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**Journal Title:** Practices of inclusion for carers who are higher education students

**Article title:** Energy poverty, housing and health: the lived experience of older  
low-income Australians

**Authors:** Taylor, Jordan; Gleeson, Paula; Teague, Tania; [DiGiacomo, Michelle](#)

**Pagination**

**Online publication date** Published online: 18 Mar 2021

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### **Practices of inclusion for carers who are higher education students**

Journal:	<i>International Journal of Inclusive Education</i>
Manuscript ID	TIED-2020-0245.R1
Manuscript Type:	Original Article
Keywords:	carers, Higher Education, tertiary education, support services, Disability, carers in Australia

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## Practices of inclusion for carers for are higher education students

The role of unpaid and informal care is a crucial part of the health and social care system in Australia and internationally. As carers in Australia have received statutory recognition, concerted efforts to foster engagement in carer participation in work and education has followed. However, little is known about the strategies and policies that higher education institutions have implemented to support the inclusion of carers. To address this lack of information, existing higher education institution policies were located to [canvas supports](#) available to student carers and identify organisational representative participants. [Semi-structured interviews were then undertaken with staff from five higher education institutions to discuss their institutions' policies and their experiences as stewards of carer inclusion and support.](#) Findings indicate difficulty in identifying carers, the infancy of inclusion policies, support measures which are similar to those for students with a disability and difficulties accommodating flexibility in rigid institutional settings. Findings were synthesised into a framework of [strategies, policies and procedures](#) of inclusion to support student carers in higher education.

Keywords: carers; tertiary education; higher education; support services.

### Introduction

In Australia, a far-reaching policy shift in recent decades has contributed to a decline in institutional care and an increase of informal care, often [provided at home by family members](#). Carers come to the role in a myriad of ways, responding to familial responsibility, kinship and cultural expectations as well as when there is a gap in [appropriate formal care available](#). The shift to a provision of unpaid and informal care is an important foundation for a range of social policies and a crucial part of Australia's health and social care system (Bittman et al., 2007).

Caring is defined in the *Carer Recognition Act 2010 (Cth)*, as providing unpaid personal care, support and assistance to another individual that needs it due to a disability, a medical condition (including chronic or terminal illness), mental illness, or is frail and aged. The Act's provision that 'carers should have opportunities to participate in employment and education' (schedule 1), is indicative of longer-running social services reforms encouraging carer participation in paid work or study (Maker & Bowman, 2012). [For the purposes of the study "student carers" refers to anyone studying at a higher education institution \(HEI\) such as a university, public technical](#)

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3 colleges (TAFE in Australia) with these responsibilities, regardless of their age. Recent  
4 reforms in HEI policy have recognised carers as a group who are able to access a  
5 variety of supports. As little has been produced on the topic of carers in higher  
6 education, this study looks at current policy and practice in carer inclusion, some  
7 evidence for support interventions, the current support being offered and formulates a  
8 policy framework for HEIs to include carers.  
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10  
11 Carers are currently underrepresented in higher education. According to the  
12 2016 Australian census (ABS, 2016), there were 159,541 student carers, or 8.9 per cent  
13 of the higher education student population and 10.8 per cent of the general population.  
14 57.2 per cent of student carers were enrolled at universities, with the remainder at  
15 TAFE, vocational or private education providers. Of student carers, 32.2 percent are  
16 under 25 years old, 47.2 per cent are full-time students and 66.8 per cent are female  
17 (ABS, 2016). Carers were less likely than non-carers to participate in employment and  
18 are less likely to have a higher education degree (51.3 per cent) than people without  
19 caring responsibilities (60.6 per cent) (Hill et al., 2016). Carers aged 15-24 were less  
20 likely to be engaged in employment, education or training (17.7 per cent) than non-  
21 carers the same age (11.4 per cent) (ABS, 2016b), while the largest gaps in education  
22 participation between young carers and non-carers aged 15-24 tend to be in regional  
23 areas (Hill et al., 2011).  
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26  
27 Understanding the caring role and its responsibilities is necessary for  
28 organisations to ensure their policies and procedures are inclusive and foster student  
29 engagement and retention (Kettell, 2018). The constraints that carers face in their  
30 education, employment, social relationships, health and wellbeing can influence the  
31 degrees of agency or constraint they experience in other aspects of their life, this  
32 includes their sense of possibility and what is achievable in the present and future  
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3 (Hamilton & Cass, 2017). Support services designed to facilitate engagement and lessen  
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5 constraints in a range of settings can reduce the sense of having limited academic and  
6  
7 social potential that carers often express (Hamilton & Adamson, 2013; Day, 2019;  
8  
9 Svekjar et al., 2019; Kuh, 2009). Such supports have the potential to lessen isolation,  
10  
11 prevent feelings of “missing out” on normative experiences of young adulthood (Day,  
12  
13 2019), *foster inclusion and engagement in mature age students (Heagney & Benson,*  
14  
15 *2017) and the benefits that come with engagement in higher education.* HEIs have the  
16  
17 potential to facilitate these improvements through concerted measures of support.  
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20  
21 There are various studies investigating the links between care responsibilities  
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23 and labour-force participation, support services, inclusive employer practices, and the  
24  
25 well-being of carers *participating in paid work.* Limited peer-reviewed and grey  
26  
27 literature describe how carers experience tertiary education (see Day, 2019; Kettell,  
28  
29 2018) and the ways in which *HEIs* can attract, support and retain student carers (Svekjar  
30  
31 et al., 2019; Moreau, 2019; SRC, 2013). As yet, there is no review of evidence to  
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33 support carers in higher education, or examinations of HEI carer policies and practices  
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35 in Australia or internationally.  
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## 41 **Background**

