

Helping students achieve

The working environment in FE has its own sector-specific issues and practices. In what we hope will open up discussion for other contributions from FE, **Gill Leach** describes the personal and academic concerns FE students bring and how she helps tutors understand the issues that may hinder achievement

Thurrock and Basildon College's two main campuses are situated in south Essex. Measures relating to unemployment, poverty, housing, schools, teenage pregnancies, health and family problems all show how deprived the areas are, and what a struggle it is for young people to raise their expectations and the quality of their lives¹.

The local statistics demonstrate a substantial dropout from education, and worryingly low figures for employment and training. The college intake includes large numbers of disaffected youngsters. We have to find ways to coax them to stay on their courses and help them to achieve.

Range of issues

There has been a steady increase in the number of childhood mental health disorders nationally, including 'conduct disorders' (bullying and fighting) and emotional disorders^{2,3}. Children from poorer families, asylum seekers, children in care, and children who witness domestic violence are particularly vulnerable.

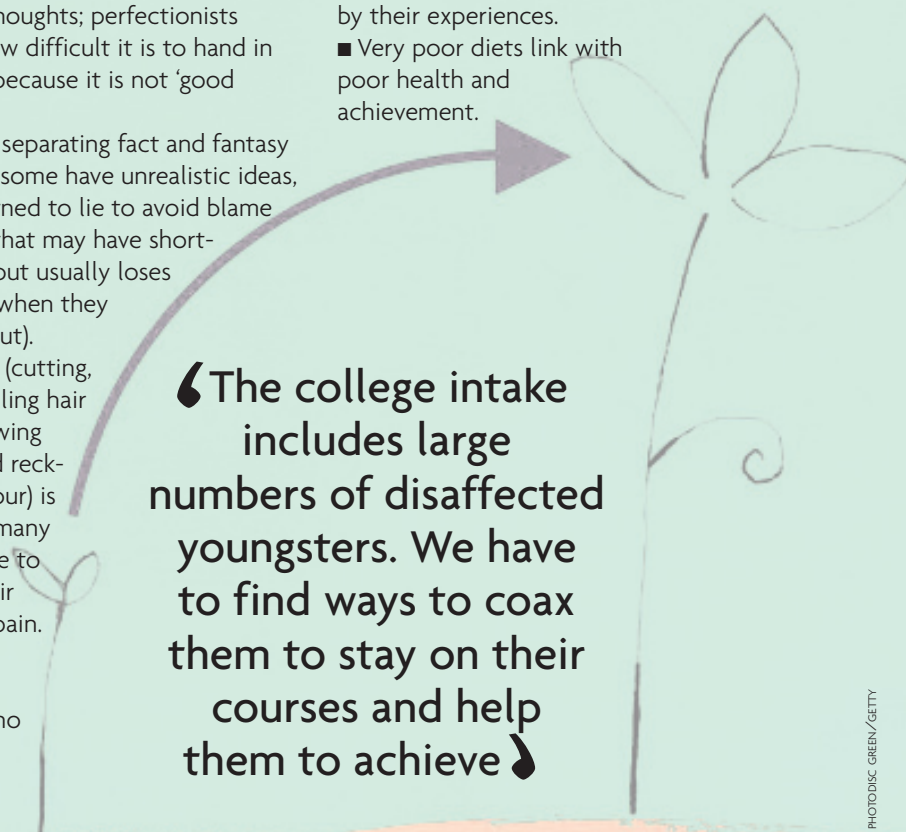
At least 10 per cent of our students are likely to suffer from mental health problems so persistent and severe they affect their ability to achieve. These are the kind of problems they describe:

- ADHD (attention deficit hyperactivity disorder) and difficulties with anger management cause problems in class and socially.
- Severe anxiety and depression make completing everyday tasks difficult.
- OCD (obsessive compulsive disorder) is linked with uncomfortable rituals and obsessive thoughts; perfectionists describe how difficult it is to hand in their work because it is not 'good enough'.
- Difficulty separating fact and fantasy means that some have unrealistic ideas, or have learned to lie to avoid blame (a strategy that may have short-term gains but usually loses them trust when they are found out).
- Self-harm (cutting, burning, pulling hair out, swallowing poisons and reckless behaviour) is a way that many students use to manage their emotional pain. Every week I listen to students who are actively suicidal, or who have

already tried to kill themselves because life feels so unbearable.

■ Unwanted sexual behaviour from partners, rapes, abuse from older people and unprotected sex lead to unwanted pregnancies and infections. I listen, on a daily basis, to students who have been abused in various ways and traumatised by their experiences.

