QUESTION 1

The article entitled “Attendance, achievement and participation: Young carers’ experiences of school in Australia” is provided for you. Use this article to do the following tasks:

(a) Write the reference for this article using the APA style. [2 marks]

(b) Write an abstract of not more than 150 words for the article. [5 marks]

(c) What type of methodology did the research use? Give reason(s) for your answer. [3 marks]

(d) Suggest TWO steps that may be taken to improve this piece of research. Give ONE (1) reason for your suggestions. [4 marks]

(e) How might this study be viewed by someone who subscribes to the positivist perspective of research? [3 marks]

QUESTION 2

You are about to conduct a piece of action research. However, you are aware that some may criticise the inclusion of “action” in the research process. This is because action and research have traditionally been seen as separate activities with their own ideologies and methods.

(i) Drawing on the principles of the positivist and/or interpretivist paradigms, identify TWO (2) criticisms that could be levelled at your research approach. [4 marks]

(ii) How would you defend your approach against the criticisms identified above in part (i)? [4 marks]
QUESTION 3

The Ministry of Education is planning to introduce computers as tools for teaching and learning in the classroom. You are commissioned to carry out a piece of research to find the best model for effective use of the machines for instruction. The proposed models are: (i) computers in labs only, (ii) a computer for each child in the classroom and (iii) three or four computers available in each class for students to use.

(a) Write an appropriate problem statement for your research. [3 marks]

(b) Write TWO (2) research hypotheses with corresponding null hypotheses, related to your problem statement. [4 marks]

(c) What is an appropriate research design for this investigation? [1 marks]

(d) Outline the procedure you would follow to carry out your investigation. Be sure to mention

   i. Who the participants would be and how you would organise them

   ii. What data you would collect and by what procedures

   iii. Any instruments you would use for data collection

   Provide adequate justification for your choices. [6 marks]

(e) Suggest ONE (1) data analysis procedure that would be appropriate to test ONE (1) of your hypotheses. [2 marks]

QUESTION 4

(a) Explain the difference between random sampling error and non-random sampling error. [3 marks]

(b) There are 250 students registered at a small urban primary school, 110 boys and 140 girls.

   i. **BRIEFLY explain** how would you select a sample of 75 students stratified according to gender, using a proportional allocation approach? [3 marks]

   ii. How many boys and girls would there be in the sample? [2 marks]
QUESTION 5

A graduate student was interested in how faculty members with different amounts of teaching experience perceived their own computer competencies. He asked a number of randomly selected lecturers to give themselves a score on a scale from 1 (Incompetent) to 10 (Highly competent) based on their perceptions of their computer skills. He then placed the lecturers into three categories according to years of experience and ran a one-way ANOVA procedure using PASW (formerly SPSS) software. The output is given below.

### Oneway

#### Descriptives

<table>
<thead>
<tr>
<th>Computer Competence Score</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>95% Confidence Interval for Mean</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
<td>Upper Bound</td>
<td></td>
</tr>
<tr>
<td>Less than 5 yrs</td>
<td>215</td>
<td>2.54</td>
<td>1.537</td>
<td>.105</td>
<td>2.33</td>
<td>2.75</td>
<td>1</td>
</tr>
<tr>
<td>5 to 15 yrs</td>
<td>217</td>
<td>2.35</td>
<td>1.533</td>
<td>.104</td>
<td>2.15</td>
<td>2.56</td>
<td>1</td>
</tr>
<tr>
<td>More than 15 yrs</td>
<td>199</td>
<td>2.13</td>
<td>1.325</td>
<td>.094</td>
<td>1.94</td>
<td>2.31</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>631</td>
<td>2.35</td>
<td>1.479</td>
<td>.059</td>
<td>2.23</td>
<td>2.46</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Test of Homogeneity of Variances

<table>
<thead>
<tr>
<th>Computer Competence Score</th>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.811</td>
<td>2</td>
<td>628</td>
<td>.000</td>
</tr>
</tbody>
</table>

