

# Journal of Adolescent Health & Welfare

VOLUME 2 NO 3 AUTUMN 1989

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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**

Dear Colleague,

We are entering a very busy period for Youth Support when many exciting changes are taking place. The acquisition of our new premises at 13 Crescent Road has been an important milestone. We are opening on 1st January 1990 - a centre for the nineties!

A very important date to remember is thus 31st december when we will be having a New Year's Eve Party and house warming at 13 Crescent Road. All forum members and their families, colleagues etc are very welcome to join us. The occasion will also be a welcoming reception for the Soviet teenagers who are coming to spend two weeks in London.

We had our usual London meeting at the Royal Society of medicine on 19th October. The meeting was very interesting and informative with very good speakers - the transcripts of their talks will appear in autumn and winter issues. Unfortunately the meeting was poorly attended. The afternoon workshop was cancelled due to lack of bookings - unfortunately three people booked after the closure had been decided on which was a pity - the same happened to the Glasgow meeting.

It is very difficult to assess why people do or do not come to meetings and thus to plan next year's. We made a big loss on the RSM meeting. It seems that possibly the afternoon was not a good time for the workshop, but there again the idea had been to have a longer programme for those travelling from far afield. The feedback I have had so far is that the content has been good, the venue is central and pleasant, the fees are minimal - so why do people not come??? This issue includes a questionnaire which I would be grateful if you could complete to help me plan future meetings.

In contrast "Dog Night" at Catford was a sell out! We made £4,000 for Youth Support House. All the dinner tickets were sold at £20 each. Firms sponsored the races at £200 per race. Many thanks to Terence Donovan; SG Smith Motors; Brutons of Beckenham; AOS printers (who print the journal also); Saunders Abbott of Beckenham; Jay Opticians; Coomes Racing; Pam Haybittle Personnel Services; Sovaminco UK and all the many dog nominators - many of whom won a bottle of champagne!

Hope to see you all at the next fund raising - in the pipeline is an assault course, a sponsored ice break swim on 1st January and several more intrepid ideas - should be something for everyone!

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"

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

Happy Birthday!  
Brook!

**Brook**  
**ADVISORY CENTRES**

**25th ANNIVERSARY**

*"It was a bold and pioneering venture to start Brook Advisory Centres in 1964 and it is a reflection of the organisation's achievements to be able to celebrate the 25th anniversary so publicly. I wish Brook every success for the next 25 years."*

*The Princess Royal, 12th July 1989.*

The objects of Brook Advisory Centres are the prevention and mitigation of the suffering caused by unwanted pregnancy by educating young persons in matters of sex and contraception and developing among them a sense of responsibility in regard to sexual behaviour.

MEETINGS MEETINGS MEETINGS  
MEETINGS MEETINGS MEETINGS

PLEASE COMPLETE THE FOLLOWING AND RETURN TO YOUTH SUPPORT

You may wish to photocopy this page and circulate to colleagues also  
Please Ring numbers which you agree with and then add comments at bottom.

MEETING CONTENT

1. Content of meeting has been much as I would like
2. I would like more speakers on a wider variety of subjects
3. I would like fewer speakers and more discussion time
4. I would like a set theme for each meeting
5. I would like a workshop format rather than lectures

TIMING

1. This is about right - (Weekday evening)
2. I would prefer a day time meeting rather than evening
3. I would prefer a weekend meeting
4. I would like a full day of meetings

LOCATION

1. I think this is reasonable (Central London)
2. I would prefer meetings outside London
3. We should have small local meetings

ETHOS

1. The Forum needs to meet centrally in order to be viable
2. We should not have meetings - just the journal
3. Meetings should be organised by local groups not centrally

PRICE

1. Meeting prices are about right
2. Higher charges should be made so that people think there is something worth coming to
3. All meetings should be free

COMMENTS and SUGGESTIONS

Preferred day of week for meeting .....

Preferred location .....

"Teenagers - Is Adoption an Option?"

HEDI ARGENT - Independent Advisor on adoption. Previously with 'Parents for Children'.

I have been asked to speak on "Is Adoption an Option for Teenagers" - for troubled adolescents. We are talking about children who for some reason or another cannot live with their own families. Let me say straightaway that I think it is an option for adolescents but it is one of a whole series of options.

There is a danger about adoption that it becomes fashionable or unfashionable. People seem to jump on bandwagons about adoption very often and suddenly the aim is permanence for everybody, permanence and everybody needs to be adopted. Then suddenly the swing is the other way and adoption is the end and nobody wants to be adopted and natural families must be the one and every child must be rehabilitated. Well; both extremes are equal nonsense.

Adoption is one of a whole range of options in child care for babies as well as for adolescents. It must always be considered as such and must always be seen in context.

