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*Incorporating the Newsletter of the International Regional
Chapter of the Society for Adolescent Medicine*



Letter from the editor -

Dear Colleagues,

Yes, we are into our anniversary Year! And what an exciting year it promises to be. ...!

We begin the year with a milestone event on 4th February when young mothers, their children and their families meet for a reunion at Youth Support House. These are the young families who formed the cohort of pregnant schoolgirls involved in our longitudinal study of teenage motherhood. So far this study has lasted 15 years and the results are fascinating; sometimes encouraging - girls who have struggled with immense hardship to raise young families; sometimes tragic - young mums who died leaving their parents to bring up their children; but always significant and moving. It is great that so many young mums (over 100) are willing to give time and effort to remain involved and provide us with important data to help the next generation of young girls. The results of the first 'leg' of the study were published in 'Are you my sister, Mummy' and the added information 2yrs to 15 years will be published in the summer - in time for our conference.

The year's events continue with a Charity 'Dog Night' at Catford Stadium on 30th May - this time to raise money for our counselling centre at 3 High Street Penge - We now have three 'shops' in Penge - No 3 (counselling); No 5 (workshop and sales); No 7 'Warm Fuzzies' pet shop project.

The celebration party will be on Friday 21st June 96 - midsummer day - which is exactly 10 years to the day when our first Youth Support event took place - the 'Jamaica benefit' fair. This time we will be having the 'Blues Brothers Experience' instead of Keith's reggae sound system.

The main scientific event of the year will be our day conference at the Royal College of Physicians on 24th October. .. so the year should have something to cater for all tastes ... see you there!

Best wishes,

Diana Birch
Director Youth Support



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Catford Stadium - Catford Bridge 30th May 1996

Meal - Entry - Raffles - Fun!

Details From LISA at Youth Support House

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YOUNG MOTHERS AND HOME-START

Sheila M. Shinman

Department of Education, Brunel the University of West London

This article draws attention to what life is like for some mothers who were schoolgirls when their first babies were born, to ways in which one of the services increasingly available to young families under stress operates to help them and to some of the issues arising.

In the first three months of 1993, 500 families participated in a nationwide study that provides some insights into the needs of vulnerable families under stress. (Shinman,1994). All had accepted help from Home-Start, a home visiting service that offers support, friendship and practical help to families with children under five.

A mere 5% (25/500) of all the mothers were in their teens at the time of the study. Most were 15 or 16 when they had their first child (or children) and were 17 in early 1993. But they were not a homogenous group. Very different patterning emerged between the nine mothers who were under sixteen and those who were older when they started their families.

The former all shared a history of childhood trauma. They had been in residential childrens homes or with foster parents and/or in and out of the care of the local authority. Those few who had been with their own families were found to come from backgrounds of violence, drug and alcohol misuse or other chronic problems. They were described as having "chronic, well established problems and a high risk of breakdown and need for child(ren) to be looked after by a local authority", or "children at risk of ill treatment and neglect" or where "Home-Start was concerned that the family needed extra support to prevent breakdown and risk to children", whereas older teenage mothers were placed by referrers and organisers in the category of "families where there are difficulties but no concern about breakdown or risk to children".

So in addition to being in a younger age-grouping, technically children, the younger mothers lacked

the support of their own families - a crucial element in the well-being of mothers at home with young children (Brown and Harris, 1978) and associated with teenage mothers who found childcare relatively easy and unproblematic (Phoenix,1991).

This is not to say, in general, that very young mothers can be categorised in such a way. In another study of 533 teenage mothers the researchers also felt it important to draw attention to the small group of ten schoolgirl mothers; most were living in the family home and all but one received financial support from their parents.(Simms & Smiths,1986)

It is rather to emphasise the existence of a small number of mothers scattered around the country who can easily be marginalised or lumped together with teenage mothers as a whole so that some of the issues that face them are overlooked.

The Youngest Mothers

All the 'very young mothers' lived in urban areas or small towns. Four, of whom one was registered disabled, were in unstable occasionally violent relationships. They lived on the upper floors of council flats with all the well-documented disadvantages for mothers with young children that that entails (Richman,1974). Estates were run down and inaccessible for anyone without their own transport. None of the mothers had cars or access to one. Four mothers lived alone in temporary private rented accommodation described as sub-standard (damp, mouldy, blocked drains). One lived in an owner occupied house belonging to her father.

It is striking that their natural mothers were either dead, had left the family home or, in one case, had a difficult relationship with her daughter. One 16 year old, for example, with a set of twins and expecting again had never known her natural

father. Her mother, who had a mental disorder, rejected her daughter when she first became pregnant. So at the age of 14 she had been in foster care until her twins were born and then moved into temporary rented accommodation. The twins were on the Child Protection Register and she herself had formerly been on it.

Families were well established by the ages of 16 and 17. Three mothers had one child; five had two children including one set of twins; one had four under fives including a set of twins. Three of the mothers were also pregnant.

Four mothers were still of statutory school age. One of them was receiving occasional home tuition. None of the others had any formal education in spite of their legal educational status. One was described as a 'slow learner' and another as 'immature'. There were suggestions that they were victims of undesirable peer pressure or possible sexual abuse. None of the 17 year olds were at school or college or in paid employment.

Against such backgrounds it is hardly surprising that mothers said that they felt lonely and that no one cared about them. They were alienated and most lacked child care skills. They had very little idea how to handle money or how to feed and cook for themselves or their babies. Pregnancies were seldom straightforward. Yet at the time of referral two of the three pregnant mothers were not attending ante-natal clinic. Several babies were not thriving, being below weight for dates, subject to spells in hospital and to chronic problems, particularly eczema and asthma.

These mothers (children of school age when they had their babies) were surviving but they were grappling with the most fundamental problems. Without schooling and qualifications, they had little chance of getting a paid job. Without a job they could neither afford child care nor get themselves satisfactory accommodation. It was a Catch 22 situation. They were classic examples of the view that their "life choices are few and most of them are bad".(Cambell,1968)

The Home-Start response

In common with many other helping agencies, Home-Start cannot hope to alleviate the root problems of unemployment, poverty and lack of affordable housing. Nor is it possible to turn the clock back and change the home and school environment which arguably played a crucial part in the ways each individual developed. Home-Start organisers and volunteers have to respond to each family as it is.