#### ANOVA

<table>
<thead>
<tr>
<th>Computer Competence Score</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>17.734</td>
<td>2</td>
<td>8.667</td>
<td>4.092</td>
<td>.017</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1360.951</td>
<td>628</td>
<td>2.167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1378.685</td>
<td>630</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please go on to the next page
### Robust Tests of Equality of Means

<table>
<thead>
<tr>
<th>Computer Competence Score</th>
<th>Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welch</td>
<td>4.380</td>
<td>2</td>
<td>418.574</td>
<td>.013</td>
</tr>
<tr>
<td>Brown-Forsythe</td>
<td>4.122</td>
<td>2</td>
<td>624.274</td>
<td>.017</td>
</tr>
</tbody>
</table>

a. Asymptotically F distributed.

### Post Hoc Tests

#### Multiple Comparisons

<table>
<thead>
<tr>
<th>Computer Competence Score</th>
<th>Tukey HSD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(I) Years with current employer</td>
</tr>
<tr>
<td></td>
<td>Less than 5</td>
</tr>
<tr>
<td></td>
<td>More than 15</td>
</tr>
<tr>
<td></td>
<td>5 to 15</td>
</tr>
<tr>
<td></td>
<td>More than 15</td>
</tr>
<tr>
<td></td>
<td>More than 15</td>
</tr>
<tr>
<td></td>
<td>5 to 15</td>
</tr>
</tbody>
</table>

* The mean difference is significant at the 0.05 level.

(a) Is the One-way ANOVA appropriate here? Give reasons for your answer. [3 marks]

(b) The student intended to carry out his test of significance at the 0.05 probability level. After looking at the Test of Homogeneity of Variance results, he changed his mind. Why did he do this? [3 marks]

(c) Using his new probability level, to what conclusion should the student come? Justify your response. [2 marks]

(d) How should the student report the findings of the ANOVA? [2 marks]
Attendance, achievement and participation: Young carers' experiences of school in Australia

Tim Moore and Morag McArthur
Institute of Child Protection Studies, Australian Catholic University, Canberra
Ros Morrow
Curtin University of Technology

Introduction

Over the past 20 years there has been a growing awareness of the existence and needs of children and young people who have responsibilities for caring for family members and friends. During this time, policy-makers and service providers have developed a greater understanding of the ways that caring for a relative or friend may impact, both positively and negatively, on the health, well-being, social participation and future livelihood of these children and young people. Young carers who often have significant caring responsibilities report that their opportunities to participate fully in education are sometimes constrained. Australian research into young carers is a developing body of knowledge. One significant gap is in understanding the young carer's experience within the education system.

Research has shown that to participate fully and to achieve positive outcomes in education, students need to feel that they belong or are strongly connected to the school community (Becker & Luthar, 2002; Brendtro & Shahbazian, 2004).
Given the importance that a sense of connection plays in the lives of students, it is troubling to note that various groups of students remain dislocated from their school communities. Due to a range of practical and systemic issues, young carers—children and young people with care responsibilities for a relative with an illness or disability—can feel detached from their school communities and peers and unable to engage with their inherent supports and opportunities.

This paper reports on a study carried out in 2006 that explored the needs and experiences of young carers in education with the aim of informing the development of school-based supports for young carers and their teachers. Specifically, the paper identifies some of the factors that have acted to isolate young carers from their communities and reports the strategies that they themselves identified to assist the engagement of other children and young people in education.

Who are young carers?

Young carers are children and young people who care or help to care for one or more family members or friends in a family affected by illness, disability, mental health or drug or alcohol issues—or by a combination of these (Moore, 2005b).

Studies in Australia, the UK and Canada suggest that between 4 per cent and 10 per cent of children and young people have care responsibilities for a relative or friend but that most often their experiences are hidden from view (Becker, 2005; Morrow, 2005). Young carers may be caring for a parent, a sibling, a grandparent or another relative or a friend. In most cases, young carers care for someone with whom they reside but some young carers care for someone who has been hospitalised or who lives elsewhere (Carers Association of South Australia, 2003; Carers Australia, 2002; Moore, 2005a). Sometimes young carers care for more than one relative at a time, or relatives with more than one condition. Most often, young carers care for a single parent who is most likely to be their mother (Carers Australia, 2002).