There will always be some young people for whom adoption will be the right option and there will always be some young people for whom it will not be the right option and rather than spend our half hour in looking at is it a good option or isn't it and why isn't it and why is it, I would rather look at what does adoption mean for adolescents. What is it that is different from adopting a baby if you are adopting an adolescent? It is perfectly obvious what the difference is and what most people immediately say - "But nobody wants to adopt an adolescent, you would not find families for an adolescent". Well my experience in "Parents for Children" which is the adoption agency I worked for for 13 years, is that if you look hard enough you can find a family for every child who really needs a family and that child can be any age up to 17, which is the last legal age for adoption, and that child can be multiply and severely disabled and will still find a family and if there is not a family it is because we have not looked hard enough not because that family does not exist.

There is a family somewhere for every child. I have been amazed at the people who come forward to take care of other people's children and adoption is one way of taking care. Very early on when we opened our Agency and we thought two things. We thought that a handicapped child would never be placed and we thought a child over 14 that we had on our list straight away would ever be placed.

The very first week two people walked in - they had 2 little children of their own - very young, both of them under 3 and they were both boys. They

wanted to add a little girl to their family - a perfectly ordinary thing to want to do and they felt that they could take a little girl who had Down's Syndrome or who was disabled in some way as long as she was younger than their 2 little boys. They wanted a baby but they saw on the wall a poster of a boy called David who was 14 and a half years old and who had made the poster himself and who said "I don't really want a mum and dad but I need a family". They adopted him and 3 months later he was placed with them, we did a lot of work with David and his new family and 6 months later he was adopted.

He taught us a tremendous amount and I shall never forget it because first of all he always made it quite clear that he did not want a substitute family. His own family had been a disaster area from the time he was born, he had been abused and neglected and rejected and spent most of his life in children's homes and foster homes but nevertheless he felt he had got to the age of 14 and a half with his own name and with some knowledge of the people who were his own family and he felt there was no substitute, they were his family and he was stuck with them.

What he wanted was a supplementary family and that was something that has always stayed in my mind. Adolescents need a supplement, it is no good pretending that you can place them with a family and that becomes their family, as though they had been born to them - it can't happen but as David said, 'I don't need mum and dad, I need a family' and he wanted to have a family for life and he got it. It was a calculated investment on his part that he needed something that they could give him and he was willing to give something in return. He was the first child adopted that I knew of who kept his own name, he didn't want to change his name and the parents didn't want to make him their baby either, you cannot make a 14 and a half year old who is taller than you are your baby, they wanted to offer him what he needed, they met his needs.

But he also met their needs, because what happened was that he became an older brother to those 2 little boys that I swear every young family would give their eye teeth for, he was their babysitter, he was their caretaker, he amused them, he took them out, he got them up in the morning at 6 am so that mum could sleep - he adored these little children who were no threat to him no competition and big new David coming in was no competition for these little children either, so they weren't worried, he wasn't worried, there

was no sibling rivalry. It was a wonderful bit of social engineering and David got what he wanted.

That taught us very early on to look at adolescent adoption in quite a different way, forget all your building nice families, look at what the adolescent needs and what the family has got to offer and the true feelings so I really want to concentrate on "What makes adoption of adolescents so very different". I think it is two things.

The first is that there is no possible way in which you can cut off, should cut off or would like to cut off an adolescent from his roots, from his past however horrific that past may be - however unsatisfying or even feared, disliked, hated, like the children who have been sexually abused that we deal a lot with in adolescence.

They may have great fears about their own family but they have to take that family with them. There is no way in which they can really leave that family behind, so that straight away you are in the minefield of what is an open adoption? -

Another fashionable word that is being banded around these days - open adoption.

On the whole people who work in adoption no longer feel that you can remove the child, no matter how young, even a baby, altogether from its roots. We have already had in the last Children's Bill the fact that 18 year olds can now trace their families, their families of origin. We are learning more and more to be open in all kinds of aspects of social work, in all kinds of ways of working with families and adoption has to be part of that. We have to be more open in adoption. The new Children's Bill which is coming on the Statute books next year will make it really impossible not to be open, nothing will be done with children that does not involve the birth family and that will include adoption and of course now families have to give agreement or the Judge has to sanction it. But an open adoption can mean anything from really having your adoptive parents accept who you are and where you came from and who the people are who were your family.

There may be no actual contact at all, some of these young people, adolescents, have actually lost contact with their families a long time ago, mothers have remarried; they don't want to know, fathers have disappeared, mothers are in prisons, mothers are in hospital. There are a whole range of reasons why children have lost touch with their families and one of them is bad social work. But nevertheless it is absolutely essential to gather together a young person's heart and thoughts with them, to finish that business with them because the danger is that if you don't gather it all up and help a young person to carry that baggage through life the danger is that all their energy is used up on that unfinished business, on the curses that have been laid on the child in one way

or the other, all the unhappiness that has been laid there by various adults. They use up all their energies trying to cope with that in a covert sort of way, instead of putting their energies into the future. So it is terribly important for work with young people to unravell, to give them some comprehension, to give them as many facts as you possibly can even if there is no actual contact.

