Carers Australia

NO SPACE IN MY BRAIN TO LEARN

YOUNG CARERS AND THEIR ENGAGEMENT WITH EDUCATION

AN ANALYSIS OF APPLICATIONS TO THE CARERS AUSTRALIA BURSARY PROGRAM 2017-2018

MONASH University

University of South Australia

Australian Centre for Child Protection

Improving the lives of vulnerable children.

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Executive Summary

> *The caring role I have has a big impact on my studies and education. I have missed out on a lot of school due to having to participate in appointments but also* ***stressing about my parents while I am at school which gives no space in my brain to learn.*** *At school I get fidgety due to worrying about what's happening at home, is everything okay, is anyone dead, has anyone killed themselves, I have no focus but I try really hard. I have had many issues in getting a supply of school items such as pens and books, and I miss out on a lot of learning and activities due to not being able to afford school fees. Lucky my school has helped out a little but it's still hard for me. My caring role feels full-time even though I am at school during the day*[1]*.*

Young carers have been defined broadly as young people aged up to 25 years (Carers Australia 2019), who care, or help care, in a family affected by disability, mental illness, chronic health conditions, terminal illness, alcohol or other drug issues, or frail age (Moore and McArthur 2007). Studies in Australia and abroad suggest that although many young carers appreciate their caring role and the ability to *care for* those they *care about*, caring can take its toll on a young person's physical, emotional, social, psychological wellbeing now and into the future.

Young caring also has an impact on young carers' education. Young carers often report that their care responsibilities restrict their ability to get to and stay at school, to study and achieve their potential in academic progress, to socialise with friends, participate in extra-curricular activities, and to build a sense of belonging. *Being* at school can promote *belonging* to the school community and being provided with the opportunities that other young Australian people enjoy: *becoming* the person that they wish to be in life.

Recognising the significant challenges young carers encounter when attempting to balance their caring responsibilities and their educational engagement, the Australian Government implemented a national Young Carers Bursary Program which aims to assist 'eligible young carers aged 12-25 years to continue or return to study'. The program, administered by Carers Australia, commenced in 2015 and has supported over 1,600 young carers to date.

Nature of the study

This study was commissioned by Carers Australia and conducted by researchers from the Australian Centre for Child Protection (UniSA) and the School of Primary and Allied Health (Monash University). The study aimed to develop an understanding of the characteristics of young carers applying for the Young Carer Bursary, ascertain which young carers had higher and lower educational engagement, and determine what barriers restricted their attendance, achievement and participation. The project aimed to capture the lived experiences of young carers and to inform policy and practice. The study drew from an administrative data set comprising responses from young carers who sought assistance to continue with their education, which may not be representative of all young carers: particularly those who had already disengaged, those who were already doing well at school as well as those who did not identify with the young carer label.

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[1] Nineteen year old female, LEE, respondent #27

Our approach

Researchers conducted the analysis of data with the approval of UniSA's and Monash University Human Research Ethics Committees. Researchers used both qualitative and quantitative methods to analyse data generated through the Young Carers Bursary applications, which comprised 44 questions.

In 2017 and 2018, young carers from around Australia completed an online questionnaire as part of the Young Carer Bursary application process. The responses to questions in the applications of 1,443 young carers who applied for the bursary and consented to their responses being used for research purposes were analysed quantitatively to identify groups of young carers with higher and lower educational engagement and to determine what characteristics most affected their attendance at school, their difficulties studying at home, and their self-perceptions of their wellbeing. Content and thematic analyses drew on the responses to four open-ended questions from a sub-sample[2] of the 1,443 applicants (n=97) to capture respondents' caring tasks, determine what self-reported family challenges young carers face, what barriers restrict their attendance, achievement and participation in education, and how they would use the bursary funds.

Characteristics of the sample

Young carers who applied for the Young Carers Bursary Program were aged between 11 and 25 years. Amongst the sample:

- 13 percent were aged under 14, 60 percent were aged 14 to 18 and 27 percent were aged 19 years and older;
- Most young carer applicants were engaged in secondary (81 percent) or post-secondary studies (including university and TAFE courses and apprenticeships);
- 47 percent of young carers reported caring for between one and five years, while 38 percent had cared for between 6 and 10 years;
- Sixty-five percent of applicants were female, and 90 percent were born in Australia;
- 68 percent of young carers lived in major cities;
- 45 percent of young carers reported living in a single-parent household, while almost 40 percent reported living within a couple-headed home;
- Almost 10 percent of applicants identified as being Aboriginal and/or Torres Strait Islander, while almost 10 percent reported that they were born overseas;
- The number of hours applicants spent caring ranged from one to fifty hours per week, with 35 percent providing care for a family member for more than 11 hours per week;
- Most young carers provided care to a parent or a sibling, with more than a third caring for two or more relatives; and
- 34 percent of applicants reported being the main carer in their family and 29 percent reported that they provided care without support from anyone else in their family.

The sub-sample

A sub-sample of 97 applicants to the bursary was purposively selected from the larger sample (n=1,443) for the purposes of conducting qualitative thematic and content analyses. The sample included young carers who reported *higher educational engagement* (the HEE group), and those who reported *lower educational engagement* (the LEE group).

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[2] Detail on how the sub-sample was drawn and the demographic features of those in the sub-sample can viewed in Appendix B

The HEE and LEE educational engagement variables were created by identifying young carers with the highest and lowest wellbeing, least and most challenges getting to their school/educational institution, and least and most difficulties studying at home through self-report responses to three questions in the application. A total of 80 young carers were included in the HEE group, and 144 in the LEE group. These respondents were further split into eight groups based on their responses to three questions: 1) gender, and 2) number of care hours provided per week (divided into two groups of caring for more than 20 hours per week, or less) and randomly sampled to create the sub-sample. For further detail on the creation of the HEE and LEE variables, please refer to Appendix A, section three (Tables a10 and a11), and for further detail on the sub-sample, please see Appendix B (Tables b1, b2 and b3).

Challenges facing families

The analysis of the subsample (n=97) aimed to understand some of the personal, family and educational challenges that young carers face. Thirty-eight percent of young carers in the sub-sample reported, in open ended responses, that they lived in families experiencing significant challenges in addition to disabilities, illnesses, chronic conditions and mental health concerns. Sixteen percent of young carers reported financial stress which meant that they could not afford education supplies, computers and smart devices or to participate in extra-curricular activities. Thirteen percent of young carers reported family conflict and breakdown, including family and domestic violence and parental separation. This added to the stress experienced by young carers and affected their ability to do well at school. In open-ended responses, social and geographical isolation were raised as issues by a smaller group of young carers who found it difficult to engage in education and received little or no support from extended family members. Migrant young carers and those in non-English speaking families often reported that in addition to significant care responsibilities, they were required to translate and often missed school.

Young carers' educational engagement

Across the whole sample, young carers had varying degrees of engagement in school or post high school education. Our quantitative analyses found that 22 percent of young carers, were unable to attend school at least once per week due to caring responsibilities. This equates to about 40 of the 180 school days students usually attend each year. A further 39 percent were unable to attend school once, twice or three times each month due to caring responsibilities, equating to between 10 and 30 school days per year.

In addition to caring responsibilities, young carers often shared, in responses to open-ended questions, how the impacts of their caring also took their toll on their attendance at school.

Many young carers reported, in open ended responses, a lack of sleep, ongoing stress and mental health issues which affected their motivation or ability to get up in the morning or to go to school. Those young carers who frequently missed school reported that it was difficult to 'catch-up' on work and to feel part of the school community.

How do different groups of young carers fare in relation to their educational engagement and wellbeing?

Across the entire sample, particular groups of young carers reported having greater difficulties in attending school and studying at home and poorer wellbeing. Quantitative analysis showed that these groups included:

- Young carers who lived in single parent families were more likely to experience difficulties.
- Young carers who were identified as the main carer and female reported lower school attendance than their male counterparts.
- Young carers caring for multiple relatives with multiple care needs reported poorer educational engagement, lower wellbeing and had cared for longer periods than their peers.
- Young carers required to care for more than 20 hours a week had lower educational engagement than those who provided care for 10 hours or less on a weekly basis.
- Female young carers providing care for a parent, Aboriginal and Torres Strait Islander young carers and young carers in single parent households encountered significant challenges engaging with education.
- Young carers with their own disabilities had poor educational engagement and wellbeing. Qualitative analysis showed that having a mental health issue also affected young carers' motivations for schooling, their ability to spend time with friends and their overall sense of wellbeing and belonging.

Barriers to attendance, achievement and participation

Young carers in the sub-sample were broken into three groups, including those that had higher and lower educational engagement. Those in the higher educational engagement group often reported barriers to their attendance, achievement and participation, but the issues appeared to be less complex and had less of an impact on their educational engagement.

Some of the key barriers related to being able to attend education included significant care responsibilities which restricted young carers' ability to leave the home as they cared for relatives, and their motivations and physical and emotional capacity to attend school. A lack of sleep and constant feelings of stress and anxiety related to and resulting from their caring responsibilities were issues for many young carers who reported that they were sometimes too exhausted to get to school. Young carers who had disabilities or their own mental health issues also reported that these kept them from fully engaging in education, while difficulties with transport made getting to school on time, if at all, challenging.

Caring responsibilities and chaotic home lives also affected young carers' ability to complete homework, to study and to achieve to their potential. Some young carers reported that they were unable to study until late into the evening, while others reported that constant distractions impeded their ability to focus on their work. Not having adequate access to technology (including computers, internet connections and educational software) also restricted young carers' educational engagement.

At school, young carers often reported challenges concentrating and recalled that they were anxious about their family members at home, were physically exhausted and found it difficult to concentrate. A small number of young carers reported having to watch out for siblings who went to their schools. Others reported regularly calling home to check that everyone was safe.

Young carers' participation in social activities, their forming of friendships and their engagement in extra-curricular activities were often restricted, as they were required at home, they could not afford to attend gatherings, were not able to get there, and sometimes did not want to go because they felt 'different' from their peers.

Although young carers in the higher and lower educational engagement groups reported significant challenges, some (particularly in the higher educational engagement group) reported on strategies that they and their families had implemented to enable their attendance, achievement and participation in school. Some young carers studied at the library or at school after hours, others had negotiated flexible arrangements with teachers to allow them to complete assignments and some families tried hard to reduce their caring loads.

Having pride in education, having aspirations about future education or employment, having parents who valued education and supported young carers' efforts to study all seemed to enable young carers to mitigate the impacts of the barriers they encountered – when they were given the support and took advantages to participate in education and complete schoolwork. Supports in the family and formal assistance had positive effects for young carers, as did having understanding friends, teachers and workers who assisted young carers to positively engage in education.

Conclusions and implications

Analysis of young carer bursary applications found that young carers with complex and significant care loads; who were experiencing hardship (in addition to their caring loads); who were greatly affected by their caring responsibilities; who lived in families with fewer supports who were experiencing adversity; and who reported having limited support at school had the poorest educational engagement and self-reported wellbeing.

For many young carers, financial support may assist them to overcome some of the barriers to them attending, achieving and participating in education by helping them to pay for educational courses, materials and extra-curricular activities. However, the analysis confirms previous findings that suggest that ultimately young carers' educational engagement may only be improved if families are provided with resources to minimise young people's caring loads, while providing supports that reduce the physical, emotional, social and educational impacts of caring.

The analysis also highlighted the fact that the young caring experience is not a homogeneous one and that efforts must be invested in assessing and respond to the unique needs and wishes of individual young carers and the targeting of services and supports to those most in need.
This analysis would suggest that:

- Young carer initiatives may need to be reoriented to focus on minimising impactful caring responsibilities and restricting the entrenchment of children and young people in harmful caring roles
- Young carer policy and practice needs to ensure that those children and young people who are most likely to be affected by their caring roles are able to access services and that supports are responsive to their needs. Young people with high caring loads, female young carers providing support to a parent, Aboriginal and Torres Strait Islander young carers, those from single-parent families, those experiencing significant financial distress and those who are socially isolated should be targeted.
- Better and earlier identification of young carers in schools and the provision of in-school support might reduce some of the educational and psychosocial impacts of care and improve educational engagement
- Additional in-home support is required for those young carers who are caring for more than 10 hours a week to both improve their educational engagement and wellbeing
- Mental health programs and therapeutic support is required to help those young carers who experience anxiety, depression and other clinical concerns, particularly those who report self-harm or suicidal ideation.
- Young carers who are older and those who have been caring for more than 10 years (and who are more likely to self-report poor wellbeing) might be targeted for immediate assistance but early intervention programs for those young carers who are younger and who, due to their relative's care needs, may be caring for some time, might also mitigate poor wellbeing outcomes.
- Initiatives that support young carers who are leaving secondary school and targeted assistance for young adult carers engaged in tertiary education may alleviate some of the negative educational impacts experienced by older young people.
- Collaborative efforts between schools, carer organisations and specialist services (including mental health, family mediation, multicultural and refugee and disability support programs) might better respond to the needs of young carers beyond their caring responsibilities.

Limitations

The purpose of the application questionnaire was to gather enough information to ascertain whether young carers were eligible for the scheme and to determine which applicants were successful in receiving funding. Young carers self-reported their needs and challenges and answered questions subjectively. Standard measures of young caring, educational outcomes, psychological wellbeing or applicants' strengths and difficulties were not included in the questionnaire which means that self-assessments could not be verified and comparisons with other groups of young people and young carers was not possible. However, the questionnaire did capture rich data that could be analysed which provided further insights into the needs and experiences of Australian young carers and their educational engagement.

Table of Contents

Figures

Report

Appendix A

Appendix D

Appendix E

Tables

Report

Appendix A

Appendix B

1. Background

Carers Australia defines young carers as people who are aged up to 25 years old who provide unpaid care and support to a family member or friend with a disability, a physical or mental illness, a substance dependency, or who is aged' (2019). These young carers help with housework and household chores as well as tasks which are usually carried out by professionals within the health and social care sectors—such as administering medications, providing personal care and managing households and younger siblings (Becker and Sempik 2019). Generally, these informal caring tasks and responsibilities are characterised as ones that go beyond not only what adults would normally expect of children but also what most children would expect routinely to do within their family (Cass, Smith et al. 2009).

In Australia, it has been estimated that 5.6 percent of young people aged 15-24 assume caring responsibilities (ABS 2016) which is comparable with international rates in the United Kingdom, Canada, Switzerland and Sweden (Lloyd 2013, Nagl-Cupal, Daniel et al. 2014, Stamatopoulos 2015, Aldridge 2018, Leu, Frech et al. 2018, Leu, Frech et al. 2019).

Research in Australia and overseas has provided qualitative and quantitative accounts of how young caring can impact on children and young people's health, wellbeing, social connectedness, educational and employment outcomes. Some studies have found that caring can be associated with potentially positive outcomes, with some young carers reporting increased maturity, closer relationships, deeper compassion and empathy and a greater sense of resilience and coping (Joseph, Becker et al. 2009, Svanberg, Stott et al. 2010, Fives, Kennan et al. 2013, Stamatopoulos 2018). Valuing their roles and their ability to support loved ones, many young carers report some feelings of satisfaction and appreciation (Moore 2005, Moore and McArthur 2007).

However, studies have also pointed to a number of negative impacts of living in a family affected by illness, disability, mental health or alcohol or other drug issues or frail age and assuming young caring responsibilities (Becker 2007, Collins and Bayless 2013, Nagl-Cupal, Daniel et al. 2014). In particular, studies have highlighted the physical, emotional, social and educational impacts that caring can have on a young carers' life which can have life-long consequences (Rose and Cohen 2010, Lloyd 2013, Nagl-Cupal, Daniel et al. 2014).

Since the late 1990s, Australian researchers, policy makers and practitioners have demonstrated an interest in understanding, supporting and responding to the needs of young carers, particularly in relation to their health, mental health and education. More recently researchers, policy makers and practitioners have considered the needs of young adult carers as they transition into adulthood, engage with tertiary education and employment, and move towards independence (Noble-Carr 2002).

In 2009, international young carers expert, Professor Saul Becker, assessed Australia's progress (against similar countries) in increasing public awareness of young and young adult carers in policy, practice and research; in the codification of legal rights and protections for young and young adult carers; and the implementation of dedicated services and interventions across the country (Becker 2007). In both 2007 and 2017, Becker and his colleagues assessed Australia's progress as being 'intermediate' and pointed to the fact that across the country an increasing number of targeted services and supports were available to young carers, although there continued to be an absence of legislation and policy that mandated supports and protections to be in place (Becker 2007, Leu and Becker 2017).

One of the most recent national initiatives that demonstrates Australia's investment in supporting young and young adult carers is the National Young Carer Bursary Program, which aims to assist 'eligible young carers aged 25 years and under to continue or to return to study'. This initiative has been in place since 2014 and has supported over 1,600 young carers to stay connected to school/education.

In 2015, the Department of Social Services commissioned an evaluation of the Young Carers Bursary Program and demonstrated that the bursaries led to positive improvements for those young carers who received the bursaries, particularly as they reduced the need for young people to work part-time and helped them to overcome the financial barriers to engaging with education (Inside Policy 2017).

In 2019, Carers Australia commissioned researchers from the Australian Centre for Child Protection (UniSA) with colleagues from the School of Primary and Allied Health (Monash University) to conduct a study to better understand the nature of the young carers applying for the bursary, their self-identified educational needs and impacts of caring, and the barriers and enablers to them attending, achieving and participating in education.

Young carers and education

Since young carers were conceptualised as a distinct group of people with specific challenges and support requirements in the late 1980s and early 1990s, researchers, practitioners and policy-makers have invested increasing effort to understand the experiences of young carers in schools (and, to a lesser extent, in university) and the ways that caring influences their educational outcomes.

Within the international literature, young carers have consistently (but not universally) reported their aspirations to achieve in education and the value that they placed on being at, socialising in and receiving support at school and tertiary education (Moore 2005, Moore and McArthur 2007, Lloyd 2013, Becker and Sempik 2019). However, in most studies, young carers have reported that their caring responsibilities and the impacts of care had affected their ability to get to school, to do well and to have positive relationships with peers (Moore 2005, Moore and McArthur 2007, Cass, Smith et al. 2009, Sempik and Becker 2013, Sempik and Becker 2014, Becker and Sempik 2019).

In their 2007 study (conducted for Carers Australia), Moore and his colleagues conceptualised educational impacts in relation to 'attendance' (young carers' capacity to get to school), 'achievement' (young carers' ability to attain expected educational outcomes) and 'participation' (young carers' ability to fully engage in the 'school experience' including their social connectedness, belonging and participation in extra-curricular activities) (Moore, Morrow et al. 2006). We recognise the inter-relatedness of these constructs (that poor attendance leads to poor achievement, that limited friendships and social connections impact on young carers' motivations to succeed, that poor achievement can lead to poor attendance and so on) and use them to shape parts of this report.

Attendance

International research has pointed to the importance of children and young people regularly attending school, not only in relation to its vitality in enabling educational success (Lamdin 1996, Nichols 2003) but also in reducing the likelihood of early school-leaving (Barrowman, Nutbeam et al. 2001). Poor school attendance is also associated with a broad range of problem behaviours, difficulties in coping with everyday challenges and poor health and wellbeing (Attwood and Croll 2015, Finning, Ukoumunne et al. 2018). Poor school attendance can have long-lasting impacts on a young person's life and influence outcomes during adulthood. Regular attendance at school also fosters belonging, connectedness with others and access to supports.

In relation to 'attendance', studies have demonstrated that many young carers find it difficult to regularly attend school due to the weight of their caring responsibilities, challenges related to transport and a lack of in-home supports that are available to meet cared-for relatives' assistance needs to enable young carers to leave the household. Despite these challenges, Cass et al (2009) and others have suggested that non-attendance amongst young carers is less than for other vulnerable young people, but that early school leaving and high-school incompletion is also greater (Hill, Smyth et al. 2009, Cass, Brennan et al. 2011, Lloyd 2013, Robison, Egan et al. 2017). Aspirations for study in university are reported to be lower (Hamilton and Redmond 2019).

Achievement

Doing well at school has benefits for young people during their time in education and into the future (Brännlund, Strandh et al. 2017). While at school, the extent to which one achieves can influence a student's concept of self, their confidence and their interactions with peers and staff. This, in turn, can influence their motivation, their ability to engage in future studies and to effectively transition from one level of schooling to another. School achievement enables or restricts young people's school completion and access to tertiary education and work and is influenced by the support of parents and peers (Im, Hughes et al. 2016).

Young carers' 'achievement' is restricted when the physical and emotional impacts of caring take their toll (i.e. when young carers feel tired, anxious or depressed) and when caring responsibilities take precedence over homework, study and access to supports such as tutoring (Becker and Sempik 2019).

Young carers' accounts of poor achievement have been confirmed by a number of studies in Australia and abroad which have demonstrated that children and young people with caring responsibilities often have poorer outcomes than their peers (Lloyd 2013). In 2017, for example, the Australian Institute of Family Studies explored the relationship between caring responsibilities and educational outcomes. Diana Warren and Ben Edwards demonstrated that male young carers were 0.7 years behind their non-caring peers in relation to numeracy, and female young carers were 1.2 years behind in reading (Warren and Edwards 2017). Research by Myra Hamilton and Gerry Redmond (Hamilton and Redmond 2019) from the Social Policy

Research Centre (UNSW) found that educational disparities were more prevalent for young carers of relatives with a mental health or alcohol or other drug issue than those caring for someone with a disability.

Participation

Participation includes students having a positive connection to their schools, feeling a sense of belonging within their schools, and receiving support from their schools and other community services (Moore 2005). Young people's participation at school is both influenced by and affects their attendance and their achievement (White, Scott Jr et al. 2018) and reduces the likelihood that they will drop out of school (Goodenow and Grady 1993). Belonging can strengthen young people's psychological wellbeing (Jose, Ryan et al. 2012, Allen, Kern et al. 2018) and also enables informal learning opportunities as students build their knowledge and skills to form and sustain relationships, to care and be cared for by others and to create positive identities. Finally, a sense of belonging and participation is related to social competence, life satisfaction, trusting others in the community, trust in authority and taking on civil responsibilities (Allen, Kern et al. 2018).

'Participation' is similarly impacted when young carers are unable to attend extra-curricular activities, normative social interactions and experiences that increase their sense of social connectedness, belonging and positive identities. In addition to taking a toll on young carers' educational achievement, studies have also suggested that caring responsibilities can affect young people's social engagement and sense of belonging whilst at school which may, in turn, have consequences for their educational achievement and subjective health and wellbeing (Allen and Bowles 2012, O'Brien and Bowles 2013). Studies, for example, have suggested that many young carers who are financially unable to participate in extra-curricular activities (such as sporting teams, clubs, school excursions and camps), find it difficult spending time and receiving support from friends and experience bullying and harassment due to their caring or family circumstances. As such, it might be inferred that caring responsibilities can impede the protective elements of social engagement and participation and the affirmation, constructions of positive identity and interpersonal support that such relationships and experiences can provide.

It should be noted that, for many, caring responsibilities are coupled with financial stress, social isolation, and a range of family challenges that can either cause or compound educational difficulties. Within the literature there are limited studies that account for causality between caring and educational disadvantage in ways that other studies have linked poverty, family conflict and parental engagement in learning.

Although much of the young carer literature has tended to cast caring responsibilities and caring identities as problems or as causing difficulties, a number of studies have demonstrated ways in which the caring role empowers young carers educationally and helps foster positive identities and optimistic views for the future (Cass, Smith et al. 2009, Hutchinson, Roberts et al. 2016, Jones 2018).

Studies within and outside of the young carer literature have also pointed to the roles that schools can play in improving positive outcomes for children and young people. Positive school climates that foster a school and peer-connectedness, that facilitate family supports and provide flexible learning can all mitigate the impacts of living in stress-filled and complex families and enable greater attendance, achievement and participation (O'Malley, Voight et al. 2015). However, studies have often demonstrated a lack of awareness by schools about young caring and the needs of young carers within education (Leu, Frech et al. 2018) and that this lack of awareness may lead to poorer outcomes (Thomas, Stainton et al. 2003).

Research has also pointed to the fact that many young carers hide their caring responsibilities at school to avoid unwanted attention by peers and school staff. Many young carers report being bullied and harassed due to their family members' illnesses or disabilities, (Cree 2003, Bolas, Wersch et al. 2007) particularly when they related to problematic alcohol or other drug use or mental health issues (Moore, McArthur et al. 2011) and were concerned about child protection removal (Moore 2005, Moore and McArthur 2007).

For some this isolation was problematic: they reported difficulty forming relationships with friends, felt 'alone' and 'misunderstood' and felt shame and embarrassment about their situations. However, young carers in a growing number of studies have reported that school has provided them with a 'safe haven' from their caring responsibilities and enabled them to enjoy normative experiences alongside their peers (Gates and Lackey 1998, Moore 2005, Hamilton and Adamson 2013).

Young carers identified by school and welfare staff have had mixed responses. Some studies have suggested that young carers have been dis-believed, misunderstood or silenced (Cree 2003, Eley 2004, Martin 2006, Bolas, Wersch et al. 2007, Earley, Cushway et al. 2007, Moore and McArthur 2007), while others have presented the appreciation that young carers assign to the support that they have received by staff who are empathetic, supportive and respectful and schools that have been flexible in their expectations about assessment, creative in the ways that curriculum is delivered and responsive to the child or young person's physical, emotional and social needs.

2. Project Overview

Aims of the study

This project draws on data collected in the 2017 and 2018 applications to the Young Carer Bursary Program, which is administered by Carers Australia. This project aimed to develop a better understanding of the factors affecting young carers and their education, including the challenges their families faced, who had lower and higher educational engagement and what barriers restricted their attendance, achievement and participation. It was conducted to provide data to inform policy and practice.

Our approach

This mixed methods research study used an existing data set of applications to the Young Carers Bursary and consisted of two sub-studies—a quantitative study and a qualitative study.

This report is divided into a series of chapters. In Chapter 1 we provide background to the study and an overview of the existing research. In Chapter 2 we account for the nature of the study and our approach. In Chapter 3 we present findings from the quantitative sub-study and in Chapter 4 we provide findings from the qualitative analysis. In Chapter 4 we make concluding remarks and identify implications for policy, practice and research.

Research Planning

This study was conducted by researchers from the Australian Centre for Child Protection (UniSA) and the School of Primary and Allied Health Care at Monash University. The project was conducted in partnership with Carers Australia with whom researchers met regularly to confirm research questions and to consider the implications of the emerging findings.

Ethics

This study was completed with approval from the University of South Australia's Human Research Ethics Committee (Approval #202121) and ratified by the Monash University HREC (Approval #20319). Applicants to the Carers Australia Young Carers Bursary Program were asked to consent to their applications being used for research purposes. Data was not provided to researchers except where such consent had been granted. All identifiable detail was removed from applications prior to them being provided to the ACCP and its partners for analysis. This included names, addresses, telephone numbers and detail within the open-ended text questions that could point to the identities of respondents. Data were provided in the form of an MS Excel database.

3. Quantitative analyses

In 2017-18 and 2018-19, 2147 young carers from around Australia completed an online questionnaire as part of the Young Carer Bursary application process. Young carers applied for the bursary to support their engagement in their education and schooling. The responses to questions in the application of 1,443 young carers who applied for the bursary and consented to their responses being used for research purposes were analysed quantitatively. Overarching research questions drove the data analysis with specific subsumed research questions informing specific quantitative data analysis.

The bursary requires completion of an online form and therefore this study accessed administrative data. There were no *a priori* research questions. Research questions did not drive the collection of data in the cross-sectional online survey. The administrative data analysis was treated as an exploratory study to determine the characteristics of the sample, their living and caring circumstances and to identify important relationships and differences between groups.

3.1 Methods and approach

Research questions

Research question one asked: What are the key issues facing young carers and their families and to what extent do they affect young carers' self-reports of educational engagement and wellbeing? Including:

- RQ1a: What are the personal, family and living characteristics of the applicants of the young carer bursary?
- RQ1b: What are the characteristics of the care provided by young carers: care recipients, hours of care, complexity of care and assistance to care?
- RQ1c: What do young carers report about the impact of caring on wellbeing, school attendance and ability to study at home?

Research question two: What are the characteristics of young carers who applied for the Young Carer Bursary and what factors influence their overall educational engagement and wellbeing? Including:

- RQ2a: What are the significant associations between the characteristics of caring, personal characteristics and the self-reported wellbeing of young carers?
- RQ2b: What are the significant associations between personal characteristics, caring and school attendance, study and educational engagement overall?
- RQ2c: What factors most significantly influence wellbeing, school attendance, study at home and educational engagement?

Respondents and inclusion criteria

Respondents who consented to their responses being used for research purposes, who completed the identifying details about themselves and their cared for relative and who completed the online questionnaire, were all included in the data set (N=1,443).

The data were initially cleaned and screened to identify any data errors. Data that were incorrect or incomplete were treated as missing data with tables and descriptive statistics all listing specific sample sizes (see Appendix A). For example, one applicant stated their age as 1 year old (therefore labelled as 'missing') and another applicant listed their age as a postcode (labelled as 'missing').

Instruments and variables

The Young Carer Bursary Questionnaire is a questionnaire created by Carers Australia for the purpose of assessing applicants for the Young Carer Bursary Program. The Young Carer Bursary Questionnaire consisted of 44 questions—40 questions were closed or fixed format questions and were used for the quantitative data analysis. All questions were specifically designed for the cohort of young carers.

No validated scales or instruments are included in the questionnaire. Instead single questions were created to measure complex variables in a brief way to capture and enable young people with lower literacy to respond. For example, wellbeing was assessed by one question ['Please rate your personal wellbeing (this includes your ability to participate in education, sporting, community and social events, spend time with friends)']. Applicants were provided with a 1-10-point scale estimating self-perceived wellbeing: 1-2 (very poor); 3-4 (poor); 5-6 (average); 7-8 (good); and 9-10 (excellent). School attendance was assessed by a question about how often the young carer estimated that care prevented their attending school. Responses ranged from never to more than four times per month. Study at home was assessed by a single question asking how often care affected study at home and responses ranged from 'never' to 'always' affecting study at home.

Data collection

Data were collected via an online survey platform and managed by Carers Australia.

Data management

Carers Australia maintain a database of applicant responses to the Young Carer Bursary Questionnaire, with the 2017-18 and 2018-19 applicant responses forming the dataset for this project. In research terms, this is called an administrative dataset, which refers to data which was created for another purpose accessed from the data custodian who maintains the database. Data retrieved from the Young Carer Bursary application questionnaire formed the basis for data utilised for the quantitative data collection. Data management occurred only following ethical approval from University of South Australia and Monash University. The data were treated as a cross-sectional online survey design with single respondents completing the questionnaire in either 2017 or 2018. Duplicates (young carers who completed the application in both years, n=219) were removed prior to data cleaning and analysis of only the most recent response retained (e.g. if someone applied in both 2017 and 2018, their 2018 application was retained).

Quantitative data analysis

All statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS) Version 24 (IBM Corp 2016). Descriptive statistics (frequencies, percentages and means and standard deviations where applicable) were generated for demographic variables (i.e. age, geographical location, responses to key care questions) and all variables to describe the sample overall (see Table a1, Appendix A). Excel and Tableau software were used to create figures and tables.

Young carer reports about the impact of caring on their wellbeing, school attendance and ability to study at home (RQ1c); associations between personal characteristics, caring and school attendance, study and educational engagement (RQ2b); factors that influence wellbeing, school attendance, study at home and educational engagement (RQ2c); and associations between the characteristics of caring, personal characteristics and the self-reported wellbeing of young carers (RQ2a) were investigated using a number of statistical methods. These methods included Spearman's rho correlation coefficient; Mann- Whitney U test when differences were investigated between two groups; the Kruskal Wallis test when differences were investigated between three or more groups; and effect sizes were calculated using the formulae for the square root of n using conventions (small=.1; moderate=.3; and large =.5) (See Appendix A section 1 and section 2 for full results and details).

Non-parametric statistics were used to determine differences between groups, for example, Mann-Whitney U test determined significant differences between groups of young carers based on hours of care provided (more or less than 20 hours), and the Kruskall-Wallis test determined differences between three or more groups (i.e. three groups include primary, secondary and post school young carers).

Correlation statistics were used to investigate relationships between variables such as care load and care complexity for young carers. Non-parametric statistics were used when the outcome being investigated was a category (e.g. high, medium, low) or where continuous response scores (e.g. age) were not normally distributed. Further, other statistical tests were used when indicated, including Chi-square test for independence, and regression analysis.

While many analyses were conducted, only the most salient results are reported in the main body of the report. For details of the specific analysis used for each finding and for the complete set of all analysis refer to the detailed method and results in Appendix A.

Presentation of findings in relation to research questions

The findings are presented under headings pertaining to the research questions and data analysis methods are described below. The sections 'Characteristics of young carer applicants', 'Characteristics of care provided by young carer applicants' and the 'Characteristics of the living environments of young carer applicants' sections are presented and relate to RQ1a through RQ2c (as detailed above).

Data analysis methods are described at the start of each section to inform the reader of the rigorous statistical methods used. Full quantitative results are available in Appendix A. Finally, a summary of results will be presented pertaining to the research questions.

3.2 Findings

The study yielded important findings related to young carers' engagement in education. Before considering some of the factors that influence young carers' engagement, we provide an overview of the characteristics of those young carers who applied for the bursary and who make up the sample. As noted, the sample is not representative but is made up of young carers who applied and, in some circumstances, were supported to complete an application.

Characteristics of the young carer applicants

The personal, family and living characteristics of the applicants of the young carer bursary (RQ1a) were investigated using descriptive statistics (see Appendix A section 1 for full results and details). Correlations and tests of difference were used when required.

As illustrated in Figure 1, which plots young carer applicants by geographical areas, applicants (n=1,360[3]) mainly lived in urban and regional cities and in eastern states of Australia. Sixty-eight percent of young carer applicants lived in major cities, and 31 percent lived in regional areas: 20 percent in inner regional areas and 11 percent in outer regional areas. 1.1 percent in remote or very remote areas (see Table a1 in Appendix A).

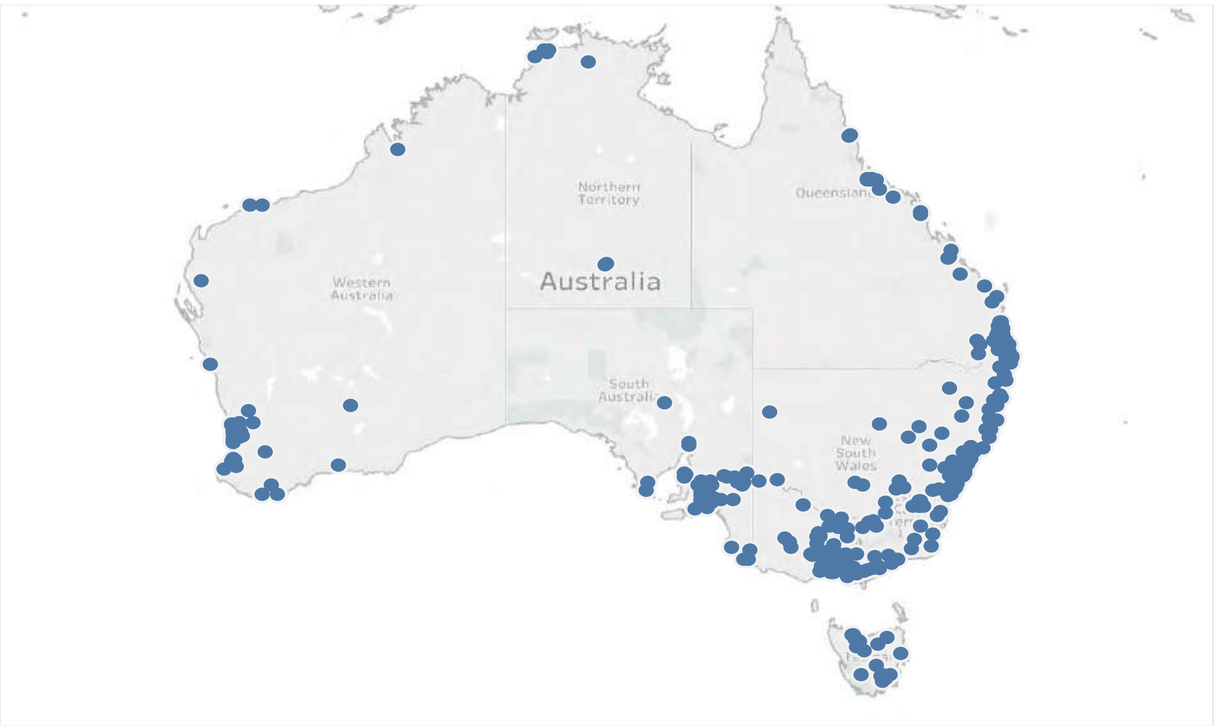

Figure 1: Young carer applicants (2017, 2018) geographical locations according to postcode (n-1,360).

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[3] Postcode data was missing from 83 young carers.

Young carers who applied for the bursary reported caring for between one month and 22 years. Young women comprised 65 percent of the applicants. Ninety percent of young carers reported that they were born in Australia.

Young carers who applied were aged between eleven and twenty-five years (with the mean being 16.9 years), reflecting the eligibility criteria that young carers needed to be "aged 12 - 25 years old for the entire time you're receiving the bursary". Only nine eleven-year olds were included in the data set of applicants with the assumption that they were included as nearly twelve years per eligibility criteria. Of note, there were 61 twelve-year olds making a group of 70 11-12-year-old applicants even though this group included applicants who were required to turn twelve to receive the bursary. Figure 2 shows the relative number of applicants in each age group (circle size corresponds with the total number in that age group).

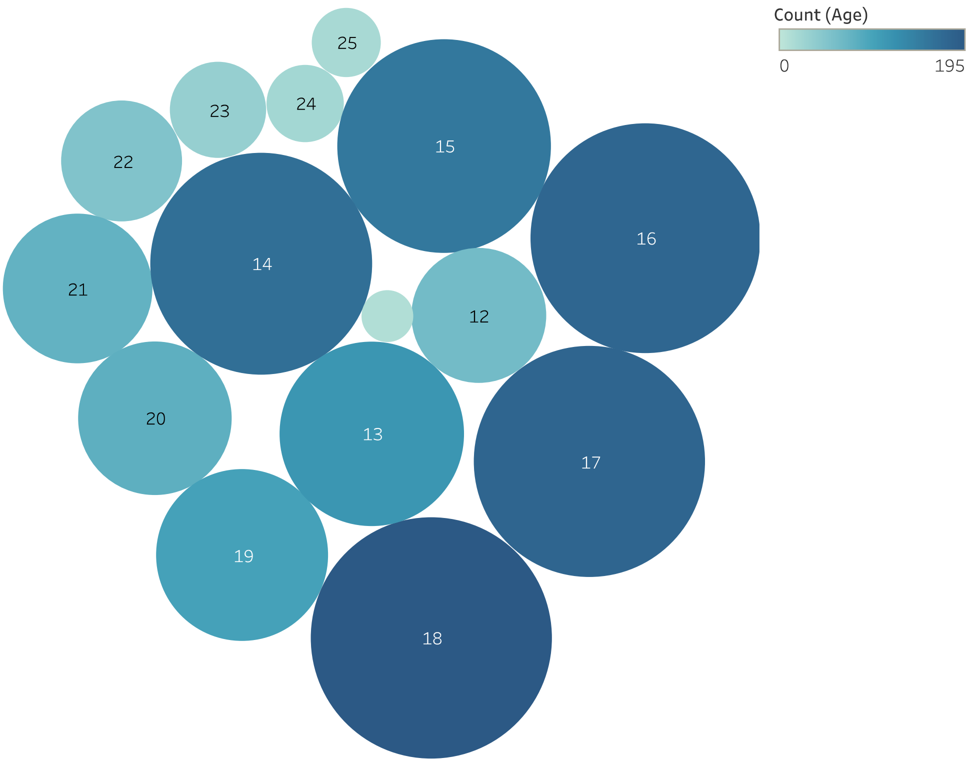

Figure 2: Age distribution of applicants

Most of the applicants were in secondary school. When asked about the highest level of school that they had completed, 25 percent had completed year 12 or equivalent while 14 percent had completed year 10 and 15 percent had completed year 11. The remainder had completed year six (6 percent), seven (9 percent), eight (12 percent) or nine (12 percent). Hence the majority of young carer applicants attended the middle and later years of secondary school. When asked about their aspirations for study for the following year, 346 young carers (24 percent) recorded university courses such as engineering, nursing, teaching, computer science. About 5 percent recorded certificate post school options such as hairdressing, disability support and carpentry.

Gender differences revealed that females (65 percent of applicants) reported lower personal wellbeing and significantly lower school attendance, particularly when caring for a parent. Females also demonstrated over-representation in the lower educational engagement group and under-representation in the higher educational engagement group.

Family backgrounds

Within the sample, 45 percent of young carers reported living in a single-parent household, with almost 40 percent living within a couple-headed home. Almost 10 percent of applicants identified as being Aboriginal and/or Torres Strait Islander, while almost 10 percent reported that they were born overseas (see Table a1 in Appendix A).

Ninety percent of the young carer applicants were born in Australia and had better wellbeing than those born overseas (see Table a10 in Appendix A). Other education outcomes were not different (attending and study at home) between these groups (see Table a13 and Table a15 in Appendix A). Young carers who identified as Aboriginal and/or Torres Strait Islander people (9.7 percent) lived mostly in Southern coastal areas (see Fig. a6). The number and percentage of Aboriginal and Torres Strait Islanders living in different states is shown in Table 1. It is noteworthy that 27 percent of young carers reporting that they were Aboriginal or Torres Strait Islander did not report the state in which they resided.

