Widening Participation and Lifelong Learning
Volume 26, Number 1, March 2024 ISSN: 1466-6529

The care-less academy? Making space for parents and carers in higher education

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DOI: https://doi.org/10.5456/WPLL.26.1.7

Abstract Within Higher Education (HE) research there is increasing interest in the links between student identity, experience, and wellbeing, particularly in relation to minority student groups. One such group is Students with Caring Responsibilities (SCRs), consisting of both students who are carers and/or parents (including those students who undertake the role of carer and parent), who it has been suggested have been actively constructed as 'other' in academia (Moreau, 2016) such that their experiences and needs are not well understood. Indeed, HE has been described as a 'care-less' environment, characterised by competitive individualism within which students are assumed to be unencumbered by the responsibilities of care (Lynch, 2010; Moreau, 2016). This article details findings from a rapid evidence review and online survey of a UK research project titled *Who Cares?* funded by SMaRteN (the Student Mental Health Research Network). The project explored the challenges faced by SCRs with a focus on their wellbeing and was shaped by principles of co-design and collaboration and, resisting a deficit model approach, also highlights the strengths which SCRs bring to their studies and their institution. For universities to become truly inclusive, these strengths should be recognised, and ways found to empower SCRs to reshape the university into a 'care-full', not 'care-less', institution.

Key words Caring responsibilities; student carer; student parent; higher education; wellbeing

Introduction

In 2021, SMaRteN (the Student Mental Health Research Network) funded by UK Research and Innovation, promoted its 'key questions' call for research projects. The themes of interest to their student members included 'work-life-balance' and students from minority groups. Our proposal, titled *Who Cares?,* aimed to understand how Students with Caring Responsibilities (SCRs) manage their 'work-life-balance' and to develop the evidence base about their wellbeing. The project was also inspired by the authors' experiences as current students (part- and full-time) with caring responsibilities (as parents and/or carers) who had experienced mental health issues while studying (past or present). Care was considered by the project steering group to include practical and emotional support including advocacy (see Methodology). Care is unpaid, although it was recognised that there are welfare benefits available to some adults who provide care who meet the relevant eligibility criteria. Caring responsibilities were understood to include both care for a child as a parent or carer (which would be considered 'parenting') and care for an adult or child who needs help for multiple reasons (which would usually be deemed 'informal/unpaid caring'); SCRs might be undertaking both the former and the latter. This broad definition was based on the experiences of the steering group; however, the two groups – parents and carers – are usually considered quite separately in Higher Education (HE). The authors consider caregiving (for children, adults, or both) as an inherently human activity and lived experience which varies dynamically in response to the needs of loved ones, rather than a static, clearly bounded category of experience or identity. We therefore use the term 'Students with Caring Responsibilities' or SCRs when referring to the study participants collectively

As student equity agendas evolve to consider aspects of support and engagement beyond access and outreach, there is increased interest in the retention and graduate outcomes of students from groups traditionally under-recognised in HE. For example, in the United Kingdom (UK) the regulator for HE in England, the Office for Students (OfS, 2020), expects HE providers to take steps to identify inequalities in attainment and outcomes as a condition of being able to charge full tuition fees (McCaig and Adnett, 2009). The role of mental health and wellbeing in generating or worsening educational inequalities has also come under scrutiny in recent years (Newton and Rowe, 2018; Olaniyan 2021). Yet despite this increased focus on tackling inequality, some minority groups and the challenges they face remain hidden or overlooked. SCRs are one such group (Dent, 2021; Haugland, Hysing and Sivertsen, 2022).

Literature review

The changing composition and shape of families since the 19th century means that multi-generation families are more common, while a lower birth rate has led to fewer siblings within a generation 'to share the responsibility for care of the old' (Fulcher and Scott, 2011, p. 448). It is reasonable to assume that most people will provide care to an adult, child, or both on a short- or long-term basis at some stage in their lives. In the UK and elsewhere the need for unpaid care has been observed to be increasing as state funding for paid care is unable to support the needs of an ageing population (Brimblecombe *et al.*, 2020). Care activities are typically gendered, performed mostly (though not exclusively) by women, considered of low value and status and burdensome within Western cultures (Dhar, 2020: Maximiano-Barreto *et al.*, 2022). According to the UK's Office for National Statistics (ONS) the estimated value of unpaid childcare is £132.4 billion in the UK of which 69% was generated by females, while the value of unpaid adult care is £7.97 billion of which 59% is accounted for by females (ONS, 2016).