If parents or grandparents are still around, some kind of real contact is usually the very best thing for adolescents, especially as some times adolescents who have been adopted and placed in adoptive families can feel that they can make some sort of contact with their birth families from the safety of an adoptive family. So openness is to be recommended in all ways - that might vary from actual contact to written records, being able to see one's records, having all the facts available or simply getting updated views, through Social Services, about the family as open as it is possible to be.

The other very important aspect in adolescent adoption - something that I think took us a long time to catch up with - is that if we spent so much time preparing kids to attach to a new set of people and in order to do that we always knew we had to work with their past, to enable them to take it with them, we worked with them a great deal about their own feelings and about other people in their lives and about how you attach, with the emphasis on attachment. Now I wonder how we could have been so foolish as to put so much emphasis on attachment when we were dealing with young people who were already struggling with "how do you separate", "how do you become independent", and for young people without families to become independent - as we all knew, working with children in care, is doubly difficult.

When we suddenly pick them up and they become the centre of attention, and everything is focussed on them, they react very well usually. When you work with Adolescents very intensively, in order to get them placed for adoption, they usually respond very well and the placement goes very well. It's like a honeymoon - it is wonderful. Then they explode out of it because what we didn't do was that bit of preparation about not just how you attach but how are you going to leave this family, these people that you are going to go into and form some sort of attachment, how do you then decently leave them. What do you do? What happens. How do you grow up? How are you going to leave?

We got a lot of disruptions. Children who were placed at 13, 14 being perfectly happy until 15 and 16 and then exploding out of the families, not just not working but suddenly explosive disruptive behaviour, expulsions from schools, stealing, damage and it took us a long time to understand that this was

our failure, because we had not worked with them on separation. If you think about how children learn to separate - I have got a grandchild at the moment coming up to a year and you can already see how she is learning to separate, how she will sit on your lap and then suddenly decide it is quite safe to go there, and go and play with something there, but she keeps looking to see - you know - where is mummy and where is granny - you know mummy is still there it is alright I can go on playing for a bit. Children have to learn that it is safe to separate. Mum is going to be there when they get back and if they hurt themselves when they are away, mum will come up to them with a sticking plaster, and that out there is not a nasty place, out there is a nice place, it is an interesting place for children to explore.

What happens to the sort of children that we work with in adolescence, who have been in trouble, who are in care, who are separated from their families? Their experiences, their childhood experiences of separation, are very likely to have been appalling. They probably have mothers who were themselves so uncertain about their own parenting, about what to do; very likely they were mothers who said "Don't stay out late it is dark and dangerous", "Stay here" or else they say "Off you go out and play" or else they say "I shall be here when you get back" and they are not. So these children are very likely to have had very poor separation experiences that have not taught them how to separate safely at any time in their lives, so that when the big separations come along in adolescence it is easier to jump in at the deep end and it is easier to explode out because they do not know how to do it decently. It is very hard to learn and they do not know how to do it and we have not prepared them for it and it isn't just the children who are not prepared, it is also the adopter. If you have a baby, your own baby or an adoptive baby, or a very young child, you somehow cotton on to separation as well as attachment, you learn with your children about what happens between human beings, but when you adopt a 14 and a half year old, you do not have time to learn and you must make some very serious study of it in your preparation to adopt. You have got to look not only at the child's separation experiences and understand what they meant and what they are likely to mean - you have got to look at your own. How did you separate from your parents, how did the father of this adoptive couple separate from his parents, how did they grow up, how did they feel about themselves when they were growing up. How do they expect a young person to leave home, they have to think it all out beforehand and they have to be able to help the young person to separate, not simply to attach.

Since we have learned to do that piece of work it really has been much better. It is not that

there have not been fireworks in late adolescence, but that fear of separation - you can really take it away. Separation is the most valuable piece of work you can do in placing adolescents, because once that is out in the open and everyone knows how difficult it is going to be and it can be talked about, then there is no need to do this exploding, you can do it decently and even if you take one step forward and two back you can do it together with the adoptive parents, because up until then it has been the point where they parted company and now we are finding much more they can help each other.

So adolescents are really relatively easy to place, if they are not too disabled, if they are disabled they are difficult to place. They are difficult to keep, to hold in place, and I mentioned before this calculated investment, it is something you can help children to do.

