

With chronic conditions in mind...

AT THE age of just 34, Kevin was suffering from such severe lower-back problems and painful osteoarthritis that he was unable to work. His marriage deteriorated and then disintegrated and he ended up in dismal, damp, rented rooms, missing his children and worrying about debts he couldn't pay. Not surprisingly, he was also suffering from anxiety and depression.

There are a huge number of people like Kevin who, incapacitated by a chronic physical illness, are also suffering from mental ill health. A research study recently reached the conclusion that not only are people living with a chronic physical illness far more likely to suffer from mental ill health than are those who are physically healthy but the more illnesses suffered, the worse the effect.¹

Researchers used the Household Survey of Psychiatric Morbidity to identify people to interview. (After those with psychoses were excluded, 9783 people were eligible and willing to take part.) Participants were asked whether they had any longstanding physical illness, disability or infirmity and, as a result, the researchers identified 11 physical illnesses (for instance heart disease, diabetes, arthritis, back and stomach problems and migraine) from which sufficient numbers of people suffered for data gathered to be significant. In all, 1434 participants had one of these 11 illnesses and 1291 had one of these plus one or more other physical illnesses.

Just over seven per cent of people without a chronic physical illness were classified as having mental ill health. But this proportion soared to nearly 20 per cent in those with one of the 11 physical illnesses selected and to over a third in those with two or more additional physical illnesses. (See also the study in *The Lancet* reported in "In brief" on page 6.)

If we weren't writing about this finding in the editorial, we would have included it in our "No surprises there, then" section on page 7. Who could ever imagine that being chronically ill with its pot-pourri of potential sequelae (such as being unable to work or to participate fully in formerly enjoyed activities, becoming socially isolated, becoming emotionally and physically dependent, feeling useless, lacking control over even small concerns and maybe experiencing hopelessness or fear about the future) would not heftily increase the risk of mental ill health? Yet the researchers remain remarkably tentative: "The finding that the presence of one or more additional physical illnesses significantly increased the likelihood of

psychiatric morbidity provides the most specific support for the *hypothesis* that there *may* be a cumulative impact of physical illness on mental health [our italics]."

Alarmingly, the researchers, led by Professor Stanton Newman of University College London, assert that their findings of psychiatric morbidity among the physically ill are especially important "in the light of research documenting the difficulties in ... effectively treating psychiatric disorders in this group". Fortunately, we have information to the contrary. An exciting project called PATH (People's Access to Health), run by Hartlepool Mind, is offering highly successful help to people who have chronic conditions of the kinds listed above and also suffer from mental ill health. Not only are the project workers having a big impact in lifting clients' anxiety and depression, etc, but they are also showing people how to reduce their pain and perceived disability, thus enabling individuals to reclaim their lives and become more active and socially engaged as well as more cheerful. Kevin was one of their clients – and he, too, has his life back. (See "How to live a full life – despite a disabling condition" by Melanie Weeks, on page 18.)

We thought Professor Newman and his team would be keen to know about this exciting work, and how much a holistic human givens approach can achieve, given the pessimistic outlook which their paper projected, so we sent him a copy of the article prior to publication. Alas, to date, we have had no acknowledgement.

The health professionals who most often see those with chronic conditions are, of course, GPs. Some term this client group 'heartsink patients', dreading their regular, miserable appearance in surgery, with repeated, unresponsive complaints and new symptoms for which there is no nice, easy diagnosable cause. Dr Mona Mahfouz says she has no heartsink patients, certainly not since she came across the human givens approach and started introducing its understandings routinely into her work. Her inspiring article "A much-changed practice" (see page 11) should show not only GPs but all health professionals that, even with limited time and resources, it is still possible to make a huge difference in such people's lives.

The Editors

¹ Cooke, D, Newman, S, Sacker, A, DeVellis, B, Bebbington, P and Melzer, H (2007). *The impact of physical illnesses on non-psychotic psychiatric morbidity: data from the household survey of psychiatric morbidity in Great Britain*. *British Journal of Health Psychology*, 12, 3, 463-71.

Steve Osmond reflects on the educational experiences of emotionally and behaviourally disturbed young people and the impact of the human givens in the secure care system.

