Journal of Adolescent Health & Welfare

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CONTENTS

THE BRITISH "JOURNAL OF ADOLESCENT HEALTH AND WELFARE" is the journal of the Youth Support "Forum on Adolescent Health and Welfare".

PUBLISHED BY YOUTH SUPPORT
30 CRYSTAL PALACE PARK ROAD; LONDON SE26 6UG CHARITY NO 296080

Dear Colleague,

Welcome to the first edition of our "JOURNAL OF ADOLESCENT HEALTH AND WELFARE".

In this edition we are reporting the proceedings of our inaugural meeting at the Royal Society of Medicine in October 1987 which I hope you will agree, was a stimulating occasion well attended despite the recent hurricane! We are sending this edition to all those who expressed interest in the forum but would emphasise that future editions will only be sent to those with fully paid up membership.

Future editions will provide information about meetings and courses of interest, report on YOUTH SUPPORT and forum meetings and carry articles and papers relevant to adolescent health and welfare. I look forward to receiving articles and news items for inclusion. Hopefully the journal will be produced quarterly and we are seeking sponsorship to subsidise printing costs; in our first year of operation we may only be able to afford two editions unless a subsidy is forthcoming. Until our membership increases, printing costs inevitably exceed subscriptions so please encourage colleagues to join the forum and ask your departmental libraries to subscribe to the Journal.

Those who have joined our forum will I am sure find this a progressive organisation which will be able to further the needs of young people and develop the concept of adolescent care.

I hope that those who have not yet joined the forum will be encouraged to do so. The membership fee of £10 per annum may be paid by deed of covenant. This is advantageous in terms of tax relief for our charity and avoids having to remember to send a cheque each year, I would recommend you to use this method. A donation may be added if you wish.

We have planned a number of meetings this year in London and Glasgow with a possibility of others in Liverpool and other parts of the country. We are keeping prices as low as possible but will have to charge a registration fee of £2 for members and £5 for non members. We are endebted to the Baring foundation for a generous donation towards the costs of our last meeting. I hope you will all be interested in attending the meetings which will cover a variety of topics, suggestions for subjects and speakers are welcome, this is your forum and can only succeed with your support and enthousiasm.

Best wishes for a succesful 1988 for you, our colleagues and the young people we work with.

Dr Diana Birch MBBS DCH MRCP MD
Director "YOUTH SUPPORT".

Patrons: Dame Josephine Barnes; Sir Frank Mills.
Registered address: 15 Cavendish Place W1M 0DD CHARITY NO 296080

APPLICATION FOR MEMBERSHIP OF THE "YOUTH SUPPORT" "FORUM ON ADOLESCENT HEALTH AND WELFARE"

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of .....
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for the period of ..... years (not less than four) from the date of this deed.
signed sealed & delivered by me .....<LS>
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MEETINGS MEETINGS MEETINGS
MEETINGS MEETINGS

The following meetings have been arranged. We are trying to book fridays so that people travelling from a distance can spend the weekend away but unfortunately some venues do not cater for friday evening meetings. Regional meetings are planned. If you think that there would be sufficient interest for a meeting in your area please write enclosing details of suitable venue, list of interested people and suggestions for speakers.
In addition to the large formal Forum meetings YOUTH SUPPORT are holding small informal discussion meetings in the Youth Support Office in London. These are held at 8 week intervals and forum members are welcome to join us. Please write to the office if you are interested, numbers are limited.

"FORUM ON ADOLESCENT HEALTH AND WELFARE"

LONDON FRIDAY JUNE 3rd at the KING'S FUND CENTRE,126 ALBERT STREET LONDON NW1 7NF.
Subjects include; "Young peoples anxieties in a nuclear age"; "Adopting a teenager" and "Abortion issues affecting the young, Why Alton is wrong".

GLASGOW THURSDAY JUNE 23rd 1988 at the ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW; 234 ST VINCENT STREET, GLASGOW G2 5RJ.
Subjects include; "Being 15, Life experiences of 15 year olds"; "Contraceptive services for young people (including boys!)"; "Youth and AIDS".

LONDON THURSDAY OCTOBER 21st at the ROYAL SOCIETY OF MEDICINE, 1 Wimpole Street, London W1
Subjects include: "Youthscan; monitoring British Youth"; "Legal Rights of teenagers"; "Teenage suicide".

All meetings are evening meetings 6pm-9pm. The timing will be 6pm registration and coffee with a chance to meet each other and look at display items. The talks will begin at 6.50pm. To save on postage acknowledgements and receipts will not be sent out nor will detailed programmes. Should meetings be oversubscribed you will be informed. Please book early.

PLEASE COMPLETE IN BLOCK CAPITALS AND SEND to:-
YOUTH SUPPORT, 30 Crystal Palace Park Road SE26 6UG. (Cheques payable to YOUTH SUPPORT)

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FRIDAY JUNE 3rd at the KING'S FUND CENTRE,126 ALBERT STREET LONDON NW1 7NF
I will bring ..... guests and enclose £2 registration fee per member and £5 per non member (Total £.....).
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YOUTH SUPPORT 'FORUM ON ADOLESCENT HEALTH AND WELFARE'
PROCEEDINGS OF MEETING HELD ON THURSDAY 22nd OCTOBER 1987 AT THE ROYAL SOCIETY OF MEDICINE, LONDON.

INTRODUCTION - DR DIANA BIRCH, DIRECTOR YOUTH SUPPORT.

Welcome everybody. Welcome to our second public Youth Support Meeting and the first meeting at which we will be inaugurating our Forum on Adolescent Health and Welfare. The idea of our forum is that we shall found a Group in this country which will try and emphasise the needs of teenagers and the fact that adolescent medicine and adolescent welfare should be a specialty in its own right, should be recognised as such and should have funding and proper services.

As you all know, services for adolescents have been very much the Cinderella of the Statutory Bodies and because of that a lot of people in voluntary organisations, charitable organisations and little groups up and down the country have tried to do things piecemeal. A lot of these people have been working very hard and are very committed but what we need is to try and bring them together so that we can have a much more powerful voice. In Youth Support we are trying to set up our own services for teenagers, that is one side of our work, but the other side is very much to draw people together so that we can provide better services overall and perhaps in the end have these as part of the statutory services.

In many countries there is a specialty of "adolescent health" and there are departments in hospital which have full adolescent services with social workers attached and so on, that is not the pattern in Britain. Let us hope that in the future we won't just have adult medicine and paediatrics but we will actually look at the very important stage in the middle.

"TEENAGE SERVICES, A DEPRIVED AREA"

DR FAY HUTCHINSON MEDICAL OFFICER IN CHARGE OF LONDON BROOK ADVISORY SERVICE

I am not going to put any figures up because I am sure that by the fact that you are here, you are all aware of the problems with young people, problems of providing a service.

What I am going to say is very much my personal experience and that way I see it. I am firstly going to talk about 'teenage services - a deprived area' and at the moment I feel like jumping up and down and screaming, because I think we have ideas of how we can provide a service that is acceptable to young people and I think that, as you say, there are services throughout the country that are sort of set up hopefully and there is nothing more dispiriting than then having to reduce your service and reduce the number of people you are seing and that is one of the problems at the moment.

So what is my personal experience?. I suppose that for the last 20 years I have been working particularly with young people, first of all in the family planning association clinic and I did set up one of the first of the young people's advisory centres. It wasn't called anything like that at the time, it was called "the premarital something" - something respectable. For the last 12 years I have been working with the London Brook Advisory Centres and I think the figures of the people we see there is getting on for 20,000 in London and throughout the country, we are seeing something like 56,000 young people and that is the sort of experience I am talking from and I really follow up what Dr Birch has said: "Why do teenagers have special needs - why should we be thinking that they need special provision" and in my view the difficulty is that they really fall between - they fall between the Child Health Services and they aer not ready to use the Adult Services on their terms.

One of the things is that, on the whole teenagers are healthy, they don't have contact with medical services unless there is trauma or other injury, but the basic area that they do come into now is the kind of changes that they are getting as they change from being children into teenagers and I think it is a great temptation to see teenage pregnancy as the only criteria to assess their needs. Yes we will be hearing a lot about his - teenage pregnancy can be a great handicap, it can be a great problem etc. but I don't think that is the only criteria we should be using in considering what sort of services we should be providing for young people. Because it is a time of physical and emotional development and making the change from your family to being independent, there are a multiplicity of needs and they can get them piecemeal maybe from one service or another if they are lucky or if they are directed in the right areas, but there is very little coordination between services and there is a very patchy network throughout the country, so it very much depends on where you live how well you are looked after.