As their relatives’ or friends’ conditions vary significantly, so therefore do the range of care tasks that young carers assume. Most young carers report that they are responsible for household tasks, providing personal care and emotional support to their relative, supervising younger siblings and advocating for services.

Critics of the ‘young carer movement’ argue that all children and young people assume such responsibilities (Olsen, 1996) but recent research suggests that—unlike their peers who may cook or clean the house sporadically and with support and supervision from their parent—young carers most often assume primary responsibility for care tasks and complete them with little or no guidance or assistance from others (Gays, 1998; Moore, 2005b; Morrow, 2005).

Young carers report caring from as young as five years of age but those under 18 are mostly aged between 10 and 13 years of age (Carers Australia, 2002). Carers include both boys and girls, and may be the second, third or fourth family member to assume primary care responsibilities for their relative or friend (Access Economics, 2005).

Research in Australia and the UK has clearly shown that young carers provide similar types of care to relatives as adult carers (Dearden & Becker, 2002;
Many young carers provide the majority of care to their relative or are solely responsible for their care needs. Young carers care for relatives for an average of six hours per day and may have cared or continue to care for up to 14 years (Gays, 2002; Moore, 2005b; Morrow, 2005).

**Meaningful participation**

There is now a significant body of knowledge that points to the relationship between participation and positive educational outcomes (Becker & Luthar, 2002, p. 201; Brendtro & Shabazzian, 2004). Students need to feel that they belong to the school community. A strong positive connection to the school community increases a student's overall well-being (Resnick, Bearman & Blum, 1993) and reduces the levels of emotional distress, suicidal behaviour, violence, substance abuse and sexual activity some young people may experience (Osterman, 2000).

In addition, it has been shown that a sense of belonging has a positive effect upon young people's academic performance and motivation. In a 1997 study, for example, Gonzalez and Padilla (1997) revealed that—among factors including academic environment, cultural loyalty and family support—a sense of school belonging was the only significant predictor of academic performance. Others found that students who felt they belonged to their school communities also had higher levels of academic motivation and aspirations for the future (including Sanchez, Colon & Esparza, 2005).

The role that schools play in providing personal support directly to young people and their families and in linking them with services and programs in the community has also been recognised (Gilligan, 1998, 2000), particularly for young people whose engagement at school may be the only form of community participation they access.

Given our increasing understanding of the importance of student connectedness, belonging and participation, it is essential that schools find effective strategies to assist in enabling these processes with groups of young people who, for a range of reasons, are not effectively engaged. Young carers are a group that has reported this lack of connection to school with concomitant negative impacts on their educational and social outcomes (Becker, 2005; Dearden & Becker, 2002).

**The research context**

Important international research carried out by Dearden and Becker has examined the experiences of young carers with a particular focus on their educational experiences. In a 2002 meta-analysis of existing research, they found that although not all young carers experienced difficulties, most reported that their caring had had a negative impact on their education.

The Australian research into young carers is a developing body of knowledge but our understanding of the young carer's experience within the education system is still under researched.

In 2005, the Commonwealth Department of Family and Community Services launched a range of initiatives to respond to young carers' educational, emotional, social, informational and respite needs. Injecting significant funds to
increase respite availability to young carers who had been excluded from education, and funding Carers Australia to develop a suite of services and supports through its Carer Association networks, the Australian government attempted to fund support services and programs for young carers and their families.

A research project was commissioned by Carers Australia to inform the development of resources for teachers and young carers in schools as part of their broader young carer supports. This paper highlights the key themes to emerge from this project.

Method
Talking to young carers about their experiences
Structured audiotaped telephone interviews and a group interview were carried out with young carers across Australia. The interview schedule was developed by the authors and was informed by previous young carer research (Dearden & Becker, 2002; Moore, 2005a; b; Morrow, 2005). Young carers were asked about their circumstances, their experiences of school, the levels of support that were provided to them in school and their views of possible strategies that schools could implement to help others in the same situation as themselves.

In line with national research guidelines, ethics approval was sought and given. Parental consent was required for those younger than 18 years to participate, as was each young person’s assent.

