

FINAL REPORT
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Supporting carers to succeed in Australian higher education

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Abbreviations

ABS	Australian Bureau of Statistics
CHEEDR	Centre for Higher Education Equity and Diversity Research at La Trobe University
DSS	Department of Social Services (Australian Government)
EAS	Educational Access Scheme
NCSEHE	National Centre for Student Equity in Higher Education at Curtin University
QTAC	Queensland Tertiary Admissions Centre
TAC	Tertiary Admissions Centre
TAFE	Technical and Further Education
UAC	Universities Admissions Centre
UCAS	The University and Colleges Admissions Service based in the United Kingdom

Definition of key term: 'carers'

For the purposes of this report, we have adopted the definition of carers outlined by the peak national body, Carers Australia. Carers are defined as people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or an older person with care needs (Carers Australia, 2019).

Executive summary

Australians who care for people with a disability, illness, or a broader need often embody many of the qualities sought by universities. In providing unpaid labour to support family members and friends, carers typically demonstrate resilience, selflessness, and a commitment to societal health, wellbeing, and cohesion. Provision of this critical support is often required while simultaneously managing high demands on time and limited financial resources (ABS 2018a, 2018b). Young carers in particular have been identified as holding relatively low levels of education (Department of Social Services [DSS], 2019). The COVID-19 pandemic has only exacerbated the challenges for carers. Collectively, evidence suggests both a need and an opportunity for universities to develop specific policies to attract and support those who care for others.

Despite the large number of carers, their distinctive characteristics, and their educational challenges, little research has been conducted on carer access to, and achievement within, Australian higher education. To address this gap, we sought to establish the first major evidential base for carers in Australian higher education. Consistent with the peak national body, we define carers as people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or an older person with care needs (Carers Australia, 2019). This project explores the motivations, perceived challenges, and self-identified strengths of student carers. Our analysis is based on a national survey of student carers and a desktop review of related institutional policy and practice. The research was conducted by La Trobe University, in collaboration with Carers Victoria, and funded by the National Centre for Student Equity in Higher Education at Curtin University. Our report contributes new insights to better support student carers to succeed at university and beyond.

Through our national survey, we found student carers were highly motivated to succeed in higher education. Student carers identified a range of skills developed through their caring roles that were beneficial to themselves and their peers at university. These skills include time management, empathy, compassion and patience, as well as specific expertise with relevance to areas of study, including nursing skills and knowledge of disabilities. Carers also improved the broader student experience by sharing different perspectives, advocating for students, and providing direct assistance with coursework. Despite these strengths, juggling caring and study produced considerable time pressure, financial hardship, and lower levels of wellbeing compared with their non-caring peers. Circumstances were often made more difficult by the rigidity of course structures and study requirements.

We found that the COVID-19 pandemic caused additional challenges for student carers, including major disruptions to household and study arrangements. As a result of the crisis, caring responsibilities increased, mental health was negatively affected, and student carers found it more difficult to do well at university. A substantial proportion of student carers withdrew from subjects and reduced their study load during the pandemic.

Our desktop review of publicly available information on Australian university websites revealed support for student carers in higher education to be limited and inconsistent. Few universities had targeted support measures in place for this group. Student carers highlighted a range of initiatives that could promote their success, including targeted scholarships or bursaries, and increased flexibility around study arrangements, special consideration, timetabling, and placements.

We found that a major barrier to increased support for student carers was the lack of data collection at the institutional, state, and national levels. Without reliable data, the size and nature of the student carer population remains undetermined and there is no empirical

evidence of access, success, or outcomes for this group. It would be beneficial to be able to systematically identify carers at application or enrolment.

Another notable finding was that a quarter of student carers never disclosed their carer status to anyone at university. This trend leaves many student carers invisible and makes it more difficult to provide appropriate and timely support where required. Among the most common reasons for not disclosing carer status were never being asked and seeing no benefit to disclosure. It is likely some carers also feared being stigmatised and/or defined by their caring role. These findings highlight the importance of increasing awareness and understanding of carers within the university community.

Further research is needed to identify, support, and monitor student carers. It remains crucial to listen to the voice of student carers to obtain a richer understanding of their needs and experiences at all stages of the student lifecycle. Opportunities exist to directly consult with carers in the design of changes and improvements to support initiatives. Carers are an asset in higher education due to their many strengths and varied experiences, yet effective support and flexibility is lacking. There are clear grounds to establish student carers as a priority group within Australian higher education.

Recommendations

Higher education institutions

1. Collect and report on student carer data at the time of application or enrolment, including geo-demographics, so that targeted support can be offered and progress monitored. As some carers may not immediately identify with the term 'carer', it is useful to define the nature and scope of the role. This work could inform potential subsequent reporting of student carer data through the Higher Education Information Management System (HEIMS).
2. Promote institutional awareness and recognition of the unique strengths and challenges of student carers through internal communication strategies and professional development activities, which harness the voices of student carers themselves.
3. Extend traditional university outreach activities beyond secondary schools to community groups and networks that serve carers.
4. Encourage transitions from TAFE, and participation in enabling programs and foundation studies where needed to increase preparedness for university study, especially for those transitioning to university later in life.
5. Develop contextual admissions schemes that recognise the strengths and qualities of carers and their contributions to family and community.
6. Advocate, mobilise and coordinate resources and expertise to support student carers through peak bodies such as the National Centre for Student Equity in Higher Education (NCSEHE) and Equity Practitioners in Higher Education Australasia (EPHEA). This work could include good practice guidelines for the higher education sector, co-developed with student carers.
7. Consider flexible study and assessment arrangements to increase attendance and engagement for student carers, including preferential access to university timetables, accessible placements, and streamlined special consideration processes. A range of measures could be combined in the form of learning access plans and/or other means of prioritisation.
8. Introduce and publicise a range of targeted financial support measures for student carers, including tuition fee waivers and cost-of-living scholarships for those most in need.
9. Encourage student carers to disclose their carer status at the time of application or enrolment and provide these students with information about enrichment opportunities (e.g. leadership, mentoring) and institutional support (e.g. financial assistance, disability services, and counselling). One approach might be adopting the Carer Passport scheme, which operates in some universities in the United Kingdom, to identify student carers and coordinate institution-wide support.
10. Identify student carers who have made the transition to higher education successfully and use these students as mentors where possible.
11. Support the establishment of (online) peer groups for student carers to promote the wellbeing and success of student carers.

National and state/territory governments

12. Expand the Australian Government's Try, Test and Learn Fund with a focus on supporting carers, and other priority groups, into higher education.
13. Work with higher education institutions to develop a resource guide for prospective student carers, potentially including a website and online clearinghouse.
14. Commission further research that captures the voices of student carers nationally to inform higher education policy. This work could actively involve student carers in the design and conduct of the research.

Service providers and peak bodies

15. Individually by service provider, and via peak bodies at state and national levels, promote education-specific resources on websites and through helplines to encourage and support access to tertiary education.
16. Access and profile the voices of student carers who have made the transition to tertiary education successfully and use these people as mentors where possible.
17. Consider a tailored social media campaign to recognise and celebrate student carers, for example during National Carers Week and/or at important times in the course application cycle.

