



Journal of Adolescent Health and Welfare

Volume 9 - No 2 - Special Issue 1996



Youth



** 1986 - 1996 **

Support

Tenth Anniversary Edition



Letter from the editor -

Dear Colleagues,

Well , I never thought we would actually get to the ten year landmark - but we did! Happy Birthday Youth Support!

In this edition of the Journal we are going to look back a little over the last ten years and recap what has been achieved and what lessons we can learn from the past .. we are also looking to the future An exciting year lies ahead. ...!

Fund raising started well with the news that we were allocated £20,000 from the National Lottery - this is earmarked for improvements to the building at Crescent Road which we are currently purchasing. The third Charity 'Dog Night' at Catford Stadium on 30th May will hopefully 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.

Our reunion on 4th February brought together the young mothers, their children and their families who formed the cohort of pregnant schoolgirls involved in our longitudinal study of teenage motherhood. Many of their tales are told in "Are you my sister, Mummy?" and a new publication will be available soon dealing with the long term follow up. In planning the reunion I certainly underestimated the level of interest and the proportion of young families who would be still in touch after 15 years.... we were snowed under!! Their stories are 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. Many thanks to all the families who are willing to give time and effort to remain involved and provide us with important data to help the next generation of young girls.

Again I want to remind you that our 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 .. and that 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 and thanks for all your support throughout the years,

Diana Birch
Director Youth Support

YES!..... *we really did it - some of our young families
at 4th February Reunion*



The fifteen year survey is a reality... Living proof that teenage mums can do it!!. Youth Support grew out of the work with young parents - it is therefore fitting that we begin our Anniversary year with a celebration of young families. All these young mums kept in touch, kept their babies, made themselves happy homes for their children ...

Congratulations!!

The History of Youth Support

Youth Support was born in 1986 out of a need to provide a service for teenagers and support to schoolgirl mothers and the first Youth Support publication on schoolgirl pregnancy "Are you my sister, Mummy?" came out in time for our first meeting. The statutory services - health, education and social services were not catering for this age group and there was a danger that the medical services particularly were dividing care into paediatrics - i.e. children's services; and adult services with adolescents and young adults falling in the wasteland between. The first committee was a group of doctors, nurses and education and social work staff from the Lambeth and Southwark area of south London - but we soon acquired colleagues from other parts of the country and further afield .. by the time our Forum was started in 1987 we had links with Bristol, Liverpool, Scotland and International members from Ireland, Sweden, France, Russia and Jamaica. Later our international work took off in a big way and it would currently be impossible to fully list the countries we have links with or indeed the nationalities of our workers.

The first Youth Support 'event' was the Jamaican benefit fair - held in the empty grounds of disused St Giles Hospital - with bouncy castle, burger grill and Reggae sound system entertaining the locals. We didn't earn much money but we sure had a good time! The event competed with Glastonbury festival on midsummer day 1986 - and it is for that reason that our celebration party is being held on 21st June 1996. Jamaica had just suffered severe flooding and there was a need for medical supplies and vaccine for the children. We obtained one thousand doses of polio immunisation from Burroughs Wellcome and antibiotics from Beecham which was sent direct to the ministry of health in Kingston, Jamaica.

The British Government did not allow vaccine to be sent from England because it was earmarked for British children- so Wellcome had to send it from their Canada branch imagine my surprise and annoyance when on visiting Kingston I was asked to convey thanks to the British Government ... we soon put them straight!

It was on this first visit to Jamaica that we made contacts with the 'Women's Centre' for pregnant schoolgirls in Trafalgar Road, Kingston established by Pamela McNeil. The centre concentrated on giving pregnant girls a sense of vocation and emphasised self worth - that they should be proud Jamaican women with a future to look forward to rather than listen to those who would have them believe that having a baby during your school years is the end of the road. The Women's centre movement has now grown to a very large organisation with centres throughout the Island. On a repeat visit in 1995 I was impressed by the expansion of the project which can provide tuition for any pregnant girl wanting

to continue her education. Family planning and counselling clinic sessions have now also been added to the centres. We are delighted that Pamela will be visiting Youth Support House this year.



Gathering supplies: GP Dr Danny Lang (right) with Dr Diana Birch and Leaford Patrick, a member of Camberwell health authority.

Contents

Letter from the Editor	2	"Are You My Sister, Mummy?"	19
YES! Young Families Reunion	3	Teenage Sexuality - Schoolage Pregnancies	20
The history of Youth Support	4	Working at Youth Support - Student Placement	22
Jamaican Appeal	4	Florrie Lamprey - Social worker	23
Trafalgar Road Kingston	5	Priya Kanthan - teacher :Pru Roche - Nursery nurse	24
Early days - Lambeth Fair / Russian school	6	Clare Hann - Nursery Nurse	25
Schoolgirl Mum - 40 Minutes	7	Sheila Atherley - Nurse	26
Boris YS Honours Graduate	8	Play therapy - Sara Leon	26
Youth Support 'family'	9	Blues Brothers Experience	28
Baby unit / Education	10	Therapy at Youth Support - Sheena Brown	29
Congratulations cake -	11	"Bonds and Boundaries"	30
Chronology of Youth Support	12	Patricia Freeman - Nurse at Youth Support	31
Lunch / Billiards / Betsie	13	Family Resource Centre	32
Adolescent Health - A decade of Developments	14	The Voice of Youth	33
Professional Care providers	14	Letters to Youth Support	34
Services for Adolescents	15	Youth Support Publications	36
Specific Presentations	16	YS-Concepts nurturing -Lunch Club-Warm Fuzzies	37
Mental Health & Suicide/Sexual health & Education	17	Conference on Adolescent Health	40



During the late eighties Youth Support grew slowly while we struggled with the problems of finding premises and funding. Our first attempts at finding a 'home' met with incredulity ... you are really expecting us to give you money for that idea! Then it was .. well perhaps if you raise half we will lend you the other half ... and when we did .. they didn't. We advertised each year at the Lambeth fair and other venues but leaflet drops ended mainly in bins, postouts were not read ... it was discouraging but we kept plodding on ... finding some encouragement in the fact that there WAS a need out there. There was certainly no lack of young people needing help and the work with young parents continued unabated.



**Swedish group minding stall.
Lambeth Fair 1987**

Raising money to help teenagers was an uphill struggle - the public attitude is very much one of - when if they have problems it's their own fault .. they'll grow out of it .. or .. blame the parents... A pimply adolescent with a ring in his nose may have been abused and be in genuine need of assistance - but he does not have the appeal of a premature baby when it comes to competitive fund-raising or cute charity advertising. We did get a fair amount of publicity - not all welcome! "Are you my sister, Mummy?" had very good reviews in the press although the whole atmosphere of the 'era' was coloured by the 'Gillick' affair. When Victoria Gillick took her health authority to court to attempt to stop the provision of contraceptive advice to young people, we found ourselves frequently pitted against her group in the press, TV and radio.

At the same time we were conveying the health education message to the Soviet Union with class discussions and writing competitions - the prizes enabling youngsters to attend schools in London for a few weeks.





Our first major TV programme was 'Schoolgirl, Mum' screened in 1986 on BBC2's '40 minutes', followed in 1987 by 'Too young to have a baby?' - a BBC schools programme which used Susan Tully - playing the then pregnant schoolgirl 'Michelle' in neighbours as a link person in a sex education film. Both involved 'our girls'. Later Horizon filmed 'The child mothers' in 1989. Many short clips of our young mums and of Youth Support have since appeared on TV news reports and documentaries and 'chat shows'.

The 'Gillick effect' and the counter influence of 'Schoolgirl Mum' and 'Too young..' formed the basis of a presentation to the International symposium on Adolescent health in Australia 1987. It was at this conference that the 'International Association for Adolescent Health' (IAAH) was born and Youth Support was at the forefront in promoting the cause of adolescent health internationally. Diana Birch (president elect '89-91) and Anne McCarthy were on the committee from the outset resigning in 1991.

On returning from Australia the 'Youth Support Forum' was formed to provide professional support for colleagues working with young people and at the first meeting at the Royal Society of Medicine in September 87 we were joined by speakers - Paul Griffiths - who had just been setting up 'Child Line' and Fay Hutchinson from the Brook Advisory centres, Anne McCarthy came over from Ireland and Daniel Hardoff provided a perspective from Israel.

Eventually we discovered that one of the mother and baby homes catering for some of our pregnant schoolgirls was facing probable closure. We offered to take it over and our first attempt in 1987 met with resistance; however by 1989 the home had been completely run down and was due to be boarded up until expiry of the lease. .. a clause in the lease stated that if a group caring for young mothers was able to continue the work, then they should be given priority .. hence we were able to step in. The landlords (the Church Moral Aid Association) were supportive and fortunately did not demand a capital investment . we were allowed to take on the building on the strength of the reputation of the work with young parents.

Once we had the building .. plain sailing it was not! There followed many months of lonely, cold , dirty work by a faithful band of students and volunteers .. the house was filthy... anything of use had been removed .. somebody had even swapped the relatively OK mattresses with soiled ones from an old people's home. We dragged out all the rubbish ... cleaned painted and scrubbed. Renald an opera student from France, 'PG' an Italian Clarinettist and Gerry saxophonist from Ireland were the first 'crew'. We sang as we worked .. especially when 'Mimi' arrived who had a reputation for leaping on tables to add drama to her rendition of Carmen but there were times when Renald and I thought the end had come as we teetered perilously on the edge of the fire escape three floors up moving yet another wardrobe ... I hate wardrobes!! Then there was the time the cleaner and I got stuck to the floor after we tried to remove three layers of carpet tiles stuck down with evostick .. or the time that we were making one last run in the broken down van from the old ILEA furniture warehouse in Tottenham, we limped along with failing lights .. an old lady collapsed on the Zebra crossing in front of

us .. the ambulance strike was on and the police asked us to lay her out in the van!! The 'coup de grace' was perhaps the '*crustacea nostra*' caper when it transpired that - unbeknown to us - the van had been used for a pickup of frozen shrimps from Gatwick airport the shrimps were packed with cocaine .. imagine the scene .. police raid .. helicopters above .. it did get sorted!