Caregiving has been associated with negative outcomes in relation to physical and mental health for carers (ONS, 2013; Kayaalp, Page and Rospenda, 2021). Despite the prevalence of caregiving within the general population and the potential impact on the mental, physical, and financial wellbeing of carers, data on the number of SCRs is not routinely collected by UK HE providers (universities, HE colleges and some further education colleges providing HE) at the time of writing. Todd (2023) noted that the latest research to estimate the number of student parents in HE was undertaken in 2009 by the UK National Union of Students (NUS) where it was suggested that approximately '7% of full-time students and 30% of part-time students were parents' (Todd, 2023, p. 166). Similarly, the number of carers in UK HE is unknown (OfS, 2020) as is the number of students providing 'sandwich care' – 'those who care for both sick, disabled or older relatives and dependent children' (ONS, 2019, np).

A rapid evidence assessment or 'rapid review' covering a ten-year period (2011–2021) was undertaken to support this project. Rapid reviews are increasingly popular in healthcare.

Underpinned by systematic review methodology, they are a useful and time-efficient way to help establish the 'direction and evidence base' of a project (Varker *et al.*, 2015, p. 1200). The review sought to identify empirical, peer-reviewed research and grey literature in the English language investigating the factors which impact upon the mental health of student carers and/or parents studying at any level at a university in any country. It emerged that no other reviews have specifically focused on the mental health and wellbeing of SCRs. Reviewing the research evidence available (n=7), the key issues identified within the literature included time (or lack of), guilt, finances, invisibility of care and relationships (which are discussed below). Five of the studies focused specifically on student parents (n=5), while two focused on the experiences of student carers (n=2). Most were primarily qualitative in nature (n=6).

Time was identified as a challenge across all of the studies. Moreau and Kerner (2015) highlighted how their participants employed strategies, such as studying while their children slept, to try to balance the competing demands of study and parenting. However, the unpredictable nature of the care needs of children meant that any balance achieved was fragile and easily disrupted. Time spent travelling to and from university was identified by Moreau (2016) and Thomas, Talbot and Briggs (2021) as problematic, particularly if teaching sessions overlapped with dropping children at school or nursery and the student parent was late as a result. Some SCRs felt negatively judged by academic staff in these instances and it also meant that their caring responsibilities were brought out into the open (if they disclosed the reasons for their lateness), which was not always welcomed by the carers in Kirton's study (Kirton *et al.*, 2012).

In five of the seven studies, participants expressed feelings of guilt associated with not being able to be a 'proper' student (Kirton *et al.*, 2012). Student parents in Marandet and Wainwright's study (2010) described their desire for 'quality time' with their family and the ways in which the pressure to use evenings and weekends for study compromised this. Kirton *et al.'s* (2012) study of student carers highlighted some of the complexity for SCRs, in particular not wanting the person they cared for to feel like a burden or to portray them as such to others. Guilt could also stem from the judgement of others such as the carers in Kettell’s study (2020) who felt that comments suggesting they should be focusing on their caregiving exacerbated pre-existing feelings of guilt about trying to balance caring and studying.

Finances were a notable stressor on SCR wellbeing. Securing a more financially secure future was an important motivation for parents in one study, particularly for females (Marandet and Wainwright, 2010). However, their participants struggled to financially support themselves and had difficulty paying for the childcare they needed to attend classes. These issues were particularly acute for lone parents. Student finance was precarious, with late release of loans and reliance on multiple (and potentially fragile) income sources including hardship grants, which created challenges for participants. Moreau and Kerner (2015) also discovered that participants found the processes for ascertaining their eligibility for financial support, and then applying for it, so complex that they did not always obtain what they were entitled to, while international students who paid higher fees, were often not eligible for the same bursaries and grants as home students.

Four of the studies made explicit reference to the invisibility of care within institutional policies and practices in HE and the challenges this created for SCRs. Moreau’s policy review (2016) found that institutional documents rarely mentioned parenting such that accessing relevant support and information could be a challenge. She linked this to a wider invisibility of care within mainstream media narratives and the ‘bachelor boy’ norm of care-free academic study and work. Kettell’s study (2020) revealed that being hidden was sometimes a conscious choice; carers in their study did not want to identify themselves as they felt conscious of being judged as unreliable or unlikely to achieve good grades. There was precarity associated with being dependent upon the empathy and goodwill of a lecturer when asking for flexibility around deadlines or attendance, which made them question their ability to succeed in HE. Kirton *et al.* (2012) also emphasised the hidden nature of caring responsibilities for their participants who often did not wish others to know. This was linked to a sense that disclosure could lead to being perceived as self-pitying or using care as an excuse.

