

Journal of Adolescent Health & Welfare

VOLUME 3 NO 1 SPRING 1990

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

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30 CRYSTAL PALACE PARK ROAD; LONDON SE26 6UG

CHARITY NO 296080

Letter from the Editor

Dear Colleague,

1990 has so far been a very hectic year for us. We began with the visit of Russian teenagers, the ice break swim and of course the house warming and new year's eve party at Youth Support House. All three events went very well.

We have not had a response to the questionnaire about meetings so will continue with our usual format of a meeting in London in October. We will also be having seminars and workshops on specific subjects throughout the year at Youth Support House. Currently a child abuse seminar is planned in June.

We would value comments from members regarding the content and format of the journal and would also appreciate contributions.

At Youth Support House, we are looking for staff at various levels. We are partly staffed by salaried employees and partly by volunteers. If anyone is interested in working with us in any capacity we would very much like to hear from you.

Best wishes,

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

Patrons: Dame Josephine Barnes; Sir Frank Mills.

CHARITY NO 296080

APPLICATION FOR MEMBERSHIP OF THE "YOUTH SUPPORT"
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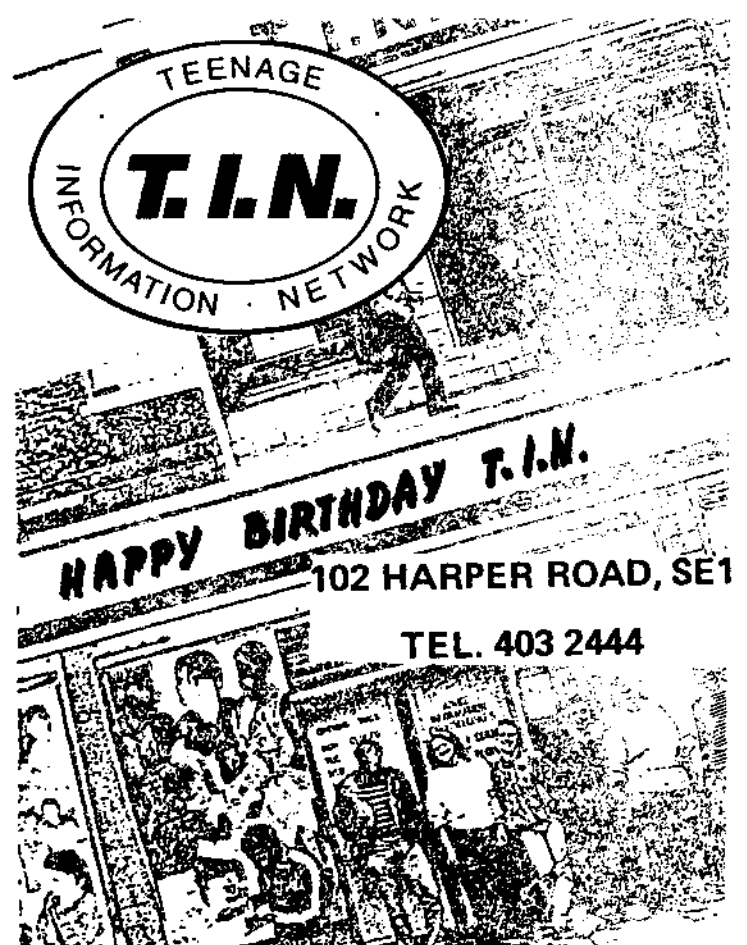
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I would like to join the "FORUM ON ADOLESCENT HEALTH AND WELFARE" I enclose £20 registration fee which covers my first years membership (journal included in cost).

NAME POSITION.....

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.....
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HAPPY BIRTHDAY T.I.N.

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 MEETINGS MEETINGS

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I would like to apply to attend the Child Abuse seminar on wednesday 13th June.