Learned helpfulness

IN A gang-related shooting just before I started writing this article, yet another young person that I had once taught died. Just under 16 years ago, the first death of one of my students took place. John was an immature 15-year-old, normally found fending for himself, and shoplifting was a part of fending for himself. His last appearance in court for shoplifting led to his remand in HM Young Offender Institution & Remand Centre Feltham, where, after suffering bullying, his “accidental death” occurred, due to a “self-inflicted injury”.

A recent government report admits that emotionally and behaviourally disturbed (EBD) young people receive little help that directly addresses their emotional needs.¹ Little has changed, alas, since I first started work as a teacher in services for EBD youngsters. I had expected to find some experts, who would be able to help me form the curriculum, give some ‘tips’, and help me to acquire the skills and knowledge necessary to be successful. I naively expected some psychological insights into working with young people who were emotionally and behaviourally disturbed. What I found was a variety of different approaches by teachers with different interests and I soon realised that they were the only experts, insofar as they did the work and no specialist help existed. Success was as much to do with the individual talents of the teacher as with expert knowledge.

I meet many colleagues who work in the EBD field. A typical description of their day sounds a nightmare. Loads of unruly kids attending a centre, unmotivated by a prescribed curriculum, shabby, under-resourced facilities that confirm their status as ‘outsiders’, written off as trouble, with little that inspires, confirms or enhances their role in society, their need for a challenge or their motivation to succeed.

Fortunately for me, I came across the human givens approach. It has provided a framework for understanding why EBD young people behave as they do and how to change their experience and expectations, through identifying whatever strengths, abilities, achievements and positive experiences they have had and using them to help those young people to build a new future for themselves. This process not only gives them a boost, through using their innate resources in a positive way that benefits them; it is also of benefit to their communities and to society. As head of education in a secure estab-

lishment – a place where young offenders or young people so in need of care and protection, even from themselves, or who are a danger to the public are sent – I am hopeful that, at last, we have the potential to transform services for EBD young people. But it can only be done if all the professional groups involved in meeting the needs of these young people – within the fields of social services, education, youth justice and mental health – can agree on a common approach.²

Darren’s case epitomises the challenges. The first time I met Darren he was attending an intermediate treatment unit run by a social services department. He was sweeping the workshop where he spent most of his days, supervised by Kevin, who was employed by a local charity as a project worker in an attempt to keep young offenders out of care and/or custody. I was there because I was attending an interview. If I were appointed, I would be setting up an education unit for disturbed children, including Darren, only four terms after becoming a teacher at the age of 35.

Darren’s story

One had only to look at Darren to see something wasn’t going right for him. He had a cleft palate, which didn’t help, but, as well as that, he didn’t make eye contact, hardly spoke, had old and filthy clothes, and dirty, unkempt hair. Despite appearing immature, he looked as if he lived wild on the streets. The cleft palate had led to the nickname ‘pug’: indeed, he had the look of an abandoned dog, dirty, starving and turning feral.

Right from when he was a baby, Darren would have frightened people. It wouldn’t have surprised anybody that he had been born in a toilet, or that chickens were kept in the bathroom of his home, as he was fond of telling us. It would have surprised everybody, though, that he came from a loving family. Of course, care was minimal but it was the best his parents were capable of offering. They were of low intelligence, equally unkempt, and their home was like a hovel. No doubt there were no such things as family mealtimes (once we helped him to cook a meal for his mum and dad but, when the time came to time to eat it, he panicked and ran away) and he certainly hadn’t experienced being read to, because none of his family could read.

Schooling was another problem area. Unsurprisingly, Darren had been totally unprepared

for school. To him it was an unnatural place that expected odd behaviours such as sitting still, looking at pictures, playing quietly and learning. It also seemed to expect you to put up with name calling, getting bullied and being an outsider. Darren's schooling was almost non-existent, even after a place in a special education unit was provided for him; somehow he had managed to survive until a social worker had found a place for him in Kevin's workshop.

Inadequate parenting is very often associated with emotional disturbance. Darren might well have been described as having inadequate parenting, although he often felt safer at home than anywhere else. He might not have received caring attention there but he did receive positive attention, as opposed to the fear, threats and ridicule that he experienced elsewhere, including schools. Darren had little positive control over his life and limited emotional connection to others in the wider community, no sense of self-worth, no competencies or achievements, and such meaning and purpose as did exist in his world came from whatever it was that his family gave him.