Introduction

Project overview

This research project was led by La Trobe University's Centre for Higher Education Equity and Diversity Research (CHEEDR). Funding was provided by the National Centre for Student Equity in Higher Education (NCSEHE) at Curtin University. The project was undertaken in collaboration with Carers Victoria.

The purpose of the project was to establish the first major evidential base for analysing student carers in Australian higher education. Consistent with the peak national body, we defined carers here as people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or an older person with care needs (Carers Australia, 2019). We included carers who received government financial assistance while providing care, including the Carer Payment and/or Carer Allowance, but excluded professional care workers who were paid to provide care for their employment. In developing this national evidential base, we sought to increase the visibility of student carers and to provide firm foundations for future policy and research work. Specifically, we addressed three research questions:

1. What barriers do student carers face in accessing and transitioning to higher education?
2. What are the experiences, challenges, and strengths of student carers enrolled in higher education?
3. How can universities better support student carers to access, and succeed in, higher education?

To these original three questions, we added a subsequent question in light of the COVID-19 pandemic:

4. How have student carers managed, and been affected by, the COVID-19 pandemic?

The project comprised a desktop review and national survey. The desktop review was conducted to ascertain the nature and type of institutional support currently available to student carers in higher education. The voices of carers were captured via a national survey of carers who had studied at university. Survey participants who opted in to a follow-up survey were also asked about the impact of COVID-19 on their university study, caring responsibilities, and broader circumstances.

Report structure

Our report begins with brief context around the national carer population and an analysis of the limited literature on carers in Australian higher education. This section includes comparative context focussed on the United Kingdom (UK), which has progressed further than Australia in developing policies tailored to student carers. We subsequently outline our methods, including a desktop review and national survey. Our findings are then described in relation to:

- the transition of student carers into higher education;
- their experiences once enrolled in higher education;
- the specific effects of the COVID-19 pandemic on the experiences of student carers in 2020; and
- the level of institutional support provided to student carers in higher education.

Finally, our Discussion covers the implications of our findings and our Conclusion describes the overall picture emerging from our research.

Background

Carers can be defined as people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or an older person with care needs (Carers Australia, 2019). People providing unpaid care play a vital role in the lives of people with care needs, the health care system, and the broader community. While the caring role can be rewarding, associated demands on time and energy means carers are less likely to participate in education, employment, and social activities (Australian Bureau of Statistics [ABS], 2018a). Providing care is also associated with an increased risk of physical and mental health issues (ABS, 2018a). Young carers, who are aged under 25 years, can be particularly susceptible to the negative effects of the caring role.

The COVID-19 pandemic has intensified the challenges for carers and the psycho-socio-economic consequences are likely to persist long term (ABS, 2020). Carers are facing financial hardship, job losses, a struggle to meet basic needs, and increased caring demands (Caring Fairly, 2020). For many, higher education can be an effective way to counter these challenges and improve both financial security and wellness.

Carers comprise a significant proportion of the Australian population. There are 2.65 million carers in Australia, including 235,000 young carers under the age of 25 years (ABS, 2018b). Women are more likely than men to be carers. Specifically, 12 per cent of all women are carers compared to nine per cent of all men (ABS, 2018b). Seventy two per cent of primary carers are women, providing the main source of informal assistance to the people with care needs. The most commonly cited reason for taking on the primary caring role is a sense of family responsibility (ABS, 2018b). The fact that COVID-19 has increased caring responsibilities is therefore one example of the gendered effects of the pandemic (Craig, 2020).

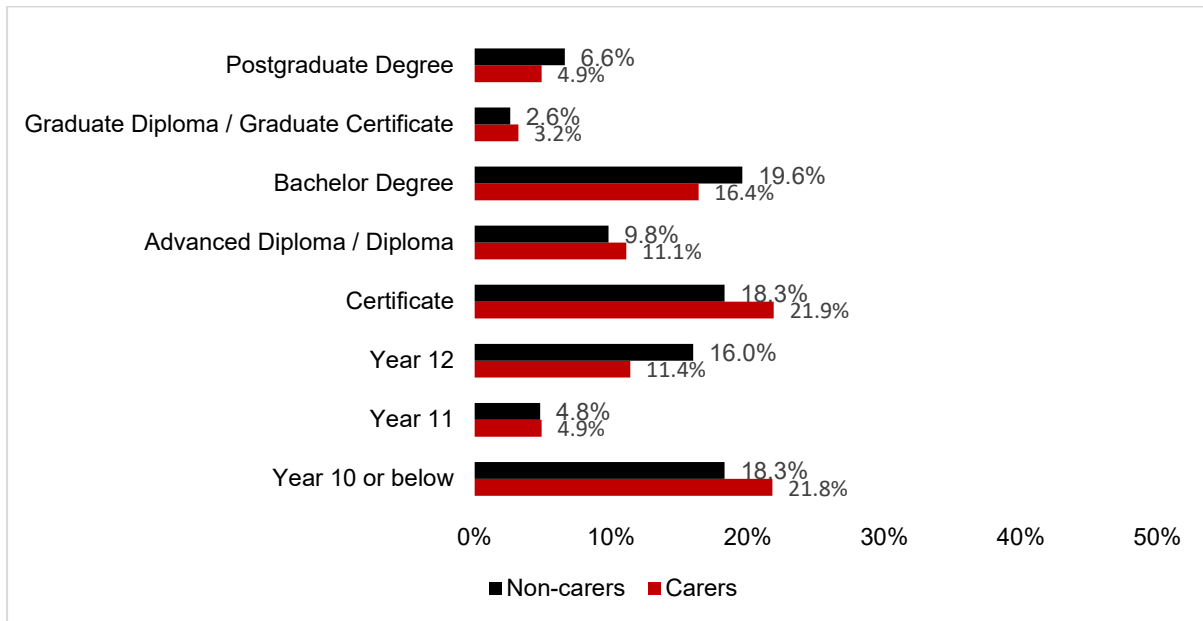
The demands of caring can limit opportunities to participate and succeed in education. Young carers in Year 9, for example, record significantly lower performance in reading and numeracy than their peers (Warren & Edwards, 2016). Carers are more likely than non-carers to have discontinued high school before completing Year 12, and are less likely to have attained a higher education degree at bachelor level or above (ABS, 2018b) (see Figure 1). These trends are concerning for the individuals, as higher levels of study are linked with a range of benefits such as improved employment prospects (Department for Business Innovation and Skills, 2013; Norton, Cherastidham, & Mackey 2018).

For society more broadly, lower levels of academic attainment are related to the difficulties many carers face in transitioning from receipt of transfer payments. Under its 'Try, Test and Learn Fund' in 2016, the Australian Government identified young carers as one of six groups of limited social mobility. The Fund has supported four projects focussed on young carers, including a project to develop a Carer Achievement Pathway, which involved appointing a carer coordinator and creating a tailored online portal, and the development of a Young Carer School Accreditation Program designed to raise awareness of carers, reduce stigma, and encourage engagement in education. The Government noted that \$109 billion would be spent on future welfare payments for all people currently receiving a Carer Payment over their lifetime (Department of Social Services [DSS], 2016a). Given this analysis, it is perhaps surprising that no national policy initiatives have yet been developed to identify and support carers in higher education.