There were housewarming parties .. we needed them to keep up our spirits! The first was Halloween 1989 when we decided it would be good to have a treasure hunt by torch light .. a whole load of teenagers converged on the house dressed in fancy dress - witches, ghouls and a black cat that lost it's tail. They followed a trail round the enormous empty old house in pairs .. not knowing that the Youth Support 'crew' were hiding in the shadows dressed in black, rattling chains.. The screams were blood curdling .. the best Halloween party ever. The casualty was a cleaning lady who walked out after a hysterical outburst the following morning provoked by finding a dead snake in her pail .. the lost tail!

The second party was Guy Fawkes night - the 5th November fires were great for disposing of the old mattresses and we invited all the neighbours so they would not complain. We ate baked potato and sausages by the light of burning furniture and finished the evening with a 'cot hurling' contest. The soggy mattresses needed petrol to start them off - which nearly finished us off .. whoooooom ... and somebody put the cheese for the baked potatoes in the freezer so breaking it up was a hammer and chisel job. .. there was actually something rather potent about that cheese .. Sean made a fondue with the leftovers which blocked the sink ... even the Great Danes turned their noses up at it.



The third party was the actual housewarming - new year's eve 1989 - during which our first 'residents' arrived .. a party of 36 Russian pupils, and their teachers from Sverdlovsk in the Urals. We had many Russian visitors during the next few years and also organised visits to Russia for London teenagers and exchange visits for professionals. The Russian visitors have built the playground equipment including our play 'Dacha' (Wendy house) ; "Are you my sister, Mummy?" has been translated into Russian and we have done work with runaways and homeless youth and teenage parents. We also set up a scheme to bring gifted students to British Universities and were assisted in this by Kingston University who gave us three places for our students. Our most successful student has been Boris Slobodkin who obtained a first class honours degree - many congratulations!

The first items of furniture in the house were donated or obtained cheaply second hand but some of the items were bought with money raised by our first Catford charity dog night - this raised just under £4,000 in October 1989 - it was so successful that we repeated the event in September 93 when we raised over £6,000 for our video assessment unit and we will be having a third event in May 1996 to raise money for our new counselling centre in Penge.

The Youth Support nursery opened in March 1990 and the residential unit for teenage mothers received it's first customer in June 1990 - the delay caused by registration quirks and the change in



regulations. Daniella was number one and Chloe our first baby, rapidly followed by Shirley and baby Emma and Maria with baby Kevin. Morale was aided by the supportive presence for six months of John Fricker from California who soon realised that even visiting professors carve the chicken when the cook freaks out! The cook's untimely demise led to the 'musical stand ins' Operatic Renald was a great cook but expensive .. insisting on Gruyere rather than cheddar in his soufflé ... Campbell enthusiastic but lethal and nearly ended his virtuoso Chellist career when he sliced a piece of thumb instead of the carrots! ...By the time we had our 'official opening' in April 1991 we had six residents, mothers with babies; an alcohol and substance abuse programme; a flourishing nursery plus after school children , professional teaching courses and outpatient therapy and education was beginning to take off. The 'opening' was very successful with a fete in the grounds, a little blessing service led by Canon Leslie Virgo at which the children held animal glove puppets and sang the St Francis song 'brother Sun and sister Moon'; ribbon cut by Roger Tonkin from Vancouver with Bouncy castle eminently blown up by Professor Richard McKenzie from Los Angeles. We were seeing the light at the end of the tunnel.

The advent of the Children's Act implemented on 14th October 1991 shut the light out for a while - almost permanently. We had a disturbed resident who provoked a riot when she thought the children's act meant that 'they can't tell you what to do any more..' and that the rights of parents and young people were absolute. A great deal of furniture and fittings were destroyed and the police did nothing to protect staff or property - later we did get an apology - they had miscalculated the affair - too late for us. The residents were expelled and we rebuilt and redecorated .. it was hard but a skeleton staff pulled the unit up to scratch in a few months and we took in the first of the 'new batch' in April 1992. This was when we extended the scope of the unit and began the family work. Alex and her wonderful family were the first .. and they are doing very well.



Since then our residential unit has changed to cater for whole families and takes a wide age range - so many young mums are not referred in the early stages now due to funding cuts .. they are then sent several years along the line perhaps with a third child or toddlers who are giving her problems or when the family is breaking down .. a short sighted referral approach. The 'treatment' side of dealing with substance abuse and alcoholism has become very important and we have catered for mothers with learning disabilities and a multitude of problems. Abuse, the sequelae and the continuing problems for the family are a focus in many referrals. We have also taken as residents single young people who need therapy - particularly in the area of sexual abuse. There are many months now when we are full to capacity and have a waiting list .. the 'outreach work' is also at full tilt and we will soon have to open Youth Support Two. We have grown from a staff of a dozen people to over sixty people including five therapists - all due to the commitment of those early people.



We have had help from a number of sources - the Princes trust who gave us £2,000 for a computer for the schoolroom - The Minet trust who gave £3,000 for our first outreach programme and Barclay's Bank who gave £2,500 towards the new kitchen in the school room which allows the residents to run a lunch club for local elderly - a scheme designed to give youth the idea that they are useful to the community - can give something back .. and it also has aspects of 'adopt a gran' for those without an extended family to relate to.

Although the Children's act nearly brought about our downfall, it has currently proved to be a source of our success since the amount of court work has increased out of all proportion and this brings a great many assessment cases, some of which go on to rehabilitation. Life in the unit is different every day - excitement as when a disoriented girl hovered on the window sill three floors up thinking she could fly .. or danger when one set fire to her room ... pleasure when children planted some flowers in the front garden for me ... embarrassment when they turned out to be stolen from the church next door ... pain when a young mother dies .. joy with each new baby and with each family able to walk out of the door to a life together in the community.



Chronology of Youth Support

<i>Jamaica Benefit Fair</i>	<i>June 21st 1986</i>
<i>First liason with Women's centre Jamaica</i>	<i>August 1986</i>
<i>First Public meeting - Queen's hotel Crystal Palace</i>	<i>October 1986</i>
<i>Schoolgirl Mum - BBC2 - Too Young to have a baby? BBC Schools TV</i>	<i>1986</i>
<i>Are you my sister Mummy? - first edition</i>	<i>1987</i>
<i>Forum - and second public meeting - Royal Society of Medicine</i>	<i>October 1987</i>
<i>First liason with Soviet Union</i>	<i>December 1987</i>
<i>Glasgow Meeting - Royal College Physicians & Surgeons of Glasgow</i>	<i>June 1988</i>
<i>Second London Forum meeting - Royal Society of Medicine</i>	<i>October 1988</i>
<i>Crescent Road Building secured</i>	<i>September 1989</i>
<i>First Catford Dog Night</i>	<i>October 1989</i>
<i>Third RSM meeting</i>	<i>October 1989</i>
<i>Guy Fawkes Party -</i>	<i>November 1989</i>
<i>New Year's Eve - First Russian's arrive</i>	<i>31st Dec 1989</i>
<i>Nursery opens - Rosa joins staff</i>	<i>March 1990</i>
<i>First Residents - Lynne joins staff</i>	<i>June 1990</i>
<i>First school trip to USSR</i>	<i>June / July 1990</i>
<i>John Fricker joins us from USA</i>	<i>September 1990</i>
<i>Fifth Public meeting Celebration dinner- Royal Society of Medicine</i>	<i>October 1990</i>
<i>Allied Dunbar donate grant for Baby Unit</i>	<i>January 1991</i>
<i>Russian staff join us - building of summer house</i>	<i>January 1991</i>
<i>AIDS and Young People conference</i>	<i>February 1991</i>
<i>Official opening - Youth Support House</i>	<i>13th April 1991</i>
<i>Children's Act - riot</i>	<i>October 1991</i>
<i>First Lunch Club - Russian School Performance for Barclay's Bank</i>	<i>December 1991</i>
<i>Retracing the Echoes</i>	<i>January 1992</i>
<i>First family placements</i>	<i>March 1992</i>
<i>Inner Worlds and Outer Challenges</i>	<i>March 1993</i>
<i>Fire in flat - family unit redecorated and restructured</i>	<i>June 1993</i>
<i>Second Catford Dog night</i>	<i>September 1993</i>
<i>Opening of Video Assessment Unit</i>	<i>February 1994</i>
<i>Pet therapy - mini farm</i>	<i>June 1994</i>
<i>Acquiring Warm Fuzzies Pet shop project</i>	<i>August 1994</i>
<i>Child Protection and Family RSM Launch of "Bonds and Boundaries"</i>	<i>October 1994</i>
<i>Warm Fuzzies - Official opening by Mayor - Pet day</i>	<i>29th April 1995</i>
<i>Pet Club takes City and Guilds exam in pet shop management</i>	<i>June 1995</i>
<i>Tenth RSM meeting.</i>	<i>October 1995</i>
<i>Lottery Money Grant - development of premises</i>	<i>January 1996</i>
<i>Young Parents reunion - 15 year survey.</i>	<i>4th February 1996</i>
<i>Acquisition of new shops in Penge - counselling and workshop</i>	<i>early 1996</i>
<i>Purchase of Crescent Road premises</i>	<i>early 1996</i>
<i>Third Catford Dog night</i>	<i>May 30th 1996</i>
<i>Tenth Anniversary Party - Blues Brothers Experience</i>	<i>21st June 1996</i>
<i>Adolescent Health Conference - Royal College of Physicians</i>	<i>October 24th 1996</i>