Sad and unhappy

I recognised early on in my teaching career that EBD kids like Darren were just sad and unhappy. Maria was one little girl that I remember; she hardly ever spoke and, when she did, no one could understand her. Her father had died the previous year and she had become depressed. I used to find her sitting on the floor or huddled in a corner, in some unpopulated part of the building, looking so very frightened. I tried to get the educational welfare service, social services and counselling services run by charities involved but, by the time I left the school, I had achieved nothing. I soon discovered that there was little recognition of the significance of emotional abuse and that, no matter what I thought, there didn't seem to be any way forward.

Daniel, a little boy that I taught, had gone into hospital for a minor operation and had never been collected by his mother who "had really wanted a girl". To make matters worse, he had appeared in some adverts asking to be adopted, but this poor little black boy didn't have any takers. Daniel was thought to be a difficult child and was already heading for a unit for disruptive schoolchildren. In the care of the local authority, he was one of those nowadays euphemistically termed 'looked after children'. Eighty per cent of children become looked after because of abuse or neglect. Each year, about 90,000 children are looked after, and fewer than half return home within six months. Between a quarter and a third of rough sleepers were looked after at one point in their lives.

Perhaps, then, we should not be surprised that over 40 per cent of young people who end up in

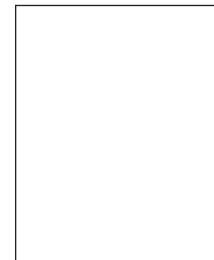
the youth justice system have had previous experience of the care system. Almost as many have a diagnosable mental disorder. About a quarter of adults who end up in prisons were looked after as children. Eight-three per cent of care leavers in custody attained no GCSEs.

I know from long experience that expectations of such children are zero. I first realised this when, during my last year at university, I worked as a volunteer in a unit for disturbed children. Here were kids from families without work, with no chance of getting better council housing, without an awareness of the advantages that education could bring, living in an area where any kind of drug could be obtained in minutes and where murder is fairly common. In the unit, the kids received a very basic education: it was as if all they needed was a poorer quality of what mainstream education provided but delivered in smaller groups. Even such education as they did receive was provided without any awareness that these kids could be stimulated to achieve, and that there was a duty to take them beyond their present world simply because, before any of us can do something new, we have to imagine ourselves doing it.

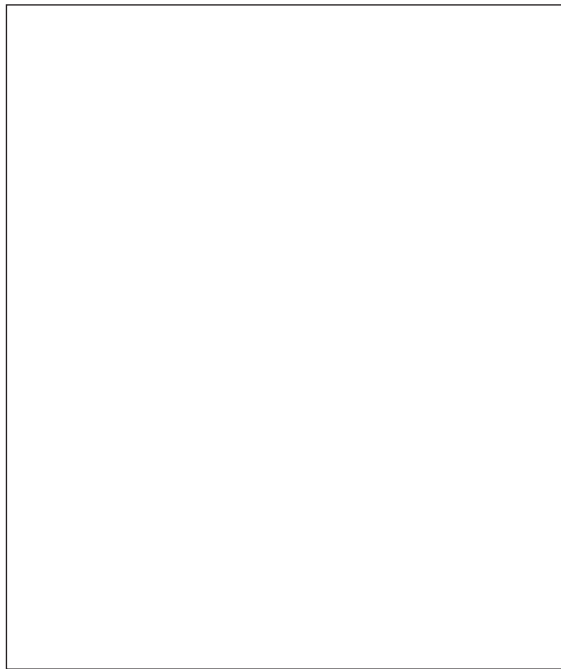
Within the EBD field, and especially the secure care system, child after child arrives with a history of abuse of one form or another: alcoholic or drug-using parents are commonplace; a father in prison is not unusual; nor is suspicion of sexual or physical abuse, with or without subsequent disclosure. A couple of years ago, we had one young lad who sent his mum some money to buy him a Christmas present, only to be let down on Christmas day when he discovered that she had used the money to buy drink. One of the most dangerous young men that I worked with, who also became a sex offender before reaching the age of criminal responsibility, had had his arms broken by a father who decided that he needed to be taught how to 'look after himself' – at the age of five. Yet another was racked with guilt because he had 'grassed' his father, who received a very long sentence for sexually abusing the children of the family.