Layers of need

The process is rather like peeling an onion. As one layer is removed another is revealed. Health visitors, social workers and others who refer mothers tend to give very general reasons - "support", "befriending", "parenting skills". These perspectives become broader and, paradoxically, more focused first by the organiser and then by the volunteer as they both take the time to listen to a mother and become aware of the dynamics of the family. For example, a probation officer requested 'support' for a 17 year old mother when her baby was discharged from a Burns Unit and placed on the Child Protection Register. At the time of referral the mother was on probation for arson; she had two children including a fifteen months old toddler. She was also six months pregnant, and a chain smoker. There were concerns about the children's health (persistent diarrhoea), safety and hygiene (there were no laundry facilities). The baby was losing weight.

The referrer's prime concern was that the mother should have help with the new baby when it arrived, with budgeting and with keeping hospital appointments (Layer 1). Having visited her at home the organiser picked up on the need for help with discipline and routine for the older children, on incipient speech problems with the toddler and on the insecure relationship between the mother and father (Layer 2).

A volunteer was matched with the mother before the baby was born. This strategy was thought to have advantages as it can take a considerable time to establish a mother's trust and confidence. A

Home-Start organiser usually tries to agree some practical help that a mother would appreciate. It is easier for volunteers and families to talk about something concrete rather than an abstract concept like 'support' or even 'friendship'. In this instance, the mother suggested the need for clothing for the new baby; (Layer 3). She also accepted the offer of help with transport to and from hospital to keep ante-natal appointments. In the first four weeks, records show that the volunteer visited an average of three hours and forty five minutes each week. Just under half the total time (49%) was spent in providing emotional support towards the children through play, hugs and praise (Layer 4). Just under one third of the time (30%) was taken up with direct support for the parents, building up a routine with the children.

Establishing links with health professionals through encouragement and provision of transport to clinic appointments accounted for a further 21% of the volunteer's time. In the second month she began to work alongside their mother, to share 'little wrinkles', to do with choosing and buying food they also went shopping together and she brought toys for the children and continued to play with them. Then followed positive reinforcement of the mother's growing enjoyment in joining in the play. In the third month the volunteer also spent time listening as she began to talk about her underlying worries (Layer 5)

Just occasionally a mother is reluctant or refuses to accept home visits. This can be very difficult for young mothers who are living in poor accommodation or whose partner does night work. Take Jennie, a single mother who has had two children in 18 months and is pregnant again (but without ante-natal care). She lives on the second floor of a private rented flat on an estate on the outskirts of the town. It takes her over an hour to get to her doctor and to the nearest clinic. For her, the cost of transport is prohibitive. Her health visitor was concerned because she tended to go off with "undesirable friends" and not to take care of herself (Layer 1). The organiser said the same thing, but in a positive

way so that clear goals could be established. She needed 1) "more stable friends from her own age group" 2) "housing advice" and 3) "ante-natal care" (Layer 2). The volunteer specified 4) "an improved diet", 5) "clothing and equipment - particularly safety equipment for the child, and finally "life skills" (Layer 3). These meant greater assertiveness, being able to say "no" and to insist on safe sex.

Records show that at the outset Jennie agreed that transport to the clinic would help her and she would like to meet other people of her own age, but she refused a weekly home visit from a volunteer. Nevertheless, she was happy to try the weekly 'drop-in' group run by the organiser for mothers for whom perhaps no volunteer was as yet available or who, from being very withdrawn, had reached the stage of wanting to join a group. Over the three months study period, by dint of providing transport, Jennie was at least receiving regular ante-natal care. New and more positive friendships with other young mothers through integration into the Drop-in were observed. She demonstrated greater interest in the coming baby by choosing clothing and by accepting suggestions about using safety equipment. There was still a long way to go before the family would no longer be a cause for concern, but marked improvements in the areas initially identified by the referrer were manifest.

Positive qualities on which volunteers found they could help mothers build and raise their self-esteem as a first stage in developing coping strategies were their strong will, their desire to keep their babies and their willingness to learn. Whilst all the mothers needed practical help and emotional support, the particular ways in which needs were met varied considerably. The range of volunteer activities included help in house exchange, attending court cases and case conferences, advocacy, outings (these could be very important for many of the young mothers had very little fun in life), helping with breast feeding and in establishing a routine in the family, and by 'being there' in unsocial hours. Organisers maintained links with the referring and other agencies and were sometimes able to alert

professionals of the need for advice and to reassure the family about accepting it.

Concluding comments

These 'snapshots' offer a tantalising glimpse of the lives of some very vulnerable adolescent mothers and what Home-Start, one among many other agencies, does to support them. Although part of a tiny minority - latest figures show 3,800 births among 13-15 year olds, a rate of 4.6 per thousand (OPCS,1991) - findings raise questions for national and local policies that can be seen to undermine the abilities of any parents to care properly for their children. Many difficulties stem from or are exacerbated by poverty. Lack of washing facilities, loneliness and insecurity result in poor hygiene, poor diet and depression. Yet young mothers receive less benefit because they are under eighteen on the false assumption that they necessarily have or can have financial support from their parents.

Those who had been looked after by local authorities appear to have lacked appropriate role models, emotional support and adequate preparation for parenthood. They needed not only to develop parenting skills but, if they are to escape from welfare dependency, a good educational base and vocational training - yet they are not in a position to benefit from youth training schemes.

Finally, policies which stigmatise and effectively ghettoise our youngest mothers in sub-standard accommodation in estates which are far from amenities and not served by affordable public

transport undermine health promotion programmes that these families desperately need. If young families like them are, as Furstenberg (1987) has shown can happen, to "stage a recovery that does not fit in with the popular image" and if they are to benefit from services intended to help them, then these are issues that have to be addressed.

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**Tenth Anniversary Party!!
Beckenham Public Halls
Friday June 21st 7-12**

**JOIN US
FOR ...**

*** Disco * Dance * Band
and Supporting acts
* Food * Bar *
Prizes for best dressed
look-alike!
Tickets £10 from
Rene at Youth Support
House 0181 650 6296
Fax 0181 659 3309**

Youth Support - Family Resource Centre

In the United Nations **International Year of the Family** we are proud to announce the further development of our **family Work**. A facility which was first developed to work with very young mothers is now accepting referrals of families of all ages - we have even worked with three generations - a true example of 'breaking the cycle'. We have full facilities for both residential and day assessment of families and for longer term rehabilitation including outreach work. Thanks to the efforts of our fund raising committee we have also acquired full video facilities for recording of sessions, disclosure, video feedback in therapy and 'ear bug' tuition of parenting skills.