Name Position

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FINLAND Finnish Association of school doctors
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YOUNG VICTIMS OF AN UNDERFUNDED SYSTEM

There have been a worrying number of recent cases of children and young adults being abused in homes and hostels. The irony of such cases being that society has placed these young people in such environments presumably for their safety and to provide care which for some reason is not forthcoming in their home environments. For these girls and boys previous abuse and rejection is compounded by their betrayal by their carers and their further abuse by those whom they should be able to trust. Madeline Sunting reported in a front page article in the Guardian (March 7th) on the humiliation suffered by residents of a home in Greenwich where strip searches, incarceration in a secure unit and sexual abuse occurred. Norman Fowler commissioned a report in 1985 which reported in 1988 (The Wagner report) it stated "a burning indignation at the way in which the present system can devalue the lives of some of the people most in need of help and support". Only 11.5% of staff working with children in care have a social work qualification. Homes can be understaffed with inexperienced stressed workers who have little support in their posts. It is thus hardly surprising that the Children's society reported that 34% of the 98,000 runaways attending it's Central London Teenage Project were escaping from care. Provision of good standards of care for disturbed adolescents is not easy or cheap. Some authorities are reluctant to invest in adequate care. While this situation continues we will repeatedly see the sorts of abuse that stem from cutting corners in staff training and supervision. Privatisation of services which has been occurring in some areas will mean that such centres will have to be run on a profit making basis - will this further add to cost cutting and false economies? The following paper attempts to look at some of the forgotten quantities in management of child protection policies, namely the feelings and attitudes of staff and lack of training is again a major source of grievance. Reference to the geographical area has been removed to maintain a degree of confidentiality.

* * * * *

Staff attitudes and opinions of child protection procedures

Diana Birch and Alan Chandler

Introduction

Over the past two decades there have been numerous enquiries into child protection, usually provoked by a disaster - the death of a child like Maria Colwell or Tyra Henry or a perceived mismanagement such as Cleveland. Such deliberations recommend standards of practice and often spawn local committees to monitor local procedure. It is questionable whether the mountains of paperwork generated by such enquiries ever filter down in digestible fashion to those working 'on the front line' and the extent to which local committees are perceived as a source of support and advice by such workers.

The aim of this study was to make a confidential enquiry into how staff in an inner city area actually felt about implementation of child protection procedures in practice. The results are thus, by definition, subjective but nonetheless represent a previously untapped area.

Background

The Borough Standing committee for the prevention and control of child abuse was established in February 1974 as a result of a recommendation of a working group on 'battered babies'. It was recommended that there should be a single review committee for the whole borough:

that it should review and evaluate procedures for the prevention and control of child abuse; should consider ways of educating and training workers in all disciplines in the detection and treatment of child abuse and regularly evaluate a register of children 'at risk'. In addition the committee should undertake or initiate research.

The initial formulation of the Standing Committee thus predated the formation of area review committees which were formed in April 1974 (DHSS 1974). With the formation of area review committees the possibility of duplication of roles became highlighted and the remit of borough standing committees was reviewed. One of the functions of the borough standing committee was then "advise on the need for enquiries into cases which appear to have gone wrong and from which lessons could be learned" The reality has been that this duty has rarely been carried out.

In 1986 the Borough standing Committee held a series of discussions which sought to re-examine elements of the Committee's role. In particular, the committee questioned it's availability to managers and field workers as a forum for seeking advice about complex child abuse cases. Or for example, where the statutory agencies involved have met with difficulties in working collaboratively.

There was an obvious need to examine issues which were causing difficulties between agencies, or in the management of cases. Despite this, members felt that the standing committee was not realising it's full potential to help and advise and moreover, was failing in it's educational and training duties.

In summary, the collective experience and expertise held by members of the standing committee were not being made available to field workers. It was decided that an enquiry should be made into why this was not happening and how advice might be made available in the future.

Method and results

A questionnaire was drawn up and circulated to staff of all disciplines regularly involved in child abuse work in the borough in order to ascertain the way that staff felt about their involvement in child protection; the problems that they may have been experiencing in implementing procedure; and their opinions regarding the quality and quantity of training which they had received in order to carry out this work.

The questionnaire was divided into sections dealing with identification of child abuse; the medical examination; case conferences; court appearance; management and follow up; training. Staff were asked their opinions on each section, their knowledge of and difficulties in implementing procedure laid down at each stage and their comments regarding possible improvements in management.

The questionnaire was designed in a format suitable for computer analysis so that it could be used in future on larger samples of staff. Questionnaires were anonymous but asked for discipline, grade and length of experience. The study aimed to sample 50 staff of each discipline.