Status and dignity

Human history is full of tales of 'heroes' who survived amazing ordeals by using their cunning, imagination, knowledge or hope for happier times. Human history has been so desperate for so many people at times that an innate resilience must surely be necessary for our survival. I regularly see fantastic resilience in the children that I have worked with. Darren is one of them. Life was pretty miserable for Darren until he attended our establishment. There he had a safe environment with plenty of attention from people who respected him for what he was. Not being skilled in making things, he gladly took on the role of 'caretaking' the workshop,



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learning how to greet visitors, make them a cup of tea and show them around. Suddenly he had status and dignity. Through taking part in swimming, kayaking, long bicycle rides and walks, he learned how to be with other youngsters. He learned to attend the education unit regularly and earned the rewards of hard work, challenging activities and, to some extent, friendship.

During my period in that post I worked with violent racists, children who were child rapists, young girls who burned their own babies, so many children who were abused, kids labelled psychopathic and even just plain spoilt brats, and I can only say that I had great times and that whatever it was that I was doing worked. If I think about it now, I'd guess that what I did was give kids dignity. Everything was a risk for these kids, often made failures from their first days at school. I helped them first to have hopes and expectations of themselves that they could do what, to them, was the impossible. They were given challenges to rise to, whether that was a three-mile run or a 25-mile bike ride or completing the Three Peaks Challenge (climbing the three highest peaks in Yorkshire, one after another, in just 12 hours) and gaining recognition for being part of an 'elite'. As a result, they became fit and strong and felt competent.

They also did things for the community, including working on conservation projects and painting a mural 60 feet in length by a kiddies' paddling pool. Darren achieved an enormous amount for the Sue Ryder project. I didn't know the human givens terminology then, but clearly he and the other kids were finally getting important needs met.

What we were doing was very different from the behaviourist approach that was becoming popular in the early 1980s. That approach employed the ABC model: antecedents caused behaviour that in turn brought about consequences.

As with Pavlov's dogs, if good consequences for the right behaviour could be identified, the difficult child could be encouraged to behave well. So behavioural contracts would be determined, such as, "You go to school and behave well for a week and we'll take you swimming" (or go-karting or whatever else was deemed a suitable reward). Of course, there could also be negative consequences for negative behaviour and, as part of the contract, for instance, TV viewing rights might be removed if the child didn't perform.

This approach had many advocates and was positive in many ways. However schools were often bewildered by it, as it appeared to be offering rewards for 'normal' behaviour to a youngster who had caused mayhem in the past. On the other hand, it also established that there would be rewards for success and agreed consequences for failure. But little attention was paid to the antecedents of disturbed behaviour, which could be poor teaching, an uninspired curriculum, an unhappy home life, depression, anxiety, anger, trauma, lack of social skills, bullying, etc. Ultimately, it was a simplistic approach: it wasn't a useful explanatory tool, unlike the APET model (explained later), which is central to the human givens approach. At best it was positive in that rewards rather than punishment were emphasised but it didn't change a child's perspective and, in difficult cases, didn't change behaviour.

Needs not met

What surprise is it that EBD young people behave in a wild and harmful way and end up in the secure care system? Human givens principles tell us that this is what we should expect. Although the term 'secure' accommodation usually refers to the security of the public, to me, the security we offer is more about the meeting of a fundamental emotional need of all humans, which is the need to feel safe and secure. For the children we teach, safe and secure is the last thing they have ever felt.

Once a child has entered the care system, having been, as they perceive it, rejected by their families, one of the first things that may happen is that they will not be expected to attend school. One young person I worked with went into care in a place that was 18 miles from his home and it was just assumed that he wouldn't go to school until something was arranged locally. Such a circumstance instantly takes young people away from their friends and all that is familiar, and that inevitably leads to stress and, commonly, to mental ill health. Even if they do go to school, difficulties usually prevent them from achieving. Thirty per cent of children sent to secure units have a 'statement of special educational needs'. About 90 per cent of our young people have faced permanent exclusion from school and probably 100 per cent of them have regularly truanted. In my 17 years of working in a secure unit, just one child has ever achieved five GCSEs at grades A*-C.

It doesn't surprise me if a child who is excluded from the wider community fails to develop a sense of empathy or learn to have trust and feels an outsider. When young people have been removed from their friends, or if they're in families where intimate relationships aren't strong and emotional connections are broken down, they are very likely to lack empathy themselves. If they don't belong to a wider community, why should they trust anybody? If they're not getting any attention, then they are outsiders. If they don't have a sense of meaning and purpose, because of other needs not being met, then they become what is labelled antisocial.

