

This is an Accepted Manuscript of an article

Published by Taylor & Francis in

Journal title:

International Journal of Inclusive Education

Article title:

Practices of inclusion for carers who are higher education students

Published on: 01 Jun 2021

available online:

<https://doi.org/10.1080/13603116.2021.1900424>



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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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Manuscripts

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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(Hamilton & Cass, 2017). Support services designed to facilitate engagement and lessen constraints in a range of settings can reduce the sense of having limited academic and social potential that carers often express (Hamilton & Adamson, 2013; Day, 2019; Svekjar et al., 2019; Kuh, 2009). Such supports have the potential to lessen isolation, prevent feelings of “missing out” on normative experiences of young adulthood (Day, 2019), *foster inclusion and engagement in mature age students (Heagney & Benson, 2017) and the benefits that come with engagement in higher education*. HEIs have the potential to facilitate these improvements through concerted measures of support.

There are various studies investigating the links between care responsibilities and labour-force participation, support services, inclusive employer practices, and the well-being of carers *participating in paid work*. Limited peer-reviewed and grey literature describe how carers experience tertiary education (see Day, 2019; Kettell, 2018) and the ways in which *HEIs* can attract, support and retain student carers (Svekjar et al., 2019; Moreau, 2019; SRC, 2013). As yet, there is no review of evidence to support carers in higher education, or examinations of HEI carer policies and practices in Australia or internationally.

Background

Carer wellbeing

The Australian Unity Wellbeing Index Survey found that carers have ‘the lowest collective wellbeing of any group we have yet discovered’, a worse effect for those living with the care recipient (generally the primary carer) and female carers (Cummins et al., 2007, p.14). In other wellbeing surveys carers of all ages groups scored lower than their non-carer counterparts in other quality of life indicators gauging mental and physical health and perceptions of self-esteem, with the gap for young carers pertaining 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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10 11 12 *Caring and higher education over the life course* 13

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15 Carers express different needs, constraints and opportunities for social and
16 economic inclusion throughout their lives (Hill et al. 2016, 23-42). Structural and
17 external factors can shape the carers’ sense of future possibilities and the way that
18 decisions and plans are situated (Hamilton & Adamson, 2013). The caring role can
19 shape decision-making on what institution to attend, degree chosen, study load, and the
20 capacity to do paid work while studying (Hill et al., 2008; Bittman, Hill & Thomson
21 2007). It can also affect participation in extracurricular activities (e.g., sport, cultural
22 and creative activities), socialising, and the ability to uphold consistent academic
23 routines and standards (Day, 2019; Hill et al., 2016). The ease at which young carers
24 participate in education or employment influences the development of their social
25 relationships, health and well-being outside of their caring duties (Hill et al., 2008;
26 Bittman, Hill & Thomson 2007). The ability to combine caring duties with education
27 and employment, and coping, are important to carers for whom schooling milestones
28 and the move into higher education is a key life transition. This helps young people
29 integrate into their broader social environment, which in turn helps them integrate into
30 the world of work (Skattebol et al., 2012).
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57 For carers, attaining a higher education degree can be critical to improving job
58 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
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9 informal care in various carer groups surveyed over a twenty-year period (Carmichael
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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
19
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
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29 inclusion of student carers by adopting teaching and learning approaches as well as
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31 campus cultures that welcome and affirm students, faculty and staff from historically
32
33 underrepresented backgrounds (Kuh, 2009). Carer inclusion policies include flexible
34
35 attendance requirements, online lectures and participation modules, academic
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37 extensions, and low administrative burden to access support and flexibility during
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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
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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
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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 23rd and 24th 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 11th November and 13th 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**

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31 The policy scan revealed that 27 HEIs included web-based policy information that
32 stated support for carers in accordance with support for students with a disability. Eight
33 of these 27 universities provided support information or additional or different support
34 measures distinct from those for people with a disability. There was one university
35 without a carer policy but with a carer support group, whose staff did not end up
36 participating. Twelve of the 39 universities had no mention of providing support for
37 carers. Of the eight state and territory TAFE vocational education providers, only one
38 state had a carer support policy. The degree of information publicly available and the
39 extent of support described was limited, typically including a qualifying definition of
40 "carer" and a contact prompt to register for academic support. The information
41 extracted from the policy documents helped to frame questions for the interview
42 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
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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
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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
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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***
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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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10 advocacy and support organisations like state branches of Carers Australia can connect
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14 carers with the wider systems of support available to them.