For further information
contact:-
Youth Support House
13 Crescent Road
London BR3 2NF
Tel : 081 650 6296
Fax: 081 659 3309



*"When I told my
manager that I wanted
to send a family of six
right across the country
for an assessment - he
thought I was mad!*

*But the amount of information we acquired from a residential
assessment was more than we could have ever put together in a year of intensive social
work. We were able to reach concrete conclusions and make decisions to safeguard the
welfare of the children - well worth the expense!"*

- International Chapter News -

News of the **International Regional Chapter (IRC)** of SAM
(Society for Adolescent Medicine)

Co Chairs - Diana Birch	Gustavo Girard	Treasurer Aric Schichor
London	Buenos Aires	Connecticut
England	Argentina	USA

The 1996 SAM (Society for Adolescent Medicine) meeting -

**"Assuring Quality Care for Adolescents - Preparing
for the 21st Century"**

will be held at the Crystal Gateway Marriott Hotel, Arlington
Virginia on March 20-24th 1996.

Walter Rosenfeld, the programme chairman has put together a good
variety of events and we will be having our usual IRC international
sessions.

The International interest includes the following -

Wednesday March 20th 1996 12 noon to 5pm **Regional Chapter**

President's Forum - views expressed by IRC chapter members will be
put to the group (Diana representing IRC). Please communicate before
meeting if you want any issue discussed. Feed back will be given at
chapter meeting.

Thursday March 21st 4pm - 6pm - IRC Workshop - **"The practice of
Adolescent Medicine from an International Perspective"** - not a
stunningly exciting title - but hopefully it will be a devastatingly
interesting workshop! The theme will be management of 'difficult
cases' and the emphasis will be on clinical presentation and
practical solutions. A number of case histories will be portrayed
and there will be an opportunity for discussion and comparison of
management styles from one culture to another. As usual I hope to
include an 'interactive' bit - this has proved very succesful in the
past worshops. If anyone has a case they would like to present
please let us know as soon as possible. Also please encourage people
to participate - this is not a very popular time of day - don't
slope off for a sleep before dinner!

Thursday March 21st 7.45pm onwards - **International Dinner** - informal
off site again - everyone welcome - details will be posted on
notice board - keep your eyes open and sign up promptly - restaurant
not yet selected so if anyone knows the area and can give some
advice it would be much appreciated.

Saturday March 23rd 7.30am - 8.45am **International Chapter Meeting** -
bring all your ideas and comments - try to stay awake - another
popular time of day!

In addition - just so that Gustavo is kept working hard - he has a
lunch meeting with Roger Tonkin on Thursday 21st at 11.45- 1.30
which may interest members of IRC.

MANIC

DEPRESSION



COLLEGE life seems great.

All the freedom and hectic social life. But the stress of being away from home, having to make friends, maybe coming out, falling in and out of relationships with each other, work pressure and exams can take their toll. For some this stress can precipitate an episode of Manic Depression.

Manic Depression is a mood swinging illness with as many ups (high periods called Mania) and downs (low periods called Depression) as a student's pint glass.

About 1 in every 100 people is diagnosed as Manic Depressive and it most commonly begins between the ages of 16-25. Little conclusive is known about its cause, but there is considerable evidence to suggest it is due to a hereditary imbalance of chemicals in the brain.

Episodes of illness are most commonly triggered by stress - perhaps the kind of stress some students feel.

Today, modern treatment means Manic Depression can be controlled. Support from family and friends is important to recovery. The earlier it is caught the better.

What are the Symptoms?

The illness can affect people in different ways:

Elated mood with no obvious cause.

Boundless energy, restlessness.

Little sleep, waking early.

Reckless decision making and overspending.

Rapid speech and disordered thought process; incoherence.

Feelings of stress, irritability; panic attacks.

Intolerance of interference; disproportionate reaction to criticism.

In extreme cases delusions and visual or auditory hallucinations.

Lack of energy and motivation.

Sense of hopelessness; sad miserable thoughts.

Feelings of guilt, anxiety or inadequacy; panic attacks.

Physical slowness, inability to complete simple tasks.

No desire for food, weight loss.

Sleeplessness or excessive sleep.

Withdrawal from contact with people.

Suicidal thoughts or attempts.

**Don't panic if you have some of the symptoms -
We all do occasionally.**

THESE SYMPTOMS ARE JUST A GUIDE - A DOCTOR MUST MAKE A PROPER DIAGNOSIS. IF YOU FEEL YOU OR A FRIEND CAN'T COPE WITH THESE SYMPTOMS ON YOUR OWN, SEEK HELP FROM:

*Your Students Union or College Welfare Advisers or Counsellor

**THE MANIC
DEPRESSION
FELLOWSHIP**

**Telephone number
(0181) 974 6550**



The Manic depression fellowship has produced three publications aimed at raising awareness of mental health issues in young people. "Why did my life have to change?" is written by young people who have grown up with a parent who has the diagnosis of manic depression. This is free

to young people and costs 50 pence for professionals.

"Do you find yourself touched by madness?" is a student information pack written by a young undergraduate and the third publication which is of use to professionals working with young people experiencing mental health problems is entitled "Inside out - a guide to self management of manic depression"

All are available from MD fellowship at
8-10 High Street, Kingston upon Thames, Surrey KT1 1EY.

Why did my world have to change?



some support for teenagers whose parents have manic depression

I was totally confused about what was happening

When a parent goes into a manic attack for the first time, family life becomes like a weird bad dream. You may recognise some signs, like the person being 'high' - excited, talking all the time (and not making sense), hardly needing any sleep. Sometimes they say nasty things or have sudden rages which are frightening. They may go on a spending spree, start buying everyone big presents or things for the house. At the same time, ordinary life grinds to a halt, the house is a mess which they don't notice, no-one cooks a proper meal or does the ironing.

The first thing to understand is that manic depression is an illness. Your Mum or Dad cannot help being ill. Lots of people

(one in 100) get this illness. They need the care of doctors, and there is medical treatment which will help.

She made me so embarrassed

All teenagers cringe at their parents' behaviour occasionally, but a person who has manic depression can really drop you in it - in front of strangers at the supermarket, or in the street, or with your friends - grabbing hold of them, gabbling wild theories and plans. Soon you stop inviting people home. The illness becomes a secret which you are ashamed of. You want to stay loyal to your family, you may wonder if it's your fault, and you may be very angry.

Once the illness is diagnosed, you will find there are people who will understand these painful mixed-up feelings.

Nona Dawson has been associated with Youth Support almost since the beginning.

In 1987 we published her survey of educational provision for schoolgirl mothers.

