

## RESEARCH DIRECTIONS

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# The Identification of Student Carers and the Burden of their Caring Responsibilities on Academic engagement and Student Life

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### Abstract

Student carers have significant responsibilities in addition to their studies. This can result in adverse effects on academic achievement and the student experience. It is unclear how many students at Kingston University and nationally have significant caring responsibilities and what impact this has on their studies and overall wellbeing. This study aimed to identify this growing population of student carers within the biosciences at Kingston University and reveal common issues they face such as motivation and quality of student experience. A self-reporting questionnaire was provided to students all years of their Undergraduate (UG) degree as well as MSc students. A total of 33 students who identify as student carers completed the questionnaire with 81% reporting that caring responsibilities have affected their course performance and 68% revealing that they have struggled to meet assessment deadlines due to caring responsibilities. Almost 50% of respondents

revealed that they have considered leaving their course and 77% declared that their mental health and wellbeing was negatively impacted, suggesting the need for a clear support system to be implemented.

### Introduction

Carers are often celebrated as the "unsung and unpaid heroes" for their invaluable contributions across diverse roles. Carers provide essential support for a wide range of individuals, ranging from the very young to the frail and elderly, those with acute or chronic physical disability, mental illnesses, and those who fulfil parental responsibilities. Despite the widespread recognition of their burdens and struggles, a significant gap in knowledge exists concerning the number of carers in Higher Education. The Office for Students has highlighted this absence of data, noting the lack of comprehensive statistics on the population of student carers (OfS, 2022). The National Union of Students (NUS) estimates

that approximately 6% of students are carers, although this figure is believed to be substantially underreported due to most carers not identifying themselves as 'official' carers (NUS 2022). Of these, 2-8% are deemed young carers (carers below the age of 25), which fall into the most common category for university students (Saragosa et al., 2022).

Despite the challenges faced by student carers being reported previously, studies which focus on the exact barriers they face are limited. What we found throughout the course of our study and observations as lecturers are that carers are more likely to experience frequent absences, struggle with academic commitments, and find it difficult to meet deadlines. The prevalence of mental health problems among this group is also found to be alarmingly high, with many reporting anxiety, depression, insomnia, and overall life dissatisfaction. This can manifest by also having an effect on their mental health (Runacres et al., 2021, Haugland et al., 2019). Furthermore, a substantial proportion of carers and their families live in low-income households and rely on government finance further exacerbating a carers financial status (Becker and Becker, 2008). This economic disadvantage often compels carers to work longer hours during their studies, increasing issues related to academic retention and attainment. In fact, carers are four times more likely to drop out of higher education than their peers (Kettell et al., 2018). A common finding in student carers is increased fatigue, which results in a decreased ability to study effectively (Runacres et al., 2021), coupled with commuting responsibilities and having obligations to work in paid employment means that student carers are trying to balance their obligations and health and wellbeing while trying to care for a person who themselves might need specialist requirements.

Despite the critical role that carers play in society and the challenges they face on a daily basis, they often remain silent sufferers, reluctant to seek appropriate support. This reluctance stems from a fear of stigmatization associated with their caregiving roles or embarrassment on behalf of those they care for (Kirton et al., 2012, Kettell et al., 2021). Additionally, many carers are unaware of the support resources available to them, both in

terms of academic accommodations and mental health support such as counselling and support sessions. This lack of awareness and the hesitance to seek help further isolates student carers, hindering their academic and personal development and in some cases preventing them from achieving their degree. The structure of some courses also hinders carers, with degrees such as nursing placing importance on placements, and in some cases being placed on permanent night shifts, which clashes with the students caring role (Kettell et al 2018). Another observation is the lack of empathy found in teaching staff due to inexperience, and a lack of training (Kettell et al., 2018). Carers also face fragmented decision making due to their caring obligation, the continual interruptions faced by carers which initially looks like non engagement but in fact is due to the continual switching between caring, studies and other obligations (Munro et al., 2024).

Given the multifaceted challenges faced by student carers, it is imperative to review and enhance the current support frameworks available to this group. By identifying and implementing additional support measures, such as through the mitigation of circumstances policy, Higher Education institutions can better cater to the unique needs of carers. Enhanced support mechanisms could significantly improve retention rates and academic success for student carers, enabling them to reach their full potential.