### 42 *Carer wellbeing*

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45 The Australian Unity Wellbeing Index Survey found that carers have ‘the lowest  
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47 collective wellbeing of any group we have yet discovered’, a worse effect for those  
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49 living with the care recipient (generally the primary carer) and female carers (Cummins  
50  
51 et al., 2007, p.14). In other wellbeing surveys carers of all ages groups scored lower  
52  
53 than their non-carer counterparts in other quality of life indicators gauging mental and  
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55 physical health and perceptions of self-esteem, with the gap for young carers pertaining  
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57 mostly to mental health (Hill et al., 2016). Young carers are more likely to experience  
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3 multiple forms of social exclusion and material disadvantage at once in indicators like  
4 being 50 per cent below the poverty line, unemployment and lack of car ownership,  
5 indicators which are worse for female carers (Ibid.). Carers are sometimes unaware of  
6 the formal classification of “carer”, and are “hidden” or unidentified carers, meaning  
7 they may not access beneficial services which they are eligible for (Smyth et al., 2010;  
8 O’Connor 2007).  
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### 17 *Caring and higher education over the life course*

18 Carers express different needs, constraints and opportunities for social and  
19 economic inclusion throughout their lives (Hill et al. 2016, 23-42). Structural and  
20 external factors can shape the carers’ sense of future possibilities and the way that  
21 decisions and plans are situated (Hamilton & Adamson, 2013). The caring role can  
22 shape decision-making on what institution to attend, degree chosen, study load, and the  
23 capacity to do paid work while studying (Hill et al., 2008; Bittman, Hill & Thomson  
24 2007). It can also affect participation in extracurricular activities (e.g., sport, cultural  
25 and creative activities), socialising, and the ability to uphold consistent academic  
26 routines and standards (Day, 2019; Hill et al., 2016). The ease at which young carers  
27 participate in education or employment influences the development of their social  
28 relationships, health and well-being outside of their caring duties (Hill et al., 2008;  
29 Bittman, Hill & Thomson 2007). The ability to combine caring duties with education  
30 and employment, and coping, are important to carers for whom schooling milestones  
31 and the move into higher education is a key life transition. This helps young people  
32 integrate into their broader social environment, which in turn helps them integrate into  
33 the world of work (Skattebol et al., 2012).  
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56 For carers, attaining a higher education degree can be critical to improving job  
57 and career prospects and ameliorating disadvantage and social exclusion (Hill et al.,  
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3 2016; Heagney & Benson, 2017). This has been demonstrated over different care and  
4  
5 life-course pathways in the UK, where higher education attainment is correlated with  
6  
7 lower carer burden and lower educational attainment is associated with full-time  
8  
9 informal care in various carer groups surveyed over a twenty-year period (Carmichael  
10  
11 & Ercolani, 2016). Education as “lifelong endeavor” has been exemplified by a large  
12  
13 influx of older students in Australia in recent years (Perales & Chesters, 2017).  
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16 Alongside the predicted increase in informal care needs with an ageing population, this  
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18 emphasises the need for inclusive higher education policies for a diverse cohort of  
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20 student carers.  
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### 24 25 ***Inclusion in higher education***

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27 As caring responsibilities can limit academic engagement, HEIs can foster  
28  
29 inclusion of student carers by adopting teaching and learning approaches as well as  
30  
31 campus cultures that welcome and affirm students, faculty and staff from historically  
32  
33 underrepresented backgrounds (Kuh, 2009). Carer inclusion policies include flexible  
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35 attendance requirements, online lectures and participation modules, academic  
36  
37 extensions, and low administrative burden to access support and flexibility during  
38  
39 episodic care issues (Moreau, 2019; Svekjar et al., 2019; Carers NSW, 2017). The early  
40  
41 release of timetables allows students to make and prioritise their plans and scheduling  
42  
43 well-ahead of the commencement of semester (Moreau, 2019). Higher education  
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45 degrees with practical placements often add additional stress, including extended  
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47 working hours, being away from peer groups and increased travel time. However, the  
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49 HEI can negotiate more flexible placement arrangements with student carers (Kirton et  
50  
51 al., 2012; Carers NSW 2017). Various studies have described the direct trade-offs  
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53 between the caring role and labour force participation, hours of employment and  
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55 employment preparedness (Schofield et al., 2014; Diminic et al., 2019). To facilitate  
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3 employment pathways and attaining employment, HEIs can provide support from  
4 careers advisors and professional development advice services. According to carers  
5 surveyed in Hill et al., (2016) “inclusion” involves recognition and awareness of the  
6 caring role, easily accessible information, individualised support services, financial  
7 assistance to manage their caring role, and flexible and supportive learning  
8 arrangements. Higgins (2011) argues for income-contingent loans starting at \$1500 per  
9 annum to help improve participation and education prospects for student carers, given  
10 the inadequacy of current payments to meet living costs. University-provided  
11 scholarships, bursaries and grants are further financial means of inclusion for carers.  
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### 25 *Supports for carers*