Data analysis
Due to the nature of the sample, analysis of quantitative data was limited to simple percentages. The open-ended questions were analysed for their emergent themes, which are the main source of data used in this discussion. A young carer who was employed as a project consultant worked with researchers to explore themes further.

Participants
During December 2005 and March 2006, 51 young carers were recruited from across Australia through existing carer programs, primarily state and territory carer associations. Young carers were contacted by workers from these programs who explained the purpose of the project before inviting the child or young person to participate. A letter was then sent to the young carer and their parent/s, explaining the project in more detail and seeking written consent from both parties. Young carers who returned their consent form to the program were referred to the project and an interview was organised and conducted.

The sample for the study was purposive in nature and included participants who specifically met the selection criteria for the study. The criteria for inclusion in the study were that the carer was aged between 12 and 21; and that he or she assumed caring responsibilities. In an attempt to attract a broad group of children and young people, referring organisations were encouraged to identify young people of different ages, from different cultural or linguistic backgrounds and those with varying caring responsibilities.
Limitations

This project was an exploratory study that attempted to make some initial observations about the nature and experience of young carers in education. Due to the small sample size, we are unable to make definitive claims but instead report on the emerging themes.

The sample comprised young people who were engaged (to varying degrees) in existing young carer support programs. As such, our findings may overstate the level of assistance that young carers receive from external organisations. Due to the physical location and nature of participating organisations, most young carers in the sample were recruited from metropolitan areas, and were generally non-Indigenous and not from culturally or linguistically diverse backgrounds. Further research with young carers who are not currently engaged with services and from varying backgrounds is necessary to further understand the broad caring experience.

Profile of respondents

Of the 51 young carers who participated in the study, 44 were interviewed by telephone and the remaining seven participated in a group interview. There were 22 males and 29 females. The sample included young carers from every state and territory in Australia. Young carers ranged in age from 12 to 21 years with more than 80 per cent of respondents being under the age of 18. Those aged over 18 were either still completing their education or reflected on the time that they spent at school in earlier years.

The role of primary carer fell to 21 of the young carers. Young carers cared for relatives with physical, intellectual and sensory disabilities, with acquired brain injury, neurological conditions, mental illness and alcohol and other drug dependence. The largest proportion of young carers cared for a mother (28 per cent) followed by a sister (20 per cent). One in five young people cared for more than one relative.

Findings and implications

Although their educational experiences were varied, young carers generally valued their participation in schooling, although they identified key challenges to attending school and achieving educationally. The following section describes the emerging themes, which are summarised at the end of this section in Table 1.

Why young carers value participation in education

The young carers in this study valued education highly and believed that it gave them important opportunities and experiences. As one young woman noted:

I loved everything about school. I loved all my teachers, I loved the structure it gave to my day, I loved the fact that I could hide in my homework when I got home, I loved all of the support I got at school and I loved the fact that I could escape every day to school and have another part of my life—rather than just my home life. (Female young carer, 18 years)

In particular, most said that they valued school because it offered them respite from their home lives, provided them with opportunities to connect with other
young people (particularly those in a similar situation to themselves) and assisted in developing a sense of belonging. They also believe that it was a place where they can receive support and information from people who are understanding and supportive: ‘I go to school—it’s like a getaway and I like to see my friends and sometimes I don’t actually get to get out of the house to see my friends’ (male young carer, aged 14).

Although almost 60 per cent of the young carers in this study felt as though they were the only ones at their school who were carers, many also reported that they greatly valued opportunities to find and spend time with others in a similar situation as themselves. Having others who understood what having such a responsibility at that age was like and who could offer support and advice and could empathise with their situation was incredibly important to many of the young carers. ‘It was good because I had friends with parents in the same situation as my Mum . . . [that] I could talk to. We had a balance of understanding’ (male young carer, 18 years).

Young carers reported that often, when they met other young carers at school, they could share information about illness and disability, the services that were useful and strategies they used to deal with tough times. They used a variety of strategies.