Table 1: *Distribution of Aboriginal applicants*

State	Frequency	Percentage
None listed	38	27.1
New South Wales	30	21.4
Queensland	17	12.1
Victoria	14	10
South Australia	12	8.6
Tasmania	10	7.1
Australian Capital Territory	8	5.7
Western Australia	7	5
Northern Territory	4	2.9

Aboriginal or Torres Strait Islander young carers experienced significant difficulty attending school (see Table a13 in Appendix A) compared with other young carers.

Twenty percent of young carers had a disability themselves and reported significantly lower wellbeing and school attendance. Significantly more young carers with a disability were represented in the lower educational engagement group compared with those without a disability. The wellbeing of young carers with disabilities was compounded by factors such as the number of people they cared for and the duration of years that care had been provided. Figure 3 below shows the comparison of personal wellbeing scores of young carers with (n=281) and without (n=1,162) disabilities and variations to wellbeing by age, number of people they are providing care for, and the length of time they have been providing care for their relative.

Figure 3 shows that young carers with disabilities report a steep reduction in wellbeing as they age. Young carers who have disabilities also report a steeper decline in wellbeing as the number of people that they care for increases, and this decline starts and finishes under the mean for wellbeing (mean for whole sample is 6.6) compared to non-disabled young carers mapped (see column 2 in Fig 7). Further, a similar profile for young carers with and without disabilities exists when duration (years caring) is mapped (see column 3 in Fig 7).

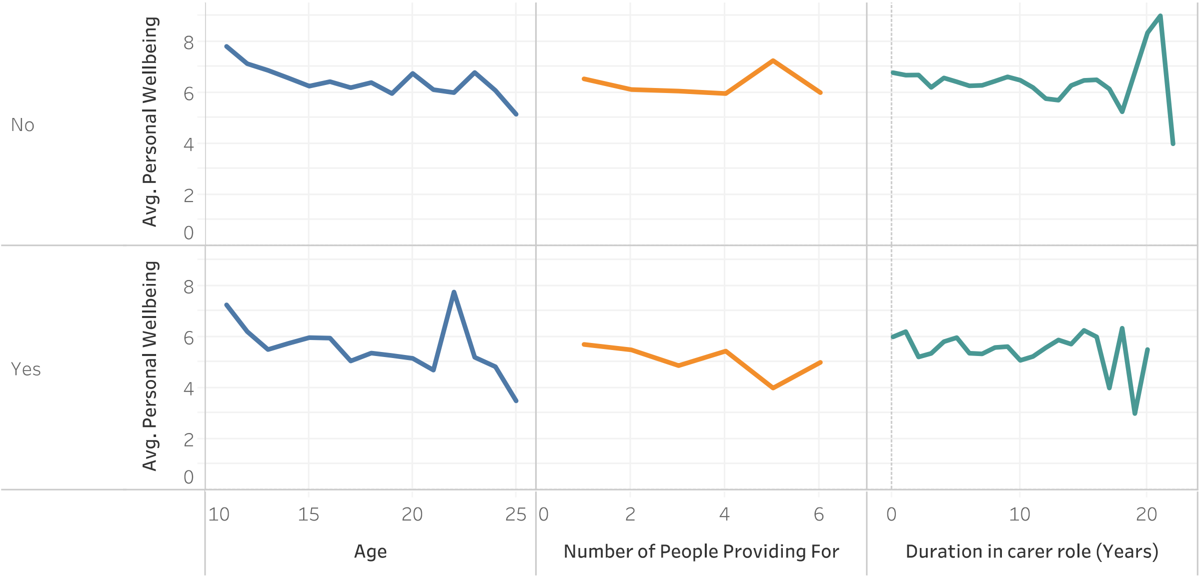

Figure 3: Wellbeing scores for young carers with (n=281) and without (n=1,162) disabilities by age.

Wellbeing, school attendance and study at home (RQ1c)

Three variables were identified to represent self-rated wellbeing and young carers' educational engagement: wellbeing, school attendance and ability to study at home. The variables were combined to create lower and higher educational engagement variables. Personal characteristics influenced wellbeing and educational engagement. For example, young carers with a disability had significantly lower personal wellbeing than other young carers. Further, the more people that young carers with a disability cared for, as well as the duration of care, also significantly reduced wellbeing.

Wellbeing

Wellbeing was rated according to the question: Please rate your personal wellbeing (this includes your ability to participate in education, sporting, community and social events, spend time with friends). As demonstrated in Table 2, below, nearly half of young carers (45.5 percent) reported that their wellbeing was 'good' or 'excellent' while 18 percent reported that it was 'poor' or 'very poor'.

Table 2: *Self-reported wellbeing young carers respondents*

Wellbeing	Number of young carers (n=1,443)	Percentage
Very poor (1-2)	35	2.4

Poor (3-4)	232	16
Average (5-6)	519	36
Good (7-8)	481	33.3
Excellent (9-10)	176	12.2

The wellbeing of applicants was also analysed in relation to where they lived, according to postcode. Interestingly, young carers who lived in outer regional, rural and remote areas were more likely to report higher wellbeing than those living in major cities and regional centres.

In Figure 4, the personal wellbeing of applicants (n=1,360) is displayed according to postcode. Young carers estimated self-perceived wellbeing on a scale of 1-10. A score of one indicated self-reported low wellbeing (red) and a score of 10 indicated high wellbeing (blue). Eighty-three young carers did not provide postcode data. Sixty-eight percent of young carers lived in major cities, 20 percent lived inner regionally, 11 percent lived outer regionally and 1.1 percent lived in remote or very remote areas (see Table a1). Below, 'stacked data' is presented showing distributions with postcode using colour and size. Investigations of differences in wellbeing scores according to geography revealed a significant difference (p=.045). The median personal wellbeing scores of young carers in major cities and inner regional centres was 6. Young carers in outer regional or rural/remote areas reported higher personal wellbeing with a median score of 7. Personal wellbeing was also mapped for young carers in every state (see Appendix A, section four).

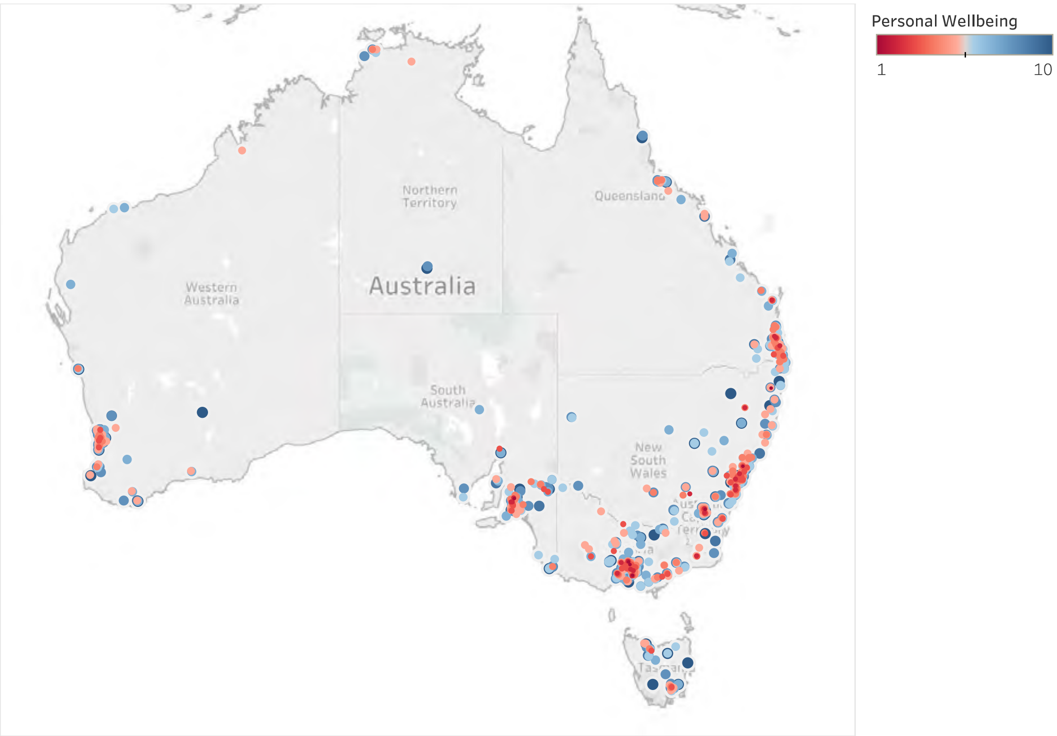

Figure 4: Personal wellbeing score by postcode (n=1,360)

The relationship between wellbeing and school attendance

Wellbeing was significantly positively associated with attending school (see Table a4, correlation rho=.33, p<.001) and being able to study at home (see table a4, correlation rho=.34, p<.001).

In other words, young carers who reported limited time spent away from school and those who reported that they were able to study at home had higher self-reports of wellbeing than those whose attendance and ability to study were restricted. Although the average self-perceived wellbeing score was 6.24 (*SD*=1.9), younger carers self-rated higher, and older young carers self-rated substantially lower (see Table a5 in Appendix A). Figure 5 shows the significant reduction in self-rated wellbeing with increasing age for young carers.

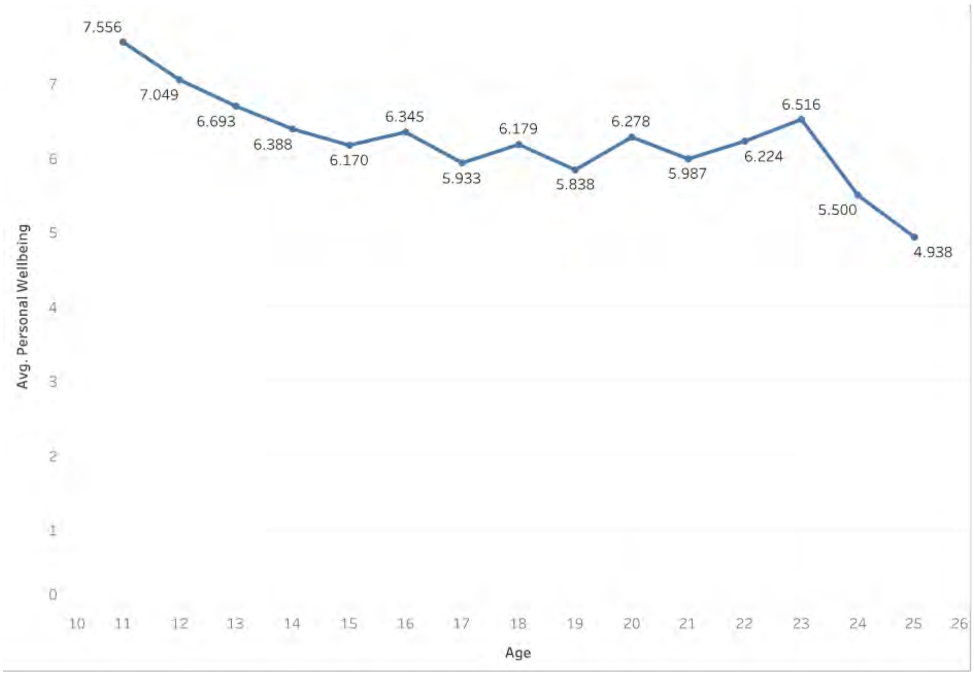

Figure 5: Personal wellbeing compared with age

Wellbeing was highest amongst the youngest carers (10-17 years of age), and this group was over-represented in the higher educational engagement group overall.

School attendance

Poor school attendance was an issue for many young carers. As demonstrated in Table *3*, below, twenty-two per cent, or more than one in five young carers, were unable to attend school at least once per week due to caring responsibilities. A further 39 percent were unable to attend between one and three times per month due to caring responsibilities. Table 3 provides the frequencies of educational non-attendance being secondary to caring responsibilities.

Table 3: *Frequency that caring affects school/educational institution attendance*

Providing care prevents attending educational institution	Number of young carers (n=1259)	Percentage
Never	257	18.9
Less than once a month	276	20.3
Once per month	194	14.3
Two or three times per month	329	24.2
Four times a month (roughly once a week)	162	11.9
More than four times a month	141	10.4

Care affected young carers' ability to study at home**.** Fifty six percent of young carers reported that their caring role affected their ability to study at home often or always. Table 4 presents young carers' estimates of how frequently caring affected study at home.

Table 4*: Young carers' estimates of how frequently caring affected study at home.*

Care affects studying at home	Number of young carers (n=1359)	Percentage
My caring role never affects my ability to study at home.	34	2.5
My caring role rarely affects my ability to study at home.	93	6.8
My caring role sometimes affects my ability to study at home.	473	34.8
My caring role often affects my ability to study at home.	555	40.8
My caring role always affects my ability to study at home.	204	15

Figure 6 presents Australia-wide graphics on lack of school/educational attendance for young carers. High impacts were responses of 'often' or 'always' (n=759); Sometimes impacts were 'sometimes' (n=473); Low impact was 'never' or 'rarely' (n=127).

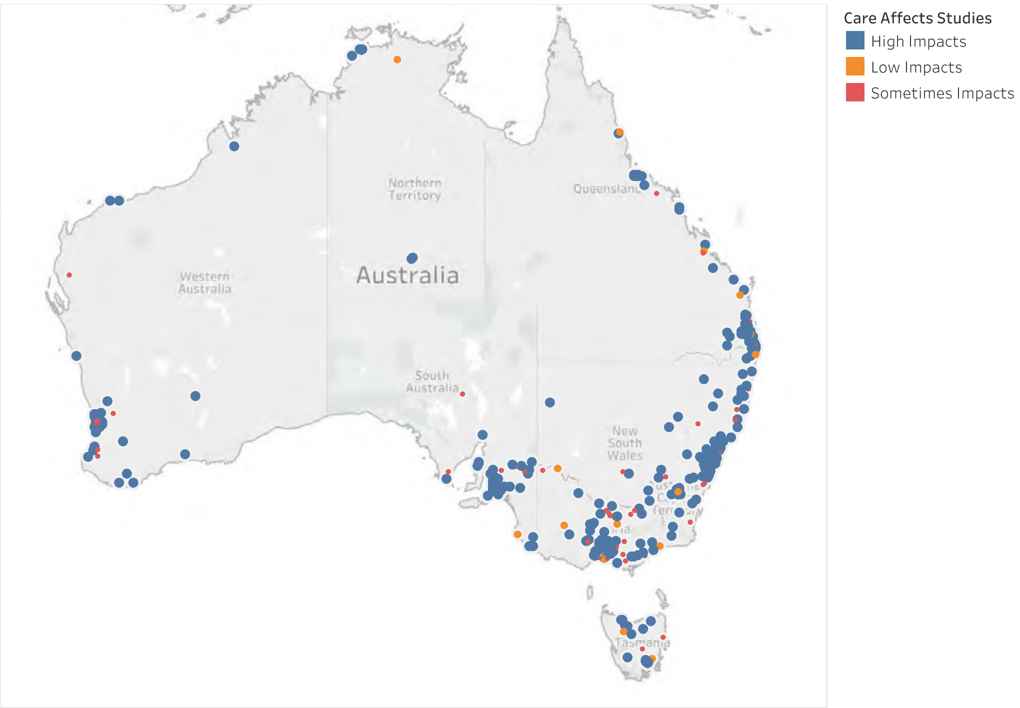

Figure 6: Caring affecting study by geography (n=1,296)

Characteristics of the care provided by the young carer applicants (RQ1b):

This study was interested in understanding whether particular groups of young carers reported poorer educational attendance, ability to study and wellbeing. This section begins by presenting a series of challenges that young carers and their families faced before considering how these influenced educational and wellbeing outcomes.

The key issues facing young carers and their families and the extent to which they affect young carers' self-reports of educational engagement and wellbeing (refer RQ1a, RQ1b and RQ1c) were investigated using descriptive statistics and correlation tests to determine between group differences (see Appendix A section 1 for full results and details).

Young carers (n=1,399) indicated that they engaged in care responsibilities for between one and 50+ hours per week (see Table a1 for details). Thirty-three percent of young carers provided care for more than 30 hours per week. The most commonly reported that the amount of time to provide care was for between 11 and 20 hours and twenty-nine percent of carers were in this group.

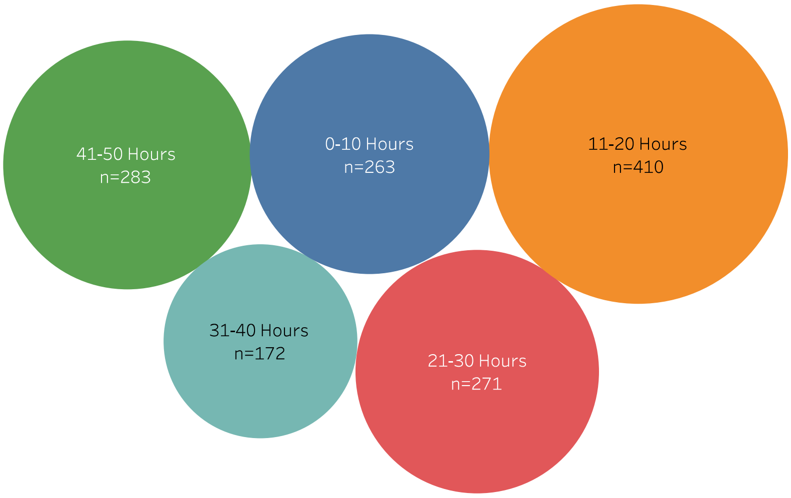

Figure 7: Reports of caring loads by hours (n=1,399)

Over 98 percent of young carers cared for a family member: 51 percent for a parent; 44 percent for a sibling; 2 percent for a grandparent and 1 percent each for a child or other family member. Young people cared for one (68 percent), two (22 percent), three (seven percent) or four or more (three percent) relatives who often had more than one type of illness or disability. One third (34 percent) of young carers reported that they were the main carer in their family and twenty-nine percent reported that they did not receive support from anyone else within or outside of their family (see Table a1 in Appendix A).

The length of time that young carers reported caring was expansive, from one month to 22 years (*M*=6.6; *SD*=6). Although questionable due to the age of young carers and unverifiable due to the nature of the online survey, 14 applicants reported caring for between 17.5 and 22 years. Table a1 in Appendix A provides further detail.

The data were organised into groups according to hours of care provided. Investigations of differences between groups of young carers as grouped according to care load revealed highly significant impacts on key educational engagement measures. As care load increased, wellbeing, educational attendance and capacity to study at home all significantly reduced (see Appendix A, Section One). Of note, young carers with more than 20 hours of care responsibilities were significantly more likely to be in the lower educational engagement group.

Characteristics of care significantly influenced both wellbeing and educational engagement. Specifically, identifying as the main carer (34 percent) resulted in lower reported wellbeing, school attendance, and overall educational engagement. Young carers who identified as the main carer and whom were female reported lower attendance at school than their male counterparts (see Table a18 and Figure a16 in Appendix A).

Young carers provided care to numerous family members, as represented in Figure 8. Of the young carers who responded to the appropriate question in the bursary application (n=1,376) 50 percent of young carers cared for their parent (mostly mothers) and 44 percent cared for a sibling (mostly brothers) (see Table a1 in Appendix A).

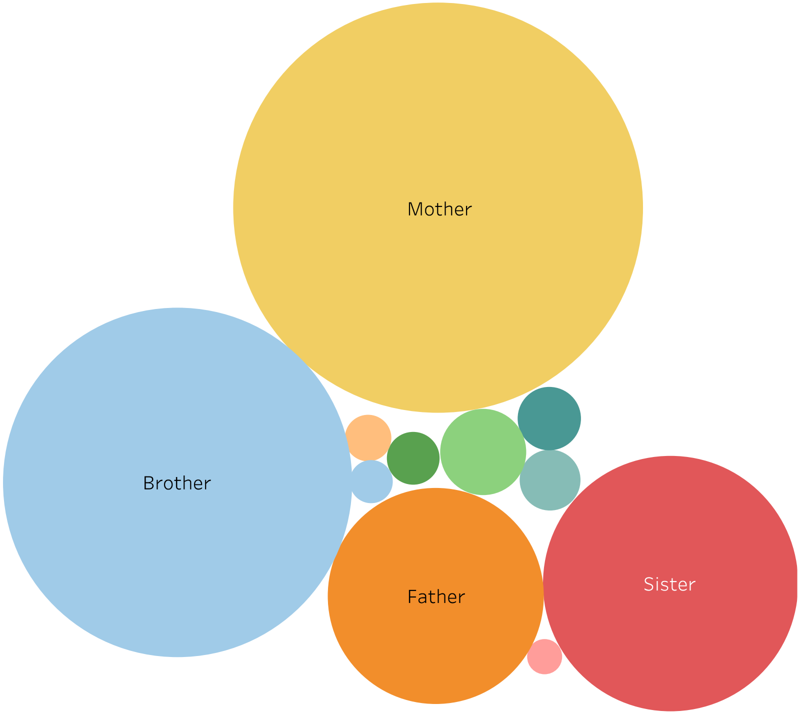

Figure 8: Care recipients by relationship status (n=1,376)

Mothers mainly required care for physical disability or mental health issues and brothers required care for intellectual or sensory disability. Caring for a parent significantly related to lower wellbeing and lower school attendance and caring for a sibling related to difficulty studying at home. Caring for a sibling was also more complex care (multiple conditions experienced by a care recipient). See Figure 9 for descriptions of type of disability of family members cared for by young people (n=1,301).

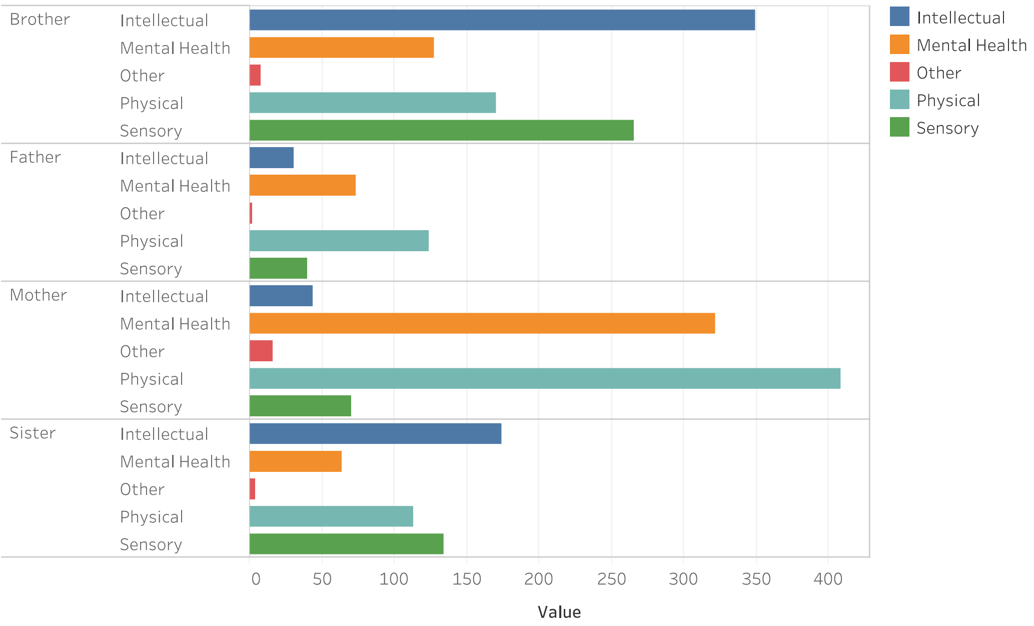

Figure 9: Reasons for main person requiring care (n=1,301)

The complexity of care

Complex care referred to the multiple conditions being experienced by the person being cared for. Complex care was common: 37.4 percent of young carers identified only one condition, but 58.8 percent identified two, three or four conditions experienced by the main person they cared for (see Table a1 in Appendix A). Young carers who were caring for siblings report higher care complexity than young carers who were caring for parents. Complex care was associated with lower wellbeing, poorer school attendance, and overall poorer educational engagement (refer to Appendix A, Section One) and length of time caring. Complex care was also associated with more difficulty studying at home.

Young carers cared for one (43 percent), two (22 percent) or more people. Caring for two or more people was significantly associated with lower wellbeing, lower school attendance, less ability to study at home and overall educational engagement (see Table a10, Table a13, and Table a15 in Appendix A).

Characteristics of the living environments of young carer applicants

RQ1a, RQ1b and RQ1c are addressed in this section (see Appendix A section 1 and section 2 for full results and details).

Nearly half of young carer applicants lived in a single parent household and reported significantly lower personal wellbeing and lower school attendance. A comparison of personal wellbeing scores of young carers in single (n=680) and dual parent (n=763) households compared with age and number of people who are being cared for is represented in Figure 10 below.

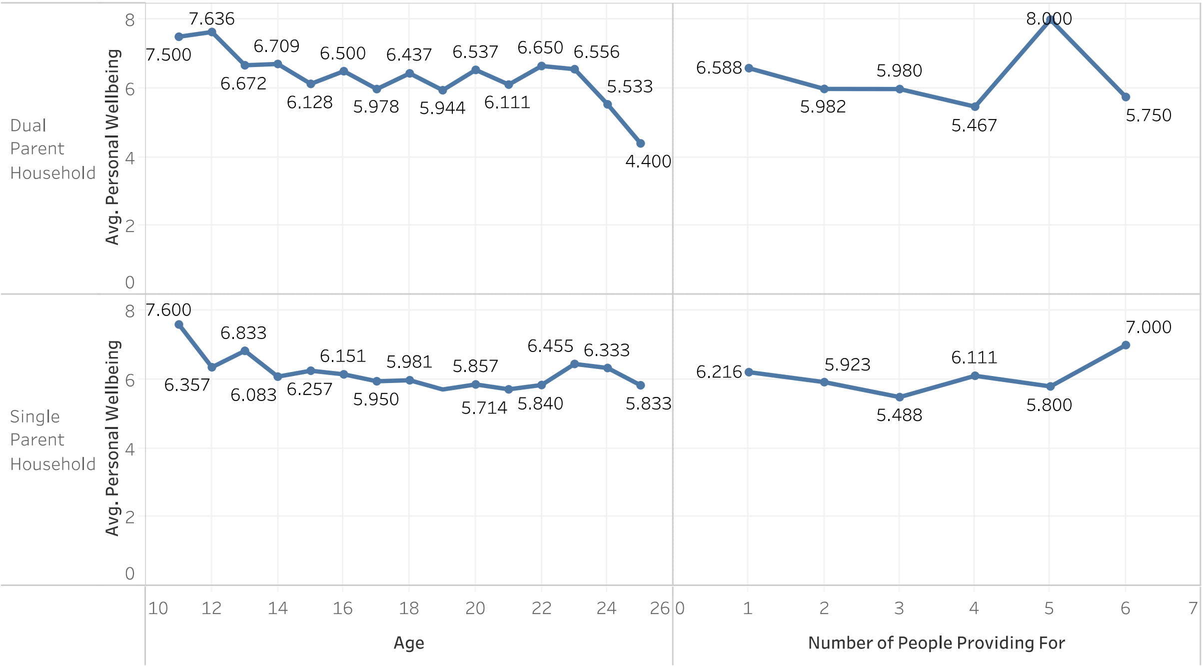

Figure 10: Personal wellbeing in single parent (N=680) and dual parent (N=763) households

Professional support

Available professional support in the young carer's local school environment significantly impacted school/educational institution attendance. More family support and paid carer support was associated with significantly higher wellbeing, school attendance and ability to study at home. No family or paid support was associated with overall significantly lower wellbeing, attendance and study (see Appendix A, Section One).

Educational engagement of young carer applicants

Groups of young carers with higher or lower characteristics of a variable (i.e. wellbeing, school attendance, study at home) were investigated using a Chi-square test for independence to identify the proportions of young carers in higher or lower groups on specific variables (i.e. impact of work status, gender etc. on school attendance) (see Table a10, Table a13, and Table a15 in Appendix A). The relative contribution of personal, family and care characteristics on personal wellbeing and preventing attendance at school more than, or equal to, once per month was investigated. Logistic regression models were used to estimate the association between young carer characteristics and wellbeing. The explanatory variables used in the multivariate analyses captured a range of characteristics including age, home language, number of people cared for and care load per week. Logistical regression was used to identify the most statistically significant issues influencing self-reported high or low wellbeing**.** The most significant factors influencing wellbeing were main carer status; place of birth; whether the young carer had a disability or not; the age of the carer; and the carer load in hours (see Figure 11 and Table a17 in Appendix A). These issues are not presented in order of importance.

Figure 11: Factors most strongly associated with better wellbeing.

Logistic regression models have also been used to estimate the association between young carer characteristics and attending school (see Table a9 in Appendix A). The explanatory variables used in the multivariate analyses captured a range of characteristics including main carer status, total number of sources of support to care, main care relationship, and single parent household (see Appendix A, Table a1 for full list).

The most statistically significant issues influencing school attendance were whether the young carer lived in a single or two parent family; the care load whether more or less than 20 hours; the gender of the young carer; the status of the young person as the main carer; the age of the young carer (older or younger than 15 years); the number of people being cared for (see Figure 12). These issues are not presented in order of importance.

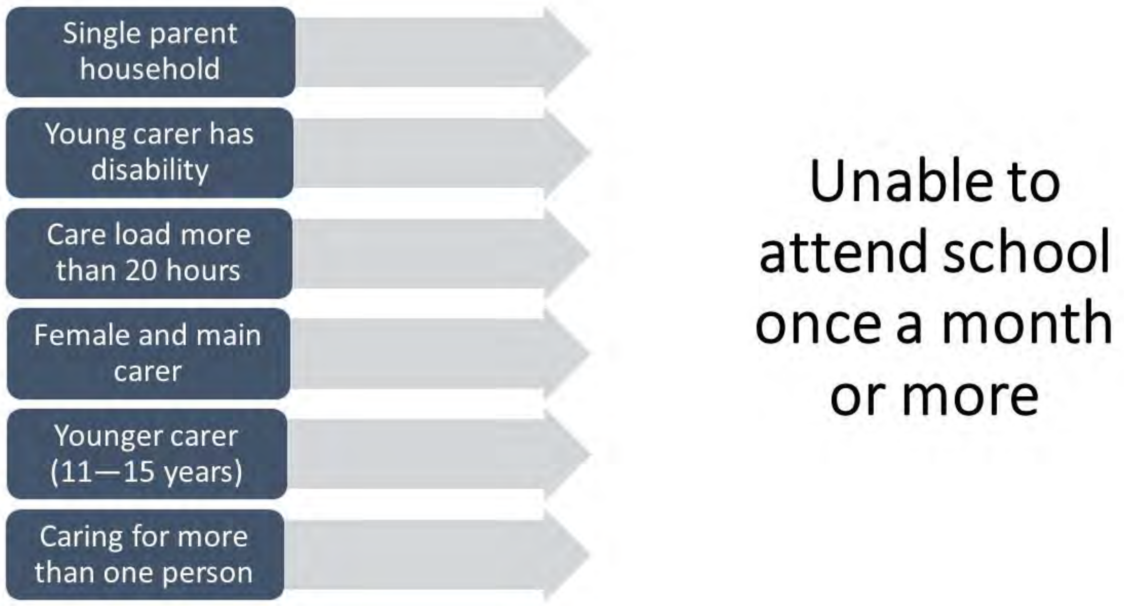

Figure 12: Factors most strongly associated with being unable to attend school once a month or more due to caring responsibilities at home.

Chi-square tests were used to identify factors associated with difficulty studying at home (see Table a15 in Appendix A) (logistic regression was not applied as statistical assumptions were violated). Therefore the most statistically significant issues influencing whether the young carer was able to study at home were the number of people being cared for; care load in hours; whether they were caring for a sibling; or if they had already identified that getting to school was frequently difficult (see Figure 13).

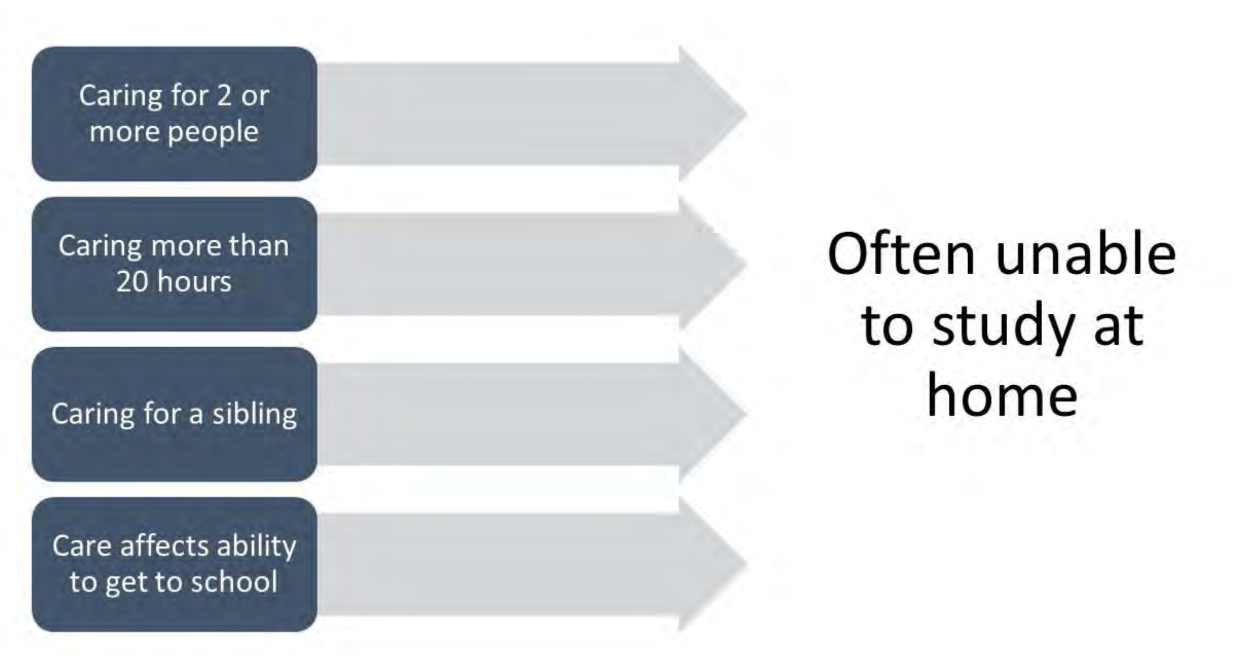

Figure 13: Factors most strongly associated with being unable to study at home.

Deriving the Lower and Higher Educational Engagement groups:

To determine educational engagement as a combination of the three outcomes of interest, three new variables were created and tested to measure lower, higher and moderate educational engagement so that the characteristics and associated factors could be explored (RQ2a, b and c). See Appendix A, section 3 for full explanation and Table a22 for comparison of groups on important variables. There were three steps to the identification and analysis of data about the educational engagement of young carers. Firstly, the method to identify the young carers with the highest barriers to educational engagement as well as young carers with the lowest barriers to educational engagement was explored. Young carers with the lowest wellbeing, greatest challenges getting to their school/educational institution, and greatest difficulties studying at home were identified through responses to the three questions. Three groups of young carers were identified according to their responses:

- Group one: Young carers with lower educational engagement. This group of young carers had the lowest wellbeing, the greatest challenges attending their educational institution and the greatest challenges studying at home. Low self-reported wellbeing was considered a barrier to education. This group is considered to have the strongest indicators of lower educational engagement and have been abbreviated as the Lower Educational Engagement (LEE) group.
- Group two: Young carers with higher educational engagement. This group of young carers had the highest wellbeing, ability to attend their educational institution and ability to study at home. High self-reported wellbeing was considered an enabler to education. This group is considered to experience the least indicators of low educational

engagement and have been abbreviated as the Higher Educational Engagement (HEE group).
- Group three: Young carers with moderate wellbeing and moderate challenges attending their educational institution and studying at home.

A total of 144 young carers were classified as having lower educational engagement (Group one). Only 80 young carers were identified as having higher educational engagement (Group two). The remaining 1,219 young carers were classified as 'moderate', having some other combination of wellbeing and education impact (Group three). After assigning to groups, demographic variables were explored for the sub-groups, comparing each group and the overall sample.

Educational engagement was derived through a statistically tested combination of the young Carer's estimation of the impact of caring on self-reported wellbeing, self-reported frequency that the young carer was unable to attend school and self-reported difficulty studying at home. The most statistically significant issues influencing educational engagement were gender (females had lower school attendance); whether the young carer had a disability and if so, the number of disabilities; the number of people being cared for; the complexity of care required by the people being cared for; caring for more than 10 hours per week (with 20 hours being the cut point for higher impact); identifying as a main carer; and having family or paid support available. These issues are not presented in order of importance.

Overall, younger carers in earlier school years were more engaged in their education. Factors associated with low education engagement were low wellbeing, being female (vs male), having a disability yourself (vs not), providing care for someone with multiple needs (complex care), care load over 20 hours per week (vs under 20 hours), and lack of care assistance (paid and unpaid) (see Table a22 in Appendix A).

3.3 Summary

The data analysis of young carer applicants for the Young Carer Bursary presents some stark findings about applicants' education attendance, ability to study at home and overall educational engagement.

In relation to RQ1a (personal demographics), young carers are a diverse group, similar to other young people living in Australia. The age range was 11 to 25 years, educational level ranged from grade six through to post-secondary school study and wellbeing was higher among younger carers and reduced as young carers aged. Young carer applicants were mainly female (65 percent), mostly Australian-born (90 percent) and lived in major cities (68 percent). Young carers lived in families with constellations including single parents (47 percent) or two parents (39 percent) and 90 percent of young carers lived in homes where English was the main language spoken. Nearly 10 percent of the applicants were Aboriginal and/or Torres Strait Islander.

In relation to RQ1b (nature of care), caring was complex and embedded in family life with 34 percent of young people identifying as the main carer. Nearly 51 percent cared for a parent (who mainly had physical disability or mental health issue/s) and 44 percent cared for a sibling who mainly had an intellectual disability. Care was complex as most care recipients had more than one disability/reason for care and the most frequent category of hours of care provided was between 11 and 20 hours (29 percent of young carers).

RQ1c, which explored the impact of care on wellbeing, school attendance and study, demonstrated that young carers revealed overall average wellbeing (scored 6.6/10) with 46 percent of young carers scoring themselves as having good to excellent wellbeing. Further analysis of these findings revealed a steady and significant decline in wellbeing as young carers aged up to 25 years. Care affected the school attendance of the vast majority of young carers with 81 percent missing school due to caring at one time or another. Attendance was not possible for more than one day per week for 22 percent of young carers.

Females caring for a parent and Aboriginal and/or Torres Strait Islander young carers faced attendance issues more commonly than other young carers. Study at home was a challenge secondary to caring responsibilities for 91 percent of young carers, sometimes, often or always. Home study was more difficult for young carers with care recipients who had complex needs, were a sibling, and/or required a lot of care (i.e. more than 20 hours per week).

RQ2a identified associations between care, young carers and wellbeing and identified young carers who were the main carer, overseas born young carers, young carers with one, two or three disabilities themselves, older carers and young carers with a high and complex care load as among the young carers with the lowest personal wellbeing overall. Young carers in single parent households had lower wellbeing, as did rural and remote young carers compared with their counterparts in dual parent households and those not living in rural and remote areas.

RQ2b investigated associations between care and educational attendance and study and revealed that caring for a parent could result in lower school attendance, but caring for a sibling resulted in difficulty studying at home. Attendance was more challenging for young carers who were: Aboriginal and/or Torres Strait Islander, females caring for a parent, and young carers in single parent households. Poor attendance was related to higher care load at home, as well as when young carers had a disability themselves, cared for two or more people, cared for more than 20 hours, had fewer sources of support, did not have contact with a supportive professional and were in the latter years of high school or in post-secondary education. Difficulty studying at home was associated with young carers' responsibilities for two or more people requiring care, providing more than 20 hours of care and identifying as having difficulty attending school as well.

RQ2c, explored factors most significantly associated with wellbeing, school attendance, study at home and educational engagement. A sound educational engagement variable for young carers with characteristics indicating lower educational engagement than other young carers was configured as described. Statistical tests of significance and investigations of difference and influence identified some young carer characteristics as well as care issues that were associated with higher risk for low educational engagement. Being female, a main carer, having a disability themselves, caring for two or more people with complex needs and caring for more than 10 hours per week with no supports within the family, were all associated with lower educational engagement.

Quantitative data analysis revealed that young carers need a range of supports to better engage in education and achieve their aspirations. The factors associated with better educational engagement and service implications are graphically presented in Figure 14 below.

Figure 14: Young carer needs to achieve better educational engagement

4. Qualitative analyses

Qualitative methods were used to develop a better understanding of the subjective experience of caring and some of the things that young carers reported as being important in relation to their caring responsibilities, their feelings about caring, the ways that caring affected their education and how they proposed to use the bursary if they were successful. This chapter provides a description of the young carers' experiences and draws together findings from an analysis of open-ended text responses.

4.1 Methods and approach

Design and purposive sampling strategy

A sub-sample of 97 applicants to the bursary was purposively selected from the larger sample (n=1,443) for the purposes of conducting the thematic and content analysis. The sample included young carers who reported higher educational engagement (the HEE group), and those who reported lower educational engagement (the LEE group). A description and further detail about the sub-sample and how it was drawn is included in Appendix B.

The data

The data analysed included young carers' responses to four open-ended questions included in the Young Carer Bursary application questionnaire. Questions prompted young carers to describe their caring responsibilities, how they believed their caring affected their education or training, their feelings about their caring role, their support networks, and how, if they were successful, they would spend the bursary. Responses varied in length between single lines of text to the maximum 150-word length. There were no prompts to guide the young carers' responses to these questions, so answers varied greatly.