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27 Offering carers a multitude of support services which address a range of  
28 potential stressors in a carer’s life through individualised case management, giving  
29 carers the flexibility to design and adapt their support strategy based on their stated  
30 needs (Hill & Broady, 2019; Hill et al., 2019; Ireson et al., 2018). Examples of  
31 interventions include academic and financial support, access to respite care, counselling  
32 or mental health support (Dalton et al., 2018), community linkages, skills training, and  
33 providing information about services which may be external to the university (Carers  
34 NSW, 2017; Williams & Owen, 2009; Abrahams et al., 2018). A combination of these  
35 interventions have been linked to outcomes measures like self-sufficiency, lower  
36 depression, enhanced subjective wellbeing and decreased carer burden (Parker et al.,  
37 2008). Carer support groups are another form of social support that provide an avenue  
38 of emotional support to share information, coping strategies, and a social outlet for  
39 people with similar experiences and understandings (Moreau 2019; Abrahams et al.,  
40 2018; Worrall et al. 2018; Hill et al. 2016; Greenwood et al. 2013). Online support  
41 groups may more accessibly facilitate this for carers.  
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### *Engagement, information and awareness*

Australia ranks relatively highly on international accounts of young carer recognition and awareness, research (Leu & Becker, 2016), policy development and services to support carers (Ibid.; Yeandle et al., 2012). However, various qualitative studies have identified challenges involving carer awareness or self-identification, reluctance to share their experience with others, carers not wanting 'special treatment', seeing caring as within their cultural or familial roles (Hokanson et al., 2018), and the sudden onset of the caring role without guidance or institutional support (Kirton et al. 2012; Smyth et al., 2010; Svekjar et al. 2019; FACS, 2014). Carers often do not self-identify until they come into contact with formal support services (Smyth et al., 2010, p.150; O'Connor, 2007), highlighting the importance of outreach to improve carer awareness of the support available (Adams et al., 2009).

Like carers, mature-age students can feel isolated in HEIs and are often uninformed about university supports they can receive, with clear opportunities to provide targeted information about services which could be beneficial to their inclusion (Heagney & Benson, 2017). To encourage proactive self-identification of carer status for the purpose of support offers, the UK's University and Colleges Admissions Service (UKAS) includes a tick box for carers on application forms to recognise carers (Kettell, 2018). HEIs should provide clear and accessible information about the support available for student carers (Moreau, 2019), within and external to HEIs. Carer information should be targeted to carers specifically and distinct from disability support information (Carers NSW, 2017) with a dedicated web page and other marketing material (Moreau, 2019). As service providers and secondary schools have been recognised as a productive avenue for carer outreach (Smyth et al., 2010; McAndrew et al., 2011) the same role could be assumed by HEIs.

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3 Carers should be included in the development and review of the policies and  
4 procedures that affect them (McAndrew et al., 2011; Wallcraft et al., 2011). Carer  
5 engagement in strategic planning should be resourced to value the time of carers  
6 (including reimbursement for travel or respite care to enable participation) and avoid  
7 tokenistic involvement (Wallcraft et al., 2013). The co-design of policies and  
8 procedures and the surveying and evaluation of carer satisfaction with their supports  
9 would ensure the appropriateness of carer strategies or policies within HEIs (McAndrew  
10 et al., 2011).  
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22 Given the challenges faced by student carers and the dearth of information about  
23 how best to support them, this study aims to deepen understanding HEI inclusion and  
24 support to develop a framework of strategies, policies and procedures of inclusion to  
25 better support student carers.  
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## 32 **Methods**