Letting other people know—one of my mates, he had a brother with Down Syndrome. He took it on ‘like no big deal—it’s the way life is’. But knowing that he can get more [help]. That there are services out there—and there’s things that you can just get away from. To let him know that he’s not alone. (Male young carer, 17 years)

**What impacts on young carers’ participation?**

Although young carers valued their schooling, many said that they often found it difficult to attend and participate as much as they would like in school. In fact, more than 50 per cent of young people reported that their attendance at school was negatively affected by their caring, while another 65 per cent talked about how their relationships with others at school were strained. They identified a number of reasons for this:

- challenges in getting to school
- poverty
- lack of time to socialise with friends after school
- difficulties in engaging with others who understand
- bullying and harassment
- feeling uncomfortable and unsafe
- expressing anger and other negative emotions.

**Challenges in getting to school** Some young carers reported they were often unable to attend school because they were needed at home to help care for their relative. Caring for an average of 27 hours per week, young carers talked about providing intimate care—dressing, showering and feeding; monitoring their relative’s mental health and safety; assuming household tasks and caring for younger siblings.
It was often impossible to do all these things before going to school, particularly if their relative was unwell.

Although there has been an increase in the number of programs available to people with illnesses and disabilities, young carers reported that these were often inaccessible due to their cost, the times when they could be delivered and their often-inflexible eligibility criteria. Others found it difficult to find information about services available or found it difficult to ‘jump through the hoops to get them’.

**Poverty** Poverty was a significant issue for many young carers in this sample and often restricted their capacity to participate fully in their education. Unable to afford basic school requirements such as school uniforms, textbooks, stationery and transport, many young carers found it difficult to attend, let alone participate in school. On top of these basic costs, young carers reported that they rarely could afford additional fees for extracurricular activities:

> We can’t afford anything. We don’t even have enough food sometimes—so how can I ask for money to go on an excursion or camp or something? I just tell the school Mum’s too sick for me to go—but it’s really because we can’t afford it. (Male young carer, 15 years)

Unable to pay for outings, sporting activities, drama groups or camps, many young carers reported feeling ‘cut off’ from their peers and often found it difficult to re-engage.

**Lack of time to socialise with friends after school** Many young carers reported that they found it difficult to participate in school let alone in after-school activities such as sporting teams, music or drama groups or other school-based programs. Although they saw such activities as being important, 56 per cent of young carers in this study reported that they were unable to participate in activities outside of school hours because they were needed at home. Young carers also reported that it was difficult to have friends over to their houses because of their relative’s condition and, in a number of cases, their behaviour. ‘My brother acts really weird around my friends, it’s very disturbing—if they have been over at my house he is always weird and head-butts them or kicks them, so that is really hard’ (female young carer, 15 years). As a result, their capacity to spend time with their peers was limited. Half of the sample (51 per cent) said that they found it hard to make and keep friends, with many saying that they were socially isolated. They felt this was due to their caring responsibilities.

**Difficulties in engaging with others who understand** Some young carers reported that they found it difficult to relate to other young people and in receiving or accepting support from them when times were difficult. Young carers felt that this was because they did not have things in common, or because friends could not fully understand the magnitude of their situation or the challenges they were confronting. ‘People didn’t really understand and they didn’t want to take on other people’s issues—so I was a bit of an outsider’ (male young carer, 17 years); ‘You get ditched by your friends. You’d get upset and it wasn’t about boys and they wouldn’t understand’ (female young carer, 15 years).
A large number reported that they had lost friends, not only because they were unable to spend time with them, but also because the friends were afraid of, or discriminated against people with disabilities and, by default, their carers. ‘They found out by accident. My friends were over and met my Mum. From then on I was the “crazy kid”, the outcast. When it got around, I lost every friend I ever had’ (female young carer, 18 years).

I was at my school for a year and a half and had lots of friends and I didn’t tell them about my brother or stuff. And then they found out he had a disability and they all ditched me. (Female young carer, 17 years)

The young carers felt that this was because there was a lack of understanding of disabilities, illnesses, alcohol and other drug and mental health issues in the community. For many respondents, this led to feelings of isolation and ‘not fitting in’. ‘You’re excluded from everything—not ever being asked to be part of things . . . You’d have to be asked to be included . . . So you’d always be alone’ (male young carer, 17 years).