Our approach to analysis

Two qualitative analytic approaches (content and thematic analysis) were adopted to answer the below research questions:

- What are the key issues facing families and to what extent do they affect young carers' self-reports of educational engagement and wellbeing?
- What are the major self-reported barriers to young carers attending, achieving and participating in education?

A coding frame was developed for the content analysis, which:

- Counted instances of particular challenges facing families drawn from the child welfare and education literatures, which were not systematically reported in the closed format questions used for the quantitative study;
- Captured the types of caring reported by young carers in the Lower Educational Engagement (LEE) and Higher Educational Engagement (HEE) groups; and
- Captured the ways that young carers reported that they would spend the bursary.

In some cases, there were mentions of family challenges and bursary expenditure that were not captured in the coding frame. These were collected as ‘other’ and had an accompanying brief description during coding. ‘Other’ categories were re-categorised after coding was completed. Further detail on the approach to the content analysis is included in Appendix C.

This chapter also presents the findings from a thematic analysis that explored the self-reported barriers and enablers to young carers’ educational engagement, particularly as they related to their attendance, achievement and participation. For the thematic analysis the open-text responses of each of the 97 individuals in the sub-sample were analysed in the NVIVO (version 12) qualitative data analysis software. A coding framework was developed prior to analysis and a combination of deductive and inductive approaches were used to identify barriers, challenges and enablers to young carers attending, achieving and participating in education. The framework was reviewed during the coding process and codes were refined, expanded or contracted based on the qualitative responses.

Codes were grouped into themes; their contents were reviewed for fit and accuracy and the descriptions have been included in the results section of this report. The coding framework was developed by two researchers and coding was completed by one researcher and confirmed by another. Both researchers met to discuss the codes and themes to ensure that there was consistency in coding.

It is important to note that the questions did not specifically refer to attendance, achievement or participation in education and that in their short responses young carers may not have been able to capture the full breadth of the challenges, experiences and barriers and enablers to educational engagement. As such, it is impossible to make claims about whether particular experiences or challenges were present for young carers who did not report them nor can we report on the absence of risks or challenges.

When coding the open-ended texts, researchers took care to differentiate statements that indicated a perceived connection between a difficulty and an educational outcome (i.e. ‘I care at night so find it difficult to get to school’) from ones that described their living conditions without reference to school (i.e. ‘I find that I’m always depressed’). These factors should be kept in mind when reviewing these findings.

In this report themes that included ten references are referred to as minor themes, or themes referred to by a small number of people; those that include 15 references are referred to as moderate themes, or themes referred to by a moderate number of people; and those that include at least 20 references or more are referred to as major themes, or themes referred to by a large number of people. Themes about caring experiences emerging for the HEE and LEE groups were compared to identify where there were key differences in the qualitative accounts of these two groups.

Results

The results are organised into sections addressing key areas of focus for the research / the research questions. Content analysis and thematic analyses findings are combined and presented within these sections.

4.2. Findings

Key challenges facing families

The findings respond to the research question 'What are the key issues facing families and to what extent do they affect young carers' self-reports of educational engagement and wellbeing?' Thirty-seven young carers indicated in their written responses that they had experienced one or more family challenges (38 percent of the sub-sample), which included poverty (16.5 percent), social isolation (7.2 percent), family conflict, breakdown and separation (13.4 percent), identifying being from a migrant or refugee background (7.2 percent), and parental alcohol or other drug use (5.2 percent). These instances are included in Figure 15, below.

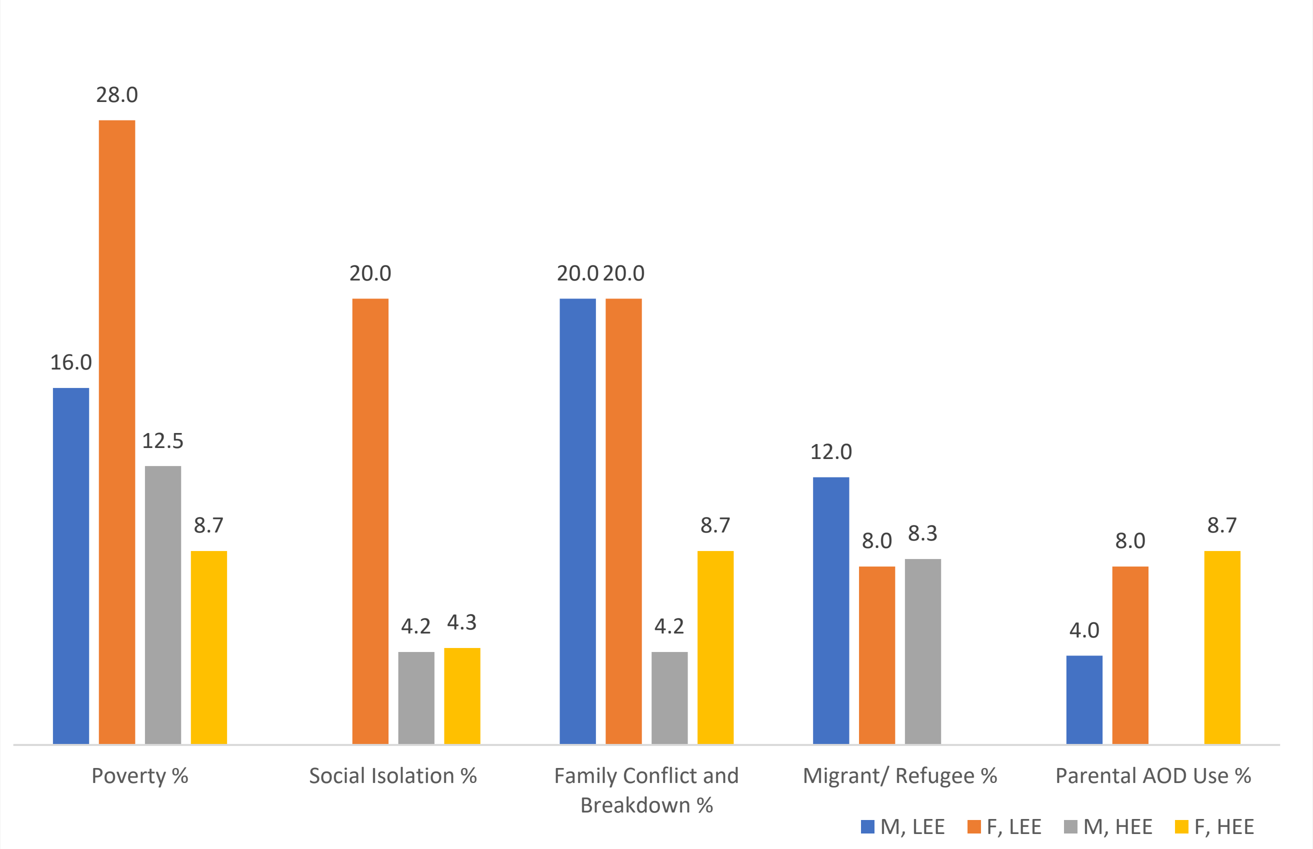

Figure 15: Reports of family challenges by males and females in HEE and LEE groups (percentages)[4]

As can be seen in Figure 15, both male and female young carers in the LEE groups were more likely to report a series of family challenges than their peers in HEE groups. Over one-quarter of young female carers in the LEE group reported that their families were experiencing financial insecurity, compared to 16 and 12.5 percent reported by their male counterparts in

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[4] Note: Percentages have been calculated based on the number of young carers in F, LEE group (n=25), M, LEE group (n=25), F, HEE group (n=24), and the M, HEE group (n=23).

the LEE and HEE groups and less than ten percent of females in the LEE group. At the same time, one-fifth of young male carers reported family conflict, breakdown and separation, which was on par with their female counterparts in the LEE group.

Table 5: *Reports of family challenges by males and females in LEE and HEE groups (counts and percentages)*

	F, LEE		M, LEE		F, HEE		M, HEE	
Number reported family challenges	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
No challenges reported	10	40	16	64	16	70	18	75
1 challenge	10	40	6	24	7	30	5	21
2 challenges	5	20	1	4	0	0	1	4
3 or more challenges	0	0	1	4	0	0	0	0

Note: percentages have been calculated as a proportion of the male and female HEE and LEE groups.

As can be seen in Table 5 above, of the 37 young carers who reported on family challenges, one person reported three or more challenges, seven people reported two challenges, and 28 reported one family challenge. The one person who reported three family challenges was in the LEE group. The seven people who cited two family challenges were predominantly from the LEE group, with the exception of one young carer from the HEE group and frequently reported on experiencing poverty in combination with other family challenges including family conflict and breakdown, parental AOD use, social isolation and being from a migrant or refugee background.

Family challenges and their impacts on educational engagement

As discussed above, some groups within the sub-sample appeared to experience greater challenges in engaging in education. These included those from migrant and refugee backgrounds, those experiencing financial insecurity and those in families who had or were continuing to experience conflict, family breakdown or separation.

Young carers from refugee and migrant backgrounds

Seven young carers who reported in their open-text responses that they were from a migrant or refugee background were predominantly in the LEE group (five of seven applicants). While this number is small, the challenges described by these young carers are significant and thus important to consider. In their open-text responses, all of these young carers talked about English being their and/or their parent's second language. Young carers from refugee or migrant background were more likely to report challenges in their homes and difficulties attending, achieving and participating in education.

In relation to attendance, four mentioned regularly translating for their parents. For some, this meant that their attendance was affected as they were required to accompany and/or transport family members to medical appointments. One young carer stated that *'I take Dad to all his doctor Appointments and hospital visits. I take a lot of my school hours to be with him'* (19-year-old male, LEE, respondent #81).

Young migrant or refugee carers also reported on loving and valuing their families, with some indicating that they played important leadership roles within their families, such as trying to be a father to younger siblings (following the death of their father), being in charge of the house and family, and feeling as though *'…I am a big man at our house'* (14 year old male, HEE, respondent #55).

Migrant or refugee young carers also frequently reported having limited family supports and being under financial stress:

> *We arrived in Australia as refugees…in 2009. I am from an ever-worsening, low-income disadvantaged family with non-English speaking and cultural background. This situation, together with my father's significant disability is increasingly putting more pressure on us emotionally and financially. My dad isn't getting better, and mum is struggling hard with all this. I fear missing out on my education because of the emotional and financial pressures we have been facing for so long. I hope I would be able to continue my studies and have a bright career. I am struggling to cope with the challenges ahead (17-year-old male, LEE, respondent #87).*

Young migrant or refugee carers who reported on struggling to get to school (two of seven) were in the LEE group. These young carers reported that they missed school to provide care for their family members.

Young migrant and refugee carers also experienced challenges in relation to their achievement. Coupled with difficulties speaking English and the need for additional assistance (which was an issue for a small number of these young carers), young migrant or refugee carers often had significant caring responsibilities, including translating, which took their toll on young carers' educational performance. A 21-year-old year 11 student reported that:

> *I have to do all the paperworks and interpreting as [my parents] can not speak English…Taking care of my parents' daily activities take me away from my studies and gives me extra pressure…I feel happy that I can help my parents but it's not always easy (21-year-old female, LEE, respondent #21).*

Most of the young migrant or refugee carers who reported on struggling to do well at school were in the LEE group (one person who reported on this was in the HEE group). These young carers reported that they struggled to study and do well because they were tired and stressed as a result of their caring responsibilities, that they were unable to keep up with their school work because of their caring responsibilities, and that they missed out on school supplies because they couldn't afford them. One person in the HEE group who reported on achievement, stated that while it was hard for them to focus, they tried their best. These themes are similar to those reported by the larger sub-sample.

Young migrant or refugee carers who reported on participation were predominantly in the LEE group, with one person being in the HEE group. Those in the LEE group reported that they missed out on social opportunities because they were caring and/or could not afford to go out. One young carer reported that they felt embarrassed about their clothes and proposed spending the bursary on new clothes. One young carer who was in the HEE group reported that they were able to talk to their school about their home situation and had a mentor who supported them and whom they admired.

CASE STUDY: TASLIMA[5]

Taslima is a Year 12 student and helps care for both her mother and father who have significant health difficulties. Since the family arrived in Australia, Taslima's father has had a number of heart attacks and requires assistance with medication and therapies. Taslima takes her father to all of his doctor's appointments, she helps translate and explains medical information to her dad. She often finds it difficult to get to school. In addition to the support she provides to her father, Taslima also cares for her mother who experiences chronic pain and takes on responsibility for keeping the house in order, and also looks after her siblings and helps them with schoolwork when her parents are too tired to do so. Taslima loves school and tries hard to get there but reports that she often feels physically and emotionally exhausted and is constantly anxious for her parent's health. She is keen to do well at school so that she can get a good job to support her family financially. If successful, Taslima reported that she would buy a car, because she currently has to take her parents to appointments on the bus and purchase in-home support so that she would be freed up to do more schoolwork.

Young carers in families facing financial Insecurity

Amongst the sub-sample, 16 (11 from the LEE group and five from the HEE group) young carers indicated that they did not have enough money for essential items such as food, bills, medicine, transport and education. They made up 28 percent of young females and 16 percent of young male carers in the LEE groups (and eight percent of young females and 12 percent of young males in the HEE group). When those in the HEE group referred to financial stresses, they generally related to not having enough money to pay for more expensive school trips or educational opportunities while those in the LEE group often reported not having enough money for food or clothing or to pay for transport.

> *I would also make sure I had enough food, which would help me concentrate at school (16-year-old male, LEE, respondent #99).*
>
> *I miss out on a lot of learning and activities due to not being able to afford school fees (19-year-old female, LEE, respondent #27).*

Not having access to smart devices, software or the internet were seen as being particularly problematic and many young carers in families experiencing financial insecurity reported that they would spend the bursary on paying for these essentials.

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[5] Pseudonyms have been used in case studies throughout.

> *As [I]'m going up to senior school, we've been told we need to provide our own laptop and many installed programs. My parents have no idea how to pay for it because my dad recently lost his job and only has a temporary job that doesn't pay well. I have 4 other siblings who are also in school or studying and mum and dad need to pay for their stuff too. I'm really stressed on how they're gonna get me a school computer. I also need to get new school uniforms as i [sic][6] have had my one for so long it has turned grey. Mum can't afford another one (15-year-old male, LEE, respondent #102).*

> *My broken, outdated laptop results in me falling behind as I cannot type as fast as my peers on my slow school computer, and applications that I need for school often do not work (13-year-old female, LEE, respondent #41).*

Young carers reporting on financial insecurity who were in the LEE group shared that this affected their school participation, citing that they were not able to participate in activities and events because of a lack of funds and a lack of transport. They also missed social opportunities and reported feeling embarrassed because of old and damaged clothes and technology. A number of young carers reported that they needed to work so that they could help pay for essentials—this took a toll on their ability to complete homework and study and to socialise with friends.

> *I cant do after school activities because I have to work to help pay for essential needs and I need to be home to look after my sisters when I can (16-year-old female, LEE, respondent #26).*

Despite a moderate to large number of young carers in the larger sub-sample reporting on post-secondary and career aspirations, young carers reporting an experience of poverty reported on this very infrequently.

Young carers with experiences of family conflict or breakdown

Thirteen young carers reported family conflict or breakdown, (five young male carers in the LEE group and five young female carers in the LEE reporting that it was an issue for their families). Amongst this group, young carers talked about violent fathers being removed due to family and domestic violence (n=3), children being removed due to child protection concerns (n=1) and parental relationship breakdown (n=5).

> *My father was removed from the home under a DVO and was a very violent man. He does not contribute to our family in any way at all not even financially. That is left to my mum who is unable to work full time due to her caring duties. We live on a carers pension, so the money does not go far (18-year-old male, LEE, respondent #98)*

Three young carers who reported experiences of family conflict, breakdown and separation also reported that their family experienced financial insecurity and reported a number of significant challenges to attending, achieving and participating in education. Eight young carers who reported family conflict or breakdown indicated that they struggled to attend school because of their caring responsibilities, being too tired to attend and because they had to work.

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[6] Quotes in this document come from the open-text responses completed by young carers and grammatical errors have not been corrected.

Two young carers stated that caring affected their mental health and so had delayed their studies.

Amongst the group, eight of the young carers reported that they had experienced violence and abuse from a family member, including one young carer who was harmed by the relative with bipolar disorder to whom they were providing support.

> *The caring role i took on board made me feel extremely overwhelmed with school, work and home life it was extremely hard to manage and was extremely stressful. The person i cared for had a bipolar disorder and was abusive so I was continually emotionally drained and hurt after caring for him (17-year-old female, LEE, respondent #46).*

Young carers who reported family conflict were most likely to be caring for (or helping to care for) a parent or one or more siblings with multiple or severe disabilities. These young carers often reported other challenges: eight young carers who were in the LEE group indicated that they suffered from poor mental health, had their own disability or had received counselling.

CASE STUDY: CANDICE

Candice is in Year 9 and cares for her mother who has mental health issues and an alcohol and other drug issue. Candice's father was physically and sexually abusive and left Candice, her mum and three younger siblings after sustained family violence. Candice's mum has good and bad days, so Candice's caring is intermittent but often takes its toll. When her mum isn't well, Candice "is in charge of the whole house" cooking, cleaning and looking after her siblings. Candice is dealing with her own anxiety and has missed so much school she is not very hopeful that she will be able to catch up or ever do well. When Candice's mum is doing well, she is a great support, otherwise Candice relies on her cats. Her school is helping to find ways to assist with her learning. If successful in securing a bursary, Candice will spend the money on tutoring to "catch up" so that she "can definitely finish Year 9".

Young carers whose families are socially isolated

Seven young carers (five of whom were females from the LEE group) explicitly reported that they and their families had no support from either extended family or support services. Two young carers additionally reported being geographically remote from extended families and services. While there was not a large number of people who explicitly reported being socially isolated, the challenges to educational engagement that they reported are important to consider here. Other families may have experienced similar isolation and lack of support, but this was not reported.

Five of the seven young carers were in the LEE group, with the remaining two being in the HEE group. The two carers in the HEE group reported no barriers to school attendance and also reported fewer caring responsibilities compared with those in the LEE group, suggesting that social isolation may not be as significant an issue for young carers with lower caring responsibilities, but caused difficulty as their caring role increased.

Almost all of those in the LEE group who indicated that their families were isolated reported that they struggled to attend school because they had to provide care instead, with many indicating that they regularly missed days of school:

> *I frequently miss days of school, whether it be to get the housework under control, to take my mum to doctor's appointments, or to care for her if she's particularly unwell that day. Those days are purely devoted to caring duties, so I'm not at school and have no ability to study and complete the missed work. Studying is somewhat of an issue, as I frequently have to stop and assist with something. That, or I do not have any time to study as I'm trying to take care of my mum, the housework, or my own mental health (19-year-old female, LEE, respondent #47).*

Many of the young carers who reported on social isolation similarly reported feeling anxious and stressed because of the care they were required to provide:

> *Caring for my Nonna is a full time job…she constantly needs care and attention. My energy levels are often low and I am rundown and become emotionally and mentally unstable…I feel neglected and that the responsibility of being a carer for my grandma is very much passively being pushed onto me. I feel unsupported in times of emotional and physical distress, when I am fatigued or stressed out. My dad does not understand the emotional side of things or put much thought to how I am coping or how it effects me in general, he is very oblivious. I do not have any other support networks to care for my Nonna (18-year-old female, LEE, respondent #49).*

Young carers of parents with an alcohol or other drug issue

Within the sub-sample, only five young carers (three of whom were in the LEE group) reported that their parent had an alcohol or other drug issue. This was lower than might be expected when considering recent research on the prevalence of family AOD misuse amongst young carers and the additional challenges that they experience in engaging with school (Hamilton and Redmond 2019).

Those young carers of parents with an AOD issue reported on challenges with finances, shared that they did not like their parent's drug use, and often experienced stress in their caring responsibilities. One young carer in particular illustrated the impact that her parent's drug use had on her life and ability to attend school. She describes feeling uncomfortable about her parent's drug use, the extensive care she provides to her siblings while they are sleeping, and how this acts as a barrier to her engagement in education:

> *I hate that my Mum and Step Dad use drugs. Makes me feel uncomfortable. They never talk to me about the care I'm providing. They just expect it…I find it really hard looking after my two sisters without any help. I feel like I don't know what to do most of the time….Most days I can't come to school because I have to look after my sisters when my Mum and step Dad are sleeping…I do all the jobs in the house including washing, cleaning, cooking and looking after my two sisters. I look after my sisters*

> *through the night when they wake up. They sleep in the same bed with me. I look after my sisters when they are sick…I attend all of the school events…I run errands…I do everything…I feel frustrated at school when I cant do the work, I'm behind in my school work and I'm tired. I don't have any time to do homework…I take all my frustrations out on teachers. I cant do after school activities because I have to work to help pay for essential needs…I'm exhausted and find it hard to pay for things which makes me feel so frustrated and helpless. I get really stressed most of the time which leads to me not want to go to school or go out of the house (16-year-old female, LEE, respondent #26)*

Educational challenges for young carers with lower engagement

Young carers in the LEE group who reported on struggling to get to school were much more likely to refer to the fact that they occasionally or regularly were late to school or missed it all together because of having to perform caring duties (at home or accompanying to appointments) and because they reported being physically and emotionally tired more often than their higher engaged peers. They were more often required to care which affected their ability to study, and they reported poor physical and emotional wellbeing which affected their ability to study at home and focus and concentrate in school.

These young carers also reported struggling to catch up on missed work and homework, being required to provide care instead of studying, living in noisy and disruptive households, and experienced falling grades. This was in contrast to those in the HEE group, who tended to report that they were organised, had good support at home and at school. Young carers in the LEE group also wrote about missing out on being able to go out with friends.

> *I find it impossible to study at home as my caring role conflicts the amount of time I can put towards my studies. To be able to financially support myself I have to work long shifts 5 days a week which has affected my mental wellbeing and ability to focus on classes and to attend school classes. I have difficulties with concentration, when I am required to provide on going emotional support at home (18-year-old female, LEE, respondent #33).*

Young carers who appeared to be at greater risk for poor attendance, achievement and participation in school (due to financial constraints, being from migrant or refugee backgrounds, and those with experiences of family conflict and breakdown) reported similar themes to the larger sub-sample. In particular caring responsibilities and poor physical and emotional wellbeing negatively impacted on their ability to get to, and do well at, school. However, there were some themes that appeared common within the identified risk groups, including lower reporting of educational aspirations, additional pressures due to translating responsibilities, and reference to their own poor mental health and/or disability.

Barriers to young carers attending, achieving and participating in education

To answer the research question ‘What are the major self-reported barriers to young carers attending, achieving and participating in education’, participant responses were analysed thematically to identify some of the barriers to young carers attendance, achievement and participation. Where relevant, results from the content analysis have been included.

Attendance

In addition to quantitative questions which gauged the extent to which caring restricted young carers' attendance, respondents were asked to identify ways that caring affected their education or training. In response to this open-ended question, close to a third of the 97 young carers who comprised the sub-sample identified barriers they had experienced to attending school. Young carers reported difficulties getting to school on time, staying at school and difficulties getting to school at all. Major barriers cited to attending school included being required at home for caring responsibilities, poor physical and emotional wellbeing and material constraints such as transport and financial stress.

Among the young carers who reported difficulties attending school some wrote about routinely being late, and others wrote about missing days and weeks of school. Young carers described the consequences of missing school as negatively affecting their ability to do well, being challenged to keep up with class work and their peers, getting into trouble with teachers, and causing them stress when they had to manage not only their caring responsibilities and their school work, but the additional workload required to catch up on missed school work. In a few cases, young carers reported that they had to repeat years as they were so behind as a result of poor attendance.

> *due to my lack of being taken to school i have missed a lot of learning i mean i got mostly E's and N's this has led to me losing friends and school experience i have tried to get higher grades but i let go of that due to the struggle of trying to get to school and back (15-year-old female, LEE, respondent #28).*

> *I rarely have the energy to get up early enough for classes or have the motivation to do the work, I've had to extend my schooling and do year 12 over two years because of It (18-year-old male, LEE, respondent #108).*

In some situations, young carers were able to manage some of these barriers, implementing strategies to reduce or minimise the challenges they encountered. For example, some young carers reported changing schools, engaging in distance education or negotiating flexible options when they found it difficult to be at school. However, this was not the case for all.

> *I have Generalised Anxiety which is under control now and I prefer to do distance education. My Mum has suffered from Anxiety but has it under control and I don't have to give her alot of assistance. It is nice to be at home where I can get extra assistance from her with my school work (13-year-old female, HEE, respondent #14)*

CASE STUDY: MARCUS

Marcus is in Year 11 and cares for his Mum who has a series of mental health and sensory disabilities. When his Mum is unwell, Marcus has to stay up with her during manic episodes and reassures his little brother that things will be OK. He is responsible for ensuring that his mother is physically and emotionally safe, for tidying up when she is violent, for helping her with hygiene, and for "cheering her up" when she is down. Marcus missed so much school and, due to his own mental health issues (which he believes were caused by his Mum's issues and his caring responsibilities) and caring that he had to repeat a year. If successful, Marcus would spend money on his home to make it more comfortable, he would buy a car to make his caring easier and to pay for his education.

When analysing the data, effort was taken to ensure that only references where young carers specifically made links between challenges and poor attendance were coded. We note that there may be situations where young carers experienced challenges but did not articulate these in open-ended text responses, so it is important not to make assumptions that these challenges were not present. Likewise, young carers may have mentioned challenges, but not linked them to poor attendance. Due to the nature of the questions answered in the Young Carer Bursary application, it was also not possible to assess the *intensity* of caring responsibilities (i.e. we cannot differentiate whether a young carer was required to cook every day as compared to once a week).

Some of the key barriers to attendance included care responsibilities that required young carers to remain at home, care responsibilities that made it difficult for them to study at home, chaotic family lives that made it difficult for young carers to get to school and study at home and emotional impacts of care that influenced their ability to concentrate and to learn. A lack of sleep and ongoing stress were particularly challenging for young carers in the LEE group.

Caring responsibilities

Many of the young carers, particularly those from the LEE groups (n=27) compared with the HEE group (n=2), reported that they found it difficult to get to school because they were required at home. For some, this was a regular challenge, missing school each week as they took (often parents) to doctor's appointments, because there was not assistance available for their siblings, or because their relative was living with an illness or disability that required significant assistance.

These challenges appeared to be most prevalent for young carers: who were the main or sole carer; whose parents were unable to take responsibility for siblings with disability during school hours; and those living outside of metropolitan areas who needed to transport or travel with relatives for appointments.

> *I go to school three times a week instead of five days because of my caring role. About 2 to 3 weeks per month I am sadly not able to go to school because I have to help my mother with her weekly appointments and check-ups…I end up being very behind on my school work which is hard for me to catch up on since going out all of the time with minimal breaks takes a lot of energy out of me since I am dealing with depression and anxiety (16 year old female, LEE, respondent #36).*

> *Throughout the week, I do have to miss classes to either care for my siblings or leave because I'm am physically and mentally drained due to of the lack of sleep I receive if my brother had a tantrum the night before (17-year-old female, LEE, respondent #34).*

Early morning responsibilities coupled with a lack of transport options made it difficult for some young carers to get to school on time, or at all.

Caring tasks and their impact on education

Young carers in the LEE group reported providing more care than their HEE counterparts across a range of caring activities. The content analysis counted young carer mentions of type/s of care provided[7]. Three-quarters of those in the LEE group reported providing personal care, which includes showering, dressing, toileting, and administering medications to their family member/s. This compares with less than half of those in the HEE group who reported on this. Similarly, 96 percent of those in the LEE group reported doing domestic activities (cooking, cleaning, washing etc.), compared with 74.5 percent of those in the HEE group. Tasks such as shopping, household repairs, paying bills, and negotiating services on behalf of their family members (termed household management and financial and practical management), were also reported more by those in the LEE group than the HEE group.

Although the numbers are small, it is worthwhile noting that only those in the LEE group reported providing care while at school (see Figure d1 in Appendix D). The pattern of young carers in the LEE group providing more care than their counterparts in the HEE group was also evident when percentages were calculated as a proportion of the entire sample (see Figure d2 in Appendix D). Further analysis showed that those in the LEE group reported providing between one and seven caring tasks, while those in the HEE group reported providing between one and five caring tasks. Additionally, more people in the LEE group reported providing more caring tasks (three to seven caring tasks) compared with their counterparts in the HEE group, as shown in Figure 16, below.

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[7] Two young carers did not provide an account of the type of care they provided. Consequently, discussions related to types of care provided is based on the responses of 95 young carers.

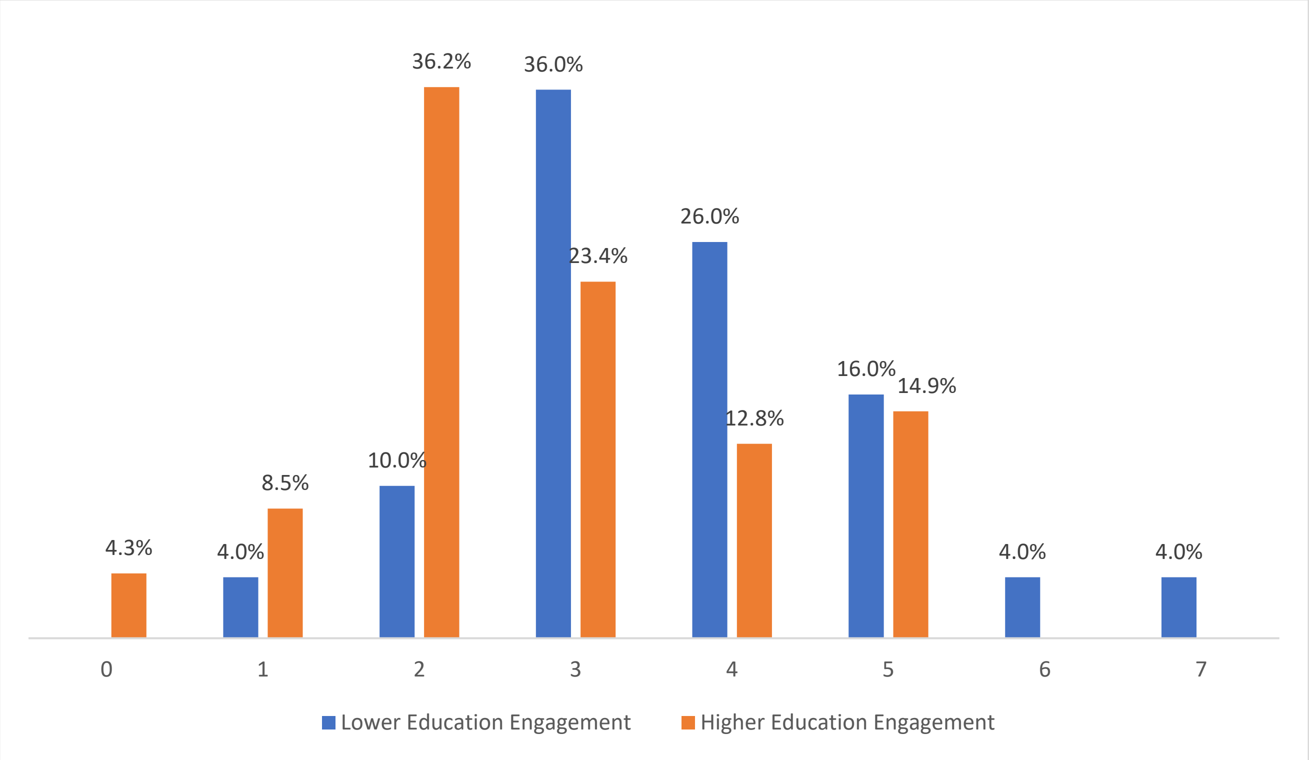

Figure 16: Percentages of number of caring tasks provided by LEE and HEE status[8]

When describing their experience of providing care, young carers in the HEE group largely spoke about their role as being one of assisting a primary carer, most often their mother, to care for a family member:

> *When my mum is working in the morning I sometimes wake my Dad up if he has something on that day, remind him to take his medication and if I have time make him a coffee or some toast (17-year-old female, HEE, respondent #19)*
>
> *My care activities involve, helping my little brother when my mum is unwell or in pain. Supporting my mum when she has emotional issues or physical pain and exhaustion, helping around the house and when we go out socially or for daily living like shopping and supporting her to be in public places comfortably (17-year-old female, HEE, respondent #12)*

While a small number of young carers in the HEE group described care tasks such as toileting, showering etc., most of these young carers spoke about helping with washing, dishes, cooking, providing emotional care and helping siblings to get ready for school and bed, as described by a young carer below:

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[8] Note: the graph shows the percentage of people who reported between one and seven different caring tasks by HEE and LEE groups. Percentages have been calculated based on the total number of young carers in the high (n= 47) and low groups (n=50), rather than as percentages of the total sample. Those who reported zero caring responsibilities included one person who did not answer the question, and another who reported that they 'provided care', but did not describe the nature of the care provided.

> *In the mornings i will sometimes make [brother's] breakfast. Then i will get him get dressed and put on his shoes and socks. Sometimes i will brush his teeth and do his hair for school. I make his lunch and get his bag ready for school. I get him in the car and get him his jelly. After school once i have done my homework and [brother] comes home i help him with his homework and empty his bag. Once everything is finished i usually just play games with [brother] and go on the trampoline with him. Sometimes I will like do little parts of his dinner. I will get him changed for bed and get his room ready for bed time. I will brush his teeth and run him a bath. Then we will say our goodnights and both go to bed. Then it all restarts in the morning (12-year-old female, HEE, respondent #15)*

Young carers in the HEE group most often described caring around education commitments. Young carers in the LEE group by contrast often reported providing a multitude of different types of care and described not being able to attend, or missing school because they were providing care for one or more people, as described by a young carer:

> *Get mum breakfast and provide personal care…On a daily basis I help my mum and Nonna by helping with chores… [and] assisting with medical appointments by making or attending, help with household finances and provide emotional support…I have to be available at all parts of the day including while I'm at school and at night time. For example at late hours my mums catheter was blocked and I had to call the district nurse and subsequently missed some school the next morning (18-year-old male, LEE, respondent #84)*

Missing out on school as a result of caring responsibilities was described by another young carer:

> *My care activities include doing housework, cooking dinner for everyone, feeding the pets, making sure my parents have taken their medication & the correct medication. Ensuring it is a safe environment due to my parents being suicidal. Reducing stress on my parents, going shopping which disrupts schooling along with participating in my parents medical appointments (19 year old female, LEE, respondent #27)*

While we cannot draw conclusions about whether and how different types of care provided by young carers impacts on school attendance based on self-report responses, it is worthwhile noting that those in the LEE group described care experiences that included the provision of more types of care and frequently noted that the care they provided impacted on their education, including attendance and achievement, compared with those in the HEE group.

A lack of sleep

A large number of young carers (n=23), who were predominantly in the LEE group, described feeling physically tired and exhausted as a result of their caring responsibilities. Many of these young carers who had significant care loads and those who lived in chaotic households reported that they were unable to sleep until late at night and that their sleep was often interrupted because they were required during the night to manage their cared-for relative's needs, because their siblings with disability woke them or because they needed to get up early or go to bed late to catch up on study. A smaller number of young carers who were all in the

LEE group, described how a lack of sleep, tiredness and exhaustion directly impacted their ability to attend school:

> *Caring for my Nonna is a full time job and especially during the night time when I need to get sleep I am tending to her if she has a fall or is in pain; this affects my ability to go to school the next day and study after school (18-year-old female, LEE, respondent #49)*

This lack of sleep took its toll on young carers' ability to get to and stay at school. This was particularly problematic for young carers whose parents were unable to assist them to wake up, get ready for school or provide transport, either because they had an illness or disability or because they were needed to care for other family members.

CASE STUDY: CHARLOTTE

Charlotte is in Year 12 and is the main carer for her two younger siblings who both have an intellectual disability. She misses school weekly and struggles to manage her schoolwork while helping her siblings who constantly need her attention and support. In particular, Charlotte finds it draining when her younger brother has 'tantrums' or attacks during the night and requires her to get up to calm him down or respond to his medical needs. She finds that being constantly vigilant and often having poor sleep is exhausting. She has begun to work at the library before and after school when her parents are available. Charlotte hopes to become an occupational therapist because she wants kids like her siblings to have good opportunities. Although she often struggles, she feels best when she's playing basketball with her brother and sister.

Stress and emotional challenges

Twenty-six of the young carers in the LEE group and 16 in the HEE group reported emotional difficulties that affected their motivation and ability to attend school and, when there, their ability to focus and do well at school. Young carers reported feeling anxious and stressed about their family members, worried for them and emotionally 'drained' as a result of their caring responsibilities. A number of young carers reported that they were worried that their relatives might have an accident, an emergency, or need them while they were at school which took an emotional toll. Coupled with physical and emotional exhaustion, many reported that their attendance was affected. The regularity of absenteeism due to emotional challenges ranged from missing days to weeks of school:

> *I get really stressed most of the time which leads to me not want to go to school or go out of the house (16-year-old female, LEE, respondent #26).*
>
> *Because my mother and brothers are very needy, I often cannot come to school. This is either because I need to watch them through the day, clean the house, and generally take care of them, but it also means that I might have to stay up through the night. There are many nights when I have not slept and so I have no energy to come to school (18-year-old male, LEE, respondent #79).*

Transport challenges

Lacking adequate, affordable and reliable transport was described as a barrier to school attendance by a small number of young carers (n=10). Those people who reported on transport challenges in the HEE group described getting to school as *'complicated'*, having to ask their parents for money to get the bus, that buses near them were unreliable, or that they would have to walk if their parent couldn't take them and their bike was broken. Those in the LEE group described regularly not being able to get to school because their parents were not able to take them and they had to rely on others or walk, with a small number indicating that their circumstances were due to financial insecurity.

One young person who reported that they intended to spend the bursary '…*on new uniforms and black school shoes so I don't keep getting in trouble at school'* also wrote that the bursary '…*would really help me a lot even it would help me getting the bus to school instead of having to walk a really long way'* (16 year old male, LEE, respondent #91). Twenty-five young carers from the LEE group (50 percent of those within the LEE group and a quarter of the total sample) reported that they would spend the bursary on transport, compared with eight young carers in the HEE group (17 percent of those in the HEE group and 8 percent of the total sample).

What helps young carers get to and stay at school

While no broad themes related to things that were done to improve school attendance emerged, it is worthwhile noting that one young carer indicated that their parents and family members supported them being able to get to school. One young carer described how her parents were supporting her to buy a car to help her to get to college:

> *My mum doesn't want me to work because she wants me to study, she says it is her role to pay for things while I learn because I help her in all the other ways and doesn't want me to worry about having to survive when I should be learning. My dad agrees and he is going to use his Pension Advance to put towards our car and support me at college…Sometimes my caring effects my study because I am exhausted and I don't look after myself as well as I could. I don't eat breakfast and have trouble getting up for school, but since my mum changed me to a new school this is getting much better. I have missed a lot less school and my grades are a lot better (17 year old female, HEE, respondent #12)*

This young person who spoke about what helped them get to school was in the HEE group. A moderate to large number of young carers did report that they received support from their families, friends and schools, but did not describe how this impacted on their attendance.

Achievement

For the purposes of this report, 'achievement' relates to the extent to which a young carer is able to do well or as well as they would like educationally. Within the sample, some young carers made mention of ways that personal challenges (such as having a mental health issue or a disability) also affected their ability to study and receive good marks. In some instances, these challenges appeared to lead to or compound poor educational outcomes.

Barriers to achievement

Caring takes precedence over homework and study

Many of the young carers were often absent from school due to their caring responsibilities. In addition to affecting their ability to go to school, young carers indicated that their roles also influenced their ability to do study: both at home and at school.

Across Australia, students are often required to do homework, complete assignments and study for examinations. Many of the young carers reported that their ability to study at home was restricted by their caring responsibilities which was often compounded by chaotic households full of noise and activity that made concentrating on their school work difficult. A number of young carers, particularly in the LEE group, reported great struggles in balancing their responsibilities to families and their school work:

> *I am already struggling hard to cope with the challenges ahead as to continuing my education and doing homework and caring for my only and eldest brother (13-year-old male, LEE, respondent #80).*

A smaller number (n=5) of young carers reported that they had to continue their caring responsibilities while at school. This included young carers who were caring for siblings who attended the same school and others who spent time calling home to check to make sure that their families were coping without them.

> *Usually i text mum during school hours to check on her because I do fear she could have another brain hemorrhage and stroke as she is still at risk…My school isn't far so it's no big deal to ride home during lunch if she needs me (17-year-old male, HEE, respondent #56).*

Young carers reported that trying to balance their caring responsibilities with their studying had them feeling ‘overwhelmed’, ‘over-committed’, ‘torn’, and like ‘splitting myself in half’. Feeling conflicted between their education and caring roles was reported by 15 percent of the sub-sample that was analysed and was predominantly reported by those in the LEE group (11 compared with 4 in the HEE group).

While young carers did not explicitly link feeling conflicted with poor attendance, participation and achievement, they did talk about their caring roles negatively impacting on their ability to get to school and do well at school because they were providing care and reported poor emotional wellbeing. Nine young carers cited feeling both conflicted between their caring role and study roles and poor emotional wellbeing, and 10 young carers reported on feeling conflicted and that caring commitments negatively affected their educations, which is described by one young carer below:

> *I moved schools so that I could be home before my mother gets home with my 2 siblings as they need more care than 1 person can provide. I miss quite a bit of school as my Mum often needs more than one pair of hands to care for my 2 siblings with disabilities. I am tired because my sister's apnoea alarm goes off during the night. My care role means I can not always get my homework and assessments done or done on time…I often feel torn between helping my Mum with my siblings and my school workload. (14-year-old female, LEE, respondent #43)*

CASE STUDY: JARED

Jared is in his final year of high school. He cares for his mother who has issues with her kidneys and requires constant caring support. He provides a lot of intimate care, such as changing catheters, help with bathing and hygiene and looking after the household, often until the early hours of the morning. He takes his mum to appointments, provides her physical and emotional support and works so that he can help pay for the escalating costs of treatment. He finds it difficult making and keeping friends as he is required to be on stand-by around the clock. He recalls that he had to leave his own birthday party to return home to take his mother to emergency after a critical incident. Caring and worry about his mother has taken an emotional toll. Jared reports that he is constantly anxious and depressed. He would use the bursary money to pay for public transport, school books and educational software for his computer.