The role of finances was often intertwined with relationships with significant others. For example, in Brooks's (2013) study, participants benefited from a full-time working partner to support them financially and pay for childcare. If SCRs relied on a partner financially, this impacted on their ability to attend development opportunities such as conferences (Moreau and Kerner, 2015) because it might disrupt their partners' work commitments to juggle childcare responsibilities. Relationships with other students were felt to be limited by their status as an SCR, with little formal networking opportunities to meet other SCRs (Kettell, 2020) and feeling like they did not fit in with their course peers due to differences in circumstances (Marandet and Wainwright, 2010).

It is clear from the existing scholarship, that SCRs may face significant disadvantage within HE, yet relatively little is known about their experiences and the mental health implications of managing caring responsibilities while studying. Inspired by the work of Moreau and Kerner (2015) who drew on the concept of 'greedy institutions' which make excessive demands on our time (Coser, 1974), they characterised both universities **and** families as greedy, leaving students and staff with caring responsibilities feeling torn, guilty, and inadequate as they exert 'subtle pressure' to freeze out other commitments (Sullivan, 2013, p. 3). This article thus explores some of the findings of the *Who Cares?* project by way of these concepts and the impact that they may have on SCRs' mental health and wellbeing.

Methodology

As a multidisciplinary research team aiming to conduct a project 'within an ethic of social justice' (Atkins and Duckworth, 2019, p. 205), *Who Cares?* drew on participatory research traditions emphasising collaboration with SCRs. A key part of embedding this collaborative approach was through project governance and the creation of a steering group consisting primarily of students with lived experience of care. University staff with responsibility for/or expertise in supporting SCRs; academics in this field and representatives from third sector organisations who support carers were also invited. The working definitions of both 'Students with Caring Responsibilities' and 'care' were the result of deliberations by the steering group. Our steering group was clear that care included advocacy for dependents as well as practical help and may have an emotional element in the way that Oliker (2011) describes: 'emotionally invested, responsive activity to meet the personal needs of those who are dependent' (Oliker 2011, p. 968). The *Who Cares?* project utilised the following definitions:

> 'A student with caring responsibilities could be an undergraduate, postgraduate taught or postgraduate research student of any age, nationality, gender, ethnicity, or religion who:
>
> 'Cares for a child or children as a biological or adoptive parent or foster carer, and/or
>
> 'Cares for, or helps to care for, an adult or child (for example a friend, sibling, parent, or grandparent) who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. This care is unpaid, and/or
>
> 'Supports emotionally or through advocacy to social and/or medical services, an adult or child (for example, a friend, sibling, parent, or grandparent) who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. This care is unpaid.' (Who Cares?)

SCRs engagement in the research project was also considered in terms of quality of commitment and contribution and not just quantity, such as the numbers of students involved or numbers of interactions with the research team. We did as much as we could to make participation possible for a group of students we know are time poor. For example, we held multiple iterations of the same online meetings at diverse times and on different days to be as inclusive as we could, and students' time was always recompensed with online shopping vouchers.

Ethical approval for the study was granted by the University of Lincoln's online system LEAS (Ethics ref: 2021_ 7189).

Research design

Who Cares? utilised a mixed-methods approach with survey and interview tools to gather data. It followed an explanatory sequential design; collecting quantitative data first, analysing that data and then utilising qualitative data to add explanatory depth (Creswell and Plano Clark, 2018). This article reports on the findings of the online survey. The interview findings will be presented alongside the survey data in a full project report (Spacey, Sanderson and Zile, 2024 (forthcoming)) and will also be published elsewhere.

An online, cross-sectional, open survey was designed with input from the steering group and was hosted on JISC Online Surveys in the summer of 2022. Any current university students studying at a UK higher education institution, who were parents and/or carers, were eligible to complete it. The survey was promoted through the authors' and steering groups members' social media networks and by organisations such as SMaRteN, Action on Access, the Carers Trust, and Carers UK.

Several demographic details including age, gender identification, ethnicity/race, and disability identification were collected from participants, based on the literature surrounding interactions between demographic characteristics and mental health challenges. Given that there was no publicly available data detailing the numbers of SCRs in UK HE in 2022, it is unclear how representative the survey participants were, and this may be a limitation of this research study. However, participants did represent at least 22 different HE providers with students from universities in England and Scotland. Three students preferred not to disclose the name of their institution, so it is unclear if there were any participants from Wales or Northern Ireland. Almost a third of participants studied at one institution – Birkbeck, University of London (n=32), while participants studied at Russell Group institutions (for example, Cambridge, Oxford, and Edinburgh) and post-1992 universities (for example, Sheffield Hallam, Lincoln, and London South Bank).