**Bullying and harassment** Bullying has been identified as one of the major issues affecting children, young people and schools in Australia today (Rigby & Thomas, 2003). In this research project, young carers were asked about times when they had been bullied because of their relative’s condition or the fact that they were caring for them. Forty-five per cent of young carers could identify times when they had been directly teased or assaulted.

I used to get bashed . . . [due to] my dad being in a wheelchair. I had to stick up for myself so I got in a lot of trouble. In my primary school there was no support whatsoever, and because of my father’s disability I got picked on—so up to Year 10 no-one would really talk to me. I just had to learn to deal with it myself. But because I coped with people giving me crap, people started to respect me more and they knew they could come up and talk to me about stuff because I’d been through stuff and they respected that. (Female young carer, 17 years)

Young carers also reported times when their family members had been teased or harassed and recalled how this had hurt them personally:

They used to come up and say you’ve got a ‘spasticated’ brother and like throw things at my brother and they were really hurtful. Sticking up for him was hard because most of the time they wanted to beat the crap out of him—sometimes he didn’t know what he was saying back to them—so I had to stand up for him and keep him out of trouble. I got roped in because of that and got hurt myself. (Female young carer, 17 years)

Those who had been teased said that it made their life at school incredibly difficult:

It was the last thing you need after going to school from being up all night and looking after people and you go there to have some time out—just six hours off—and then it’s just as bad or worse as at home. (Male young carer, 15 years)

In some cases, such treatment led to young carers moving schools.
Although it was beyond the scope of this project to compare young carers and other young people's experiences of bullying at school, a number of young carers reported that they thought they were bullied more often and more harshly than their peers because of their family situation.

**Feeling uncomfortable and unsafe** As well as being directly bullied or harassed, young carers reported that they felt personally attacked when students or teachers spoke in a derogatory way about people with illnesses or disabilities and that this compounded other stresses caused by school. Of the sample, three-quarters (75 per cent) reported that they felt uncomfortable about the way that people at school spoke about others with illness, disabilities, alcohol or other drug or mental health issues. ‘All through high school, people—including my friends—talk about junkies and druggos, and it upset me because mum was using needles, and was addicted to speed. Something needs to be done’ (female young carer, 17 years).

Many young carers reported that it wasn’t that people necessarily targeted comments at them or their families, but that negative language still had an impact on them, isolating them and making them feel uncomfortable identifying themselves as carers: ‘It was never really stuff aimed at me, just general comments about mental illness and stuff, it is just not something that you want to hear’ (female young carer, 15 years).

Young carers spoke mainly about how other young people participated in these negative behaviours but also of times when teachers had either engaged in the discussions or had failed to step in and respond.

‘Yeah, teachers often would just sit back and say nothing or, even worse, laugh about how people were talking. What message is that sending? That it’s OK and that no-one really cares? Well I care and it really hurt me when I knew they were talking about people like my Dad … It was worse when teachers said stuff like ‘schizo’ or whatever or made dumb noises like they were disabled or something … How can things change and how are you meant to ask for help if even the teachers don’t give a shit?’ (Male young carer, 15 years)

The young carers argued that schools needed to actively respond to these cultures. ‘They should stop other kids from being nasty and paying out people about their disability or about your family. Because that’s not nice. They call you names and that’s quite hurtful’ (female young carer, 12 years).

Feeling unsafe and uncomfortable, many of the young carers felt that they didn’t quite ‘fit in’ and reported that they would not disclose their home situation to their peers or to school staff for fear of how this might impact on their lives.

**Expressing anger and other negative emotions** More than half (52 per cent) of the young carers who were interviewed reported that there were times they felt angry and upset about things that were going on at home and they took this out on others at school or acted out in class as a result.

Sometimes I’d just fire up for nothing and I didn’t know what I was doing. When I look back but it was always when stuff was going on at home that I wasn’t coping with. I was always so scared and angry and emotionally screwed...
up that I had to let it out and people just got in the way and I took it out on them. (Male young carer, 14 years)

Of these, some reported that because they were under stress they responded badly to bullying or harassment.