For universities, the paucity of carers on campus is also problematic, as the qualities and attitudes of carers are those ostensibly highly valued by the institutions, such as empathy, resilience, advocacy, commitment to family, community, and society (e.g. Australian Catholic University (ACU), 2020; La Trobe University (LTU), 2020a). The relative under-enrolment of carers reduces universities' access to these strengths, which in turn affects the quality and

diversity of student experience for others on campus. Failure to acknowledge carers can also reflect a narrow view of widening participation, in which outreach and support are limited to those within the six previously identified equity groups (Harvey, Burnheim & Brett, 2016).

Figure 1: Highest level of educational attainment for carers and non-carers



Carers are often unable to undertake sufficient and rewarding paid employment, with rates of employment lower than for people without caring responsibilities (ABS, 2018a; 2018b; Noble-Carr & Department of Family and Community Services, 2002). Further, carers are twice as likely as non-carers to live in low-income households (ABS, 2018b). Collectively, these data highlight that carers enrolled in higher education are likely as a group to face discrete challenges and experiences.

Support for carers involves a complex relational system with various stakeholders and strategies at national and state level. The Carer Recognition Act 2010 is federal legislation that aims to increase recognition and awareness of the role of carers, and includes guidelines for public institutions (Department of Social Services, 2016b). Carers can be eligible for a range of payments, benefits and concessions from governments based on their caring arrangements and the needs of the person who requires care. The two main government payments are the Carer Payment and the Carer Allowance. The Carer Payment is an income support payment for people who are unable to support themselves through substantial paid employment because of the demands of their caring role (Australian Government, 2020). The Carer Allowance is a supplementary payment for carers who provide a certain level of daily care and attention to a person with a disability or a severe medical condition.

In 2014, the Australian firm, ACIL Allen Consulting, conducted an extensive review of the existing literature and support programs focussed on carers in education, training and employment. The authors found that most of the available literature came from international sources, particularly the UK. The review identified a range of skills possessed by carers, which were grouped into four categories: general skills, such as time management and empathy; day-to-day caring skills; health care skills; and advocacy skills. The review also outlined commonly identified barriers to education and training for carers, which included the

challenge of combining caring responsibilities with study, managing the costs of education and training on a limited income, and a lack of support mechanisms. The authors found that the skills of carers aligned with competencies required for different roles, especially roles within the community service and health sectors. It was noted, however, that there was a lack of formal recognition of these skills in training and education pathways, such as through recognition of prior learning processes. More recently, the technical and further education sector in New South Wales (TAFE NSW), introduced the Carer to Career program in 2019, which allows carers across the state to have their personal experiences recognised as progress towards vocational qualifications (TAFE NSW, 2020).

The UK has progressed much further than Australia in explicitly identifying and supporting student carers. The University and Colleges Admissions Service (UCAS) includes a question to identify student carers within course applications (UCAS, 2020), while 199 universities and colleges across the UK specifically referred to student carers in their 2019/20 widening participation plans, including within Access and Participation Plans in England (UCAS, 2020). Available programs and strategies for student carers range from targeted outreach activities to peer groups and the allocation of scholarships and bursaries (Carers Trust, 2015). Some universities also manage the Carer Passport scheme, which provides a record identifying student carers, triggers an individualised assessment of circumstances and learning needs, and connects carers to a range of support programs in a coordinated manner (Carers UK, 2020).

Comparatively, there has been less policy attention given to carers in the Australian higher education sector. Much of the Australian literature and support focusses on young carers in secondary school, rather than the experiences of carers in higher education. Student carers have been under-researched and under-supported, partly because the higher education equity framework does not identify student carers as an equity group (Harvey, Burnheim, & Brett, 2016). The equity groups identified within the framework include people from low socio-economic status backgrounds; people from regional and remote areas; people from non-English speaking backgrounds; Aboriginal and/or Torres Strait Islanders (also referred to as Indigenous peoples); people with a disability; and women in non-traditional areas, such as science, technology, engineering, and mathematics (Department of Education, Employment and Training, 1990). Australian universities collect longitudinal data on access, participation, success and retention of these six equity groups (Bradley, Noonan, Nugent, & Scales, 2008). In contrast, there are no national level data available on student carers in higher education, and universities are not required to collect this information.

Only a small number of studies have focussed on the experiences of student carers in Australian higher education. Day (2019), for example, interviewed 13 carers who had experienced significant challenges in higher education, including difficulty maintaining study routines, a lack of time for extra-curricular activities, and a reluctance to disclose their carer status for fear of being stigmatised. Svejkar, Gleeson, and Viswanathan (2019) conducted focus groups with student carers and academic staff at one Australian university and highlighted the need for increased visibility, support, and data collection for student carers.

Our current project aimed to increase the visibility of student carers and assist universities to identify and support carers with targeted resources and flexible arrangements. Original evidence was obtained through a desktop review and national survey, as described in the subsequent methods section. By contributing to the evidential base, we seek to advance policy and research initiatives for this important group.

Methods

Ethics approval for this research project was granted by the La Trobe University Human Ethics Committee (HEC19466). A desktop review was conducted to ascertain the nature and type of institutional support currently available to student carers studying at the 39 universities that are members of Universities Australia (including both public and private universities) (Universities Australia, 2020). The review was conducted in July 2020 and involved a systematic search of information that was publicly available via the websites of each Australian university, using the keywords 'carer' and 'caring'.

The voices of carers were captured via a national survey of carers who had studied at university, including students who were currently studying, students who had discontinued their university studies, and students who had graduated. As specified in the survey materials, carers who received government financial assistance while providing care were included in the survey. People who were paid to provide care for their employment (i.e. professional care workers) were screened out of the survey. The survey comprised 47 questions and was administered via the Qualtrics online survey tool. Topics covered included: demographics; caring role; transition to university; university study; experience at university; and future plans. A number of questions included in our survey mirrored those in the Student Experience Survey which allowed some comparisons between our student carer sample and the broader university student population (Quality Indicators for Teaching and Learning [QILT], 2019). The survey comprised a mix of question types, including questions requiring participants to select one option, select as many options as apply, or enter free text comments. Questions were not mandatory, meaning that participants could skip questions they did not wish to answer.

The online survey was opened on 19 November 2019 and promoted widely online, including via social media platforms such as Facebook and Twitter, and via the Carers Victoria newsletter and other carer associations throughout Australia. Recruitment materials specifically targeted people who had studied at an Australian university while providing unpaid care and support to family members (of origin or choice) and/or friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or an older person with care needs. The survey was closed on 25 July 2020, with a total of 188 survey responses.