Staff sampled and response rates

1. Social work

Questionnaires were issued to one social work area and the staff of one hospital social work department. The overall response rate was 43% and nearly all the respondents had more than 5 years experience, half of which had more than 10 years experience in their posts. In general, the area social workers indicated that they were more experienced than the hospital social workers in handling cases of child abuse, had less difficulty in implementing procedure and were more likely to have court experience. There were no other significant differences between the groups and their responses have been analysed together.

2. Health staff

As regards health authority staff, 58% of a group of community health doctors responded to the questionnaire. Two of these were also general practitioners. Most of the doctors had less than 5 years experience in the community. 50% of health visitors responded and similarly more than half had less than 5 year's experience.

3. Education

In the education field, 50 teachers, 50 head teachers and the staff of the divisional education welfare office (now education social work office) were circulated with questionnaires. 42% of teachers responded, and, interestingly, nearly all of these teachers had more than ten year's experience. 70% of head teachers responded, neraly all of whom had more than ten year's experience and half thje number more than 20 years experience in the field. There was 100% response rater from education welfare and senior education welfare officers. It is the senior education welfare officers and head teachers who are most involved in child abuse work.

4. Law enforcement

An additional group of staff was approached whose results are not included in this paper. The local police officers promptly returned 100% of their questionnaires and on initial perusal appeared to cope very well with child protection procedures - however their questionnaires were withdrawn by senior officers in view of the sensitivity of the subject matter.

Identification of child abuse and Implementation of procedure

Senior education welfare officers were unanimously confident in identifying 'at risk' children, in confronting parents with their suspicions and in seeking help and advice of their colleagues. They also reported that they were aware of local procedures and their own agency's policies and experienced little problem in implementing the procedure. (Table 1). 74% of health visitors were also confident at identifying 'at risk' children but in only 15% of cases did this confidence extend to confronting parents with their suspicions, this figure probably relating to the relative inexperience and young age of many of the health visitors.

With regard to problems in implementing the child abuse procedure, approximately half of the staff regularly dealing with child abuse cases experienced difficulties and these were equally related to difficulty in contacting link people, inappropriate responses from other professionals and the procedure taking too long. However staff

of all disciplines felt that they had adequate support from their colleagues in implementing procedure.

The Medical examination

Senior education welfare officers had the highest opinion of the medical examination. They considered that the examination was carried out quickly by adequately trained staff and that it fulfilled their expectations. However, half felt that the medical was a traumatic experience for the child. Interestingly, nearly half the doctors were dissatisfied with the medical themselves and felt that the staff were not adequately trained. A view concurred with by the social workers, of whom only 29% felt that the medical fulfilled expectations.

The Case Conference

Social workers as a group had the lowest opinion of the medical examination and the highest opinion of the case conference. (Table 2). They all thought that the conference was called quickly; that they could contribute adequately and that their opinion was taken note of. A sentiment echoed by only one third of the doctors and head teachers, who were happy with timing of the conference and only two thirds who felt they were being listened to.

A great deal of controversy has raged over the presence or absence of parents of abused children in a case conference. There was general agreement, across the disciplines, that parents should be present for part of the conference, but none of the hospital social workers and only 14% of area social workers wanted parents present for the whole conference. More than one quarter of doctors and teachers made no comment on this question - possibly a reflection on the high degree of controversy surrounding this subject. Asked whether they agreed with conference decisions, 100% of social workers said that they did, as did the majority of doctors, health visitors and education welfare staff. However only 48% of teachers agreed with decisions and, despite this disagreement, only 25% said that they would ask that their disagreement be noted in the minutes.

The same small proportion of teachers were likely to ask for alterations in the minutes if they found them to be inaccurate. One wonders then if this is a reflection on teachers not understanding decisions or in difficulty in digesting long minutes which may not be accurately perused by a teacher with little time (and many children) on her hands. It may also reflect a cynical attitude such as 'well my opinion doesn't matter anyway and what difference does it make when there is so little we can do'.