When a new value system presents itself, one that is antipathetic to the very community that has failed to give a sense of meaning and purpose or of competency and achievement, it is unsurprising that risk-taking behaviour is rife and an alternative, perhaps gang-related, culture thrives for such cultures offer an attractive way of getting the emotional needs met that are so crucial for us all. The rapport and empathy that develop between 'outsiders' can easily create a mindset that promotes antisocial behaviour: "we are the victims; other people don't understand us; we're the ones who are not being given a chance". It is no real surprise that 'outsiders' break into people's homes and steal others' belongings because, to them, people who 'have things' deserve to be victims. It is no real surprise that forms of risk taking, such as smoking cannabis, using heroin, stealing cars and committing burglary, may provide the only means of feeling competent and experiencing a sense of achievement.

The human givens include the resources that people are born with, including a long-term memory that enables us to learn and an emotional (instinctive) and rational brain. But, if that long-term memory is of abuse, it is not surprising if what is learned is the law of the jungle, and that raw emotion takes control, not rational thinking.

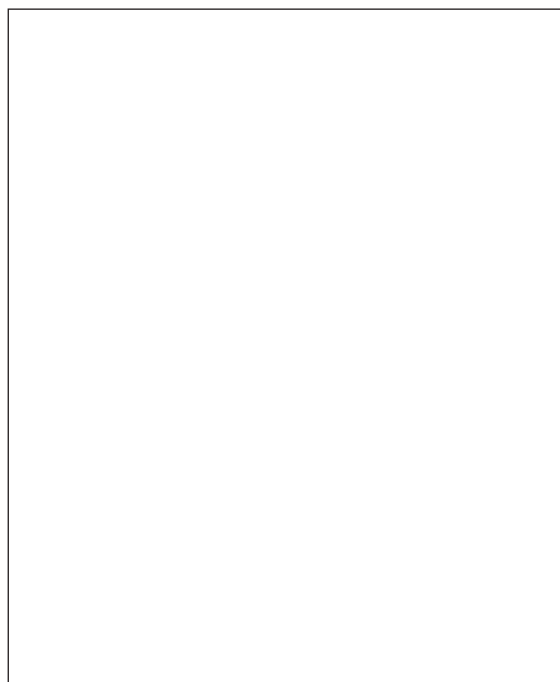
Searching for success

In the past I have heard teachers, social workers and other professionals say about EBD children, "They don't really need an education; their other needs are so much greater". I view this as utter nonsense for the vast majority of EBD young people. They not only need education; they need educational success, and I have rarely, if ever, come across a child who didn't want to succeed, to be considered worth the effort, to be seen as like other 'normal' children. They don't want to be different; they don't want to be a 'hard man' and they do want to succeed. One of the proudest moments I have is when a new entrant shows their social worker or parent around our building and excitedly tells them, "It's just like a real school!" For I insist that our teachers teach like real teachers, rather than social workers, because that's what kids expect, and it works.

The secure unit in which I work is one of the larger ones, which have between 18 and 30-odd adolescents. Some are there for breaking their ASBOs and haven't committed a criminal offence; others have committed rape, murder and everything in between. Some are with us for 18 months or two years (occasionally even longer); others are with us just weeks, months or, in some cases, days, before they appear in court and get bailed or are sent to establishments nearer their homes or to a young offender institution. Most have truanted from school from a young age. The challenge of the job is to give something of value to all of them, however brief our work with them.

Triggers for panic or violence

So it is absolutely crucial that, in the time we have with our youngsters, we make the most of every tool at our disposal. The APET model, which is based on the neuroscientific discovery that emotion precedes reason,³ gives us a framework for doing this.⁴ The A in APET stands for activating agent – any event or stimulus that we notice and respond to. P stands for pattern matching, whereby the event or stimulus is matched instantaneously with memory stores to see if it is familiar and, if so, dangerous or safe. The pattern match gives rise to an emotion (E) – fear or aggression, if there is perception of threat. The emotion may then give rise to a thought (T), a rationalisation for the feeling. This model is crucial for understanding reactions both of staff and students in our setting. For instance, we often receive reports that suggest a newcomer has 'triggers' that can cause him to 'target' specific people. The triggers could be as various as men with beards, women with blonde hair, anyone who is a teacher, or an action such as a suddenly raised arm, and it is certainly the case that all of us working with disturbed young



people will have experienced a sudden explosive situation where, apparently ‘out of the blue’, a young person completely loses emotional control, acting as if their very survival depends upon escape or attack at that moment. From what neuroscience has shown, it is likely that the ‘trigger’ or activating agent is related to an earlier traumatic event (involving a bearded man, blonde woman, teacher or raised arm) that has been stored as a ‘threat pattern’ in the amygdala, the alarm system in the brain that scans the environment for threat and sets off the flight or fight response when it identifies it. While highly emotionally aroused in this way, reflective thought – in which the past event could be recognised as different from the present one – is hardly likely.