Now in our anniversary year it is fitting that we should publish her updated survey. See over -

REPORT ON THE 1994 SURVEY OF EDUCATIONAL PROVISION FOR PREGNANT SCHOOLGIRLS AND
SCHOOLGIRL MOTHERS

Background

There is an increasing public and political concern about young lone parents (cf targets re sexual health and conception rates to under 16s in 'Health of the Nation' DOH 1992). One component of this group is the girls who become pregnant and have their children while still of statutory school age. There are grounds for concern about their access to educational opportunities and subsequently to training and employment. The introduction of the National Curriculum, the 1993 Education Act, current notions of "entitlement" and of "equal opportunities", as well as changes in funding arrangements for schools, may be having some impact on how LEAs consider the type and quality of the educational provision for this group of schoolgirls.

It is a statutory requirement that children continue their education up to the age of 16: this includes education for pregnant schoolgirls and schoolgirl mothers. Education for this group has changed over the past twenty years from being mainly home tuition to increasing levels of provision in special tuition centres, some with nursery facilities. The first major survey into the educational needs of this group was conducted in the mid-seventies, and this recommended home tuition and a return to school once the baby was born (Miles et al 1979). The second survey was conducted at the beginning of the 1980s. It found that there was a growing interest in, and increased provision of, special centres, although home tuition was still the norm in the majority of LEAs (Nottinghamshire County Council undated). The 1987 survey (Dawson 1987, 1989) indicated a steady growth in awareness of the particular educational needs of pregnant schoolgirls and schoolgirl mothers and a further increase in the number of special educational units. Home tuition hours were also found to have increased and posts for people with special responsibility for this area were being established (ibid).

Until recently there were no overall government guide-lines on how the educational needs of schoolgirl mothers should be met. However since the enactment of the 1993 Education Act two circulars from the DfE have recognised, if briefly, some of the needs of pregnant schoolgirls and schoolgirl mothers (Circular 11/94, Circular 10/94). 'The Education of Pupils Otherwise Than at School' (11/94 DfE) particularly recognises their place in many of the Pupil Referral Units (PRUs) in the country. 'Exclusion from School' (10/94 DfE) properly recognises that pregnancy is not a sufficient reason for exclusion.

The rates of conception to women aged 13 to 15 years in England and Wales fell from a high point in 1972 of 9.3 girls per 1000 to a low point in 1980 of 7.1 girls per 1000. Since then the trend has shown a gradual increase to the high point of 10.1 in 1990 with a decrease to 9.3 in 1991 (Babb 1993). Although the rate has changed the absolute number of girls who conceive within this age group has remained much the same for the last thirty years - between 8000 and 9000 girls. A rough guide indicates that about 9000 under 16s conceive each year in England and Wales, 5000 of whom will have terminations and the remaining 4000 continuing with their pregnancy to motherhood. Although some LEAs indicate that they thought they had to deal with more girls recently, it would seem that some other reason than increase in number would be needed to explain this.

The 1994 Survey

The aim of The 1994 Survey has been to carry out a national survey of educational provision for pregnant schoolgirls and schoolgirl mothers to establish how their educational needs are being met. In particular:

1. to ascertain which individual or group within the LEA holds overall responsibility for the education of pregnant schoolgirls and schoolgirl mothers
2. to discover for whom home tuition is available i.e. pregnant girls only, schoolgirl mothers only, or both; and to discover the maximum number of hours of teaching available to each girl
3. to determine if and where pregnant schoolgirls and schoolgirl mothers are receiving group tuition (full-time school, part-time school, special tuition centre or ad hoc group provision); and whether child-care facilities are available.
4. to examine the views and experience of LEAs on effects of LMS and the requirements of the National Curriculum on educational provision for pregnant schoolgirls and schoolgirl mothers.
5. to give an opportunity to LEAs to express any other concerns that they may have regarding the education of these young women, and to respond to the recommendations of the DfE for the education of pupils otherwise in terms of schoolgirl pregnancy.

From the 117 LEAs, the 1994 Survey received 98 replies (84%) with varied amounts of detailed information. As with the 1987 Survey (Dawson 1987,1989) these replies continue to show an increasing awareness of the educational needs of these young women. Many authorities have either recently completed reviewing their provision or are in the process of so doing. Some LEAs identify the Survey as sparking off their discussions! For example, one LEA writes, "The survey has prompted quite a bit of discussion locally ...". The size and geography of LEAs are reflected in the resources that are being employed for the education of these girls. For example, LEAs that are mainly rural with few urban areas are less likely to provide any type of group provision whereas some metropolitan areas provide at least one tuition centre. As one LEA writes, "Because of the geographical spread it is not possible to bring across county pregnant girls together for mutual support and education." One LEA has no educational establishments within its boundaries so the concern does not arise. Very small LEAs just do not have the numbers to warrant 'special' consideration. "There have been only 2 instances in the last 10 years; in one case the young woman did not go to term; and in the other she was leaving [this authority]."

The Position of the Individual or Group Within the LEA who has Special Responsibility for Overseeing the Educational Provision for Pregnant Schoolgirls and Schoolgirl Mothers

Responsibility Group	Frequency	Percentage (to nearest whole number)
Hospital and Home Tuition Support Service	28	29
No overall responsibility	22	22
Special Needs	11	11
Education Officer	10	10
Education Welfare	7	7
Teacher-in-charge of unit	7	7
Children Out Of School	5	5
Advisory Teacher	4	4
Educational Psychologist	3	3
	1	1

VALID CASES 98 MISSING DATA 0 NON-RESPONDENTS 19

The largest percentage of central responsibility holders in the 1994 Survey lies within the category that provide Hospital and Home Tuition (29%). This echoes the finding of the 1987 Survey. This was closely followed by those

within the category of Support Services (22%). This latter category includes such titles as 'Secondary Support Service', 'Head of Pupil Support' and 'Head of Learning Support Service'. This category is new to the 1994 Survey, not having appeared in either the 1987 Survey (ibid) or in the Notts County Survey of the early 1980s (undated). The second category in the 1987 Survey was that of Special Needs (23%) but in this survey it can be seen that overall responsibility within Special Needs only accounts for 10% of LEAs. 11% of LEAs named no one person or group with this responsibility.

Home Tuition Hours

Maximum Number of Home Tuition Hours	Frequency	Percentage (to nearest whole number)
None	11	12
One	4	4
Two	1	1
Three	4	4
Four	4	4
Five	28	30
Six	12	13
Seven	1	1
Eight	2	2
Ten	17	19
Eleven	1	1
Twelve and a half	5	5
Fourteen	1	1
Fifteen	1	1

VALID CASES 92 MISSING DATA 6 NON-RESPONDENTS 19

The 1994 Survey found that the amount of home tuition provided, in terms of hours per week, ranges from one hour per week in 4 LEAs to 15 hours per week in one LEA. Most commonly a maximum of 5 hours is available (29%). 10% of LEAs do not provide any home tuition, although they may make exception for some individual cases e.g. when a girl is medically unfit to attend school or a special centre. This compares with 5% in the 1987 Survey (ibid) and may indicate an increase in group provision as the only alternative available to school attendance.