If the area is interested in helping the young pregnant schoolgirl mother, whether they are interested in putting youth advisory services in, or whether they hope they will be absorbed by the services that are going. The sort of reasons, that we are seeing people, they are wanting education, they are wanting information, they are wanting counselling and they are wanting service provision. With the increasing sexual awareness and the early sexual encounters there is a lot of work to be done here to reduce the hazards of early sexual relationships and I think this is the area we feel that we are involved with. I hope with the benefits of help they will as time goes by minimise the damage, that they are mature enough to have loving fulfilling relationships, and set the pattern for the future. But so often when early relationships do result in pregnancy or in undesirable side effects or traumas a pattern is then set that the young person is cut off, they are excluded from future education, they have employment difficulties and so on.

So why do they need special provision? I find there is often a reluctance to use the family doctor and this is a very personal thing. I think that most young people are very desperate to become independent and still see the family doctor as having a relationship with mother because if you look at it from infancy it is mother who has taken the child to the doctor and said "look at him he has got a sore throat, this, that and the other". Unless the family doctor has made a very positive effort to establish that they will have a personal and confidential relationship with a young person, there is often a great deal of distrust involving them. One of the reasons why you sometimes need special provision is that they would be assured of a welcome, they could have confidence that if they go to any particular service that this is geared for them and that they are the people who are the Clients. We use the expression "client" when the young people come to us. Doctors get very alarmed and say "but they are patients - what about the doctor/patient relationship?" But these are not sick people who are coming to us they are on the whole healthy people who are choosing to come to us voluntarily. I think this really does alter the relationship that we have with them, that it is on their terms. If you want to argue the case of providing services particularly for contraception for young people they are one of the most cost effective things in the health service. Without considering the cost to the young person and her family, perhaps if she is faced with an early pregnancy the cost to themselves of incomplete education, the need for family support or support from the community, their future wage earning capacity, and the difficulties in finding a future partner. That is something I am very aware of.

We see quite a number of youngsters who have already had their first child, they are getting to 17 or 18 and they have not got a baby anymore, they have a toddler and you know how lovely 3 and 4 years old are if you are living with them. They are times when you really do not feel all that loving towards them. I see the risks here when the girl is wanting to make a relationship for herself. Often the child is very vulnerable and I think this is an area of high risk.

We have not really talked about the unmarried fathers. We talk a lot about unmarried mothers and so on but I am very aware of the young men that I see sometimes. My colleagues who have worked with young offenders or young prisoners, report that 1 in 4 were already fathers and may not be able to acknowledge, or live or have any control over the child that they have fathered and the difficulties and the hurt feelings that that gives. I don't think we hear very much about unmarried fathers but I do think that you might feel that they often could not care less - a lot of them care a lot and it does affect their future relationships.

So what do I think we need?. I think we need a combination of services that would support the other. Young people need access to information. There is a tendency in some quarters to control information for young people, to censor what they should be told, what they should know about and I think this comes both in sex edcation and what is published in young people's magazines or on the media. For example, if you describe what bestiality actually is some people interpret this as saying that you should all go out and have it off with animals. They don't allow that information does not mean that you necessarily act out what you know about, but honest information can certainly reduce a lot of anxiety and I am very impressed with the difference in the young people who have a reasonable programme of sex education at home or school or a combination, who can make responsible decisions for themselves as compared to those who have een brught up strictly in ignorance or with nothing and I think this comes out very well.

So what should the advisory centres be doing? I would like to see a network throughout the country. I think that they should be set up to be available to the people who need them which means easy things like access, knowing about it, being open at convenient times etc. I think the service should be after that. So often when people talk about setting up young people's clinics or young people's sessions, it is seen entirely as birth control. I think we need a much wider range of service in the one centre if we are going to help cover this area.

I think they need counselling and this may be medical counselling, also to a large extent this is non medical counselling. The anxieties young people have about their relationships within their family, future employment, unemployment, the ones who are running away, what they are running away from, homelessness, drugs and alcohol abuse and again I am very concerned at the quite excessive drinking that is going on at a young age and we see this reflected by requests for "morning after" contraception or pregnancy testing.

So counselling I think is very important, I think that any young people's centre and this isn't necessarily just a contraceptive centre, I think this can do. Advisory Centres should be able to offer early pregnancy testing. This is often the motivation for a young person to come. The earlier you can get a pregnancy test result the better. If it is negative what further help do they need - was this a one off or do they need further help with contraception. If positive they need help with pregnancy counselling, something we are hearing a lot about at the moment is limiting the upper age limit for gestation age for termination - but certainly I don't see any attempt being made to increase the ease with which you can refer people for early termination and this is what is wanted. Most doctors are very sad when they do see someone who needs a late termination and there really have to be good reasons for this but so many times we are getting the locks in the systems particularly with young people who don't want to face the fact that they are pregnant or admit this to themselves that weeks go by and they do become later and later.

I think we need to be able to give contraception, infection testing, post coital contraception. I think we need to be able to provide prenatal discussion. This is a useful thing that we come in with girls who are already using contraception for a while and think that they would want to have a baby fairly soon, screening, have they had rubella testings? - are they immune from that? - what about their general health, what about their smoking habits. I think this is very important as well as the genetic counselling. I think this is a great deal of health education that should be done in the Centre and I think we can offer support for young mothers, particularly helping them avoid a second early pregnancy. Because so often with one child the family rallies round and copes with one child, two children is a different thing for the young mother.

The patchiness of the service is something we are very aware of and this goes right through the health service and the voluntary service and I am especially aware of this in the London Brook Advisory Service. Funding is being reduced. There is no provision for further services. When you have to decide you can only offer a service so many sessions a week, how are we going to discriminate between the people we see? You bring down the age group, we have had to cut back making visits and going out into the community into the schools. It is very tempting to the health authority who has had its budget cut and is wondering how it is going to balance the books saying "Well, they can go to their family doctor - you don't need all this special extra provision".

This is the pattern that is being set up and this is really why I feel like jumping up and down because I think we can provide a service, we have the framework, we have got the model, it could be used in different centres throughout the country and I am not saying it has got to be Brook. A health authority that is wanting to set up a Youth Advisory Centre they have got the model here and I can see the need but there is a great gap.

* * * * *

FUTURE MEETING SUBJECTS

SPECIAL EDUCATION PROVISION

INTERMEDIATE TREATMENT

IN FUTURE ISSUES:-

Pregnancy and Poverty

News from the USA

Women's centre in Jamaica

"ALTERNATIVE SOURCES OF PROVISION; THE CONTRIBUTION OF THE VOLUNTARY CARE AGENCIES"

PAUL GRIFFITHS; TRAINING OFFICER NSPCC

Our speaker PAUL GRIFFITHS was the originator and former director of childline. He is currently with the NSPCC and is the Training Officer for their national programme. He has done a lot of work with abused children, particularly with sexually abused children. He has been Chairman of the Training and Advisory Group on Sexual Abuse of Children and was a member of CIBA Study Group which wrote "Sexual Abuse Within The Family". Today he is speaking about alternative sources of provision.

Thank you very much indeed Dr Birch. Thank you very much for inviting me and my best wishes for the success of the Forum. I know all the hard work that you and your colleagues have put into it and certainly from where I am, my best wishes to you. I also certainly intend joining you.

There is now reliable evidence that increasing numbers of young people some even as young as 5 and 6 are seeking some kind of help or advice in their own right. Both the newer and traditional child care agencies are recognising that need but often, within the Agencies confusion is felt on issues such as personal rights -v- parents' rights or defining the extent of confidentiality which can be afforded on the young person's perspective which, of course, can have a different meaning and relevance depending on the age, sex, culture, handicap and mental ability of he young person.

Young people too, perhaps the aduts don't realise that, do have their own way of discussing their experiences. Their abusive lives are for example an integral part of their growth and development, meaningful to them and not something we can discount and we have to be very careful when we move in, we can't deny the meaningfulness of their lives or take it away or indeed dismiss it lightly. In recounting their experiences sometimes slowly and sometimes painfully, however harrowing that story might be to the adult listening and believing, he may have to contain natural protective and reactive responses and accept that if hard won trust is going to be invested then progress can only be maintained at the pace decreed by the young person.

Childline, which I was very pleased to be associated with for over a year, the National Children's Home Carelines or Touchlines, the Children's Society Teenage Project or run-a-ways and Streetwise are examples and there are others, of agences that positively reach out to young people in trouble or danger. They have, and are successfuly in my view, demonstrating that the service being provided by those agencies is for the young people and on their terms.

My experience in contact with them tells me that these young people are remarkably informed and are able to articulate their experiences while they have the power to do so. Sadly when they are face to face with you they are also very aware of the consequences of losing that anonymity and initially are fearful of statutory intervention even if it is for their own protection. How many people have asked, or example, the children in Cleveland how they felt about what has been happening to them?.

A retrospective survey called "Sexual Molestation of Young Girls" produced by Nash and West in 1985 found that generally speaking girls who did confide in the non-abusing parent and those whose experiences were notified to the authorities were often met by reaction which seems to them to make matters worse or added to their anxiety and guilt. A BBC Childwatch Survey in 1986 found that 80% of abused respondents did not overtly confide their experiences to anyone. Among those who did three quarters reported things getting no better or even worse after disclosure.