Two scales were adapted for inclusion in the survey: The Work/Nonwork Interference and Enhancement scale (Fisher, Bulger and Smith, 2009) was used to measure work-life balance, while the Psychological Sense of School Membership scale (Goodenow, 1993) was used to measure engagement and membership. The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant *et al.*, 2007) was used to ascertain wellbeing. Participants were asked to consider 14 statements and select an answer that best described their experience over the last two weeks.

Respondents were also presented with several free text response boxes to complete. These questions asked participants to elaborate on their answers, if they wished, and provide further detail on their experiences of support services. As noted by Rich, Chojenta and Loxton (2013) the detail provided by free text comments can offer both important context when interpreting participant responses and reveal issues that purely quantitative measures may not identify.

Data analysis

Survey data was analysed utilising IBM SPSS Statistics 25.0. The demographic characteristics of survey participants were described to allow for analysis of associations between groups. A series of correlations were calculated for all demographic variables to see any underlying associations between study characteristics, demographics and survey measures.

The responses to the free-text boxes within the survey were analysed utilising thematic analysis (Braun and Clarke, 2006). The first stages of analysis involved identifying anything that seemed interesting, then moving on to preliminary coding. This involved the development of tentative interpretative schemes, which were systematically revised (or abandoned) following repeated reading and coding of the responses. Once satisfied that the coding accurately represented the data, the codes were grouped into preliminary themes. This allowed multiple codes and topics to be grouped together to show broader constructions within the data.

Results

A total of 107 participants completed the survey in full; the majority were female (n=86), between the ages of 30 and 49 (n=71) and of White ethnicity (n=80). While British students made up the largest proportion of participants (61%), more than 20 nationalities were represented. Fewer than 20% of participants identified as disabled (n=19) (Table 1).

Table 1. Demographic characteristics of survey participants

	N	%
Gender		
Male	18	16.8
Female	86	80.4
Non-binary	2	1.9
Prefer not to say	1	0.9
Age		
Under 20	5	4.7
21-24	6	5.6
25-29	7	6.5
30-39	38	35.5
40-49	33	30.8
50-59	14	13.1
Over 60	4	3.7
Ethnicity		
Asian or Asian British	9	8.4
Black, Black British, Caribbean, or African	3	2.8
Mixed or multiple ethnic groups	5	4.7
Other ethnic groups	9	8.4
Prefer not to say	1	0.9
White	80	74.8
Identified as disabled		
Yes	19	17.8
No	80	74.8
Prefer not to say	8	7.7

In terms of degree type, participants included a large proportion of postgraduate research students (n=41) and foundation degree students (n=35), while undergraduate degree students made up almost 20% of participants. Over 25% of SCRs were studying STEM (Science, Technology, Engineering and Mathematics) subjects (n=30), while Arts and Humanities students made up just under 25% of participants (n=25) and Medicine and Allied subjects were also well represented (n=23).

The types of care provided by the survey participants was, for over 50% of the sample, that of primary carer (n=56) and almost the same number of participants identified as a carer (n=51). However, just over 20% did not identify with this label and the same proportion didn’t know (n=22). Almost 75% of participants lived with the person they cared for (n=79). Parenting, whether with a partner or on their own, was the most common form of care provided (n=75), with children aged between birth and three the largest group (n=14). Caring for a family member or partner was undertaken by approximately 20%

of participants (n=25). Over 20% of participants were providing multi-generational care – caring for a parent or family member and a child (n=24). Please note that as some participants provided care to multiple types of people, in multiple forms, the numbers do not always equate to 100% (Table 2).

Table 2. Types of caring responsibilities

	N	%
Considered self as primary carer	56	52.3
Considered self as secondary caregiver	19	17.8
Identified as a carer		
Yes	51	47.7
No	22	20.6
Not really	22	20.6
Don’t know	9	8.4
Other	2	1.9
Lives with the person(s) they care for		
Yes	79	73.8
No	10	9.3
Sometimes/Other	18	16.9
Co-parenting	56	52.3
Lone parenting	19	17.8
Parenting a disabled child	11	10.3
Fostering	1	0.9
Ages of children		
0-3	14	17.1
4-7	12	14.6
8-11	3	3.7
12-15	13	15.9
16-18	4	4.9
18+	5	6.1
Multiple age groups	31	37.8
Caring for family member or partner	25	22
Multi-generational caregiver	24	22.4

The types of care participants were providing was predominantly domestic including shopping, domestic tasks, and transportation (n=38). Administrative care such as finances, obtaining medical appointments or applying for benefits and other support was also well represented among participants (n=29), as was emotional care which included help with managing emotions and mood (n=28). Personal care including washing, dressing, eating, going to the toilet and transfer from bed was performed by 15% of participants (n=16), while end-of-life care was provided by six participants.