As in the 1987 Survey (ibid) many LEAs indicate that the maximum hours may vary according to the individual needs of the pupil, particularly in terms of the girl's examination intentions. The normal secondary school is recommended by the Secretary of State for education to provide a minimum of 24 hours of lessons per week (DES 1990).

Home Tuition Availability

Pregnant Schoolgirls and Schoolgirl Mothers	Frequency	Percentage (to the nearest whole number)
Pregnant schoolgirls only	11	11
Schoolgirl mothers only	0	0
Pregnant schoolgirls and schoolgirl mothers	71	72
None	6	6

VALID CASES 98 MISSING DATA 0 NON-RESPONDENTS 19

Some LEAs provide home tuition for pregnant schoolgirls only (11%), other types of provision being available for schoolgirl mothers i.e. return to mainstream schooling or special centre attendance. Although a return to school after having had her baby is desired by many LEAs the practice is often quite different. The bulk of LEAs provide home tuition for both pregnant schoolgirls and schoolgirl mothers (73%). 6% of LEAs did not indicate for whom home tuition is available.

Group Tuition

The questionnaire to LEAs differentiated between group provision for girls who are pregnant, and those who have babies. It defined group provision in terms of full-time schooling, part-time schooling, special centre provision and/or ad hoc group provision; and asked whether child-care facilities are available.

PREGNANT SCHOOLGIRLS

GROUP PROVISION	Frequency	Percentage (to nearest whole number)
Full time school	30	32
None	62	67
Part time school	12	13
None	80	87
Special Centre	59	64
None	33	36
Ad hoc provision	12	13
None	80	87

VALID CASES 92 MISSING DATA 6 NON-RESPONDENTS 19
(for each event)

The main type of group provision for pregnant schoolgirls is to be found in special centres (64%) with a smaller number experiencing ad hoc group provision (13%). 33% of LEAs indicated that pregnant schoolgirls were able to stay at school and 13% stated that part-time school was an option. It was clear that for a number of LEAs more than one option of group tuition is available to girls. For example 3 LEAs indicated that all four types of group provision were available to pregnant schoolgirls.

SCHOOLGIRL MOTHERS

GROUP PROVISION	Frequency	Percentage (to nearest whole number)
Full time school	29	32
None	63	69
Part time school	14	15
None	78	85
Special Centre	55	60
None	37	40
Ad hoc provision	7	8
None	85	92

VALID CASES 92 MISSING DATA 7 NON-RESPONDENTS 19
(for each event)

By far the main type of group provision for schoolgirl mothers is the special centre. 60% of LEAs reported providing special centre provision, 35% without nursery/creche facilities and 25% with. In 1987 only 43% of LEAs reported having this type of provision.

The Effects of LMS on LEA Educational Provision for Pregnant Schoolgirls and Schoolgirl Mothers

LMS Has LMS altered LEAs provision?

Reply	Frequency	Percentage (to nearest whole number)
Yes	12	13
No	70	77
Don't know	8	9
Other	1	1

VALID CASES 91 MISSING DATA 7 NON-RESPONDENTS 19

LEAs were asked to reply and comment on the question of any alteration to their educational provision for these girls that may have arisen as a result of LMS. As can be seen from the table above the majority commented that it had not (77%). Of those that recorded that it had (13%) this LEA gives a common comment, and indication of change in practice. "As from April '94 schools will be charged for a place at the Unit pro rata to the monies following each pupil". This is an interesting change, and will be examined further in a case study of one LEA's process of review of provision. Another LEA notes that the advent of LMS has reduced the service's access to funding of supply staff, and that this has affected the staffing of their unit which instead of being open as originally intended for 4 days a week is now able only to be open for 2 and a half days a week. Though it would seem that most LEAs are retaining the budget for this type of education, a number of LEAs have pointed out that the position of girls who attend grant-maintained (GM) schools is not clear. One LEA writes, "Some GM schools haven't referred their pgs. When followed up schools have suggested that they haven't had the referrals. Difficult to assess the actual situation."

Provision of the National Curriculum for Pregnant Schoolgirls and Schoolgirl Mothers

NC Can LEA provide national curriculum

Reply	Frequency	Percentage (to nearest whole number)
Yes	23	25
No	51	56
Don't know	8	9
Other	9	10

VALID CASES 91 MISSING DATA 7 NON-RESPONDENTS 19

LEAs were asked if they were able to provide the National Curriculum for these young women. The majority reported that they were unable to do this (56%). 25% of LEAs reported that these girls were enabled to follow the National Curriculum. The main gaps in the curriculum which LEAs reported were science and information technology; a smaller number of LEAs included the lack of foreign languages teaching.

Thoughts on Policy and Practice

LEAs were asked to express their view, with pregnant schoolgirls and schoolgirl mothers in mind, of statements taken from the draft circular on the education of pupils otherwise (No.4, DfE Dec 1993), indicating any difficulties that they foresaw in implementing change. There was generally a detailed response, with some LEAs sending their Education Committee's written response to the DfE as additional information.

The prime aim in respect of all children who are away from school should be to secure their return to mainstream education, including special schools, as soon as possible.

There was general agreement to this aim. One local authority noted "Existing good practice. Reference in the Circular should help establish standard and secure cooperation of schools". However the bulk of the responses noted some major drawbacks to fulfilling this laudable aim.

1. There would be generally a lack of childcare facilities for schoolgirl mothers who are attending mainstream schools preventing, in some cases, a pupil resuming her studies.

"The problems with schoolgirl mothers is that there are no facilities for leaving their babies anywhere and most of their own mothers are working too"

"Poses special problems for schoolgirl mothers. Should have childcare provision. Possibly a range of options - school, part-time, off-site. Childcare essential for any."

Although one LEA views the place of the babies in special centres differently

"We chose not to have creche facilities. The girls bring their babies every day and work round them. This is because I believe it to be the best way to encourage mother/baby bonding. Babies are part of our lives and should be treated as such"

2. Year 10 and 11 pupils (the modal stage with respect to schoolgirl pregnancy leading to motherhood) were identified as a potentially difficult group of mothers to return to mainstream schooling because (i) they may have missed a considerable amount of GCSE coursework (ii) typically they may already have been non-attenders before becoming pregnant

"Our experience with girls leads us to believe that many girls had "opted out" of mainstream school. Our units represent a second chance for some girls".