■ Very poor diets link with poor health and achievement.



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Young people are caught between contradictory messages: the constant pressure to be thin like so many celebrities, versus powerful advertising that persuades them to eat junk food, leading to an obesity epidemic. Students describe various eating disorders, some resulting in dangerous levels of starvation and vomiting as they struggle with anorexia and bulimia.

- High alcohol consumption, underage drinking, and regular binge drinking lead some students into unsafe situations and damage their health.
- Many students experiment with illegal drugs but, interestingly, relatively few say that they think their drug use is problematic in their lives.
- A worrying number describe how discouraged they became at school by the constant pressure on their schools to achieve better targets for the league tables. This translated for most of them into a feeling of 'being a failure, cast on the scrapheap', if not able to perform as an A-C student.
- Young people feel trapped in a situation where social 'mobility' has declined. They believe that they have a better chance of success through a fluke (like winning the lottery or going on Big Brother) than through steady hard work at school and college.

In summary, many students who seek counselling have entered college with

damaged physical and mental health and are battling with despair, lack of trust and dissatisfaction; a significant proportion struggle to behave in an acceptable way and to achieve on their courses.

My concern is to help them strengthen their belief in their ability to cope with adversity and develop the skills they need to achieve. These include steady attendance at college, focus on their courses, and friendly relationships with other students and staff.

The local vs the national picture

A recent comparison of the AUCC national figures and our college's statistics is shown in table 1.

The 'presenting' issues may not be the ones that most concern the students. They are often cautious about revealing their real worries until a later session, so these figures probably *under report* the levels of self-harm, abuse and suicidal feelings, for example.

The tutors' perspective and responsibilities

Tutors often have to take these issues on board as a hidden agenda. They may know little about a student's history because the student has not disclosed anything significant, or limited information has been received from schools or previous courses. They

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also have to take account of changing educational goals and tasks, and the changing nature of the student intake.

The college has worked hard to respond to the government's push to increase diversity of uptake, and the active promotion of equal opportunities, but the tutors have to teach an increasing number of students who have serious difficulties with their mental and physical health, their ability to study and their personal lives.

A significant part of my counselling role in the past 14 years has been to help tutors to understand more about the students they are working with, emotionally and academically.

I mainly do this via:

- informal conversations with tutors
- induction sessions with the new students, which tutors are invited to attend, where I discuss the range of factors that may inhibit learning.

Educational factors that may affect learning

Apart from the mental and physical health issues mentioned above, key variables that tutors have to bear in mind are:

■ **Attitude of the student** Many students start college already disaffected and it is difficult to engage their interest. Tutors have to find ways to establish rapport and trust.

■ **Preferred learning style and expectations** Each student has a unique learning style and set of expectations: some absorb information more easily visually, some orally and some

Presenting concerns (concerns described by students in their first sessions)	TAB	Nationally
Abuse	11%	8%
Academic concerns	11%	7%
Anxiety	6%	8%
Depression	10%	9%
Mental health concerns (eg OCD, ADHD, bipolar, psychotic thoughts etc)	6%	3%
Physical health problems	4%	2%
Eating problems	1%	2%
Self-harm	2%	3%
Addictions	3%	2%
Loss of significant person	11%	7%
Relationship worries	21%	18%
Sexual problems	8%	3%
Welfare concerns	6%	5%

Table 1: Presenting concerns

kinaesthetically. Some prefer discussion in small groups, some prefer formal lectures, some prefer researching alone, others prefer group tasks. Tutors have to take account of these variations.

■ **Learning difficulties (known or unknown) or disabilities** Students may have, for example, dyslexia, dyspraxia, a visual or hearing impairment, or physical disabilities. Tutors need to be able to recognise these difficulties and respond appropriately.

Students often say they have been labelled 'thick/stupid' because they did not take to school work easily, even though they may have a strong talent for their vocational area. Some may not have had their dyslexia or dyspraxia diagnosed and attended to in school. Some need to wear glasses but do not, and some have hearing problems but do not wear hearing aids (for fear of being bullied). Others may have been told they have a global learning difficulty when in fact it may be more specific (like a speech and language disorder).

Tutors now have a legal duty to adapt their teaching styles to take account of students' disabilities, eg providing hand-outs if students cannot take notes.