Court proceedings

A high percentage of workers in all disciplines had no experience of court proceedings. This varied from 14% of area social workers to 76% of teachers having no experience and a very high percentage felt that they had not been prepared in any way for court proceedings - ranging from 64% of social workers to 95% of teachers. One quarter of doctors and one third of health visitors felt that they were asked to attend court too frequently, while other staff did not on the whole share this opinion. The majority of social workers, (86%), were generally dissatisfied with court hearings, feeling that they are traumatic for the child and 71% felt that appearances could be substantially reduced in number. In contrast, only one third of doctors and teachers or head teachers were of this opinion. Perhaps indicating that they felt more secure in the authority's dealing with the case in a dogmatic, clear cut way.

Management and after care

The results of this part of the Questionnaire indicated that workers felt more satisfied with the immediate management of cases and more pessimistic regarding long term management. 76% of social workers considered immediate care adequate in terms of treating the injury and immediate protection of the child. Intermediate measures intending to give family support and prevent further harm received the approval of 54% of social workers, while long term measures such as rehabilitation of the family and long term psychiatric or social work intervention were thought effective by only 24%. Doctors (scoring 50% - immediate; 25% - intermediate; and 19% long term) and teachers (scoring 31%; 23% and 24% respectively) showed similar opinions and appeared dissatisfied that they could not "jump in and do something". The overall view was that in the long term, the management of the abused child and the family was depressing and there was widespread condemnation of present practices.

The role of the key worker in management appeared also to be more satisfactory to social workers than to other staff since, while 86% of social workers received adequate feedback from the key worker and 93% felt able to contact the key worker promptly, this is in contrast to doctors scores (42%/50%); health visitors (22%/44%); Education welfare officers (30%/30%) and head teachers (23%/26%). This raises serious questions as to the ability of key workers to maintain contact and to their perceived priorities. Perhaps they do not regard it as important to keep in touch with teachers as with other staff. It will also be interesting to note how this relationship is affected by the presence of a guardian ad litem

TABLE 1

IDENTIFICATION OF CHILD ABUSE

	FEEL CONFIDENT IN:-				
	IDENTIFYING 'AT RISK' CHILDREN	CONFRONTING PARENT	SEEKING HELP OF COLLEAGUES	AWARE OF PROCEDURE	PROBLEMS IMPLEMENTING
Social Workers	71% (63%)	93% (88%)	100%	86% (75%)	58% (25%)
Doctors	83%	58%	92%	92%	56%
Health Visitors	74%	15%	96%	93%	52%
EWO senior	100%	100%	100%	100%	60%
EWO junior	57%	35%	100%	79%	21%
Headteachers	74%	54%	94%	94%	43%
Teachers	67%	38%	100%	76%	38%

(X) hospital SW

Training

It was very apparent that staff training left a lot to be desired. 80% of health visitors and senior education welfare officers had received specific training in child abuse work. In contrast only 50% of social workers and 42% of doctors had specific training. However only one third of health visitors and education welfare officers felt that their training had been adequate as did only 7% of area social workers and none of the hospital social workers - an abysmal picture in this important area.

Comments and conclusions

This survey should be regarded as a pilot study of staff attitudes to child abuse procedures. Even so, it highlights many discrepancies between management's perception of what seems to be an adequate child protection procedure and the viewpoint of staff 'in the field' who have to implement it. Training, communication and action taken, all fall short of expectation.

The anonymity of the respondents was important in obtaining 'honest' answers. In our present day circumstances staff involved in child protection are frequently working under difficult circumstances, working long hours in understaffed and underfunded departments. When things go wrong, they are often subjected to 'witch-hunts' conducted by the media or superiors who may appear to wish only to 'cover their own backs'

training, advice and in reviewing case management. This advisory role needs to be performed in a way which is acceptable to staff and not seen as a threat or criticism.

The results of this survey pinpoint some of the needs of staff and thus provide an invitation to meet those needs in a positive manner.