Chaotic family lives

Twenty-four young carers (HEE=8; LEE=16) reported that disruptive, busy and noisy home environments caused them stress, and affected their ability to study at home. These young carers were more likely to be those living with siblings with disability or younger brothers or sisters who needed their care and attention because their parents had illnesses or disabilities, were caring for another family member, or were working.

> *Trying to get homework done can be a challenge because if [brother] wants to see me or be with me he just comes into my room and jumps on my bed or throws stuff to get my attention. He has also touched my school Device and deleted some of my work (16-year-old female, HEE, respondent #13).*
>
> *Sometimes he [sibling] will distract me from my homework and i will have to try and do it quickly or rush it. He never means it on purpose but sometimes it does have a negative effect on my school work. When it does have a negative effect 9 times out of 10 i will get a poor mark which affects my grade. He will distract me quite often (12-year-old female, HEE, respondent #15).*

Managing emotional difficulties

Many of the young carers in the sub-sample talked about how their caring or their home circumstances affected their emotional wellbeing and mental health. Feeling stressed and preoccupied about family members' needs and wellbeing, and the negative impact that this had on the ability of young carers to focus and concentrate at school was discussed by close to half of the sub-sample, but predominantly by those in the LEE group (26 people in the LEE group, compared with 16 in the HEE group).

One young carer stated that, while they were usually able to get to school '…*i find myself worrying about my mum and whether she is okay'* (15-year-old female, LEE, respondent #37). Others described how they worried about their family members at school and the impact that this had on their ability to concentrate:

> *At school I get fidgety due to worrying about what's happening at home, is everything okay, is anyone dead, has anyone killed themselves, I have no focus but I try really hard (19-year-old female, LEE, respondent #27).*

> *At school I sometimes get really stressed…Sometimes it gets so bad that I don't get any work done at all… (15-year-old female, HEE, respondent #3).*

A moderate number of young carers, who were predominantly in the LEE group, recounted struggling with their own mental health, sometimes in addition to feeling stressed. These young carers made specific reference to anxiety and depression, with a small number noting that they had specific diagnoses and were on medication and others reporting self-harming or suicidal ideation. Only a small number of these young carers linked their poor mental health to challenges at school and described how their anxiety and/or depression negatively impacted on their ability to focus and their grades:

> *[Caring] contributed to my ability to focus during school time and even my mental health causing extreme stress and anxiety which…affected my…studies and my participation in my schooling (17-year-old female, LEE, respondent #46).*

The mental health issues and emotional difficulties described by young carers played out in a number of ways. Firstly, young carers often reported that when the impacts of these challenges were significant they weren't able to attend school which put them behind and caused their grades to slip. For others, they found it difficult to concentrate or to fully participate in class and for others it affected their motivation to go to school and to do well. The majority of young carers who reported poor mental health and emotional wellbeing were in the LEE group, indicating that these factors (mental health and emotional wellbeing) play a key role in young carers being able to do well in their studies.

Suicide and self-harm

Three young carers reported that they had suicidal thoughts, had attempted suicide more than once, and regularly self-harmed. While this experience was not commonly reported in the sample, it points to the level of desperation some young carers experience and the vital need to provide additional supports so that young carers can manage their mental health needs, assistance to reduce significant stressors and to manage their personal difficulties.

> *I have very few support systems and my only real time out is with my boyfriend. I have last year been diagnosed with major depression and ptsd as well as social anxiety which lead me to quit my part time employment…My school is helpful and I have tried counselling however in rural areas the turn over means you have to retell your story so that's too hard. I have attempted suicide twice and self harm most weeks. I manage my anxiety with mj [marijuana] as it's the only way I can (18-year-old female, LEE, respondent #31)*

Disability

Seven young carers self-reported in open-ended questions that they had a disability themselves. While this number of reports was not high enough to qualify as a theme in the context of this report, young carers' own disabilities are nevertheless worth highlighting here because they appear to pose significant barriers to educational engagement, with all but one person (who reported having a disability) being in the LEE group. (This is confirmed in the quantitative analysis, above).

Four young carers who reported that they had a disability themselves described how their disability made doing well at their education harder:

> *My mum has a rare brain and heart disease and suffers daily migraines and I have a baby sister… with vision hearing speech sensory and other issues when mum is to unwell to look after herself or my sister I have to stay home and look after them and try and work from home. I struggle with this as I have a working memory of 2% and struggle to learn, and have my own health issues. I suffer from depression which is rated in the 98-99th percentile and been put on antidepressants. (16-year-old male, LEE, respondent #85)*
>
> *My own health…affect[s]…[my] ability to study…I have a VP Shunt since my brain tumour was removed in 2013 and I get tired (14-year-old male, LEE, respondent #107).*

A small number of these young carers indicated that they struggled to commit the amount of time that they needed to their studies because they were caring instead, and also reported that tutor assistance and specific equipment would be helpful to them. Greater thought should be given to financial and in-home support to young carers who have their own disabilities to support their engagement in school.

Digital participation

A moderate number of young carers reported challenges that we have grouped as relating to digital participation. Digital participation refers to access to information, information communication technologies, and digital literacy that afford social and economic benefits. Being under financial strain may mean that young carers do not have access to the same information and communication technologies (such as phones and smart devices) and information as their peers. A number of young carers wrote about not having technology (laptops and phones) to enable them to do their school work.

CASE STUDY: JAMES

James is in year 10 at school and helps his mum care for his sister who has multiple disabilities. James' mum most often cares for his sister, which means that James takes on extra household responsibilities and also often looks after his younger siblings. James' sister's disabilities mean that the house is often noisy and disruptive and James struggles to study and concentrate. James has an old and unreliable mobile phone, which often leaves him feeling unsafe when travelling on his own to and from school and prevents him from studying at school before and after hours. James' dad recently lost his job and has not been able to find stable employment since. James will go up to senior school next year and has been told that he needs to provide his own laptop to be able to use many of the required applications as well as complete his school work. If successful, he would use the bursary to buy a laptop as James has 'no idea' how his parents could afford it otherwise and feels 'really stressed' about it.

In a number of cases their technology was outdated and not capable of dealing with the work that needed to be done on it and not recent enough to allow applications (apps) to update. At least one young person mentioned a school requirement to have a computer. One person talked about using apps to help with their mental health, and one young person who had received the bursary in a previous year reported that they had been able to purchase a computer, which was helpful.

What helps young carers achieve at school

Amongst the sub-sample there were 17 young carers, all in the HEE group, who reported that their caring had little or no impact on their studies. Similarly, there were a moderate number of young carers who described enjoying their caring roles, stating that these roles made them feel confident, responsible and as though they were doing something important. Approximately half of those who reported that caring had little to no impact on their studies also reported that they enjoyed their caring and found it rewarding, as described by a number of young carers below:

> *My caring role does not currently effect my education or training. My caring roles takes place before or after school hours and because of this it doesn't effect my studies. I am highly capable of working around the time used to care for [my brother]…My caring role makes me feel like I am doing something important, I am able to help someone who isn't able to look after themselves completely. It feels like you are doing something good for someone else without rewards needed (18-year-old female, HEE, respondent #21)*

> *My caring role hasn't affected my studies I don't think. Maybe it's made me a bit more confident. Not many other people have this kind of experience…At first I was a little bit nervous but now I'm much more used to it and feel quite confident. I like to be able to help my parents and my sister (14-year-old male, HEE, respondent #75)*

It appeared that many of these young carers had lesser caring loads than their peers. However, those who were required to take on more significant responsibilities had developed strategies to minimise the restrictions of care and to do well at school.

Having aspirations

In their responses to the bursary application a number of young carers talked about their study aspirations, or aspirations post-schooling, which motivated them to do well at school. Often these aspirations related to who they wanted to be and what jobs they wanted to attract but, in a number of cases, they related to wanting to make their families proud or to be able to better assist them and others in similar circumstances:

> *I strive to do well academically, I have an aspiration to be a doctor and to graduate with a high ATAR (13-year-old female, LEE, respondent #41)*

> *I'm a good student so the whole caring thing hasn't been a bad thing. I think it's made me stronger and more focused on doing better for myself and my family. I only want what's best for mum and [my sister], so I'll always strive to do well with studies. I'm*

> *level headed and a positive kid. I don't complain much. Life could be a lot worse (17-year-old male, HEE, respondent #56)*

Young carers articulated wanting to be teachers, scientists, doctors and paramedics (among other professions). A few young carers talked about feeling constrained because of their caring responsibilities and not being able to afford things. Some young carers talked about reconfiguring their aspirations to continue to care for their family members. One young care wrote:

> *I can't do the tertiary courses I want at home so I will have to pick other courses cause I will need to stay and look after them, so my chosen field is out of my reach due to my caring role at home (18-year-old female, LEE, respondent #31).*

Although aspiring seemed to be a motivating factor for some young carers, respondents (particularly from the LEE group) tempered their expectations in light of the challenges they faced and the limitations of their academic achievement. It appeared that aspirations might only be enabling when young carers had the opportunity and means to live up to these expectations.

> *I really like to continue my education, make my mum proud, and continue to better myself but at the moment I'm missing a lot of my school and I don't have enough time to catch up with my homework. I hate to say that there is a great chance of dropping out of school. I want more out of my life, I want to be different than anyone else, I just want to make a difference, and I want an education because it's the key to life (22-year-old male, LEE, respondent #86)*

Support from family

A small number of young carers reported that their families were supportive of their education and worked hard to ensure that their responsibilities did not impede their ability to achieve. Young carers described how their parents and family members helped them out with their school work and ensured that they got their study time, either at home or by being able to study at school or workplaces before and after hours:

> *I have a little time to study at home. Mum tries to help me get my private study time. Mum thinks my school is more important than looking after her, so she finds ways to let me have my time (16-year-old female, HEE, respondent #4)*

Young carers occasionally reported that their parents were in contact with their schools and had negotiated flexible arrangements so that young carers could attend and have extensions on assignments, when needed. They also reported that their parents supported them to put strategies in place so that they could complete school work outside of disruptive household environments. School support and strategies to achieve are discussed further below.

Support at school

A large number of young carers reported that they valued school, wanted to do well and had aspirations for their futures, which has been described earlier. Many (n=20) also reported having positive school supports, including supportive teachers who were aware of their caring responsibilities and were flexible, and school-based counsellors who assisted them to deal with the emotional challenges.

Half of the young carers who reported having support from their schools were in the HEE group, and the other half were in the LEE group. However, those who were in the LEE group tended to talk about the challenges associated with school support, such that while the school offered support, things were still hard, or they had to re-tell their stories, or the support was helpful when they could get to school.

> *Lucky my school has helped out a little but it's still hard for me (19-year-old female, LEE, respondent #27)*
>
> *My school is helpful and I have tried counselling however in rural areas the turn over means you have to retell your story so that's too hard (18-year-old female, LEE, respondent #31)*
>
> *School is a support network for me when i can get there (18-year-old male, LEE, respondent #89)*

Having strategies to maintain grades

Young carers in both the LEE (n=7) and HEE (n=7) groups identified ways that they and their families tried to mitigate the barriers to their achievement. Some noted that they would spend time at the library catching up on missed work, others talked about getting support from tutors while others sought flexibility from their teachers.

> *When I am at home, I have great trouble completing homework due to my brother and sisters constant needs and attention they require. This does mean I do sometimes after school stay back to complete my homework before returning home or I attend the local library (17-year-old female, LEE, respondent #34)*

Other strategies included being organised, communicating with and seeking flexibility from teachers, doing school work during school hours or immediately before or after school in the library, or at a parent's workplace. One young carer discussed how they had a plan with their parent to purchase a mobile telephone, enabling her to study safely at the library after school.

A few young carers talked about participating in activities, or using apps, that helped them feel less stressed. Young carers additionally talked about getting support from a tutor, although a few people noted that they could not afford tutoring despite needing it to catch-up to their peers. Tutoring appears to be important, with 14 young carers indicating that they would spend the bursary on tutoring (identified in the content analysis).

Social participation and educational engagement

In their bursary application responses, young carers reported on participation in terms of their ability to get support from their schools, teachers, and families; their desire and ability to socialise and feel accepted by and similar to their peers; and their ability to participate in after school or extra-curricular activities.

The way that young carers participated in school, and their ability to engage in activities and events, varied according to whether they were in the HEE or LEE groups and were constrained by caring responsibilities, not being able to afford activities, and, in some cases, lacking transport.

Barriers to participation

Young carers identified a number of barriers to being able to participate in school and extra-curricular events and activities and feel a sense of belonging in their communities and amongst their peers. A strong theme that emerged from the data was that young carers often could not participate in activities and socialise because they were needed at home outside of school hours to care for family members. Another commonly reported barrier was that young carers could not afford to participate in events and extra-curricular activities, and a smaller number of younger carers reported that they could not get transported to events and activities. A small number of young carers described how their poor emotional wellbeing and mental wellbeing made them feel as though they did not want to participate in any events or activities or socialise.

A large number of young carers described feeling different from their peers owing to their family circumstances. Some of these young carers reported that feeling atypical, or as though they were living an abnormal adolescent and family life, led them to place constraints on their friendships and intensified their feelings of isolation. However, some young carers did note that they were able to confide in their friends.

Being needed at home

Young carers reported that their caring responsibilities negatively impacted on their ability to socialise with peers and participate in extra-curricular activities (such as sports teams and camps). It appeared that as the young carer's caring responsibilities increased so did their sense of isolation, which is clearly described by a young carer below:

> *Before my mother's cardiac arrest I was busy ALL THE TIME with extra curricular activities such as going to swimming practise, performing on stage, singing lessons and being in two bands at once. I would train for competitive swimming 3x a week 1 1/2 hours per sessions and then also train outside of those sessions in the pool. This was my main sport and I loved it but the difficult thing with this was that training always started early in the morning at around 6:00am and since we live so far away in order to be there on time we would need to get up at 5:00am. My mother would drive me to all my extra curricular activities so when she had the cardiac arrest this was not possible anymore. So now my life only consists of school and walking to my father's work/getting home (15-year-old female, HEE, respondent #16).*

Two young carers described how their inability to spend time socialising with friends outside of school influenced the relationships that they had with them while at school:

> *I feel so isolated, missing the social opportunities connected with my school friends, recreation and going out with my friends. I feel so responsible and can leave my mum by herself for a long time and there is a constant demand for doing things around the house (16-year-old male, LEE, respondent #86).*

> *I have made a couple of friends at my new school but I don't have the same 'after school' time they have to cement these into close friendships (14-year-old female, LEE, respondent #43).*

Feeling different

An important element of participation is a sense of shared experience and belonging. Thirty-six young carers (13 in the HEE group, and 23 in the LEE group) described feeling different, not normal or atypical compared with their peers and other families.

> *I don't like talking about my Dad to friends and peers because I feel it would be hard for them to understand and I don't want people to think of me as different, especially living in a small town/community (17-year-old female, HEE, respondent #19)*

> *When I visit other kids homes particularly those with 2 parents and grandparents too ; I notice the kids my age get almost everything served up and given to them and they don't even realise how lucky they are "just" to be a kid with no stressful responsibilities other than school work (13-year-old female, LEE, respondent #41)*

In descriptions such as the above, young carers are reflecting on social norms in which children have certain roles, and parents have others, and reflecting on their difference compared to these. This perceived difference on behalf of the young carer affected whether they were reluctant to share their experience or explain to peers why they weren't often available to socialise, which led to greater feelings of isolation and caused strain in their relationships:

> *Sometimes I miss out on hanging with my mates, and I don't really want to tell them why so they sometimes get mad at me (16-year-old male, HEE, respondent #72)*

Some young carers reported that their parents and families wished that they were more able to spend time doing extra-curricular activities and socialising with friends and reported efforts taken to enable this to occur:

> *They [classes] are just for me and I know they are a struggle to pay for. Mum tries to make sure I can go but I always feel guilty for the expense (18-year-old female, LEE, respondent #31)*

Difficulties with finances and transport

A small number of young carers from both the LEE (n=8) and HEE (n=5) groups wrote about not being able to afford after-school and extra-curricular activities and events. Several young carers lamented not being able to go and missed these as opportunities to socialise.

> *i feel guilty to even ask her for money to be able to attend school shows or go to excursions (15-year-old female, LEE, respondent #37)*

> *i just want to be able to be comfortable while studying, it makes me upset when i cant have what other students have because of money (16-year-old male, LEE, respondent #105)*

Feeling as though they were missing out, described as an absence of something: ‘I can’t afford things girls my age want’ (15 year old female, LEE, respondent #28), or the presence of a marker that indicates that they were missing out on something, such as old and outdated technology and clothes ‘I get embarrassed with what I have to wear’ (16 year old female, LEE, respondent #25), can be seen as markers of financial hardship and may intensify feelings of difference already present from the perception of living an abnormal life (described above).

In these cases, the bursary offers an opportunity to level the playing field, as described by one young carer: ‘this funding will give me the same access [as others]’ (17-year-old female, LEE, respondent #46). Finances thus place significant constraints on young carers’ abilities to participate in events and activities, as well as impacting on their sense of belonging, or the way they see themselves alongside their peers (described as an absence of something desirable, or the presence of something undesirable).

The content analysis showed that a large number of young carers proposed to spend the bursary on school fees (n=36), supplies (n=53), extra-curricular activities (n=18) and/or excursions (n=10), all expenditure that would reasonably contribute to participation in schooling.

It is worthwhile to note that those in the LEE group reported that they would spend the bursary on essential items, such as food, clothes and supplies necessary for caring (e.g. home modifications, courses to help them care etc) or for respite or in-home support care (see Figure e1 in Appendix E). While those in the HEE group reported that they would spend the bursary on school fees, extra-curricular activities and excursions. This confirms that those in the LEE group are facing more dire circumstances and need to prioritise essential items over educational supplies or activities. A consequence of this is that these young carers may be less likely to, able to, or want to attend events and activities, which are a means of participation in their communities and schools and linked to attendance and achievement.

What helps young carers participate?

A large number of young carers from both the HEE and LEE groups reported that they attended extra-curricular and social activities.. Some reported that they were able to participate in extra-curricular activities because of the efforts of their parents to keep them involved or because they were supported by community services to attend events, such as church groups, young carers groups, and camps:

> *I go to a program at [my church] and they are so wonderful and supportive there and they always make me smile (15-year-old female, HEE, respondent #3)*

Additionally, a moderate number of young carers (n=17) reported that they did have friends who they spent time with and who offered them support:

> *I have quite a few friends as a support and they talk to me about things. Also my girlfriend is a good support to me. I can talk to her when I get frustrated and when I am upset at how my mum has to live (16-year-old male, HEE, respondent #67)*

With few exceptions, those in the LEE group (n=9) wrote about having reduced connections. One person used the term ‘basic’ to describe their friend network and some spoke about having their friends’ parents, or old teachers as supports:

> *but for me personally I have a few of my friends parents (18-year-old female, LEE, respondent #49)*

> *I sometimes talk to my friends or old teachers about my parents and that gets my mind off everything for a while (14-year-old female, LEE, respondent #44)*

Those in the HEE group (n=8) wrote about having someone to support them when needed, and generally spoke in more positive terms about their social interactions.

4.3 Summary

This chapter reported on findings from the content and thematic analysis which aimed to answer two key research questions:

- What are the key issues facing families and to what extent do they affect young carers’ self-reports of educational engagement and wellbeing?
- What are the major self-reported barriers to young carers attending, achieving and participating in education?

In response to research question ‘What are the key issues facing families and to what extent do they affect young carers’ self-reports of educational engagement and wellbeing?’, a content analysis identified that families faced issues including financial strain, family conflict, breakdown and separation, being from a migrant or refugee background, and, to a lesser extent, being socially isolated and grappling with experiences of parental AOD use. The majority of those young carers who identified family challenges were identified as having lower educational engagement which suggests that these challenges may, but do not always lead to poorer outcomes

In their qualitative responses these young carers described experiences that were common within the larger sub-sample. However, there were some themes that appeared common within the identified risk groups, including lower reporting of educational aspirations, additional pressures due to translating responsibilities, fewer supports resulting in a greater care load, and reference to own poor mental health and/or disability. These findings indicate that young carers whose families who are facing challenges (in addition to requiring care) may need greater support to get to school, do well, and participate in school and extra-curricular events and activities. This support may include connection with local services and organisations, including those who can support translation, in-home care, financial support to the family, and support to the young carer themselves via schools or community-based services.

In response to research question ‘What are the major self-reported barriers to young carers attending, achieving and participating in education’, a thematic analysis identified a number of barriers to young carers being able to attend, achieve and participate in education. Caring responsibilities posed a major barrier to young carers being able to get to school, stay at school, participate in extra-curricular events and activities and feel a sense of belonging. This was primarily because young carers reported that they had to provide care instead of attend school, that they were called home from school to provide care, and that they often had to provide care before and after school and consequently were unable to participate in events and activities. Providing care for family members also made many young carers feel different from their peers, which many of them lamented.

Caring responsibilities similarly affected young carers’ ability to do well at school because they were tired or exhausted as a result of caring, and anxious and stressed about their family members while at school, which was a major theme and reported by many to negatively impact on their ability to focus and concentrate. A number of young carers reported that they experienced poor mental health and wellbeing, with a number referring to having anxiety and depression. The home caring environment further impacted on young carers’ ability to do well at school, with many reporting that chaotic households limited their ability to study at home.

Lower educational engagement was most often reported by young carers who had significant caring responsibilities, and poor emotional and physical wellbeing A moderate number of young carers indicated that financial constraints impacted on their ability to participate in school and extra-curricular events and activities. These young carers were more often from the LEE group.

A moderate number of young carers reported protective or enabling factors that they believed improved their educational engagement. These included having future study and career aspirations, having strategies to manage disruptive households and study, and having support from schools. While both those from the HEE and LEE groups mentioned these protective factors, they appeared to be less potent for those in the LEE group who often still reported difficulties in engaging in education.

Alleviating the physical and emotional caring load may help young carers to aspire, implement strategies, and support from schools may help some young carers to flexibly manage their caring and study, which was a conflict that a moderate number of young carers reported experiencing.

5. Conclusions and implications

This analysis of bursary applications confirmed findings from previous studies in Australia and abroad but also provides new insights into Australian young carers' experiences, particularly in regard to their educational engagement.

For consideration

The report provides a snapshot of young carer applicants for the bursary. Conclusions and implications can only apply to the sample of young people who applied for the bursary in 2017 and 2018. Results presented in this report represent a subpopulation of young Australian carers and may not be representative of the current wider group of young carers.

Amongst the sample, the percentage of young carers who report being the main carer in their household is larger than the national average-34 percent or respondents compared to 7 percent of the general population (Cass, 2009). Conversely, the proportion of Aboriginal young carers who applied for the bursary was much lower than might be expected, particularly from the Northern Territory, WA and the ACT. Within the known population of young carers in Australia, more young carers reside in rural and remote communities compared to those residing in urban areas (ABS, 2016, Cass, 2009). However, in the current sample of bursary applicants, a higher proportion resided within urban areas.

It is worthwhile noting that the 1,443 young carers who applied for the bursary aspired to more actively engage in education and a large group reported that they were able to manage their caring responsibilities while going to and positively participating in their education. Congruent with previous research (Lakman, Chalmers et al. 2017), young carers in our sample had implemented strategies to maximise their ability to study and overcome some of the barriers to positive educational engagement. Applying for the bursary is itself evidence of educational and future career aspirations for the young carers included in this overall presentation of findings.

Groups of young carers experiencing challenges

Our research demonstrates that young carers are not a homogeneous group and have a range of family, personal and environmental challenges, including but not restricted to their caring responsibilities, which influence their wellbeing and their ability to attend, achieve and participate in education. In particular, the quantitative findings clearly demonstrate that educational engagement is indeed related to the type, extent and duration of caring responsibilities.

Young carers with complex and significant care loads

Similar to previous research, this study highlighted the fact that young carers who have significant care loads (including those caring for large numbers of hours and for multiple relatives with complex care needs) have poorer self-reported wellbeing and greater and more barriers to educational engagement (Becker 2007). Young carers who were the sole or main carer for a parent or sibling who requires intensive support were at the greatest risk of poor educational engagement and often received little or no support from other family members or the service sector.

Evidence from the current research demonstrates that the impact of care responsibilities on educational engagement is substantial. Attending school, studying at home, participating and connecting were all revealed as important consequences and issues of importance to young carers aspiring to engage in their education. These findings highlight the need for supports that are provided to young carers and their families which reduce their caring responsibilities and therefore limit the impacts that caring has on their lives and on their education (Moore and McArthur 2007, Becker and Sempik 2019). In-home support, assistance with intimate and personal care and targeted respite are potential solutions to alleviate the impact of high care demands and enhance young carers' ability to engage in education. Although such supports might be purchased through the Young Carer Bursary Program, the quantum of assistance that is necessary to reduce caring loads to a level at which school is accessible far exceeds the funds that are provided through the scheme. As such, additional supports that enable school engagement are required.

Young carers experiencing hardship

Within the sample, some young carers reported family challenges and personal hardships that appeared to compound care-related impacts and barriers to positive educational engagement. Financial stress, family conflict and separation and social isolation all influenced how well a young carer was able to attend school and university and succeed educationally. This points to a need for both targeted young carer programs and universal services to have a better appreciation of the challenges individual young carers' experience (including, but not limited to their caring responsibilities) and facilitate supports that are responsive to these challenges (Spratt, McGibbon et al. 2018).

From the young carers' accounts of services and supports available to them, it appears that young carers and their families were not engaged with programs that provided whole-of-family supports or ones that helped to strengthen families—a finding consistent with previous young carer research (Moore and McArthur 2007). Minimising family challenges and their impacts need to be a priority for services interacting with young carers and their families and for schools working collaboratively with agencies to increase school engagement (Kaiser and Schulze 2015).

A number of young carers reported being connected to young carer programs and camps where they could meet others with similar lived experiences. However, many young carers reported that they did not have large friendship groups and received little understanding or empathy from peers. Initiatives that help young carers engage in normalised social activities might reduce their sense of isolation (Rose and Cohen 2010, Collins and Bayless 2013).

Young carers experiencing significant impacts of care

In this study, quantitative and qualitative analyses highlighted that young carers experience a range of negative impacts of care. In addition to educational impacts (such as poor attendance, achievement and participation), many young carers indicated that their overall wellbeing, their mental and physical health and their social participation were affected. Reducing care loads will undoubtedly improve psychosocial outcomes, however effort might also be invested to help young carers overcome past challenges, foster resilience and improve their overall health and wellbeing. A substantial number of young carers in this sample identified as having a disability or chronic medical condition and many young carers openly discussed their own mental health needs related to anxiety and depression. Targeted supports such as counselling, mental health interventions and assistance that facilitates a ‘respite effect’, need to be in place to reduce young carers’ stress and improve their coping (Pakenham, Chiu et al. 2007).

Our study confirms previous research (Cree 2003, Day 2019) and highlights the fact that young carers in the later years of schooling or post school and who have been caring for longer periods of time report poorer wellbeing. This confirms previous research which stresses the need to acknowledge young adult carers as a distinct group (Day 2015, Day 2019) and for support to be made available to those completing high school education and those engaged in tertiary education (Becker and Sempik 2019).

Investment in the identification of young carers when they begin caring may prove useful to ensure they do not get entrenched in their caring roles (Purcal, Hamilton et al. 2012) so that long-term impacts are avoided. Like previous researchers, we would argue for the need for programs that are preventative rather than those that equip young carers to cope with the challenges associated with caring (Stamatopoulos 2016).

Young carers with limited support at school

Having support from teachers, from peers and from other adults at school were often linked to better educational engagement (Wubbels, Brekelmans et al. 2016). Young carers who had a trusted and understanding teacher appeared to do better and appreciated having a champion who helped to advocate for more flexibility in their learning arrangements and in meeting academic deadlines. However, many of the young carers reporting lower educational engagement did not report having such allies and, in some cases, reported that their schools were unaware or unresponsive to their needs.

Like previous studies, our findings would point to the need for better awareness of young carers in the educational system and the implementation of strategies that linked young carers to school or university staff who could provide them advocacy and support (Smyth, Blaxland et al. 2011, Leu, Frech et al. 2018).

Implications for policy and practice

Our research confirms findings from previous studies that young carers have varying levels of caring responsibilities, experience a variety of and degrees of impacts related to their caring and living in a family affected by the illness, disability, mental health or chronic conditions of one or more family members. There was a diversity of ways that young carers and their families managed the challenges of the caring role. This would suggest that it is vital for services and supports to understand and respond to an individual’s needs and to ensure that they are accessible and responsive to those most at risk of experiencing harmful impacts, including:

- Young carers living in single parent households, particularly when the young carer is female and it is their mother who is the recipient of care
- Young female carers who are the main carers and those with significant caring responsibilities
- Aboriginal and Torres Strait Islander and migrant and refugee young carers
- Young carers supporting multiple family members
- Young carers who are required to care for 20 hours a week or more
- Young carers with their own disabilities and mental health issues
- Young carers who are socially isolated and have limited formal and informal support networks

Our study demonstrates that the higher the care load assumed by children and young people the greater the barriers to them participating in education and the more likely they are to experience significant impacts on their school as well as their health and wellbeing. With others, we argue that investments in young carer support need to be reoriented to reducing the caring load and restricting children and young people’s entrenchment in harmful caring roles that have immediate and long-term consequences.

Our findings also point to the fact that young carers continue to be unidentified at school, by service providers assisting families and people needing care, and within the broader community. In particular, early identification appears to be crucial as the longer a child or young person is caring, the more significant the impacts on their health and wellbeing become.

Similar to other projects in Australia and abroad, young carers in our study reported poor mental health, including anxiety, depression and other clinical concerns. Of concern is that a number of young carers reported self-harm and suicidal ideation. Targeted mental health programs that meet young carers’ psychological needs are warranted, as are approaches that attempt to improve young carers’ health and wellbeing.

Older young carers demonstrated difficulties in sustaining their educational engagement and reported more significant impacts on their health and wellbeing. Consideration of how supports might be provided to young carers attending university and tertiary education and those transitioning into adulthood would be beneficial.

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Appendix A: Extended Quantitative Findings

Background

In this appendix we present more detailed findings from the quantitative analysis of the 1,443 applications to the Young Carer Bursary Program in 2017 and 2018. The data were treated as a cross-sectional online survey design with single respondents completing the questionnaire in either 2017 or 2018. Duplicates (young carers who completed the application in both years, n=219) were removed prior to data cleaning and analysis of only the most recent response retained (e.g. if someone applied in both 2017 and 2018, their 2018 application was retained). It should also be noted that only those applicants who consented to their responses being used for research purposes were able to be analysed.

Headings, tables and descriptions of the data are used in this appendix to assist with signposting and readability. However, a full description of the findings is not presented here as it is in Chapter 3: Quantitative analysis. Where possible visual images will be used to represent key points. The sections are organised as follows:

- Section one will describe specific and important characteristics of the data.
- Section two will explore associations and differences based on the important characteristics of young carers presented in section one.
- Section three describes how the variables of higher or lower educational engagement (HEE/LEE) were configured. This section targets important issues associated with higher and lower educational engagement among young carers.
- Section four explores young carers' wellbeing and educational engagement according to postcode for Australian states/territories.

This appendix is intended as a technical reference to support the findings and discussion in Chapter 3: Quantitative analysis.

SECTION ONE: Description of young carer characteristics

Demographics of the whole sample of 1,443 that was analysed are presented in Table a1. Other demographics are presented in figures or later in this report in appropriate sections. Duplication has been avoided, however some sections build on previous sections and therefore data may be presented twice.

Table a1: *Characteristics of young carer applicants*

Characteristic	**N**	**%***
Age (range 11-25 years)	Mean=16.9 (SD=3)	
11-12	70	5%
13	114	7.9%
14	165	11.4%
15	153	10.6%
16	177	12.3%
17	179	12.4%
18	195	13.5%
19	99	6.9%
20	79	5.5%
21	75	5.2%
22	49	3.4%
23	31	2.1%
24	20	1.4%
25	16	1.1%
Duration in carer roles in years (range 1 month to 22 years)	Mean=6.6 (SD=6)	
Less than one year	40	2.8%
1-5 years	648	46.5%
6-10 years	534	38.4%
11-15 years	147	10.6%
16+ years	32	2.3%
Wellbeing score	Mean 6.24 (SD=1.9)	
Very poor (1-2)	35	2.4%
Poor (3-4)	232	16%
Average (5-6)	519	36%
Good (7-8)	481	33.3%
Excellent (9-10)	176	12.2%
Providing care prevents attending educational institution		
Never	257	18.9%
Less than once a month	276	20.3%
Once per month	194	14.3%
Two or three times per month	329	24.2%
Four times a month (roughly once a week)	162	11.9%
More than four times a month	141	10.4%
Care Affect Studying at home		
My caring role ***never*** affects my ability to study at home.	34	2.5%
My caring role ***rarely*** affects my ability to study at home.	93	6.8%

Table a2: *Characteristics of young carer applicants*

My caring role ***sometimes*** affects my ability to study at home.		473	34.8%
My caring role ***often*** affects my ability to study at home.		555	40.8%
My caring role ***always*** affects my ability to study at home.		204	15%
Characteristic		**N**	**%**
Household Income per annum (range 00—$90,000)		52701.35 (Mean) (SD=32760)	
Gender	Female	940	65.1%
	Male	497	34.4%
	Intersex/Indeterminate	4	0.3%
	Prefer not to say	2	0.1%
Aboriginal or Torres Strait Islander	No	1298	90.3%
	Aboriginal	126	8.8%
	Torres Strait Islander	9	0.6%
	Both	5	0.3%
Birth Country	Australia	1301	90.2%
	All other countries	142	9.8%
Main Language spoken at home	English	1292	89.5%
	Aboriginal English	16	1.1%
	All other languages	135	9.4%
Young carer disability status	No disability	1161	80.5%
	One	165	11.4%
	Two	80	5.5%
	Three or more	36	2.5%
ASGC Remoteness Rating	Major Cities	981	68.0%
	Inner Regional	288	20.0%
	Outer Regional	159	11.0%
	Remote	14	1.0%
	Very Remote	1	0.1%
Highest level of education completed this year	Year 6	77	5.7%
	Year 7	120	8.8%
	Year 8	160	11.8%
	Year 9	163	12.0%
	Year 10	186	13.7%
	Year 11	205	15.1%
	Year 12	334	24.6%
	Cert I	5	0.4%
	Cert II	20	1.5%
	Cert III	38	2.8%
	Cert IV	30	2.2%
	Diploma/higher	21	1.5%
Do you have a paid job?	No	1121	77.7%
	Yes	322	22.3%

Table a3: *Characteristics of young carer applicants*

Avg. Working Hours per Week	1 - 5 Hours	77	23.4%
	6 - 10 Hours	137	41.6%
	11 - 15 Hours	52	15.8%
	16 - 20 Hours	28	8.5%
	21 - 23 Hours	9	2.7%
	23 - 30 Hours	26	7.9%
Characteristic		***N***	***%***
Single Parent Household?	No	763	52.9%
	Yes	680	47.1%
Household Description	Couple	11	0.8%
	Couple with child or children	525	38.8%
	Group - Related adults	88	6.5%
	Group - Unrelated adults	7	0.5%
	Homeless / No household	1	0.1%
	Not stated / Inadequately described	75	5.5%
	Single (I live alone)	11	0.8%
	Single parent with child or children	635	46.9%
Main Carer?	No	952	66.0%
	Yes	491	34.0%
Care Load Per Week	0 - 10 Hours	263	18.8%
	11 - 20 Hours	410	29.3%
	21 - 30 Hours	271	19.4%
	31 - 40 Hours	172	12.3%
	41 - 50 Hours	283	20.2%
What is your relationship with this person	Sibling	606	44.0%
	Child	10	0.7%
	Parent	695	50.5%
	Grandparent	33	2.4%
	Other	13	0.9%
	Other family	12	0.9%
	Friend	7	0.5%
Total number of reasons that primary person being cared for needed care	.00	55	3.8%
	1.00	539	37.4%
	2.00	456	31.6%
	3.00	321	22.2%
	4.00	72	5.0%
Are you in Contact with a Support Worker / Youth Carer worker?	No	771	53.4%
	Yes	672	46.6%
How many people help you to provide care	None	412	28.6%
	One source	622	43.1%
	Two sources	312	21.6%
	Three or more sources	97	6.7%

Table a4: *Characteristics of young carer applicants*

Who helps you provide care? (Respondents ticked all that applied, and percentages are expressed as a proportion of total)	Parent	756	52.4%
	Brother/Sister	418	29.0%
	Paid Carer	188	13.0%
	Family member	130	9.0%
	Friend	25	1.7%
	Other	21	1.5%
	Partner	8	0.6%
Characteristic		***N***	***%***
Number of People Providing Care For?	1	950	67.9%
	2	310	22.1%
	3	96	6.9%
	4	33	2.4%
	5	6	0.4%
	6	5	0.4%

*percentages may not add up to 100 percent as taken to one decimal place

The sample of 1,443 young carer applicants comprised a diverse group. Applicants were mainly from coastal regions in Australia, as can be seen in Figure a1.

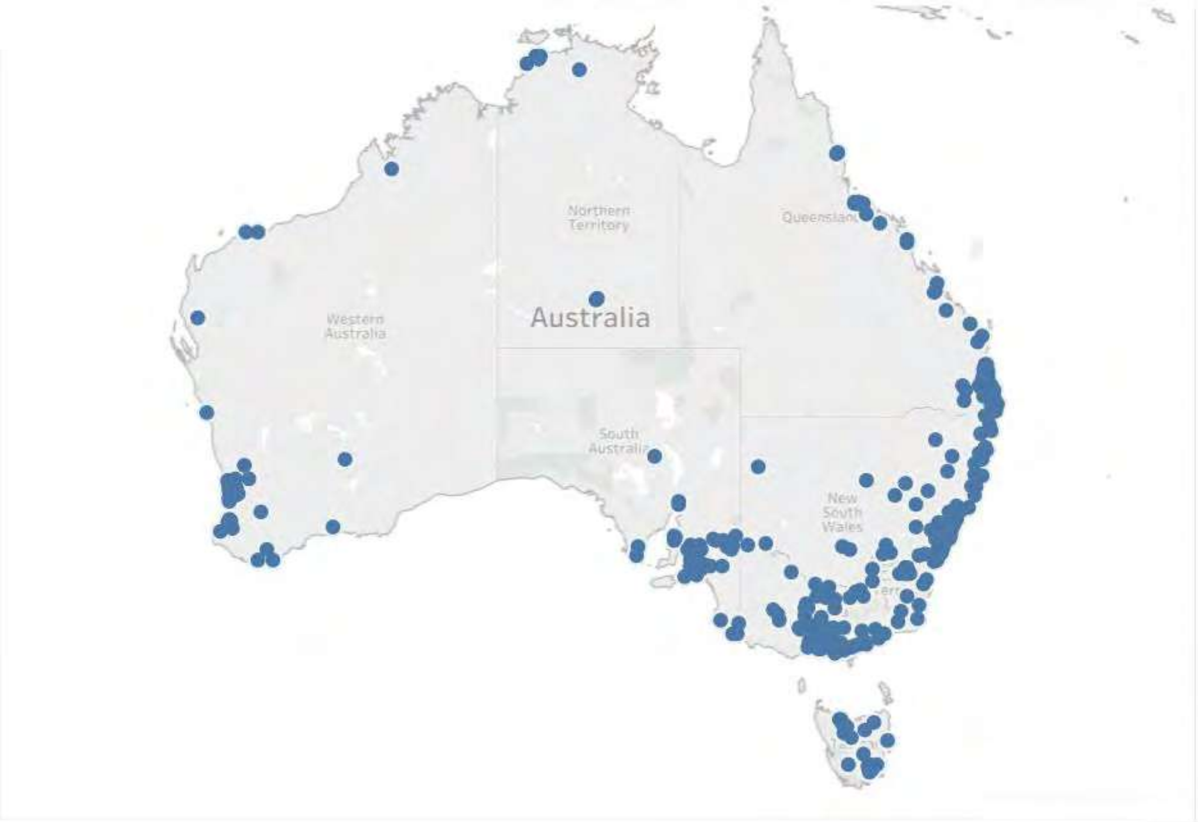


Figure a1: Carer applicants' locations (n=1,360)

Three variables were identified to represent self-rated wellbeing and young carers' educational engagement. Wellbeing was rated according to the question: 'Please rate your personal wellbeing (this includes your ability to participate in education, sporting, community and social events, spend time with friends)'. Available responses were:

- 1-2 (very poor);
- 3-4 (poor);
- 5-6 (average);
- 7-8 (good); and
- 9-10 (excellent).

The personal wellbeing of applicants is displayed according to postcode in Figure a2.