Survey participants who opted in to a follow-up survey were also asked about the impact of COVID-19 on their university study, caring responsibilities, and broader circumstances. The follow-up survey comprised six questions and was administered via the Qualtrics online survey tool. The survey asked about the impact of COVID-19 on university study, caring responsibilities, and broader circumstances. The online survey was opened on 29 May 2020 and closed on 25 July 2020, with a total of 49 survey responses.

Findings

Existing support for student carers in Australian higher education

Our desktop review of publicly available information on university websites revealed that support for student carers was both limited and inconsistent across institutions. Nevertheless, almost all Australian universities had some form of support available. While terminology differed across institutions, student carers were sometimes referred to as 'students with caring responsibilities'. Several institutions had programs and policies that catered to both students who were carers and students who were parents.

We found that most institutions catered to student carers through special access schemes, which were run by state-based tertiary admissions centres. These access schemes allowed adjustment to selection ranks for applicants who outlined circumstances that had negatively affected their studies. All tertiary admissions centres made provision for carers indirectly through broad categories such as 'students with excessive family responsibilities' or equivalent. More specifically, the Universities Admissions Centre (UAC), which is mainly applicable to institutions in New South Wales and the Australian Capital Territory, included mention of 'excessive responsibility for care of children/other family members' in its Educational Access Scheme (EAS) (UAC, 2020). The Queensland Tertiary Admissions Centre (QTAC) listed 'caring for sibling(s) in excess of normal domestic responsibilities' and 'caring for a disabled or seriously ill family member or member of the household' in its EAS (QTAC, 2020).

After enrolment, we found evidence that approximately half of universities offered support to student carers who cared for a person with a disability. This support was typically provided via disability/accessibility services and included learning/education access plans and counselling. Learning/education access plans outline additional services and adjustments to teaching and assessment arrangements required to minimise educational disadvantage.

Approximately one in three universities had a dedicated webpage for student carers. These pages typically included external links to carer organisations and scholarship opportunities, as well as contact details for university counselling and support services. About a quarter of the webpages also informed student carers that they might be eligible for special consideration provisions.

Specific grants and bursaries for student carers were scarce and appeared to be available at less than ten per cent of universities. Australian National University (ANU), for example, offered the Parents and Carers Grant (ANU, 2020) and Central Queensland University (CQU) offered the Young Carers Bursary (CQU, 2017). Slightly more than one third of universities referenced caring responsibilities within broader eligibility criteria for general need-based scholarships, grants, and bursaries.

Very few universities (less than ten per cent) specifically referred to caring responsibilities within eligibility criteria for special consideration for exams and assessments. Western Sydney University (WSU) issued Carers Verification Statements to confirm student caring responsibilities, which can be used as evidence of extenuating circumstances to support requests for extensions and tutorial changes (WSU, 2020). A University of Technology Sydney (UTS) webpage for carers and parents explicitly stated that 'Students who have family/carer responsibilities or are pregnant can apply for assessment adjustment arrangements for their study' (UTS, 2020).

Similarly, less than ten per cent of universities had specific policies for students with caring responsibilities, which typically covered both students and staff. At Charles Sturt University (CSU), for example, the 'Balancing Work and Study with Family and Caring Responsibilities

Policy' outlines the commitment to providing a flexible, supportive and accessible work/study environment (CSU, 2020).

A similarly small number of universities had peer networks for student carers, which often catered to students who were carers and/or parents. La Trobe University (LTU), for example, had established a parents and carers meet-up group (LTU, 2020b). Edith Cowan University (ECU) also had a parent and carer network, which included an online community group and virtual check-in meetings (ECU, 2019).

Our review only examined publicly available information, and it is likely that further references to carers are made within diversity and inclusion strategies and other institutional policies. Nevertheless, for prospective students, there is little visible information that caring responsibilities will be considered at admissions, either in terms of adjustment points or through a recognition of prior learning and skills process. Similarly, there is little visibility of bursaries and scholarships in which caring responsibilities are considered a criterion, and little acknowledgement that these responsibilities might necessitate flexibility around timetabling, assessment, and campus services. We found no explicit recognition of the strengths that carers bring to the university, and limited reference to potential support and peer groups that might provide both concrete assistance and a broader sense of belonging to the institution. The dearth and limitations of publicly available information suggested an institutional marginalisation of student carers which was reflected in our subsequent survey.

National survey of student carers

A total of 188 student carers responded to the survey. The majority of participants identified as female (90 per cent), which reflects the high proportion of female carers nationally (ABS, 2018). Only 13 per cent of participants were young carers, defined as under the age of 25 years. However, 44 per cent of student carers had started providing care before 25 years of age, when they would have been classified as young carers. Table 1 presents a summary of participant characteristics.

Table 1: Characteristics of carers who responded to the survey

	Number	Proportion
Gender (n = 188)		
Female	170	90%
Male	15	8%
Prefer to self describe	3	2%
Current age (n = 186)		
18 - 24 years	24	13%
25 years and over	162	87%
Age when started providing care (n = 177)		
Before 25 years of age	77	44%
At 25 years of age or older	100	56%
Geo-demographics (select as many as apply) (n = 182)		
Living in a household with children	91	50%
A single person	71	39%
You, or your parents, were born overseas	66	36%
Have mental health issues	65	36%
Living in a regional or rural area	39	21%
Have a disability	25	14%
Identify as LGBTIQ	21	12%
Identify as Aboriginal or Torres Strait Islander	9	5%
Prefer not to disclose	11	6%
Highest level of education completed (n = 188)		
Masters Degree, Doctoral Degree	37	20%
Bachelor Honours Degree, Graduate Certificate, Graduate Diploma	36	19%
Bachelor Degree	36	19%
Diploma, Advanced Diploma, Associate Degree	36	19%
Certificate I – IV	20	11%
Year 12	20	11%
Year 11 and below	3	2%
Education status (n = 188)		
Current university student	113	60%
University graduate	52	28%
Former university student who discontinued study prior to completion	23	12%

Nearly two thirds of participants were caring for a person with a disability (62 per cent). The most commonly provided types of care were emotional support (88 per cent) and health care (87 per cent). A majority of carers also provided personal care (e.g. washing/dressing), cognitive support, and unpaid domestic work such as housework, meal preparation, transport, paperwork, and errands. Table 2 presents a summary of caring responsibilities.

Table 2: Caring responsibilities

	Number	Proportion
Number of people cared for while studying (n = 179) (excluding regularly developing children)		
One	88	49%
Two	60	34%
Three	23	13%
Four or more	8	4%
Who was cared for while studying (select as many as apply) (n = 180)		
Child with additional needs	87	48%
Parent/step parent	73	41%
Partner	31	17%
Brother/step brother or sister/step sister	27	15%
Grandparent	12	7%
Friend	10	6%
Other	15	8%
<i>NB The remaining questions apply to the person for whom the carer spent the most time caring</i>		
Condition of the person cared for (select as many as apply) (n = 178)		
Disability	111	62%
Mental illness	68	38%
Chronic condition	59	33%
Older person with care needs	27	15%
Terminal illness	13	7%
An alcohol or other drug issue	10	6%
Other	18	10%
Basis of care (n = 178)		
Continuous	158	89%
Intermittent/occasional	20	11%
Type of care (select as many as apply) (n = 178)		
Emotional support (e.g. reassurance, motivation)	157	88%
Health care (e.g. giving medication, medical appointments)	154	87%
Transport	142	80%
Preparation of meals	141	79%
Housework, shopping, errands	141	79%
Cognitive support (e.g. reminding, prompting, learning)	135	76%
Keeping them safe	133	75%
Keeping them company	133	75%
Paperwork	123	69%
Communicating	111	62%
Personal care (e.g. washing, dressing)	106	60%
House repairs or garden care	78	44%
Moving around (e.g. getting in/out of bed)	63	35%

Women were more likely than men to be providing care on a continuous basis rather than an intermittent/occasional basis. Specifically, 90 per cent of women and 67 per cent of men were providing care on a continuing basis. While this trend is generally consistent with national data, caution should be taken with gender comparisons in the current project, due to the small sample of male participants.