To address these issues comprehensively, this project will delve into several key areas. Firstly, it will allow us to investigate the state of carers at Kingston university and more specifically in the Life Science sector to establish if the same issues faced align with the literature on carers in regards to barriers faced during their course. Secondly, it will try to lay out the specific challenges that carers face, particularly focusing on their mental health and economic hardships. Thirdly, the project will discuss the barriers that prevent carers from seeking support and the stigma associated with their roles. Finally, it will propose potential strategies for improving the support systems for student carers, aiming to foster an inclusive and supportive academic environment.

## Methods

### Initiation of Project

The first stage of the project was to receive funding as part of the Student Academic Development Research Associate Scheme (SADRAS) project at Kingston University. Student partners were selected after interview from the School of Life Sciences, Pharmacy and Chemistry on the Biomedical science, Biochemistry and Biological Science courses. Four students were selected, one of whom dropped out before commencement, therefore we continued with three students. The students we recruited comprised of a first year Biological Scientist, with two final year Biomedical Scientists whom we previously worked with (Bellaouane et al., 2024). Student partners arranged their own communication means. Full ethical approval for the project was approved and given by the Kingston University CHERP (Centre for Higher Education Research & Practice).

### Online Questionnaire

Both student and staff partners collaborated to prepare an online based Microsoft forms questionnaire to understand student carers opinions on support. We chose this approach over a more traditional paper-based questionnaire to allow accessibility for student carers who may not otherwise be able to participate. The questionnaire was divided into two main sections: Section 1, focusing on key student demographics with questions included: Gender, age, ethnicity, course of study, level of study and disability status. Section 2, to understand some of the specific challenges and issues student carers may face, questions included: type of carer, if they were a sole carer, if they identify as an official carer, how long they have been a carer, effect of caring on their learning, caring and progression on their course, caring and assignment submission, if they ever considered leaving their course, effect of caring on course integration, support mechanisms they were aware of, and finally if they were part of a caring support network. All the questions were multiple choice type questions with the exception of three free text questions.

### Questionnaire dissemination

The number of potential students who could complete the questionnaire were as follows:

L4 (year 1) ~300 students, L5 (year 2) ~200 students, L6 (year 3) ~200 students, and L7 (MSc students) ~100 students in the School of Life Sciences, Pharmacy & Chemistry. Previous research suggests that the student carer population is around 6% (NUS 2022), so the expected student carer number would be around 48 participants, therefore the number we received (33 participants) was extremely good, however because of the low numbers surveyed, it was not possible to recruit a sufficient set of students to discussion groups. The online questionnaire had an information sheet attached explaining the information for the study and a clear consent form. In line with our ethics approval, students could withdraw without prejudice at any point before completion of the study.

### Presentation and analysis of data

The data obtained from the online questionnaire was exported to a secure excel spreadsheet with access granted only to the student and staff partners. The spreadsheet allowed clear analysis of how students found student caring and allowed cross comparison analysis with different key demographics such as gender, age and ethnicity among others to see if there were any trends, but none were found. This also allowed percentages to be determined for all questions and data tables to be created. For qualitative analysis, free text questions and comments were analysed using thematic analysis and word cloud-based software was used to generate key themes.

## Results

### Demographics breakdown

The ages of student participants were quite spread with 39% of students aged 18-21 years of age, 27% aged 22-25 years of age, 15% aged 26-29 years of age, and 18% aged over 30. A significantly large portion of students were females at 82% of the total, with the predominant ethnicities of respondents being from BME origin (76% of total participants) (Table 1). The demographics are representative of what is expected in the School of Life Sciences at Kingston University and match what was seen in previous studies (Costea et al., 2023).

Age				Male	Female
18-21 Years	22-25 Years	26-29 Years	30+ Years		
13 (39%)	9 (27%)	5 (15%)	6 (18%)	27 (82%)	

  

Ethnicity						
White	Black/Black British	Asian/Asian British	Mixed	Middle Eastern	Other	PNTS
8 (24%)	6 (18%)	12 (36%)	2 (6%)	3 (9%)	1 (3%)	1 (3%)

**Table 1** Demographics looking at age, sex and ethnicity characteristics of students completing questionnaires, expressed as numbers and a percentage of total (%). Note: Some students did not respond to all questions.