Adolescent Health - A Decade Of Developments

In considering a review of adolescent services over the ten years of Youth Support I draw on an article "Special Reports - The Health Status of Adolescents in Europe" initially prepared for the International Journal of Paediatrics. During the late eighties and early nineties, I found it essential to visit the United States to catch up with developments in Adolescent medicine and was impressed at the way that Adolescent Medicine was in fact a recognised speciality. It has recently become board certifiable and stands in its own right rather than as a subdivision of paediatrics. A training programme has existed for a number of years and many of the European medical practitioners involved in adolescent care have spent time in one of the North American 'fellowships'. In England I met resistance - my attempts at 'teenage counselling' within the health service met with mutterings of 'not cost effective' and it was hard to explain that a doctor should have knowledge of social medicine, psychotherapy, addictions and behavioural problems ... as well as family planning, paediatrics and sexually transmitted disease. Was I a psychiatrist, a health educator or what? I have been a member of the Society for Adolescent Medicine for a number of years and regard the members as my 'peer group' whom I need to meet with on a regular basis to recharge my professional batteries and realise I am not the only madwoman in the world!....

Adolescents throughout the world are confronted by similar problems and tasks involving psychosocial development, emerging sexuality and the challenges of risk taking behaviours. However the impact of these developmental stages on the health of the adolescent will vary tremendously depending on the cultural environment, accepted mores and socio economic status; still important, but on a lower key, are the variables introduced by health care and the professional input into preventive and educational medicine. On all these parameters Europe differs from the transatlantic scene and even within the continent there are large cross cultural variations.

Professional Care Providers

Firstly let us consider who works with Adolescents. In Europe as in the USA there has been a debate regarding the appropriateness of paediatric versus adult physicians caring for adolescents and traditionally the trend has been for paediatric services to raise their upper age limits to encroach further on the 'teenage' market.

A questionnaire delivered to the paediatric societies in most of the European states (Burgio; Ottolenghi 1994) demonstrated wide differences in adolescent care and guidelines. The authors were able to compare data from a similar enquiry made in 1975 which revealed that the upper age for remaining on a paediatric ward varied from 14 to 18 years (with the exception of Portugal where it was 10 years). France, Netherlands, Poland, Sweden and the United Kingdom had upper limits of 18 years although not long before the limit in England was 14. (Burgio GR, Lorini R, 1975) Cynics could argue that the increased range

related more to the rise in the number of paediatricians who needed consultant positions rather than the increase in concern over the provision of adolescent services.

Twenty years on, only 10 of the 29 respondent countries considered adolescent medicine to be the province of the paediatrician and the authors concluded that "... It is often claimed that adolescent care and assistance should be assigned to paediatricians who have followed children during their growth, are prepared to deal with growth and puberty problems, and are used to discussing with parents problems related to school, sports and habits. There is serious doubt as to the extent to which this actually occurs."

The situation in Europe has paralleled the US arguments - the American Academy of paediatrics made a statement in 1972 that "The purview of Paediatrics usually terminates by 21 years of age" (American Academy of Paediatrics 1972) but five

years later did recognise Adolescent medicine as a speciality. In most European countries we have no recognised speciality of Adolescent Medicine - Austria differs in recognising adolescent medicine skills since 1989. The arguments in Britain have circled several times around whether or not there should be a subspecialty and the British Paediatric association has held out firmly for the role of general paediatricians while acknowledging that "adolescents in hospital should be treated in adolescent wards." (BPA 1991) Many who actually work with young people would argue that differing skills are required and I am reminded of the comment made by a past president of the Society for Adolescent medicine that "... The time has come to either 'paint or get off the ladder" (Sanders JM Jnr 1988).

The argument for an Adolescent Medical speciality has been explored by several states including Norway (Noess PO. 1993) which has a very good record in terms of health education and preventive work with young people. Similar arguments are put forward by the Germans who note that most adolescents do not wish to be treated by a paediatrician, nor do they seek treatment by "doctors for the elderly". (Kurz ; Borkenstein. 1991). "... Most of the complications or problems are specific for that age period; they are not well known to all medical doctors. Because of these reasons, specialists in adolescent medicine are mandatory for proper treatment".

Another factor to consider, is something more banal - that despite all the training in the world, there are those among us who just cannot work with young people. They may not like young people, they may find them provocative, challenging, threatening, they may be embarrassed by them and the things they say and do. Working with youth, the professional has to be very open and honest - they see through half truths and respond badly to being 'fobbed off'. Many health workers are used to letting patients down gently, protecting them from the stark truth .. they also like to be 'in control' of information and of an interview ... all this does not go down well with youth. There is therefore a sense in which attitude can be more important than

training. hence working in adolescent health is most definitely a 'vocation' in every sense of the word.

Services for Adolescents

The German view epitomises the widely held outlook of those working with youth -in that general services are insufficient " ... a small proportion of adolescents actually consult general practitioners. Inadequate co-operation between medical and mental health care services as well as insufficient links between these services and the life of adolescents have led to a situation in which the use of professional assistance meets with barriers. As a result, adolescents continue to avoid visiting a physician even when they have already become ill." (Palentien C. Hurrelmann K 1994)

There is a growing consensus that adolescents require services in their own right and that we are doing them a disservice if we feel that we can enter this field without specific training and without tailoring our services to the needs of young people. In Spain a questionnaire delivered to the Catalan Society of Paediatrics Found that only 20% of the paediatricians had different schedules for adolescents than for children, only 16% provided a separate waiting room and only 4.3% actually showed a preference for dealing with adolescents. (Suris; Garcia-Tornel 1991) Major obstacles were perceived in provision of comprehensive care to teens including "... not having different schedules or waiting rooms, confidentiality, and the patient's perception of them as a "children's doctor."

So what services exist for adolescents? Services need to be looked at on a variety of levels - the concept of the 'Adolescent Ward' or hospital unit is too narrow. Adolescent medicine encompasses a wide variety of approaches from the inpatient acute services to health education and social medicine. Martin Fisher (New York) expressed his views regarding the status of Adolescent Medicine in the United States on a visit to Youth Support "...Adolescent medicine takes on different perspectives depending on the area and the interest and expertise of individuals. I was

aware of that when I wrote an article in Archives of Disease of Childhood on Adolescent medicine and it was brought home to me coming here and realising that none of the list of subjects which you had suggested your staff might like to hear me talk about were actually within my own practice! My perspective is more from the direction of adolescent inpatient units and hospitalised teenagers In the United States we have between 40 and 60 adolescent units where teenagers are hospitalised. They may attend for pulmonary disease, gastrointestinal disorders and are placed in the adolescent unit. Now the trend is for less hospitalisation, reduced numbers of beds and decreased occupancy In the USA we have developed a number of school based clinics - the first were in 1980 in 3 places - Minnesota, Detroit and Dallas; by 1990 there were 200; by 1992 there were 400; 1994 we had 600 and so on - an exponential rise”.

Traditionally, in the United Kingdom the term 'Adolescent Unit' was used to describe adolescent Psychiatric units and the problems of teenagers were regarded as 'something you grew out of' and hence was not worth treating; 'something which was your fault' such as risk taking - and thus did not deserve treatment or 'something which your parents should control'. The acute illness was treated by general physicians or paediatricians, a few child psychiatrists bravely ran adolescent psychiatric units and the school doctor did routine physical checks on children most of which slipped through the net beyond the age of eleven.

Gradually various independent and charitable organisations began to set up teenage counselling clinics and small services in various parts of the country - all tending to work in isolation and 're-inventing the wheel' mainly based on provision of contraception and sexual counselling. One of the most important of these organisations was the Brook advisory service which for the last three decades has been opening young people's sexual advice centres throughout the UK and has been a major influence on sexual education. Another has been Youth Support, now ten years old, which is a charity providing services for teenagers and abuse victims which also runs a 'Forum' on Adolescent

Health and Welfare which arose out of the need for a professional peer group, co-ordination of ideas and support. There is now developing a better understanding for adolescent care, the community health and school health services are responding to the need for more psychological and emotional input and there has been wider recognition of the need for a multidisciplinary approach.

In France the first in patient adolescent unit was created in 1982 as part of the Department of paediatrics of the Hospital de Bicetre in Paris. (Alvin; Courtecuisse 1991) This was based on the American and Canadian experience and a multidisciplinary approach was used with a good community network. Also in the eighties the Comite Francais pour l'Adolescence was formed. This took up the brief of working in the wider community and focused on health education and promotion producing an excellent "Guide Sante" in 1987 under the leadership of Dr Sauveur Boukris. This health guide was widely distributed free of charge to adolescents.

The multidisciplinary approach has also been emphasised in 'The Cholet Experience' (Jacquet; Mabrut 1991) where a three tiered service was provided including the adolescent ward (5 beds) of a paediatric unit (38 beds; 1,691 admissions). Follow-up was carried out in a specialised out-patient clinic (660 patients) held in an ordinary local apartment lent by the town-hall. And a day hospital (12 beds) was reserved for those patients presenting with more severe psychological problems. In fact two thirds of patients presented with psychological problems, of which 40% were suicide attempts. This approach allowed the team to function in a multifocal, multidisciplinary way while responding to local needs and providing a more global management and better follow-up of adolescents. 'Creative' approaches such as these provide acceptable environments for young people whose access to traditional clinics can be limited by stereotyped views and roles.