The transition of student carers into higher education

Pathways and applications to university

Nearly one third of student carers had studied at a technical and further education (TAFE) institution before commencing university study (31 per cent). A small proportion of student carers had completed a university bridging, foundation, or enabling program before commencing university study (seven per cent). Just over half of the student carers had applied to university via a tertiary admissions centre (TAC) (54 per cent), while the remainder applied via direct application to the university. Of those who applied via a TAC, a minority reported that they had completed the forms for an educational or special entry access scheme as part of their application (18 per cent). This appeared to be a particularly small proportion of participants which, along with a number of responses of 'unsure', suggests that some carers were uncertain whether or not they had completed an access scheme as part of their application.

Transition support

Only one quarter of student carers reported a smooth transition to university (25 per cent). As Table 3 shows, only a minority of student carers felt prepared for study; received support from their institutions to settle into study; felt that induction/orientation activities were relevant and helpful; and had a sense of belonging at their institution. Table 3 compares the results of our survey with those of the national Student Experience Survey, using per cent positive ratings (i.e. the proportion of participants responding 'quite a bit' or 'very much' to each statement) (QILT, 2019). While not a perfect comparison, these data suggest that student carers were less satisfied with their transition to university than the broader student population. Such findings suggest a need for more carer-specific support programs and transition initiatives, as well as broader institutional efforts to promote a sense of belonging among diverse student groups.

Table 3: Transition to university for student carers and the broader student population — per cent positive ratings

	Student carers	All undergraduate university students	All postgraduate coursework university students
Felt prepared for study	40%	67%	72%
Received support from your institution to settle into study	29%	59%	61%
Felt induction/orientation activities were relevant and helpful	23%	56%	63%
Had a sense of belonging to your institution	32%	51%	50%

Disclosure of carer status

The vast majority of student carers had not disclosed their caring role to the university as part of their university application (80 per cent). Notably, none of the student carers who were providing care on an intermittent/occasional basis disclosed this information when applying to university. In some cases, carers may not have perceived a clear opportunity to

disclose this status, while in other cases the issue may have been a reluctance to disclose because of little perceived benefit, or possibly even stigma. Further, some carers may not identify as carers until the nature and scope of the role is made clear. Findings suggest that higher education institutions do not adequately promote carer benefits or accommodations to prospective students.

During the course of their studies, 73 per cent of student carers did disclose their caring role to someone. A significant proportion of student carers disclosed their carer status to academic staff (59 per cent), students (43 per cent), and/or other university staff, such as counsellors and disability support staff (26 per cent).

Conversely, 27 per cent of student carers never disclosed their carer status to anyone at university. The most common reasons for not sharing this information were not viewing it as relevant (34 per cent), never being asked (25 per cent), and seeing no benefit to disclosure, such as increased support (16 per cent).

Study characteristics

The most common fields of education for student carers were humanities (23 per cent) and nursing (17 per cent), followed by education (13 per cent), sciences (excluding mathematics) (11 per cent), and society and culture (11 per cent).

In 2019, prior to the COVID-19 pandemic, just over half of the student carers reported that they were studying part time (51 per cent), while the other half were studying full time (49 per cent). Student carers were most commonly studying via a mixture of online and face-to-face modes (47 per cent), followed by face-to-face only (30 per cent), fully online (17 per cent), and then 'other' modes, typically for research degrees (seven per cent). Compared to the overall population of commencing domestic students, carers were more likely to be studying part time and more likely to be studying via a mixture of online and face-to-face delivery (see Table 4). Perhaps not surprisingly, student carers providing care on a continuous basis were more likely to be studying part time, and more likely to be studying fully online, compared with students providing care on an intermittent/occasional basis.

Table 4: Study load and delivery mode for student carers compared with commencing domestic students

	Student carers survey (n = 175)	2019 national commencing enrolments *
<i>Study load</i>		
Part time	51%	31%
Full time	49%	69%
<i>Delivery mode</i>		
Mixture of online and face-to-face	47%	13%
Face-to-face only	30%	61%
Fully online	17%	25%
Other	7%	-

*Department of Education, Skills and Employment (DESE). (2019). Higher Education Statistics. Domestic students commencing higher education study at a university.

The experiences of student carers enrolled in higher education

The value of university study

Overall, student carers were positive about their experiences at university. The majority of participants (86 per cent) indicated that they would recommend university to other student carers. The vast majority of student carers who were currently enrolled at university indicated that they were planning to complete their current university course (95 per cent). Only five per cent of carers were not planning to complete their course, citing reasons relating to caring responsibilities, lack of convenient placement opportunities, and lack of support and understanding from academic staff.

When asked what they had gained from university, approximately half of the student carers reported that they had increased their academic skills, knowledge and experience (49 per cent), and one third of carers noted their improved future prospects and career opportunities (30 per cent). Student carers also noted the broader benefits of higher education, such as a strengthened sense of identity and purpose outside of being a carer (26 per cent), improved confidence and self-esteem (12 per cent), and extended professional and social networks (11 per cent). As one student carer explained:

I have gained a new network of people, have been able to expand my own professional options through getting a degree, and it has also given me a focus and brain challenge outside of my own personal/family needs and experiences.

Transferable skills and qualities

Student carers reported a range of more than 20 different skills they had developed during their caring role that helped at university. Table 5 presents the skills most frequently mentioned by student carers.

Table 5: Skills and qualities developed in caring role that helped at university

Skill or quality (<i>free text</i>) (n = 149)	Number of participants	Proportion of participants
Time management, including organisational skills and multi-tasking	60	40%
Empathy and compassion	48	32%
Patience	27	18%
Specific knowledge and expertise related to degree (e.g. understanding of disability, knowledge of health systems, nursing skills)	25	17%
Resilience	21	14%
People and interpersonal skills	17	11%
Seeing different perspectives	17	11%
Communication skills	16	11%
Determination and persistence	15	10%
Life experience and lived experience	12	8%

The two most commonly mentioned skills were time management (mentioned by 40 per cent of participants) and empathy and compassion (32 per cent). Nearly one fifth of student carers recalled bringing specific content knowledge to their degree, including nursing skills and knowledge of disabilities (17 per cent). One student carer articulated many of these skills in a detailed comment:

I likely wouldn't have gone to university if it wasn't for my caring role. It has instilled in me a passion to reduce the inequalities in society and because of this

I did a PhD. I have developed good time management and organisational skills (i.e. managing my timetable with dad's appointments). I also have developed really good financial skills in the last few years helping dad with NDIS [the National Disability Insurance Scheme]. I also like to think I have a good set of qualities - caring, patience, being able to see things from other perspectives, and a real understanding that things can sometimes be out of our control – which helped a lot with the content in my degree.