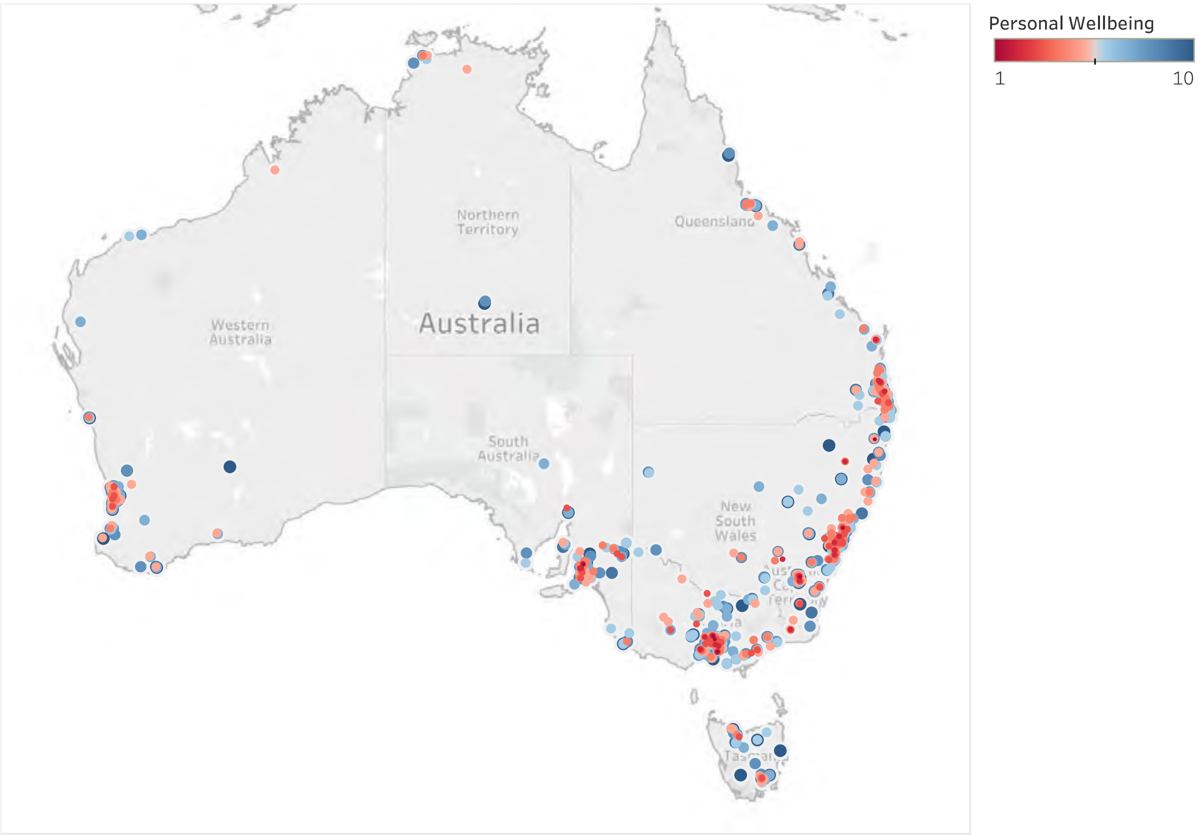


Figure a2: Personal wellbeing score (on a scale of 1-10) by geographical location (n=1,360)

A score of 1 indicates self-reported low wellbeing (red) and a score of 10 indicates high wellbeing (blue). N=83 did not provide postcode data. This is 'stacked data', which shows distributions with postcode using colour and size.

Personal wellbeing was also mapped for young carers in every state. Young carers were divided into three response groups, as detailed below:

- lowest wellbeing (group 1=scored 1, 2, 3, or 4, n=267);
- medium wellbeing (group 2=scored 5 or 6, n=519); and
- highest wellbeing (group 3=scored 7, 8, 9, or 10, n=657).

The above data is represented in heat maps for each state in section 4 in this appendix.

School/educational institution attendance of young carers

Twenty-two percent, or more than one in five young carers were unable to attend school or their educational setting at least once per week due to carer responsibilities. A further 38.5 percent were unable to attend between one and three times per month due to caring responsibilities.

Study at home

Care affected ability to study at home. Figure a3 presents Australia-wide graphics on lack of school/educational attendance for young carers:

- High impacts were responses of ‘often’ or ‘always’ (n=759).
- Sometimes impacts were ‘sometimes’ (n=473).
- Low impact was ‘never’ or ‘rarely’ (n=127).

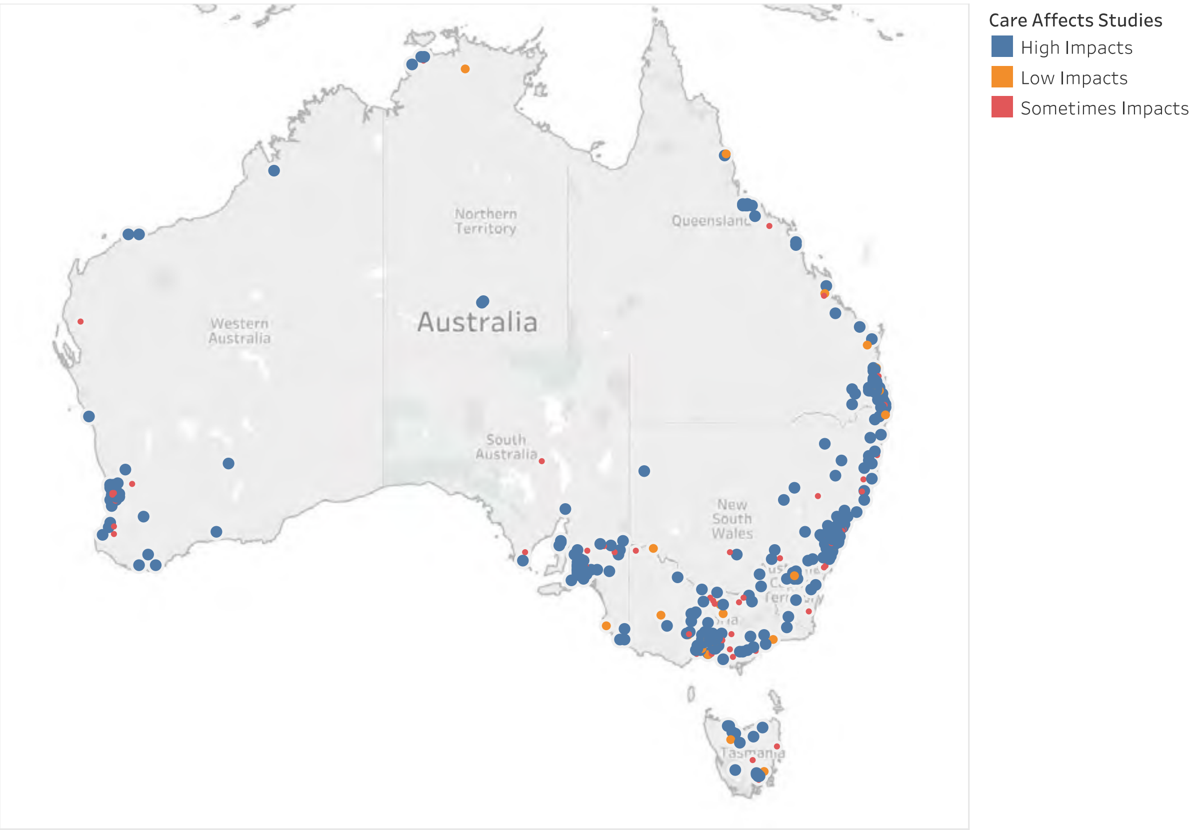


Figure a3: Impact of care affecting studies for young carers (n=1,296)

Age of young carers

Young carers ranged in age from 11 years to 25 years. Most young carers were aged 14 to 18 years (see Figure a4 showing number of young carers in each age group), with the mean age being 16.9 years. Table a5: Demographic characteristics of young carers aged 12 to 17, and aged 18 and older shows the demographic characteristics of young carers aged between 12 and 17, and those aged 18 and older.

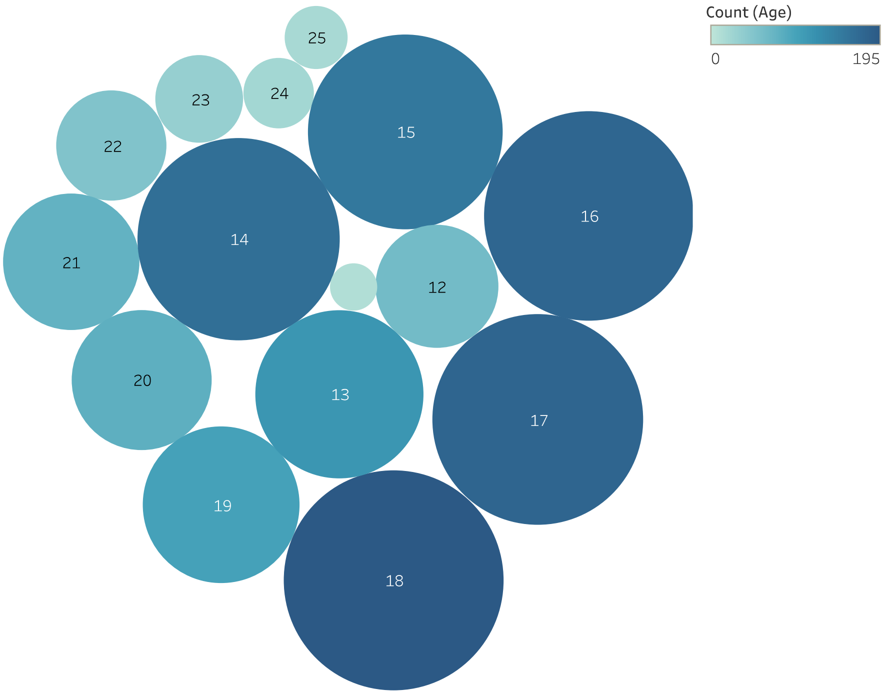


Figure a4: Number per age group graphical representation: (18 year olds, n=195, 13 percent; 17 year olds, n=179, 12 percent; 16 year olds, n=177, 12 percent; 15 year olds, n=153, 11 percent; 14 year olds, n=165, 11 percent).

Table a5: *Demographic characteristics of young carers aged 12 to 17, and aged 18 and older*

		Young carers 12 to 17		Young carers 18 and older	
		N	%	N	%
Remoteness	Major Cities	564	65.7%	403	71.3%
	Inner Regional	169	19.7%	114	20.2%
	Outer Regional	114	13.3%	44	7.8%
	Remote, or Very Remote	11	1.3%	4	0.7%
Gender	Female	529	61.7%	399	71.1%
	Male	328	38.3%	162	28.9%
Aboriginal or Torres Strait Islander	No	758	88.6%	522	92.9%
	Aboriginal or Torres Strait Islander	98	11.4%	40	7.1%
Main language spoken at home	English	790	92.1%	485	85.8%
	Aboriginal English	10	1.2%	6	1.1%
	All other languages	58	6.8%	74	13.1%
Personal Wellbeing	Low wellbeing	149	17.4%	114	20.2%
	High wellbeing	420	49.0%	227	40.2%
	Middle wellbeing	289	33.7%	224	39.6%

Table a6: *Demographic characteristics of young carers aged 12 to 17, and aged 18 and older*

	Low Impact	481	58.7%	236	44.8%

Care Prevents Attending	High Impact	339	41.3%	291	55.2%
Care Affects Study at Home	Low Impact	93	11.3%	32	6.1%
	High Impact	420	51.2%	332	63.0%
	Middle	307	37.4%	163	30.9%
Do you have a diagnosed disability?	No	690	80.4%	456	80.7%
	Yes	168	19.6%	109	19.3%
Total number of areas of disability	0	690	80.4%	455	80.7%
	1	87	10.1%	76	13.5%
	2	51	5.9%	28	5.0%
	3	21	2.4%	3	0.5%
	4	5	0.6%	2	0.4%
	5	2	0.2%	0	0.0%
	6	2	0.2%	0	0.0%
Number of people providing care for collapsed	1	561	66.7%	377	69.2%
	2	192	22.8%	118	21.7%
	3	60	7.1%	34	6.2%
	4 or more	28	3.3%	16	2.9%
Care Load Per Week	0 - 10 Hours	166	19.8%	92	16.9%
	11 - 20 Hours	273	32.5%	133	24.4%
	21 - 30 Hours	175	20.8%	94	17.3%
	31 - 40 Hours	87	10.4%	85	15.6%
	41 - 50 Hours	139	16.5%	140	25.7%
Main Carer?	No	620	72.3%	316	55.9%
	Yes	238	27.7%	249	44.1%
Receive Caring Assistance	No	202	23.5%	206	36.5%
	Yes	656	76.5%	359	63.5%
Care Assistance - Paid Carer	No	747	87.1%	490	86.7%
	Yes	111	12.9%	75	13.3%
Total number of sources of care assistance	0	200	23.3%	202	35.8%
	1	384	44.8%	229	40.5%
	2	206	24.0%	105	18.6%
	3	59	6.9%	29	5.1%
	4	9	1.0%	0	0.0%
In Contact with Support Worker / You Carer	No	406	47.3%	351	62.1%
	Yes	452	52.7%	214	37.9%

Table a7: *Demographic characteristics of young carers aged 12 to 17, and aged 18 and older*

Relationship to CR1	Sibling	387	46.9%	211	39.4%
	Child	4	0.5%	6	1.1%
	Parent	408	49.4%	283	52.8%
	Grandparent	15	1.8%	17	3.2%
	Other	4	0.5%	8	1.5%
	Other family	7	0.8%	5	0.9%
	Friend	1	0.1%	6	1.1%
CR1 Parent or Sibling?	Sibling	387	48.7%	211	42.7%
	Parent	408	51.3%	283	57.3%
Single Parent Household?	No	447	52.1%	302	53.5%
	Yes	411	47.9%	263	46.5%
Home Living Situation?	Couple	3	0.4%	8	1.5%
	Couple with child or children	360	44.0%	161	30.8%
	Group - Related adults	16	2.0%	72	13.8%
	Group - Unrelated adults	1	0.1%	6	1.1%
	Homeless / No household	0	0.0%	1	0.2%
	Not stated / Inadequately described	29	3.5%	45	8.6%
	Single (I live alone)	0	0.0%	9	1.7%
	Single parent with child or children	410	50.1%	221	42.3%
Have Paid Job?	No	751	87.5%	353	62.5%
	Yes	107	12.5%	212	37.5%
Avg. Working Hours per Week?	1 - 5 Hours	30	27.3%	46	21.3%
	6 - 10 Hours	49	44.5%	87	40.3%
	11 - 15 Hours	19	17.3%	32	14.8%
	16 - 20 Hours	5	4.5%	23	10.6%
	21 - 23 Hours	4	3.6%	5	2.3%
	23 - 30 Hours	3	2.7%	23	10.6%

Personal wellbeing significantly decreased with age (see Figure a5).

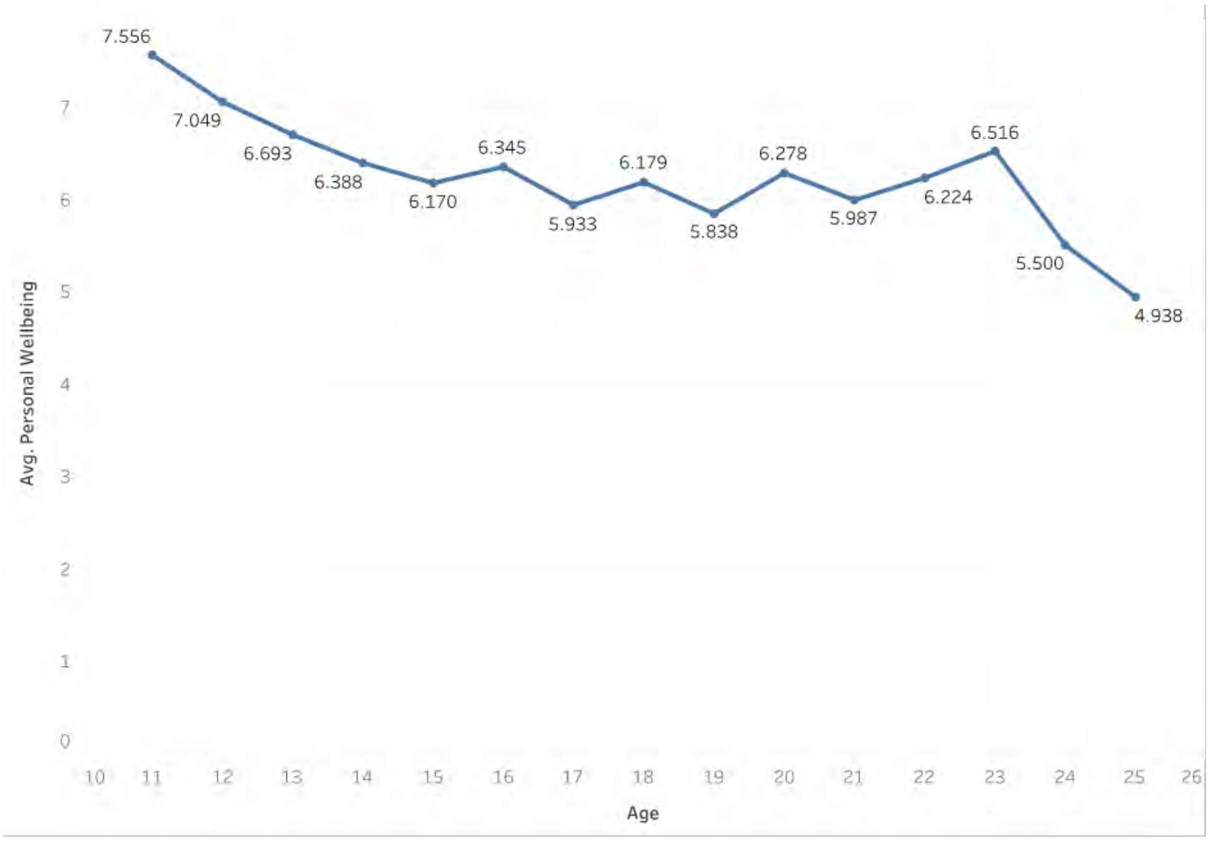


Figure a5: *Mean wellbeing score trend compared to age in years (Note, 26 percent young carers over 19 years of age)*

Gender and young carers

Substantially more females completed the Young Carer Bursary application. Statistical investigations revealed some significant differences between male and female young carers. A Mann-Whitney U Test (tests for statistical difference between groups) was conducted to examine differences based on personal wellbeing and gender. The test showed that there was a significant difference between the wellbeing of males and females (U= 252,755, p=0.010). The median personal wellbeing score for females was 6, compared to 7 for males. The effect size was calculated using the formula of r= Z/ (Square root of n) and r= 0.068. The effect size indicated a very small effect (conventions for effect size small= 0.1; moderate=0.3 and large=0.5). Therefore, while this result is significant, it should be interpreted with caution due to the proportion of female carers.

To further examine the interplay between gender and education, a Mann-Whitney U Test was conducted to examine the gender differences in care preventing school/educational institution attendance and being able to study at home. The test showed that there was a significant difference between males and females (U= 193,452.5, p=0.042) for school attendance. There was no difference on median scores (male median=3.00; female median=3.00) and the effect size was similarly very small. Finally, a Mann-Whitney U test showed no significant differences between male and female respondents on their ability to study at home (U= 194,876, p=0.57).

Culture and young carers

Over 90 percent of young carers were born in Australia, with 89.5 percent identifying English as the main language spoken at home. When asked about the language spoken at home, 1.1 percent of young carers identified 'Aboriginal English' as the main language and 9.4 percent of young carers identified other languages. Across all 1,443 respondents, 51 different languages are reported, 24 of which were only spoken by one young carer in the sample. Only languages spoken by at least 0.5 percent of the sample are presented in Table a8.

Table a8: *Main languages spoken at home including region/country where language is spoken if applicable*

Language	N	%	Region/Countries
English	1292	89.5	
Arabic	18	1.2	
Aboriginal English, so described	16	1.1	
Vietnamese	14	1	
Chaldean Neo Aramaic	9	0.6	Iraq, Iran, Turkey
Dari	8	0.6	Afghanistan
Pashto	7	0.5	Afghanistan, Pakistan, Iran

Aboriginal and Torres Strait Islander students made up 8.8 percent of the total sample (see Figure a6 for Aboriginal and Torres Strait Islander applications Australia-wide). It is noteworthy that most Aboriginal and Torres Strait Islander students lived in southern Australian states or parts of states and territories, and in cities or regional centres. A Mann-Whitney U test showed no significant differences between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander respondents on self-reported personal wellbeing (U= 92,649, p=0.698), although sample sizes were disproportionate, which may have affected the result. To better understand this data, visual display was configured. In the visual representation of scores, personal wellbeing decreased with age for young carers identifying as Aboriginal and Torres Strait Islander until about 20 years of age. Wellbeing also reduced as the duration of the carer role increased (see Figure a7). Data should be interpreted with caution due to low sample sizes.

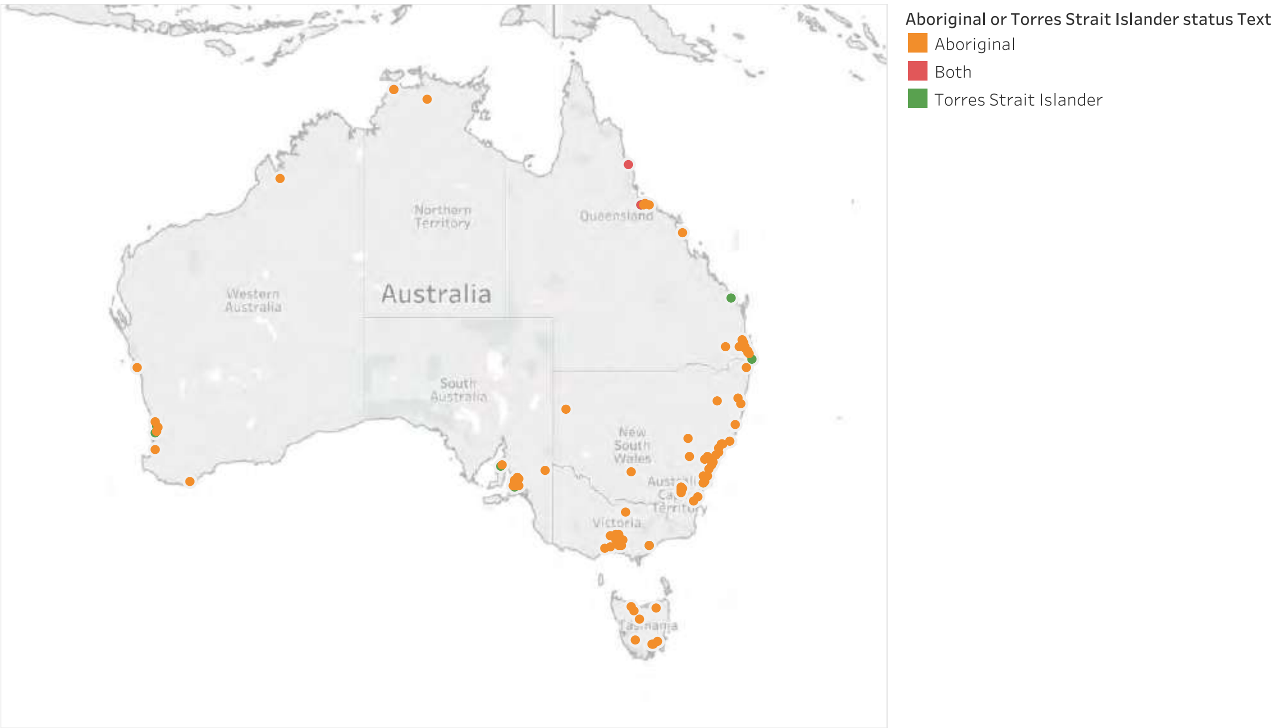


Figure a6: Aboriginal and Torres Strait Islander Young Carer Bursary application locations (n=140)

To further examine the interplay between Aboriginal and Torres Strait Islander status and education, a Mann-Whitney U Test was conducted to examine differences in care preventing school/educational institution attendance and being able to study at home. A Mann-Whitney U Test was conducted to examine differences. The test showed that there was a significant difference between groups (Aboriginal and Torres Strait Islander versus non-Aboriginal and Torres Strait Islander) on their caring role preventing them from attending their school/educational institution (U= 193,452.5, p=0.042). The effect size was calculated as *r*=0.055, which is a small effect size. Further, a Mann-Whitney U test showed no significant differences between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander respondents on care affecting study at home (U= 82,696.5, p=0.611).

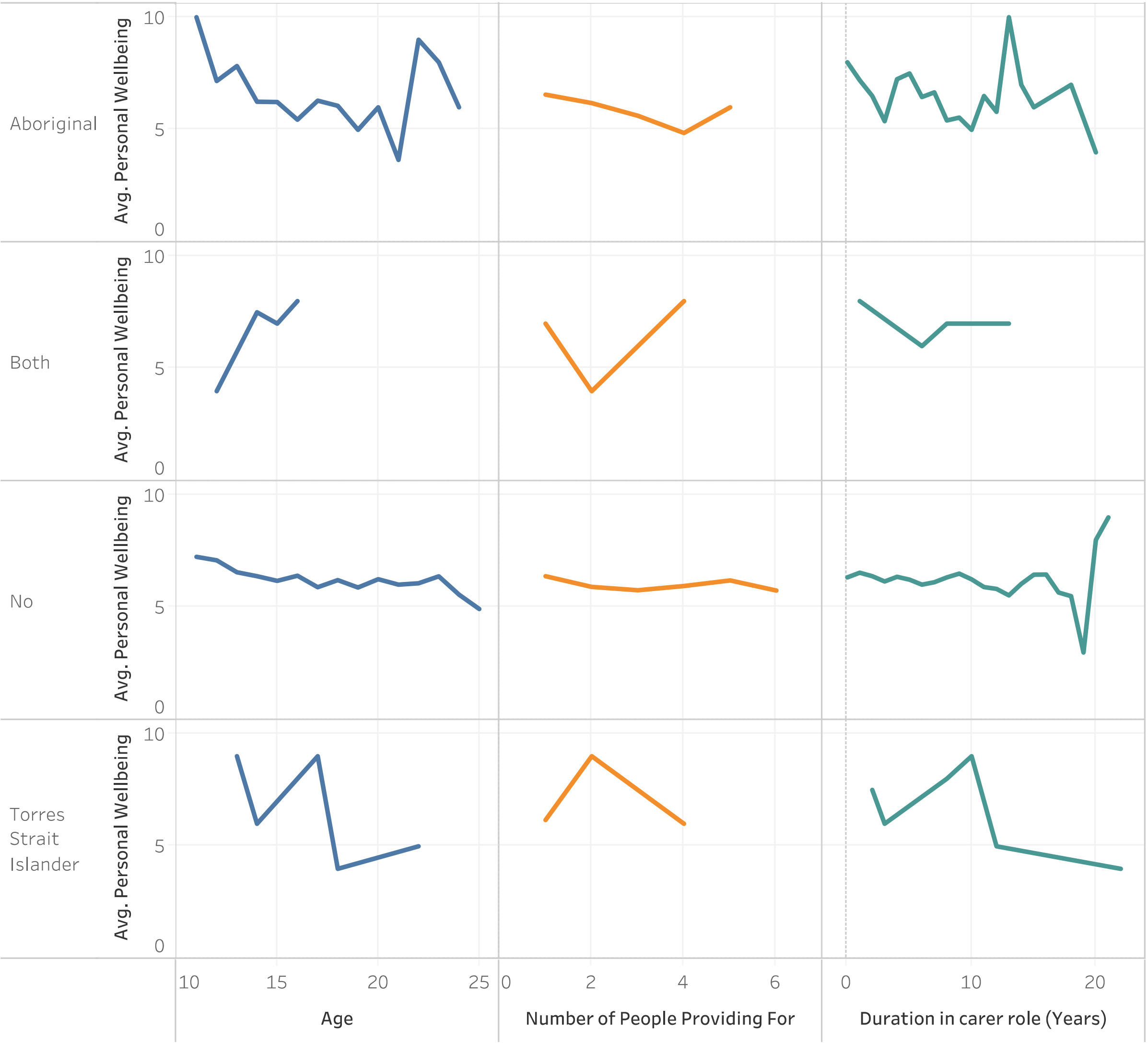


Figure a7: Mean wellbeing scores reported by groups of young carers identifying as Aboriginal (n=126), Torres Strait Islander (n=9), Both Aboriginal and Torres Strait Islander (n=5), or neither (n=1,298).

Health and wellbeing and young carers

Eighty percent of the total sample of young carers did not report having a disability themselves. However, 281 young carers reported having a disability: 11.4 percent reported two types of disability or impairments; and 2.5 percent reported three or more types of disability or impairments. Wellbeing was compared for young carers with and without disability (see Figure a8). Personal wellbeing scores declined as young carers with disabilities aged, compared to young carers without disabilities (see column 1). Wellbeing scores for young carers with disabilities were lower than young carers without disabilities and decline more as both the number of people cared for and the duration of care increased (see columns 2 and 3).

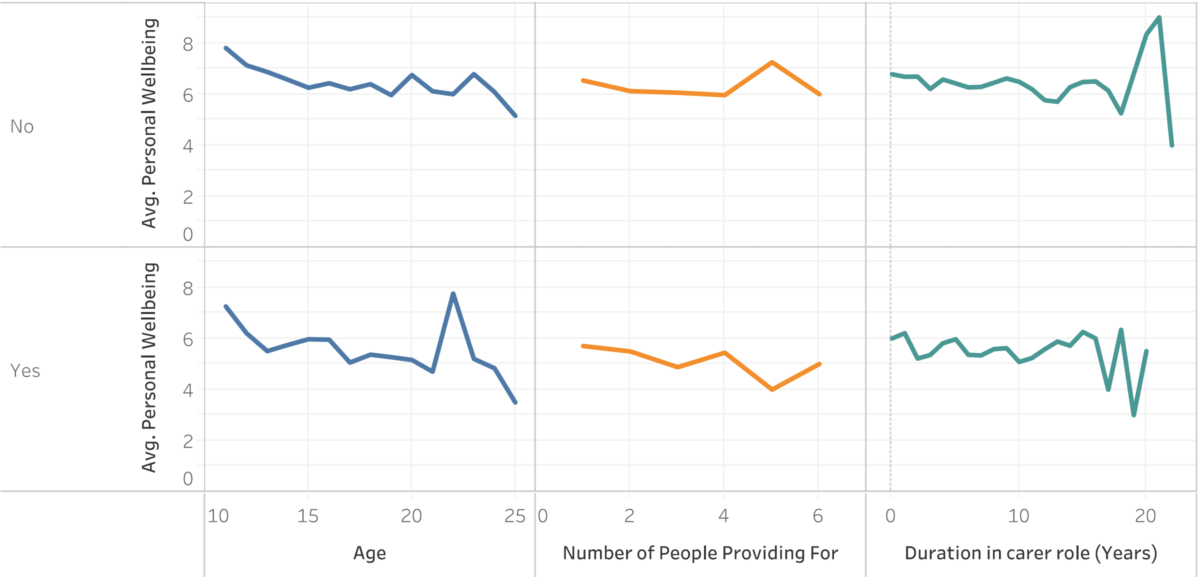


Figure a8: Comparison of wellbeing scores of young carers with (n=281) and without (n=1,162) disabilities and changes in scores with age, number of people cared for and duration of care.

To further examine the impact of disability on health and education variables, a Mann-Whitney U test was conducted to examine differences in personal wellbeing and in the care preventing attendance and care preventing study at home. The test showed there was a significant difference between groups (diagnosed disability versus not) on personal wellbeing (U= 120,005.5, p <0.001, r=-0.184), care prevents school/educational institution attendance (U= 163,676, p<0.001, r=0.088), and care affects study at home (U=163,485,p<0.001, r=0.091).

Geographical considerations and young carers

Most young carers lived in major cities (68 percent), although 31 percent lived in regional centres. Levels of personal wellbeing were compared among young carers living in metropolitan, regional and remote areas. Remoteness was significantly related to personal wellbeing (H (3) = 8.057, p=0.045). When median scores of personal wellbeing were calculated, it was revealed that the median personal wellbeing scores of young carers in major cities and inner regional centres were 6. Young carers in outer regional or rural/remote areas reported higher personal wellbeing with a median score of 7. Pairwise comparisons with adjusted p values showed there were no significant differences in personal wellbeing between respondents living in major cities and inner regional areas (p=0.386, r=-0.049); major cities or outer regional areas (p=0.140, r=-0.060) or major cities and remote or very remote areas (p=1.00, r=-0.027). There were also no differences between inner regional and outer regional (p=1.00, r=-0.019), or inner regional and remote regions (p=1.00, r=-0.015). Finally, there were no differences between outer regional and remote areas (p=1.00, r=-0.008). These results should be interpreted with caution as it is also noted that very few rural and remote young carers applied for the bursary, making samples sizes within these groups proportionally quite small.

There were no differences between remoteness and either education variable; care prevents school/educational institution attendance (H (3) = 2.891, p=0.409 or care affects studying at home (H (3) = 5.319, p=0.150).

Geographical area was graphed to demonstrate the reduction in wellbeing reported by carers in major cities as they aged and cared for more people, although statistical analysis showed no significant differences (see Figure a9). The figure also shows a decrease in wellbeing for young carers living in cities and inner regional areas as young carers age, a decrease in wellbeing in outer regional areas as the duration of years caring increased compared to other groups, and a decrease in wellbeing as care recipients increase in city and outer regional areas.

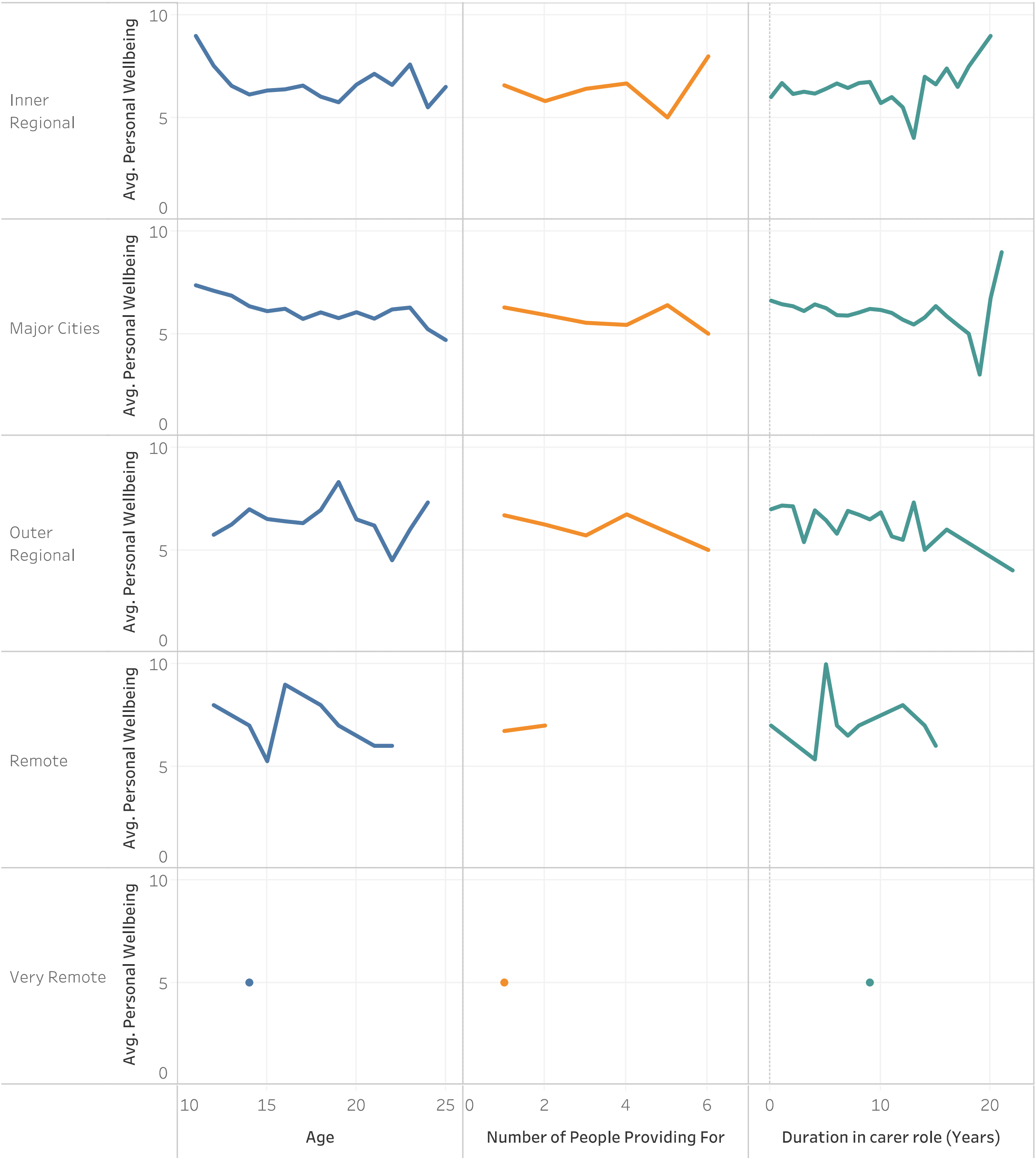


Figure a9: Young carers mean wellbeing according to age (first column), number of people cared for (second column) and duration in carer role (third column). *Living in: inner regional (n=288); major cities (n=981); outer regional (n=158); remote (n-14); and very remote (n=1)*

Education level and young carers

Five percent of the sample were still in primary school, while 32.6 percent were in years seven, eight or nine at secondary school and more than half of the sample (53.4 percent) were in years 10, 11 and 12, the higher years of secondary school (see Figure a10)

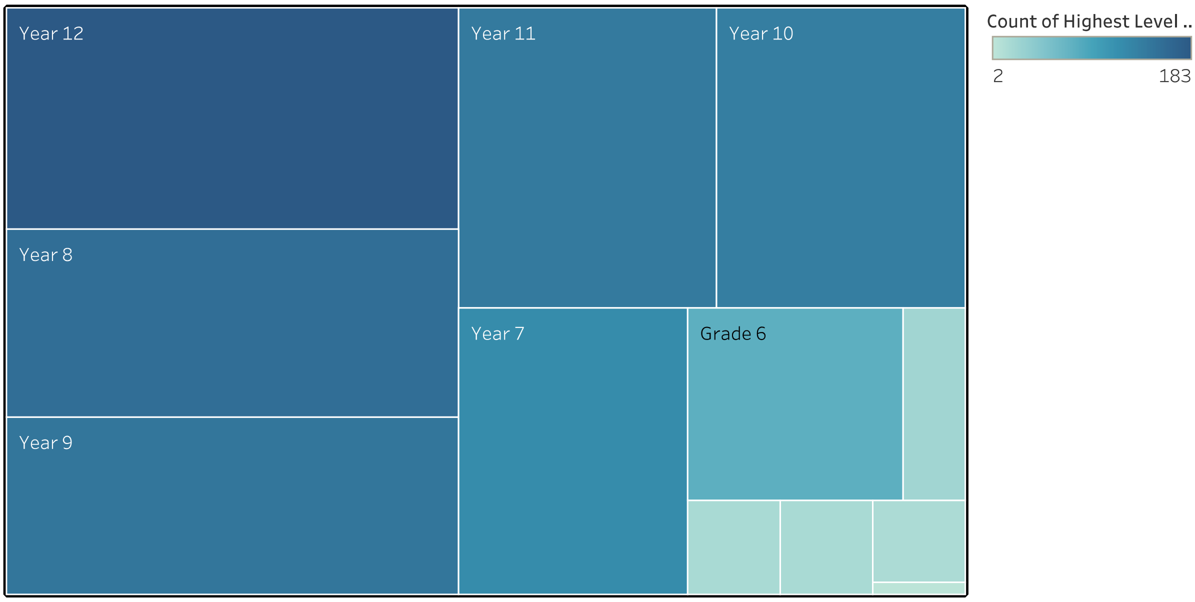


Figure a10: Distribution of young carer applicants in educational levels (n=1,358)

Differences in groups of young carers based on their highest level of education in the past year were conducted to identify wellbeing and educational engagement issues. A Kruskall-Wallis Test (a test used to determine differences between two or more groups) was conducted to examine the levels of personal wellbeing across young carers in three groups: primary, secondary, and post-secondary education. Highest level of education completed was significantly related to personal wellbeing ($H(2)= 2.552$, $p=0.020$). Pairwise comparisons showed that children in primary school had better wellbeing than those in secondary ($p=0.032$, $r=0.069$) and post-secondary ($p=0.023$, $r=0.072$) education. No differences were reported between secondary and post-secondary ($p=1.000$, $r=0.026$).

A Kruskall-Wallis Test was conducted to examine how often young carers were unable to attend their education institution, across young carers in primary school, secondary school, and post-secondary education. Level of education completed in the past year was significantly related to being unable to attend school ($H(2)= 21.552$, $p<0.001$). Pairwise comparisons showed that children in primary school were less often prevented from attending their education institution than those in secondary ($p<0.001$, $r=-0.109$) and post-secondary ($p<0.001$, $r=-0.123$) education. No differences were reported between secondary and post-secondary education ($p=0.135$, $r=-0.054$).

A Kruskall-Wallis Test was conducted to examine the extent to which the caring role impacted on young carers' ability to study at home, across young carers in primary school, secondary school, and post-secondary education. Level of education completed was significantly related to being prevented from studying at home ($H(2)= 7.712$, p=0.021). Pairwise comparisons showed that children in primary school were less impacted in their ability to study at home compared to young carers in secondary ($p=0.028$, $r=-0.071$) and post-secondary ($p=0.029$, $r=-0.070$) education. No differences were reported between secondary and post-secondary ($p=1.000$, $r=-0.021$).