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

Academic plans, special considerations and general support

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

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

Some policies allowed for a period of up to five days afterwards to produce evidence, with support staff able to write a formal letter on the behalf of student carers to the 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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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.
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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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37 Flexibility in the system was recognised as an important principal for student carers.
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39 *We need to do a lot more work on flexibility, being flexible, what does*
40 *that look like? How can a university support that flexibility? I would*
41 *need to hear from a carer what kind of flexibility they would want or*
42 *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
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5 crucial.
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8 Several HEIs invited student carers to have first preference in selecting tutorial
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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
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24 subject's curriculum which is flexible, with the ability for students to access and
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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
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33 (and other vulnerable or underrepresented groups) as more accommodating than more
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35 elite universities in Australia, as an advantage or competitive edge in recruiting students
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37 through their inclusive policies.
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41 In highly extenuating and difficult circumstances where the care burden has
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43 meant that a student has to defer their subjects or discontinue studying, one university
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45 allowed students (with adequate evidence) to rescind the academic and financial record
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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).
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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
12
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*
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17 *were good practices noted in this capacity.*
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22 ***Table 2. Strategies for carer inclusion***
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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.
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52 Monitoring and evaluation engagement in retention are seen as a key component of
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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
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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
4
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
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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
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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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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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49

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

References

- Abrahams, R., Liu, K., Bissett, M., Fahey, P., Cheung, K., & Bye, R. et al. (2018). Effectiveness of interventions for co-residing family caregivers of people with dementia: Systematic review and meta-analysis. *Australian Occupational Therapy Journal*, 65(3), 208-224. <https://doi.org/10.1111/1440-1630.12464>
- Adams, E., Boulton, M., & Watson, E. (2009). The information needs of partners and family members of cancer patients: A systematic literature review. *Patient Education and Counselling*, 77(2), 179-186. <https://doi.org/10.1016/j.pec.2009.03.027>
- Australian Bureau of Statistics (ABS) (2016). Australia, Census of population and housing (2016), Disability, need for assistance and carers. Findings based on use of ABS TableBuilder data.
- Australian Bureau of Statistics (ABS) (2016b). Australia, Census of population and housing (2016), Engagement in Employment, Education and Training. Findings based on use of ABS TableBuilder data.
- Bittman, M., Hill, T., & Thomson, C. (2007). The impact of caring on informal carers' employment, income and earnings: A longitudinal approach. *Australian Journal Of Social Issues*, 42(2), 255-272. <https://doi.org/10.1002/j.1839-4655.2007.tb00053.x>
- Carers NSW. (2017). *Carers at university: Supporting student carers*. https://www.youngcarersnsw.org.au/wp-content/uploads/2018/11/Carers-at-university_CNSW-factsheet.pdf
- Carmichael, F., & Ercolani, M. (2016). Unpaid caregiving and paid work over life-courses: Different pathways, diverging outcomes. *Social Science & Medicine*, 156, 1-11. <https://doi.org/10.1016/j.socscimed.2016.03.020>
- Carer Recognition Act 2010* (Austl.). Retrieved from <https://www.legislation.gov.au/Details/C2010A00123>
- Cummins, R., Hughes, J., Tomy, A., Gibson, A., Woerner, J., & Lai, L. (2007). *Wellbeing of Australians: carer health and wellbeing*. Deakin University. <http://hdl.handle.net/10536/DRO/DU:30010534>
- Dalton, J., Thomas, S., Harden, M., Eastwood, A., & Parker, G. (2018). Updated meta-review of evidence on support for carers. *Journal of Health Services Research & Policy*, 23(3), 196-207. <https://doi.org/10.1177/1355819618766559>
- Day, C. (2019). An empirical case study of young adult carers' engagement and success in higher education. *International Journal of Inclusive Education*, 1-19. <https://doi.org/10.1080/13603116.2019.1624843>
- Department of Family and Community Services (FACS). (2014). *NSW Carers Strategy 2014–2019*. NSW Government.
- Diminic, S., Hielscher, E., & Harris, M. (2019). Employment disadvantage and associated factors for informal carers of adults with mental illness: are they like other disability carers? *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-6822-1>