Useful references

- "Whose Child" The report of the public inquiry into the death of Tyra Henry - London Borough of Lambeth 1987
- "The Battered Baby syndrome" Cameron 1970 The British Journal of Hospital Medicine.
- "The Battered baby syndrome" An analysis of reports submitted by medical officers of health DHHS 1972

DIVERGENCE OF OPINIONS

TABLE 2

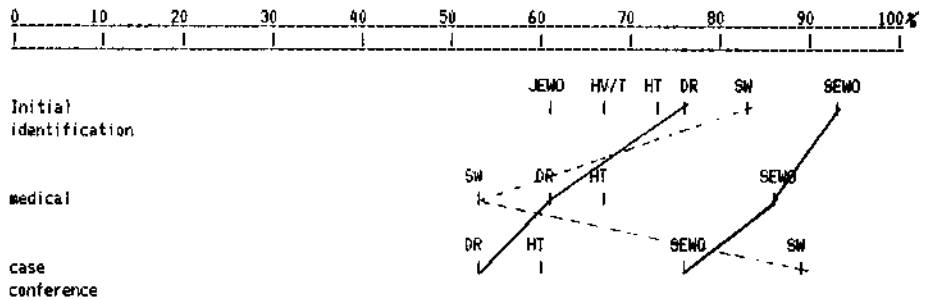
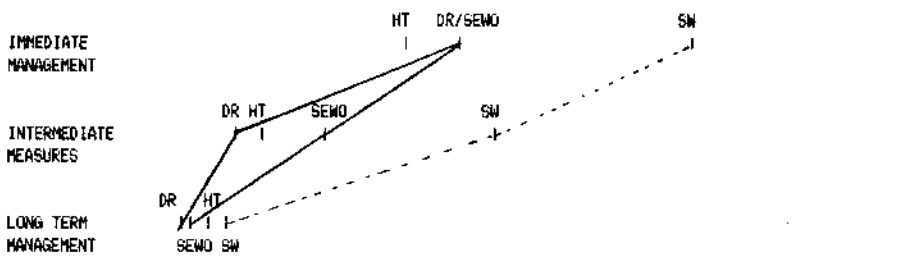


TABLE 3

MANAGEMENT SATISFACTION WITH



key DR Doctors HT head teachers JEMO junior education welfare officers SW social workers
HV health visitors T teachers SEWO senior EWOs (education social workers)

THE VOICE OF YOUTH

On New Year's eve Youth Support House was invaded by 34 Siberians! This was a very happy and welcome invasion. 30 Teenagers from the town of Sverdlovsk in the Urals, on the edge of Siberia, and four of their teachers came to London for two weeks. This was the first time that young people had been allowed out of that part of the country - in fact Sverdlovsk has been a closed city. The girls and boys spent at least a week each in the home of a London teenager and attended local schools. We are very grateful to Cator park School in sydenham, Warwick park in peckham and Waverley school, Peckham Rye for hosting the teenagers. The Tower of London gave us free entry, St Paul's a special tour, Charlton football club gave tickets to a match and a mention in their programme, the Churchill theatre cheap pantomime tickets ... etc etc . It was a very successful visit although everyone on both sides was in tears at their departure. One of the frequently heard remarks was how less ordered British schools were compared with their Soviet counterparts, but after the initial shell shock, they settled into their new found freedom! The International Planned Parenthood federation hosted a visit including videos which fascinated the Russians who complained about the lack of sex education in their schools.

The following is an extract from a composition written by one of our visitors as an competition entry to gain a place on the visit. ...

"...Conflict of elder and younger generation has survived through the ages - take Ivan the Terrible for example. He killed his son in a fit of rage ... or Taras Bulba, a character of Gogol's story. He also chose capital punishment for his son who became a traitor. In the present day, a youth magazine, "Parus" carries an article by Yuri Korotkov - "Crash". The story is of a girl called Valeria, nicknamed 'crash' . She became involved in a criminal group because of complete misunderstanding between herself and her parents. When her father tried to help her he was murdered.

On the other hand interference in the affairs of their children may also result in tragedy as in the story "Little Vera". Our fathers have certainly experienced everything that is awaiting us, they have faced situations before us, but are they trying to indoctrinate us with the views that they consider correct? The question is whether they are appropriate , whether their authority is absolute for us? Maybe our aparents are respected at work among their colleagues, but

is this enough reason to subordinate us at home? Surely there must be other methods, more close

-page 8-

and individual...