It is interesting to note that both male and female young carers reported such behaviours.

Responding to young carers in school

Young carers in this study were asked to identify ways that they believed schools could support them and their families. Firstly, young carers believed that schools had a role to play in identifying young carers and connecting them with peers, networks of support and additional educational assistance when required. Many young carers felt that teachers could provide them with understanding and encouragement and that this was important to them.

It was important to me to know that everyone understood why I behaved the way I did sometimes and to know that I wasn’t just chucking tantrums, or that I just had a short fuse for no reason. Sometimes at school I would start crying for no reason or react badly to something someone said and it was important that people knew what was going on behind the scenes so they understood my behaviour. (Female young carer, 18 years)

<table>
<thead>
<tr>
<th>Table 1 Barriers to access and participation in school</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Factors impacting on achievement</strong></td>
</tr>
<tr>
<td>Lack of sleep</td>
</tr>
<tr>
<td>No breakfast or lunch</td>
</tr>
<tr>
<td>Feeling tired and lacking energy</td>
</tr>
<tr>
<td>Worry about home</td>
</tr>
<tr>
<td>No time for homework</td>
</tr>
<tr>
<td>Difficulty keeping up</td>
</tr>
<tr>
<td>Grades are not as good as expected</td>
</tr>
<tr>
<td>Difficulty in seeing value of education</td>
</tr>
<tr>
<td>Repeating a school year*</td>
</tr>
<tr>
<td><strong>Issues impacting on participation at school</strong></td>
</tr>
<tr>
<td>Can't participate after school</td>
</tr>
<tr>
<td>Feel like only one who cares</td>
</tr>
<tr>
<td>Hard to make/keep friends</td>
</tr>
<tr>
<td>Bullying and harassment†</td>
</tr>
<tr>
<td>Feel uncomfortable with way people talk/act</td>
</tr>
<tr>
<td>Take anger/upset out on others</td>
</tr>
</tbody>
</table>

*Young carers were not asked to rank how true the statement 'because of my caring I have had to repeat a school year' but were asked to respond 'Yes' or 'No'.
†Young carers were not asked to rank their experiences of bullying or harassment but were asked whether they had experienced bullying at school.
In an ideal world, young carers also felt that all teachers would have an understanding and some compassion for their situation and that of their peers. Many young carers reported times when they felt unsupported and invalided by teachers. 'I'm sick of them saying “We don't get paid enough to care” — they said that all the time to me — well, they do get paid to look after us so they should care' (female young carer, 18 years).

Many young carers felt that having someone within the school who was available for them to talk to was important. Some believed that this person should be an identified teacher with specific skills and experiences while others felt that it should be someone they personally felt comfortable with. Either way, young carers valued having someone who listened to them, who was empathetic (rather than sympathetic) and who helped them resolve their problems.

Young carers, they're not different — they just need to be approached in a different way, given some leniency towards work and not to just push them because they don't know how to approach them. Come up to them one-on-one and say that they're there if they want to talk about it so that the young carer goes 'there's this teacher who is there who will listen — there's at least one teacher who'll listen or help me out if I need it' — that's good for young carers whether they take it up or not. (Male young carer, 17 years)

A number of the young carers believed that this person should actively support them because they did not feel comfortable approaching people for assistance or advice.

Because I come from a European background, whatever happens in the family stays in the family. So I was afraid to say something — because of that big rule. I just hoped someone would ask me what was going on so I could answer them and tell them what was going on. If they asked I couldn't get in trouble — it would be wrong to lie. (Female young carer, 18 years)

Having a specified support person was valued by young carers who felt they needed an advocate within the school to support them when times were difficult and to mediate with other teachers who may not be as understanding.