Participants were predominantly undergraduates (91%) and mostly Biomedical Scientists (77%), with 70% being either level 5 or level 6. From the participants 21% of students consider themselves as having a disability, with a spread between physical disability (21%), learning disability (21%) and mental disability (14%) (**Table 2**).

Level of study		Course	
Undergraduate	Postgraduate	Biomedical Science	Other
30 (91%)	3 (9%)	24 (77%)	7 (23%)

  

Which level are you in?				Do you consider yourself to have a disability?	
L4	L5	L6	L7	Yes	No
7 (21%)	12 (36%)	11 (33%)	3 (9%)	7 (21%)	26 (79%)

  

Would you identify your disability as:			
Physical disability	Learning disability	Mental disability	PNTS
3 (21%)	3 (21%)	2 (14%)	6 (43%)

**Table 2** Demographics looking at level of study, course and disability status characteristics of students completing questionnaires, expressed as numbers and a percentage of total (%). Note: Some students did not respond to all questions.

### Initial Carer based questions.

Firstly, it was very important to understand how student carers define the role and for us to understand how they viewed their status with some initial carer-based questions. When asked if they were the sole carer, 81% responded no, which was an interesting initial observation as it means that they might have multiple caring responsibilities, and it could be linked to cultural obligations in which a multi-generational family might live in the same house with many people caring for older relatives. When asked if they were an official carer, 63% responded no suggesting that they are not recognised as a carer and may slip under the radar. The vast majority of carers (61%) have been carers for more than 3 years. When asked the relationship between the carer

and the person they care for, 52% mentioned that they cared for a parent, with 28% indicating other again possibly linking to cultural obligations which match the demographics seen. (**Table 3**).

Are you the sole carer?		Do you define yourself as an 'official' carer?	
Yes	No	Yes	No
6 (19%)	25 (81%)	12 (37%)	20 (63%)

  

How long have you been a carer?		
Less than 1 year	1 - 3 years	More than 3 years
1 (3%)	11 (36%)	19 (61%)

  

What is your relationship with the person you care for?			
Parent	Child	Partner	Other
15 (52%)	5 (17%)	1 (3%)	8 (28%)

**Table 3** Questions looking at status of sole carer, whether they identify as an official carer, length of time as a carer and relationship to person they care for, expressed as numbers and a percentage of total (%). Note: Some students did not respond to all questions.

### Responses to the role of caring on studies and mental health

It was next essential to understand if being a student carer affected the student in terms of their experience on their course as well as their mental health. When asked if their caring role affected their performance on their course of study, the majority of students answered yes (81%). When asked if their role affected their assessment deadlines, again the vast majority of students at 68% responded yes. A student caring role also reported to impact a participant's mental health, with 77% of students admitting their mental health was affected, and 48% of students considering leaving their course because of their caring obligations. In terms of seeking support or counselling for their caring role, of concern 70% of students stated they did not seek help, with 65% not participating in a caring support network. (**Table 4**).



Do you feel your caring role has affected your performance on your course?		Have you struggled to meet assessment deadlines due to your caring role commitments?	
Yes	No	Yes	No
25 (81%)	6 (19%)	21 (68%)	10 (32%)

  

Do you feel the pressures of your caring role and academic studies have affected your mental wellbeing?		Due to the commitments of your caring role, have you considered leaving your course at any time?	
Yes	No	Yes	No
24 (77%)	7 (23%)	15 (48%)	16 (52%)

  

Have you sought additional support or counselling for the issues you have faced?		Do you participate in a caring support network?		
Yes	No	Yes	No	No, but would like to
8 (30%)	19 (70%)	0 (0%)	20 (65%)	11 (35%)

**Table 4** Questions looking at if caring affected course performance, assessment deadlines, mental health and if support was sought for their caring responsibilities., expressed as numbers and a percentage of total (%). Note: Some students did not respond to all questions.

**Qualitative data**

Students who completed the questionnaire also had free text questions two of which were:

- Has your caring role prevented you from being able to attend scheduled learning activities such as lectures or laboratory practical?
- Has your caring role affected your ability to participate in university life (clubs/sports/social events) outside of your studies?