Something similar happens in the brains of staff when we read in the notes that a newcomer “doesn’t like men with beards” or “hates small blonde women”. The young people who come to us often have horrible, violent backgrounds; none of them has good school attendance records; none of them seems highly motivated to be at school – and we are the ones who can become aroused, if

Staff training in the human givens approach

TWO of our teaching staff hold the Human Givens Diploma and all others have had at least four days’ training from MindFields College and two from me and have read *Human Givens: a new approach to emotional health and clear thinking*.⁵ (All our teachers are solidly behind the approach and five are giving up annual leave to attend extra workshops and seminars.) Unfortunately, we cannot use the rewind/detraumatization technique with young people but other developments will take place. Following on from the very successful Social and Emotional Aspects of Learning (SEAL) initiative in primary schools, the Department for Children, Schools and Families has sent documentation to secondary schools about educating young people in emotional wellbeing.⁶ Within it there is reference to Wave 2 (small group) and Wave 3 (individual) interventions for young people experiencing emotional and behavioural difficulties in their lives.

It is clearly vital that teachers with emotional health expertise are enabled to use it, as they spend more time with troubled young people than any other professionals. As I write, we have one young person who is clearly suffering from severe depression. Currently, he may have treatment only through the authorised channels, and there is a six-month waiting list – so he won’t get it at all, because he is only with us for two months. ●

we pattern match and feel fearful and thus become less capable of behaving towards students in the most helpful way. It is up to us to recognise the pattern and take steps to calm ourselves down, so that we can build meaningful relationships with newcomers.

Using APET

An understanding of APET makes it clear just how careful we have to be not to activate triggers unnecessarily and to take precautions for our own and others’ safety. A woman psychiatrist, who visited our unit to interview a young man about sexual offences he had committed against women, was herself sexually attacked by him during the interview, even though there was clearly no chance of his ‘getting away with it’. This seemingly inexplicable action becomes all too explicable in terms of pattern matching, once one discovers that he was sexually abused by his mother and also by his brothers, with mother looking on. Unfortunately, the psychiatrist had refused to wear an alarm or have alert staff stationed outside the interview room. She simply wasn’t aware of how violent responses can be so suddenly activated in such circumstances.

All our young people have antecedents that can trigger emotional responses because of pattern matching to bullying, assaults, fear of strangers, abuse and the misuse of power. In such circumstances, fear, anxiety, stress, depression and anger can be the norm. Young people arriving at a secure setting on remand will have experienced arrest and questioning, as well as all the other traumas of their circumstances and uncertain futures. If they have been sentenced, they may be experiencing the fear of being punished, of being the stranger, of feeling worthless – who knows? Some may be experiencing flashbacks, fear of reprisals.

Bedroom triggers

We get young people who cry in their rooms, feeling sad, missing home, feeling remorse, worrying about family, girlfriends, etc. We also get young ‘hard’ lads who are scared of the dark or of having their bedroom doors closed. The level of emotional disturbance can be very high and the one place where privacy is certain, their bedrooms, may, due to earlier physical, sexual or other abuse, be a place that itself triggers frightening memories. For many young people, being asked to go to their bedrooms to calm down or have a chat is a trigger for mayhem.

I remember when one particularly violent young man, many, many years ago, was asked to go to his room; first of all he froze, then became aggressive and had to be restrained, in the course of which he ended up dragging two of us across the floor of the lounge. When he did eventually get to his room, he immediately hid under the desk space, expecting a ‘hiding’ – something that has never occurred while I have been at the unit. But current reality means little compared with past

experiences, or even films such as *Scum*, (which depicted extreme brutality in what was formerly borstal), in forming expectations.