Childlife the journal of the Children's Legal Centre commented shortly after the launch of Childline that despite the views of various powerful adults on the purpose of the Childline service it is clear that the overwhelming majority of children want initially at least just a confidential ear, that's all. Childline they said clearly belongs to children who for once can decide how and for how long to use it. When I spoke to my old friend, Norma Rose, who is the National Coordinator of the National Children's Home Careline, she expressed a very similar view. She said "our telephone and befriending services are for chidren, often the most comfortable way of communicating a problem and getting a guarantee of confidentiality. Children tell us, she said, that they are responded to as people in their own right and every problem that they bring to us however big or however small in the adult side is taken seriouly by all our workers." Graham Brown who is the Project Leader of the Children's Society Teenage Project told me "young people coming to the Project collectively distrust adult orientated systems and have often suffered considerbly within them" and indeed there is a story in the Evening Standard tonight which may well confirm that view from Greenwich.

Young people in difficulty are remarkably sensitised to the consequences of disclosure of incriminating information. While they want the cause of that pain to stop they also run into incomprehensible added responses and quickly become hostages to fortune within the system which really causes them often further victimisation. Not surprisingly, more often than not they do not tell anyone at all. Perhaps as workers we all feel quite relieved abut that.

My personal view is that we have to radically and seriously address how our major institutions, the health, the education, law enforcement and social work centres respond to the needs of the young person and become 'child friendly'. The young people seeking help on issues such as health, personal relationships or abuse from agencies whose policies, orientation and raison d'etre appear hostile. There is too wide and often too risky a step or jump to take without personalised entrusted or befriended help of some kind. Safe places, I suggest could be located in every community throughout this country at perhaps very little expense where the ethos of listening, being believed and taken seriously are strictly observed by the trained workers be they professional or voluntarily within those agencies.

Any intervention in all but the most life threatening situation will only be undertaken with the child's full understanding and permission. If we as adult professional workers listened more to the voices of the young people and what they have to tell us about how we react to them this could indeed have major implications of how we organise our responses to the young people. Those very people on which our child protective services are supposed to be based and supposed to help.

KEEPING YOUTH IN SPORT FOR HEALTH

SPEAKER; RICHARD TRACEY JP MP, CONSERVATIVE MP (FORMER MINISTER OF SPORT).

Dr Birch; We have been talking about services for youth, in terms of help, social services etc. but a very important part of young people's lives is having adequate services for recreation and sport. We are lucky tonight to have Richard Tracey here. Richard Tracey is a former Sports Minister. He is also the MP for Surbiton and he was previously a BBC presenter.

Thank you for inviting me into these discussions. I think that they are very valuable indeed in tackling the overall problem of order in our cities and towns and constructing the sort of society which we all hope certainly in Parliament we will be able to build in this country.

My mind goes back to something which I used to fix my eyes on when I was at school. It was the school motto, in the hall and during assembly regularly I would read this. It said ... "A healthy mind in a healthy body" it was probably rather appropriate that that was the motto of the school, rather appropriate for what I have done since in the world of sport and recreation in the Government in the Department of the Environment, and rather important to what I see as the root of the things I want to talk about tonight.

I think that we must make sure that young people are fit and involved in sport and recreation and keeping themselves healthy from the very beginning. There is certainly an onus on all parents to ensure that their children participate in healthy activities and are encouraged to do so.

Often there is discussion about what the Government ought to do about sport provision, but in fact the major providers of sport and recreation in this country are the local authorities. They are now spending over £800 million a year on providing sport and recreation facilities of all sorts for the community as a whole, and in the growing number of sports centres that exist provided by our local authorities you will see that there are a whole numer of programmes being made available for young people to participate in. In our schools too I think that we must all make sure that there are generally constructed programmes of sport available. During my time as Minister for Sport I brought together local authorities and the Department of Education as all of those involved in teaching sport and in providing sporting facilities, to discuss whether indeed our schools were providing what they ought to be providing.

There was recently a fairly controversial Panorama programme about inadequate sport provision in schools. It focussed on matters of competitive sport but it does not have to be entirely competitive. I personally believe that it is a good thing because life is competitive and young people must be brought along that route to be able to deal with competition in sport in schools. Also bearing in mind the very fact that it must be provided for their health as youngsters and indeed in later life, we must make sure that the teachers are carrying out the programmes properly and so I was pleased that we now have an in-depth study going on involving the local authorites, Department of Education and the Sports Counil looking at precisely what ought to be in the curriculum in our schools to make sure that young people are brought through a full programme towards fitness and interest in sport. The findings of that working party will be produced at the end of ths year for the Secretary of State for Education, Mr Kenneth Baker, to look at and I am sure that it will provide some most important raw material when he is bringing forward various aspects of the education bill. I personally believe that physical education should be rather an important part of the curriculum of schools.

Leading on from the time in school I have always lamented the fact that as young people leave school, perhaps having been interested to a greater or lesser extent in sport and physical education in schools, there are far too many of them who drop out, and I would very much like to see a much greater cooperation between the school authorities, the schools themselves, individual schools and those that teach physicl education and sport and the clubs. I am not just talking about football and cricket and those that are the most publicised sports, but all sports. I would very much like to see a great deal more liaison and linkage between them so that the young people are made welcome in clubs and are aware that they can go on to carry on the fitness programme to whatever level. I am not necessarily suggesting that they should all become fanatical club members but just so that they know where they can go if they want to carry on organised sport, whether in teams or in individual sports. I am quite sure that the governing bodies of sport are not doing enough in this regards.

Last October at the annual conference of the Central Conference of Physical Recreation I urged their members to do far more to ensure that young people are not just pushed out of the doors and out of the gates of the school at the end of their educational careers. I would very much like to see Clubs themselves going into schools and introducing young people to what is available for them when they leave.

No matter how much one does in school and no matter how much liaison we might be able to achieve between the clubs and the schools, there will always be those young peope who really need leadership. Therefore I would like to tell you about the work of the Sports Council working in conjunction with the Manpower Services Commission and the local authorities on a very important project that started in 1982 called "Action Sport". It began in several cities in this country, in Bristol, Birmingham, Manchester, Liverpool and of course in London: the whole idea of it was that sports leaders and community leaders would be put in place with the full support of the Sports Council (who put £3 million into it to start with) with the Manpower Servces Commission coming up behind to ensure that young people were informed of what was available in the towns and cities. Now "Action Sport" has grown very considerably.

There is a document available fom the Sports Council "Action Sport - an evaluation" by Malcolm Rigg of the Polices Studies Institute which describes exacly how they work, and the Sports Council will be only too pleased to give guidance and help in setting up far more of these activiies in local authorities around the county. The study showed that, as far as young people are concerned in the Inner Cities they find it extraordinarily valuable to forge shared experiences and contacts with people outside their usual peer groups.

In this respect the sports leaders are very important and the central council for physical recreation now have sprts leaderships awards for those who have contributed most to establishing these links for young people who otherwise suffer from apathy and frustration. It is is that sort of apathy and frustration who so often leads them into all the problems that we have already heard about and we also know only too well that it can in the ultimate lead to riots and vandalism and considerable civil disruption in our cities which eventually becomes a very great national problem and, of course, national government is very concerned. Within the whole programme we are now tackling through national government the problem of the Inner Cities and the Urban Areas, we are concentrating quite a bit of our energy on the work of community sport leadership through the Sports Council and through the Urban Programme for a whole range of projects - now over £50 million is actually going into sport and recreation facilities and into developing sports centres where so often the action sport leaders are working.

I want to finish by saying that when one talks about sport and fitness for youth, there is no necessity whatever for people to be fanatics and to be deeply dedicated to sport, perhaps in a way that often has put off young people. What is terribly important is that everybody from the youngest age and certainly through their teenage years try to follow a pattern so that they bring themselves to fitness and they achieve what I started off by saying that they achieve "the healthy mind and a healthy body", they feel that they are doing something constructive and they are being brought together by others doing similar things.

These objectives have been very much at the heart of the liaison work which has gone on between the Sports Council and what we did call the Health Education Council. There is an excellent little book "Exercise - Why Bother?" - well you may well ask "Why bother?" but it seems that they are many benefits that can flow from very simple straightforward exercise an programme for all of us at whatever age we are then certain there is very great value to the young people that we are hear to discuss tonight. I am very grateful for the opportunity to be able to speak to you.

DR BIRCH; Thank you - I can assure you that the Health Service in my part of London is doing their bit for sport. I found the only way to interest a group of so called "disruptive pupils" in anything to do with health was to teach them bodybuilding and one of our other doctors has been teaching a group of traunts how to scale walls at Brixton Recreation Centre so I think we are going to have some very fit housebreakers in our area.

"MEDIA INFLUENCES"

DIANA BIRCH, DIRECTOR 'YOUTH SUPPORT'; PRINCIPAL MEDICAL OFFICER CAMBERWELL HEALTH AUTHORITY.