Young people of 13, 14 and 15, are likely to feel that it is soppy, you know, to want to have a family and if you can help them to understand what David understood instinctively, well you know a family is for life and you do need a family - what you are saying you don't want a mummy and daddy. Mums and Dads comes as part of a package, but I quite know what you mean, you know you don't want a new mummy and daddy, not at your age, but look what do you think you could get out of it, what can you give. A lot of the separation with adolescents is making lists, adolescents like to make lists. What do you expect? what do you want? When they have got past the Rolls and Buckingham Palace or whatever and got down to what is it really that they want they can be very illuminating about what they want from a family and also what they have to give for a family. Make them get down to the brass tacks of life, 'I will babysit' or 'I am good at cleaning the car', real practical things, what can you give to this family, what could you take from this family and let the rest happen and make it quite clear that you are not expecting them to fall in love at first sight with a family they have never met - why should they - and the family must not expect to fall in love with their child. Because it is not that sort of adoption. It is a calculated investment.

Steven at 16, was described as the most damaged and damaging child that an assessment centre ever worked with. He broke everything, smashed it, smashed up other people's bicycles, smashed every glass in the place and every window. He banged dustbin lids all night and really was the most disturbing child although very nice looking. The people who came forward for him were a middle class, very well off family. Very few well off middle class families adopt older children. (They are fine at adopting babies when they are childless but when it comes to doing a job giving

a service, they are not as good, so it was very unusual for this couple to come forward). They had 3 children of their own - they had made it good in life - they felt they owed something to somebody and they were willing to give it to this young man. They made it very clear to him from the beginning that they had read all his files, that they knew all about him and they were not going to put up with that sort of behaviour and he was a bright young man.

We were able to get to a contract of this is what I'll do, I shall behave this way etc - and it worked. The family had a greenhouse on one of their lawns which absolutely gave me nightmares - you can imagine the temptation - he never broke a single pane of glass! It was a contract drawn up between this calculating adolescent and the calculating family, he had a bicycle if he did not break the glass - for them it was needing to do good, needing to do something for somebody was also a calculated wanting to do.

What of the other problems which are presented by teenagers, when they are in placement? They have very low self esteem, hard to deal with, take him out buy him a coat and you pick one that is not the cheapest and he says I don't think I am worth that much, I don't think I can use that one, I don't think I want that one, terribly difficult to accept children who have such low self esteem, that they can't even have something.

No remorse or lack of remorse. They will do things, hurt you and in order to be able to say "I'm sorry" to somebody and mean it, you have got to have had an awful lot in you in your life and these adolescents who are placed for adoption are very often the most deprived of children and they don't have enough over to say "I am sorry" - very hard to live with a child who can't show this. No loyalty - where do you learn loyalty - not in a Children's Home not coming in and out of families, not being rejected, not being abused, not being on the streets living rough, you don't learn it. It is very hard to live with a child who shows no loyalty who goes off and says "My mum is an old slag" or something. People don't do that sort of thing. These children do. No impulse control. That is an easy thing to understand - but they can't have fun. It is very hard. Take them out - take them to the pictures - think you are having a wonderful time and they will come home and be sick all over the dining room table on purpose. They have to spoil it because they can't take something good into themselves because they have had so much that isn't, that very often they can't accept it and you give them something and they have to make it bad.

They are often stuck developmentally. I remember a boy called Chris, who unfortunately was 6ft 5ins tall by the time he was 14, who behaved like a 5 year old, sort of lying on the floor playing. Very

difficult for the adults around him. But that is where he is stuck. I don't mean in every sense - he was a normal physical boy - could speak and write and read but emotionally he was at some point stuck at a 5 year old level. He wanted to be played with.

Children who have been abused very often provoke - to see if they can provoke the same response, by behaving in a way that they think they behaved, they think it was all their fault.

Misconceptions, magical thinking. No real thinking about the consequences - like a child of 13 I placed once who did not know what a birthday was - he thought a birthday was something everybody had turns of in the Children's Home. He was quite a normally intelligent boy and you can't believe it, that children can think a thing like this, but if you have lived in a children's home all your life and nobody has ever made a fuss of you from the day you are born, or of you as a person, their misconceptions become ingrained.

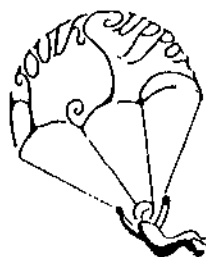
I am going to finish with triggers. Some hooks to hang things on, because with these children there is no money in the bank, and there is no history with them. You have got to invent triggers - there is a very wise woman called Claudia Jowett, a Psychologist who works in America with adolescents and she has a lot of good ideas. She says that if you adopt an adolescent, you ought to be living in a round house and then you won't get into any corners. That is a good trigger to think about - we are not all going to start building round houses but we can live emotionally in a round house, can't we? So get rid of your corners and live in a round house. Get rid of your doors because doors either have to be opened or closed. That is a very threatening idea to an uncertain adolescent. Put in revolving doors and then they can come in and out when they please. Otherwise they are in the family or out - too threatening. Let's have revolving doors. Don't put a set meal on the table - this is a metaphoric meal - always have a buffet - change the dishes but let them take what they can - don't have set meals where you have 3 courses and you either like it or lump it. However little you can afford to put on the buffet - have a buffet. Let them take what they want.