33 This qualitative multimethod study included a policy scan and semi-structured  
34 interviews of HEI representatives. This approach was selected both to ascertain current  
35 published policies of HEIs and the ways in which these were enacted and experienced  
36 by staff.  
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45 To *canvas* the extent of policies and practices in place for carers across different  
46 HEIs, we first undertook a policy scan of HEIs throughout Australia to survey the range  
47 of existing policies. The sampling frame included the 39 Australian universities  
48 recognised by Universities Australia, as well as each state and territory TAFE. Each  
49 university website in Australia was searched using its search function for any publicly  
50 available information or record of policies or support for carers. Google searches were  
51 conducted with each university website URL on the 23<sup>rd</sup> and 24<sup>th</sup> of October 2019 with  
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3 the search terms “carer”, “carer policy”, “carer support”, “carer inclusion”, and “carer  
4 student services”. Relevant data on student carer policies and practices were extracted  
5 into an Excel spreadsheet and categorised according to their recurring, common and  
6 outlying features. In addition to providing information about current carer-related  
7 policies, this process was used to identify key informants for semi-structured interviews  
8 as well as to inform the interview discussion guide. HEIs with publicly available  
9 support policies that mentioned carers distinct from students with a disability, or that  
10 had policies specifically for carers, were contacted for interview. This was based on an  
11 assumption that the HEI valued carer inclusion given they had a concerted equity,  
12 diversity and/or carer policy. We invited staff from these institutions to participate in  
13 semi-structured phone interviews. The purpose of the interviews was to understand: the  
14 process by which strategies, policies and procedures were devised; details of the types  
15 of support being offered; how recently or successfully they had been applied; how many  
16 student carers have taken up their support, and; their or their staff’s experience in  
17 working with carers. These HEI staff were invited via email to voluntarily participate in  
18 an interview. The participants contacted were university staff members employed as  
19 managers or support officers in either the HEI ‘Diversity and Inclusion’, ‘Accessibility’  
20 or ‘Disability Services’ units. Participants were required to understand their HEIs’  
21 policies, be responsible for devising carer policies as a manager, provide support to  
22 student carers as a mediator between the carer and the relevant faculties or unit  
23 convenors. Interviews were conducted between 11<sup>th</sup> November and 13<sup>th</sup> December 2019  
24 by the research team, with no previous relationship with participants. Semi-structured  
25 interviews were directed by a discussion guide based on identified peer-reviewed and  
26 academic and grey literature review and findings of the policy scan. Participants were  
27 asked about their experience in supporting student carers, their understanding of the  
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3 carer cohort at their university, the types of strategies, policies or procedures to  
4 recognise or include student carers, how policies were devised, and the known success  
5 of the measures. Interviews were audio recorded with permission of participants and  
6 were transcribed verbatim. As part of the qualitative description analysis (Sandelowski,  
7 2000), one researcher reviewed and took notes on the transcripts noting all support  
8 measures and recommendations mentioned. They were then deductively categorised the  
9 highlighted according to discrete topics which followed the discussion guide. The aim  
10 of the descriptive analysis was to remain true to the participants' accounts while  
11 capturing the breadth and nuance of policy approaches taken. Data extracted from the  
12 policy scan was integrated with interview data which are reported to fully describe HEI  
13 policies.

### 24 **Findings**

25  
26 The policy scan revealed that 27 HEIs included web-based policy information that  
27 stated support for carers in accordance with support for students with a disability. Eight  
28 of these 27 universities provided support information or additional or different support  
29 measures distinct from those for people with a disability. There was one university  
30 without a carer policy but with a carer support group, whose staff did not end up  
31 participating. Twelve of the 39 universities had no mention of providing support for  
32 carers. Of the eight state and territory TAFE vocational education providers, only one  
33 state had a carer support policy. The degree of information publicly available and the  
34 extent of support described was limited, typically including a qualifying definition of  
35 "carer" and a contact prompt to register for academic support. The information  
36 extracted from the policy documents helped to frame questions for the interview  
37 discussion guide.

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3           Following the policy scan, seven participants were interviewed by telephone  
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5 from four large public Australian universities in four states and one state TAFE  
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7 provider. Data was collected via two group interviews with two participants each (as  
8  
9 requested by participants) and three individual interviews. All of the participants were  
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11 women. Although participants had various position titles and levels of authority, they  
12  
13 are referred to as “support staff” below.  
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### 16 17 ***HEI staff interactions with students***

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21 Support staff reported that a level of sensitivity was required when carers come to them  
22  
23 in a point of crisis. The point of contact where carers reach out to HEI staff is often a  
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25 heightened, complex and emotionally charged time. Carers may seek help during an  
26  
27 episodic period of need for the person they are caring for, or seek help during a  
28  
29 particularly difficult university assessment that they are trying to complete during their  
30  
31 regular caring schedule. The complex and emotional weight of the care situation  
32  
33 necessitates experience in working with, and the ability to respond appropriately to  
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35 people in a potentially vulnerable or emotionally fragile position. Literacy of and  
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37 sensitivity around the care situation and knowledge of external avenues for assistance is  
38  
39 a way in which staff can offer support and advice. This is particularly applicable to  
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41 students that may be young carers, new carers or those who have not previously self-  
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43 identified as carers, and may be unaware of the support available. Some student carers  
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45 preferred not to self-identify or receive special treatment due to their caring role.  
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51           *A lot of the students say “I don’t want any special treatment”, and so it’s*  
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53 *about breaking that down so that it’s not ‘special treatment.’ You have a*  
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55 *really important role you’re playing, we’re just trying to help you*  
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57 *through that.*  
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3 Staff interviewed often expressed empathy for the hardship of the caring situation and  
4 highlighted the need for a kind-hearted approach to interacting with student carers.  
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7 Some approaches discussed touched upon mentorship.  
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10 *We do a fair bit of talking and coaching students around managing time*  
11 *and course-load and things like that, because in the end you still have to*  
12 *pass your course – you can't just say because I've got caring*  
13 *responsibilities I'm not going to meet some of these requirements.*  
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20 Two support staff said their unit's staff came largely from social work, health, or  
21 disability support backgrounds, and were trained to assist people in emotionally difficult  
22 circumstances as a form of cultural competency.  
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26 All interview participants stated that their HEI facilitated an in-person or online  
27 one-on-one case management contact approach between student carers and support  
28 staff. This meant that they were assigned and could generally be in contact with the  
29 same staff member each time they required assistance with their support plan and could  
30 work with the administrator to devise the kinds of assistance they would like to access.  
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39 *Best practice would be that we spend time with the student finding out*  
40 *what their particular circumstances are and the impact that would have*  
41 *on their study. Depending on the year, or the level or the course that*  
42 *they're doing, through seeing the impact of that.*  
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49 Individualised contact formed the basis of a discussion about what assistance could be  
50 implemented for carers, and what support services could help them based on their  
51 articulated needs.  
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### 55 ***Carer identification, recognition and communications*** 56 57 58 59 60

