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Introduction

The influence of the biological and genetical make up of children, the circumstances at school, the interactions in the peer group, and the rise of the global means of communication have drawn much attention of child welfare researchers, policymakers and mental health professionals working with children recently, as recent research has proven that these areas exert a significant influence on the well-being and healthy psychosocial development of children in the modern western societies. Despite this, the circumstances in the family undeniably still make up the most significant factor, as a vast body of research has shown that the healthy development of children is largely predetermined by the quality of the living conditions in the family where a child grows up. Year in year out research has shown that adverse circumstances in the family like parental divorce, family conflict, financial and housing difficulties, bad neighbourhoods, parental psychopathology, child abuse and neglect, and bad practices of parenting like being harsh and cool, exert a most damaging influence on children, even in the modern world that uses the Internet.

In this special issue of the journal the focus therefore again is laid on the influence of the family. Family conditions threatening but also promoting the healthy behavioural and emotional development of children will be highlighted, as will be the impact of parenting practices, thus shedding more light not only on the family factors that are adversive for children but also on factors that are beneficial. Also some efforts will be highlighted that aim to prevent adversive family conditions or bad parenting practices coming into being, and some intervention programmes that aim to support parents in their practices to raise children with developmental difficulties.

Feetham starts by raising awareness of the contributions of family-based or parenting programmes to the health of children, and the benefits of the programmes for improved health outcomes for all family members. The factors that make up the family context are identified, and the characteristics of effective family-based interventions are presented with examples. A primary goal of family-based health-related interventions is to increase the ability of the family to fulfill its basic functions. Areas on which examples are given of family-based health interventions are: low birth weight infants and their families, fami-

lies with children with asthma, substance abuse, smoking prevention and cessation. The programmes reviewed in this article document the considerable evidence of what makes up a successful intervention.

Ball analyses seven early intervention programmes in two towns in southern England. Three are closely linked to schools, one works with school-aged children but outside the school and three programmes work exclusively with preschool children and parents in community settings. The evaluative investigation of these programmes is halfway but there is some tentative insight into what they do for parents. It is the social support provided by the programmes which parents value most. The author draws special attention to the phenomenon of dropping out of the programme. Poverty, single parenthood, depression and family isolation are considered as main reasons.

In recent years the number of homeless youngsters has increased considerably in almost all Western societies. Not surprisingly, the phenomenon of homeless youngsters has therefore become an important issue at many child welfare agendas. *Van der Ploeg and Scholte* address the issue of what family factors are associated with youngsters becoming homeless youth. They conclude that almost without exception, homeless youngsters come from severely disturbed families showing high levels of child abuse, neglect and family crisis. Parents of homeless youngsters also often engage in damaging measures in the upbringing of their children. The authors conclude that homelessness can be conceptualised as the result of a prolonged process of multiple negative family experiences. They argue that this conclusion at the same time also holds the key to a solution. Research has shown that many of the modern comprehensive family approaches are rather effective in tackling the problems of multi-problem families. When applied at an early stage, such programmes can also he used to prevent risky conditions coming into being in the families of youngsters at risk of becoming homelessness.

Few studies have examined which profiles of multiple aspects of family functioning are related to boys' offending. *Stouthamer-Loeber, Drinkwater & Loeber* identify four different profiles of family functioning based on measures of supervision, communication, physical punishment, family instability, and parental deviance. They subsequently relate these profiles to the quality of the neighbourhood and also to the age of onset of delinquency. Their analysis shows that the most well adjusted profile was under-represented in disadvantaged neighbourhoods, whereas the profile with the most physical punishment and poor supervision was over-represented. The profile with the highest average score for family instability and, less strongly, poor communication, was most strongly related to early onset (age 4-6 versus age 7-9) These results underscore the need to understand family functioning as a complex of risk and protective factors that in dynamic ways relate to the development of offending behaviour in children.

In most societies parenting emerges as a most fundamental and universal concern. It cuts across nations, generations, social classes, ethnic group, religious or political creeds. *Hoghughi* analyses the background that has led to this unprecedented focus on parenting nowadays in western

societies and addresses the issue of how to raise the next generation better. He determines three core parenting tasks: care, control and development. To fulfill these tasks adequately parents need to have knowledge and understanding of a child's state, needs and capability in the cause of its growth, the difficulties and problems that may befall it and how to cope with them, in each task of care, control and development. Parents further not only must be motivated to raise children, but must also be able to raise children. To this end they must not only have enough material resources (housing, food, warmth), but also be equipped with the skills and the opportunities to adequately care and control for their children.

Finally *Kraemer* addresses the issue of parenting and resilience in children. The author argues that the quality of care one receives in childhood, especially during the earliest year, exerts the most powerful influence on our capacity to manage life's hurdles. However, other times and cultures have valued different strengths, implying that resilience is not a fixed quality. Today has taken the shape of knowing one's own mind and understanding those of others. This type of resilience, which is truly flexible, forms the best condition both for personal mental health and for life in the pluralist and changing society of today. It is based on secure attachment that is essentially generous and open minded, and hard to generate in an unjust or oppressive society. The author further argues that the history of attitudes to children shows that we are only at the beginning of such a child-centered culture.