Overall, primary school students reported statistically significantly better wellbeing, fewer barriers to attending school and fewer barriers to completing study at home compared to both secondary and post-secondary students.

Paid work and young carers

In addition to study and care responsibilities, one in five young carers participated in paid work with 65 percent working up to 10 hours per week. Young carers in paid work reported higher wellbeing (see Table a10).

Family constellation and young carers

The sample of young carers represented various family constellations, main carer status, care recipient relationship, and number of care recipients. Of note, 47.1 percent lived in single parent families and 38.8 percent lived in two parent families with/without other children. About half (46.9 percent) of young carers lived in a single parent home and cared for their parent or a sibling. Further, 52.4 percent of young carers identified their parent as their main assistant in carer duties while 29 percent identified a sibling as their main care assistant at home. Only 13 percent of young carers identified a paid carer as an assistant to care responsibilities at home.

Due to the high relative prevalence of young carers living in single parent households (compared to young people Australia wide), the wellbeing, educational attendance and home study of these young carers was investigated. Living in a single parent household was associated with significantly lower personal wellbeing (U= 237,887, p=0.006, *r*=-0.073). Figure a11 shows the gradient for wellbeing in households based on single/dual parent status. Living in a single parent household was significantly associated with school/educational institution non-attendance (U= 285,497.5, p<0.001, *r*=0.209). However, living in a single parent household was not associated with differences in ability to study at home (U= 221,649, p=0.176, *r*=-0.037).

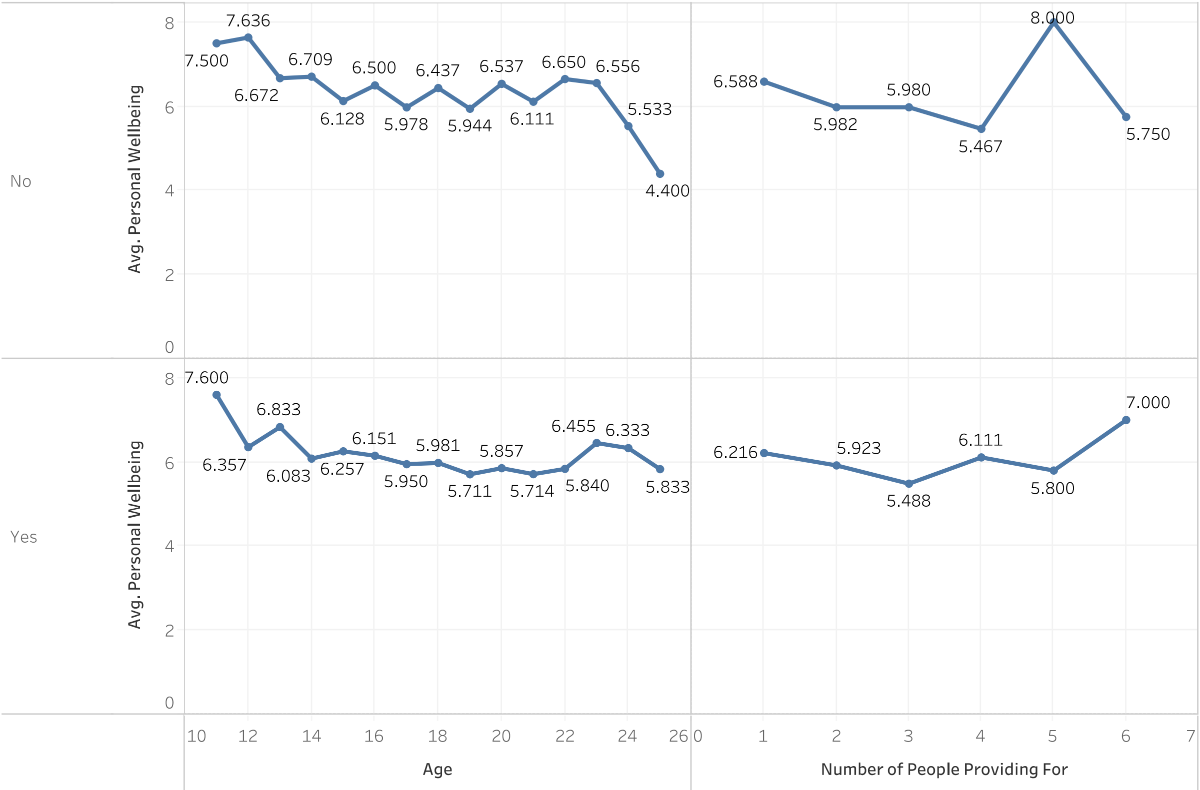


Figure a11: Personal wellbeing, age and number of people being cared for in household with single (n=680) or dual (n=763) head of household

Duration in caring role and number of people being cared for

Young carers reported caring for between one month and 22 years with an average of 6.6 years. Two-thirds of young carers cared for one person and 22 percent cared for two people. The variability in the number of people being cared for is represented in Figure a12.

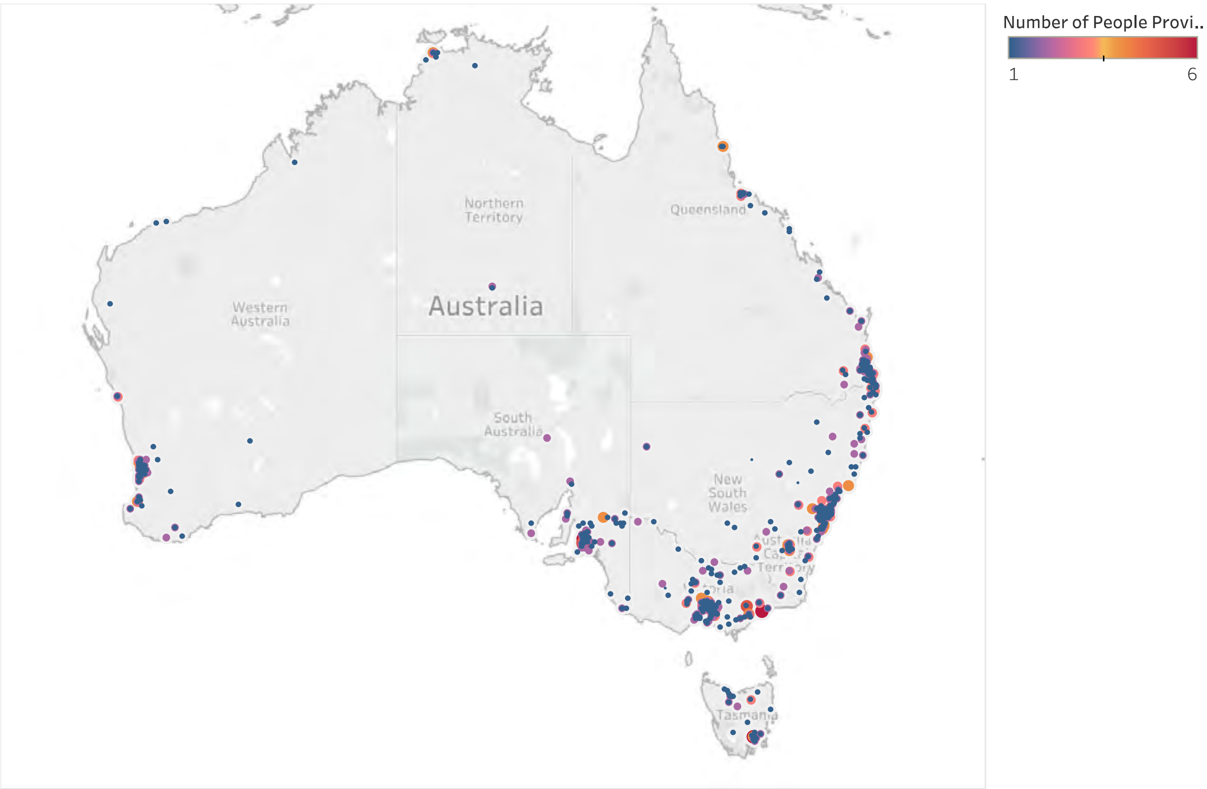


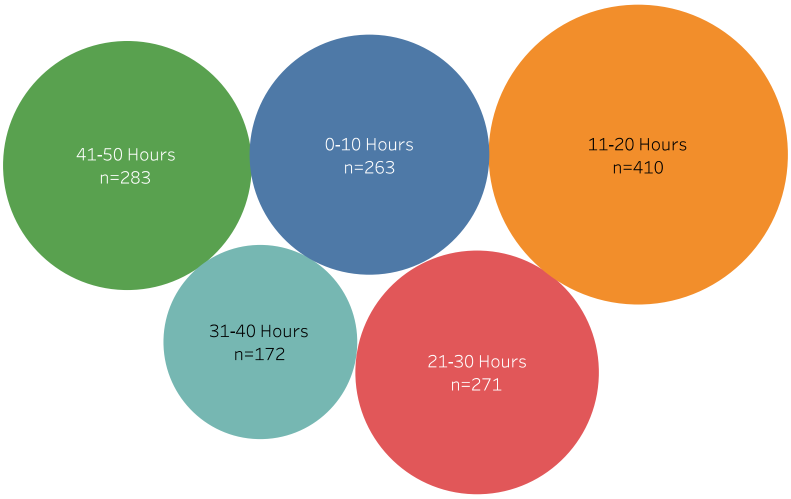
Figure a12: Variability of number of people being cared for across Australia (n=1,396)

Main carer identity

One in three young carers agreed that they were the main carer. A series of Mann-Whitney U tests were conducted examining the relationship between being the primary carer or not and personal wellbeing (U= 190,538.5, p<0.001, *r*=-0.153), care prevents attending school/educational institution (U= 283,532.5, p<0.001, *r*=0.290), and care affects study at home (U= 209,494.5, p=0.822, *r*=-0.006). The tests show significant differences between individuals who identified as the main carer on personal wellbeing and attendance at school. Primary or 'main' carers reported lower personal wellbeing and were more frequently prevented from attending their school/educational institution. There were no differences reported on the caring role affecting studying at home between the primary (main) and non-primary caregiver groups.

Care load

The most common amount of time reported spent in care duties at home was between 10 and 20 hours (29.3 percent), although about 20 percent of other young carers were caring from zero-10 hours, 20-40 hours or over 40 hours (see Figure a13).



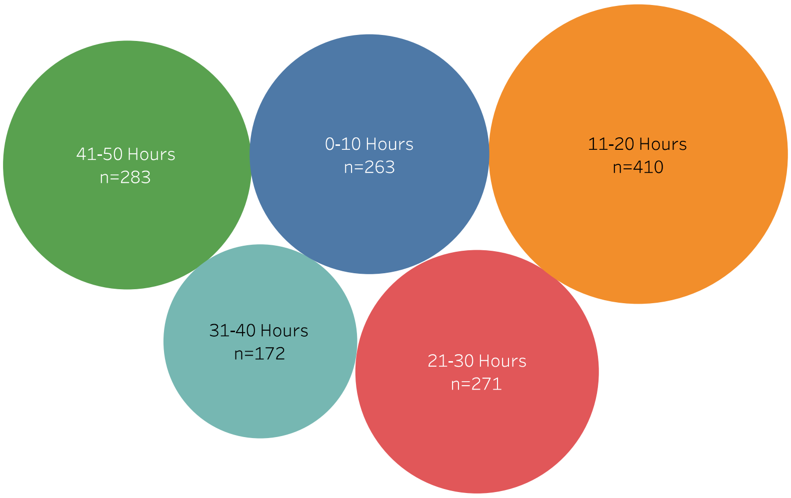


Figure a13: visual display of care load per week (n=1,399)

Further investigations of the care load demonstrated that hours per week caring had significant repercussions for wellbeing, educational attendance and capacity to study at home. A Kruskall-Wallis test was used to examine the relationship between care load per week and wellbeing and educational engagement. Care load per week was significantly related to personal wellbeing (H (4) =25.540, p<0.001), care prevents school/educational institution attendance (H (4) =114.270, p<0.001), and care affects study at home (H (4) =41.729, p<0.001).

Post hoc tests further determined that as care load increased, personal wellbeing decreased (J=347,968.5, z=-4.30, p<0.001, r= -0.115). As care load increased young carers attended their educational institution less frequently (J=444,188, z=10.381, p<0.001, r= 0.282). As care load increased, young carers were less able to study at home (J=405,428.5, z=5.766, p<0.001, r= 0.157), suggesting that home was a disruptive environment or that hours caring at home overshadowed other young carer activities such as homework and study. The effect size (r) indicates a small effect for the personal-wellbeing and care affects studies trends, and a moderate effect size for the care prevents attending education variable.

Relationship to person being cared for

Young carers were primarily caring for their mother or brother, followed by sister and father (see Figure a14).

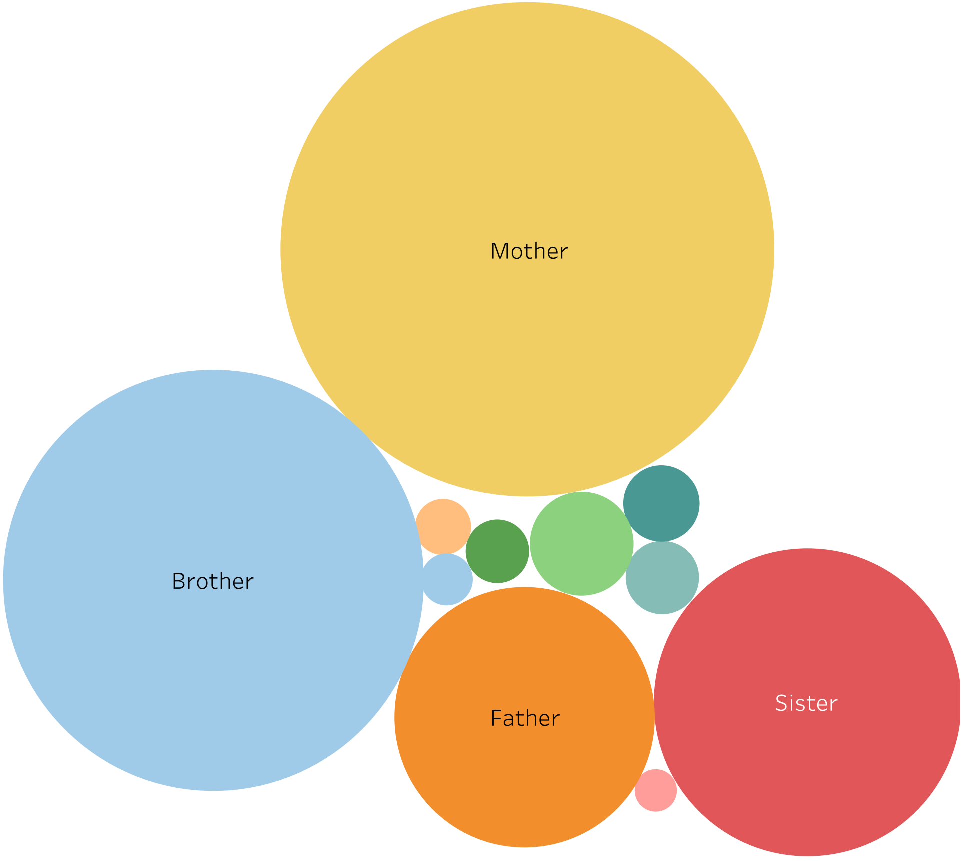


Figure a14: Young carers' relationship for main person being cared for showing proportion of young carers in size of circle (n=1,376)

The impact of caring for a parent or a sibling was further investigated. Data were analysed and the tests show significant differences between caring for other people versus caring for parents or siblings on wellbeing (U= 188,613, p<0.001, *r*=-0.091). Caring for a parent was found to significantly impact on school attendance (U= 239,609, p<0.001, *r*=0.169). Sibling care significantly impacted on capacity to study at home (U= 165,812,5, p<0.001, *r*=-0.161). There was a difference in the complexity of care provided to family members with siblings requiring more complex care (U= 121,373.5, p<0.001, r=-0.387). Tests examining the effect sizes of the relationships were conducted (shown as r, where a small effect =0.1, a moderate effect =0.3 and a large effect=0.5).

In sum, young carers caring for parents had lower wellbeing and were more frequently prevented from attending their education institution, while those caring for siblings also reported lower wellbeing as well as difficulties studying at home and a greater level of care complexity (total number of disabilities endorsed).

Needs of person being cared for

The needs of the care recipient and the nature of the care provided was analysed. The main reasons for care of a parent was that the parent had a physical disability (58.8 percent), followed by mental health condition (35.4 percent). The main reasons for care of a sibling was intellectual disability (59.9 percent), sensory or speech disability (19 percent) and physical disability (12.4 percent). See
Figure a15 for graphical representation.

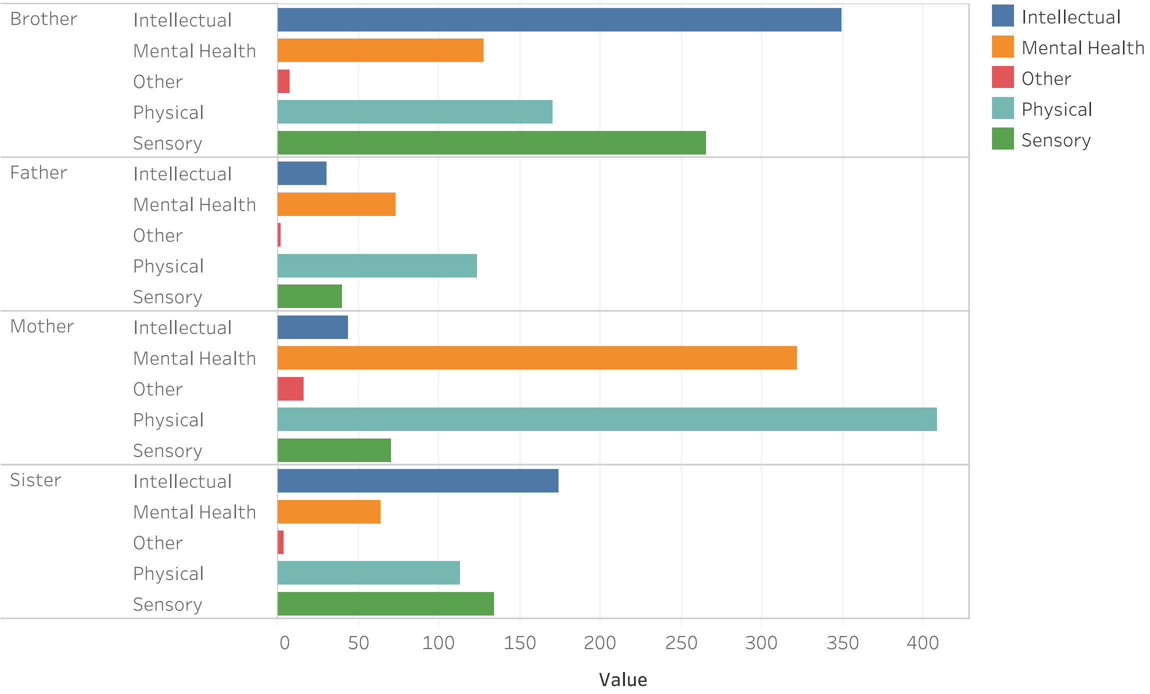


Figure a15: *Main reasons for young person requiring care (n=1,301)*

Available help and support for young carers

Two types of support received by young carers were measured in the Bursary application. The first involved identification of 'who helps' in the care responsibilities at home. More than half identified a parent, 29 percent identified a brother or sister and only 13 percent identified a paid carer. A sum total of care support was configured as a variable to determine if the number of support persons was related to wellbeing, attending school or being able to study at home. The variable was titled ‘total care assistance’. Group one included young carers who reported no support, group two reported one support, group three included young carers who reported two supports, and group four reported three or more supports.

A Kruskall-Wallis test was used to examine the relationship between total number of sources of support and wellbeing and education variables. Total number of support sources was significantly related to personal wellbeing (H (3) =25.01, p<0.001), care preventing school/educational institution attendance (H (3) =57.538, p<0.001), and care affecting ability to study at home (H (3) =13.560, p<0.001).

Follow-up tests showed that young carers receiving support from two sources had greater wellbeing than those receiving no support (p<0.001, r=-0.112), and those receiving support from one source (p<0.001, r=-0.099). Similarly, young carers receiving support from one (p<0.001, r=0.149), two (p<0.001, r=0.194), or three sources (p<0.001, r=0.111) were more frequently able to attend their education institution, compared to those receiving no support. Lastly, young carers receiving support from one source differed significantly from those receiving no support on the care affect studies outcome (p=0.004, r=-0.092). No further follow up tests were statistically significant.

In sum, young carers who reported no supports had the lowest wellbeing, highest school non-attendance and study at home issues. Two, three or more supports was associated with better wellbeing, school attendance and study at home.

The data were also analysed to determine if a professional support worker for the young carer was associated with higher wellbeing, educational attendance and home study. Nearly 47 percent of young carers identified a professional support (‘support worker or youth care worker’). A series of Mann-Whitney U tests were conducted examining the relationship between having contact with a support worker or youth care worker (IV) and:

- personal wellbeing (U= 251,241, p=0.317, r=-0.026);
- care prevents school/educational institution attendance (U= 244,031.5, p=0.058, r=0.051); and
- care affects study at home (U= 217,932, p=0.063, r=-0.050).

The tests showed that personal wellbeing and education variables did not differ between those young carers who did or did not have access to support worker/youth carer worker.

SECTION TWO: Associations and differences based on important characteristics of young carers presented in section one.

Associations between important factors for young carers

A correlation analysis (see Table a9) was completed to examine the association between a number of young carer variables including carer load per week, care complexity, personal wellbeing, effect of carer role on preventing young carer from attending school or pursing educational opportunities, impact of carer role on younger carers' attending educational opportunities, personal wellbeing of young carers, and duration of being a young carer in years. Three other variables included in the correlational analysis were care complexity (which includes the total number of reasons why the care recipient is receiving care), total disability (which refers to the number of domains of disability endorsed[9] by the young carer summed into one total score), and total care assistance (number of sources of care assistance that young carers reported receiving).

When referring to the size of the correlation coefficient, the following descriptors will be used: .90 to 1.00 (-.90 to -1.00) refers to 'very high' positive (negative) correlation; .70 to .90 (-.70 to -.90 refers to 'high' positive (negative) correlation; .50 to .70 (-.50 to -.70) refers to 'moderate' positive (negative) correlation; .30 to .50 (-.30 to -.50) refers to 'low' positive (negative) correlation, .30 to .10 (-.30 to -.10) refers to a 'weak' positive (negative) correlation, and .00 to .10 (.00 to -.10) refers to a negligible correlation (Muskoka 2012).

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[9] The term 'endorsed' refers applicants selecting one or more fixed-choice options within the Young Carer Bursary application.

Table a9: *Correlation matrix of relationships between variables related to young carers, care provided and educational engagement, (no correlation; weak correlation; moderate correlation)*

	Total number of reasons that primary person being cared for needed care	Personal Wellbeing	Care prevents attending educational institution	Care affects study at home	Number of People Providing care for	Duration in carer roles in years	Young carers total Disability/ ies	Total no of care assistance provided	Age
Care Load Per Week	.026	-.099**	.270**	.134**	.104**	-.016	.014	-.204**	.162**
Total number of reasons that primary person being cared for needed care	1	-.057*	.060*	.168**	.015	.193**	.046	.249**	-.080**
Personal Wellbeing		1	-.289**	-.344**	-.113**	-.052	-.185**	.113**	-.115**
Care prevent attending educational institution			1	.332**	.121**	-.012	.072**	-.180**	.205**
Care affects study at home				1	.205**	.138**	.075**	.039	.145**
Number of people providing care for?					1	.064*	.118**	.062*	.015
Duration in carer roles in years						1	.040	.115**	.189**
Young carers total Disability/ies							1	-.068**	-.037
Total no of care assistance provided								1	-.154**

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

As shown in Table a9, weekly care load of young carers was positively associated with caring responsibilities preventing young carers from attending school/educational institution (r=.270, p<.001, 'weak' positive correlation). Weekly care load was negatively correlated with total care assistance described by younger carers (r=-.204, p<.001, 'weak' negative correlation). Total care assistance refers to the number of sources of care assistance that young carers reported. In sum, as the young carers weekly caring load increased, school attendance challenges increased, and as the weekly care load of younger carers increased, the total care assistance accessed decreased.

Complexity (which refers to the total number of reasons why the care recipient is receiving care) was significantly correlated with the impact on studies at home (r=.168, p<.001, 'weak' positive correlation), number of years a young carer had been in a caring role (r=.193, p<.001, 'weak' positive correlation); and total assistance (the number of sources of care assistance that young carers are receiving) (r=.249, p<.001, 'weak' positive correlation). These associations suggest that the complexity of care required by the family member related directly to difficulty studying at home, the total number of years that a young carer has been providing care for, and the number of sources of assistance that young carers received.

The personal wellbeing of a young carer was negatively correlated with the following variables: young carer being prevented attending the educational environment (r=-289, p<.001, 'weak' negative correlation), young carer being able to study or complete home work in the home environment (r=-.344, p<.001, 'low' negative correlation), and the young carer's disability status (number of conditions) (r=-.185, p<.001, weak negative correlation). Two of the correlations were in the weak negative correlation range whereas one fell into the low negative correlation range (ability to complete home work in home environment). These significant correlations indicate that higher wellbeing related to fewer barriers to attending school/educational institution, fewer barriers to studying at home, and fewer disabilities experienced by the young carer.

The factor that measured the impact of caring for a family member that prevents a young carer being able to attend school was significantly associated with two variables: not being able to complete homework in the home environment (r=.332, p<.001, 'low' positive correlation), and the number of sources of care assistance that young carers reported receiving (referred to as total care assistance) (r=-.180, p<001, weak negative correlation). These findings imply that as the impact of caring for a family member by a young carer increases, the ability of the young carer to complete home work in the home context decreases, and the number of sources of care assistance increases.

The variable that measures the ability of a young carer to complete homework in the home context was significantly correlated with the number of family members that a young carer is providing care for (r=.205, p<.001, weak positive correlation), and the length of time that a young carer has been in a care provider role (r=.138, p<.001, weak positive correlation).

The number of family members that a young carer provides care for was significantly correlated with the number of domains of disability endorsed by the young carer (r=.118, p<.001, weak positive correlation). The number of years that a young carer reported caring for a family member was significantly associated with the number of supports who provided care assistance that young carers reported receiving and was significantly associated with duration in carer role (r=.115, p<.001, weak positive correlation).

Significant differences between groups of young carers and key indicators of educational engagement

The next stage of the data analysis involved determining the significance of characteristics of young carers in groups with the highest and lowest wellbeing, and highest and lowest barriers to attendance at a school/educational institution, and the highest and lowest barriers to studying at home. A series of Chi-square tests were conducted to identify the characteristics of groups of young carers for described variables.

Table a10: *Chi-Square tests: Personal wellbeing group 1 (wellbeing score 7-10) and group 2 (wellbeing score 1-6)*

		Personal Wellbeing					
		Low impacts		High impacts			
		N (724)	%	N (630)	%	Chi-square	p
Gender	Female	175	65.8%	405	61.7%	1.331	0.249
	Male	91	34.2%	251	38.3%		
Aboriginal or Torres Strait Islander?	No	235	88.7%	588	89.6%	0.181	0.671
	Aboriginal or Torres Strait Islander	30	11.3%	68	10.4%		
Birth Country	Australia	227	85.0%	600	91.3%	8.034	0.005
	All other countries	40	15.0%	57	8.7%		
Home language	English	228	85.4%	594	90.4%	5.233	0.073
	Aboriginal English	3	1.1%	7	1.1%		
	All other languages	36	13.5%	56	8.5%		
Do you have a diagnosed disability?	No	178	66.7%	565	86.0%	45.036	<0.001
	Yes	89	33.3%	92	14.0%		
Total number of areas of disability, collapsed	No disability	177	66.5%	565	86.0%	46.247	<0.001
	One	51	19.2%	57	8.7%		
	Two	24	9.0%	24	3.7%		
	Three or more	14	5.3%	11	1.7%		
Number of people providing care for collapsed	1	149	58.0%	466	72.9%	20.07	<0.001
	2	72	28.0%	124	19.4%		
	3	24	9.3%	31	4.9%		
	4 or more	12	4.7%	18	2.8%		

Table a11: *Chi-Square tests: Personal wellbeing group 1 (wellbeing score 7-10) and group 2 (wellbeing score 1-6)*

Caring more or less than 20 hours per week	Up to 20 hours per week	88	34.2%	343	53.8%	27.963	<0.001
	More than 20 hours per week	169	65.8%	295	46.2%		

Care Load Per Week	0 - 10 Hours	25	9.7%	147	23.0%	32.916	<0.001
	11 - 20 Hours	63	24.5%	196	30.7%		
	21 - 30 Hours	62	24.1%	104	16.3%		
	31 - 40 Hours	38	14.8%	67	10.5%		
	41 - 50 Hours	69	26.8%	124	19.4%		
Main Carer?	No	140	52.4%	481	73.2%	37.186	<0.001
	Yes	127	47.6%	176	26.8%		
Total number of sources of care assistance	None	89	33.3%	160	24.4%	24.316	<0.001
	One source	127	47.6%	265	40.3%		
	Two sources	39	14.6%	176	26.8%		
	Three or more sources	12	4.5%	56	8.5%		
In Contact with Support Worker / Youth Carer	No	148	55.4%	355	54.0%	0.149	0.699
	Yes	119	44.6%	302	46.0%		
CR1 Relationship collapsed	Sibling	92	36.1%	306	48.7%	*	
	Child	3	1.2%	3	0.5%		
	Parent	154	60.4%	283	45.1%		
	Grandparent	5	2.0%	19	3.0%		
	Other	0	0.0%	7	1.1%		
	Other family	1	0.4%	7	1.1%		
	Friend	0	0.0%	3	0.5%		
CR1 Parent or Sibling?	Sibling	92	37.4%	306	52.0%	14.735	<0.001
	Parent	154	62.6%	283	48.0%		
Total number of CR1 Reasons for Care	0	10	3.7%	26	4.0%	12.084	0.017
	1	90	33.7%	258	39.3%		
	2	93	34.8%	188	28.6%		
	3	54	20.2%	162	24.7%		
	4	20	7.5%	23	3.5%		
Single Parent Household?	No	131	49.1%	375	57.1%	4.922	0.027
	Yes	136	50.9%	282	42.9%		
Have Paid Job?	No	222	83.1%	506	77.0%	4.268	0.039
	Yes	45	16.9%	151	23.0%		
Avg. Working Hours per Week?	1 - 5 Hours	10	22.2%	39	25.2%	*	
	6 - 10 Hours	20	44.4%	66	42.6%		
	11 - 15 Hours	8	17.8%	24	15.5%		
	16 - 20 Hours	3	6.7%	10	6.5%		
	21 - 23 Hours	1	2.2%	2	1.3%		
	23 - 30 Hours	3	6.7%	14	9.0%		

Table a12: *Chi-Square tests: Personal wellbeing group 1 (wellbeing score 7-10) and group 2 (wellbeing score 1-6)*

Highest Level of education in the past year	Primary	7	2.8%	43	7.0%	5.8663	0.053
	Secondary	227	89.7%	531	86.1%		
	Post-Secondary	19	7.5%	43	7.0%		
* assumptions for Chi-square not met, analysis not conducted.							

The results indicate that there were significant differences in the wellbeing of young carers in either group one or two for the following independent groups of young carers:

- YC birth country
- Young carers with/without disability themselves
- Number of disabilities (none vs >1)
- No. people caring (1 vs >2)
- Care <20 or >20 hours
- Care load groups
- Main carer
- Caring for parent vs sibling
- Reasons to care
- Single parent household
- Paid work or not
- School level

Table a13*: Chi-square tests: care affecting attendance at educational institution/school.*

		Impact of care on attending education					
		Low impacts		High impacts			
		N (724)	%	N (630)	%	Chi-square	p
Gender	Female	457	63.1%	430	68.3%	2.927	0.051
	Male	267	36.9%	200	31.7%		
Aboriginal or Torres Strait Islander?	No	665	91.9%	557	88.4%	4.526	0.035
	Aboriginal or Torres Strait Islander	59	8.1%	73	11.6%		
Birth Country	Australia	661	90.9%	565	89.4%	0.888	0.346
	All other countries	66	9.1%	67	10.6%		
Home language	English	666	91.6%	548	86.7%	11.794	0.002
	Aboriginal English	3	0.4%	12	1.9%		
	All other languages	58	8.0%	72	11.4%		
Do you have a diagnosed disability?	No	609	83.8%	484	76.6%	11.092	0.001
	Yes	118	16.2%	148	23.4%		
Total number of areas of disability, collapsed	No disability	609	83.8%	483	76.5%	11.766	0.009
	One	69	9.5%	93	14.7%		
	Two	34	4.7%	37	5.9%		
	Three or more	15	2.1%	18	2.9%		
Number of people providing care for collapsed	1	526	72.4%	396	62.7%	16.978	0.001
	2	145	19.9%	157	24.8%		
	3	41	5.6%	52	8.2%		
	4 or more	15	2.1%	27	4.3%		
Caring more or less than 20 hours per week	Up to 20 hours per week	434	59.8%	209	33.1%		
	More than 20 hours per week	292	40.2%	422	66.9%		
Care Load Per Week	0 - 10 Hours	186	25.6%	57	9.0%	111.434	0.001
	11 - 20 Hours	248	34.2%	152	24.1%		
	21 - 30 Hours	122	16.8%	146	23.1%		
	31 - 40 Hours	58	8.0%	111	17.6%		
	41 - 50 Hours	112	15.4%	165	26.1%		
Main Carer?	No	564	77.6%	315	49.8%	113.86	0.001
	Yes	163	22.4%	317	50.2%		
Total number of sources of care assistance	None	142	19.5%	218	34.5%		
	One source	332	45.7%	273	43.2%	48.524	0.001
	Two sources	193	26.5%	104	16.5%		
	Three or more sources	60	8.3%	37	5.9%		

Table a14*: Chi-square tests: care affecting attendance at educational institution/school.*

In Contact with Support Worker / Youth Carer	No	399	54.9%	304	48.1%	6.227	0.014
	Yes	328	45.1%	328	51.9%		
CR1 Relationship collapsed	Sibling	369	51.3%	223	35.8%	**	
	Child	3	0.4%	6	1.0%		
	Parent	315	43.8%	364	58.4%		
	Grandparent	15	2.1%	17	2.7%		
	Other	7	1.0%	4	0.6%		
	Other family	6	0.8%	6	1.0%		
	Friend	4	0.6%	3	0.5%		
CR1 Parent or Sibling?	Sibling	369	53.9%	223	38.0%	32.328	0.001
	Parent	315	46.1%	364	62.0%		
Total number of CR1 Reasons for Care	0	4	0.6%	1	0.2%	2.47	0.65
	1	281	38.7%	241	38.1%		
	2	244	33.6%	203	32.1%		
	3	163	22.4%	151	23.9%		
	4	35	4.8%	36	5.7%		
Single Parent Household?	No	428	58.9%	252	39.9%	48.813	0.001
	Yes	299	41.1%	380	60.1%		
Have Paid Job?	No	547	75.2%	490	77.5%	0.981	0.338
	Yes	180	24.8%	142	22.5%		
Avg. Working Hours per Week?	1 - 5 Hours	40	22.0%	37	25.3%	4.651	0.46
	6 - 10 Hours	84	46.2%	53	36.3%		
	11 - 15 Hours	29	15.9%	23	15.8%		
	16 - 20 Hours	12	6.6%	16	11.0%		
	21 - 23 Hours	5	2.7%	4	2.7%		
	23 - 30 Hours	12	6.6%	13	8.9%		
Highest Level of education in the past year	Primary	55	7.6%	22	3.5%	11.834	0.003
	Secondary	618	85.0%	550	87.0%		
	Post-Secondary	54	7.4%	60	9.5%		
** assumptions for Chi-square not met, analysis not conducted.							

The results indicate that there were significant differences in educational attendance of young carers in either group one or two for the following independent groups of young carers:

- Gender
- Aboriginal and Torres Strait Islander
- Young carers with/without disability themselves
- Number of disabilities (none vs >1)
- No. people caring (1 vs >2)
- Care <20 or >20 hours
- Care load groups
- Main carer
- Sources of support
- Contact with supportive professional
- Caring for parent vs sibling

- Reasons to care
- Single parent household
- Paid work or not
- School level

Table a15: *Chi-square tests: care affecting ability to study at home.*

		Impact of care of studying from home					
		Low impacts		High impacts			
		N (126)	%	N (757)	%	Chi-square	*p*
Gender	Female	74	58.7%	507	67.0%	3.263	0.084
	Male	52	41.3%	250	33.0%		
Aboriginal or Torres Strait Islander?	No	111	88.1%	679	89.9%	0.394	0.636
	Aboriginal or Torres Strait Islander	15	11.9%	76	10.1%		
Birth Country	Australia	111	87.4%	684	90.1%	0.871	0.429
	All other countries	16	12.6%	75	9.9%		
Home language	English	112	88.2%	677	89.2%	0.384	0.844
	Aboriginal English	1	0.8%	9	1.2%		
	All other languages	14	11.0%	73	9.6%		
Do you have a diagnosed disability?	No	107	84.3%	586	77.2%	3.169	0.082
	Yes	20	15.7%	173	22.8%		
Total number of areas of disability, collapsed	No disability	107	84.3%	585	77.2%	3.692	0.292
	One	13	10.2%	103	13.6%		
	Two	4	3.1%	49	6.5%		
	Three or more	3	2.4%	21	2.8%		
Number of people providing care for collapsed	1	104	81.9%	451	59.4%	24.758	0.001
	2	19	15.0%	206	27.1%		
	3	3	2.4%	73	9.6%		
	4 or more	1	0.8%	29	3.8%		
Caring more or less than 20 hours per week	Up to 20 hours per week	68	53.5%	316	41.7%	6.223	0.015
	More than 20 hours per week	59	46.5%	442	58.3%		
Care Load Per Week	0 - 10 Hours	32	25.2%	95	12.5%	15.57	0.004
	11 - 20 Hours	36	28.3%	221	29.2%		
	21 - 30 Hours	21	16.5%	164	21.6%		
	31 - 40 Hours	12	9.4%	108	14.2%		
	41 - 50 Hours	26	20.5%	170	22.4%		
Main Carer?	No	79	62.2%	492	64.8%	0.325	0.617
	Yes	48	37.8%	267	35.2%		
Total number of sources of care assistance	None	49	38.6%	184	24.2%	**	
	One source	39	30.7%	361	47.6%		
	Two sources	35	27.6%	159	20.9%		
	Three or more sources	4	3.1%	55	7.2%		

Table a16: *Chi-square tests: care affecting ability to study at home.*

In Contact with Support Worker / Youth Carer	No	62	48.8%	409	53.9%	1.122	0.289
	Yes	65	51.2%	350	46.1%		
CR1 Relationship collapsed	Sibling	40	31.7%	384	51.1%	**	
	Child	0	0.0%	6	0.8%		
	Parent	76	60.3%	329	43.8%		
	Grandparent	3	2.4%	15	2.0%		
	Other	3	2.4%	8	1.1%		
	Other family	2	1.6%	7	0.9%		
	Friend	2	1.6%	3	0.4%		
CR1 Parent or Sibling?	Sibling	40	34.5%	384	53.9%	14.987	0.001
	Parent	76	65.5%	329	46.1%		
Total number of CR1 Reasons for Care	0	0	0.0%	2	0.3%	**	
	1	60	47.2%	251	33.1%		
	2	43	33.9%	249	32.8%		
	3	21	16.5%	203	26.7%		
	4	3	2.4%	54	7.1%		
Single Parent Household?	No	55	43.3%	388	51.1%	0.2656	0.125
	Yes	72	56.7%	371	48.9%		
Have Paid Job?	No	105	82.7%	567	74.7%	3.776	0.52
	Yes	22	17.3%	192	25.3%		
Avg. Working Hours per Week?	1 - 5 Hours	7	31.8%	50	25.4%	**	
	6 - 10 Hours	7	31.8%	84	42.6%		
	11 - 15 Hours	4	18.2%	31	15.7%		
	16 - 20 Hours	0	0.0%	13	6.6%		
	21 - 23 Hours	2	9.1%	5	2.5%		
	23 - 30 Hours	2	9.1%	14	7.1%		
Highest Level of education in the past year	Primary	11	8.7%	32	4.2%	4.742	0.092
	Secondary	106	83.5%	658	86.7%		
	Post-Secondary	10	7.9%	69	9.1%		
Care Prevents Attending Split	Low Impact	102	80.3%	329	43.3%	59.519	0.001
	High Impact	25	19.7%	430	56.7%		
** assumptions for Chi-square not met, analysis not conducted.							

The results indicate that there were significant differences in ability to study at home for young carers in either group one or two for the following independent groups of young carers:

- No. people caring (one vs >two)
- Care <20 or >20 hours
- Care load groups
- Caring for parent vs sibling
- Care prevents attending

The relative contribution of factors influencing the three major young carer educational engagement and wellbeing variables were examined using logistical regression. Variables that were significantly related to variables of interest, or of interest theoretically were examined for contribution to the model based on Field's (2014) approach to logistic regression variable selection. Variables were first tested individually for contribution to the model, with only variables that made a significant contribution to the model being retained for final analysis. Models were re-run using the set of variables described above, and results presented below. Fit statistics on final models were examined. The third regression model—associations with high and low impacts on study from home—is not reported, due to poor model fit on the final model.

The only model revealing useful findings was the model testing mediation of categorical variable on personal wellbeing. This model identified the strongest predictors of a higher wellbeing score. The model is shown in Table a17.