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3 A process of registering carers with the university in an academic plan is commonly  
4 administered at the beginning of the academic term and ahead of the next academic  
5 term, if continuing. This approach reduces the administrative workload and pressure on  
6 academic and professional staff through the pre-arranging and ensuring clarity around  
7 what academic support is being offered. For carers, this is a proactive way of ensuring  
8 they can avoid this administration at points of crisis and receive adjustments  
9 automatically or with relative ease. While universities often have a voluntary opt-in  
10 option in enrolment for students to identify themselves as having a disability, when  
11 asked about whether their institution had an opt-in option for carers, none of the  
12 participants were aware of that option. In an approximation of how many carers were  
13 registered at these HEIs, support staff reported low numbers (e.g., approximations  
14 ranged from 35 to 120).

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31 *We don't know how many carers we've got, we don't ask that question of*  
32 *people. The only data we have is on those who come to our service who*  
33 *have an access plan.*  
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39 Support staff explained that the number of students with a disability enrolled in similar  
40 academic plans was much higher than that of carers at each university.

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43 A link to register as a carer usually was positioned on a carer or disability  
44 support landing page on the student support section of HEI websites. Other ways of  
45 registering involved receiving a personal referral or at campus or enrolment events.  
46 Support staff and the student services or inclusion units often advocate for inclusive  
47 support for carers and a variety of groups at these events, or run information sessions  
48 with faculty academic and professional staff. Featuring positive stories of carers in HEI  
49 communications was mentioned several times as a way of promoting support services  
50 and contributing to the awareness of student carers through a positive portrayal of  
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3 carers. When support staff commented on their unit's communications, it was largely  
4 skewed towards students with a disability. Using positive stories of carer perseverance  
5 in student services' marketing materials were described as a way of elevating the carer  
6 situation to advocate for recognition and awareness in the university. Currently,  
7 universities mostly use stories and depictions of young and disabled students in their  
8 communications around equity and diversity.  
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17 *It would be great to have a showcase, a success story or good news story*  
18 *of actual student experience, I think that's really important. As with*  
19 *everything in life, if you know that someone whose has had a similar*  
20 *situation has had a good experience with something, then you're more*  
21 *likely to engage with it.*  
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30 Definitions of carers in other institutional settings can influence the self-  
31 identification of carers in higher education. Some HEIs used proof of registration with  
32 Centrelink (and a Carer Allowance payment) to register carers, which has fixed  
33 thresholds for designation as a carer. However, carers who are ineligible for payments  
34 from Centrelink might be recognised as a carer by the university, and given appropriate  
35 adjustments along with other support measures. The inclusion criteria for what is a  
36 "carer" included the amount of hours they spend caring per week, and often required  
37 their care recipients' doctor's written confirmation of their level of responsibility to the  
38 care recipient.  
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51 Unregistered or new student carers undergoing hardship in completing their  
52 subjects benefit from HEI academic or professional staff or student peers that can  
53 recognise and refer student carers to get support. Increasing the visibility of carers by  
54 creating several opportunities to learn about university services, self-identifying as a  
55 carer, and registering during enrolment is one way to address this hardship. For carers  
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3 who do not self-identify, or students that are new to caring, universities can play an  
4 important outreach role. Providing opportunities for self-identification, links to  
5 information on social services (e.g., Centrelink payments or respite services), or  
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9  
10 advocacy and support organisations like state branches of Carers Australia can connect  
11  
12  
13 carers with the wider systems of support available to them.

14  
15 No university support staff interviewed were currently running or had  
16  
17 knowledge of a carer support group, reporting that it was difficult to encourage  
18  
19  
20 engagement with time-poor students.