Addressing the first question, participants stated they struggled and had to suspend their education to care for their parent, with some having to miss periods of education due to increased caring responsibilities. Interestingly, some students had to leave lectures early to looking after siblings or school pick-ups as the parents they care for were unable to do so. Student carers also had to miss evening lectures due to caring responsibilities. (**Table 5**).

Open question	Illustrative comments
Has your caring role prevented you from being able to attend scheduled learning activities such as lectures or laboratory practical?	'I had to freeze my studies last year to care for my mother. Also, whenever one of my children are unwell, I have to stay at home to take care of them'.
	'I have missed periods of education and work due to increased caring responsibilities.
	'Taking parental figure to various doctor's appointments and translating from English, while helping with certain chores'.
	'I tend to miss anything after 3pm, due to school pickup'.
	'I must leave my lectures early to look after my siblings'.
	'On certain days where lectures run till evening, I would have to skip them or in the case of appointments or emergency'

**Table 5** Qualitative data responses to free text question 'Has your caring role prevented you from being able to attend scheduled learning activities such as lectures or laboratory practical?'

For the question 'Has your caring role affected your ability to participate university life (clubs/sports/social events) outside of your studies? Participants stated they had a limited social life and had to limit their hobbies because of caring responsibilities. Other students had to complete lectures and leave immediately to pick up siblings/kids. Finally, one respondent has to look after their brother so could not commit to any societies because of this. (**Table 6**).

Open question	Illustrative comments
Has your caring role affected your ability to participate university life (clubs/sports/social events) outside of your studies?	'limited social life. Wanted to sign up for painting course but cannot with caring role'.
	'Yes, I do not have time to socialise with my colleagues, participate in societies/clubs or attend social events. As soon as I finish my lecture/lab I need to run to school pick up'.
	'I find it difficult to engage in any external or university activities that isn't mandatory as I would have to prioritise looking after my brother, especially night out activities or club & society that require commitment'.

**Table 6** Qualitative data responses to free text question 'Has your caring role affected your ability to participate university life (clubs/sports/social events) outside of your studies?'

Finally, by analysing all the words mentioned in the free answer questions and taking into account the frequency of certain words, a word map was made to summarise key words student carers experience from their role (**Figure 1**). This emphasises what carers felt were the main barriers they faced overall.



**Figure 1** Word map to illustrate key words related to student carers.

## Discussion

### Project findings

This project focused primarily on trying to explore and understand how being a carer affected students with regards to their education and how it affected their mental health. Some of the key finding that arose from this study included the observation that carers struggle to identify themselves as carers, have been in a caring based role for more than three years, tend to look after a parent, suffer with attendance and assessments on their course, and their mental health has suffered because of being a carer and are not aware of or seek additional support. Cumulatively, these factors all point to the fact that being a student carer affects a student's attainment and course cohesion.

### Type of carer

The type of carer a student is an important aspect to understanding the mentality of student carers. Of note, 81% of students state that they are not sole carers. It suggests that they could be part of a large family who in some cultures have an obligation to care for family members, this also relates to our demographics which suggest that 76% of students are from a BME background. This also relates to the question that 63% of students do not recognise themselves as official carers, this again relates to cultural aspects. In terms of length of time of being a carer, 61% of students state that they have been a carer for over three years, which shows that in some cases caring can be a long-term and life changing commitment for some students. Interestingly, 52% of students state that the main person they care for is a parent. This could be due to parental illness, or yet again cultural reasons when in which it is the duty of the child to look after the parents. What

this project does not define is how caring for a parent is perceived, for example is it a student's obligation is to do the housework and make dinner, do they perceive this as a caring responsibility? In some cases, students are caring for a chronically ill family member, and are having to deal with the anxiety, stress and depression of that individual's illness as well as their caring responsibility, culminating in their own increased mental and physical health issues (Van der Werf et al., 2019)

### Effect of being a carer on course performance

Trying to understand the long-term impact of being a carer on how a student does on their course is an important aspect to investigate to understand and try to provide further support for carers. Course performance for 81% of student carers was affected, because of the obvious time it takes to care for someone, the role of a carer is akin to a full-time job, this additional responsibility therefore would clearly have a detrimental effect on a student's workload in a detrimental manner. This is also seen in assessment deadlines with 68% of students struggling to keep up with assessment deadlines. Similar observation has been seen in other subject areas such as radiography (Hussain et al., 2011). In this study, we had 33 participants taking part, but one question this study cannot answer, is how many did not participate as they had already left their course of study due to poor course performance or through choice because of increased pressure due to their caring role.