The importance of rapport

In spite of the nature of the work that we undertake, the high emotional arousal and the supposed hostility of young people to education, assaults on us are extremely rare. School is one of our kids' most feared settings – the place that has failed them in the past and one that may seem alien, threatening and hostile. Only this time, education is different. I regard this as due to a great extent to our ability to achieve an appropriate rapport with young people; we are not friends, although we are friendly. Similarly, we are not social workers, although we may share the same concerns and wish to achieve the same ends. We are teachers of young people who have been failed by education, by social services, and often by parents and peers and by the society that they live in.

Before we can get anywhere with our young people, we know that we must develop rapport. One of our teaching staff (we are 12 in all) carries out the inductions and assessments and, after that, it is rare that we have a child who is not calmed down and enthusiastic to come into education. The teacher is extremely talented at communicating with our lads at their level, helping them realise that the place they are coming into is not what they expected. She gets them excited about the chance to learn successfully (most are terrified of more failure) and experience valuable new opportunities. Crucially, she makes clear that true caring is not about giving them what they want (letting them smoke, truant, etc) but about what they need, and it is their needs that will be met with us. It is a message that seems to resonate with them.

The rapport that we need in our role in our establishment is one that demonstrates that we are in control, that we are effective teachers who can bring our students success, enable them to achieve and give them confidence to accept what is often a new challenge, ranging from learning a new sport or playing in a team to reading a book or just sitting in a lesson. The rapport is further developed at each student's weekly private tutorial with a member of the teaching staff, where we gather more information, set new goals, build upon developing success and get them to use their imagination to visualise what future success may bring them – all routine aspects of working from the human givens approach. It did not surprise me, therefore, that, in our recent inspection, the school-monitoring body Ofsted judged the quality of our guidance and support to be "outstanding".

Tasting success

Ofsted also found the quality and range of our curriculum and enrichment programmes "outstanding". The six-hour school day starts at



9.15am and finishes at 4.35pm, to be followed by an hour of homework, and there is the guarantee of only one week off a year, for Christmas. We offer many subjects that are on the National Curriculum, including English, maths, general studies (humanities and science GCSE), woodwork (with products sold to raise money for a school in South Africa), other forms of technology, art, home economics, information communication technology (ICT) and work-related learning. Ofsted rated the exam passes and/or teaching in many of these subjects "outstanding".

The average student who stays 10 weeks with us will gain one GCSE, 13 level one qualifications (such as a 'unit' of learning in maths or any other subject that takes up to five hours to achieve), and six level two qualifications (such as a section of the Duke of Edinburgh Award or the ICT award ECDL, which takes between five and 15 hours to achieve). The average student who spends a year with us will attain five GCSEs, up to 30 level two qualifications and 60 level one qualifications. What makes these figures even more remarkable is that the average age of students is 14; typically, they have not experienced regular education and often have poor reading skills upon arrival, although with a daily 15-minute reading programme, progress is usually swift. If a 13-year-old joins us in February, they will sit GCSEs in June and pass them (despite the fact that the usual age for taking them is 16). All are keen to take the exams. They know it might be the only chance they will ever have to sit them. I don't think these figures could be matched anywhere.

Enrichment opportunities

The work we do is by no means only academic. Students have enrichment activities at weekends, which include vocational courses, such as painting and decorating, catering, carpentry and plumbing, as well as cultural activities, such as storytelling, art and music, science workshops and technolog-

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1 CSIP Choice and Access Team (2007). Commissioning A Brighter Future: improving access to psychological therapies. Department of Health, London.

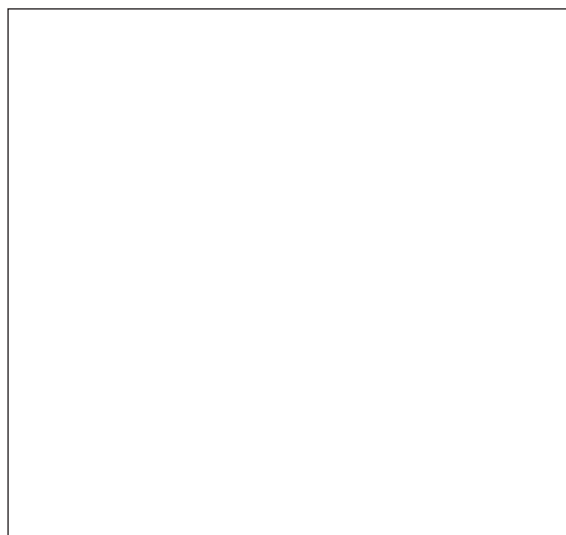
2 John J Ratey MD, a clinical professor of psychiatry, has recently written: "Unfortunately, the second most complex object in the universe is the language we use to talk about the brain, which is one reason why social workers, psychologists, [and I would add teachers] and other mental health professionals shy away from having to consider it. Many wish that they could practice without having to take the brain into account at all, and a pervasive attitude in the field holds that the brain should be treated like plumbing: forget about it unless it backs up. This wish-it-away thinking is analogous to a business executive ignoring the internet as a fad that will soon go away. Ignoring the brain actually cripples any psychological theory." (A User's Guide to the Brain, 2001, Little, Brown and Company, London.)