Specific Presentations

There is a sense in which those professionals who look for a problem will find it, and thus the type

of presentation at youth clinics and counselling centres will fall in with the special interests and expertise of the workers. Hence clinics whose personnel have an interest in eating disorder will not only recognise and diagnose more, but also patients will be referred and tend to 'gravitate' in that direction. It is thus difficult to accurately estimate which 'problems' are of most interest and importance to youth themselves and which presentations are most honed in on by the professionals. There is also a danger that a type of problem will be 'legitimised' by providing the sort of specialist centres which we often see in Europe i.e. Brook for sexuality;; Samaritans for suicidal feelings; drug advice centres etc. rather than general counselling. This may lead to the situation for instance when a young girl hears the message that she needs to be seen to be sexually active, or suicidal to be counselled, rather than just unhappy or confused. Nevertheless two broad areas would seem to be responsible for the majority of consultations across centres - emotional problems including suicide attempts; and the area of sexual health. These deserve special mention.

Mental Health and Suicide

Suicide has now become the second most important cause of adolescent deaths in most of Europe. Rates have been gradually increasing and the UK has about the worst record in Europe with regard to young men. It has been suggested that this correlates with young male unemployment (Pritchard 1992). Certainly young people who are lacking in direction with no prospects of employment may fall into various types of self destructive lifestyles and we have seen a great deal of unhappiness between young couples who get on each others nerves by having the man constantly at home under the woman's feet, while he feels unfulfilled and emasculated by job loss and can perhaps attempt to regain his 'potency' by domestic violence or self harm.

In Britain about 1 in 20,000 young people actually die while 1 in 200 make a serious self injuring attempt. These numbers hide the real depth of unhappiness since as many as 1 in 20 will admit

to serious suicidal thoughts. Young mothers also have a high rate of depression which often goes untreated. One of our early Youth Support Forum meetings focused on teenage suicide with a presentation by Eric Taylor who made the point that rises in youth suicide and parasuicide have occurred at a time when adult rates were falling, indicating that our support services for depressed and hurt young people have been sadly lacking. Many have been victims of abuse and have been through part of the 'care system' hence early identification and intervention could have been a possibility, often the stigma and fear of suicide obstructs management of treatment.

The French experience is similar "... most come from troubled or abusive environments, most did not clearly intend to die and are asking for some help. Only a minority appear to be mentally ill and need inpatient psychiatric care. These patients are best approached when hospitalised like any other adolescent and offered a thorough health screening, within an integrated and multidisciplinary framework which allows working with both the patient and his family" (Alvin 1993)

Sexual health and Education

This is always a 'target' area for professionals working with young people. It is important to maintain an overview of sexuality and sexual health - so often the field is dominated by the 'politics' of medicine - i.e. is there more funding in HIV prevention, or government propaganda on cutting teenage pregnancies, instead of looking at the needs of the individual young people.

Europe has a mixed reputation so far as sexual education and teenage pregnancies are concerned. Generally speaking northern Europe has a better track record than the southern states; the Scandinavian countries have had a successful approach to sexuality and have kept their teenage pregnancy rates low while Denmark and Holland have the lowest conception rates linked to a very open and frank approach to health education. The Dutch lesson has been admired in Britain but sadly we have had a considerable opposition to the provision of good sex education programmes

and contraceptive services for youth which led to decreased contraceptive use and increased pregnancies in the eighties. Our conception rate is thus the highest in Europe although trends in the nineties have been encouraging. Conception rates for the under sixteen year olds were 10.1 in 1990; 9.3 in 1991 and 8.5 (per thousand) in 1992 the lowest rate since 1983.

Sadly the youngest age groups are least affected by contraceptive availability and thus a significant number of 14 year olds and younger give birth each year. The under 14s have the worst prognosis in terms of personal outcomes and child rearing. The remaining girls have abortions and although 60% of under 14 year olds abort their pregnancies many do so at a dangerously late stage. Only 23% of abortions to under 16s are performed before 10 weeks and 5% are performed after 20 weeks. These girls often present late for care due to lack of sexual education and advice (Birch 1992).

Europe's demography and political geography has changed radically over the last decade - states have merged (the Germanies); others have split (the former Yugoslavia and Czechoslovakia) and the 'new Europe' includes areas of the former USSR. Sexual education is in it's infancy here and there are enormous difficulties in achieving 'modern' standards. "The availability and use of modern contraceptives is low; traditional methods predominate .. it is clear that the level of induced abortion is higher in the USSR than in any other country in the world." (Popov 1991). Our work in the Urals and with Russian youth has highlighted the difficulties faced by teenagers exposed to the 'western imports' of prostitution, sexual promiscuity, drug abuse and HIV. A generation of youth is attempting to enter the twenty first century at break neck speed without the protection of health education and the levels of preventive medicine which most of us take very much for granted.

References -

1. Burgio GR, Ottolenghi A. "Adolescence and paediatrics in Europe" *European Journal of Paediatrics* 153(10):706-11 1994 Oct.
2. Burgio GR, Lorini R, 1975 "Sauver l'Unite' de la Pediatrie. Une enquete sur l'hospitalisation

- et l'enseignement en Europe" *Archives Francaises Paediatric* 32: 893-900
3. American Academy of Paediatrics, Council on Child and Adolescent health , "Age limits of Paediatrics" *Paediatrics* 1972: 49:463
4. Welfare of Children Young People in Hospital Department of Health 1991 British Paediatric Association HMSO London pp 21-23
5. Sanders JM Jnr "Health Care delivery to adolescents and young adults by paediatricians" *Paediatrics* 1988;82:516-517
6. Noess PO. "Do we need a specialty of adolescent medicine in Norway?" *Tidsskrift Den Norske Laegeforening* 113(2):169-70, 93.
7. Kurz R. Borkenstein M. "The responsibility of medicine in adolescence" *Padiatrie und Padologie.* 26(3):121-4, 1991.
8. Palentien C. Hurrelmann K. "Adaptation of medical care to the changing disease spectrum of adolescents" *Gesundheitswesen.* 56(10):537-42, 1994 Oct.
9. Suris Granell JC, Garcia-Tornel S. "Adolescent medicine among paediatricians in Catalonia." *Jour Adol Health.* 12(6):430-3, 1991 Sep.
10. Alvin P, Courtecuisse V. "Adolescent medicine Development and prospects". *Archives Francaises de Pediatrie.* 48(2):137-41, 1991.
11. Boukris S. "Guide Sante" Comite Francais pour l'Adolescence Rue de la Chapelle Paris 1987
12. Jacquet Y, Mabrut JP. "Multi-disciplinary approach to adolescents with problems. The Cholet experience" *Archives Francaises de Pediatrie.* 48(3):179-83, 1991 Mar.
13. Pritchard C. "Is there a link between suicide in young men and unemployment? A comparison of the UK with other European Community Countries." *Brit Jour of Psych* 160:750-6, 1992
14. Alvin P. "Suicidal adolescents: lessons to be learned from early intervention." *Jour Paed & Child Health.* 29 Suppl 1:S20-4, 1993.
15. Birch DML "Are You My Sister, Mummy?" Youth Support Publ ISBN 1 870717 02 3
16. Popov AA. "Family planning and induced abortion in the USSR: basic health and demographic characteristics." *Studies in Family Planning.* 22(6):368-77, 1991 Nov-Dec.

Are YOU MY Sister Mummy?

How does it feel to grow up with a mother only twelve or thirteen years older than yourself? "Are you my sister, Mummy?" is the definitive text on **Schoolgirl Pregnancy** - Dr Diana Birch reports the findings of over twenty years work with more than 150 very young girls, their boyfriends, families and children. The second edition with up-dated statistics, a new preface and conclusion is now available (Price £10 inc P&P) from:-

Youth Support - Publications Dept.

13, Crescent Road,

London BR3 2NF

Tel 0181 650 6296

Fax 0181 659 3309



All proceeds in aid of disadvantaged young people - Charity No 296080



Teenage Sexuality - Schoolage pregnancies

"My mum sent me to the doctors when I was about four months because I hadn't been on the periods. The doctor said it was just puppy fat, then she sent me back when I was seven and a half months and he said it was just wind. " (Kirsty - 14. schoolgirl mum). Such a quote is all too common. ... and unfortunately just as common now as when I first recorded those words ten years ago... A sad illustration of how out of touch we can be with the teenager's view of sexuality and thus fail to provide adequate services, whether it be for guidance, education, practical or medical help for youth.

Each year in England and Wales approximately 10,000 schoolgirls become pregnant. Many of these girls will do well with their babies as evidenced in our fifteen year follow up data - nevertheless for those who experience difficulties, it can be depressing to see the cycle repeated in future generations - 'old girls' returning to a residential unit to visit their daughters and nieces in the next loop of the spiral. Conception rates have altered disproportionately so that the youngest girls now constitute a higher proportion of the number of school age births than previously indicating that the very young, most vulnerable, girls needing most support are being failed by preventive and educational programmes.

Why is this? Why do so many young girls become pregnant and so many young boys become baby fathers? An adult professional stance can lead us to fail to understand the difficulty that our teenage patients are confronted with in growing up; attempting to look at some of the conflicts from the young person's point of view we are more able to act practically and effectively to help our young patients avoid making the same mistakes that we did at their age. By understanding the belief systems of the adolescent and his or her peer group we can interact with that young person in a way which has relevance and meaning.

