pledge your support to the campaign, visit [www.givemestrength.org.uk](http://www.givemestrength.org.uk)

Follow the campaign:

@4ChildrenUK on Twitter – and use the hashtag #givemestrength

Facebook – search for the 4Children Facebook group

[www.givemestrength.org.uk](http://www.givemestrength.org.uk)

### About 4Children

4Children is a national charity all about children and families. We support children, young people and families in communities across Britain.

- Our family outreach workers work with parents in their own homes, providing help, advice and practical support.
- Our specialist teams work to support vulnerable families experiencing drug or alcohol addiction, domestic violence and post-natal depression.
- Our youth workers provide positive and engaging activities in what can be tough circumstances.

For more than 20 years we have worked with families, communities, local authorities and governments to develop new policy ideas and delivery solutions to meet the evolving challenge of supporting children and their families. Our Family Commission talked to 10,000 families across Britain during 2009/10 providing us with a unique insight into family life. They asked us to help give them strength.

[www.4Children.org.uk](http://www.4Children.org.uk)

Information Helpline: 020 7512 2100



#### Crash Barriers: A new approach to preventing family crisis

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