One of my teachers — the only one who knew or cared I was a carer — had a conference and we sat down she explained my mum's illness to the people who were bullying me and told them what was going on. Mental illness was a scary thing to a lot of people. They didn't understand. So someone telling them made a big difference. They all stopped and said sorry, that they didn't realise what was going on or how it was for me. And it stopped. (Female young carer, 18 years)

Finally, young carers also felt that schools could support them in identifying other young people in their schools who had care responsibilities. When they did know someone in the same situation as themselves, young carers reported feeling less isolated, less 'different' and more connected to the broader community. A number of young carers thought that school-based support groups, study teams and buddy programs were therefore beneficial.
When I was younger they used to have these groups where you could get together with other young carers and meet other gids who were carers so you spend time with them like going to the movies—that was fun. It was just good to have a break to do something you want to do—to just have a laugh—with people who are going through the same things as you. (Female young carer, 12 years)

It is important to note that although many young carers argued that identification could be a positive thing, they felt that schools needed to ensure that it was safe for them to do so. Young carers believed, for example, that anti-disability and drug cultures needed to be dealt with if they were to feel comfortable in identifying and, ultimately, feeling as though they belonged. They believed that current campaigns to reduce discrimination were not working and that additional training for teachers and more positive awareness raising campaigns might assist in resolving this significant failure.

More broadly, young carers called for additional in-home support and respite. They believed that until they were able to confidently leave their relative at home ‘in safe hands’ they could not meaningfully engage at school or participate in extracurricular activities. Support for families experiencing financial burden was also considered to be vital; young carers called for funds to be allocated to ensure that they could participate in the broad educational experience.

Finally, young people also sought greater flexibility in how education was provided and assessed. They felt that it was important for schools to be able to give them more time when necessary (they were reluctant for schools to waive their assignments or give them less rigorous ‘Mickey Mouse’ tasks), to recognise the considerable skills they had developed in their home lives (cooking, cleaning, budgeting, personal care and so on) and to allow them opportunities to be recognised for the positive contributions they make to their families and communities:

I was in Year 9 and I had never got an award, never been on a sports team, never got an academic excellence prize—'cos I was always slipping behind at school, never had time to get involved in stuff after school. I never felt appreciated, like I was worth anything. It wasn't that I was dumb or anything, it was that I'd never had a chance to shine, you know. And that's hard on a kid. (Male young carer, 18 years)

Conclusions

Due to their caring responsibilities, young carers are often isolated from their communities and their peers. Although many see school as a place where they could potentially connect and reconnect with friends and with supports, many young people reported great challenges in doing so. This is problematic not only because there are causal links between a young person's participation in education and their educational achievements but also because school connectedness plays an important role in young people's ability to cope with life challenges and events. As a place where young people congregate and socialise, schools also provide them with an opportunity to gain support from peers. This is important, because young people
are most likely to seek support from their peers and are less likely to engage with their parents or other adults during periods of stress (Ciarrochi et al., 2003).

Hargreaves, Earl, and Ryan (1996) argued that ‘one of the most fundamental reforms needed in secondary or high school education is to make schools into better communities of caring and support for young people’ (in Osterman, 2000, p. 323). Young carers in this study felt that schools, which were often the only place where they socialised outside of the family home, could play an invaluable role in young carers’ lives but that significant changes were needed for this to be possible. In particular, young carers believed that schools needed to develop better strategies for dealing with negative cultures, in promoting diversity and inclusion and in providing flexible and responsive educational options that allowed them to juggle both their caring and their school responsibilities.

Keywords
family care-givers, access to education, barriers to participation
educationally disadvantaged, social isolation, parents with disabilities

References

Moore, T. (2005b). Reading between the lines: Talking to children and young people about their experiences of young caring. Canberra: Youth Coalition of the ACT.


Acknowledgements

This paper is based on the findings of a project conducted by the Institute of Child Protection Studies (ACU National) for Carers Australia, funded by the Australian Commonwealth Department of Families, Community Services and Indigenous Affairs. The project was conducted by Tim Moore, Associate Professor Morag McArthur and Dr Ros Morrow with assistance from Debbie Noble-Carr and young carer consultant, Jamie Gray. We would like to acknowledge the generosity, wisdom and insight of all the children and young people who participated in this study.

Authors

Tim Moore is Research Fellow and Morag McArthur is Associate Professor and Director of the Institute of Child Protection Studies, at the Australian Catholic University, Canberra.

Email: t.moore@signadou.acu.edu.au

Ros Morrow is Senior Lecturer at the School of Psychology, Curtin University of Technology, Perth.