3. A few LEAs identified the reluctance of schools to accept the return of their pupils who had had babies.

"...but this is becoming increasingly difficult with schools' reluctance to admit pupils who do not fit the National Curriculum norms or who have been in trouble in other schools"

4. Although return to mainstream schooling was thought of utmost importance some LEAs emphasised the importance of the level of education during the intervening period between late pregnancy and return to school during early motherhood.

"I entirely agree with this statement - problems faced include maintaining some learning continuity immediately on leaving school in the period prior to returning"

The general view from LEAs is that, while this aim is laudable, its practice more often falls short of the ideal. As one LEA succinctly put it

"History has proved that in [LEA] if a schoolgirl mother is expected to return to mainstream school she fails to do so because a) the school often does not want her back, b) she has 'outgrown' her peer group, c) [LEA] Social Services do not provide any help with childcare provision and d) on-going counselling and help is not available."

Evidence from OFSTED indicates that substantial sums of money currently devoted to the provision of education by LEAs otherwise than at school are not always well spent. (ref. OFSTED, DfE 1993)

A significant group of LEAs disagreed that this was the case in their own authority; some took offence at the suggestion - "A very general and rather offensive statement. I'm sure the same could be said about OFSTED." However the remaining number were more reflective in their comments, conveying the difficulties that they considered to be associated with this type of provision and how they saw the effect of the government proposals.

A number of LEAs agreed that the evidence from OFSTED could be supported however drew attention to the fluctuating numbers of pregnant schoolgirls and the difficulties that then arose for the long term planning for education otherwise - "I imagine this could be true. Problem with planning will often be the fluctuation of numbers at different times of the year - including pregnant schoolgirls". Another LEA wrote, "No doubt true of provision in many areas. Not surprising when service has lacked statutory basis and relied on ad hoc development rather than planned approach". Other LEAs, while welcoming the government attention to this group of pupils, were concerned with the financial implications. For example one LEA wrote, "Government proposals for Education Otherwise will sharpen management but other policies will increase demands on these services and budgets are being cut across the service."

In the light of their new duty, LEAs will need to consider their policies and procedures for the identification of, and provision for, children who are out of school.

The bulk of LEAs reported that their policies and procedures were currently under review, or had already been examined and put into practice. They described working groups of varying composition, from LEA officers working with headteachers and elected members to groups incorporating people from different agencies.

The general impression given by LEAs' comments to this statement is that a more planned approach to the consideration of the needs of pupils out of school, including pregnant schoolgirls, is underway. LEAs are aware of the increasing autonomy of schools through LMS, and are considering different ways of funding and of co-ordinating out of school provision. For example, one LEA wrote, "LEA has already reviewed procedures - and a new support for learning service linking in school provision for statemented pupils and out of school provision to facilitate provisions and coordinate approaches. A high level panel which coordinates and discusses appropriateness of referrals in place. Linked service for Individual Tuition, Hospital Tuition, Reintegration and Offsite Centres (PRUs)."

Where children are out of school the aim wherever possible should be to plan for their return to mainstream schooling, in the meantime keeping their education in touch with that of their peers in schools.

Although LEAs agreed with this statement in principle, many report that the practice proves difficult. Lack of resources while out of school in, for example, science education, makes it difficult to keep a pregnant schoolgirl's/schoolgirl mother's education in touch with that of her peers in school. Many pregnant girls are in years 10 and 11 and are therefore perceived to be more difficult to return to mainstream schooling. "Incredibly difficult to do this in Years 10 and 11 - GCSEs, coursework etc needs a lot of organisation - labour intensive. Schools find this difficult - rely on LEAs generally." However some LEAs have identified the use of courses at FE colleges as an alternative to the return of girls to secondary schools. One local authority writes that it has solved the "problem" of returning girls to school through their Key Worker system. A Key Worker from their Secondary Support Service is attached to each secondary school for at least one day a week and works with pupils up to year 10. Year 11 pupils may be on part-time placement at the local FE college. Yet another authority presents a gloomier picture by stating, "How? Teachers in schools are under an inordinate amount of pressure anyway. Support services have been destroyed because of devolved budgets".

LEAs should review their arrangements for monitoring the progress of pupils who are out of school...it will be good practice for LEAs to keep records of this information.

Overall there was a positive response to this statement, both in principle and in practice. Indeed one LEA had established an "Out of School Panel", one of whose functions was to review practice. Some LEAs also gave advice on how they saw the developing of this type of review. One LEA writes, "In most cases mothers should return to the school in which they are registered. To avoid duplication the school should be the focus for records. The National Record of Achievement process ought to make it easier as well as developing assessment records under GCSE/National Curriculum. Long term arrangements are monitored by advise [sic] of the LEA." Another LEA states "Good to emphasise this. Dependent also on close cooperation with schools and other agencies. The Circular should help develop shared commitment."

Continuity of provision will be assisted by reference to the National Curriculum, which provides a clear framework and common language for the exchange of information between teachers and settings.

There was a general agreement in principle with this statement. However many LEAs identified difficulties in putting it into practice. One difficulty identified was the inevitable interruption which pregnancy and motherhood bring to schooling. Again LEAs noted that pregnant pupils and young mothers in years 10 and 11 were probably the most difficult to accommodate under this statement. For example, one LEA wrote, "Schools often say that different options, modules etc. are not compatible, not easily transferable. Schools reluctant to accept newcomers on Yrs 10 and 11 - effect on exam results - performance tables." Others pointed to the need to cover pregnancy and childbirth issues, as well as the National Curriculum. As one LEA said, "Totally agree. With older pregnant girls, however, the time allowed for tuition means that only some N.C. work is followed. Some time is needed for work on pregnancy, child care etc... Financial constraints means the N.C. is not fully complied with." Other LEAs have identified a common characteristic of schoolgirls who become mothers i.e. they probably will have been poor school attenders before their pregnancy. This makes it all the more difficult to ensure that a full picture of a girl's education emerges. One LEA commented on the statement above thus, "This is true if the pupil has been a regular attender and not presented any problem - many of our girls do not fall into this category and we do not always get accurate (if any) information." However another LEA reminds us that nevertheless we must not short change these young women. "National Curriculum in all its facets must be our goal - anything less and we are short-changing our pupils."

Teachers should cover at least the core subjects of mathematics, English and science. It should also include elements of personal and social development and social education programmes, access to both aesthetic and practical experiences, humanities, some opportunities to engage in planned physical activities and the chance to acquire skills on keyboards and in word processing.