Don't teach your grandmother to suck eggs! Yes but can't children teach their parents anything? With their optimism, new outlook, and perhaps we can change the way they look at sex education. Sex! that word is often never used in some families although some progressive minded sociologists confirm that it is necessary to begin sex education at the age of 5 years old. Beginning this practice at 15 or 17 is senseless. There is a story by Krzhishtalovich "Plechevaya" about a girl who was raped and her father was bribed by the rapers to conceal thye fact of the crime. Poor sex education is one of the reasons for this and early pregnancy and some poorly timed abortions. All this could be prevented if we had the necessary information in proper time. Moreover it should be competent and frank. ..."

..... Akhlyustina Alesya

In June a YOUTH SUPPORT party comprising pupils from the host schools will be allowed to visit the Urals and Moscow. We hope that a Moscow group of teenagers can visit us in the near future and that a return visit to Moscow can be arranged. If anyone is interested in hosting a Soviet teenager in the future or in joining a visit please write and let us know.

THE HEALTH OF YOUTH



World Health Organization
Geneva
March 1989

Readers interested in this background document (A42), prepared for the recent WHO Technical Discussions (May 1989) should write to WHO, 1211 Geneva 27 Switzerland.

Recent Papers

The following recent papers may be of interest to members working in teenage sexuality field.

"Termination of early human pregnancy with RU 486 (mifepristone) and prostaglandin analogue Sulprostone; A multi-centre, randomized comparison between two treatment regimens."

WHO Task force on post-ovulatory methods for fertility regulation.

Human Reproduction (1989) 4 6:718-725

Early pregnancy (amenorrhoea of upto 49 days) was effectively terminated by using combination regimens of RU 486 and im sulprostone. A multicentre trial used twice daily RU486 for three or four days and prostaglandin was given on the morning of the last day. There was no difference in outcome between the two regimes and they were overall 94% successful. This provides an acceptable medical alternative to surgical treatment of early pregnancy.

* * * *

"Inhibition of Chlamydia Trachomatis growth in endometrial cells by copper; Possible relevance for the use of the copper IUCD" - Kainman et al Contraception 39 6 665-677 - 1989

Chlamydia infection can go undetected in young people and lead to pelvic inflammatory disease PID and infertility. PID increases among women using intrauterine contraceptive devices. The above research paper re explores the issue of copper containing IUCDs protecting against infection and concludes that copper ions appear to reduced the growth of chlamydia in cultured endometrial cells. Thus it is possible that in vivo the copper ions leaching from copper IUCDs will inhibit infection with chlamydia and thus reduce PID.

* * * *

"Sexual activity, contraception, genital infections and cervical cancer; support for sexually transmitted disease hypothesis" Slattery et al American Journal of Epidemiology (19189) 130 - 2; 248-258

Factors identified as altering the risk of cervical cancer in a group of 266 women with cancer in situ or cervical squamous cell carcinoma and 408 controls were:- having numerous partners; the current mate having had many partners; using foam or jelly as a contraceptive; trichomonas infection; herpes simplex infection. It would appear that cervical cancer can be looked upon as a sexually transmitted disease although the

transmissible agent is not known. Using barrier methods of contraception such as condom or diaphragm appear to be protective. Other factors such as cigarette smoking have also been implicated and it is probable that several environmental and interrelated factors act together in a multifactorial way.

* * * *

"Attitudes of Indian Adolescents"

Dinesh Bhugra and Michael King, British Journal of Sexual Medicine - December 1989 p458

155 north Indian teenagers in two schools were given a questionnaire concerning social, sexual and moral attitudes. The results were classified as traditional or liberal based on the author's knowledge of local customs. The questionnaire, based on Schofield's 1965 study of sexual attitudes of young people, showed that the majority of Indian teenagers held traditional views and were not overly influenced by their teenage 'subculture' or peer pressure as were Schofield's British adolescents. The boys were more likely to be liberal than the girls but on the whole the individuation seen in western cultures appeared to be lacking. It was surmised that the traditional family structure was important in determining these conservative values.

Teenage Parenthood The Way Forward

Residential Conference at Boddington Hall, University of Leeds, on 2/3 July 1990.

For teenage parents* and those who work with them. An opportunity to share ideas and concerns about education, training, housing, childcare and health issues.

Speakers, workshops, exhibitions.