It is really then a question of re-educating - even at 17 you can be re-educated with enough caring, enough love and there is one other thing, adolescents must also be allowed to renegotiate the terms if they are adopted. They rush in - it is a honeymoon and it is the first time they have ever been wanted, but as they have got more secure and the Adoption Hearing has gone through, they are adopted, they sometimes have to renegotiate, they have to be allowed to take the very risks they were rescued from, so that quite often you find them rushing out and living rough for a while for

a few nights, or making unsuitable relationships or something to see where they are at. They are becoming adults and choose the family, the family has chosen them and they renegotiate this and choose for themselves.

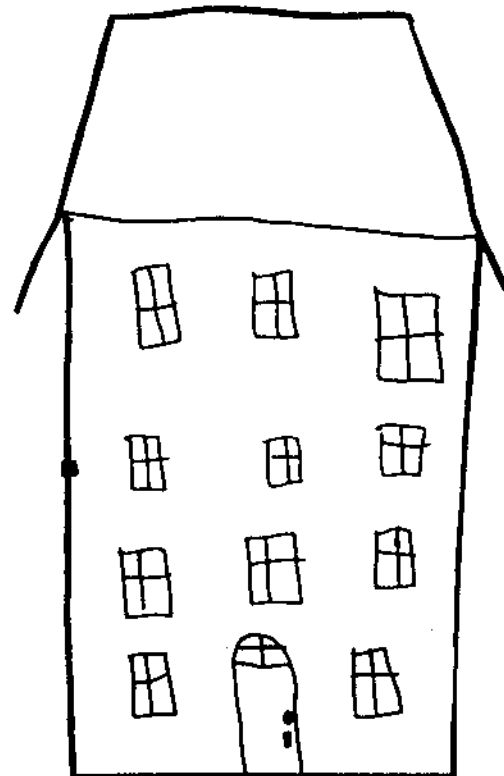
Finally I want to tell you about Grace who came to us when she was 14 and desperately wanted a family like David - and she couldn't make it - she really couldn't make it - we found 3 different families for her all of whom would have done and introduced her and each one she rejected for all sorts of reasons that I haven't got time to go into but they were interesting reasons and in the end after the third one she came to us and she said "Look it isn't the families is it it me?" and I said "Well yes" and she said "I know it is because I don't really want a family, I don't think I could manage, it's me, I can't manage it, I am not going to be able to manage it and I am going to go and live in a hostel when I am 15 and I shall manage on my own, I can't manage a family". But Grace had got addicted to the idea of adoption somehow - she was very interested and she kept coming back to the office and helping me with publicity for other children and she gave an interview to the Guardian once about why adolescents need adoption which was a wonder - but she couldn't make it - and one day she came to the office when there was a poster up on the wall and we had posters of the children who needed adoption - of a 12 year old child called Soz, who was also a very difficult child and Grace knew her and knew what a difficult child she was and how hard it was going to be to find her a family and Grace said "Soz is lucky" and I said "Grace why are you saying that - why do you think Soz is lucky" and she said "Oh she is, because she is young enough to be made to go"

## "YOUTH SUPPORT HOUSE"



"YOUTH SUPPORT HOUSE"  
13 CRESCENT ROAD  
BECKENHAM, BR3 2NF

Tel 01- 650 6296 (office);  
01- 650 6297 (residents)



### — WITH PLACEMENTS?

"YOUTH SUPPORT HOUSE" offers residential care for PREGNANT GIRLS and young schoolage mothers (max age 18yrs)

### — WITH DAY CARE?

Naturally, we provide nursery services for resident babies and toddlers. In addition our DAY NURSERY caters for children of local working mothers. We have a limited number of SPECIAL PLACEMENTS available to Social Service Agencies for 'at risk' and 'special need' children.

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Can

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### — ASSESSMENTS AND REPORTS

Highly qualified and experienced staff are available by appointment to provide developmental assessments, medical reports, child abuse and medical examinations and court reports.



## SPORTS MEDICINE

### The Training Stresses for Children and Young People

Diana Birch September 1989

This article is a shortened version of a paper given at the Society of Public Health's Sport's Medicine Conference in Manchester University September 1989.