Seventy of the survey participants also engaged in paid work (65%). However, for around 40% of participants, this income was not sufficient to meet their needs (n=43).

As can be seen from Table 3, survey participants felt that their work and/or study interfered with their personal life, and vice versa, far more than enhancing it. Less than 33% of the sample felt that their work/study gave them energy (n=25) or helped them deal with personal issues (n=32), and their personal life did not enhance their work/study (n=30). Concerningly, most participants felt their work/study meant they neglected their own personal needs (n=85), that their personal life suffered (n=80), and that they were often too tired to do the things they would like to do (n=88). Personal life often encroaches on work/study, with over 70% of participants feeling that the time they spent on work/study was affected by their personal life (n=85).

Table 3. Scores from the adapted Work/Nonwork Interference and Enhancement scale

Work/study interference with personal life	N (Agree)	%
I come home from work/study too tired to do things I would like to do	88	82.3
My work/study makes it difficult to maintain the kind of personal life I would like	70	65.4
I often neglect my personal needs because of the demands of my work/study	85	79.5
My personal life suffers because of my work/study	80	74.8
I have to miss out on important personal activities due to the amount of time I spend doing work/study	72	67.3
Personal life interference with work/study		
My personal life drains me of the energy I need to do my work/study	61	57.0
My work/study suffers because of everything going on in my personal life	72	67.3
I would devote more time to work/study if it weren't for everything I have going on in my personal life	76	71.0
I am too tired to be effective at work/study because of things I have going on in my personal life	64	59.8
When I'm at work/study, I worry about things I need to do outside of work	85	79.5
I have difficulty getting my work/study done because I am preoccupied with personal matters at work	61	57.0

Work/study enhancement of personal life		
My work/study gives me energy to pursue activities outside of work/study that are important to me	25	23.3
Because of my work/study I am in a better mood at home	38	35.5
The things I do at work/study help me deal with personal and practical issues at home	32	29.9
Personal life enhancement of work/study		
I am in a better mood at work/study because of everything I have going for me in my personal life	25	23.3
My personal life gives me energy to do my work/study	32	29.9
My personal life helps me relax and feel ready for the next day’s work/study	30	28.0

Our survey participants had varying levels of wellbeing, as can be observed in Table 4, with over 40% (n=46) scoring under 42 (the cut-off point for classification of low wellbeing). Very few of the students had energy to spare (n=8), and the sample rarely felt relaxed, with only six reporting feeling relaxed often or all the time.

Table 4. WEMWBS scores by delineated wellbeing groups

WEMWBS Levels of Wellbeing	N	%
Low levels of wellbeing (<42)	46	43.0
Standard/normal levels of wellbeing (43–59)	59	55.1
High levels of wellbeing (>60)	2	1.9

SCR’s ability to engage with their institution was low with approximately 60% (n=64) giving a score of below 5 where 0 is low engagement and 10 is high engagement. This was even higher for students' ability to engage with their academic studies, with 60% (n=65) scoring a 4 or lower, suggesting that our sample struggled to engage with their university and their academic work due to their caring responsibilities. Our sample struggled to engage with a social life at university, with almost 40% (n=42) scoring their engagement a 0, and no students scoring their engagement over an 8. Interestingly, of the four types of engagement and membership, engagement with extra-curricular activities had the better scores with the largest proportion scoring a 5 (n=20).

The free-text response questions explored engagement by asking students to think about what stopped them from engaging with their institution. Of the 82 responses, the most cited was lack of time (n=31) while other factors included the culture of the institution excluding older students, caring responsibilities, money (cost of fuel etc.), timing of events, lack of childcare and stress/mental health.

In relation to extracurricular and social life engagement, again the main reason cited by around half of respondents was lack of time. When asked if they were able to engage with their institution in the way that they would like, the most popular response was ‘Yes’ (n=30) and ‘Yes (but with limits)’ (n=8). When asked about academic non-engagement, of the 48 responses, half referred to lack of time (n=24), while 13 SCRs stated that they had to ‘prioritise caring responsibilities’ (n=13).