Cost £70*

- * rooms with cots
- creche
- * some bursaries available

For further information contact:

Hilary Pratt
YWCA Yorkshire Regional Office
Lovell Park House
22 Lovell Park Hill
Leeds LS7 1DF

Organised by The YWCA of Great Britain in conjunction with Wester Hailes Education Centre, Edinburgh.

BRIDGING THE GAP



YOUTH SUPPORT HOUSE
AFTER SCHOOL PLAY SCHEME
and HOLIDAY CENTRE

13 CRESCENT ROAD
BECKENHAM BR32NF

tel 081 650 6296



After school open Monday to Friday 3.30 to 5.30pm
(longer hours available by arrangement)

Fees £20 per child includes drink and biscuits.
A more substantial meal provided at small extra charge on request.

Holiday Centre In school holiday periods 8.30am to 5.30.
Fees £55 for school hours (9am-3.15pm) including lunch and drinks.
Additional £5 for breakfasts for early attenders.
Added £20 for late extension (3.15pm-5.30pm).
Special excursions may incur extra charges.

WHAT IS GOING ON AT YOUTH SUPPORT HOUSE?

We now have nursery places available for under fives, an after school playscheme and a holiday centre all of which operate on a fee paying or subsidised placement basis.

The residential section for teenagers aged 11-18 is opening on 1st May. Please publicise this in your area. We have highly specialised staff and a pretty unique service for teenagers who require education and care in a residential setting. As with all new units, the start up period can be difficult, we need to publicise our services in order to obtain referrals and the house will not really take shape until we have four or five residents.

While we wait for the house to take shape, the staff are rapidly losing theirs - our new cook Angela is producing such marvellous meals that people are actually dropping in to have lunch with the children - and quite where three and four year olds put all the extra helpings I do not know!

* * * *

WAIT FOR IT

OUR NEXT ISSUE WILL BE PRODUCED ON OUR NEW LASER PRINTER!!!

* * * *

ANYONE KNOW A CELEBRITY WHO WOULD ATTEND OUR OFFICIAL OPENING ??

HORIZON

*examines the global problem
of teenage pregnancy*



The Child Mothers





Elephant Jobs

3-7 Stamford Street
London SE1 9NT
01-928 2726

For over 100 years various charitable Settlements have been helping local communities throughout the London area. Two such Settlements, Blackfriars and Cambridge House and Talbot, worked in Southwark and Lambeth.

In 1975 an aware group of the full time and voluntary workers became concerned with what seemed to be the onset of structural unemployment in an area hit hard by Dock closures and relocation of its Printing industry. The local rate of unemployment was 10% against the national average of 5.4%. The need to create jobs and provide training in skills and approaches to work was clear.

The Elephant Jobs project began in 1975 offering workshops in fields where the skills were not too difficult and workers could learn and improve. Close to the Elephant and Castle, its aim was to provide useful work for youth and adults. George Ruddock, the present Managing Director, joined in 1979 and in February 1980 Elephant Jobs moved to Tress House, its current address.

In 1983, Elephant Enterprises was set up to provide workshop and office space, equipment, support and advice to groups or individuals to develop skills and potential to create their own jobs and businesses. Free for 6 months, they could use the space and support for a further year at minimal cost as the business developed.

In 1985 the Youth Training Scheme was extended to a 2 year programme and Elephant Jobs continued its work of providing a crucial bridge for school leavers and young unemployed. Research by Elephant Jobs showed little support for unemployed YTS leavers. A new project entitled The Next Step was piloted for 18 months in 1986 in an attempt to address this problem. Results showed a significant number of young people leaving YTS schemes without a job found purpose, direction and were helped into work and further training through counselling, information and advice.

Today, at the start of the 90's in an area of high youth unemployment and poverty, many face a multiple of problems which puts employment, further education and training as a lower priority than issues such as literacy, numeracy and housing. Their previous experience has resulted in a lack of confidence and esteem. Next Step, building on the success of the pilot, aims to focus work on the Post YTS age group providing advice, information and counselling, assisting young people to gain access to the opportunities open to them.

Take care of the one you love



available from NAC
4 wild court

Youth

Support

House

A caring community, tailored to the needs of young people.

We aim to provide the sort of residential placement which will not harm or 'institutionalise'. Our young people will be equipped with the skills which they will need in order to survive and succeed in our 'modern' world.