Table a17: *Logistic regression of high or low personal wellbeing*

							95% CI	
Predictor	*B*	*B* SE	Wald	df	sig	Exp (B)	Lower	Upper
Birth Country	0.777	0.239	10.477	1	.001	2.176	1.359	3.484
Diagnosed Disability	1.119	0.183	36.978	1	.001	3.062	2.135	4.392
Care Load Per Week	-0.153	0.059	6.774	1	.009	0.859	0.765	0.963
Main Carer	0.739	0.170	18.711	1	.001	2.095	1.498	2.928
Age			8.511	3	.037			
1 (10-12 yrs. old) vs 4 (18+)	1.201	0.504	5.688	1	.017	3.324	1.239	8.918
2 (13-15) vs 4 (18+)	0.240	0.195	1.516	1	.218	1.271	0.867	1.863
3 (16-18) vs 4 (18+)	-0.113	0.198	0.324	1	.569	0.893	0.606	1.318
Constant	-0.733	0.369	3.711	1	.047	0.482		

Note: R^2= 0.107 (Cox & Snell), 0.153 (Nagelkerle). Model χ^2 (7)= 100.262, p<0.001

These findings suggest that having higher wellbeing (i.e. a score of seven, eight, nine or 10) was associated with not identifying as the main carer; being born in Australia; not having a disability; and being younger (11-12 years of age, compared to older teenagers).

Table a18: *Linear regression analysis to determine factors associated with the caring role preventing attendance at school.*

							95% CI	
Predictor	B	B SE	Wald	df	sig	Exp (B)	Lower	Upper
Gender	-0.081	0.156	0.267	1	0.605	0.922	0.68	1.252
Main Carer	0.437	0.215	4.134	1	0.042	1.548	1.016	2.36
How many people do you care for?	0.227	0.077	8.772	1	0.003	1.255	1.08	1.459
Single Parent Household?	0.402	0.126	10.11	1	0.001	1.494	1.167	1.914
Disability	0.376	0.151	6.189	1	0.013	1.457	1.083	1.959
Care Load Per Week	0.266	0.046	33.96	1	0	1.304	1.193	1.426
Age split			15.576	3	0.001			
1 (10-12 yrs. old) vs 4 (18+)	-0.729	0.294	6.175	1	0.013	0.482	0.271	0.857
2 (13-15) vs 4 (18+)	-0.489	0.146	11.241	1	0.001	0.613	0.461	0.816
3 (16-18) vs 4 (18+)	-0.104	0.154	0.462	1	0.497	0.901	0.667	1.217
Gender by Main Carer interaction	0.658	0.26	6.41	1	0.011	1.93	1.16	3.211
Constant	-1.545	0.222	48.235	1	0	0.213		

Note: R^2= 0.148 (Cox & Snell), 0.198 (Nagelkerle). Model χ^2 (8)= 214.85, p<0.001

These findings suggest that there was a higher risk for young carers being unable to attend their education institution once a month or more if they were living in single parent households, had a diagnosed disability, and a greater care load per week. The gender by main carer interaction suggests that female young carers who were main carers were at a greater risk compared to male young carers who were main carers (see Figure a16 below). Young carers aged either 11-12 or 13-15 had a lower risk of being prevented from attending their school/educational institution.

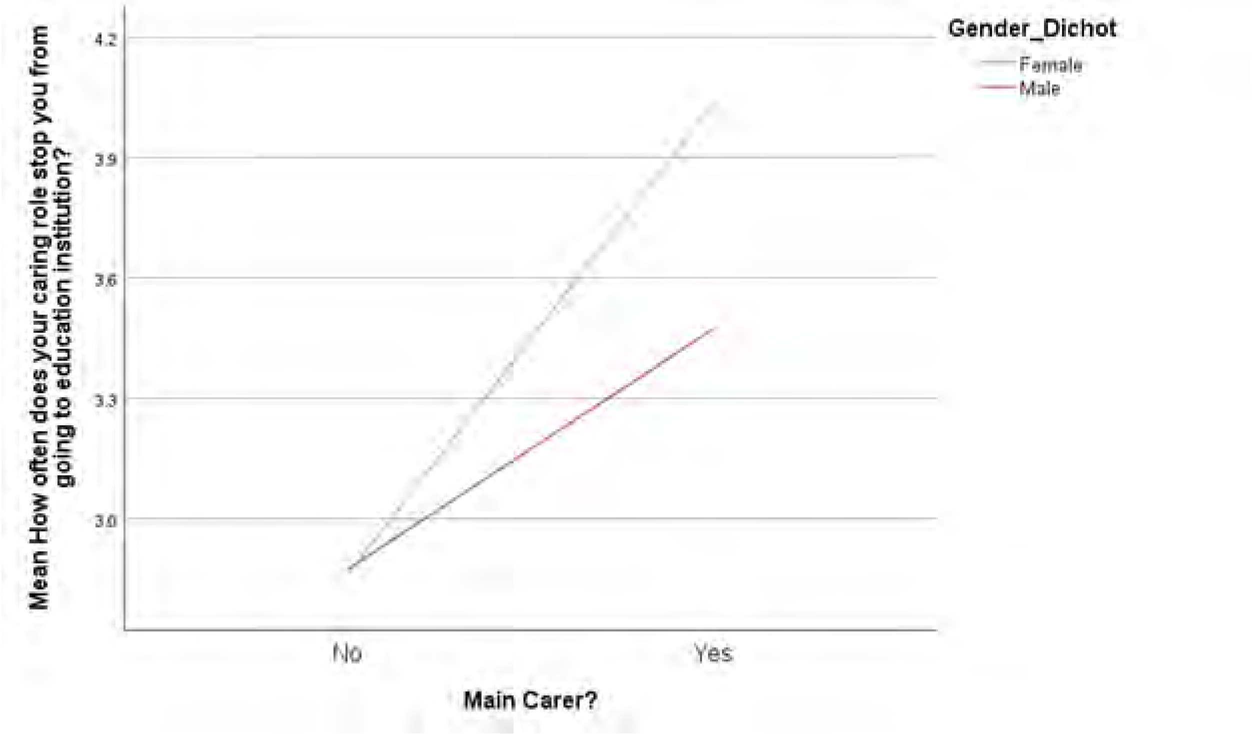


Figure a16: Interaction of gender and main carer status on being prevented from attending education institution.

SECTION THREE: Creation of variables that identified young carers with lower or higher educational engagement

There were three steps to the identification and analysis of data about the educational engagement of young carers. Firstly, the method to identify the young carers with the most barriers to educational engagement, as well as young carers with the least barriers to educational engagement, will be described. Young carers with the lowest wellbeing, greatest challenges getting to their school/educational institution, and greatest difficulties studying at home were identified through responses to three questions (see Table a1 for descriptive results). Groups of young carers were identified based on the impact of caring on wellbeing and on both education questions (see Table a5). The three groups that were identified are described below.

- Group one: Young carers with lower educational engagement (the LEE group). This group of young carers had the lowest wellbeing, the greatest challenges attending their educational institution and the greatest challenges studying at home. Low self-reported wellbeing was considered a barrier to education. This group is considered to have the strongest indicators of lower educational engagement.
- Group two: Young carers with higher educational engagement (the HEE group). This group of young carers had the highest wellbeing, ability to attend their educational institution and ability to study at home. High self-reported wellbeing was considered an enabler to education. This group is considered to experience the least indicators of low educational engagement.
- Group three: Young carers with moderate wellbeing and moderate challenges attending their educational institution and studying at home.

Table a19 shows how the groups were defined based on their response to three questions. Individuals were included in the groups if they indicated low wellbeing and low impacts of caring on both education questions, or high wellbeing and low impacts of caring on both education questions respectively.

Table a19*: Definitions of the lower and higher educational engagement (LEE/ HEE) groups*

Question in survey	Group 1: Lower educational engagement	Group 2: higher educational engagement	Group 3: Moderate group
Please rate your personal wellbeing (1-10 scale from 1=very poor to 10=excellent)	1-4	7-10	5-6
How often does your caring role stop you from going to school/college/university or other educational institution?	Two or three times per month or more (Two or three times, four times a month, more than four times a month)	Less than once a month (Never, less than once a month, once a month)	
How often does your caring role affect your ability to study at home?	Often or always	Never or rarely	Sometimes

A total of 144 young carers were classified as having lower educational engagement (Group one). Only 80 young carers were identified as having higher educational engagement (Group two). The remaining 1,219 young carers were classified as 'moderate' having some other combination of wellbeing and education impact (Group three).

After assigning to groups, the next step was to explore the demographic profile of the sub-groups compared to each other and the overall sample. Further demographics are presented in Table a20 for direct comparisons to groups of students with more or fewer barriers to educational engagement.

Table a20: *Overview of young carers from the 2017 and 2018 applications for the young carer bursary*

		Group 1: LEE (n=144)		Group 2: HEE (n=80)		Group 3: Moderate (everyone else) (n=1219)		Total sample (N=1,443)	
		N	%	N	%	N	%	N	%
Aboriginal or Torres Strait Islander	No	126	88.1%	71	89.9%	1101	90.5%	1298	90.3%
	Aboriginal	15	10.5%	8	10.1%	103	8.5%	126	8.8%
	Torres Strait Islander	2	1.4%	0	0.0%	7	0.6%	9	0.6%
	Both	0	0.0%	0	0.0%	5	0.4%	5	0.3%
Gender	Female	100	69.4%	43	53.8%	797	65.4%	940	65.1%
	Male	44	30.6%	37	46.3%	416	34.1%	497	34.4%
	Intersex/Indeterminate	0	0.0%	0	0.0%	4	0.3%	4	0.3%
	Prefer not to say	0	0.0%	0	0.0%	2	0.2%	2	0.1%

Table a21: *Overview of young carers from the 2017 and 2018 applications for the young carer bursary*

Highest Level of education achieved in past year	Primary	4	2.8%	9	11.3%	64	5.6%	77	5.7%
	Secondary	129	89.6%	64	80.0%	975	85.9%	1168	85.9%
	Post-Secondary	11	7.6%	7	8.8%	96	8.5%	114	8.4%

Birth Country	Australia	122	84.7%	71	88.8%	1108	90.9%	1301	90.2%
	All other countries	22	15.3%	9	11.3%	111	9.1%	142	9.8%
Young carer diagnosed with disability	No	95	66.0%	69	86.3%	998	81.9%	1162	80.5%
	Yes	49	34.0%	11	13.8%	221	18.1%	281	19.5%
Care Load Per Week	0 - 10 Hours	10	6.9%	22	27.5%	231	19.7%	263	18.8%
	11 - 20 Hours	35	24.3%	23	28.8%	352	30.0%	410	29.3%
	21 - 30 Hours	30	20.8%	13	16.3%	228	19.4%	271	19.4%
	31 - 40 Hours	29	20.1%	8	10.0%	135	11.5%	172	12.3%
	41 - 50 Hours	40	27.8%	14	17.5%	229	19.5%	283	20.2%
Number of People Providing care for?	1	78	54.2%	70	87.5%	802	68.2%	950	67.9%
	2	43	29.9%	10	12.5%	257	21.9%	310	22.1%
	3	16	11.1%	0	0.0%	80	6.8%	96	6.9%
	4	7	4.9%	0	0.0%	26	2.2%	33	2.4%
	5	0	0.0%	0	0.0%	6	0.5%	6	0.4%
	6	0	0.0%	0	0.0%	5	0.4%	5	0.4%
In Contact with Support Worker / Youth Care worker	No	83	57.6%	43	53.8%	645	52.9%	771	53.4%
	Yes	61	42.4%	37	46.3%	574	47.1%	672	46.6%
Identified as main carer	No	63	43.8%	52	65.0%	837	68.7%	952	66.0%
	Yes	81	56.3%	28	35.0%	382	31.3%	491	34.0%
Single Parent Household?	No	67	46.5%	39	48.8%	657	53.9%	763	52.9%
	Yes	77	53.5%	41	51.3%	562	46.1%	680	47.1%
Age	Ages 10 to 17	68	47.2%	59	73.8%	731	60.0%	858	59.5%
	18 or older	74	51.4%	20	25.0%	471	38.6%	565	39.2%
	Other/missing	2	1.4%	1	1.3%	17	1.4%	20	1.4%

Table a20 compares young carers with the lower (column 1), higher (column 2) and the moderate group (everyone else, column 3) regarding the new variable, educational engagement. Column four provides the overall sample for comparison. The following summarises important data in relation to the two groups of young carers (the LEE and HEE groups) and the overall sample.

Aboriginal and Torres Strait Islander students made up 8.8 percent of the total sample and were similarly represented in the LEE and HEE groups (10.5 percent and 10.1 percent respectively). Although the proportion of Aboriginal and Torres Strait Islander students was small, some statistical testing was applied to the data to determine any trends. A Mann-Whitney U test showed no significant differences between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander respondents on personal wellbeing (U= 92,649, p=0.698). A Mann-Whitney U Test was conducted to examine the difference between care preventing studies and Aboriginal or Torres Strait Islander status. The test showed that there was a significant difference between groups on their caring role preventing them from attending their education institution (U= 193,452.5, p=0.042). The effect size was calculated as r=0.055, which is a small effect size. Taken together with the minor difference in mean/median scores, this suggest that the difference may be reflecting a large sample size and should be interpreted with caution. Finally, a Mann-Whitney U test showed no significant differences between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander respondents on care affects study (U= 82,696.5, p=0.611).

Females made up 65.1 percent of the total sample and made up 69.4 percent of the LEE group. In contrast, males were 34.4 percent of the sample, and made up 46.3

percent of the HEE group. Further analysis of who young carers cared for showed that females cared for a sibling (68 percent females versus 31.7 percent males respectively) and parents (63.2 percent females and 36.5 percent males) with higher frequency. Statistical tests were applied to the data to examine gendered differences in this sample of young carers. A Mann-Whitney U Test was conducted to examine the difference between personal wellbeing and gender. The test showed that there was a significant difference between males and females (*U*= 252,755, *p*=0.010). The median personal wellbeing score for females was 6, compared to 7 for the males. The effect size was calculated using the formula of *r*= Z/ (Square root of *n*) and *r*= 0.068. A further Mann-Whitney U Test was conducted to examine the difference between care preventing school attendance and gender. The test showed that there was a significant difference between males and females (*U*= 193,452.5, *p*=0.042). However, no difference was detected between groups on median score (male mean=3.09; female mean=3.28). The effect size was small *r*=-0.055. Finally, a Mann-Whitney U test showed no significant differences between male and female respondents on care affects ability to study at home (*U*= 194,876, *p*=0.57), revealing no difference based on gender.

Young carers born outside of Australia made up 9.8 percent of the sample although they made up 15.3 percent of the HEE group.

Young carers who also had a disability themselves made up 19.5 percent of the total sample and made up 34 percent of the LEE group, while only making up 13.8 percent of the HEE group.

Care load measured as hours providing care per week impacted access to education. Young carers who provided care up to 20 hours a week made up 57.3 percent of the HEE group. In contrast, 68.7 percent of the LEE group were providing care for more than 21 hours per week and up to 50 hours per week.

Paid work was explored graphically. Figure a17 shows the comparison between young carers in the LEE and the HEE groups and their participation in paid work. As can be seen, the most common number of paid work hours in both groups is six-10 hours. Young carers in the LEE group worked more hours across the hour groupings compared to young carers in the HEE group.

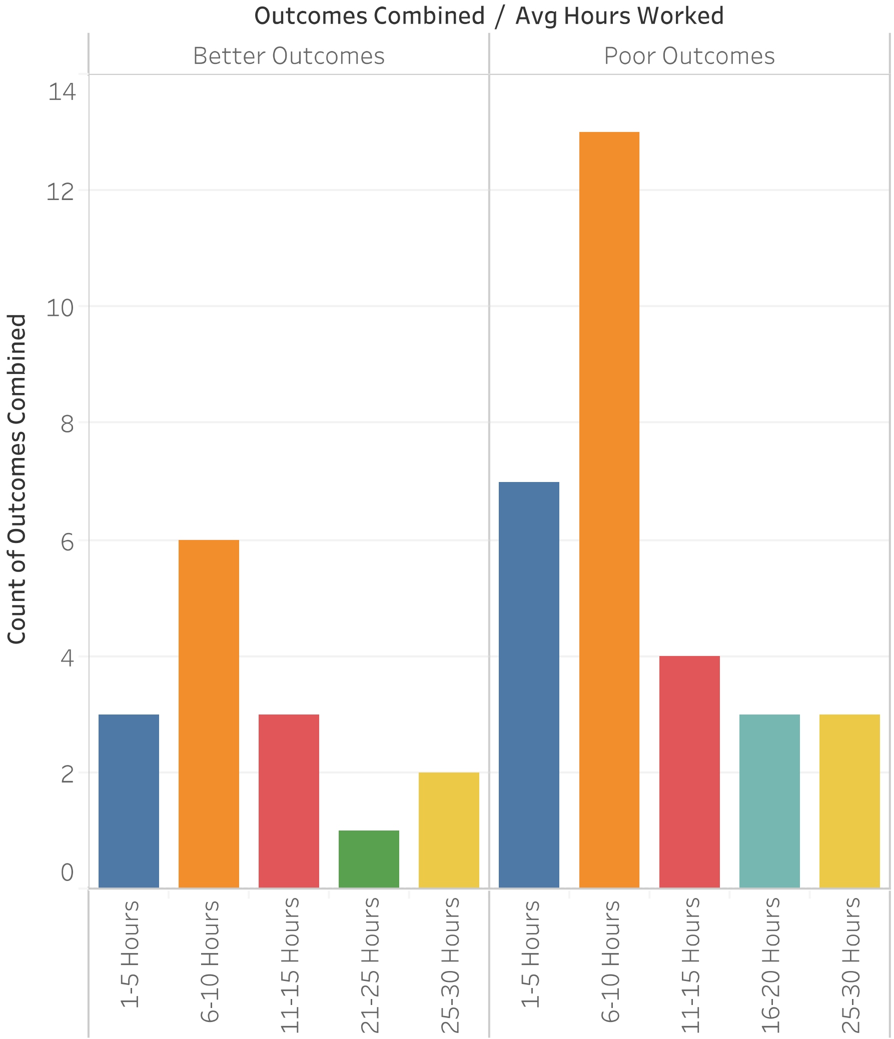


Figure a17: Young carers in higher and lower educational engagement groups and hours of participation in paid work (HEE=15; LEE=30)

The number of people being cared for was different between the HEE and LEE groups. Overall, 69.7 percent of the sample cared for one person, 22.1 percent cared for two people and 10.1 percent cared for three or more people. In the group with the most barriers to education, 54.2 percent cared for one person, compared to 87.5 percent in the group with the least barriers to education.

One third (34 percent) of the total sample identified as being the main carer in their situation. However, group one, or the group with the most barriers to education consisted of 56.3 percent of young carers identifying as the primary carer.

Clearly, having a disability yourself, living in a single parent household, the number of people being cared for, the hours that care is provided and identifying as the main carer, are all indicators for access to education and educational engagement. Higher hours caring, caring for more people and being the main carer provide greater barriers to education for young carers.

The age of young carers who experience higher or lower barriers to education provided an unexpected trend. Younger carers aged 11-17 years made up 57 percent of the sample. However, younger carers made up 73.8 percent in the HEE group and 47.2 percent of the LEE group, suggesting that younger carers are in a better position regarding education than older carers. Older carers aged 18-25 made up 39.2 percent of the total sample, although fewer, were in the HEE group (25 percent) and more were in the LEE group (51.4 percent). These findings suggest that school-aged young carers are doing better than young carers who are choosing to continue their education and training post-secondary school.

The next stage of the data analysis involved determining the significance of characteristics of young carers in group one (LEE group) and group two (HEE group). A series of Chi-square tests were conducted to identify groups that were more likely to belong to groups one or two. Table a22 presents Chi-square tests for group membership.

Table a22: *Lower and Higher educational engagement*

		Difference in educational engagement					
		Lower		Higher			
		N (144)	%	N (80)	%	Chi-square	p
Gender	Female	100	69.4%	43	53.8%	5.487	0.021
	Male	44	30.6%	37	46.3%		
Aboriginal or Torres Strait Islander?	No	126	88.1%	71	89.9%	0.158	0.826
	Aboriginal or Torres Strait Islander	17	11.9%	8	10.1%		
Birth Country	Australia	122	84.7%	71	88.8%	0.700	0.429
	All other countries	22	15.3%	9	11.3%		
Home language	English	119	82.6%	71	88.8%	**	
	Aboriginal English	1	0.7%	0	0.0%		
	All other languages	24	16.7%	9	11.3%		
Do you have a diagnosed disability?	No	95	66.0%	69	86.3%	10.783	<0.001
	Yes	49	34.0%	11	13.8%		
Total number of areas of disability, collapsed	No disability	94	65.7%	69	86.3%	11.576	0.007
	One	29	20.3%	8	10.0%		
	Two	10	7.0%	2	2.5%		
	Three or more	10	7.0%	1	1.3%		

Table a23: *Lower and Higher educational engagement*

Number of people providing care for collapsed	1	78	54.2%	70	87.5%	27.978	<0.001
	2	43	29.9%	10	12.5%		
	3	16	11.1%	0	0.0%		
	4 or more	7	4.9%	0	0.0%		
Caring more or less than 20 hours per week	Up to 20 hours per week	45	31.3%	45	56.3%	13.374	<0.001
	More than 20 hours per week	99	68.8%	35	43.8%		
Care Load Per Week	0 - 10 Hours	10	6.9%	22	27.5%	21.620	<0.001
	11 - 20 Hours	35	24.3%	23	28.8%		
	21 - 30 Hours	30	20.8%	13	16.3%		
	31 - 40 Hours	29	20.1%	8	10.0%		
	41 - 50 Hours	40	27.8%	14	17.5%		
Main Carer?	No	63	43.8%	52	65.0%	9.296	0.003
	Yes	81	56.3%	28	35.0%		
Total number of sources of care assistance	None	46	31.9%	28	35.0%	10.722	0.013
	One source	67	46.5%	25	31.3%		
	Two sources	24	16.7%	26	32.5%		
	Three or more sources	7	4.9%	1	1.3%		
In Contact with Support Worker / Youth Carer	No	83	57.6%	43	53.8%	0.316	0.673
	Yes	61	42.4%	37	46.3%		
CR1 Relationship collapsed	Sibling	48	33.6%	27	34.2%	**	
	Child	2	1.4%	0	0.0%		
	Parent	89	62.2%	46	58.2%		
	Grandparent	4	2.8%	2	2.5%		
	Other	0	0.0%	2	2.5%		
	Other family	0	0.0%	1	1.3%		
	Friend	0	0.0%	1	1.3%		
CR1 Parent or Sibling?	Sibling	48	35.0%	27	37.0%	0.079	0.880
	Parent	89	65.0%	46	63.0%		
Total number of CR1 Reasons for Care	0	0	0	0	0	12.572	0.005
	1	48	33.3%	42	52.5%		
	2	55	38.2%	26	32.5%		
	3	29	20.1%	12	15.0%		
	4	12	8.3%	0	0.0%		
Single Parent Household?	No	67	46.5%	39	48.8%	0.102	0.781
	Yes	77	53.5%	41	51.3%		
Have Paid Job?	No	114	79.2%	65	81.3%	0.139	0.732
	Yes	30	20.8%	15	18.8%		
Avg. Working Hours per Week?	1 - 5 Hours	7	23.3%	3	20.0%	**	
	6 - 10 Hours	13	43.3%	6	40.0%		
	11 - 15 Hours	4	13.3%	3	20.0%		
	16 - 20 Hours	3	10.0%	0	0.0%		
	21 - 23 Hours	0	0.0%	1	6.7%		
	23 - 30 Hours	3	10.0%	2	13.3%		

Table a24: *Lower and Higher educational engagement*

Highest Level of education in the past year	Primary	4	2.8%	9	11.3%	6.988	0.029
	Secondary	129	89.6%	64	80.0%		
	Post-Secondary	11	7.6%	7	8.8%		
** assumptions for Chi-square not met, analysis not conducted.							

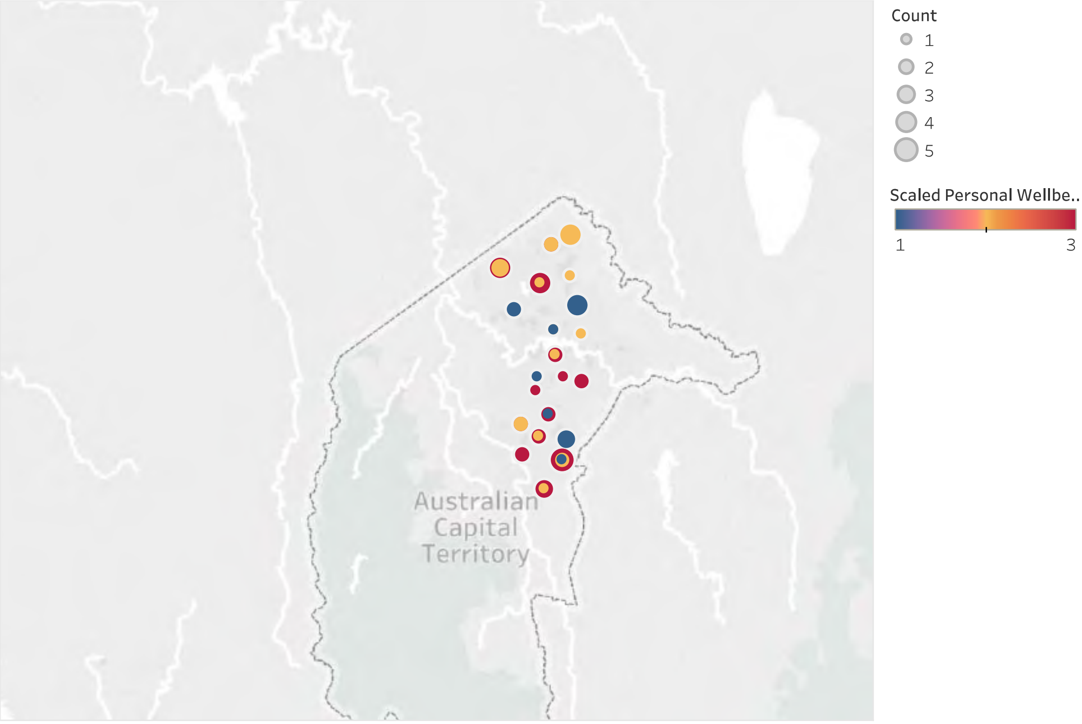
Overall, care impacted educational engagement with significance for independent groups based on:

- Gender (females lower)
- Young carers with/without disability themselves
- Number of disabilities (none vs >1)
- No. people caring (1 vs >2)
- Care <20 or >20 hours
- Care load groups
- Assistance
- Reasons to care
- School/educational level

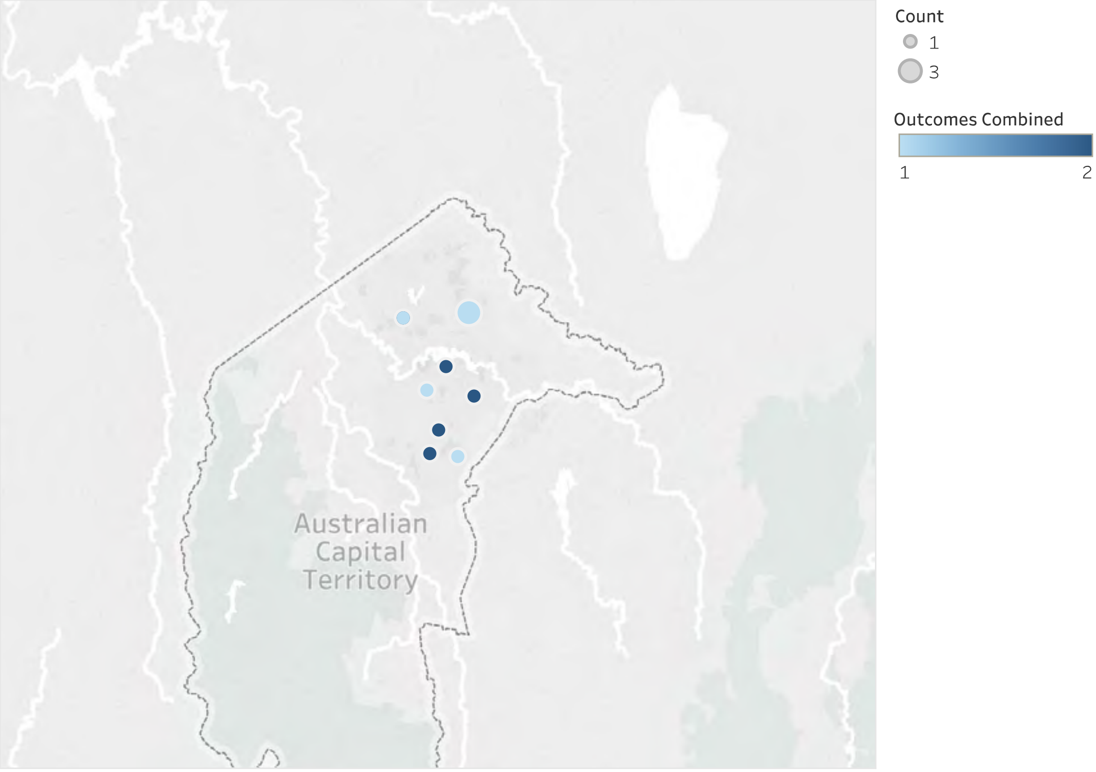
SECTION FOUR: Wellbeing

In this section heat maps are produced to show the wellbeing and educational engagement of young carers in the sample according to the postcode data that they supplied in their applications. The scale for the wellbeing maps is as follows: (1=low wellbeing; 2=moderate wellbeing and 3=high wellbeing). The scale for the educational engagement maps is as follows: (low=1; high=2).

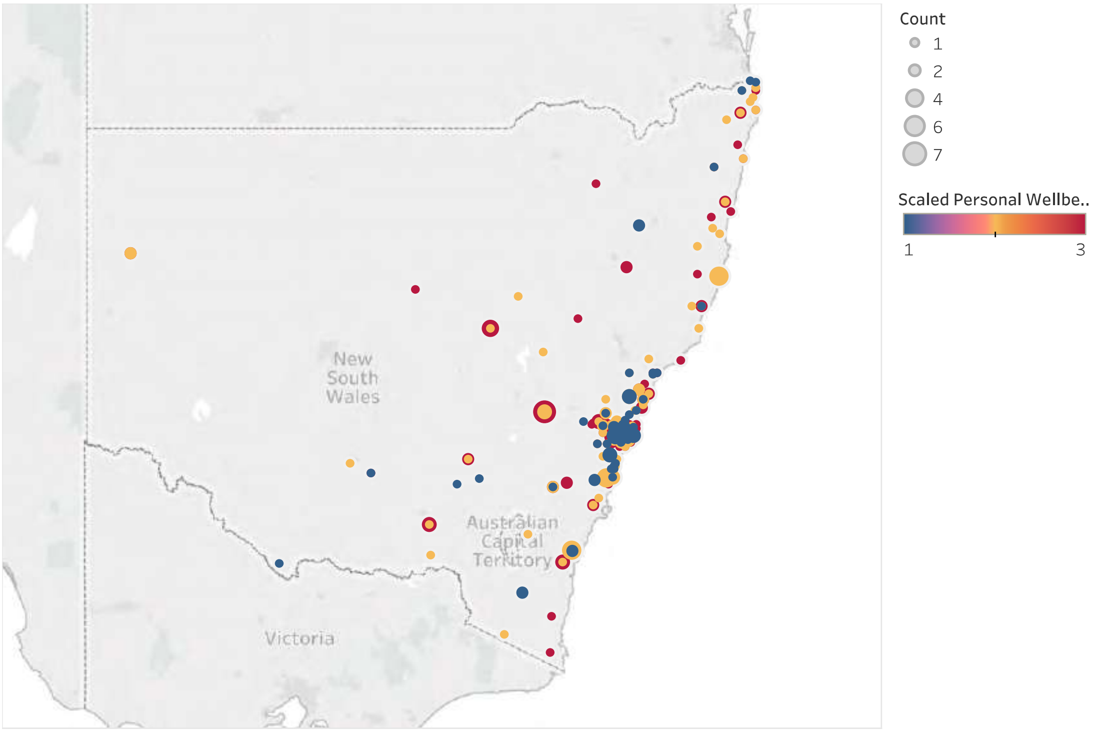
Summary of Heat Maps



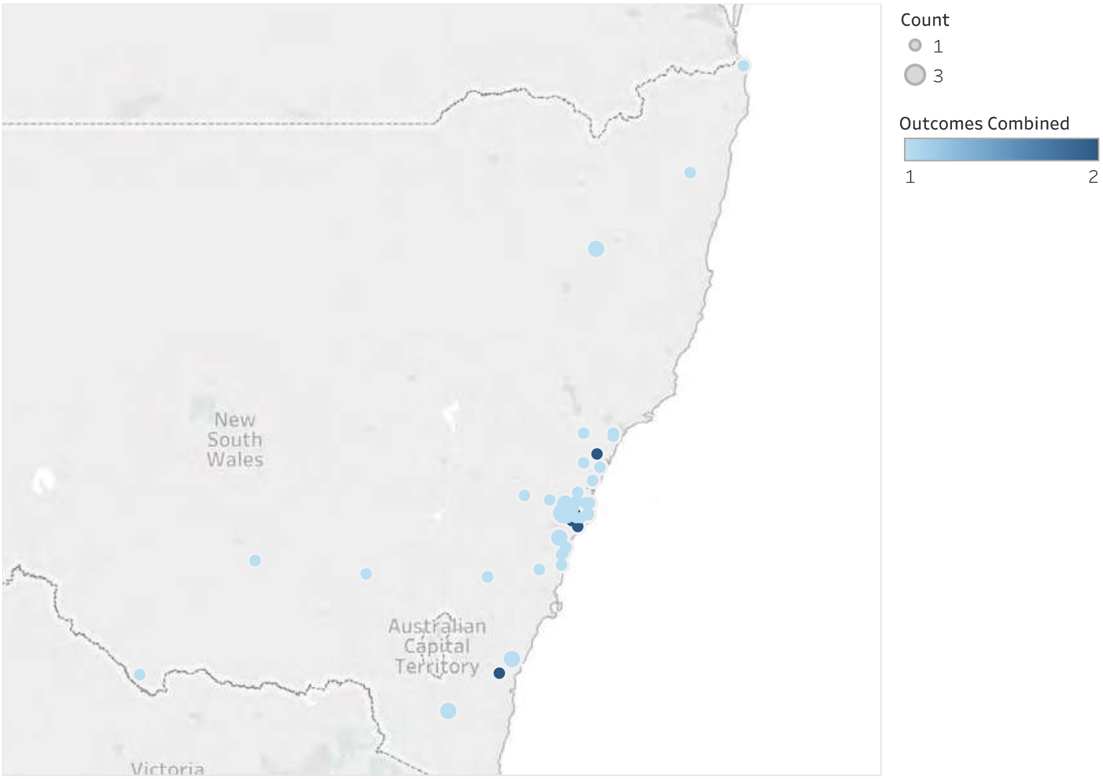
Heat Map Figure 1: Canberra, wellbeing (n=74)



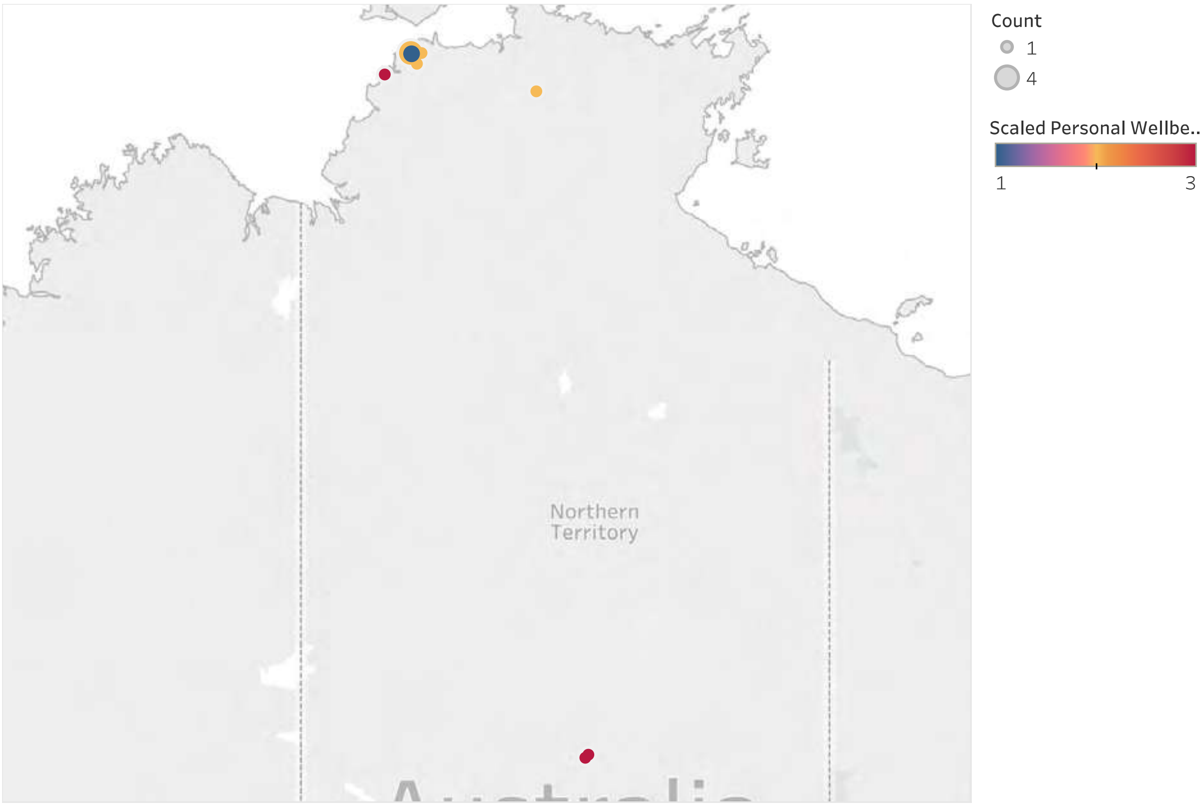
Heat Map Figure 2: Canberra, educational engagement (HEE=5; LEE=6)



Heat Map Figure 3: New South Wales, wellbeing (n=342)



Heat Map Figure 4: New South Wales, educational engagement (HEE=43; LEE=7)



Heat Map Figure 5: Northern Territory, wellbeing (n=15)[10]