The results of the adapted Psychological Sense of Membership scale were rather mixed (Table 5). On the one hand, while our sample did not particularly feel like a real part of their university (n=41) and they sometimes felt like they didn’t belong (n=40) or were not included in lots of activities (n=26), at the same time they did feel that they were treated with the same amount of respect as other students within their institution (n=88), felt proud of belonging to their university (n=73) and very few wished they were at a different university (n=9). However, approximately 50% agreed that they felt very different to other students (n=53).

Table 5. Scores from the adapted Psychological Sense of School Membership scale

Psychological Sense of Membership	*N pretty much / completely true*	%
I feel like a real part of this university	41	38.0
People here notice when I’m good at something	48	45.0
It’s hard for people like me to be accepted here	19	17.0
Other people in this university take my opinions seriously	71	66.0
Most lecturers and staff are interested in me	59	55.0
Sometimes I don’t feel as if I belong here	40	37.0

There's at least one lecturer/staff member I can talk to if I have a problem	70	65.0
People in this university are friendly to me	88	85.0
Lecturers/staff are not interested in people like me	17	16.0
I am included in lots of activities at this university	26	24.0
I am treated with as much respect as other students	88	85.0
I feel very different from most other students here	53	49.5
I can really be myself in this university	63	59.0
The lecturers/university staff here respect me	80	75.0
People here know I can do good work	73	68.0
I wish I were in a different university	9	8.0
I feel proud to belong to this university	73	68.0
Other students here like me the way I am	76	71.0

An open-ended question asking SCRs about their experiences in relation to belonging, engagement or identity elicited 24 responses of which the largest group stated that they 'don't fit in' (n=9). Participants noted that it was difficult for postgraduates/mature students/distance learners/disabled students/minority students to engage; some SCRs felt judged by staff for having responsibilities, while some participants had no expectations around belonging and engagement because they had different priorities.

SCRs perceptions of their own university varied greatly; the largest proportion of participants didn't know if their higher education institute was carer and parent friendly (n=29), while around 20% felt that it was (yes, n=23) or was not (not really, n=23). Approximately 10% of participants felt that their university wasn't carer and parent friendly (n=13), and a similar proportion perceived that theirs was improving (it's getting better, n=11). A free-text response question asking participants how their institution could be more carer and parent friendly elicited 49 responses and rendered a range of suggestions of which 'Take caring responsibilities into account when timetabling/planning activities' (n=13) and 'Targeted promotion of services to SCRs' (n=10) were the most popular.

In relation to disclosing their circumstances, participants were asked how they felt about being open about them with others at their university. Of the 89 participants who responded to this open question, most were comfortable (n=51) feeling that it might help others in the same situation and help improve institutional understanding and support. Some described feeling more comfortable about disclosure at the time of the survey than they did in the past. However, a substantial proportion were reticent about disclosure, feeling that there would be a negative perception of them:

> 'Quite open. It's important for people to be aware of the challenges and difficulties faced.'
>
> 'I didn't tell anyone I was a carer when I was applying for PhDs as I was informally told that I would be discriminated against, and I wouldn't get any offers. Once I received an offer, I was happy to tell people I was a parent.'

Support for SCRs was also explored in the survey including whether SCRs were aware of the support on offer at their institution before they applied, since facilitating access to HE is such an important component of widening participation initiatives in the UK. Awareness of support specifically for SCRs pre-enrolment (n=9) was lower than post-enrolment (n=17) yet still equated to less than 16% of the survey population. In relation to wellbeing, a very small proportion of survey respondents had utilised university support, with the largest numbers accessing workshops and appointments for mental health (n=12) or the university website for mental health support (n=9). In contrast, around 20% of participants had accessed workshops/ appointments for academic support skills (n=23).

When questioned about support and if they were able to access it in the way they preferred, 63 SCRs responded, with almost half (n=30) stating 'yes', while for some this was with limits (n=8), and the remainder responded in the negative (n=25). In terms of whom they preferred to access support from, the university was a popular choice with over a quarter citing this option (n=48), while support from family and friends was also popular (n=38 and n=33 respectively).

The accessibility of student support services was also investigated, with SCRs asked to consider how accessible university services were in terms of both physical and virtual accessibility. Fifty-two SCRs responded to the question about physical accessibility, with fewer than 50% feeling that they were accessible (n=22). As to virtual accessibility, such as online appointments, 65 SCRs completed the question of which 80% felt they were accessible (n=52).