"This is all very well in theory but in practice a very tall order." This statement from one LEA just about sums up most of the responses to this statement from LEAs. Lack of resources, particularly in terms of equipment, facilities and staffing expertise, were identified as a major cause of not being able to fulfil this otherwise laudable aim. For those LEAs for whom home tuition was the main type of education for pregnant girls and schoolgirl mothers, this aim was nigh impossible given the limited number of teaching hours, and the venue for teaching i.e. the girl's home. Other LEAs thought that the designing of individual programmes tailored to the girl's individual needs were more suitable, and more practical in the case when a girl is receiving home tuition. "A demanding schedule. I would personally prefer a less prescriptive approach beyond English and Maths and concentrate on the particular strengths/interests of the pupil. This section is clearly aimed at the PRUs." A concern is expressed is that for many girls their education is not full time and therefore cannot include many aspects of the general curriculum. "The main concern is that their education is only part time and therefore inferior to their peers. Lack of science facilities, language specialists and the teaching of technology is a problem."

Assessing attainment is important, and records of achievement are of particular value to pupils who require education otherwise than at school.

The Record of Achievement was seen to be of enormous value to pupils educated otherwise. Its importance as a "continuum" document was underlined. "ROA are usually much valued by pupils engaged in education otherwise than at school and I would commend this idea". Other LEAs emphasised the vital role schools play thorough liaison and cooperation with those educating pupils otherwise. However

the general school attendance experience of schoolgirl mothers prior to their pregnancy was again used to illustrate the difficulties in maintaining comprehensive records. "It may be important but it is not always possible. This is usually due to the intermittent nature of some girls' attendance. This could be due to laziness, illness, "de-schooling" or lack of interest." While there was a generally warm reception to this statement, with examples of good use of the ROA, one LEA recorded its problems in being able to maintain a recognised assessment and award scheme. "We had plans to promote the Youth Award Scheme and co-work with youth service and social services, but the DfE grant Reducing Truancy and Disaffection was withdrawn from [this authority] and this is where the staffing and resources would have come from."

The proper place for a pupil who is pregnant is in school with her peers, unless there is a medical reason to the contrary. The fact that a pupil is pregnant is not in itself a sufficient reason exclusion.

There was general agreement in principle, with a few notable exceptions, to this statement. However a number of additional points were made.

1. Individual needs require to be addressed

"This is understood and the principle should be applied. There is benefit to other pupils as well as the mother. However, there may be a case for paying attention to the wishes of the mother on occasion, and she may require more pastoral support."

2. Some schools are not happy for girls to return. It may be, as described by one LEA, that they are concerned about all the coursework she has missed.

"Totally agree. This is [this authority's] policy. One problem of a girl who misses school for maternity leave in Year 10 means schools not happy having her back because she has missed too much coursework etc. and they feel that they cannot offer her lessons appropriately."

It may also be that in any case school can be an hostile environment to young mothers through adverse peer judgement, through lack of child-care facilities for their baby, through the moral stance of the school or through the girl's previously unhappy experience of schooling.

"Agreed: however 1) a number of girls have already opted out 2) a number are excluded by their school esp. some RC schools 3) some are called 'slags' by their peers 4)no childcare in school."

Other LEAs have raised a health and safety issue.

"I endorse this philosophy entirely. However some schools indicate that there are health and safety issues for the girl within a large and bustling secondary school. Most schools no longer view pregnancy as a stigma whereby the pregnant schoolgirl must not be allowed to mix with "decent" girls."

One untypical LEA stated

"Personally, I'm not in full agreement with this idea - they need not be excluded, merely suspended. I hardly feel I need to say why I think it totally inappropriate for a pregnant school girl to attend a mainstream school."

Summary

The 1994 Survey has received a wide response from LEAs, probably reflecting their current concerns about schoolgirl pregnancy, changes that have arisen because of the 1993 Education Act and their concerns about the financing of such education. 84% of LEAs have responded in comparison to 60% in 1987. There has been a noted increase in LEAs' attention to pregnant schoolgirls and schoolgirl mothers since the first major survey (Miles 1979) through the Notts County 1981 Survey (Nottinghamshire County Council, undated), the 1987 Survey (Dawson 1987, 1989) until this most recent one.

This is illustrated clearly when one considers the position of the person or group with overall responsibility for overseeing the educational provision for these young people. Hospital and Home tuition organisers have been in the prime position for both the 1987 and 1993 surveys, whereas only 7% of central responsibility holders were home tutor organisers in the 1981 Notts County Survey: assistant directors of special education had the majority responsibility then. Current educational thinking seems also to reflect the formation of new titles of responsibility - for example Special Needs in the 1987 Survey, and Children Out Of School in the 1993 Survey.

Although there has been an increase in the provision of PRUs, with or without child-care facilities, home tuition is still the favoured option for many LEAs, because of small number of girls, geographical characteristics or because of policy that deliberately does not consider PRU provision as an option for these girls. One LEA reported that it had closed its PRU on equal opportunity lines i.e. girls would receive a broader education, in line with their peers, at school. The range of the maximum number of hours per week for home tuition has not significantly changed since 1987. The modal number of 5 hours per week applies to both the 1987 and 1994 Survey.

LEAs are generally concerned about providing adequate educational opportunities for pregnant schoolgirls and schoolgirl mothers. They are reviewing their provision, both in terms of including this type of pupil as a specific category for some of their officers to be concerned with, and in terms of looking at ways in which girls can be taught as schoolgirls who are also prospective mothers or already mothers. Although acknowledging the DfE recommendation of an ideal position where these girls should receive the same level of education as their non pregnant peers at school, many LEAs have recognised the particular needs of pregnancy and maternity. To this end there are an increasing number of special units that may include, along with academic subjects, ante-natal and post-natal care, counselling and advice about parenting, maternity and other financial benefits. In the 1987 Survey 43% of LEAs reported to have special centres for schoolgirl mothers and in the 1994 Survey this had gone up to 60%. Both surveys indicate that the majority of LEA centres have some sort of child-care provision.

While emphasizing the heterogeneity of schoolgirl mothers (Miles et al 1979 stress that the main difference between a pregnant schoolgirl and her non-pregnant peer is her pregnancy) there are certain common characteristics that occur for a significant group of girls. One of these is their experience of schooling before their pregnancy. Some girls are non-attenders, and not engaged with schoolwork. Once attending a special unit (PRU) the attendance rate rises in many cases to 100%.