Many student carers were able to describe the importance of their high degree of empathy and their course content and future careers.

Being a carer has imparted a great deal of empathy, which is extremely relevant to studying education.

[I have] empathy towards older people, empathy towards people with physical disabilities, ongoing awareness of the prevalence of rare and genetic conditions within the larger population, developed a high self-awareness of social and practical limitations and capabilities, [and] good knowledge of the health system and research outside of the academic setting.

A significant proportion of student carers reported possessing skills and expertise directly relevant to their degrees and future careers. Often these students were equipped with knowledge and experience around disability, health systems, and/or nursing. It was noted, however, that this experience was not formally acknowledged in recognition of prior learning processes. One student carer explained:

[In my caring role], there are numerous tasks that will ultimately help in my nursing career, however those skill sets are not recognised prior learning.

The presence of student carers at university was perceived to improve the broader student experience. Student carers were asked to describe the ways that other students, university staff, lecturers and tutors benefited from the skills and qualities they had developed in their caring roles. Nearly 40 per cent of student carers reported that they had increased the awareness and insight about the life experiences of carers among the university community. Student carers held discussions about the responsibilities and challenges of being a carer, for example, and encouraged others to rethink their prior assumptions about carers and people with care needs. One student commented:

I have been able to share personal experience to contextualise content discussed in my course. My classmates have also been able to have greater insight in what it is like to care for a child with this type of disability.

A number of student carers also recalled providing direct support and assistance to other students (13 per cent), including advocating for students, answering their questions, and helping with assignments. One comment was:

I have made other students feel like they belong and helped them through their assignments and when they were struggling with anything.

Some carers also reported that demonstrating their capacity for empathy was beneficial to others (nine per cent), for example:

Other students have benefitted from my heightened empathy, as I will always offer assistance, even when it isn't asked for. Other staff, lecturers and tutors have benefitted from my resilience and confidence, as I will offer my insight for the class when others are shy.

I think everyone benefits from empathy when they are experiencing challenges. I am really open about my caring role and the challenges I face and I think that makes me relatable to other people.

Assisting other students with time management and organisation was also helpful (eight per cent), particularly when it came to group work. As one student carer explained:

I participate in everything and am very organised which helps group assignments go smoothly and I usually coordinate everyone in my team to get the work done according to a schedule.

Interestingly, approximately one quarter of the free text responses to this question were 'unsure' or 'don't know'. These responses suggest a significant proportion of student carers were unaware of, or unable to articulate, their positive impact on others.

Challenges

Table 6 shows the main challenges experienced by student carers that negatively affected study.

Table 6: Circumstances that negatively affected study

<i>(select as many as apply) (n = 165)</i>	Number of participants	Proportion of participants
Lack of time due to caring responsibilities	148	90%
Concern/worry relating to caring responsibilities	147	89%
Financial hardship	128	78%
Time spent thinking about the person you care for	121	73%
Mental health issues	88	53%
Physical health issues	60	36%
Housing issues	33	20%

As presented in Table 6, an overarching challenge for student carers was the lack of time due to caring responsibilities. Student carers spent a considerable amount of time fulfilling their caring role, which limited the time available to study and other activities, such as paid work. The majority of participants were living in the same household as the person/s they cared for (89 per cent). Almost half of the student carers spent an average of 40 hours or more caring per week (47 per cent) and one third spent between 20 and 39 hours (34 per cent). Thinking and worrying about caring responsibilities also limited the ability to focus on study.

Many student carers had difficulty finding time to study and experienced interruptions to study due to the unpredictable nature of caring responsibilities and associated medical appointments. As one student carer explained:

I will often have to change study plans due to symptoms of my child's disability or at times have to attend appointments.

Financial issues were another cause of concern. As shown in Table 6, nearly 80 per cent of student carers experienced financial hardship and one in five experienced housing issues. Indeed, approximately two thirds of participants received financial assistance through the Australian Government's Centrelink program (67 per cent) (Table 7). Nearly half of the student carers received the Carer Allowance (48 per cent) and nearly one third received the Carer Payment (31 per cent). The majority of respondents had not received a scholarship or bursary to study at university (84 per cent).

Table 7: Financial support received while caring

	Number of participants	Proportion of participants
Financial support from Centrelink (n = 180)		
Yes	120	67%
No	60	33%
Type of financial support (select as many as apply) (n = 176)		
Carer Allowance	85	48%
Carer Payment	54	31%
Carer supplement	17	10%
Youth allowance	14	8%
Austudy/ABSTUDY	14	8%
Newstart allowance	11	6%
Young carers bursary programme	5	3%
Carer adjustment payment	2	1%
Other pension/payment/supplement	21	12%
None of the above	38	22%
Scholarship or bursary to study at university (n = 178)		
Yes	29	16%
No	149	84%

For the minority of student carers who received a scholarship or bursary to study at university, the funding was most commonly used to purchase equipment and materials for study, such as laptops and textbooks (36 per cent). Other commonly reported benefits of scholarships and bursaries included the ability to pay general study-related costs, such as university parking, internet, and printing (29 per cent), and the ability to reduce the number of hours spent in paid work (25 per cent). One illustrative comment was:

I could engage less in part-time work, allowing me to provide care. When I didn't have scholarship money, it was almost impossible to juggle study, work and caring.

Another student carer reported that scholarship/bursary funding was the only reason she was able to stay enrolled at university.

Table 6 shows that mental health issues and physical health issues were common among student carers. Many student carers reported times of stress and experienced a lack of sleep, which negatively affected energy levels and mood. When describing challenges, one student carer explained:

Not knowing whether I will be able to put the time and energy in for studying ... and also the stress and tiredness related directly to my partner's illness.

Additional challenges were associated with rigidity around the design of course structures and requirements. A number of carers highlighted the lack of flexibility around timetabling, assessment, attendance, and/or placements (12 per cent).

[There was] little to no flexibility for trying to get classes on as few days as possible to help with limiting time away from the person I care for.

Some student carers encountered a lack of understanding from academic and professional staff (seven per cent). One student carer commented:

[I was] trying to present myself well on placements to educators who may not fully know or understand my role as a carer and judge my fatigue/tiredness as poor effort or knowledge deficit.

Student carers often experienced a narrower student experience than their peers with fewer responsibilities. Most student carers found that their caring role limited their ability to participate in extra-curricular activities while studying at university, including overseas experience, volunteering and work experience (87 per cent).

[I was] unable to attend extra-curricular activities. I found this hard as I felt I missed out on the full experience of being at university. However, I felt I needed to spend as little time away from home as possible.