### 21 22 *Academic plans, special considerations and general support*

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24  
25 Academic support systems for student carers are very similar those available to students  
26  
27 with a disability. An academic plan is put together for the term, denoting ‘reasonable  
28  
29 adjustments’ such as an impact statement of the caring role and its impact on their  
30  
31 timetable and academic capacity, and adjustments such as automatic extensions on  
32  
33 assignments. When additional time is needed during episodic interruptions to the carers’  
34  
35 routine, or they are unable to attend compulsory seminars or practical lessons, student  
36  
37 carers often need to provide formal evidence to prove the circumstances that prevented  
38  
39 their ability to meet the course requirements, including exams.

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43  
44 *If attendance is built into the access plan, that means the student doesn’t*  
45  
46 *have to produce some sort of other evidence every time that they’re*  
47  
48 *absent unexpectedly, because that’s an additional burden that they don’t*  
49  
50 *need.*

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52  
53 Some policies allowed for a period of up to five days afterwards to produce evidence,  
54  
55 with support staff able to write a formal letter on the behalf of student carers to the  
56  
57 university’s academic integrity unit to appeal to their “case”. Often, obtaining evidence  
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3 on the day or days of the disruption is onerous. One university registered their student  
4 carers with a “carer passport”, a form of identification to use in different administrative  
5 and academic functions.  
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9  
10 Some universities offered a ‘welcome package’, or published an infrequent  
11 newsletter outlining the different services that carers can access at the university and  
12 externally. This included advice for carers: psychology or counselling, academic  
13 support or timetable adjustments, grants, scholarships, bursaries or financial assistance.  
14  
15 They saw their role at providing information to carers as a comprehensive one,  
16 involving outreach:  
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24 *How we can support them, how external agencies can support them, how*  
25 *to take care of themselves, and Centrelink information, what they are*  
26 *eligible for financially, as a lot of people might not consider themselves*  
27 *carers.*  
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### 33 **Flexibility**

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35 Flexibility in the system was recognised as an important principal for student carers.  
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38 *We need to do a lot more work on flexibility, being flexible, what does*  
39 *that look like? How can a university support that flexibility? I would*  
40 *need to hear from a carer what kind of flexibility they would want or*  
41 *need.*  
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50 The routine of care may be consistent but inflexible and have to take priority, meaning  
51 the student consistently would miss a lecture or other study obligations. Episodic  
52 disruptions also require flexibility from the carers’ teachers or administrators, as the  
53 condition of their care recipient may require immediate tending to and involve missing  
54 or needing to delay an academic assessment. Flexibility during these episodes,  
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3 especially around the timely proof of a disruption to exempt an academic penalty, is  
4  
5 crucial.  
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8           Several HEIs invited student carers to have first preference in selecting tutorial  
9  
10 or seminar times before other students, to plan their calendar around a schedule that was  
11  
12 most suitable for them. Priority practical placements in a degree (e.g., in medicine or  
13  
14 social work) were commonly given to student carers and those with a disability, to be at  
15  
16 the most convenient location based on their needs and routine. When placements were  
17  
18 required to be full-time, some support staff managed to negotiate an extended part-time  
19  
20 placement with the same hours with their placement hosts. Utilising online access to  
21  
22 lectures, and contributions to online discussions were recognised as a feature of a  
23  
24 subject's curriculum which is flexible, with the ability for students to access and  
25  
26 contribute to the course on their own schedule.  
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31           One university perceived their reputation of being a proactive supporter of carers  
32  
33 (and other vulnerable or underrepresented groups) as more accommodating than more  
34  
35 elite universities in Australia, as an advantage or competitive edge in recruiting students  
36  
37 through their inclusive policies.  
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41           In highly extenuating and difficult circumstances where the care burden has  
42  
43 meant that a student has to defer their subjects or discontinue studying, one university  
44  
45 allowed students (with adequate evidence) to rescind the academic and financial record  
46  
47 of that subject or subjects for up to a year after dropping the subject. This relieved the  
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49 student of academic or financial penalty.  
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## Discussion

This study develops a framework of principles, strategies and procedures to support students who are carers attending higher education. The background framed the informal and unpaid care literature in Australian and international settings from a large range of sources to situate the role of care in the social system, the effect of the caring duties on carers, and ways to support them in higher education. Qualitative interviews with support staff and managers in large HEIs in Australia were conducted to understand the policies and inclusive practices they offer support to carers. This discussion draws upon the results of the interviews, and its relevance to the literature. These are simplified in components in three tables under principles, strategies and procedures which are directly drawn from the discussion following each table. It is intended to be a structured and clear tool for HEIs to use to inform their policies.