When I was first asked to talk about children in sport I knew that very little had been written about sports medicine and children, but it was only when I actually set out to research this paper that I realised what an almost total gap there is in the literature. It thus became obvious that I needed to pull together some of the information that we do have from the fields of paediatrics, developmental medicine and sports medicine and to provide some 'food for thought' as to how we should be tackling the growing problem of early training.

The child can be involved in a wide spectrum of sporting activities ranging from straightforward play  
PLAY->INFORMAL->ORGANISED->COMPETITIVE->TRAINING  
          GAMES      SPORT      SPORT  
and these can be in a variety of environments (hard concrete playground, swimming pool water etc) each posing particular tasks and strains on the developing body.

It is important to remember that the child's body is a developing body - the child is not just a smaller version of the adult. The body proportions are different producing engineering and mechanical differences; moreover these proportions are changing ..

When speaking of children in sport we must therefore consider the following:-

AGE - BONE AGE - EPIPHYSEAL FUSION  
GROWTH - SIZE - WEIGHT - HEIGHT - PROPORTIONS  
DEVELOPMENT - NEUROLOGICAL - COORDINATION  
MATURITY - HORMONAL - PUBERTY  
PSYCHOLOGICAL - MOTIVATION - INDEPENDANCE

In terms of age, bone age is more relevant than chronological age since not only does this indicate the state of fusion of epiphyses and thus the vulnerability of joints and bones to particular types of injury, but bone age gives us a better yardstick for developmental stages. For instance a female gymnast aged 14 with no periods might raise the question of delayed puberty due to overtraining and weight loss, however if we knew her bone age was only 12 this would be in favour of a constitutional later development.

Generally speaking young people are involved in a variety of sporting activities so the particular stresses of one type of training will not be disproportionate. The following list of presentations of a schoolboy in a school year clearly illustrate this diversity.

CONJUNCTIVITIS - SWIMMING POOL  
GRAZED KNEE - SKATEBOARDING  
BLACK EYE - RUGBY  
CUT CHIN - DIVING  
HEAD INJURY - CYCLING  
ASTHMA - CROSS COUNTRY RUN

Children who specifically train for one sport are thus placed in an artificial situation when possibly one group of muscles or one type of movement is exaggerated. Thus normal developmental patterns can be altered.

A great exponent of this theory was Isadora Duncan who believed that the formal training of classical Ballet stunted normal female development by not allowing freedom of movement of the bust and pelvis. Lenin invited Isadora to teach in Moscow after the revolution to bring a new style of training to Russia. A glance at Isadora teaching her girls in their teens shows how far removed they were from the flat chested anorexics that we have grown accustomed to see on the ballet stage.

#### Growth and Power

Tanner's research into childhood growth patterns clearly revealed the variation in growth velocity and the differing timing of the peak height velocity for girls and boys. Girls enter their period of peak height velocity just before menarche and are thus more or less fully grown before they can reproduce. Boys peak later. During this period of very rapid growth, the body has a very high nutritional requirement which will obviously be magnified if that growing adolescent is involved in training. This is a time for care, not only with regards to nutrition, but also with regard to changing body proportions and limb lengths producing the gawky teenager whose coordination may not be perfect until he learns to adjust to his new size. Obviously girls in training will also have to face the differences caused by menstruation, possible premenstrual tension and training causing irregular periods.

How does the growing body cope with exercise? The cardiac output at submaximal exercise of an 11-13 year old boy is 1-2 litres per minute less than that for a young adult man (Eriksson 1972). The maximal heart rate decreases with age peaking at about 230 beats per minute at 5-10 years of age. (Astrand & Christensen 1964). It should be remembered that the resting heart rate also

decreases with age from the 140 beats per minute of a newborn baby. Maximum oxygen uptake also decreases with age peaking at about 10 years for girls and about 15 years for boys.

'Athletes heart' has been demonstrated in young prepubertal male swimmers (Rowland 1987) with lower resting heart rates and echographic findings consistent with chronic left ventricular volume overload. Paediatricians need to be aware of this condition in order to avoid misdiagnosing disease. The ECG findings are of course normal. The heart is obviously functionally enlarged - do we consider this normal? In a similar vein, preliminary findings have shown that the stress induced blood pressure rises caused by running in very young children 3-4 years old are predictive of hypertension in adult life (Sallis et al 1989)

Maximal isometric strength also varies with age (Asmussen). The number of fibres in a muscle group is probably established at 4-5 months of foetal life (MacCallum 1898; Gallinck 1981) although the thickness of the fibres changes from 1-10µ in foetal life to 2-20 µ at birth and 10-100µ in adulthood (Lockhart 1973)