Several student carers were disappointed that they did not have time to make friends or socialise with other students (five per cent), which they felt resulted in a less enjoyable student experience.

I found it difficult to relate to and make friends with my peers as they didn't know what I was going through. My caring role means I need to be able to be at home at a moment's notice.

How student carers have managed and been affected by the COVID-19 pandemic

The COVID-19 crisis only exacerbated the challenges for student carers. A total of 49 student carers responded to the follow-up survey about the impact of the COVID-19 crisis and associated restrictions. The geo-demographic characteristics of the participants in the follow-up survey closely mirrored those of participants in the main survey. Results showed that:

- the majority of student carers reported that their caring responsibilities had increased (87 per cent)
- the majority of student carers reported that their ability to do well at university decreased (79 per cent)
- the majority of student carers reported that their mental health had worsened (72 per cent)
- approximately half of the student carers reported that their financial situation had worsened (47 per cent).

Student carers were asked what changes they had made to their university enrolment due to the COVID-19 crisis and associated restrictions. While there was a variety of responses, the most common responses were:

- making no changes to university enrolment, other than all subjects being moved to online teaching mode (21 per cent)
- reducing study load, including withdrawing from subjects and going from full-time to part-time study (19 per cent)
- discontinuing study, including deferring, taking a leave of absence, and withdrawing (nine per cent).

The following comment highlights some of the difficulties associated with managing competing responsibilities within the confines of home during the pandemic:

Working from home is very difficult for me as a carer. I normally rely on the separation of my home life and university life to set boundaries around my study time. Also, the lockdown caused significant anxiety to the people I care for, and

their supports were impacted, so I have had to spend a lot more time on my caring responsibilities.

The following comment illustrates how some student carers needed to reduce study load because of increasing caring responsibilities:

[I] had to defer one unit, and was only able to complete one unit this study period, because I had to homeschool my son. and do therapies at home, and homeschool my daughter who has disabilities.

The need for additional support for student carers in higher education

As described above, our desktop review revealed that support for student carers was limited and inconsistent. Our survey found that just under two thirds of student carers were ‘unsure’ if their university had any support services, programs or organisations specifically for carers (65 per cent). Only 19 per cent of student carers reported that their university did have such support, typically referring to learning/education access plans and bursaries and scholarships.

When asked what types of support could have promoted success at university, many student carers highlighted the importance of a range of additional support measures (see Table 8). Many student carers were in favour of targeted scholarships or bursaries, but other notable requests included less resource-intensive actions such as timetable and assessment flexibility.

Table 8: Additional support to help student carers succeed

<i>(select as many as apply) (n = 166)</i>	Number of participants	Proportion of participants
Scholarships or bursaries for carers	119	72%
Increased awareness and understanding of caring experience by lecturers and tutors	107	64%
Flexible study arrangements	105	63%
Simplify processes for special consideration and extensions	99	60%
Preferential access to university timetables for carers	81	49%
Local options for placements, internships and work experience	70	42%
More online study options	61	37%
Student carer peer groups	57	34%
Mentoring from successful student carers	47	28%

The findings presented in Table 8, suggest that student carers would benefit from a multi-pronged approach to support programs, with a range of flexible options to suit their needs. One student carer summarised the need for:

More flexibility, more funding and scholarships, more emotional support and recognition. Help facilitate and foster a community for carers on campus so there is less isolation.

Of the former student carers who had discontinued study prior to completion, most reported that the university could have done something to encourage them to stay (88 per cent), mostly referring to more flexible study arrangements. The majority of these former students cited their caring role as one of the main reasons for discontinuing their studies (83 per cent), with many also citing mental health reasons (44 per cent).

Importantly, a large proportion of student carers noted the need for increased awareness and understanding of caring experience by lecturers and tutors (as shown in Table 8). As two student carers explained:

To be honest, although they act understanding about the pressures, they kind of give the impression that if it's difficult for you, you shouldn't be studying. When you're a carer, you never know when and if your caring role is going to end. You can't put your own life on hold.

My biggest challenge was placement as the university lecturers did not try to accommodate. In fact [they] told me "I had to make sacrifices" as they continued to push me to put more hours in at placement.

Some student carers also encountered a lack of understanding about their caring responsibilities from fellow students. One participant, for example, described:

[I'm always] having to explain socially, to every person, or new person, over and over again about having other duties outside of uni. In my experience, most people around 19 to 20 [years old] studying their first degrees were not as aware of other duties, such as carer/parenting, as some older or postgraduate students.

These findings highlight the need for professional development and communication strategies focussed on the strengths and needs of student carers, which harness the voices of student carers themselves.

Discussion

Our research shows that the caring role can be rewarding and that student carers possess a range of transferable skills and qualities that are valuable both to themselves and to other university students. Nevertheless, substantial pressures on time, energy, and finances can create barriers to success. The COVID-19 pandemic has caused additional challenges for student carers, including major disruptions to study arrangements and increased caring responsibilities. The lack of Australian policy, legislative, and institutional support for student carers can be clearly seen when compared with jurisdictions such as the United Kingdom.

We found existing support for student carers in Australian higher education to be limited and inconsistent. Existing university support services were not perceived to meet the needs of many student carers, and there was very little carer-specific support available. While nearly 80 per cent of our survey respondents noted financial hardship, institutional financial support for student carers was extremely limited.

Often older than their school-leaver peers, carers can take an extended and/or non-linear pathway into higher education. Nearly one in three student carers had studied at a technical and further education (TAFE) institution before commencing university study. Due to the educational and broader barriers associated with caring, many carers would benefit from application and admission processes which take into account their personal circumstances. However, only a small minority of student carers in our survey disclosed their caring role on application (20 per cent) or reported completing an educational or special entry access scheme, where institutions could award adjustment entry points to expedite course entry. Access schemes do typically include some provision for consideration of caring responsibilities, and most carers would likely be eligible for admission adjustment points if they documented these responsibilities. The small number of survey respondents who had completed an access scheme suggests that universities are not sufficiently promoting this option to prospective students, or indeed providing broader incentives to disclose prior to their application and enrolment.

Once enrolled, we found that one in four student carers never disclosed their carer status to anyone at university. Other studies have found that student carers did not readily identify themselves to others. In Day's (2019) study, the majority of young adult carers reported that none of their lecturers, tutors or convenors had any knowledge of their caring roles. Carers were found to be 'reluctant to disclose their caring status for fear of being stigmatised as inferior or incompetent students' (Day, 2019, p. 16). Svejkar et al. (2019) found that carers themselves do not always self-identify 'due to stigma and embarrassment, as well as not wanting it to be their defining role' (p. 16). Further, individuals who had experienced difficulties registering as carers through the Australian Government's Centrelink program could be less likely to identify as a carer at university.