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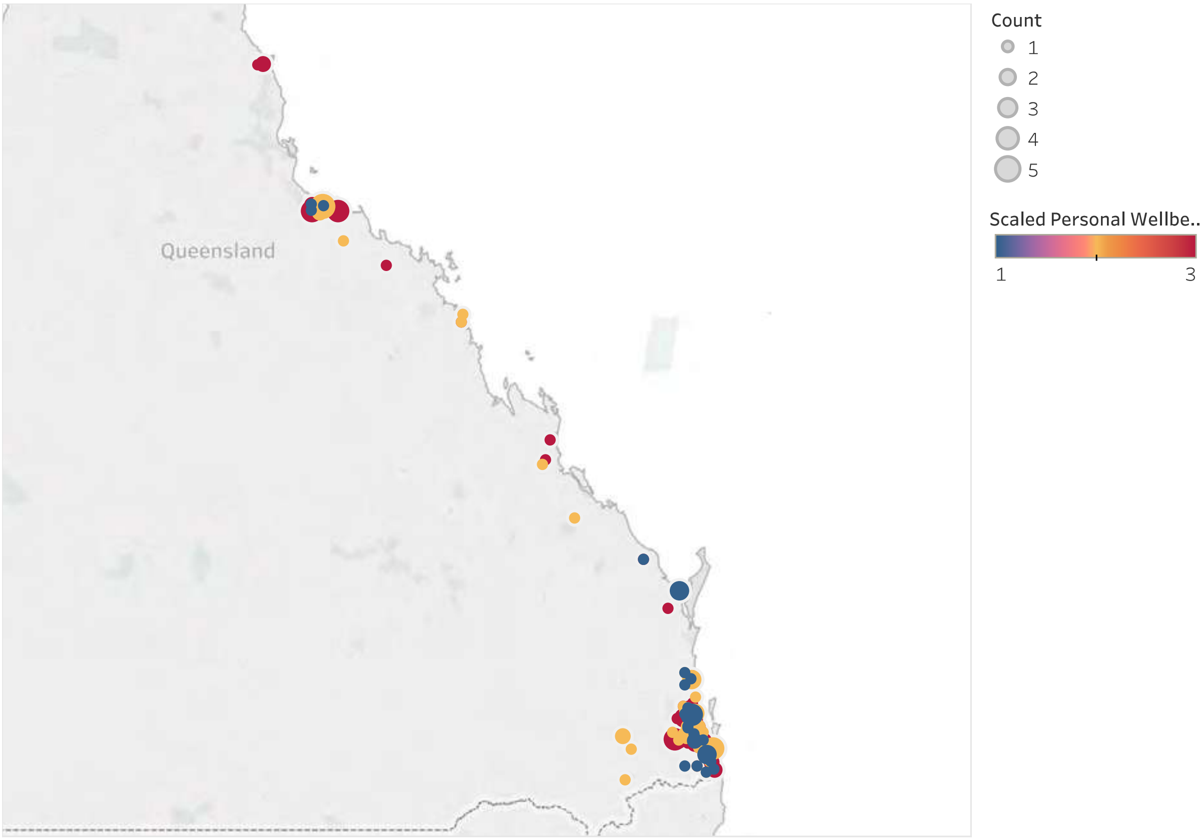
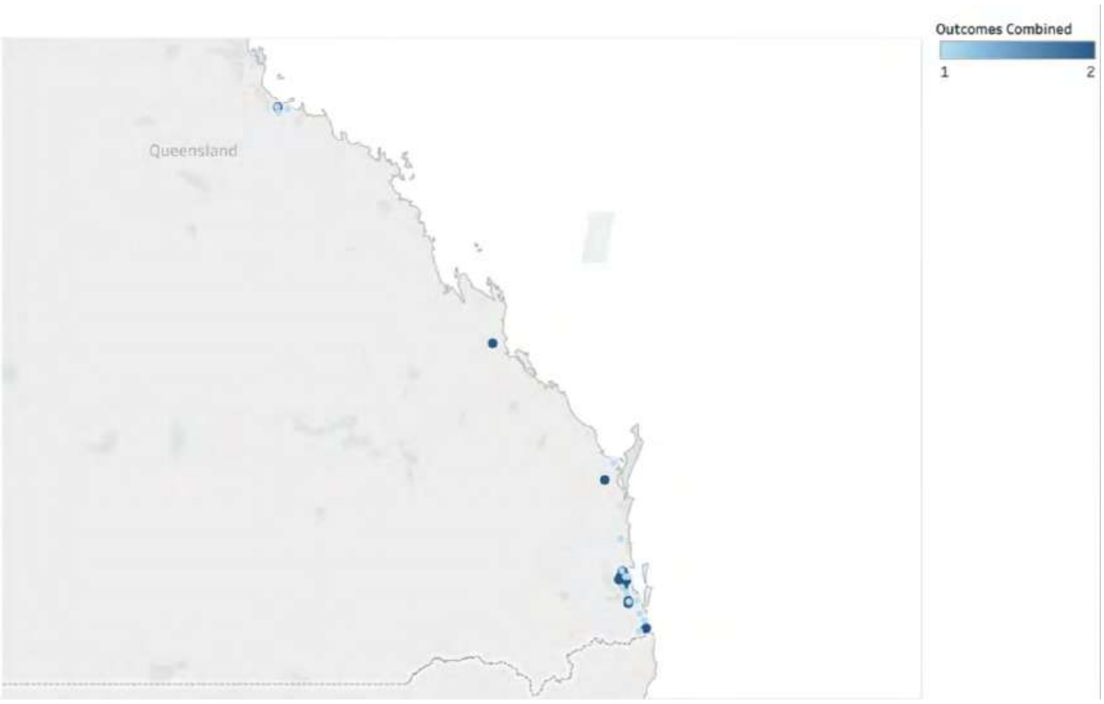
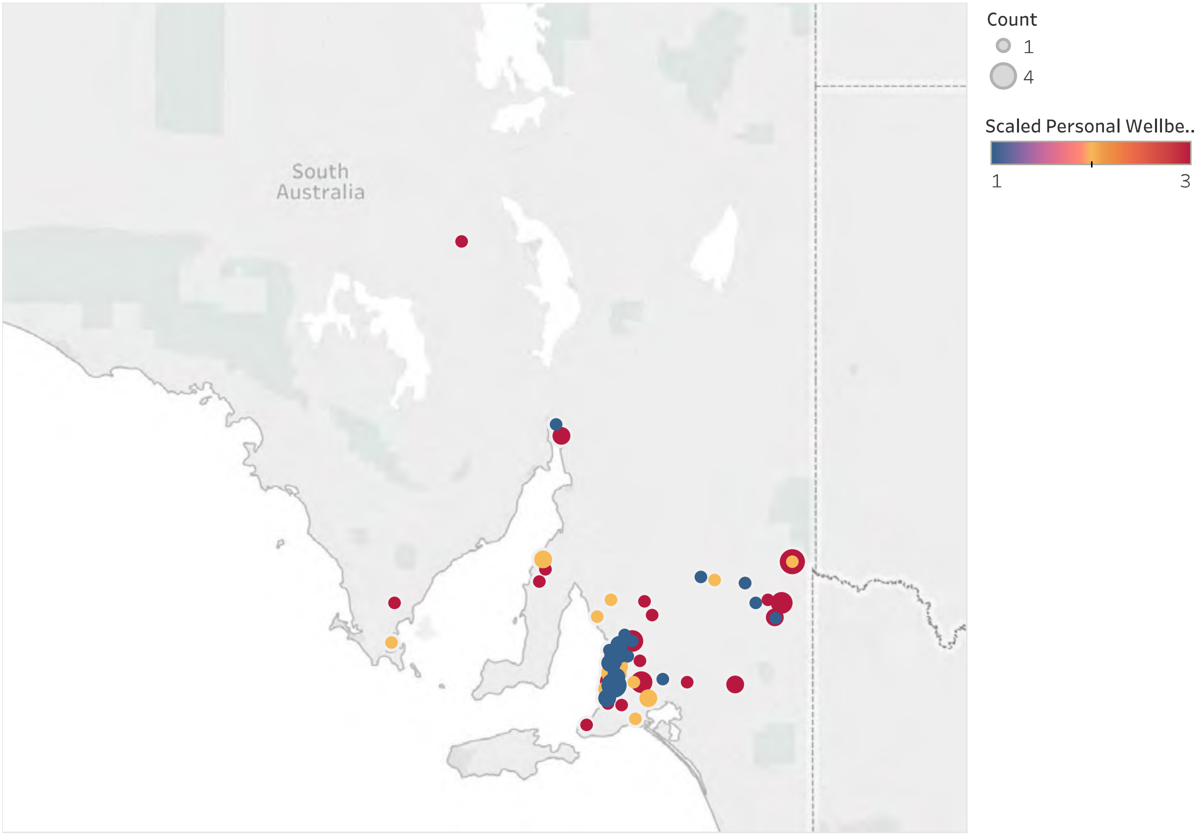
[10] A map of educational engagement is unavailable for the Northern Territory



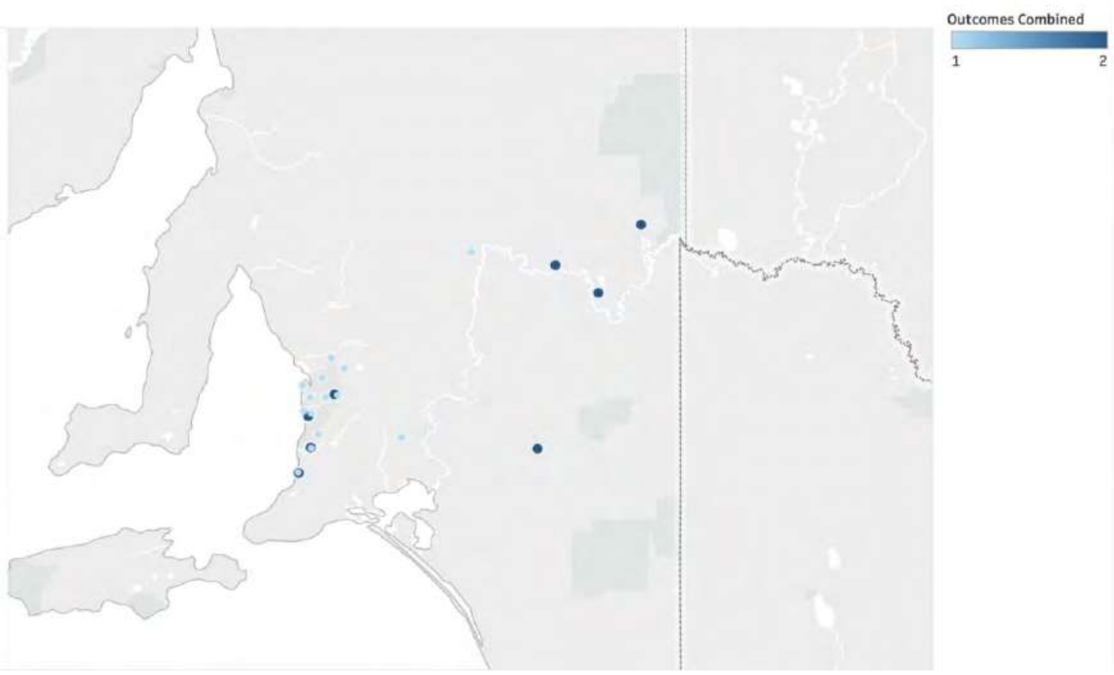
Heat Map Figure 6: Queensland, wellbeing (n=181)



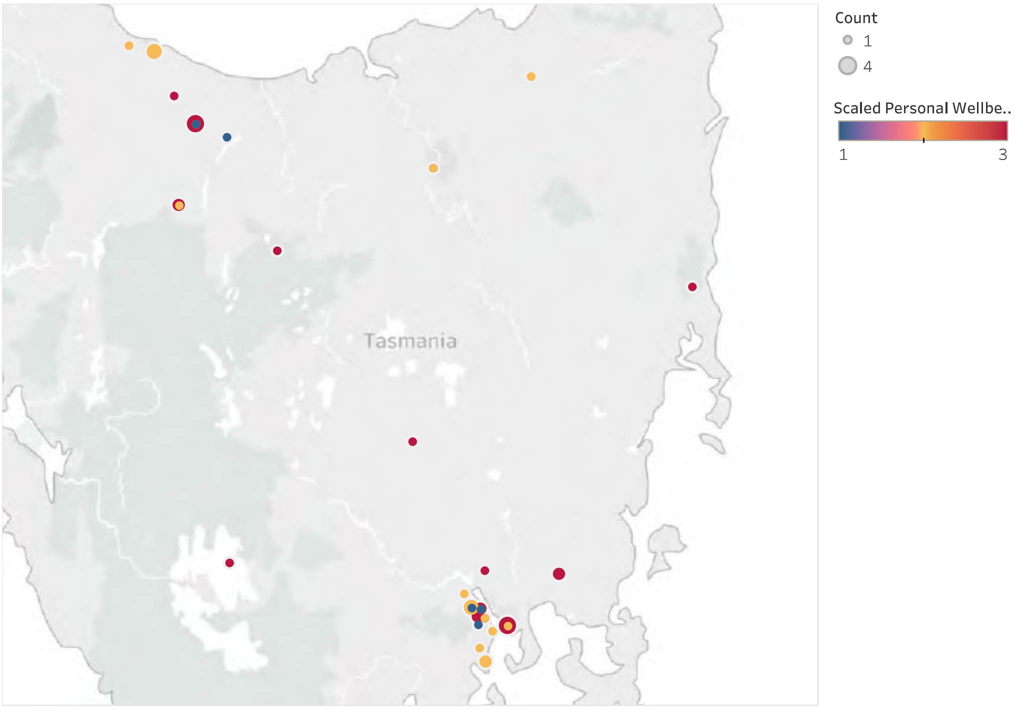
Heat Map Figure 7: Queensland, educational engagement (n=unavailable)



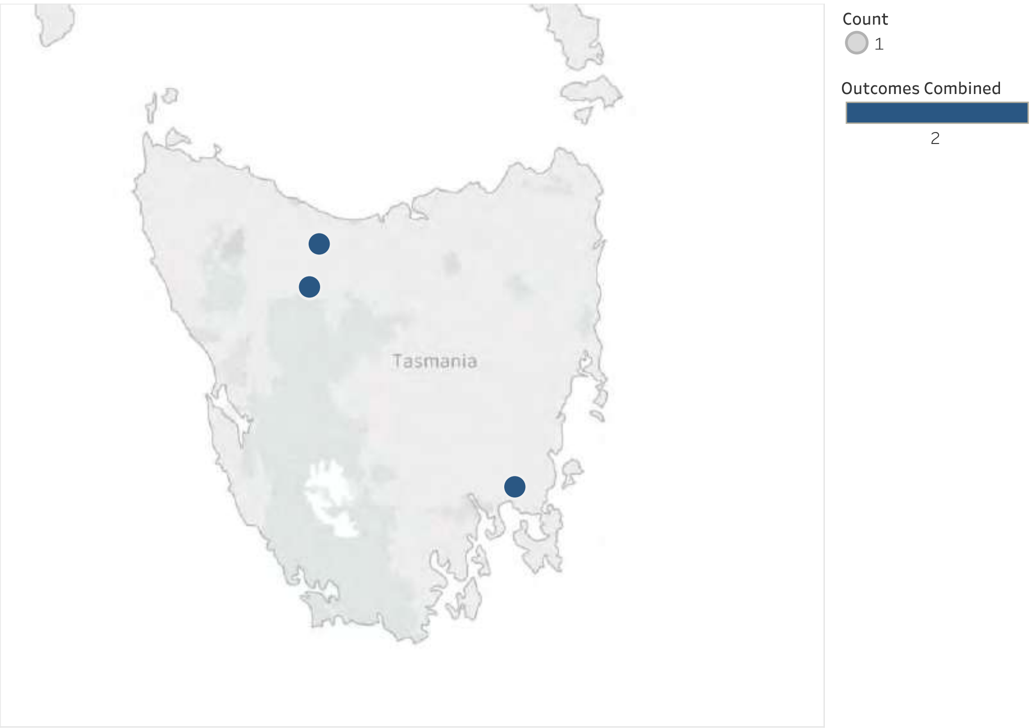
Heat Map Figure 8: South Australia, wellbeing (n=142)



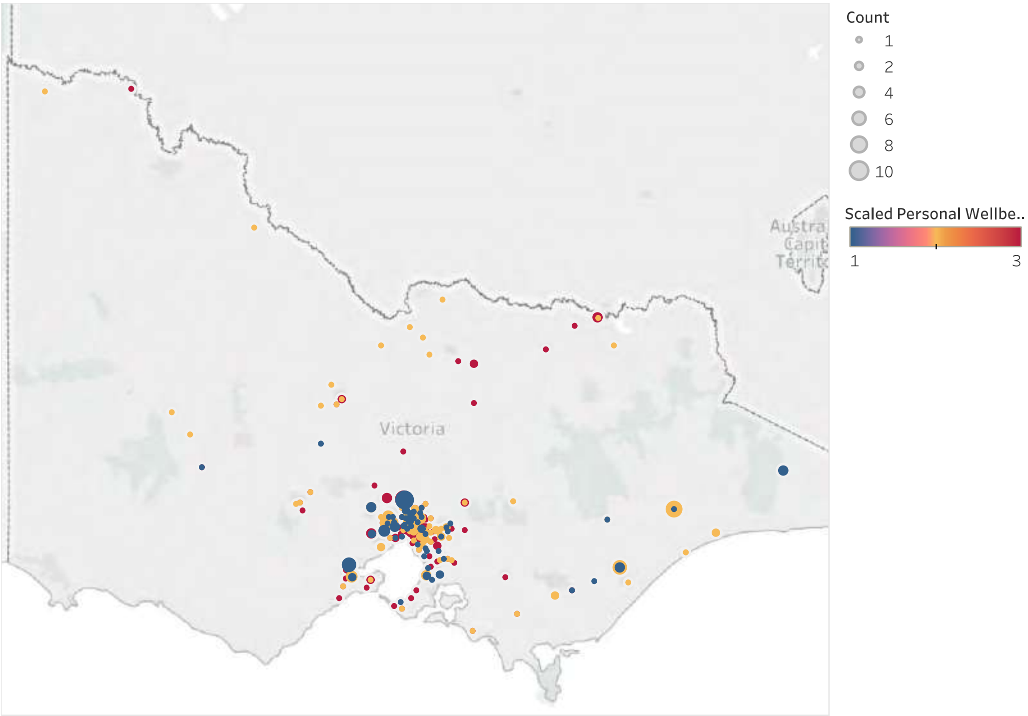
Heat Map Figure 9: South Australia, educational engagement (n=unavailable)



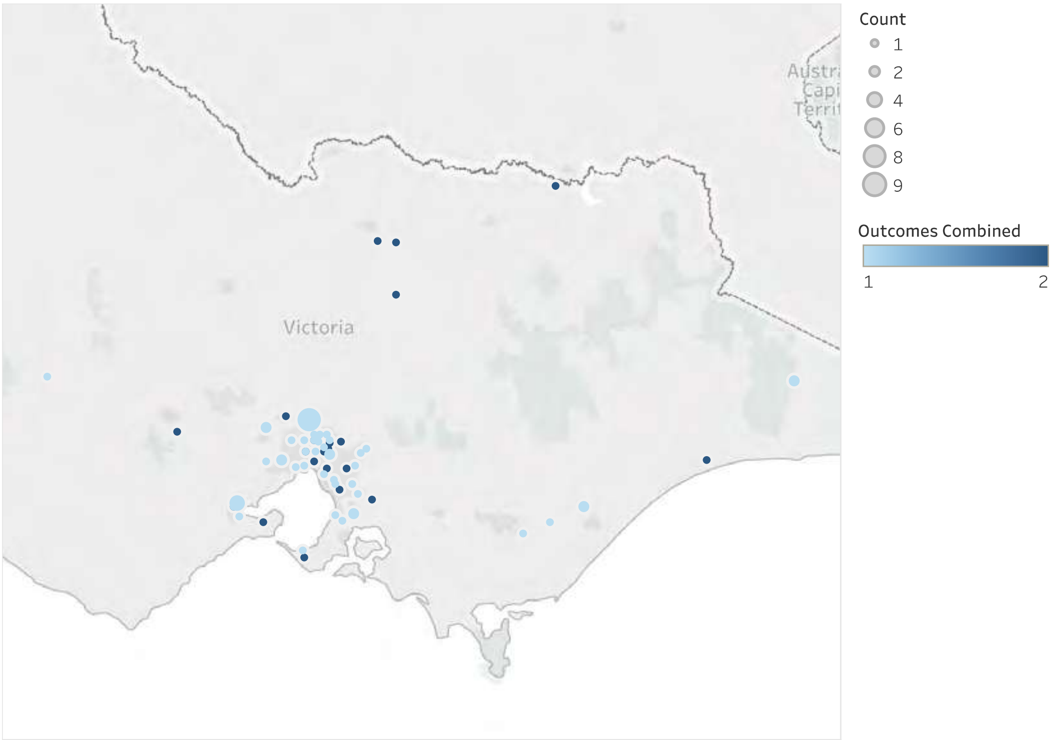
Heat Map Figure 10: Tasmania, wellbeing (n=50)



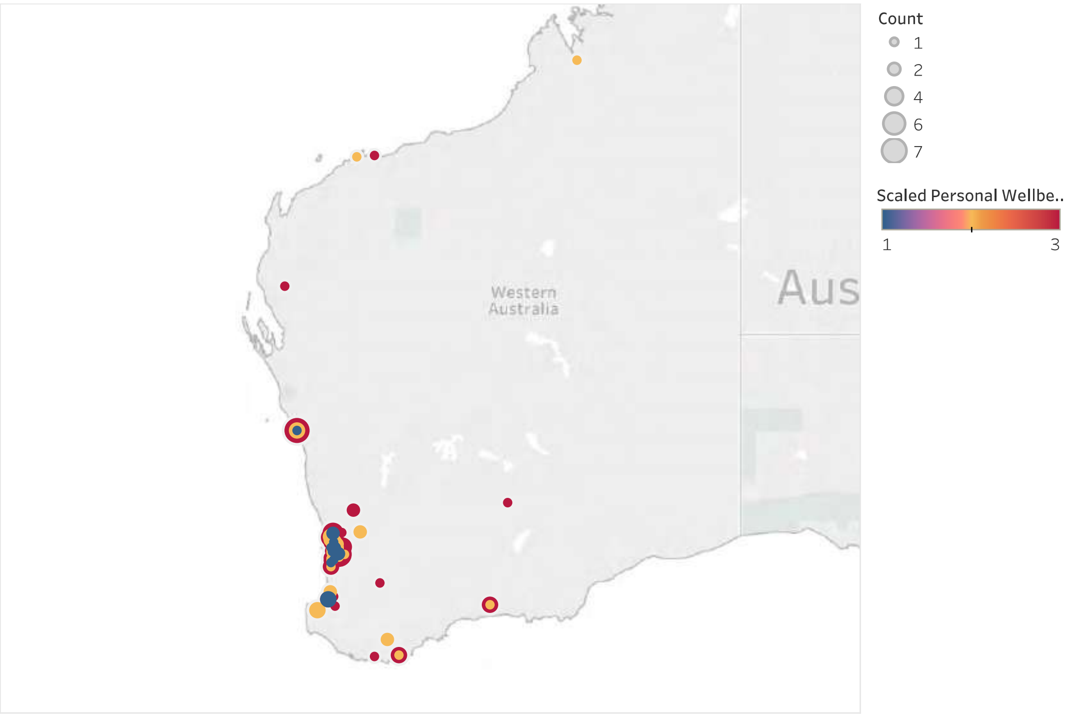
Heat Map Figure 11: Tasmania, educational engagement (HEE=3; LEE=0)



Heat Map Figure 12: Victoria, wellbeing (n=389)



Heat Map Figure 13: Victoria, educational engagement (HEE=23; LEE=56)



Heat Map Figure 14: Western Australia, wellbeing (n=169)

Heat Map Figure 15: Western Australia, educational engagement (HEE=17; LEE=6)

Appendix B: The Sub-Sample

A sub-sample of young carers was analysed for the qualitative analysis. The sub-sample was identified by splitting the whole sample (n=1,443) into eight groups, based on their responses to three questions: 1) gender, 2) number of care hours provided per week (divided into two groups of caring for more than 20 hours per week, or less), and 3) higher or lower educational engagement (including a variable related to wellbeing). Decisions related to the composition of the sub-sample were based on theoretical constructs and related to those who were considered to have higher and lower educational engagement. The sub-sample was additionally comprised of young carers who were in secondary school at the time of their application, or who had a recent secondary school experience, because the learning environment of secondary school is distinct from both primary and post-secondary schooling and education. Table b1 below shows the responses used to define the poor or better outcomes groups. Young carers were assigned to the groups if they met all three response criteria. Other young carers were excluded.

Table b1: *Questions and responses used to create the higher and lower educational engagement groups*

Question in survey	**Group 1:** **Lower educational engagement**	**Group 2:** **higher educational engagement**
Please rate your personal wellbeing (1-10 scale from 1=very poor to 10=excellent)	1-4	7-10
How often does your caring role stop you from going to school/college/university or other educational institution?	Two or three times per month or more (Two or three times, four times a month, more than four times a month)	Less than once a month (Never, less than once a month, once a month)
How often does your caring role affect your ability to study at home?	Often or always	Never or rarely

Young carers who met the inclusion criteria were assigned to one of eight groups and a sample of 15 respondents from each group was randomly drawn for analysis. A number of groups had less than 15 respondents, and random selection of respondents was not possible. It was intended that two Aboriginal or Torres Strait Islander respondents, and two respondents from non-English speaking backgrounds be included in each group, which was approached via oversampling. However, this was not always achievable due to small numbers of respondents meeting inclusion criteria.

Respondents were removed and resampled if they were currently in either primary school or post-secondary education e.g. TAFE, University, or if they had missing responses to the open-text response questions. Following analysis, a further 11 cases did not meet the inclusion criteria and were excluded from the sample based on them identifying that they attended University in their open-text responses.

The final sub-sample comprised 97 cases. Table b2 shows the features of the eight groups and the numbers assigned to each group.

Table b2: *Characteristics of the groups in the sub-sample*

Group	**Gender**	**Educational Engagement**	**Care load per week**	**Number of respondents**
1	Male	Higher	More than 20 hours	12
2	Male	Lower	More than 20 hours	14
3	Male	Higher	Less than 20 hours	12
4	Male	Lower	Less than 20 hours	11
5	Female	Higher	More than 20 hours	8
6	Female	Lower	More than 20 hours	12
7	Female	Higher	Less than 20 hours	15
8	Female	Lower	Less than 20 hours	13

Table b3 shows the demographic features of the young carers included in the sub-sample.

Table b3: *Demographic features of the sub-sample*

		LEE		HEE	
		N	%	N	%
Gender	Female	25	50.0%	23	48.9%
	Male	25	50.0%	24	51.1%

Geographical location	Major Cities	36	72.0%	30	63.8%
	Inner Regional	11	22.0%	8	17.0%
	Outer Regional	3	6.0%	8	17.0%
	Remote, or Very Remote	0	0.0%	1	2.1%
Aboriginal or Torres Strait Islander status	No	41	83.7%	44	93.6%
	Aboriginal or Torres Strait Islander	8	16.3%	3	6.4%
Birth Country	Australia	43	86.0%	40	85.1%
	All other countries	7	14.0%	7	14.9%
Language spoken at home	English	40	80.0%	42	89.4%
	Aboriginal English	1	2.0%	0	0.0%
	All other languages	9	18.0%	5	10.6%
Diagnosed disability	No	34	68.0%	40	85.1%
	Yes	16	32.0%	7	14.9%
Total number of disabilities	No disability	33	67.3%	40	85.1%
	One	8	16.3%	4	8.5%
	Two	5	10.2%	2	4.3%
	Three or more	3	6.1%	1	2.1%
Number of people providing care for	1	28	56.0%	42	89.4%
	2	15	30.0%	5	10.6%
	3	4	8.0%	0	0.0%
	4 or more	3	6.0%	0	0.0%
Main Carer	No	27	54.0%	28	59.6%
	Yes	23	46.0%	19	40.4%

Table b4: *Demographic features of the sub-sample*

Total number of sources of care assistance	None	18	36.0%	18	38.3%
	One source	23	46.0%	14	29.8%
	Two sources	9	18.0%	14	29.8%
	Three or more sources	0	0.0%	1	2.1%
In Contact with Support Worker	No	29	58.0%	23	48.9%
	Yes	21	42.0%	24	51.1%
Single Parent Household	No	20	40.0%	20	42.6%
	Yes	30	60.0%	27	57.4%
Paid employment	No	41	82.0%	39	83.0%
	Yes	9	18.0%	8	17.0%
Highest level of education completed this year	Year 6	0	0.0%	0	0.0%
	Year 7	3	6.0%	9	19.1%
	Year 8	6	12.0%	7	14.9%
	Year 9	8	16.0%	10	21.3%
	Year 10	10	20.0%	6	12.8%
	Year 11	12	24.0%	11	23.4%
	Year 12	11	22.0%	4	8.5%
	Cert I	0	0.0%	0	0.0%
	Cert II	0	0.0%	0	0.0%
	Cert III	0	0.0%	0	0.0%
	Cert IV	0	0.0%	0	0.0%
	Diploma	0	0.0%	0	0.0%

Appendix C: The Content Analysis

A content analysis (Churchill 2014) was undertaken as part of the qualitative analysis for this research report. The content analysis involved counting instances of types of care provided, the presence of family challenges, and proposed bursary expenditure. An *a priori* codebook was developed and all relevant text that did not fit within these codes were coded to an 'other' category (accompanied by a description) and were re-categorised when coding was completed. An 'other' category was only used for proposed bursary expenditure. The content analysis codebook is included below.

Responses to only application question 39, which asks young carers to 'Please describe what your daily caring activities include', were analysed and coded into categories derived from Becker, Becker and Joseph's (2012) Manual for Measures of Caring Activities. Sub-categories included:

- Domestic Activity—when the young carer describes doing activities such as cleaning, cooking, washing etc.
- Household Management—when the young carer describes doing activities such as shopping, household repairs, lifting etc.
- Financial and Practical Management—when the young carer describes doing activities such as paying bills, banking, providing transport. May also refer to negotiating services on behalf of their cared for relative.
- Personal Care—when the young carer describes doing activities such as un/dressing their cared for relative, washing, use of bathroom, administering medicines, getting them to bed etc.
- Emotional Care—when the young carer describes doing activities such as providing company and emotional support, keeping an eye on their cared for relative, providing supervision, taking them out (for leisure) etc.
- Sibling Care—when the young carer describes doing activities such as looking after siblings alone or with a parent present. Excludes caring for own child.
- Translating[11]—when the young carer assumes responsibility for language translating at home and with health and other services.
- Responsibilities at School—when the young carer describes responsibilities for looking after cared for siblings at school.

All open-text responses (questions 39-42) were analysed to identify family challenges. Family challenges were identified from the broader child welfare literature as being those challenges affecting children and young people's engagement at school and included:

- Poverty—lack of money for essential items such as food, bills, medicines, transport, education etc.
- Social isolation—lack of family connections, friends and/or informal support.
- Family conflict—breakdown and separation: when a young carer describes violence from a parent as a current or past behaviour in their household. May refer to anger, verbal and/or physical abuse, when young carers mention the presence of separation

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[11] Translating and responsibilities at school were added by the current research team.

and/or divorce within their immediate family. When young carers mention child protection involvement in their families.
- Homelessness—when family homelessness is described in the past or currently. May include couch surfing and/or marginal tenure.
- Migrant/refugee status—when young carer describes their family background as being refugee or migrant.
- Parental AOD use—when young carer describes a parent using alcohol or other drugs.

Responses to only application question 42 ‘If successful, what would you spend the bursary money on?’ were analysed and coded into categories that were formed based on a reading of the applications. Categories included[12]:

- Computer and related—computer, laptop and other hardware and software etc.
- Mobile phone
- School supplies—books, stationery, uniforms, shoes, bags etc.
- Transport—car, petrol, bus
- Furniture—desk, chair etc.
- Tutor—reference to spending bursary on tutoring of any sort
- Recreation—movies, holidays, meals out
- School fees—reference to spending bursary on any type of education fees.
- Bills—reference to spending the bursary on any type of bills e.g. HH bills, medications etc.
- Income support—reference to spending the bursary on living costs while studying
- Accommodation—reference to spending the bursary on rent, mortgage or other accommodation costs.
- Other

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[12] 66 items were coded to the ‘other’ category and were later re-categorised into: medical, health or wellbeing; education (generic); respite and in-home care; increasing caring capability; paying for caring supplies; clothes; personal interest or passion; extra-curricular activities; excursions or camps; food; and other.

Appendix D: Graphical representations of types of care provided

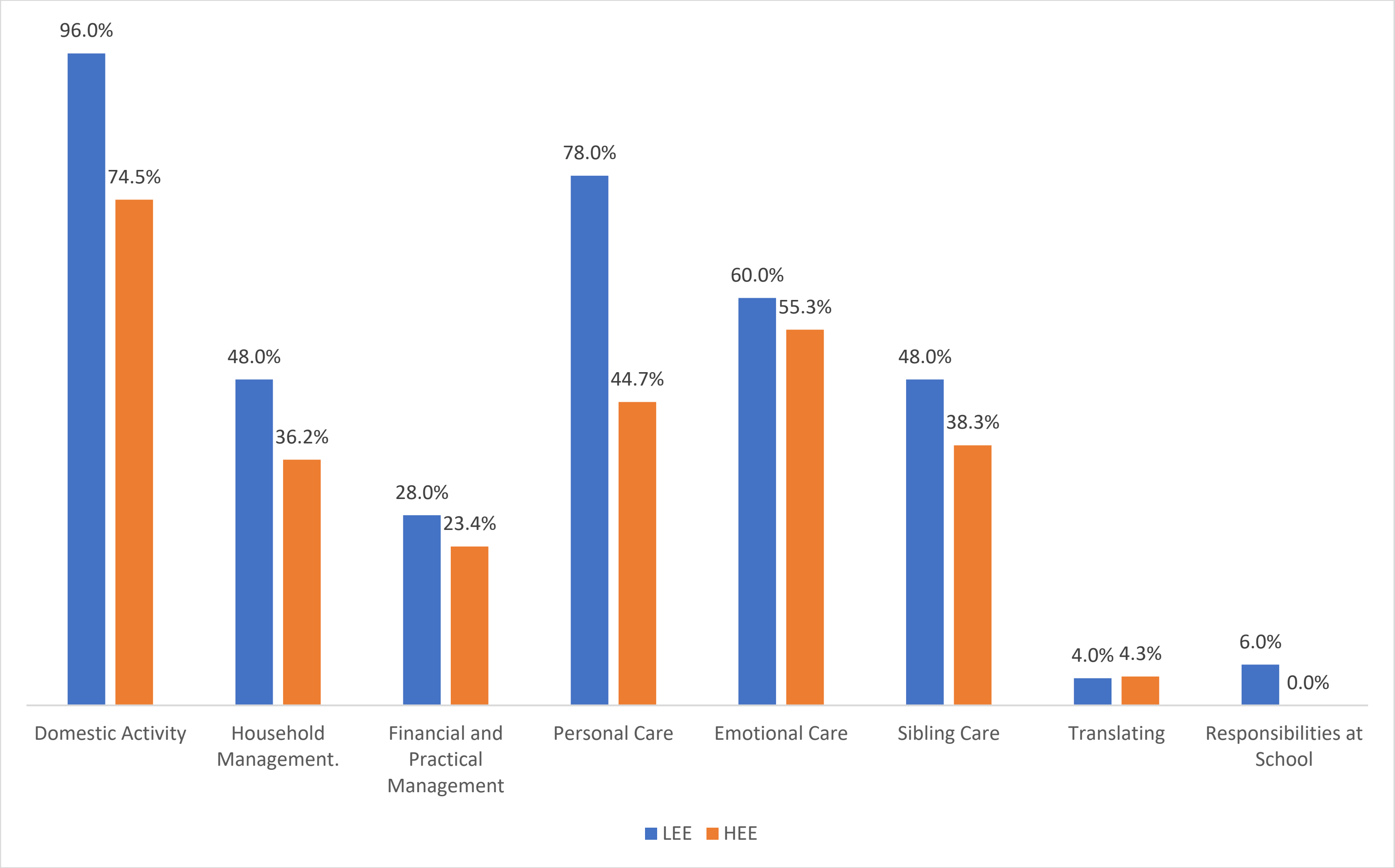

Figure d1: Percentage of those reporting different types of caring activities by HEE and LEE status (as a proportion of those in each of the groups)

Note: Percentages have been calculated based on the total number of young carers in the high (n=47) and low groups (n=50), rather than as percentages of the total sample.

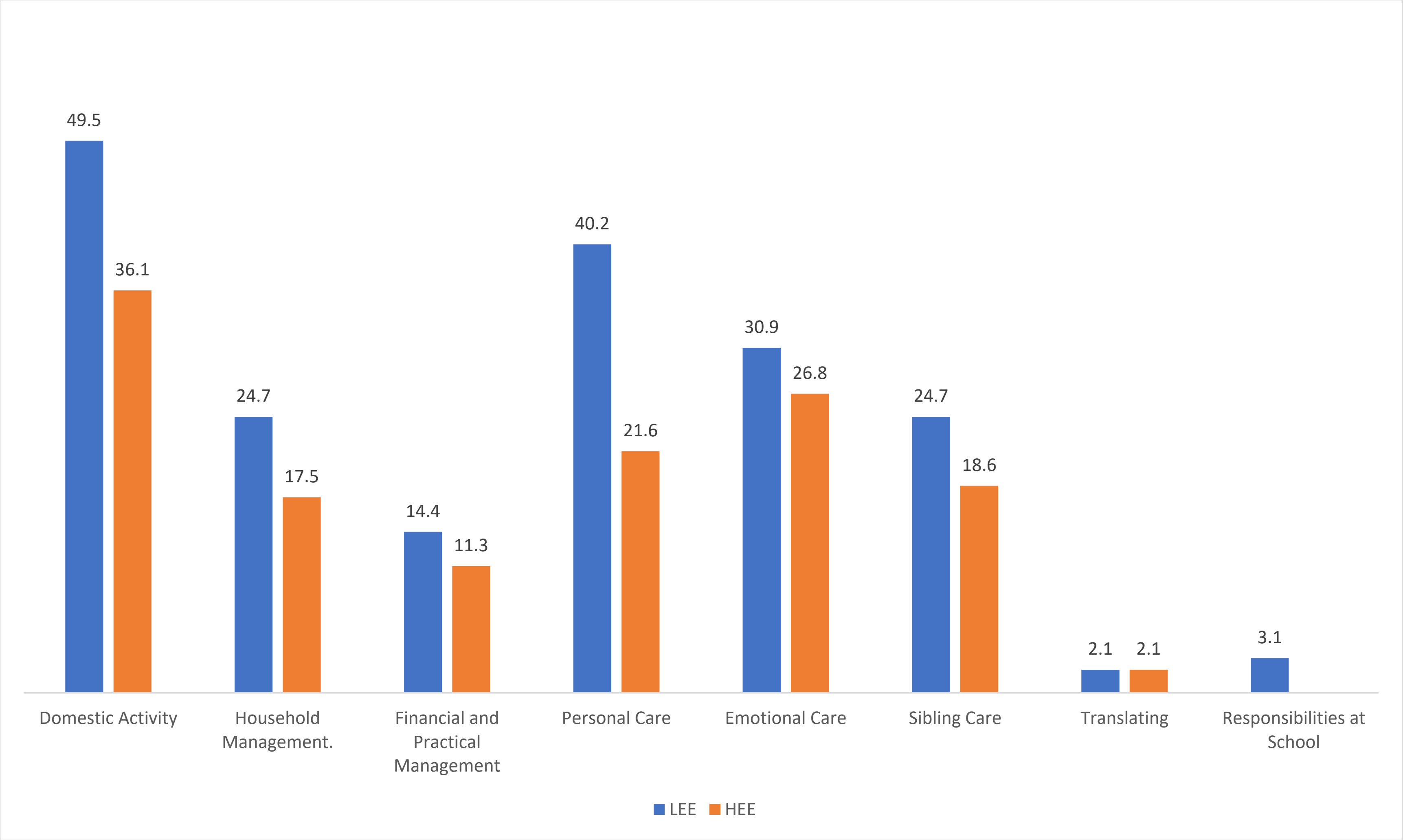

Figure d2: Percentage of those reporting different types of caring activities by HEE and LEE status (as a proportion of the total sample)

Note: Percentages have been calculated based on the total sample (n=97).

Appendix E: Graphical representation of proposed bursary expenditure

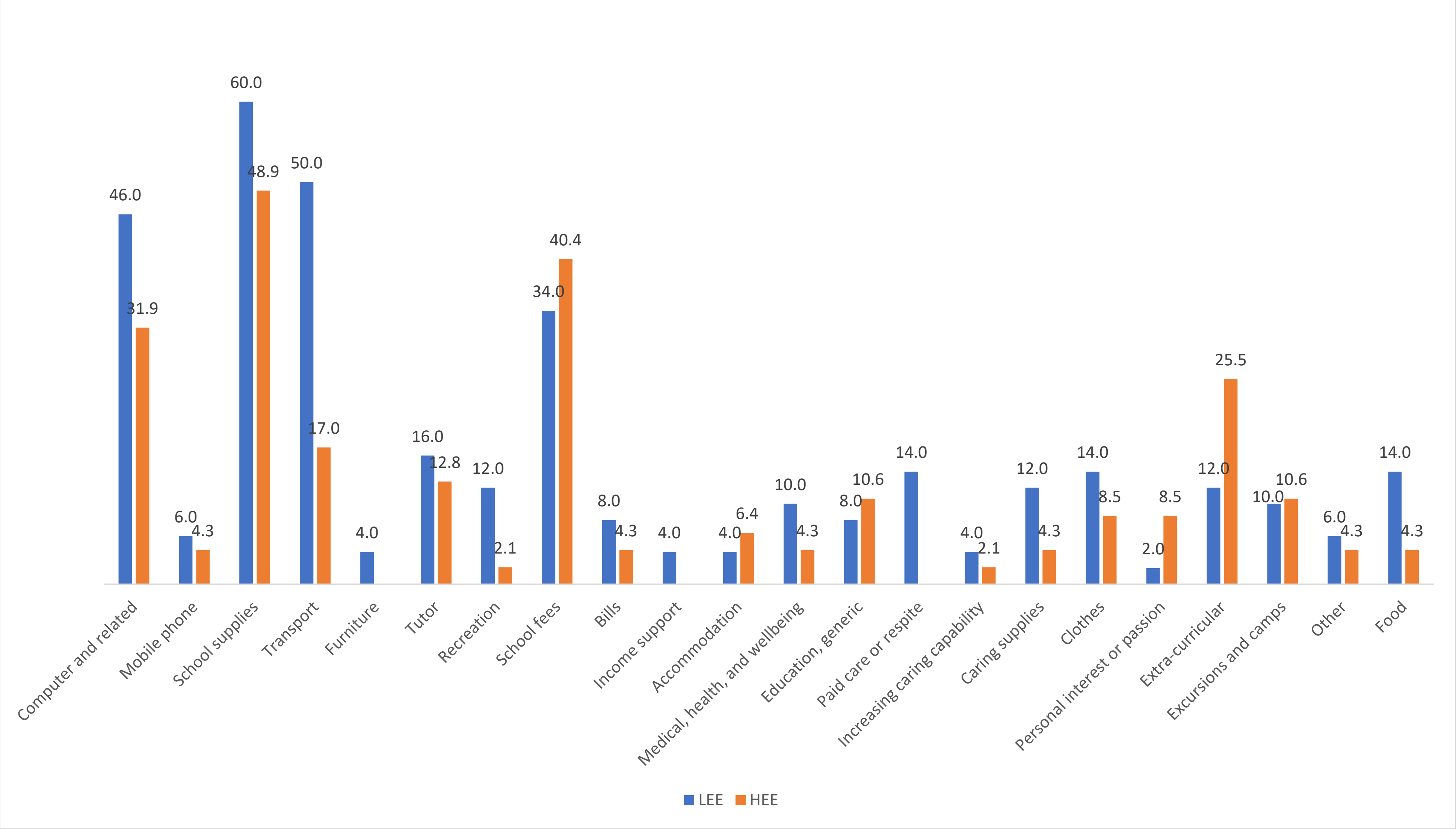

Figure e1: Percentage of proposed bursary expenditure (as a proportion of those in each of the groups)
Note: Percentages have been calculated based on the total number of young carers in the high (n= 47) and low groups (n=50)