It is for this reason that the emphasis of work at Youth support is on emotional and motivational aspects of sexuality - beliefs, self concepts and most particularly self worth. We must be forgiven some element of repetitiveness in describing these concepts and their significance since the same basic principles influence so much of the adolescent's behaviour and thinking patterns.

Peer group beliefs "You can't get pregnant standing up" can be confronted with factual knowledge -sperm can swim uphill! But at a deeper level are what I would describe as magical beliefs. Intrinsic ideas with high emotional content a feeling of instinct and intuition which may have no perceivable basis in current reality. Magical beliefs centre on fundamental concepts; feelings about self, body, control - the nature of life itself.

The adolescent is much preoccupied with the question "Who am I?" Confusion arises when "Who am I?" becomes "Who are we?" Acquiring a personal identity becomes a monumental task for a pregnant girl whose identity changes beyond her control; no longer a little girl, but a fertile woman. The role of mother is thrust upon her before she establishes her own identity, hence the belief that she cannot get pregnant and denial of pregnancy. *"I knew how girls get pregnant, but never thought it could happen to me"*

Girls deny that they can become pregnant. They believe they are too young. Belief in the impossibility of pregnancy tends to become almost a magical protection like a lucky charm "It won't happen to me". These teenagers are at the stage of concrete reasoning unable to identify with the experiences of others. This explains why health education methods based on shock tactics do not work with this age group.

Teenage sexuality is profoundly affected by beliefs about control. Emotional development involves internalising the "locus of control", assuming responsibility for one's actions and one's body. Those maintaining an external locus of control are not in control of when they have sex or whether they get pregnant, are not

responsible for their actions or their bodies - pregnancy is something that *happens* to them. It is a matter of fate. An unplanned pregnancy represents the ultimate loss of control. Even their bodies are acting independently with their wishes. Belief in the autonomous womb explains why teenagers do not believe sex will result in pregnancy. It also explains some of the denial.

Belief systems interact in limiting contraceptive use. Hence for young teenagers under the age of 16, it is not so much a matter of availability of contraceptive services which affects sexual practices and conception rates. Much more important is the social situation and life experiences which affect their emotional maturity, motivation and their value systems. A self esteem measure of pregnant schoolgirls and a comparable group of schoolgirl mothers indicated that while painful life experiences and deprivation resulted in an expected fall in self

esteem scores, the girls who were pregnant at the time of the testing felt much more positive about themselves than the schoolgirl mothers. Pregnancy seemed to have protective value in conserving self-worth. Girls were finding an alternative value system by which to judge their lives.

Seen from a young girl's viewpoint, pregnancy may not be so undesirable; motherhood is a fulfilment; she takes on a valued role and out of her loveless world creates a baby who will love her. Pregnancy is thus used as a source of self-worth and a false solution to problems. That being so, an alternative solution must be offered. These young people need an alternative source of self-worth in order to ensure that when they become parents this is because they desire parenthood, with all its responsibilities, hardships and joys, not merely as the only perceived escape from a catalogue of problems.



Working at Youth Support

Student placement at Youth Support House

My name is Annette Rattray and I am a student at Kingston University, studying for a Diploma in Social Work. My final practice placement is at Youth Support House where I have been for the past four months. My work at the University covered social work theories, social administration and the family e.g. family dysfunction, the Children Act 1989 and court procedures. However, having theoretical understanding of these gave me no concept of the practicalities and how to apply theory to practice. Being at Youth Support House has given me the opportunity to put this theory into practice.

I have attended and taken part in placement reviews and meetings, visited various statutory organisations, attended prebirth and child protection conferences and liaised with other professionals. I had the experience for the first time of accompanying clients to the High Court, observed contact meetings between parent and child, sat in on assessments and taken part in different therapy sessions.

The experiences gained while have been at Youth Support House i.e. group work, working with adolescents, young mothers and their babies and young families have helped me to enhance old skills whilst learning many new skills. For example, having a better understanding of parenting skills, low self-esteem or lack of self confidence. I have learnt to have a better understanding of the clients feelings, how powerless they feel being involved with social services, the family dynamics relating to the Children Act 1989 and the processes. I feel that the learning experience and knowledge I have acquired has developed me professionally, giving me a better understanding and insight as to what it means to be a social worker. I hope other students will be given the opportunity to do their placement at Youth Support House - it is an archive of learning experiences.





Florrie Lampsey - Social worker / Care worker

During the process of accomplishing a CQSW certification my first year placement was at Youth Support House for a six month duration. During this period, I was inspired and enlightened by the areas of social work. My role was to be investment towards developing future academic learning - through this I have gained a good working knowledge of children and families.

Now I have returned to Youth Support House as a qualified social worker my role is to liaise with outside agencies discussing casework with other professionals including social workers, guardian ad litem, doctors, health visitors etc. in order to advocate effectively on behalf of our clients recording and reporting in written form the progress of each family.

Working in a residential setting I believe it is necessary to reflect a professional attitude towards the residents. This I am able to demonstrate in line with the spirit of the Childrens Act 1989 by working in partnership and empowering residents within the unit.

Often very contentious decisions had to be made as a result of Child Protection conferences. I have become aware of various forms of abuse that many of our children have been subjected to - many of the residents have children who are looked after by the social services under the Children's Act. Many of our clients are from different ethnic groups some of which are classified as having special needs. These have taken the shape of learning difficulties and disturbed women and men. At times the responsibilities were stressful as decisions were made against the clients wishes and feelings. I found the use of supervision an opportunity to debrief and air concerns. The added guidance also offered me the opportunity to gain directions as well as developing new ways of working.

To summarise, I have to acknowledge that, at the end of any day, the benefit and usage of all the interpersonal skills of various levels of staff and team efforts with the young residents of Youth Support House can be very rewarding.

Priya Kanthan - Teacher

I am the teacher of the Youth Support nursery. I joined the team five years ago and since then the house and nursery have grown in terms of number of staff and facilities available. My main job is to teach the nursery children at the pre-school level. I have also been involved in teaching young teenage residents and their children. I work every morning from 9 to 12 five days a week. Children attend the pre-school programme when they are three years of age, learning their alphabet, numbers, colours, shapes, sizes and weights. They are introduced to situations that require concentration, patience, group activity and discipline. Children look forward to their time in the schoolroom because they are then classed as BIG children. They acquire pencil control and eye-hand co ordination too. By the time they leave the nursery to go to school the children are acclimatised to the idea of schoolwork. Due to the happy structured disciplined environment here they find it easy to adjust to a new school.

Certain children need extra help with speech, writing skills, fine motor skills etc. Due to our small group emphasis on a one-to-one basis I can identify any problems and help solve them. I work with children according to their abilities and interests and emphasise group activities and projects. This enables them to work together in peace and develop important values of sharing togetherness.

Parents are involved in the progress of their children - work is sent home weekly and regular meetings are organised for detailed discussions.

Regarding my work with the residents, I have helped many teenage mothers or pregnant girls with reading, maths, sewing and crafts and given lessons to some resident children here with their families who, for various reasons, are unable to attend school. On the whole my work experience in Youth Support House has been varied and exciting - a valuable learning experience.

Pru Roche - Baby unit

At Youth Support House baby unit we operate a service giving professional advice in a caring, consistent manner throughout our clients' assessments whether it be 24 hours close supervision in the case of child abuse or general care. This is done in a relaxed, happy atmosphere - yes, even when we have five or six babies suddenly needing feeds at once - consistent teamwork. Given the nature and ages of some clients it can sometimes be volatile but any major clash about to happen is quickly quelled; happily the most we get is "whose nicked my baby's bottle/ vest etc" - mass manufacturing sometimes has a lot to answer for! Our work as a team monitors bonding hands-on care, safety, stimulation and every other aspect which enables the parent or parents and child to be a family. I have made light of our work which involves liaison with various carers, health visitors, doctors, physios, But our work in the baby unit is anything but light, and rewards are small. They often come from the strangest place such as young resident new mums wanting a cuddle from their own mothers but settling for second-best, a cuddle from baby unit staff.

Clare Hann - Nursery Nurse

When first asked to write a report my mind drew a blank - not because of lack of day to day happenings which fill it, exactly the opposite! My title may be "Nursery Nurse" but I find myself in many other roles from day to day including escort, social worker, befriender - this is what makes my job so interesting.

Usually I am knee high in children, lost in their wants and whys, sitting back occasionally to enjoy the amusing vocabulary or intense interactions between the 2-5 year olds. Whilst doing so, never forgetting these early years are the foundations on which their future lives will be built. Our days in the nursery are always busy and varied. We could be off to the swimming baths, the library, Warm Fuzzies pet shop, the park, firestation or even having an organised water fight!

As the Youth Support nursery is smaller in size and numbers than most other day nurseries every child is able to express themselves individually and is treated as such. We also have the added advantage of a mini-farm next to our playground, a sports instructor who takes the children for sessions and a teacher who takes the older and younger children in turn for basic pre-school teaching within our schoolroom.

Leaving the nursery children behind, I step into another scenario altogether - that of older children holding tiny babies or families desperately trying to fit the pieces into the slots where society is requiring them to go. Caring for babies and toddlers within our baby unit is enjoyable though not without stress - there is a lot that goes with the actual caring; for example, encouraging parents to actually come into the unit to be with their child, supervising sometimes unwilling parents in the care of children, observing the comings and goings of residents. Last, but most important, keeping the welfare and safety of all the children in our care first and foremost.