Behavioural concerns

Tutors have complicated behavioural issues to deal with because students have varied ideas about how to behave in class:

- Some are too quiet because they have been raised in families, or been in schools, where expressing their point of view has been discouraged.
- Many are fearful of admitting any difficulties because they have been punished for their mistakes: avoidance can be a key issue with such students.
- Some have never been given helpful boundaries to their behaviour by their families, and have problems controlling their behaviour in class.
- Others may have a diagnosable condition like ADHD or Asperger's that makes reading social cues and managing normal social interactions very difficult.

Relationship issues

Many FE students have complex lives with fractured family relationships and

changing parental partners and extended families:

- Some families have great difficulty maintaining a reasonable calm, consistent environment. Violent rows and abuse can be endemic.
- Many parents have to work long hours, or are depressed by long-term unemployment, and do not have the emotional energy to give to their children's needs. Parenting styles range from too strict to too lax.
- There is widespread poverty and many students have to put too much time and energy into jobs to earn money, and do not give their courses the commitment that is needed.

Students bring a lot of emotional 'baggage' to class. Tutors have to decide when to make allowances, and when to be 'tough'.

Tutors' approaches

Here are some of the key tutor responses that students say are helpful:

- respect
- friendliness, playfulness
- interest
- reliability
- appropriate style of 'discipline'
- way tasks are set
- planned timing of deadlines to spread load
- effective feedback
- following up on avoidance/non-

attendance

- understanding needs for dependence vs independence ie issues around advocacy vs empowerment
- flexibility re equality and diversity.

If the tutor gets the balance 'right' it increases the likelihood that students will settle down better to study. Their relationships with their tutors are very important to them although this may not be apparent in their behaviour.

The counselling service

The counselling service has evolved in style and accessibility since 1993 when a new part-time service was set up⁴.

The main emphasis at that time was to offer a confidential service set apart from the other college personnel so that students could feel they had a safe space to share their concerns. The focus was mainly on personal issues although academic issues were also discussed.

But it was apparent that the students' personal concerns could seriously impede their ability to study. Also, the pressure on the college to demonstrate that students were achieving on their courses increased. So I developed a more active liaison with the course tutors and the learning support tutors.

To make the counselling service as accessible as possible I developed an informal, 'integrative' approach, adapted to suit individual student needs.

Learning support (study skills, dyslexia assessments, 1:1 support)	34%
Tutors on courses	31%
Connexions (in college)	20%
Learner services (admin, finance, transport, bullying, safety)	11%
Others	4%

Table 2: Proportion of referrals for internal support

Doctors	27%
Connexions	25%
Clinics (sexual health)	13%
Open Door	6%
Social services	4%
BATIAS advocacy	4%
CAB	3%
Others	18%

Table 3: Proportion of referrals for external support



EYEWIRE/GETTY

Weekly diary

Every week I see 50-60+ students about a range of issues for varying amounts of time. Here is a sample day, chosen randomly from my diary, with identifying details removed.

8.45: See tutor on behalf of student A to discuss how to manage serious health concerns (illness, self-harm, suicidal, drug use – I had contacted GP about these because of high risk).

9.00: Student B needs help with course problems (linked with dyslexia and mental health problems, including suicidal thoughts).

9.30: Student C comes in very shaken by panic attack in class, relating to family issues and worries about health. I suggest referral to GP for checkup.

10.00: Student D had just been ill in class, probably a stress response to family issues, refer to GP for checkup.

10.30: Student E unable to attend – long history of abuse, but determined to succeed on course (and using all help offered).

11.00 Drive to other campus.

11.30: Student F loves practical work but is overwhelmed by theory; I refer to study skills centre tutors for extra support; discuss with student how to manage studying at home; also discuss serious body image problem.

12.00: Student G very happy with college but stressed about family issues and bullying; wants to talk about how to come to terms with rape and another assault.

1.00: Student H much happier in college and in personal life since previous year (I helped transfer to different course) but still self-harming, sometimes suicidal, and trying to manage volatile relationship with partner; wants space to explore issues.

1.30: Discussion about counselling issues with a group.

2.00: Student I depressed about family issues and worries about course; needs help with lifestyle changes and coping with class.

2.30: Student J unable to attend (staff had already expressed great concern about this student and urged referral to me but the student was having difficulty agreeing to work with me on serious issues).

3.00 Staff call in with concerns about a student's behaviour and other staff behaviour, and want to discuss how to handle situation.

3.30 Drive to other campus.

3.30: Emails, phone calls and paperwork until 6pm, then more paperwork at home.