Our film gives an opportunity for some of the young people that we have been talking about to actually tell their story themselves. I showed this video in Australia earlier this year when we had the Meeting of the International Association of Adolescent Health and at the time I said to the people in Sydney "take it fom me that this is an English soap opera and that Michelle is vey popular in England". It just so happened that the week I showed the video was the week that Michelle announced that she was pregnant in Sydney - they repeated it while I was there so it was very relevant.

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In this edition of our journal, we are including a copy of the paper "Teenage sexuality and the British Media" since it is not possible to include a transcript of the film.

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TEENAGE SEXUALITY AND THE BRITISH MEDIA

"I couldn't believe it. I didn't think it would happen to me. And I sort of sat there and thought, God, me mam's gonna kill me. And I could feel, you know, I was gonna cry" (Maxine 15, Schoolgirl Mum)

"No, I didn't think I'd ever get pregnant. Didn't think it would happen to me. I thought I was one of the lucky ones, but I was wrong". (Alison 16).

In 1984 in England and Wales 10,500 schoolgirls found they were not one of the lucky ones.

Statistics on teenage pregnancies can be as controversial as the pregnancies themselves (Bury 1984). Fertility rates and statistical data on 'schoolgirls' or under 16s must be differentiated from information on 'teenagers' (15-19) since figures on this younger group of high risk girls are often masked by analysing data on teenagers as a whole (Stanley and Straton 1981). Pitfalls can be avoided by looking at trends over long periods of time, rates rather than numbers and precisely defining age groups.

Figures have been 'manipulated' to give false impressions, for example, that sex education has failed by quoting an increase in illegitimate births, without reference to falling 'shotgun weddings' and increased numbers of joint registrations. Similarly offering contraceptive services to the young has been cited as a cause of promiscuity backed up by rising numbers of teenage births, while 'rates' were actually falling!

Such arguments were used to justify withdrawal of confidential contraceptive services for teenagers in England during 1984/5.

Nationally, the general fertility rate has fallen. Taking the three decades 1951 to 1981 numbers of births per thousand women (15-44) rose by 19% in '51 to '61 while births per thousand girls aged 15-19 rose alarmingly by 76%. During the next ten years, rates slowed showing a fall of 6.7% in the general fertility rate with a smaller rise of 38% in the 15-19s; this trend continued in the period 1971-1981 with a fall of -26% for all women and a fall of -45% in teenagers (OPCS 1981). 1981 had the lowest birth rate among teenagers for 20 years (Bury 1984).

The media would have us believe that there has been a "tragic rise in schoolgirl pregnancies!" Is this truly the case? The actual number of pregnancies to schoolgirls has remained fairly static at around 10,000 pregnancies per year. There are however proportionately more births in the younger age ranges. In 1973 under 14s accounted for 4% of schoolgirl pregnancies, rising to 6% in 1983 (OPCS 1983). This represents a 50% increase in pregnancies in this age group.

The dramatic fall in teenage fertility has been attributed to better contraceptive services. However, while older teenagers (over 16) have to an increasing extent been protected from unwanted pregnancy by better availability and use of contraception, this has not been the case for the under sixteen age group.

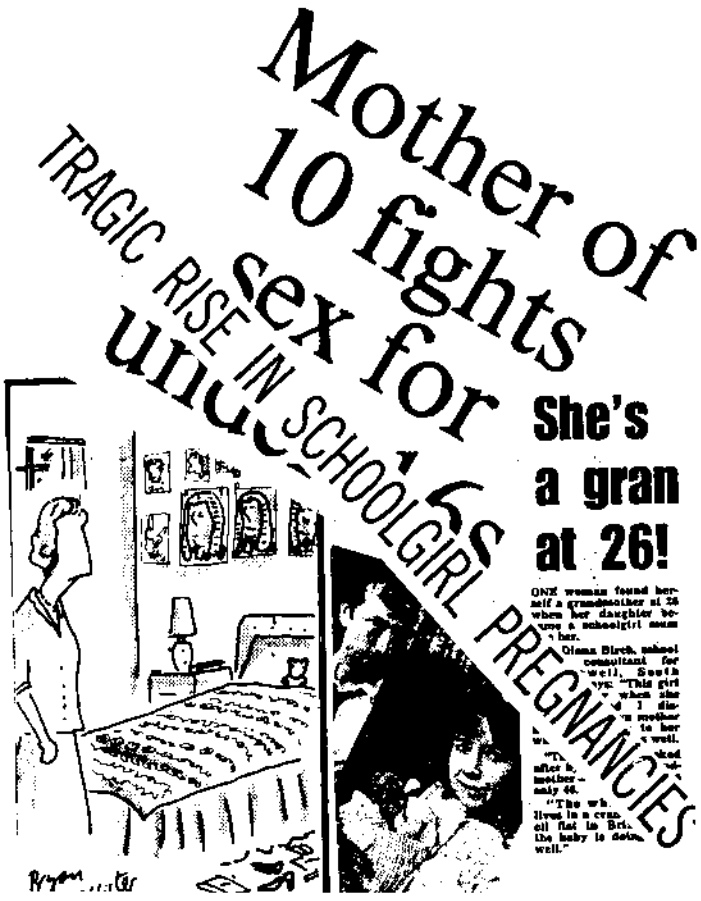
The conception rate for under 16s peaked in the early seventies, rates then fell until 1979 but from then on abortion rates have increased and the birth rate has also showed an upward trend since 1982. (Hansard 1983). These girls have been treated rather ambivalently by society in that they are sometimes encouraged to come forward for contraceptive advice, while at other times they are discouraged and are given conflicting messages by doctors and society in general.

In 1981 Mrs Victoria Gillick, herself a mother of ten children, began to campaign against the availability of contraceptive advice for under sixteens. In July 1983 she took the department of health and social security (DHSS) to court on the grounds that a doctor prescribing contraceptives to girls under the age of sixteen would be committing a criminal offence as an accessory to unlawful sexual intercourse and that in so doing a doctor undermined the legitimate right of parents. Her case was initially unsuccesful but later succeeded on appeal in December 1984.

There followed a very difficult year during which young people could not obtain contraceptive advice without their parents permission. Ultimately the DHSS won on appeal to the house of Lords, but in the meantime a great deal of harm had been done.

The message put across by the media in Britain during the 'Gillick' controversy, in headlines such as "Mother of ten fights sex for under sixteens" was largely that, if sexual intercourse is illegal under the age of sixteen, this being the 'age of consent', then is it not a paradox to provide contraception for these girls? Secondly teenagers were made to fear that if they did seek help, the doctor would not respect their confidence and would inform their parents.

The 'misconceptions' here were that all teenagers had approachable, caring parents who would talk to them about the facts of life and that young girls who did not have parental permission to use contraceptives would simply stop having sex. An American article "Does your mother know?" (Aida Torres 1977) had explored this problem in some depth and concluded that if girls knew that their parents would be told about clinic attendances, they would not stop having sex, but would rather continue to have unprotected intercourse and not attend contraceptive clinics.



This certainly proved to be the case in London. A londitudinal study of schoolgirl pregnancy conducted in Camberwell, a deprived inner city area, highlighted inconsistencies in the 'Gillick' argument. During the period of restricted access to contraceptive advice, the number of under sixteens attending family planning services fell by 75%, while the number of pregnancies increased fourfold.

In Britain, schoolgirl pregnancy is part of a culture of poverty and deprivation. Pregnant schoolgirls live in areas of poor housing, overcrowding and unemployment. The 'typical' pregnant schoolgirl is a member of a large single parent family (McEwan, Owens, Newton 1974: Birch 1986). In South London, 70% of girls do not live with both their natural parents; 16% have no mother and 65% have no father. (Birch 1986). For the majority of pregnant youngsters, the close confiding family pictured by the opponents of teenage counselling simply does not exist.

"Me and my mum didn't get on, and we didn't really communicate in many things. So she disagreed with what I thought and I disagreed with what she thought. So I left home at the age of fifteen..." (Alison)

The result is that very few pregnant girls have any sex education at home. 87% of Camberwell girls learn nothing from their parents about the facts of life and a further 8% pick up a very small amount of information from home. This ignorance is further compounded by the fact that due to truancy or poor timing of lessons, 64% of girls also have no sex education at school prior to their pregnancies. The most common source of sex education is information picked up from friends, which is often unreliable and inaccurate (Reicht & Werley 1975: Ashken & Soddy 1980: Birch 1986). This surely defeats the argument that sex education in schools encourages promiscuity and indicates that it is "... those young people most in ignorance who tend to experiment early and to suffer the consequences of unwanted pregnancies ..." (Christopher 1978).

"What you knew, you picked up off the telly, you know. You know, what you'd seen and that? What your mates had told you. No one ever taught us in school" (Peter 19).