I have been at Youth Support for several months and can honestly say that I have never worked anywhere quite like it. Every day is different, and every day I come away a little wiser than the day before. A lot is involved in the care and support of adolescents and families in need. There is still a lot for me to learn, so for now I am just taking it one day at a time.....



Sheila Atherley - Youth Support Nurse - School age pregnancy - Changes in approach -

Teenage Pregnancy has been a problem for ages and generally frowned upon but in the last three decades there has been a change of attitude: Much of the shift has centred around child abuse. There are still enormous variations in people's minds as to what constitute abuse, and what does not. What one culture sees as abusive, others may regard as normal. In our society, it is often seen as a social problem. Parents and carers were not always supportive of pregnant girls and often excluded the teenager from home, leaving social services to take responsibility. Professional intervention brought about change in public opinion resulting in less stigma attached to these teenagers. Here's an example of what it was like in the 1970's.

In 1978 whilst working as a midwife based in the antenatal clinic, a teenager aged 13 years was referred via aunt's GP; she was Bermudan. The family being staunch Catholic of middle class background, decided to send their daughter to an aunt living in London to avoid disgrace within the family. Ann, appeared much older than her age. She was shy, reluctant to engage in conversation. Perhaps this behaviour was due to a broken trust.

Aunt was only able to produce a sparse history from correspondence which she received from Ann's mother. She said the pregnancy was the end product of sexual abuse by a family friend. Arrangements were made between the families, that after the birth, Ann should return home to continue her education leaving her aunt to rear the

child as her own. Ann presented at 20 weeks gestation. Full antenatal care was advised. Ultra Scan was explained and performed to exclude foetal abnormality. Parent education classes were suggested but not taken up- aunt objected it was unnecessary. Pregnancy was uneventful Labour spontaneous. Delivery emergency caesarean for failure to progress in labour and foetal distress. I again saw Ann when she attended for her post natal check. Sometime later, her aunt visited the clinic and stated that Ann had returned home.

This is a prime example of the difference in what happened in the 1970's in contrast to what is happening now in the 1990's. Much has been learnt from the mistakes of the past and present law attempts to give a better deal to expectant teens. The Children Act 1989 states that local authority, social services departments, NSPCC and other agencies concern with the care of children have a statutory duty to investigate. The need for such work is to prevent further sexual abuse, hence further pregnancies. For Ann, there was no professional intervention, the family dealt with matters according to their culture.

Nowadays, in the 1990's, the case would be handled differently; there will be professional intervention, whereby the family will be supported with several options open to them termination of pregnancy, fostering, adoption and the most vital question of all should the child remain in the family home, or be removed.

Play Therapy At Youth Support House

Sarah Leon (presented at Tenth Forum meeting - October 1995)

I will make an assumption that everyone here understands that for a child to grow into a reasonably controlled and confident person it needs to grow up in an environment where it feels safe, secure, loved and allowed to be. Given the strains and stresses of life, particularly in the case of single mothers knowing the value of play and giving space for it the mother can both assist

development of her child and enhance their relationship. I see my role at YSH therefore as facilitating that relationship. Most mothers who came to YSH, owing to the nature of their placement already feel inadequate mothers. It is my job to try and support the mother and enable her and her child to feel relaxed and enjoy being together. Of course one paradox is how can a



mother possibly feel relaxed knowing that she is being observed and has an observer (me) in the room watching her. It is necessary for me to establish a good relationship - a working relationship with the mother. The mother will be my main point of contact, I don't want to be idealised by the child nor for the mother to feel in competition with me, thus leaving her feeling yet again undermined. Depending upon the age of the child, the sessions are structured around various toys and playthings. I encourage the mother to play alongside her child, this can be very complex as much depends on the mother's own childhood and the experiences in life as to how freely she is able to play.

The session can be one of teaching mums how to play and supporting them in what they do well. The aim is to let the child lead the session which will increase the child's self confidence choosing whatever she wants to play with and the mother engaging and playing alongside the child whilst maintaining appropriate boundaries. If a child starts sticking his fingers in electric sockets then the mother needs to teach him that can be dangerous for example. I said alongside and encouraging because one essential ingredient of child development is to be mirrored. Mirroring entails reflecting back to the child so that his sense of self grows. This can take very simple forms of smiling, repeating, sounds words,

observing his play and reflecting it back in the form of words "I notice how carefully you are drawing that cat" etc. Praising the child for what it does and letting a child persist in her own activity and not losing tolerance or showing a child how to do things properly. In the world of play there are no right or wrong ways of doing this - mistakes need to be made, mess needs to be made and tolerated, his sense of self needs to be discovered and that requires tolerance and support. For example, he can't paint on walls but he can paint on this bit of paper - offering an alternative so the child won't feel neglected.

I am reluctant to do too much teaching and prefer to draw out the positives and not tell a mother what she cannot do but I had an example of one mother who in the first session just sat in a chair and didn't move, whilst her child ran around the room picking up certain objects and asking the mother what they were. The same happened in the second session so I decided to ask the mother if she had been taught or allowed to play and would it be helpful if I demonstrated some play for ten minutes? I did so, the mother joined in and I slowly withdrew. After six weeks the mother went from structured play to being able to play imaginatively alongside her child.

Regarding very small babies of a few weeks; structured play through toys is not always

appropriate or necessary but patterns of behaviour and ways of being with each other can start here. Much of what I do is allowing space for mother to enjoy just being with, holding, feeding, talking to and smiling at her child and in these seemingly ordinary actions a lot can be going on.

Mother, father and baby of a few weeks. At first father held the baby in his lap with the head cupped in his hands which were resting just above his knees and baby's feet rested on fathers stomach. Father was looking into baby's face. Baby seemed content and enjoyed this and when baby had had enough of the fathers stare he averted his eyes and looked at the wall behind father. This continued for a while and mother took over. My instinct was that she felt herself a bad mother. She repeated how the baby had

started to smile at her - she bounced the baby gently I think hoping to make it smile; it didn't and the mother went further by trying to push the corners of his mouth physically. More bouncing, and the baby started to object by crying and waving his arms and legs around. Hence the pattern. Invasive mother who is rejected by baby which increases her already low self esteem, and in turn causes jealousy, anger competition between parents. Father thinks he is superior and mother is bad

My job would be to somehow change this pattern and if done well could change the whole family dynamic. I have attempted to give a flavour of my role, understanding the complexity of the parent - infant relationship; and each family needs to be handled differently and with much care.



**JOIN US
FOR**

THE BOYS' EXPERIENCE



! Tenth !

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

- Disco • Dance • Band •
- & Supporting Acts • Food • Bar •

Prizes for the best dressed look-alike!

**Tickets £10 from Rene at
Youth Support House
Tel: 0181 650 6296
Fax: 0181 659 3309**



- Therapy at Youth Support - Sheena Brown -
Delivered at Royal Society of Medicine October 1995

I am one of a team of five therapists led by Dr Birch. Therapy is very central to the function of Youth Support and is delivered in four ways, namely:

1. Individual - each resident has their own therapist whom they see as many times per week as is necessary to meet their specific need.
2. Groups - various themes at least 2 per day - I shall say more of these later.
3. As needed - couples parent and child therapy and psychodrama directed by Dr Birch to work on a particular issue as an entire group of staff and residents
4. Although not specifically therapy other staff work on an ad hoc basis with the residents to provide support, advice encouragement and caring. This albeit informal therapy is an integral part of a therapeutic community

Our residents come for assessment initially and often present as having low self esteem. It is important to them to achieve the goals of their assessment satisfactorily and low self esteem is personally destructive and potentially sapping. Often relatively able people they are emotionally and practically handicapped by their life experiences. Their functioning has become dysfunctional. This has and is affecting their lives disastrously leading to their placement at Youth Support House which in itself inputs inadequacy. This is life at a negative impasse indeed.

Assessment is not all take. The process itself is a healing. This healing can be addressed via groups like the self esteem group where the 'positive strokes', to use a transactional analysis term, can be given to provide emotional empowerment that is the foundation of good self esteem

I therefore wish to focus on the Thursday afternoon self esteem programme which enables residents to eventually be able to leave YS return to the community whole, healed, better able to go on the lead happy fulfilled lives with their families and loved ones.

In a light supported atmosphere the entire group of residents and staff use eclectic methodology focusing on seven key issues:-

- 1 Accepting personal strengths and weaknesses (we have those too)
- 2 Building a "Yes I can do it" mode of function
- 3 Learning to feel praise.
- 4 Setting realistic goals (acknowledging skills to do this)
- 5 Learning to reflect as part of ones own process
- 6 Trusting ones own feelings
- 7 Respect for oneself as a uniquely OK person.

All in all a governing dictum for this group could be learning to like yourself a little bit more as time goes on. Society / life for all of us can be fairly punishing and difficult. We all need to address our self esteem issues and for our residents this is important to the success of their



placement. How can one have relationships hold jobs, be parents, live in a peaceful fruitful way in the community if inside one is eaten up with self loathing and then seeing the world through that negative distortion. Redressing issues of self esteem is not the panacea for all ills but to learn the art of thinking positively about oneself in a

caring supportive healing environment helps greatly.

A thought of my own is you become what you think you are; Therefore if you esteem, or put it another way value, yourself - so will others. It makes life a lot easier.

"Bonds and Boundaries"

- Child Protection and The Family -

Diana M. L. Birch

* * * * *

To work in the field of child protection and particularly when it involves assessment of a family and possible rehabilitation is an area fraught with difficulties.