Several correlations were undertaken to explore the demographic characteristics of survey participants and their wellbeing, sense of belonging, engagement, and study/work-life balance. While is it impossible to detail them all here, of relevance are the findings that students who felt less belonging to their institution were more likely to have lower wellbeing: (r = .374, p = .000). Survey respondents were asked if they identified with the term ‘carer’ and those who did were less likely to feel the university was friendly to students with caring responsibilities: (r = -.192, p = .004). SCRs felt that their work/study interfered with their personal life, and vice versa, far more than enhancing it, with most participants feeling that their work/study meant they neglected their own personal needs, and these feelings had a significant impact on their wellbeing (r = .331, p = .000). Certain types of care had an impact on wellbeing levels: students with lower wellbeing were more likely to be engaged in emotional care (r = .202, p = .037) or delivering end-of-life care (r = .202, p = .012). Wellbeing levels negatively impacted social and extra-curricular opportunities such that students with lower levels of wellbeing were less likely to engage in extra-curricular (r = .296, p = .002) or social activities (r = .318, p = .007).

Survey participants were asked what strengths being an SCR has given them. Of the 85 responses to this question, the most popular response was time management cited by 30 participants. However, a total of 21 different strengths were detailed. A small number of participants did not feel that being an SCR had given them any positive attributes (n=7).

Strengths were perceived in terms of organisational skills such as time management, being organised, problem solving and juggling responsibilities:

> ‘Time management is crucial. Every minute counts. Can't miss a beat. Highly organised.’

Participants described a strong drive and determination to pursue their studies, referring to 'focus', 'motivation', 'work ethic' and 'pride' in what they were doing:

> 'Being a parent, and older than regular students, helps me with my confidence levels. I also have a full life and studying at this point in time was a decision that I did not take lightly, so it helped me with my focus and motivation throughout my course.'

Some SCRs referred to their resilience and growing sense of self-belief. They described how being an SCR had made them more confident and independent:

> 'I am pretty much bombproof when it comes to dealing with stress and multitasking.'

Qualities that are generally associated with caring were seen as strengths in this context, such as being compassionate and emotionally intelligent:

> 'I have patience, empathy for others who might be finding things hard, both in personal or student life.'

The other main strength identified by participants was that being an SCR gave them a sense of perspective. Sitting comfortably alongside the motivating features of studying in HE, the realities of their situation led to an acceptance of factors that were sometimes beyond their control:

> 'A richer life, a sense that academic work isn't everything and an appreciation of the time I do commit to my studies.'

Summary of key findings and implications for practice

Wellbeing and caregiving

Our survey findings have highlighted that the wellbeing levels of SCRs are worryingly low. A study of postgraduate researchers, for example, found that the total mean WEMWBS score for the sample was 41.53 (± 8.80) (Casey *et al.,* 2022), while the average in the key study validating the scale was 48 (Tennant *et al.*, 2007). There are correlations between belonging and engagement and wellbeing. Interestingly, identifying with the term 'carer' correlated with low levels of wellbeing, which might suggest that SCRs who are primary carers or identify strongly with that role (which is typically understood as referring to unpaid care for an adult) are the ones who are struggling the most with their mental health. The findings also seem to confirm that care is gendered with students who identify as female being most impacted by their caregiving. This finding aligns with our evidence review and with UK national statistics (ONS, 2016; Dhar, 2020). However, given that male carers are already identified as a marginalised group and that respondents identifying as male made up a relatively small proportion of responses, some caution should be exercised in interpreting this finding.

Strategies like promoting awareness of student wellbeing and support services among caregiving students may help those students to manage the impact of mental health challenges while studying. It should be noted that the relationship between caregiving and mental health is likely to be complex and multifaceted; support needs will likely be diverse. Another challenge is the identification of SCRs who may not associate with the term carer, may move in and out of caregiving or who may choose not to disclose. Without reliable data enabling these students to be identified, targeting services effectively will be challenging.

One factor which may contribute to the correlation between low levels of wellbeing and caregiving is social isolation. The findings from the survey align with previous studies reporting experiences of students feeling lonely (Dent, 2020) and excluded (Marandet and Wainwright, 2010). Further pressures arise from the guilt associated with feeling torn between care and study. Coser's (1974) concept of 'greedy institutions' previously discussed by Moreau (2016) is arguably part of the issue. However, it is also possible that universities are simply 'care-less' (Lynch, 2010), providing social and enrichment activities tailored to their 'ideal' student who is young and fully committed to their studies with no competing commitments (Wong and Chiu, 2020; Gregersen and Nielson, 2023). Adjustments to the design of social activities, such as alternating in-person with virtual events, provides a starting point for developing more inclusive opportunities for participation for SCRs who struggle to attend in person, have limited resources or live away from a university campus.