In the autumn of 1985, the media reaction to the imminent House of Lords decision (Gillick v DHSS) was full of heated debate and theorising from both sides, however it seemed that the plight of the young people caught up in the controversy had not been presented. BBC television therefore decided to produce a documentary, "Schoolgirl Mum", in which young pregnant girls and their boyfriends would be able to speak for themselves.

"Schoolgirl Mum" confirmed the fact that girls and boys were ignorant of the facts of life and exploded commonly held myths such as 'pregnant schoolgirls are promiscuous'. Maxine's baby came as a result of her first and only teenage love affair.

"I used to know a girl who used to call me Sweet Little Innocent, you know because I never knew a thing about boys. You know, I had never really started kissing a lad properly until I met Pete. You know, never mind anything else. I think I was very innocent and unaware of things" (Maxine).

"He was the first one, the first one and only one" (Trudi, 15).

SCHOOLGIRL MUM

In London, most pregnant girls have stable relationships and 77% have known their 'baby fathers' for more than six months. Pregnancies are unplanned (98%) but arise out of a regular sexual relationship (59%). For two thirds of girls this is their first sexual relationship and 5% conceive the first time they sleep with a boy (Birch 1986). Other studies have confirmed that teenagers tend to have long standing relationships or follow a pattern of 'serial monogamy' having a series of fairly long relationships in which they are 'faithful' to that one person (Farrell 1978: Ashken & Soddy 1980: Bury 1984: Tobin 1985).

Schoolage pregnancy is a subject cloaked in denial. Many girls cannot cope with the crisis of realisation of pregnancy and deny it to themselves or they may try to hide their pregnancies fearing discovery by their parents or teachers or to prevent their boyfriends from getting into trouble.

"I kept convincing myself I wasn't - I kept missing periods but I kept putting it off, saying nay, it's just ... I was saying to myself, I've had sex so it's most probably changing my body or something. Just giving myself any old excuse" (Janet 15)

Parents and 'helping' professionals may deny the possibility of pregnancy and thus fail to protect the girl or to provide her with adequate care.

"My mum sent me to the Doctor's when I was about four months, because I hadn't been on the periods. So the doctor said it was just puppy fat. So then she sent me back when I was seven and a half months and he said it was wind.." (Kirsty 14).

Denial of sexuality and sexual risk taking limits young peoples use of contraception. Sexually active, under sixteen year olds continue to have a very low rate of contraceptive use (Zelnik, Kim and Kantner 1979: Miller 1984: Schinke 1984). Contraceptive use prior to pregnancy in an American sample was only 9% for girls aged 12-15 yrs and 25% for older teenagers (Miller 1984).

Knowledge of contraception among pregnant teenagers in Camberwell in 1974 was poor and frequently inappropriate. 17% of under 17 year olds used spermicides or withdrawal only and 49% had never used anything (McEwan, Owens, Newton 1974). Only 7% of a younger (under 16) sample of pregnant Camberwell schoolgirls had ever used any contraception prior to their first pregnancy (Birch 1986). Girls gave varied reasons for non use of contraception the most common being that they did not think that they could get pregnant and they had not expected to have sex.

"My boyfriend was home on leave. And I'd never had sex with him before and I didn't know it was going to happen. It just happened suddenly and before I knew it I got pregnant ... so I didn't have time to use any contraception or nothing because I didn't know it was going to happen" (Janet).

Young girls do not want to use contraceptives because this implies that they are planning to have sex which indicates promiscuity. If they use contraceptives they are acknowledging that they are sexually active, something which they are denying to themselves.

"Let's face it - good girls don't - so they don't need the pill; bad girls go out and do it anyway!" (Dion 16).

"I suppose she didn't want to admit she was having sex" (Trudi's mother)

A girl like Trudi may not have made the adolescent shift from concrete to abstract reasoning (Blum & Resnick 1982) she may have no clear sense of a personal future (Babikian & Goldman) and will thus be unable to plan ahead. Such a girl is unable to appreciate the consequences of her actions. To her, having sex is not directly related to having a baby, she is therefore unable to protect herself by using contraception.

Faced with such overwhelming denial of the situation, and its consequences how does one confront the schoolgirl with the idea that, yes, it can happen to you? Often sex education is delivered by middle aged teachers and films of childbirth are shown in schools in which the pregnant woman is identifiable more with the teenager's mother than with herself.

BBC schools television attempted to break through the barrier of denial by encouraging teenage viewers to identify with a popular soap opera character. Young actress Susan Tully is seen in Britain three times a week at peak viewing time, portraying Michelle, a 15 year old girl who became pregnant after being seduced by the local publican. She agreed to present a programme "Too young to have a baby?" in which 'real life Michelles' delivered advice and warnings to their viewing peer group.

" 'I'm pregnant, and you're the father'. They're the words I had to say playing the part of Michelle in Eastenders ..... Playing the part of Michelle and getting involved in this programme .... made me ask the question anyone would ask really : what would it be like if it happened to me? 'I'm pregnant and you're the father' - what would it need for you to be saying, or hearing those words?"

"Schoolgirl mum" has been shown twice, after each showing more than one thousand calls were made by members of the public requesting educational material. "Too young to have a baby?" has been screened on four occasions resulting in the switchboard at the Family Planning Association becoming jammed with calls. A drop in the ocean, but a useful beginning for a new approach.

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REFERENCES

ASHKEN I.C., SODDY A.G. 1980
"Study of pregnant schoolage girls"
The British Journal of Family Planning 6 :77-82

BABIKIAN H, GOLDMAN A. 1971
"A study in teenage pregnancy"
American Journal of Psychiatry 128 :111-116

BIRCH D. 1986
"Schoolgirl pregnancy in Camberwell"
MD thesis, University of London 1986

BLUM R.W., RESNICK M.D. 1982
"Adolescent sexual decision-making : contraception, pregnancy, abortion, motherhood"
Pediatric annals 797-805 11:10

BURY J. 1984
"Teenage Pregnancy in Britain"
Birth Control Trust

CHRISTOPHER E. 1978
"Sex Education"
British Journal Family Planning Vol 4 No 1 :15-17

"EASTENDERS" 1985
extract reproduced with permission of BBC television

FARRELL 1978
"My mother said.."
London : Routledge Kegan Paul.

HANSARD 1983
"Pregnancies,abortions and births in under 15 year olds"
Vol 48 No44 cols 50-52 8th Nov 1983

MC EWAN J.A., OWENS C., NEWTON J.R. 1974
"Pregnancy in girls under 17 : A preliminary study in a hospital district in south London"
Journal of Biosocial Science 6 :357-381

MILLER S.H.1984
"Childbearing and child rearing among the very young"
Children today May-June 1984 :26-29

OFFICE OF POPULATION CENSUS AND SURVEYS
"Birth statistics ENGLAND AND WALES 1981"
OPCS Series FM1 no8

OFFICE OF POPULATION CENSUS AND SURVEYS
"Birth statistics ENGLAND AND WALES 1983"
OPCS Series FM1 no10

REICHELT P., WERLEY H. 1975
"Contraception ,abortion and venereal disease : Teenagers knowledge and the effects of education"
Family Planning Perspectives 7 :83-88

"Having a baby is like a soap opera that goes on for 20 years or more", warns Eastenders actress Susan Tully in a new programme for secondary age schoolchildren to be broadcast this Thursday (repeat Saturday) on BBC television. Susan, the pregnant teenager Michelle Fowler in the immensely popular Eastenders, asks Are You Too Young for a Baby? in the new programme, from the Scene series.

SCHINKE S.P. 1984
"Preventing Teenage Pregnancy"
Progress in behaviour modification vol 16 :13-64

"SCHOOLGIRL MUM"
BBC television production; '40 minutes', October 1985. Producer Jeremy Bennett.