Growth in length of the fibre is achieved by an increase in the number of sarcomeres which are added on to the end of the fibres, individual sarcomeres stay the same length. Growth in area is accomplished by longitudinal splitting of the myofibrils when they reach a critical size so that there is an increase in the number of myofibrils (Goldspink 1970). Muscle fibre differentiation starts at 20 weeks gestation and is probably complete by one year (Colling and Saltin 1980). The baseline ratio between slow type I fibres and fast type II fibres is genetic but habitual use ie training, changes and establishes the final ratio. Thus the fibre type distribution and ultrastructure of skeletal muscle is no different in a 6 year old than in an adult (Bell et al 1980)

**NEUROLOGICAL CONSIDERATIONS** - As the child's muscular system grows and develops, so the neurological apparatus undergoes maturation and development. Proprioceptive patterns are established so that at first the child can achieve simple tasks such as keeping the trunk upright and steady and later can perform precise complex movements such as the gymnast balancing on a bar. Coordination and patterns of movement are laid down. For example, the newborn baby will exhibit a walk reflex but as this is lost, it will be nearly a year before the child will learn to walk again. This may seem to be stating the obvious but the concepts are relevant to training for sport. Young children are perhaps easier to train than adults in some agility movements, their bodies being still receptive to learning new patterns of movement, however no amount of training will allow a child to perform a feat that his neurological

system is not ready for.

#### TRAINING IMPLICATIONS

I have briefly mentioned the nutritional needs of the adolescent. When considering training needs and nutrition it is important to remember certain basic facts.

1. A developing child has about twice the calorific needs of the adult - 120 calories per kilo at one year, 80 cal per kilo at 12 years (adult level) 40).

2. The protein needs of a normal unathletic 12 year old are double those of an adult (2 gm per kilo per day)

3. The child's body has a greater fluid requirement - 150 mls per kilo at 1 year; 70 mls per kilo per day at 12 years and 50 mls per kilo for an adult.

Thus not only will children need adequate nutrition during training, they will also deplete their body fluids quicker in heat or prolonged exercise. Also getting children to 'sweat off' weight gains for competitions such as Judo for instance can be more dangerous than for an adult player.

**PSYCHOLOGICAL ISSUES** - Psychological issues in training not only provide motivation for sport, they also provide the major source of training stresses for children and teenagers who can find themselves doing it all for mum or dad or the teacher. Parental overinvestment in their children doing well can result in tremendous pressure. The coach wanting to win too much and forgetting the welfare of his proteges.

Parents can be linked in a symbiosis - an inability to see their child as an individual but only as an extension of their self. Thus the parents are achieving their own ends through their offspring.

Is competition good for an individual? What happens to the self esteem of a young person who never wins, who trains hard and cannot satisfy his dad?

How many young athletes never reach the adult circuit due to the "BURN OUT" caused by being pushed too hard too early and losing the enjoyment of the game and the meaning of play?

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## EUROPEAN REGIONAL CONFERENCE

OF  
REHABILITATION INTERNATIONAL

### DUBLIN IRELAND

MAY 20/25 1990

ORGANISED BY  
NATIONAL REHABILITATION BOARD  
IN ASSOCIATION WITH  
REHABILITATION INTERNATIONAL



The Adult AIDS Advisor Has been devised by Philip Welsby, who spoke at our Scottish meeting last year (on "HIV infection in young people"). The advisor is aimed at doctors who may have to treat AIDS patients from time to time but who do not see enough AIDS on a regular basis to build up a working knowledge of the best management of the various complications. By sliding the inner panel out a symptom or syndrome is shown at the top window and a column of coloured boxes indicate the likeliest cause and the recommended treatment. The AIDS advisor is available free of charge from the Wellcome foundation.

## The Adult AIDS Advisor 1988

DESIGNED BY PHILIP D WELSBY  
 EDITORIAL BOARD:  
 DR RP BRETTLE  
 DR AJ PINCHING

CAUSATIVE CONDITION OR ORGANISM	SYNDROME OR SITE OF PATHOLOGY	THERAPIES WITH A VALUABLE ROLE IN TREATMENT														
		APPROPRIATE STANDARD ANTIMICROBIALS	ACYCLOVIR	ZIDOVUDINE (AZT)	PHOSPHONODIFORMATE (FOSCARNET)	GANCICLOVIR (DHPS)	MYSTATIN	KETOCONAZOLE OF FLUCONAZOLE	AMPHOTERICIN B	FLUCYTOSINE	CO-TRIMOXAZOLE	PENTAMIDINE, ISETHIMIDE, TOXOPNEUMONIA THERAPY	RADIO THERAPY, CHEMOTHERAPY or INTERFERON			
<b>PROTOZOA</b>																
<b>FUNGI</b>																
<b>VIRUSES</b>																
<b>BACTERIA</b>																
LYMPHOMA																
KAPOSI'S SARCOMA																
TOXOPLASMA GONDII																
PNEUMOCYSTIS CARINII																
ISOSPORIASIS																
CRYPTOSPORIDIOSIS																
CANDIDA ALBICANS																
HUMAN IMMUNODEFICIENCY VIRUS (HIV)																
HERPES VARICELLA ZOSTER																
HERPES SIMPLEX																
CYTOMEGALOVIRUS																
MYCOBACTERIA (typical or atypical)																
SALMONELLA																
PYOGENIC BACTERIA																