Identifying and supporting students with caring responsibilities

The proportion of survey participants who were both parents and carers (known as 'sandwich' or 'multigeneration' carers) challenges the notion that categorising students according to the type of care they give (for example, 'young adult carers', 'student carers' and 'student parents' etc.) may not always be helpful. However, it was clear that not all types of caregiving impact SCRs equally, with those providing emotional and end-of-life care in the greatest need of support with their wellbeing. Wellbeing-focused interventions are likely to be useful, but institutions should not lose sight of the preventative measures; for example, developing supportive, flexible institutional policies and practices.

The variation of study level and care responsibilities found among participants indicates that the common assumption that care responsibilities are predominantly a concern among older postgraduate students may not reflect reality. This has implications for student support services and academic programme teams in terms of the support and flexibility which may be required by students across a range of study levels. There is also a strategic implication, demonstrating that caregiving, and in particular the intersections thereof, (including, for example, age, ethnicity, and gender) should be considered as a focus for student success and widening participation activities carried out in support of access and participation agendas.

The UK charity Carers Trust (2015) published resources for HE providers, and the OfS (2020) issued a topic briefing on carers in HE, but these resources focus on young adult carers, and there is less material to facilitate universities to support older carers of adults, student parents and those who are both carers of adults and parents. Given the complexity of intersections and experiences relevant to all these student groups, this gap requires urgent attention if the inequalities are to be addressed.

Strengths-based approaches to supporting SCRs

There is a significant body of literature documenting the challenges facing carers in society but less has been written in appreciation of the benefits of providing care, particularly in education settings. Our study highlights the risks associated with attributing a causal explanation to the correlation between poor mental health or poor education outcomes and the provision of unpaid care. Failure to critically engage in a context sensitive and sociological understanding of discourses around care can lead to a reductive and deficit model understanding of SCRS in education and prevent an appreciation of the strengths and knowledge possessed by these students. This increases the risk of developing a deficit-model approach to understanding and supporting students with care responsibilities.

The strengths that participating SCRs identified, such as time management, resilience and sense of perspective, are both practical and emotional. We further explored these skills and the ways in which they were recognised and used by both students and their institutions in our semi-structured interviews (publication forthcoming), and it was notable that these skills were rarely recognised, acknowledged, or put to use by academic staff. While not wishing to underplay the significant challenges facing these students, the research team considers that there is sufficient evidence to make a case for the existence of a form of care capital. How this can best be harnessed by SCRs themselves, and HE providers more widely, to help empower SCRs demands attention and we have identified this as a focus of further research.

Conclusions

Care is a normal human activity, but in education (and other) contexts it can be perceived as problematic such that some SCRs feel they must hide their reality to other students, staff and the institutions themselves. Moreover, universities contribute to the challenges SCRs face in numerous ways by frequently operating on a notion that a student is without constraints and whose time can be fully given over to their student experience, creating structural disadvantages. These challenges undermine the mental health and wellbeing of SCRs.

Todd recently declared a ‘call to arms to make student-parents visible’ (2023, p. 171), a recommendation which we heartily support. However, we make a wider plea – that caregiving of all kinds is visible for both staff and students in HE institutions to help facilitate a move from care-less to care-full across, and within, academia. This can be achieved by utilising care capital, ensuring that the strengths and skills SCRs bring – such as time management, prioritisation, perspective, skills, and confidence – are incorporated in teaching, learning and student support practices. The reality is that many SCRs are having to undertake paid employment as well as care while they study and institutional financial support for SCRs helps reduce paid work requirements. Levels of awareness of support for SCRs and take-up were incredibly low among participants in our study and we suggest that universities communicate institutional financial support and keep communicating it (and any other support on offer). Similarly, it is imperative to recognise potential gaps among SCRs; for example, SCRs who are lone carers/parents without other/wider family support are disadvantaged when it comes to finding opportunities to engage with institutions as they are often unable to access paid care to facilitate such activity.

Our survey highlighted that there were pockets of good practice, suggesting that carer inclusive HE is possible, but participants were often reliant on the goodwill and support of individual tutors and lecturers rather than institutions themselves. The experience of SCRs should not be reliant upon the ‘luck of the draw’ when it comes to allocation of academic staff; conversations about care commitments should be present in all communication with, and to, students. We recommend as a first course of action that universities utilise our freely available *Who Cares?* survey to establish a baseline around the experiences of their own SCRs to gauge their own levels of institutional care-full-ness.

Acknowledgements

The authors would like to thank all the members of the *Who Cares?* steering group for their contribution, the organisations who kindly promoted the survey and all the SCRs who completed it.

This work was supported by SMaRteN via UK Research and Innovation [grant number ES/S00324X/1].

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