STANLEY F.J.,STRATON J.A.Y. 1981
"Teenage Pregnancies in Western Australia"
Medical Journal of Australia 2 :468-469

TOBIN J. 1985
"How promiscuous are our teenagers - A study of teenage girls attending a family planning clinic"
British Journal Family Planning vol 10 no 4:107-11

'TOO YOUNG TO HAVE A BABY"
BBC school television 1986
Producer Chris Ellis

TORRES A. 1977
"Does your mother know?"
Family Planning perspectives 10 No5 :280-282

ZELNIK M., KIM Y.J., KANTNER J.F. 1979
"Probabilities of intercourse and conception among US teenage women, 1971 and 1976"
Family Planning Perspectives 11 :177-183

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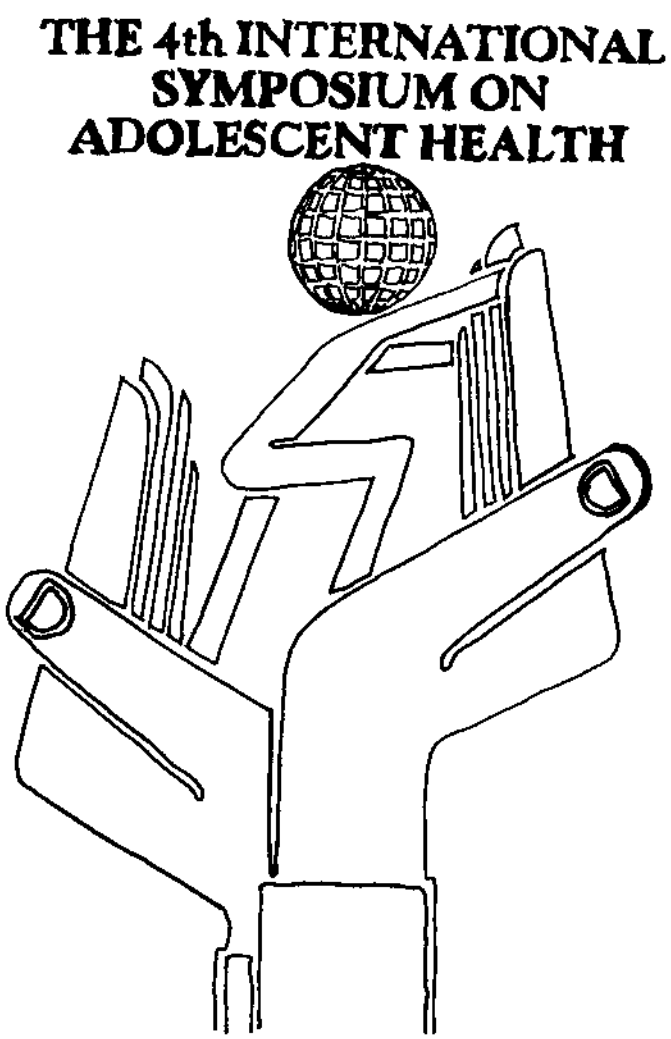
THE INTERNATIONAL ASSOCIATION OF ADOLESCENT HEALTH

ANNE MCCARTHY, DIRECTOR OF THE MILL LANE TRAINING CENTRE FOR HANDICAPPED CHILDREN, DUBLIN, IRELAND.

Dr Birch:- I would like to introduce to you our visitor from Ireland, Anne McCarthy. Anne is an educationalist, she is the Director of the Mill Lane Training Centre in Dublin for Handicapped Young People and she is going to tell us a little bit now about The International Association which was born in Sydney last March and tell us about the Australian Conference.

It is with great pleasure that I introduce to you The New International Association for Adolescent Health. In the course of this short talk I intend to answer the question "Why an International Association for Adolescent Health?". "Can it do anything new for today's youth?" I shall illustrate how our constitutional ideals and objectives are the inevitable outcome of the stimulating and controversial presentations that took place at the Fourth International Symposium for Adolescent Health in Sydney, Austrlia in March of this year.



Adolescent Health is healthy psychosocial development and well-being free from unnecessary suffering, stress and hardship. It is the right of all young people everywhere. Growing up has always been tough. The Australian celebrity Phillip Adams suggested that perhaps 'today's youth are over stimulated while remaining under informed. A sort of metal fatigue of society.'

In Sydney issues ranged from increasing drug, alcohol and tobacco use to the potential effect of early sexual experience with its implications for disease, disability, poverty, unemployment, homelessness, even death. We discussed the problems of those young people with chronic illness and disability, surviving due to modern treatment but whose quality of life leaves so much to be desired. We learned about growing up in the nuclear world and global abuses regarding child labour and child prostitution.

Increasing concern regarding large numbers of young people dropping out of school, home and society, and taking to the streets was compounded by Blum's findings, illustrating that suicides by adolescents have more than doubled in the last decade and povery and unemployment were major contributory factors.

Powerlessness and ignorance emerged as important motivators for certain adolescent behaviours. Franzkoviak fom Germany pointed out that the only way for a young person to assess their personhood is to emulate the authoritative adult and that is the privilege of youth to take well being and health for granted. As they see it, risk taking behaviour such as drink, drugs, smoking and sex is one of the few ways they are allowed to participate in our adult world.

The cultural loss experienced by Aboriginals, migrants, refugees, incarcerated youth was the topic of the satellite meeting held in Melbourne, immediately after the Sydney Symposium. The fact that health and health problems are rooted in the social, political and economic realities within which we live was confirmed by the fact that unemployment and under employment are considered the most serious problems confronting young people today. Political, social and economic change is where it is really at. Therefore any progress must take considerable political acumen and social reform cannot fail to be associated with the constant battle against poverty.

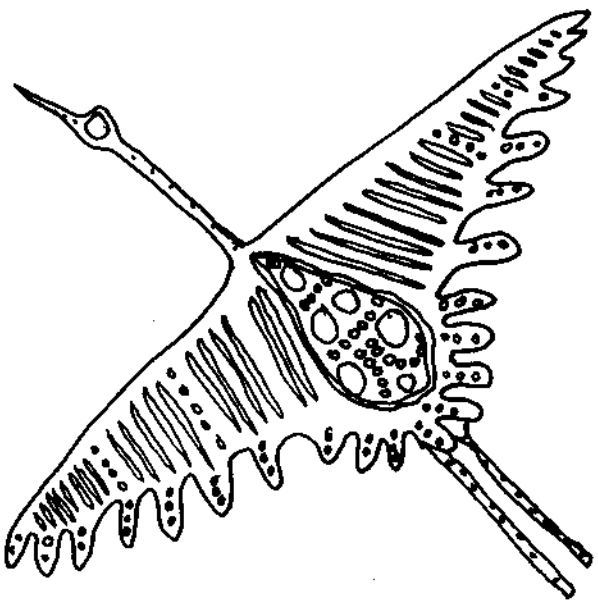
It is going to be the job of professionals and parents to somehow tackle these very factors that are the root cause of the young person's ill health and unhappiness. By the year 2000, 83.5% of all 15 to 24 year old will be living in developing countries, so the problems are indeed global. Consequently common sense dictates that youth participation and multi-disciplinary memberships form important constitutional cornerstones in every new association.

Youth participation was a major feature of the Melbourne and Sydney Meetings. The Korobora Youth Festival and the Feed Back and Interaction Day provided a direct voice for youth. Distorted images of young people still prevalent in the profession and their approaches were pointed out with a refreshingly youthful candour. They were derisive at the idea of people like US actually discussing people like THEM and illustrated the urgent need for us all to start listening to what young people are really trying to tell us. They illustrated the need for us to emphasise with their isolation, their alientation and their confusion and they highlighted the necessity for us to gain the respect and confidence of the generation we claim to serve.

We cannot be on their side without their participation.

At present youth participation is our weakest, our most distinctive and our most essential cornerstone. It is important to make this association into a vibrant and very real force for change. The time has come to consider new approaches, new structures and to look beyond our individual professional orientation. This leads me to the other important cornerstone in our constitution, multi-disciplinary membership. Transitions of many kinds take place in adolescence, physical, emotional, locational, legal and social. In the areas of research education and service delivery it is still early days for adolescent health. We hope to begin by establishing a register of people rather than just organisations or government departments who are engaged in work with young people and with whom we can communicate.

It was Alvin Toeffler in his book "The Third Wave" published in 1980 who described each professional area as requiring "an attack on the assumption that the whole can only be understood by studying the parts in isolation".

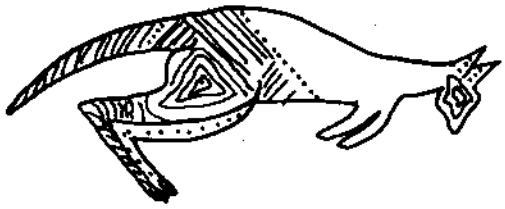


He concluded that the time had come to give backing to studies of a large scale integrated system. Professional expertise is by its very nature vertical and needs to form a link in a horizontal frame of reference if it is to meet the multi faceted needs of the developing generation.

You are all invited to join an expanding and multi disciplinary membership on the path to cooperation, communication, research and resource developent. Care of the adolescent is not new, adolescent medicine came to focus in the 1950s. Enthusiastic support for the study of adolescent and for services dedicated to their welfare led not so much to the development of another specialty, but to an establishment of a different and changing state of mind about the needs of youth, and about professional roles and working with them.

It was in Helsinki in 1974 that the First International Symposium on Adolescent Health took place, the creation of the International Assocation was an integral part of the Fourth and most recent Symposium in Sydney. The inter-disciplinary nature of this meeting is reflected in both our Charter and the make up of our Interim Committee of 18 who come from all corners of the world. At present there are representatives from various branches of medicine ad psychology, one from the world health organisation, one national youth organisation and myself representing the education and developmental aspects particularly for disadvantaged and handicapped youth.

As youth participation is such an essential aspect of this association this Committee will not be considered complete until youth representatives have been coopted. Our Charter also exemplifies this evolution in the nature of adolescent care whereby psychosexual, educational and humanitarian are incorporated alongide those of a medical nature. I will quote from the Charter: "The members of the International Assocation of Adolescent Health are committed to the enhancement of adolescent health through education, research, the advancement of health promotion and the provision of high quality health care for adolescents in all regions of the world.