- 1
2
3 Greenwood, N., Habibi, R., Mackenzie, A., Drennan, V., & Easton, N. (2013). Peer
4 Support for Carers. *American Journal of Alzheimer's Disease & Other*
5 *Dementiasr*, 28(6), 617-626. <https://doi.org/10.1177/1533317513494449>
6
7 Hamilton, M., & Adamson, E. (2013). Bounded agency in young carers' lifecourse-
8 stage domains and transitions. *Journal of Youth Studies*, 16(1), 101-117.
9 <https://doi.org/10.1080/13676261.2012.710743>
10
11 Hamilton, M., & Cass, B. (2016). Capturing the centrality of age and life-course stage
12 in the provision of unpaid care. *Journal Of Sociology*, 53(1), 79-93.
13 <https://doi.org/10.1177/1440783315625117>
14
15 Heagney, M., & Benson, R. (2017). How mature-age students succeed in higher
16 education: implications for institutional support. *Journal Of Higher Education*
17 *Policy And Management*, 39(3), 216-234.
18 <https://doi.org/10.1080/1360080x.2017.1300986>
19
20 Higgins, T. (2011). Income Support for Higher Education Through Income Contingent
21 Loans. *Economic Papers: A Journal of Applied Economics and Policy*, 30(4), 466-
22 480. <https://doi.org/10.1111/j.1759-3441.2011.00137.x>
23
24 Hill, T., & Broady, T. (2019). *Understanding the social and emotional needs of carers:*
25 *Final report (SPRC Report 2/19)*. Social Policy Research Centre, UNSW Sydney.
26
27 Hill, T., Thomson, C., & Cass, B. (2011). Young carers: Location, education and
28 employment disadvantage. *Australian Journal of Labour Economics*, 14(2), 173-
29 198. <http://hdl.voced.edu.au/10707/194013>.
30
31 Hill, T., Thomson, C., Wong, M., Cass, B., Yeandle, S., & Buckner, L. (2016). *Carers*
32 *and social inclusion*. Social Policy Research Centre, UNSW Sydney.
33
34 Hill, T., Thomson, C., Bittman, M., & Griffiths, M. (2008). What kinds of jobs help
35 carers combine care and employment? *Family Matters*, 80, 27-32.
36 <https://aifs.gov.au/sites/default/files/he.pdf>
37
38 Hokanson, L., Quinn, M., Schüz, N., de Salas, K., & Scott, J. (2018). A systematic
39 review of Indigenous caregiver functioning and interventions. *Quality Of Life*
40 *Research*, 27(8), 2007-2017. <https://doi.org/10.1007/s11136-018-1836-1>
41
42 Ireson, R., Sethi, B., & Williams, A. (2016). Availability of caregiver-friendly
43 workplace policies (CFWPs): an international scoping review. *Health & Social*
44 *Care In The Community*, 26(1), e1-e14. <https://doi.org/10.1111/hsc.12347>
45
46 Kettell, L. (2018). Young adult carers in higher education: the motivations, barriers and
47 challenges involved – a UK study. *Journal Of Further And Higher*
48 *Education*, 44(1), 100-112. <https://doi.org/10.1080/0309877x.2018.1515427>
49
50 Kirton, J., Richardson, K., Jack, B., & Jinks, A. (2012). A study identifying the
51 difficulties healthcare students have in their role as a healthcare student when they
52 are also an informal carer. *Nurse Education Today*, 32(6), 641-646.
53 <https://doi.org/10.1016/j.nedt.2012.01.010>
54
55 Kuh, G. (2009). What student affairs professionals need to know about student
56 engagement. *Journal of College Student Development*, 50(6), 683-706.
57 <https://doi.org/10.1353/csd.0.0099>
58
59
60