*A framework of principles, strategies and procedures of support for carers in higher education*

**Table 1. Principles of carer inclusion**

Principle	Activity
Recognition and visibility	HEIs recognise and foster awareness of carers in higher education HEIs identify carers as a discrete underrepresented group, tracking their participation and retention
Flexibility	Carers are given reasonable extensions and flexibility in meeting their academic obligations
Empathy	Carers are treated with understanding, dignity and empathy by HEI staff
Support	Carers receive support from the university in their academic requirements and in meeting their care obligations on the terms they deem appropriate

Key among findings from the interviews, was the underrepresentation of carers who access university support services. Measuring the success of student engagement

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2  
3 involves an understanding of the student body's demographics, including enrolment and  
4 course completion rates, student satisfaction and professional development (Kuh, 2009).  
5  
6 As of the 2016 census, there were 159,541 student carers studying in higher education  
7 institutions in Australia (ABS, 2016). The interviews revealed a **scarce number** of carers  
8 who seek out formal HEI support, mainly through proactive research or referral: there  
9 was a largely unidentified student carer population in the HEIs interviewed **based on the**  
10 **number of registered carers cited by HEI staff**. Very minimal formal data was collected  
11 or utilised on student carers in the HEIs interviewed, for the sake of indicators of  
12 tracking indicators of engagement, like retention.  
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25 The problem of self-identification of carers creates several hurdles for carers to  
26 receive adequate recognition and assistance from HEIs, **a well-known phenomenon** with  
27 other formal systems such as social services income support payments or access to  
28 respite care (Smyth et al., 2010; O'Connor, 2007). **Some Australian universities only**  
29 **recognise primary carers (as is done in Australian social security) for the purposes of**  
30 **academic assistance, while this is not a necessary classification in any legislation.**  
31 **Inclusive, clear criteria should encourage carers to identify themselves for assistance.**  
32 **(Ibid.; Smyth et al. 2010)** A lack of awareness of carers, or their recognition at HEIs can  
33 leave students in the dark about their rights **and support available to them.** The cultural  
34 competency of support staff to understand this tendency could help the self-  
35 identification of student carers from a variety of backgrounds, when dynamics like  
36 stigma or hesitation to receive "special treatment" have been noted (Kirton et al., 2012)  
37 as well as cultural tendencies to assume the role as a part of cultural or familial duties  
38 (Hokanson et al., 2015). Visible and accessible carer information may encourage self-  
39 identification, including by young carers for the first time. Opportunities for voluntary  
40 self-identification, such as a tick-box in enrolment forms, would encourage more  
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3 students to identify themselves to the university. Beyond the initial benefit carers can  
4 receive through support services, this constitutes a form of carer outreach and can have  
5 a substantive effect in reducing the prevalence of hidden carers (Moriarty et al., 2014).  
6  
7 As non-governmental organisations have raised recognition, advocacy and awareness  
8 for carers, concerted HEI policies can too advocate in this role. As HEIs are often  
9 regarded as positive social actors, their actions which support carers can foster outreach  
10 and self-identification for carers, and awareness of the value of carers and their status as  
11 a potentially vulnerable group, within the student cohort and the wider population. This  
12 can encourage carers to access support internal and external to the HEI,  
13 acknowledgement and support by academic staff and other students, formative  
14 contributions to the lives and academic progression of carers.  
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29 Flexibility to accommodate carers' schedules in assessments, compulsory  
30 attendance and practical placements of their studies was a strong theme in the  
31 interviews. **This finding helps address the common issues of split responsibilities and**  
32 **reconciliation** found in other studies on education and workplace participation (Kettell,  
33 2018; Hamilton & Anderson, 2013; Schofield et al., 2014). The ability for the HEI to  
34 negotiate flexible arrangements for student carers in attending their practical placements  
35 can ease difficulties around timetabling and the ease of commuting to the placement  
36 location (Kirton et al., 2012). Courses with online recorded lectures and participatory  
37 opportunities online foster greater flexibility for carers and other students, social and  
38 academic opportunities (Signor & Moore, 2014; Heagney & Benson, 2017).  
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52 **Giving student carers opportunities to define the types of support they require is**  
53 **best managed through a process of one-to-one case management.** This reflects general  
54 findings in the efficacy of individualised and support interventions which have multiple  
55 components to meet different needs (Hill & Broady, 2019). Student carers may  
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3 approach higher education support staff during times of emotional vulnerability or  
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5 episodic care needs, often for their family members. Ensuring support staff are  
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7 experienced in providing support for students in emotionally vulnerable circumstances,  
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9 with knowledge of some of the main responsibilities of care and the care system, is a  
10  
11 beneficial aspect of support. Students having the same support contact reachable by  
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13 phone or email also helps the level of comfort or trust they might have with the same  
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15 member of staff. *Excellent communications skills, empathy and continuity of support*  
16  
17 *were good practices noted in this capacity.*  
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22 ***Table 2. Strategies for carer inclusion***

Strategy	Activity
A university carer strategy	A Carer Strategy with objectives and action points: <i>publicly recognised by the HEI</i>
Communications and information specific to carers	Clear and visible communication materials and campaigns directed towards carers, online and on campus
Carers welcome package	Carers are given information about the support they can access at university <i>and from other support organisations, including social services</i>
Carer input sought in policy and evaluation	After implementation, student carers are invited to participate in evaluating the policies and procedures that affect them relating to their role as a carer
Financial assistance	Student carers can apply for emergency cash support, bursaries for travel and academic costs or respite care funding

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48 A university care strategy helps define and track improvement in supporting  
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50 carers, with stated outcomes (e.g., retention targets) and dedicated resourcing over time.  
51  
52 Monitoring and evaluation engagement in retention are seen as a key component of  
53  
54 sectoral policy (Thomas et. al, 2002). Carer support services were new (at most, two to  
55  
56 three years old) in all HEIs interviews, about to undergo revision for the first time, or  
57  
58 having been reviewed for implementation only recently, and were yet to be evaluated.  
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This reflects the relative infancy of institutional support for carers, and the potential for policy improvement through **strategising, monitoring and evaluating** (Kuh, 2009).