All families have problems of one degree or another. All children make their parents angry at times, most toddlers have tantrums, 'normal' married couples have blazing rows, children will compete with each other for attention and little girls do have crushes on their fathers and get jealous of their mothers. Where do we draw the line, the boundary between what is acceptable and what is harmful, abusive and requires professional intervention?

And if we do intervene - how can we be sure that our intervention is helpful and does not in itself cause more harm than good?

The needs of the individual are not necessarily compatible with the needs of the group - in this case the family - and weighing up these needs and placing them in some order of priority can be nigh on impossible. It requires empathy and sensitivity - but most of all a high degree of professionalism.

Subject matter includes: Rehabilitation and The Family - Working with Families - Bonding, Separation and the Rehabilitation process - Results of Rehabilitation including outcomes of our experience at Youth Support - Disordered Family Structures.



Patricia Freeman - Nurse at Youth Support

My previous role was a registered midwife at an East London hospital. In the area I was working in there was a high rate of teenage pregnancies resulting in a special clinic being created to cater for their needs - this would include an early ultrasound scan, parentcraft sessions geared to teenagers, social support - discussions on benefits, housing and how pregnancy and bringing up a child at a young age changes their lives. The frustration I felt was there was not the time for midwives to sit with teenage mums who had recently delivered a baby to discuss any social problems or even emotional problems they may have - we could only refer them to the hospital social worker. Although as a midwife I was providing medical care the emotional and psychological needs were not being fully met and even worse not knowing the outcome of cases discharged into the community. Working as a nurse at YSH has helped me to meet these goals.



I have had the opportunity of caring for a 14 year old girl who was admitted via social services 20 weeks pregnant. She had a lot of social emotional problems which she had not dealt with in early years. She was happy to continue on with her pregnancy even though it was not planned. Reports have shown that teenagers seem to be more likely to have sexual intercourse if they come from unhappy disturbed home backgrounds. Young people under stress looking for company and care amongst their peer groups tend to be offered sexual intercourse.

A therapy timetable was devised according to her needs on admission. She was booked at the local hospital and antenatal clinic for her care. The client felt self conscious about being pregnant at a young age, so that she was not happy to attend parentcraft at the clinic; this was added to her timetable to allay any fears and anxieties. It is essential that information given to young people is realistic and appropriate to their particular circumstance.

Our primary goal was to maintain the health and well-being of the client and her unborn child. Ensure that she attended therapy sessions as timetabled and also antenatal appointments. Help the client to draw up a birth plan which she could discuss with her midwife and consultant, and structure the parentcraft programme to her needs. Although we do not operate a keyworker system a member of staff was involved in most of her care which included as well as the above liaising with her mother, the social worker, attending conferences and meetings with the client as well and providing the emotional and psychological support. Education is also provided on site. The client progressed well through her pregnancy and had a normal delivery at 41 weeks gestation - to a

7lbs 9oz boy. The client coped well through labour with major support coming from mother.

Once the baby was born new goals had to be looked at - assess her ability to parent her child and the ability to separate her needs from her child. Ability to organise her day and prioritise her needs; providing emotional support for mother and child; Encouraging contact for herself and baby and her own mother; ability to co operate with staff and willingness to take advice

from staff and ask for advice Staff at YSH to continue to liaise with social services; maintain the health and well-being of mother and child and her continuing education.

Nowadays the stigma of teenage pregnancy is reduced, more support agencies for young people gradually appearing, maternity services for teenagers have improved Continuing research on the behaviour of young people help us to a greater understanding of issues involved in adolescence.

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!"

The Voice of Youth

Some years ago it was reported that our Soviet Youth had no problems, that they had choices for their futures and that their mothers and fathers gave them chances to choose their path and to go on with their lives without problems. In a famous song we sang that our youth had 'ways everywhere'. Now we begin to speak about such things which not long ago were only thought about and not spoken. It is a great achievement of our time that we can speak out without fear. Of course we should not dwell on problems alone but it does seem that we may have some problems, drinking, smoking, prostitution and drugs. As far as I am concerned, I see a great problem in those who returned from Afghanistan. That war took thousands of young lives. These boys were really very young...

What happens when young boys and girls fall in love and want to create a family? It is very difficult; the first problem is to have a flat; there is no living space for young families and it is too tiresome to live in one flat with parents. Unemployment is also a difficulty, a young man cannot support a family without a good salary.

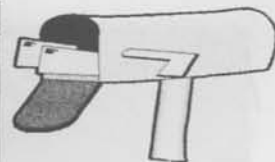
I think it is a pity that we have become passive fans of sport, perhaps there are not enough stadiums. Perhaps that is why we have lost our real men. Now boys look like girls, they are afraid of hard work. How often do we see a group of 'men' mocking a girl with 'boys' standing by afraid to defend her - Where are our heroes?

The history of every country is rich and interesting. Many of our memorials were destroyed during the great patriotic war (2nd world war) Thanks to Stalin we were deprived of beautiful churches and palaces but now a lot of money is being put into reconstruction programmes for old memorials and building of new ones such as the memorial for the sacrifice of Stalin's repressions. I think that it is very important for youth to grow up with these reminders.

Finally I believe that Soviet Youth like that in other countries, is an active fighter for peace. We take part in meetings, marches for peace. To my mind we must be united and we shall destroy imperialism and build a new world without wars and killings, let us be PEOPLE! Let's help each other. Zhanna Snezhnitskaya 14 years - Prize winning essay Moscow school.



Letters to Youth Support



Congratulations on ten years of 'Youth Support' (and of supporting Youth!) Your Anniversary issue just reached me and I was interested to read several of the articles. Congratulations, too, on your proposed October '96 conference - you have some impressive speakers and good topics; I hope I may be able to come, but it's hard to plan at this stage. I hope this will be a breakthrough in Adolescent health care for the UK in general - it's about time!

Best Wishes,
Murray Williams

Dr Murray Williams, Canberra Australia, was the founder and first President of the IAAH International Association for Adolescent Health

"My son is nearly six and a half years old now. I am nearly 25 week's pregnant, at first I was really excited about being pregnant, but now as time goes on, I feel it was a stupid thing to do. I feel really depressed about nearly everything but keep thinking to myself that once the baby arrives life will be much better .. sorry to bother you with my problems - I would be glad to have a chat with you..." **Love Sue**

Sue's baby was born prematurely and was in intensive care unit for several weeks during which time she had problems visiting him and looking after her older child.



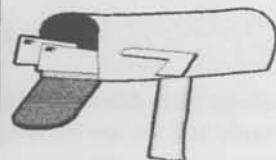
Gail Slap Philadelphia, visited Youth Support on in January '96. Gail is the president '96/'97 of the Society for Adolescent medicine SAM.

I have just returned home after two weeks of meetings and travel in Africa. I cannot begin to thank ... your wonderful colleagues for the day I spent in London. Your warmth and Friendship set the stage for a thrilling professional experience I remain astounded by your accomplishments. Your commitment to youth and your perseverance in the face of so many social , financial and logistic obstacles serves as a role model for all of us. Regardless of culture or country, your achievement with and for youth are to be shared and hopefully applied world-wide. I have come home with new ideas and motivation thanks to your incredible example. my regards and thanks to all the wonderful people I met at Youth Support.
Sincerely, Gail Slap

Kelly was seduced at a party when she was 14 years old. Charges were made against the boy and by the time the baby was born, Kelly had turned to another boy for support .. he seemed nice at first..

".. I wanted you to know that I have changed my name again and have moved as I am no longer with my husband as my marriage didn't work out at all. I am now living with my new boyfriend. Please get in touch as soon as you can. I know I have made a lot of mistakes in my life but I was very young then and I want to have a chance to do things better. My parents got custody of my two children. It was because I couldn't give them a good home. I thought that my second husband would be a good father to Liz as well as to his own son but he was no good for us. Now they are happy with my dad and mum. Mum says she's too old to start with kids again and my sister won't speak to me because of what I've done - At least I admit I made mistakes but she won't give e a chance, she doesn't believe I have changed.." **Kelly**

Letters to Youth Support



Two and a half year's ago, my daughter Kaya began attending Youth Support Nursery. When I first visited the nursery, the first thing that hit me were the brightly coloured 'footprints' on the wall. This creativity extended up the stairs and onto the landing, where there was a mural of sea and mermaids painted at the top. Together with a separate sleeping room at the time decorated as Narnia - from CS Lewis's famous stories - complete with access through a pretend cupboard, lamp post and resident Aslan the Lion.

I think the word creativity is a very important one. For two and a half years, my daughter has brought home copious amounts of paintings, things she has made and weekly reports from her teacher. I have several friends with children at nursery none of whom seem to be as industrious as youth Support. Although at first slightly muddled on the administrative side, two and a half years down the line and with the help of key members of staff, the nursery is running quite efficiently. Youth Support is still one of the best value nurseries I know of. Weekly swimming lessons are inclusive in the price. There are few nurseries that can boast of a qualified PE instructor and a qualified primary teacher within it's walls. Kaya has benefited both physically and mentally from being at the nursery. The menus are excellent and varied and Kaya rarely came home saying she didn't like what was offered - only instructions that she wanted carrots like nursery's and that I was to cut them in rounds and not strips!

It is also the only nursery I know with it's own farm yard - in fact we now have our own Nursery Bred rabbit at home and still visit for regular 'claw trimming' sessions!

I will always carry fond memories of the outings and events organised by the nursery and the hard work that went into the Christmas 'shows' when I used to sit with a lump in my throat watching the children singing - not always together or in key but who cares!