- 1
2
3 Leu, A., & Becker, S. (2017). A cross-national and comparative classification of in-
4 country awareness and policy responses to 'young carers'. *Journal Of Youth*
5 *Studies*, 20(6), 750-762. <https://doi.org/10.1080/13676261.2016.1260698>
6
7 Maker, Y., & Bowman, D. (2012). Income support for Australian carers since 1983:
8 social justice, social investment and the cloak of gender neutrality. *Australian*
9 *Journal of Social Issues*, 47(4), 435-456. [https://doi.org/10.1002/j.1839-](https://doi.org/10.1002/j.1839-4655.2012.tb00259.x)
10 [4655.2012.tb00259.x](https://doi.org/10.1002/j.1839-4655.2012.tb00259.x)
11
12 McAndrew, S., Warne, T., Fallon, D., & Moran, P. (2011). Young, gifted, and caring: A
13 project narrative of young carers, their mental health, and getting them involved in
14 education, research and practice. *International Journal Of Mental Health*
15 *Nursing*, 21(1), 12-19. <https://doi.org/10.1111/j.1447-0349.2011.00762.x>
16
17 Moreau, M. (2019). *Creating inclusive spaces for students in higher education with*
18 *caregiving responsibilities*. Anglia Ruskin University.
19 <http://www.srhe.ac.uk/downloads/CaregivingStudents.pdf>
20
21 Moriarty, J., Manthorpe, J., & Cornes, M. (2014). Reaching out or missing out:
22 approaches to outreach with family carers in social care organisations. *Health &*
23 *Social Care in the Community*, 23(1), 42-50. <https://doi.org/10.1111/hsc.12119>
24
25 O'Connor, D. (2007). Self-identifying as a caregiver: Exploring the positioning
26 process. *Journal of Aging Studies*, 21(2), 165-174.
27 <https://doi.org/10.1016/j.jaging.2006.06.002>
28
29 Parker, D., Mills, S., & Abbey, J. (2008). Effectiveness of interventions that assist
30 caregivers to support people with dementia living in the community: a systematic
31 review. *JBI Library Of Systematic Reviews*, 6(13), 484-544.
32 <https://doi.org/10.11124/jbisrir-2008-217>
33
34 Perales, F., & Chesters, J. (2017). The returns to mature-age education in Australia.
35 *International Journal Of Educational Research*, 85, 87-98.
36 <https://doi.org/10.1016/j.ijer.2017.07.003>
37
38 Sandelowski, M. (2000). Focus on Research Methods: Whatever Happened to
39 Qualitative Description? *Research In Nursing & Health*, 23, 334-340.
40
41 Schofield, D., Cunich, M., Shrestha, R., Passey, M., Kelly, S., Tanton, R., & Veerman,
42 L. (2014). The impact of chronic conditions of care recipients on the labour force
43 participation of informal carers in Australia: which conditions are associated with
44 higher rates of non-participation in the labour force? *BMC Public Health*, 14(1).
45 <https://doi.org/10.1186/1471-2458-14-561>
46
47 Seddon, D., Robinson, C., Brown, S., & Boyle, M. (2004). Supporting carers in paid
48 employment: Developing a needs-led approach. *Quality in Ageing – Policy,*
49 *Practice and Research*, 5(1), 14-23. <https://doi.org/10.1108/14717794200400003>
50
51 Signor, L., & Moore, C. (2014). Open Access in Higher Education—Strategies for
52 Engaging Diverse Student Cohorts. *Open Praxis*, 6(3).
53 <https://doi.org/10.5944/openpraxis.6.3.132>
54
55
56
57
58
59
60

1
2
3 Skattebol, J., Saunders, P., Redmond, G., Bedford, M., & Cass, B. (2012). *Making a*
4 *Difference: Building on Young People's Experiences of Economic Adversity*. Social
5 Policy Research Centre, UNSW Sydney.
6

7 Smyth, C., Blaxland, M., & Cass, B. (2010). 'So that's how I found out I was a young
8 carer and that I actually had been a carer most of my life'. Identifying and
9 supporting hidden young carers. *Journal of Youth Studies*, 14(2), 145-160.
10 <https://doi.org/10.1080/13676261.2010.506524>
11

12 Students' Representative Council Disabilities & Carers Collective (SRC).
13 (2013). *Access and Inclusion: Carers in Higher Education*. University of Sydney.
14

15 Svekjar, D., Gleeson, P., & Viswanathan, P. (2019). *Carers, We See You, UTS Student*
16 *Consultation Report*. Centre for Carers Research, Institute for Public Policy and
17 Governance, University of Technology, Sydney.
18 [https://www.uts.edu.au/sites/default/files/2019-11/Report-CarersWeSeeYou-FA-](https://www.uts.edu.au/sites/default/files/2019-11/Report-CarersWeSeeYou-FA-digital.pdf)
19 [digital.pdf](https://www.uts.edu.au/sites/default/files/2019-11/Report-CarersWeSeeYou-FA-digital.pdf)
20
21

22 Thomas, L., Quinn, J., Slack, K., & Casey, L. (2002). *Student Services: Effective*
23 *Approaches to Retaining Students in Higher Education*. Institute for Access
24 Studies, Staffordshire University.
25

26 Wallcraft, J., Amering, M., Freidin, J., Davar, B., Froggatt, D., & Jafri, H. et al. (2011).
27 Partnerships for better mental health worldwide: WPA recommendations on best
28 practices in working with service users and family carers. *World Psychiatry*, 10(3),
29 229-236. <https://doi.org/10.1002/j.2051-5545.2011.tb00062.x>
30
31

32 Williams, K., & Owen, A. (2009). A contribution to research and development in the
33 carer support sector, Lessons on effective caring. *Family Matters*, 82(1).
34

35 Worrall, H., Schweizer, R., Marks, E., Yuan, L., Lloyd, C., & Ramjan, R. (2018). The
36 effectiveness of support groups: a literature review. *Mental Health And Social*
37 *Inclusion*, 22(2), 85-93. <https://doi.org/10.1108/mhsi-12-2017-0055>
38

39 Yeandle, S., Kröger, T., & Cass, B. (2012). Voice and choice for users and carers?
40 Developments in patterns of care for older people in Australia, England and
41 Finland. *Journal Of European Social Policy*, 22(4), 432-445.
42 <https://doi.org/10.1177/0958928712449775>
43
44
45
46
47
48
49
50
51
52
53
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55
56
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