Policy co-design which includes ongoing buy-in and review from carers to understand their needs is a necessary part of improving support practices. Formulating and evaluating this strategy should involve input from carers, to understand their needs, and the outcomes that would help address them (Seddon et al., 2004).

A welcome package was distributed to carers in some universities, outlining support services available (e.g., counselling, academic plans, careers advice) with their academic plan, and prompts for external support information from social services or non-governmental organisations (such as Carers Australia). Student marketing which features carers was mentioned as a beneficial way to foster positive awareness and identification of carers among the student population. Carers who see stories of student in a similar position to themselves promotes positive awareness with the HEI staff and students, and self-identification and could aid in reducing stigma around the caring role, including for the first time. Online prompts or direct newsletters can encourage or remind students to take advantage of HEI resources.

Emergency cash payments should be offered to carers during difficult times in case-management consultation, including for respite care. Bursaries were offered to carers at one university, which most known student carers at the university accessed at one stage in their degree.

**Table 3. Procedures for carer inclusion**

Procedure	Activity
Enrolment identification	During enrolment, students are asked if they have care duties and invited to register as a carer upon admission
Systemised planning	Student carers can enrol into an inclusion plan, a systemised plan of academic adjustment with automatic extensions and flexibility



	to demonstrate extenuating circumstances around disruptions in their caring role for special consideration
Individualised multi-component planning	Inclusion or academic plans are individualised with options for multiple components for support and assistance Carers have a named and consistent contact at the HEI they can reach for assistance
Priority given for physical attendance	Carers are given priority and flexibility to attend tutorials and seminars and priority over the location of practical placements in their degree
Support group for carers	The HEI facilitates an online and/or in-person support group and social avenues of support for and between carers, to foster inclusion and understanding between the student carer cohort

The most prominent feature of carer support was the availability of academic plans, also often given to students with a disability. Upon registration, this features an impact statement and “reasonable adjustments” such as automatic assessment extensions, the ability to re-sit exams which conflict with their schedule. The carers’ support staff contact also act as an advocate for the student during exceptional circumstances in their caring role, or need for more specific and negotiated adjustments. Support staff can write a formal letter or statutory declaration on behalf of the student to support their claim. This kind of signifying document was used by one of the universities interviewed, and is referred to in Kettell (2018) as a “carer passport”: for various academic and administrative purposes, to not have to repeat their caring circumstances.

Giving carers first preference for participatory attendance such as seminars and tutorials ahead of the rest of the student cohort helps carers align their university timetable with their caring schedule (Kirton et al., 2012). With practical placements (such as in nursing, social work, teaching), the terms of the placement can be negotiated with the provider to better accommodate their schedule. Giving carers first preference of

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3 placement providers may also improve the convenience required to get there, coordinate  
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5 their studies and the caring role.  
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8 Support groups for carers could improve feelings of social isolation and provide  
9  
10 avenues for carers to share their experiences, information, and reduce feelings of  
11  
12 isolation (Greenwood et al., 2013), a possibility discussed in the student carer literature  
13  
14 with opportunities to socialise, provide mentorship and express catharsis with people  
15  
16 that share similar obligations (Hill et al., 2016). As additional commitments for time-  
17  
18 poor carers was mentioned, facilitating an online message board would ensure greater  
19  
20 accessibility.  
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### 24 25 **Limitations**

26  
27 This study has had some limitations. Relying on public listings of policies on  
28  
29 HEI websites may not be a true representation of the policies they utilise, something  
30  
31 which informed several components of the study.  
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34

### 35 36 **Conclusion**

37  
38 This research addresses a gap in the literature which assesses the policies  
39  
40 utilised by HEIs in order to foster student carer inclusion in higher education. By  
41  
42 exploring the types of policies used in large Australian universities, our study provides  
43  
44 an opportunity to understand this area of policy at an institutional level and to better  
45  
46 support student carers in higher education achievement.  
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### 50 51 **Acknowledgements**

52  
53 The authors would like to thank the HEI support staff that participated in interviews  
54  
55 who generously gave their time to speak with us and share their experiences and ideas.  
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**Declaration of Interest Statement**

The authors declare that they have no conflict of interest relating to this research article.

No financial interest or benefit has arisen from the direct application of this research.

**Funding**

This work was supported by the NSW Department of Communities and Justice, Carer Investment Program: Contract ID: ACDCo15 CIP-SSD-0009

For Peer Review Only

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