Apart from the physical and mental aspects, I would like to express my thanks to the staff for the love and care with which they nurtured Kaya and for making it a second home for her. They never hesitated to ring me at work if the felt she was ill or unhappy - all this is very important to a working mum who has guilt feelings about leaving your little one anyway.

I would not hesitate to recommend Youth Support Nursery to any of my friends or colleagues and send the staff and nursery my warmest wishes for a long and happy future. **Jo Middleton**



- General Reading -

Authors have donated manuscripts and proceeds of book sales to our Charity and we are building up a wide and varied Library of titles. Titles include - 'Putting Down Strays' A historical 'drama/documentary' of life in Italy from the late 19th century, through Fascism, the German occupation and the Allied liberation. We are also producing a second edition of a highly successful cookery book by the same author 'Traditional Italian Cooking' is recommended by the Michelin Guide.

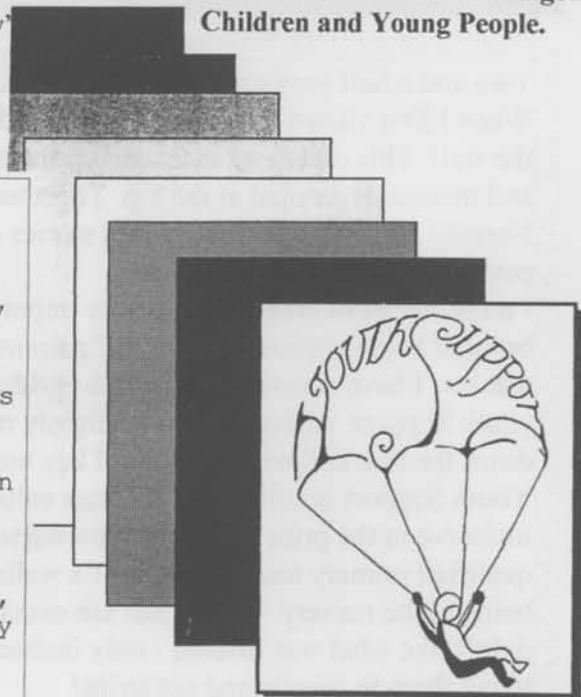
A wide range of literature designed to inform, teach and entertain All sold in aid of disadvantaged Children and Young People.

PUTTING DOWN 'STRAYS'

This was the callous way in which the Germans described the killing of 'patriots' - PUTTING DOWN 'STRAYS' chronicles the life of an Italian family from the year 1890. The hardships of rural life, the tribulations of those looking for a new life in America - streets that turned out not to be paved with gold. The author, born during the time of Mussolini met her husband, a Major in the Royal Artillery, when the Eighth Army freed her home town



Youth Support Publications



"Retracing the Echoes"

Lilly was a principal dancer with Isadora Duncan in her Russian School. She grew up in the Soviet Union in the troubled years after the revolution. Diana grew up in London of Italian background as their paths cross in London, Russia and Spain, we retrace the echoes of their childhoods, divergent yet resonant and through their stories we explore the emotional traumas of youth and the pains of growing up.

INNER WORLDS AND OUTER CHALLENGES

Diana M.L. Birch



Part One - Inner Worlds - Confronts the question of how we develop personalities and discusses varying personality types.
Part Two - Outer Challenges - How our personalities are affected by disability, violence, abuse sexuality and assaults on self esteem.

*The only Publishing House where all proceeds go to Charity
 Mail Order Sales to Public
 Discounts on large orders and to Book Shops*

- Youth Support - Concepts in Nurturing - The Lunch Club

When you have been brought up in care or have been separated from your natural parents, two factors result - first you do not have a well developed sense of 'family' and particularly miss out on the extended family. Not only does this mean you do not experience the support of a grandmother or grandfather - but you have very little experience of talking to 'old people'. One of our residents was actually afraid of talking to the old and had to steel herself for this 'practice' situation.

The second thing is that when you have been in care or looked after by 'the system' all your life, you are used to things being provided for you - pocket money, clothing allowance ... ask your social worker for things ... you thus are unable to develop a pride in getting things for yourself, working for material goals .. and at the same time you are deprived of the ability to care for others and be valued by others.

The lunch club gives young people the opportunity to 'give something back' to do something for someone else, to befriend someone that needs you .. someone outside 'the system'. We therefore have a group of elderly local residents calling in for lunch every Wednesday and being cooked for and waited upon by the resident young people. ... of course some of our 'old folk' are not that destitute and needy .. but in coming they also feel fulfilled and they are also providing a service - hence we have winners all round!

Wednesday, 22nd January 1992

News Shopper

Page 29

News In Pictures



Meal from Russia with love

Young Russian visitors rolled up their sleeves at Youth Support House, Crescent Road, Beckenham, and cooked up a tasty lunch for the elderly.

MUR244

The lunch club was opened during a visit from a group of Russian School children who sang, danced and generally entertained our first set of diners - the event even got us publicity in the local press!! The same concept of becoming valued as someone who can contribute to society, has been operating in the pet shop project.

- Youth Support - Concepts in Nurturing - "Warm Fuzzies" and "Animal Therapy"

The 'pet shop project' has been described in past journals and I reproduce some of that description below for those unfamiliar with our project.... One of the spin offs has been that groups intermingle and provide added 'feedback' to each other in unpredicted ways. For example when Jackie, one of the learning disabled young women spending time in the shop became depressed and started to cry one of our ex residents who was working there supported her and comforted her. She did a very good job and was praised for her intervention - and when told by Jackie's social worker that she was probably being manipulative ... the social worker was firmly given a piece of her mind! "All she needs is for someone to talk to her, someone to care and listen .. you can't ignore someone who is upset .. even if she does want attention!" .. she spoke from experience and from the heart!

'Animal Therapy' is very much *in* at Youth Support. Ducks, Chickens, Rabbits and even a pig figure as 'staff members'. Many of our abused patients relate better to animals than to fellow human beings, they trust animals and feel needed when a young animal is totally dependant on them for survival. One angry young man was released from custody to come to us. His 'fury' might still have been felt towards society but his furry charges never realised the depth of his hurt and anger as he hand reared a litter of rabbits abandoned by their mother. A fourteen year old girl kept three orphaned babies inside her blouse so that they could hear her heart beat and not feel alone ... they survived against the odds. Many of our youth survive against the odds ... they have often been pushed from pillar to post and been to several residential placements before coming to us, they have been abused in their families, rejected by carers and further harmed by 'the system'. Kate keeps herself busy in our pet shop or tidying up the mini farm while Betsy the Vietnamese pig keeps her mind off drugs by chewing her shoe laces. The younger children learn how to groom the Chinchillas and let the Hamsters and Fancy rats run up their arms. Imagine the delight of our city kids when Henrietta laid us her first eggs!

Our Animal therapists do group work as well as individual therapy - with every group member having a therapist sitting on their lap. We have even brought them into the staff group and revised Bowlby's work by looking at attachment in animals! Self Esteem is something they are good at - lots of non conditional positive regard! Stroking a warm cuddly bundle is an excellent stress reducing activity for someone who has just been screaming down the phone at their social worker or trashed their room in a frustrated rage.



The success of our 'mini farm' and Animal Therapy led Youth Support to expand the animal theme into a pet shop. This project gives more scope for the concept of animal strokes and also provides the forum for a great many other activities. Young people can do work experience and have lessons in accounting, ecology, animal care, stock taking and ordering, window dressing etc. and also have a craft session producing items which can be sold. There is a children's corner and petting area, sand pit complete with dinosaur models and the terrapins swim in a Fred Flintstone tank. Our rabbits and fuzzy friends must be the tamest in Europe .. they are stroked and groomed almost non stop by our young customers who are encouraged to stay as long as they like - *no purchase required!*

Claude Steiner, a disciple of Eric Berne and one of the early transactional analysis therapists, wrote the original 'Warm Fuzzy Tale' with the theme of strokes being given freely and unconditionally in the form of warm fuzzy creatures. We thus named our shop project "Warm Fuzzies". Part of the project plan was to invite groups of children, youth with disabilities and the local autism group for example to visit and enjoy the animals - we did not plan one of the most valuable aspects of "Warm Fuzzies" - *the refuge*. Without any prompting or invitation a group of deprived children have made it their special refuge, they wait for us to open up and stay often until closing time, doing anything they can to help, but mainly wanting to get warm and safe and sometimes talk about their problems in a way which they may never do elsewhere - they trust the animals, we look after the animals with them, so they trust us. "Warm Fuzzies" is bringing a little bit of warmth, love and safety into the lives of London Youth.



Youth Support Tenth Anniversary Dinner

The Royal College of Physicians

St Andrew's Place, Regent's Park London

Thursday 24th October 1996 7pm

This follows our conference - but please note that attendance at the conference is not a prerequisite for those attending the dinner or the keynote lecture at 5.30pm - We very much welcome those who can only attend in the evening - tickets for dinner £25 from Youth Support

*Youth * 1986 / 1996 * Support*

The Tenth Anniversary of Youth Support

Conference on Adolescent Health

*“Youth - Our Resource
for the Future”*

to be held at

The Royal College of Physicians
St. Andrew's Place, Regent's Park, London

on

Thursday 24th October 1996

Conference 9.30am - 5pm
Followed by Keynote Lecture 5.30pm - 6.30pm
Followed by Tenth Anniversary Dinner

The Journal of Adolescent Health and Welfare

is published by:-

Youth Support

13, Crescent Road, London BR3 2NF

Charity No 296080

Tel No 0181 650 6296

Fax No 0181 659 3309