Each day is different but I usually have contact with at least 10 students a day. The packed schedule is very hard work but it is slightly eased by:

- DNAs and cancellations, which allow some 'recovery' time
- the varied length of the appointments: some students call in briefly; the majority call in for half-hour sessions; this varied schedule may be less tiring for me than working with several students for an hour each in one block.

My approach is a very practical one, developed to try to meet the needs of the students in the best way I can. With more resources there are a number of things I would do differently. I hope this topic (how to work most effectively in this context) will be explored further in a future issue.

Confidentiality

There is always a tension between protecting students' privacy and encouraging students and staff to regard the counselling service as a normal part of college life – a place where lots of people come and go, and there is nothing peculiar about a person wanting to see the counsellor, or a tutor consulting with the counsellor.

It is important to maintain a balance between being respectful of the students' need for privacy, while being aware of

the value of encouraging the students to let others know what is going on – especially where academic issues are concerned.

Referrals

My role is to explore the key issues that students want or need to address. Sometimes I encourage them to sort a problem out by themselves; at other times I act as their advocate to help them communicate with their tutors or with an outside agency.

I suggest many referrals, within the college and to external agencies. The students most likely to drop out are often very reluctant to take up these suggestions. Tables 2 and 3 show the range of referrals for a recent year.

Students describe many mental and physical health issues that need a doctor's intervention but are usually extremely reluctant to access medical support. I make few referrals to social services because the students almost unanimously ask me not to.

Summary

There are many variables involved in whether a student succeeds on their course or not. The population I see is extremely diverse and the range of support students need varies hugely. The main role of the counselling service is to provide a safe place for confidential support. Some students can tackle problems for themselves but others need an advocate to help them communicate with someone else, or to seek another source of support.

In order to work more effectively with the students I have had to build good working relationships with staff in every area of the college. Our willingness to trust each other in our work with students is crucial for the students' wellbeing in college and their achievement.

FE colleges generally are under resourced for the complex work they are asked to do and our college is no exception. We work in a particularly deprived area so we need more resources if we are to help the students achieve the targets set for them. The resources we have in FE, for teaching and support, compared with the provision for universities, are very limited – and yet we are working with some of the most troubled young people who badly need a chance to improve their lives. This grieves me – and it is frustrating because I believe it is something that could so easily be improved if the political will was there. Meanwhile we just have to do the best we can with limited resources.

I would like to pay tribute to the courage of the many students who come to talk to me. Their willingness to battle on despite many obstacles inspires me to keep working with them. ■

Dr Gill Leach is a BACP accredited counsellor. Gill welcomes correspondence on any issues raised in this article (gill.leach@tab.ac.uk), as does the editor (d.singer@ram.ac.uk).

References

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Dilemma

'The counselling service is going to be relocated.' Dave Berger considers the implications and suggests ways in which counsellors can achieve a positive outcome

I guess how you respond to hearing this announcement would depend a lot on how settled and satisfactory the premises you currently inhabit are for the purposes of seeing your clientele.

We had known for approximately 18 months before our eventual move that the building in which we were located was due for some extensive refurbishment. In the early iterations of how the space would be reconfigured, the floor area and layout suggested for the counselling service did not meet with our approval. The counselling set-up until this time had suited us quite well. We had enjoyed the use of five similar-sized rooms on the top floor of the student union building, each facing south with a view of trees and sky. Feedback from our clients had been consistently complimentary about the rooms and location. We also had enjoyed the use of a reasonably sized room as a waiting room although this lacked natural light.

One of the important drivers in the design of the refurbishment was to co-locate a number of student services, and in particular to bring the disabilities services into the mainstream, whereas up until then they had been located in separate premises on the edge of the campus.

Having made our disquiet over the spaces offered to us known to the decision makers, we were offered some alternatives, all of which would mean we were no longer physically close to the other student services. Until the summer of 2006 the counselling service had been seeing staff as well as students. That summer the staff counselling was outsourced to an EAP provider.

There seemed to be a fair amount of pressure on us to accept a vacant semi-detached house, which had previously been used as a doctor's surgery, located on the edge of the campus, on quite a busy road and in a fairly rundown condition. As a team, we went to view this and had very mixed feelings. We felt noise from the road would be an issue, that it would not be very accessible, (although for many second and third year students it is not far from their walking routes between university and their rented accommodation) and we could not imagine it being sufficiently upgraded to make a pleasant environment for our occupation.

I had recently been involved in extensive building work on our own house, and had therefore experience and a sense of the costs involved in bringing accommodation up to date. In discussions with my line manager and the facilities directorate I commented