The DfE recognise the difficulties of providing the full National Curriculum to such pupils, though they emphasise the need to offer a core curriculum. But how core is core? For example, it has been seen that resources, both in terms of facilities and staff, militate against supplying science. LEAs have emphasised that full-time educational provisions are required to match a girl's education

with that of her non-pregnant peers. Home tuition hours have been shown to be variable, and while special centres (PRUs) exist in many LEAs, the time that they are open each week also varies.

The financial concerns of LEAs are widely evident. Although the majority report that LMS has not affected their provision, many LEAs identify lack of financial resources as an important consideration. Funding may not be stated to be currently an issue for some LEAs but it is likely to become one in the near future. For many LEAs that have PRUs, girls still remain on the rolls of their school while being educated at a unit with no loss of funding to the school. The PRU is centrally held by the LEA. In contrast we have seen that some LEAs have instigated a charging system of schools for the 'special care' of their girls. The implications of this are wide-ranging. In one LEA the LEA met with all its 62 secondary heads to discuss this as an option. They agreed to a charging process and this LEA has currently completed a review of its PRU provision as a result. In consequence it is now able to increase the breadth of its staffing, particularly including expertise in science and IT teaching. Home tuition remains closely linked to schools and/or the PRU.

The success of the place of schools in the education of schoolgirl mothers has been variously reported. Some LEAs have identified the difficulty of returning a girl to mainstream education because her school is reluctant to have her back, while others have reported a much more open and supportive attitude by schools to the possible return of their pupil. There is no evidence that the presence of either a pregnant schoolgirl or schoolgirl mother will increase the pregnancy rate of her peers. However there is evidence of some pregnant schoolgirls experiencing a hostile reaction from their peers on account of their pregnancy (Dawson 1993).

Links with FE are mentioned by a number of LEAs. This also has interesting implications. It is argued that schoolgirl mothers have obtained an adult status somewhat earlier than their nulliparous peers, and that an ordinary secondary school may be an inappropriate institution in which she may continue her studies. FE colleges, which contain a wide range of student in terms of age, parental status and study activity, may be much better suited to her needs: for example there are part-time courses and there may be a crèche on site.

Many LEAs are concerned that girls continue with their education while mothers have adequate child care support. Where some girls may receive this from their families (probably their own mothers), other girls cannot expect the same level of family support for a number of reasons, including their own mother working, family breakdown etc.. Some LEAs provide child care through nursery/creche facilities in their PRU. In other cases child care for some girls is supplied through social services, though at least one LEA has remarked on the difficulty of getting social services sponsorship for this provision. A multi-agency approach is mentioned by a few LEAs.

It has been pointed out that there is no provision for schoolgirls post 16 though it assumed that there is probably a small number of girls who become mothers while in the 6th. form. One LEA is known to provide for the post 16 at its PRU, however that is an unusual case. If the post 16 leaves school and embarks on a Youth Training Scheme she is eligible for child-care expenses. However no known British study has investigated the national picture to date.

"There are difficulties for some girls when the time comes to return to school - some are virtually unable to do so. This could be overcome if tuition could be provided with creche facilities. Present tuition arrangements provide for at least some of the girls' educational needs but their very

specific needs (on a personal and parental level) would be better met if they could work together in a group where their social and emotional needs could be professionally addressed. Many girls are isolated in overcrowded homes with only tacit support from the child's father. Group tuition would provide mutual ("hands on"!) support and ante-natal care and counselling could be part of the routine."
(One LEA's summary comment to the 1994 Survey)

End Note

A case study has been conducted of one LEA into its decision-making about the existence of a PRU specifically for pregnant schoolgirls and schoolgirl mothers, and how this is complemented by home tuition. This case study is currently being written up for publication.

Further investigation into the education of pregnant schoolgirls and schoolgirl mothers is currently being conducted in Scotland and Northern Ireland in order for comparison, and to add to a UK data base of material on young teenage pregnancy.

A conference aimed at LEAs, the DfE and workers in the field of schoolgirl motherhood is being planned for the Autumn at the School of Education, the University of Bristol.

Other issues for investigation raised in this research include (i) how LEA policy on schoolgirl pregnancy is evolved and ratified, (ii) the implications for the education and well-being of pregnant schoolgirls if their school is grant-maintained and/or if it has not bought into a LEA-run PRU, (iii) alternatives to funded group education that will inevitably arise as a result of diminished LEA funds, (iv) the place of further education in the education of these young mothers, (v) the effect of child-care facilities on the consequent training and employment prospects for schoolgirl mothers once they have officially left school.

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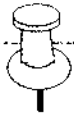
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Good news for us in the New Year!

We have just heard that we will be receiving a grant from the National Lottery - this will go towards making a new sitting room / recreation area for residents at Youth Support House. This is a very necessary development since it is hard sometimes to give residents time with their visitors while at the same time not allowing visitors free range of the house. Now we will be able to have a 'social area' where visitors can be entertained while at the same time 'being contained'.

Second good piece of news is that we have secured the leases on two further premises in Penge - so now we can continue our plans for counselling and advice and our Youth Workshop and charity shops.

We are having a lot of visitors in our anniversary year - we would love to see you at our open days - please ring and let us know if you are coming



Dates for Your Diary 1996

- Open Days at YSH -

January Wednesday 10th 2-6

February Wednesday 21st 2-6

March Wednesday 20th 2-6

April Wednesday 24th 2-6

May Wednesday 22nd 2-6

June Wednesday 26th 2-6

***Charity 'Dog Night' 30th May
Catford Stadium***

'Blues Brothers' Tenth Anniversary party - Friday 21st

June-

***Adolescent Health Conference
at Royal College of Physician's
October 24th***

For information on any of above events please contact
Conference organiser - Youth Support House,
13 Crescent Road, London BR3 2NF
Tel 0181 650 6296 - Fax 0181 6593309

The Tenth Anniversary of Youth Support will be marked by a

Conference on Adolescent Health

to be held at the

Royal College of Physicians
St Andrews Place, Regent's Park, London

on

Thursday 24th October 1996

Conference 9.30am - 5pm
Followed by Keynote Lecture
Followed by Tenth Anniversary Dinner

The conference will highlight advances in Adolescent care over the last ten years and will deal with a number of important areas of young people's health. Sections include Teenage pregnancy and sexuality; self harming behaviours and substance abuse; eating disorders; emotional problems; youth and violence. Our speakers are renowned experts from the field and we hope to include some of our international colleagues.

Please write in now to :-

Youth Support Conference Administration
Youth Support House,
13 Crescent Road London BR3 2NF or FAX 0181 659 3309

if you wish to receive further details or to make advance bookings

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