3 LeDoux, J (1998). The Emotional Brain. Weidenfeld & Nicolson, London.

4 Griffin J and Tyrrell, I (2000). The APET Model: patterns in the brain. HG Publishing, East Sussex.

5 Griffin, J and Tyrrell, I (2003). Human Givens: a new approach to emotional health and clear thinking. HG Publishing, East Sussex.

6 Social and Emotional Aspects of Learning for Secondary Schools (2007). Department for Children, Schools and Families, London.



ical experiences, such as building kit cars and making model aircraft at a very high skill level. If youngsters are with us for more than six months, they can have normal school holidays but usually they don't want them. They love the challenge of being stretched to achieve their potential by teachers who recognise that need.

The organising ideas found in the human givens approach explain why our educational approach is so successful. It provides a sense of status through raising levels of competence and achievement, giving a sense of autonomy in an environment that is secure in every sense, underpinned by an emotional connection to others and involving meaningful challenge. In other words, we are an educational setting that, first and foremost, meets the emotional needs of young people through the hidden, as well as the formal, curriculum. As Ofsted praised, our policy is that we are "teachers of children rather than merely teachers of subjects".

Reward and celebration

If children succeed, then they deserve recognition, reward and celebration. The last lesson of every week is devoted to all three: a celebration of the week's work that really demonstrates the significance of achievement for these emotionally and behaviourally disturbed young people. As well as marking individual academic successes on a weekly basis, we also offer "Goodfellas Awards" – so named by the students themselves because, originally, they chose that anyone who got the award three weeks running could have the Goodfellas pizza of their choice! The name is apt as the award is concerned with behaviour and behaving towards others as we would like others to behave towards us. Every weekday that someone is recognised as a "goodfella", they are given a raffle ticket. At the end of the week the tickets (a maximum of five per student) are put in a hat and a winning one is picked. All the students seriously want to win that award and 60 per cent achieve the maximum score each week, even though the prizes are just pens,

notebooks, a quiz magazine, maybe a bar of chocolate or – big favourite – an 8p bag of dried, curried noodles.

Self-understanding

Our curriculum is now beginning to change as we go further towards a child-centred curriculum that can develop the emotional health of students. Over the years I have been impressed by how much our students really want to understand themselves. New examinations such as Asdan's Certificate of Professional Effectiveness (COPE), a GCSE in personal biology and, we hope, Edexcel's Self-Science, an examination designed by teacher and human givens therapist Pat Winter, will enable us to help students achieve far greater self-understanding, resulting in more personal control. We are also about to start a new curriculum initiative using ex-military personnel, which will use physical exercise, problem solving and team building as a way of engaging learners. Young people can volunteer for this project, one morning a week.

Spurgeons, a national charity that provides an independent advocacy service for our young people (deemed good practice in secure units), recently recognised that our youngsters were achieving magnificently and really enjoyed their education, when they consulted the young people about being in secure accommodation. As a result, the charity commissioned a writer to work with our young people and produce a play using their words. We hope that this will be performed by professional actors and filmed as a resource for professionals working with EBD young people. It will be a fitting testament to all that our youngsters and our staff have worked so hard to achieve.

Alas, after our young people leave us, they often face an uncertain future, maybe not even knowing where or with whom they are going to live. (Those with broken ASBOs may be barred from returning to the area in which they caused trouble and, of course, it is usually the area in which their families live.) Commonly, schools refuse to take them back or the boys may move on to young offender institutions and lose the educational opportunities that we have created. Some of our lads manage to turn around their lives and get jobs and have families; more fall back into bad behaviour, once in old stamping grounds with former peers. What I hope we do, in the little time we have, is show them that they have valuable innate resources which they can learn to use and that these are theirs for life, if, as they mature a little, they choose to use them. ■

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