### Mental health and caring role

Mental health is an important topic especially in university students. During and post COVID-19 the number of students accessing support for mental health reached record numbers (Lipson et al., 2022). Therefore, it was important in this project to investigate if this was increased in student carers. When asked if the dual responsibility of caring and their course affected their mental health, 77% of students said it did to the point where 48% of students considered leaving their course. Aligning with this, it has been found that 38% of young carers (under 18) have suffered from mental health (<https://carers.org>). Despite this worrying statistic, only 30% of carers considered counselling for their mental health issues, with carers, adapting to the notion

'suffer in silence'. What was also interesting is that 65% of students were not part of a carers network of support, but 35% would consider joining a network.

### **Free text comment summary**

With the qualitative comments from the project, it was evident that student carers had issues with attending timetabled teaching, could not integrate with any social activities and simply did not have time for hobbies, which could explain why student carers mental health is affected. Missing periods of study and work due to increased caring responsibilities shows that the pressures faced by student carers tends to be immense, and academics need to be made aware of this to be slightly more flexible with teaching and support. The comments also suggest that later lectures are harder for student carers to attend due to school pickups., Therefore maybe we need to consider a revamp of the timetable to support student carers or have a recording policy for later lectures or even a hybrid-based approach. It is also quite evident that student carers do want to engage with their course, enhance course identity and cohesion and involve themselves in course related social activities during their course such as joining societies and undertaking paining classes. An idea to help with social integration could be to introduce virtual social activities, to allow student carers to get involved. Since this project began, measures have been employed by the university to better understand the carer population at an institutional level and implement a more structured support network.

### **How can these findings be applied to the university scenario?**

The findings of this project have posed several significant findings for student carers, such as the fact that student carers in the vast majority do not recognise themselves as carers as shown in the responses in table 3, This could be clearly a difference seen in caring within larger ethnically diverse cultures, where it is the norm to look after elder relatives. Another clear observation was the effect being a carer had on the student's mental health and academic obligations. 77% of students having poor mental health because of their caring responsibility is very concerning, and a number of initiatives need to be implemented in order to support students, something as a caring

support group in the department in order for students to discuss their caring responsibilities over a coffee would help considerably with mental health and this would align with over a third of students (35%) reporting that they would like to join a support group. We also need to assess how best we can adapt our teaching to support student carers, it is also evident that many students are involved in school drop offs and pickups so trying to factor this into our timetables would support student carers immensely. Hybrid teaching in which a live lecture is streamed online at the same time would allow student carers to engage with learning while undergoing their caring responsibilities. These adaptations should be introduced nationally as it seems that the support measures of student carers need to be improved (Morgan, 2019).

### **Should these students be treated as students with support needs?**

To enhance course cohesion, maybe allowing carer specific events to be hosted at carer friendly times could be something to take into account and is something that could be discussed with the university student union to allow more course cohesion and social opportunities for our student carers. This project should be expanded as the number of participants was quite low, and maybe targeting the whole university or collaborating with other universities would allow a clearer picture of how student carers perceive their course and whether any further support measures could be implemented. A specific support plan is something that could be implemented, and study support sessions embedded into a student carers timetable (<https://cris.winchester.ac.uk>).

### **What does this article add to the current landscape of student carers?**

What this article clearly highlights is the observations that life science students who are carers at Kingston University, tend to in most cases do not recognise themselves as official carers, possibly due to their cultural believes, this is the first time a study has shown this cultural aspect. What this study also shows is that students who are carers, tend to struggle with assessments and their course in general and this contributes to their poor mental health. What this study also shows for the first time is that the timetables that universities prepare do

not cater for student carers, who have responsibilities such as school pickup for children or siblings, thus affecting attendance and contributing to poor course performance.

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