The Association formed to promote a new sense of partnership between adolescents and the many different professions and organisations who are interested in their welfare, is committed to maintaining an expanding international multi-disciplinary character". The Committee enjoin their colleages throughout the world to enter into dialogue on contemporary adolescent health issues in their countries, to consider the formation of a national association or forum for adolescent health and to join the growing network of people interested in promoting the welfare and healthcare of young people. Government support and interest is of major importance for both funding and policy points of view. It is up to you and your colleagues and the youth of these islands to make something really tangible and something really exciting happen.

DISCUSSION

DR BIRCH: Before we launch into our discussion we have an important visitor here who is a nice surprise, Dr Daniel Hardoff from Israel. He works in a department of adolescent medicine and I would like him to just say a few words about adolescent services to start up our discussion.

DR DANIEL HARDOFF - HAIFA ISRAEL It is a great honour to be in this meeting and I felt very much at home when I heard from the speakers. We have the same problems - I don't have the solutions to the problems unfortunately. We have a national society of adolescent health of which I am the Secretary of this very modest society. We are in touch with the American Society of Adolescent Medicine and, of course, the International Association that has just recently been established. Actually I wanted just to very briefly say what kind of services we have got in Israel and also we are looking forward to developing in the future.

First we have a health screening system for teenagers at the age of 17 which is part of the preparation for military service so every youngster, boy and girl, are being examined (physical examination at the age of 17). But this of course is not enough because there is not much time to speak with these youngsters.

There is the school system where adolescents at the age of 12 and at the age of 15 are being examined by school physicians, not all the schools but many of the schools. Otherwise we don't have many adolescent units. Its true that I specialised in adolescent medicine in the States and we have developed a unit in the hospital in Haifa where I work and there is another hospital in Bethsheva which is in the southern part of the country where there is an adolescent unit.

The idea is that adolescents, once they need health services will get services in a place that people have some understanding of adolescents and help them with their problems, so in the Department in the inpatient unit we have 7 beds in a section for teenagers and we try to make it as comfortable as possible and to do it age appropriate. We don't have teddy bears there! It is a bit difficult with the music though!

In the clinics we try to have consultation clinics and we are holding a consultation clinic were adolescent refer themselves by appointment or be referred by schools or by their general practitioner. But the idea of our Society for Adolescent Health is beside trying to promote all the services we need to encourage professionals to get more education in adolescent health and this is my comment to the first lecturer. I think that the way we can convice our health system in our country in that besides providing services if you create a centre for adolescents, then people can come there and learn how to do that.

One of the problems you mentioned is that teenagers do not like to go to their GP and their GP does not know what to do with the teenagr when the teenager comes to the GP so how does the GP know about it. The only way is if he can train in an adolescent centre and this is the model that is going on in the States that there are adolescent medicine centres about 50, and people come here to train, not only in order to develop adolescent medicine services but in order to broaden their knowledge and experience. The other thing that we try to do is to approach adolescents is to do an adolescent health fair. This will be done in one of the Exhibition Centres and that would be open for the public and professionalss will be there just to be available for people, to give small talks and lots of video tapes and other audio visual accessories. In this way we may increase the awareness of authorities and the public for the problem.

PROFESSOR RUSSELL- (LONDON AND JERSUALEM) It was a special pleasure to hear a colleague of mine talking from Israel. I have just come from lecturing in India where this problem is of course tremendous and overwhelming, where we were speaking of 6 million children whose sole home is on the pavement. That is a very humbling experience. But coming back here there is room for anger, I notice that one of the speakers expressed herself very firmly that is an adolescent quality that we should commend - the capacity for anger especially if it is channeled in the right way. The other qualities we were discussing like curiosity and exquisite sense of beauty and so on. We forget that there are many qualities of adolescence which should be preserved in ourselves but why I use the term anger is that is what I feel about the situation in this country. In Israel they have begun to recognise the need for adolescent units, we should all be pleading for adolescent units in every hospital. To begin with, we often talk about education of the community, the first community that should be educated is the professional community as you stress, but particulaly the paediatric community. Their concern with children and the definition of what is an adolescent is one of their problems, as it is of ours. But we have been preaching for a long time without any effect.

I date my attempt to get an adolescent unit going in this country to 1954. I wonder what many of you were doing in 1954. I was practising what I call paediatrics and this was in a small hospital on the edge of London called Harold Wood and I attempted and I put up a whole case for an adolescent unit in that hospital, especially when I saw a child one day walk out of a unit from a ward in which he had been incarcerated with a lot of dear old gentlemen having th old fashioned prostatic operation and so when he walked out having had a neurological problem for about 6 weeks he walked out in the same way that these dear old adults walked - he walked bent forward in an identical fashion. He was almost entrenched with the attitudes that he had seen around him. Is this the kind of environment which we allow our adolescents to live in and to be treated in, in other words it is not just a question of "rights" as you say - it is a question of what is the most approprate and what is the most effective environment in which we should be treating adolescents ad this is a tremendous disgrace, a great disgrace that no unit in this country has yet been establise and that is 1954 and you know the reason why it was not established ecause they consulted my paediatric colleagues of the British Paediatric Association ad they wrote a report denying the need for this so our major opposition were the paediatricians themselves who could not support one colleague in his feeble attempt to start a unit - I just make a plea as much anger as you like because there is room for anger here, lets get going let us establish from your association perhaps but as I taught my students of which our dear gentleman was one, I taught them that if they cannot achieve what they need for their children and their adolescents by medical means then they should seek political means.

ANDREA WHALLEY - FPA One of the most important ways of helping young people, all young people is to give them good health and personal relationship education. The Government proposals for the core curriculum do not leave time for this to take place in State schools and the core curriculum only applies to State schools. Would the Panel like to comment on how we are going to balance this out when all these children miss out on health and personal relationship education.

FAY HUTCHINSON, BROOK Having over the years, also been very interested in education on the sex and personal relationship side, what has struck (and this is a bit like you saying we need an adolescent unit to teaching the professionals) is that when we first tried to get into teachers training colleges with a programme of sexuality and relationships and responsibility to allow the teachers time and space to look at their own ways of dealing with this and to get skills in this. One of the really sad things, when we talk about sex education is that I don't know how much this has been done with the young teachers YET. This is the way to give them the skills to be able to help, because lecturing the young people is no good or teaching a class. I remember the times when we used to be asked to go and have one hour with the 200 who happened to be leaving at the end of that term, you know do our bit on sex education. It is an on going thing looking at values, looking at responsibilities to yourself and your associates and it is a special kind of teaching or training.

RICHARD TRACEY MP Well I must confess listening to that question I wondered whether the suggestion was that it all should be done in the schools and therefore you honed in on the core curriculum. I personally believe that a lot of what you are talking about has to be done outside the school, first of all in the homes and I think we are definitely commiting a very grace error if we don't put the homes and the family unit at the absolute top of the list but thereafter I don't believe that it is simply for the school to carry on, I am a great believer in the work of youth clubs and Scouts and the various other groups ..(to cries of rubbish)... - I am sorry if you want to scoff but the fact of the matter is they are still very important contributors to young people growing up, providing young people are encouraged to join in these groups. Thereafter certainly the schools should be doing some of the work but I am not quite sure how much you suggest should be done specifically in the schools, I think if you disagree with what has been put forward so far in the Government's proposals then it is your duty to make sure that that is known, in the Deprtment of Education and Science and, of course, throughout the legislature as we go through the legislation itself. It has not even been published yet and already there are people complaining about what there might be in it. If you let us know a few more views then it may well be that as the debates take place, first of all in the House of Commons and in the House of Lords we may arrive at some sensible formula.

DR DIANA BIRCH I would just like to make a comment before we go back to the audience. Just a couple of facts. In my Schoolgirl Pregnancy Survey 95% of the girls who were pregnant had never had any sex education at home at all and the vast majority of the girls missed out at school as well - a lot of them because they were already traunting or already pregnant before the sex education lessons because I am a firm believer (and I agree with what Fay Hutchinson said) that sex education cannot be done in isolation as a sex education lesson, that you get menstruation in the first year and relationships in the second year etc. I feel what young people are missing out on is education for life in general and that has got to start from the cradle upwards - at every opportunity you get to speak to them. It does not have to be separate lessons - it is something that needs to come into the whole ethos of teaching and one of the most important things in my opinion is actually building up self-esteem of young people and the way they are taught in schools at the moment with emphasis perhaps on various bits of curriculum (I don't want to argue about what the standard curriculum is likely to be) but what I am seeing at the moment is that there is too much competition in the classroom and in the sports field and everywhere else, so that a lot of our deprived teenagers are actually running into a spiral when they are getting less and less self esteem and that is why they are looking outide that into sexual experiences.