We are now in the 'caring nineties' - did you know that?! Nevertheless places like ours are still needed. If you care - help us to continue supporting youth.

Inquiries regarding placements of residents or day cases to
YOUTH SUPPORT HOUSE 081 650 6296.



"Are You My Sister, Mummy?" reports the findings of over ten years work with more than 150 very young girls, their boyfriends, families and children, telling their poignant stories in a compassionate and empathetic manner.

✂-----

Name: _____

Address: _____

Tel. No: _____

I enclose £ _____ in payment for the following:

FORUM MEMBERSHIP £20 per annum _____ £ _____

_____ Copies

"ARE YOU MY SISTER, MUMMY" @£10 = £ _____

Street Youth The problem of street youth in England was mentioned in our last issue. The plight of the children in South America however is appalling by any standards. The Sunday express magazine in february 1990 carried the story "The sewers and scrapheaps of Colombia are alive - not with rats, but with desperate children scratching out an existence as beggars and thieves ..." Jaime Jarmillo set up a charity "Los Ninos de los Andes" where some of the 'rescued' street urchins can be rehabilitated and given some respite from foraging and sewer living, however those helped are only a drop in the ocean.

Both in Colombia and in Brazil, where it is estimated that there are 12 million street children, death squads have been trying to reduce the problem another way - 624 children under the age of 17 were murdered in the eighteen month period between 1st January 1988 and July 1989. In Colombia the bodies began appearing in May 1989 and were attributed to shootings by a paramilitary group 'Death to Gamins'.

Life is infact becoming harder for street youth throughout the world, many are forced to practise 'survival sex' and whatever drugs they can lay their hands on help to blot out the pain and hunger. In New York , there has been shown to be a close correlation between crack use and HIV positivity to the extent that crack users were unable to practise safe sex until they gave up the drug. Street youth can therefore be considered a very high risk group for HIV infection. How important is this? We see very little AIDS in teenagers and this can engender a false sense of security, however consider that 20% of AIDS sufferers in the USA were infected with HIV virus as teenagers and that will put the problem in perspective.

Child Rights The United Nations in Novemeber 1989 adopted an international convention to protect the rights of children and young people. The convention on the rights of the child is an update of a declaration made in 1959. The main points are that all persons under the age of 18 years have the right to PROVISION - of health care, services, education; PROTECTION from harmful acts and practices and PARTICIPATION - the right to be heard in decisions affecting their own lives. This all sounds wonderful on paper, but one wonders how it will work in practice, after all 3,000 children were detained in the first eight weeks of the South African state of emergency in 1986 - and can one provide health care in deprived areas by passing laws?

LETTERS to TEENAGERS

Introductory Notes

Background

In 1985 78,922 babies were born to mothers in England and Wales who were under the age of 20. 9,406 girls under the age of 16 became pregnant, 4,169 went on to have their babies while 5,237 terminated the pregnancy through legal abortion (Office of Population Census and Surveys).

The HMSO Report *Teenage Mothers and their Partners* (1986) showed that teenage mothers are significantly more likely to experience difficulties with finance, housing, educational and employment opportunities, and social isolation than other mothers.

Letters to Teenagers

This YWCA booklet contains letters written by teenage parents. They have written as if to a teenage penfriend, outlining many of the difficulties they have experienced. The aim is to encourage young people to consider the consequences of unplanned parenthood.

These letters were written as part of a DES funded study project. An education pack will be available in the autumn of 1990. The YWCA welcomes comments about the booklet and an evaluation sheet is included.

Using the Booklet

The booklet is designed for use in schools as part of sex education and in subject areas such as child-care and social studies. In youth groups the letters may form the basis for group discussion or role play.

The letters are targetted at young people aged 13 years upwards. Some ideas for using the letters are outlined at the beginning of the booklet.

The Education (No. 2) Act 1986 states that where sex education is given to pupils it should 'encourage those pupils to have due regard to moral considerations and the value of family life'. The DES circular 11/87 states that teaching about physical aspects of sexual behaviour should be set within a clear moral framework, and help pupils to 'appreciate the benefits of stable married life and the responsibilities of parenthood'.

YWCA of Great Britain
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