In our study, the most common reasons for not disclosing carer status were not viewing it as relevant, never being asked, and seeing no benefit to disclosure. Sempik and Becker (2014) found similar reasons for non-disclosure, specifically 'there was no point'; 'no one asked'; 'did not know who to tell'; and 'wished to keep it private'. In research from the UK, Kirton, Richardson, Jack and Jinks (2012) referred to the 'hidden lives' of student carers and found reasons for non-disclosure included trying to hide difficulties, feeling guilty and not wanting to blame the person with care needs, or not wanting to burden others. These findings highlight the importance of increasing the awareness and understanding of carers within the university community, so carers see a reason to identify themselves, and feel comfortable doing so. This increased visibility would make it easier to provide appropriate and timely support if needed.

Student carers who responded to our survey entered a variety of courses. The most common fields of education were humanities and nursing, followed by education, sciences

(excluding mathematics), and society and culture. Becker and Becker (2008) found that some student carers chose to study subjects that were care-related, such as social welfare, though others chose subjects that were not care-related to open other career pathways and opportunities.

The student carers we surveyed typically reported high levels of motivation to succeed at university, and many felt aided by a range of skills developed in their caring roles. Many of the skills aligned with those identified in the literature review by ACIL Allen Consulting (2014), specifically time management, empathy and compassion, interpersonal skills, communication skills, and specific knowledge and expertise relating to health systems, disability, and other conditions. As noted in the ACIL Allen report, however, there is a lack of formal acknowledgement of these skills through recognition of prior learning processes.

The presence of student carers at university also improved the broader student experience. Student carers were able to increase the awareness about the life experiences of carers among the university community, demonstrate their high levels of empathy, and provide direct assistance to other students. These skills and qualities show that student carers can be a valuable addition to the classroom and broader higher education community.

An overarching challenge for student carers was the substantial amount of time and attention consumed by their caring roles. The often unpredictable nature of caring roles made it difficult to fit in, and focus on, study requirements. Previous research has consistently found lack of time to be one of the most pressing issues affecting student carers (Day, 2019; King, 2020; Kirton et al., 2012; Sempik & Becker (2014). Time pressures can result in lateness and absences which can affect academic performance (Kirton et al., 2012; Sempik & Becker, 2014). In research by Kirton et al. (2012), student carers felt that they could only do enough work to 'get by' and thus might not be performing as well as they would be if they had more time available to devote to study. Similarly, Day (2019) found that only a minority of student carers regularly had time to complete drafts of their assignments prior to submission and, as a consequence, described being unsatisfied with their academic achievements. Kettell (2018) described the concept of 'split loyalties' between being a student and being a carer, and studies have found that student carers can feel guilty when they feel they do not have enough time to do both roles well (Kettell, 2018, King, 2020; Kirton et al., 2012). Sempik and Becker (2014) found that many student carers had considered leaving higher education because of their caring role.

We found that student carers were often indirectly excluded from participation in extra-curricular activities because of time and financial constraints, which had both academic and social implications. Student carers had less time and fewer opportunities to participate in extra-curricular activities and socialise with other students. Other studies have found student carers are less likely than their peers to participate in extra-curricular activities, social events, and other on-campus activities (Day, 2019, Kirton et al., 2012). Kirton et al. (2012) described student carers not feeling like 'proper' students because they could not participate in all aspects of university life. Our own previous research has highlighted how the organisation of extra-curricular activities disadvantages students low on time and money and has the potential to impact their future employability (Harvey, Andrewartha, Edwards, Clarke, Reyes, 2017). In fact, extra-curricular activities are increasingly becoming mandatory to student success and graduate outcomes, and exclusion from these activities can have severe academic and employment implications (Harvey, Mallman, Andrewartha, & Clarke, submitted, 2020).

Nearly four out of five student carers reported that their study was negatively affected by financial hardship and one in five experienced housing issues. Approximately two out of three participants in our survey were receiving financial support through Centrelink. National data shows that carers are more likely than non-carers to reside in disadvantaged households characterised by financial insecurity (ABS, 2018b). ACIL Allen Consulting (2014)

identified limited income and the costs associated with training and education as a major barrier for carers.

A relatively large proportion of student carers in our study had mental and/or physical health issues that negatively impacted on study. Similarly, Sempik and Becker (2014) found 45 per cent of young adult carers reported having mental health problems, and 39 per cent rated their physical health as 'poor' or 'just OK'. Several studies have found that juggling caring and study can be stressful and physically and emotionally exhausting, characterised by lack of sleep and constant worry about the person with care needs (Day; King, 2020; Kirton et al., 2012). Our survey responses revealed similar exhaustion and concern among many student carers.

Our findings also highlighted challenges associated with the rigidity of course structures and study requirements, particularly regarding timetabling, assessment, attendance and placements. Previous studies have consistently found inflexible structures and approaches to be problematic for student carers (Day, 2019; Kettell, 2018; King, 2020; Kirton et al., 2012; Svejkar et al., 2019). A lack of flexibility in the hand-in date for assignments, for example, is often incompatible with the consuming and unpredictable nature of caring roles (King, 2020; Kirton et al., 2012). Inflexibility around attendance is another common concern for carers (Day, 2019; Kettle, 2018), including compulsory attendance placements (Kettle, 2018). Further, as noted by Svejkar et al. (2019) being required to repeatedly explain their caring responsibilities and complete special consideration forms creates additional burdens on student carers (Svejkar et al., 2019). Overall, inflexible arrangements show a lack of understanding and consideration of students who have responsibilities outside of university.

The COVID-19 pandemic has clearly exacerbated the challenges for carers. We found that student carers are facing increased caring demands, worse financial situations, and poorer mental health since the onset of the pandemic. These findings are consistent with survey findings from Caring Fairly (2020) and the ABS (2020). Nearly one in five student carers responded by reducing their study load, and one in ten discontinued their studies, placing them at further educational disadvantage. In light of the pandemic, it is especially important to provide additional support and flexible arrangements for student carers in higher education.

Limitations

There were several limitations of the current project. The desktop review was conducted in July 2020, and thus represented a snapshot of available support at that time, and relied on webpages including up-to-date information. Further, the desktop review was limited to publicly available information and it is possible that additional information was accessible only to current students, for example via password protected student portals. The vast majority of the participants in our survey were female which, while consistent with national data showing that women take on the bulk of caring responsibilities (ABS, 2018b), limits our ability to make meaningful gender comparisons in this project.

Conclusion

Our findings have implications for higher education institutions. Universities could develop consistent means of identifying carers at application or enrolment in order to direct these students to potentially relevant support services, such as financial assistance and counselling, and to systematically monitor their progress. Increased carer-specific support would also be helpful, such as the establishment of (online) peer groups, while further advocacy is required to expand financial support. Finally, universities could develop more inclusive campus climates, in which the strengths of carers can be recognised and harnessed. Please see our full list of recommendations at the beginning of this report.

Further research is required to determine the geo-demographics, course profiles, and graduate outcomes of student carers nationally. Future studies could further investigate the ways in which variables such as age, gender, socio-economic status, and cultural background influence the experiences of student carers. Overall, our research revealed that more work is required to identify and support student carers. Carers are an asset in higher education due to their many strengths and varied experiences, yet the support and flexibility required to encourage their success is lacking. There are clear grounds to establish student carers as a priority group within Australian higher education.

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