ANDREA WHALLEY - FPA Could I just give a point of information just about parents and sex education. Isabel Allen has done a major study on education for sex and personal relationships and over 90% of parents wished schools to deal with sex education for all sorts of reasons. I just thought the MP would like to know.

A TEACHER I want to make a comment about teacher education because that is what I am involved with. I work at a teacher training institution which does a 4 year BEd for people who are going to become teachers. One of the strands is people who are going to become teachers and youth and community workers on a separate dual qualification. Social education is their subject. In the schools they are very much welcomed although it is difficult to find time in the timetable because they teach a variety of subjects and they are very good generalist teachers who are aware of personal and social development and learn how to work with young people in such a way that that happens.

That course has been cut in favour of subject specialism because these students although they are gifted teachers don't have a subject specialism such as history, geography or PE. I think we need to remember that if we are to cut the teachers who learn how to teach this as a skill of their own we somehow have to put that into the skills of the teachers who are teaching history, geography and PE and other subjects and that, at the moment, has not been done and can't be done because of the emphasis on the subject content of the teacher education. It sounds like a parochial argument I am making but I think it does have a strong effect on young people, especially the ones who don't feel they are going to succeed academically.

ANNE MCCARTHY I can't speak for the situation in Britain and I am not going to try but just a few points in relation to parents and trying to integrate life skills teaching into schools. It is very much the same situation at home in Ireland. There are excellent Life Skill courses, there are excellent people willing to teach them. A lot of life skill teaching often requires different structuring and with the tremendous competition for jobs and exams because of unemployent etc. once again other subjects take second fiddle even though there are pupils wanting to take them.
Another aspect about parents, and I am speaking particularly for disabled and handicapped area, in relation to the sex education aspect. I say every day - "we don't run a training centre for teenagers we run a training centre for parents", because I think that it takes years to accept the fact that you have a handicapped child but the whole idea of having a handicapped adult is something that they cannot face and I often feel we need to put far more counselling money and services into counselling the parents, because if they had more help and support we would not have to do half the things that we need to do in the services.

PAUL GRIFFITHS - NSPCC Coming back to the establishment of Child Line we had no idea when we were setting that up what extent it would be taken up by young people - even this week we have had over 9,000 attempts to try and get through to us on our lines, even though we try very hard in Childline, collectively we can't get them to take up community services at all only 1.5% we think of the calls that we actually deal with do actually go themselves and take up some kind of community help or support. The reasons they give for that is they clearly fear the adult agencies responses and the way into which they may be further alienated or further rejected in terms of what they say

- so there is a lot in what you are saying Diana about building up young people's self-esteem - if young people to the extent of 9,000 attempts a day trying to get through to one small line in the middle of London somewhere the need it seems to me is very considerable.

GEOFFREY BALL - YOUTH SUPPORT I am very interested Professor Russell in what you are saying about Harold Wood because would you believe in 1954 I was at school in Harold Wood and if you had managed to set up that Adolescent Unit, I might have found somebody I could talk to, to ask advice as to what drinking was all about and why the person I was in love with was drinking. Would I have actually go married to her and then brought up 2 children in what was a very bad situation.

DR HEATHER RICHARDSON - PAEDIATRICIAN I am a paediatrician in Canterbury and Thanet, I was born in Brentwood near Harold Wood and I actually used to work for you Professor Russell. I work a lot with children who are addicts and I work a lot with children who are sexually abused and I work a lot with teenagers who suffer from poor self-esteem. It is quite erroneous to think that every child can benefit from any kind of teaching at all while they feel badly about themselves. I have written to Mr Baker to express that comment. Now the basis of self-esteem to me is feling good about yourself and you can only do that if you can talk about how you feel and we have introduced in our school a programme called "school for adolescents" the basis of which is talking about how you feel. It is about listening to others, it is about not puting other people down, it is about making decisions on how to say no and when we know that then you are ready to go on to learn about sex, drink and drugs and all the rest of it. My worry at the present time is because this is fundamental to me to good mental health is to introduce it into the primary schools. I have an excellent programme from the States called "Project Charlie" which is even better than "Schools for Adolescents" and I can't do anything about introducing it at the current time because of lack of resources. One of the things that really overwhelms me is that children and teenagers are totally mismanaged, health needs ovelooked - not only their sex needs but their vision and their hearing and their urinary tract infections - 25% of them in fact have physical abnormalities all totally unaddressed.

TONY LUMBLEY, SECRETARY GENERAL, MOBILITY INTERNATIONAL (ADMINISTRATOR OF EUROPEAN COMMUNITY DISABED YOUTH PROGRAMME). I think one of the issues we need to address is actually what people are thinking about adolescents, what they think an adolescent is, what they think a teenager is because that seems to me in my experience of research to very much construct the way they work with them and the kind of outcomes they expect. I think this has to be taken into account as well.

ANNE MCCARTHY One aspect that was very clear in Sydney when we had the youth participation day was the fact that they had not a good word to say about anyone of us and they did not like the way doctors spoke to them, and it was great, everybody sat and listened and it was a very refreshing day, but it was a very painful day. The first thing to do I think is to sort out communication and our techniques for doing so because without it we are just talking to ourselves.

DR FAY HUTCHINSON It is easy to make a real appeal for all these poor deprived adolescents, but I don't know if I am very lucky but I meet some smashing young people and I meet a lot of young people who have a lot more sense than a lot of adults I meet and I think that it is good listening to them. It is quite amazing it is a traumatic situation, yes you are pregnant what do you want to do about it - but this is often the first time they reckon they have been listened to and allowed to express themselves and interestingly enough this is often a first time a parent listens to them. I get very worried when people say it must be terrible working with so many of these young people - I don't know if I didn't like it I wouldn't do it and I think they are smashing most of hem, they have got their problems but my goodness have they've got a lot to get through and can they teach us something.

DR DIANA BIRCH - YOUTH SUPPORT I would like to just round that off as someone who works with teenage parents. When I am watching them in the film or TV I just feel proud of them and the biggest compliment to me is when I am talking to a new girl or boy or their family and they say "Who are you, you don't talk like a DOCTOR".

DR GLEDHILL - CONSULTANT, YOUNG PEOPLE'S CONSULTATION SERVICE "OPEN DOOR". One of the things that I noticed and recognised particularly in the films and always with young people which we have just talked about is the difficulty in communicating with "adults". One of the things that have been talked about here was mentioned by Professor Russell I think and also by the speaker was something about adolescent anger which they recognised. I think one of the difficulties in allowing services for adolescents has to do with the fact that adults repress those parts of their adolescent life and childhood which they don't want to see. I think this is particularly difficult to provide a service where those parts are going to be seen and need to be dealt with when you are trying to shut your eyes to these parts inside yourself. We have particular difficulty in allowing our work to make progress because of funding, we work analytically with young people and all our staff are trained to deal with these very painful parts which most adults do not want to see or recognise or experience inside themselves. I think we have to be much more in touch with those parts inside ourselves as adults to be able to cope with them in any adolescent.

The American Society of Adolescent Medicine (SAM) are having their annual meeting in New York March 24-27. On the first day the International chapter will be holding a day workshop on reproductive health in adolescence. This will be divided into two themes; 'Belief systems' and 'Delivery systems'. The presenters will be David Bennett, Australia; Diana Birch, Youth Support; E. Chigier, Israel; Simon Clark Australia; Herbert Friedman WHO; Anameli de Velasco, Mexico; Lee Jackson New York; Hanna Klaus, Maryland; Roger Tonkin, Canada. More about this in the next edition of the journal.

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"Health for all by the year 2000" a World Health Organisation publication (Technical report series 731 1986 pp117) reports the findings of a study group on young people. The recommendations may seem like a tall order but give long overdue recognition to concepts such as increased awareness of the special needs of young people and encouragement of youth participation.

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The right to choose . "Sex and Sensibility" a video dealing with the issue of unplanned teenage pregnancies was produced in December 1987 to coincide with the 20th anniversary of the 1967 abortion act. The purpose of the video is to provide young people and teachers with material to generate discussion of issues of unwanted pregnancy and what choices are available to a young pregnant girl. Sadly we are now seeing another attack on the rights of women, particularly young women, to have/ a free choice with regard to pregnancy outcome. The Alton bill, now reaching committee stage in the house of commons, is seeking to limit the time within which a girl may seek a termination, time which is already limited by irregular periods, failure to recognise pregnancy, denial and fear. The MP Jo Richardson has set up a briefing committee at the house of commons including COORD (Coordinating committee in defence of the 1967 abortion act) and Youth Support. We will discuss these issues at our Forum meeting at the King's Fund on June 3rd.

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"Together for children" The fifth international conference of the IAPTE, International Academy of transdisciplinary Education is being held at Kensington town hall 3 to 7th may 1988. The Friday session includes a workshop on Adolescence. Details from the TFC conference secretariat, Congress House, 65 West Drive, Sutton, Surrey SM2 7NB.

TOGETHER FOR CHILDREN

A multidisciplinary conference on health, sickness and disability in childhood.