POSSIBLE (not including extremely rare causes)	THERAPIES WITH A VALUABLE ROLE IN TREATMENT
PROBABLE CAUSES	DRUG WITH A POSSIBLE ROLE IN TREATMENT
MAJOR CAUSES	

**A THERAPEUTIC TREATMENT GUIDE**  
 CURRENT DATA SHEETS SHOULD BE CONSULTED FOR FURTHER DETAILS OF DOSSAGE MODIFICATION, MONITORING OF TREATMENT, AND SIDE EFFECTS. CONTINUING PROPHYLACTIC TREATMENT SHOULD BE CONSIDERED FOR CERTAIN INFECTIONS. CERTAIN INFECTIONS (INCLUDING AMOEBIASIS, CHLAMYDIA, GONORRHOEA, GIARDIASIS, HEPATITIS B AND SYPHILIS) ARE ASSOCIATED WITH VARIOUS 'HIGH-RISK' ACTIVITIES. PATIENT THAN HIV ITSELF AND SHOULD BE CONSIDERED IN DIFFERENTIAL DIAGNOSES.

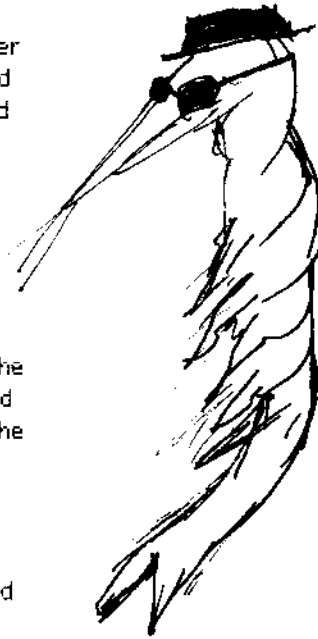
  

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Excerpta Medica

This Adult AIDS Advisor is provided by The Wellcome Foundation Ltd as an educational service.

"Shrimp Coke Tale" It seems that the organisation of Youth Support is never uneventful - must be something to do with working with adolescents that makes life unpredictable - Moving the furniture to Youth Support House from various locations in London involved hiring a Van and commandeering a group of students - the fact that they were from France, Spain and far flung places and did not speak each other's language was another story! However, when we collected the van from a firm which had an impressive advertisement in the yellow pages - we discovered the office to be in a derelict building and we were given a matchingly derelict van - I thought that the owner was acting strangely and was convinced we were being 'done' - a very hard looking 'mob' type man sat in the corner taking notes as I spoke. When we came to return the van the following Monday we heard the full tale. Two men had borrowed our van the previous day, returned with a lorry load of frozen shrimps and did a 'bunk' leaving the slowly defrosting van outside the office. The following morning, minutes before we arrived, the owner decided to unload the shrimps to prepare the van for us. As he opened he doors - he was seized by Customs and excise. Two innocent customers who happened to arrive before us were also arrested and bundled upstairs, helicopters flew above - and into it all we walked, demanding our van! - So we got the 'retired' van instead - we narrowly avoided arrest - the shrimps were stuffed with Cocaine!



"Crustacea  
nostra"

**Rainer**  
FOUNDATION  
VIDEO ON  
*Young People*

## 'A FOOT IN THE DOOR'



Furniture for Youth Support House Many thanks to all the kind people who donated furniture etc to the house - the WRRIC (Women's Reproductive Rights Information Centre) gave us three filing cabinets; Rainer helped us publicise the appeal; Corinna Byrne donated crockery and fridge and settee; The ILEA warehouse supplied us with classroom furniture and gym equipment virtually free. Russian Youth Soviet schoolchildren are visiting London in January 1990 - from 31st december to 14th January. Anyone living in the south London area who would like to meet any of the Soviet party, please ring the office. We would like to introduce the pupils to teenagers of their own age (13-15) and the teachers would like to meet colleagues in Britain.

Housing "... It is a national disgrace that the young have been turned into refugees in their own country. It is a National disgrace that they should have to sleep in plastic bags in London, the arts Capital of the world!" These powerful words belong to Glenda Jackson who spoke at the Rainer Foundation's launch of "A foot in the door", a new video about young people's experience of homelessness. Copies can be ordered from The Rainer Foundation at 227 Tooley Street SE1 2JX (403 6468).