The Challenges of Student Caregivers
How Higher Ed Can Better Support Those Caring for Adults
Give Student Caregivers The Support They Need, When They Need it.

Their family caregiving journey can be challenging in all kinds of ways.

At AARP Family Caregiving, we’re here to help the 5 million student caregivers get answers, connect with other family caregivers and find local resources so they can take care of what matters most.

To learn more, visit aarp.org/caregiving.
This report is based on a virtual roundtable discussion held on June 10th, 2021. For questions or comments, email ci@chronicle.com.

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INTRODUCTION

Colleges continue to invest heavily to find better ways to retain and support students on their path to a degree. Myriad new technologies, tools, and approaches have been developed to make sure academic advisers and student-success administrators intervene at the right time in the right way.

Despite this, some challenges that threaten a student’s educational progress often go unseen or underreported. Student caregiving is one of them.

According to a 2020 study from AARP, five million students enrolled in colleges, universities, or vocational schools are taking care of adults, who may be elderly or suffering from an illness. Typically, the students are helping their parents or grandparents. The association reported that these students are forced to balance their studies with the hard work of caregiving. Of the 400 people the study surveyed, seven in 10 said caregiving has affected their coursework to at least some extent,

PANELISTS

Michelle Ashcraft,
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Dana Bradley,
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University of Maryland-Baltimore County

Lisa Polakowski Schumacher,
Senior Education and Compliance Specialist,
University of Iowa
and six in 10 said their family responsibilities have hurt their ability to pay tuition or other costs of education.

Covid-19 has exacerbated such problems. The Student Experience in the Research University Consortium surveyed almost 30,600 undergraduates May through July 2020 at nine universities. It found that those caring for children or adults have increased financial hardships and food insecurity during the pandemic compared with those students not charged with such responsibilities. Caregivers were also more likely to report feeling anxious or depressed.

To help colleges better understand this population, as well as what they can do to serve them, The Chronicle brought together researchers and student-affairs experts from across the country. This report reflects key points from the round-table discussion, which was moderated by Ian Wilhelm, a Chronicle assistant managing editor.

The following excerpts have been edited for length and clarity.
Student Caregivers Today

Thanks to a handful of recent studies, colleges are starting to understand the needs facing students who are also caregivers. But as the country recovers from the Covid-19 pandemic, those needs are changing, and likely deepening.

During the round table, several scholars who have surveyed student caregivers discussed what they’ve discovered, how their concept of these students continues to evolve — and the importance of recognizing that the definition of “caregiver” encompasses many different experiences and many different types of caregiving. As panelist Marisa Vernon White put it, “there is definitely a continuum about what it means to be a student caregiver.”

Ian Wilhelm: Lisa, in your dissertation you say while each student-caregiving experience is unique, the fundamentals of student caregiving are consistent. What are those fundamentals?

Lisa Polakowski Schumacher: The crux of student caregiving — doing both roles simultaneously — is that you are often choosing between doing schoolwork or caring for a human being. Each of those has an ethical component. If I choose studying and that takes away from the time that I have to care for my kid or my parent, how does that position me in an ethical perspective? With how I view myself and how the world views me?

There is that constant tension. And additionally, doing school is often a form of social mobility — I can better take care of the per-
son that I’m caring for and pull myself out of poverty or a tough situation.

Wilhelm: An AARP study found that nationally, about five million students are caring for adults, mostly parents or grandparents. To be clear, the definition of a student caregiver can be different things. Krista, you are working with undergraduates who were caring for both adults and children during the pandemic. What did you discover?

Krista Soria: We intentionally left the definition of caregiver open because we knew so many undergraduates were relocating to places where they were caregiving for adults or children — those children may not have been their immediate dependents, but maybe siblings.

We found that about 20 percent of over 30,000 students at nine large public research universities had identified as a caregiver to either an adult, children, or to both children and adults.

Students who were caregivers were significantly more likely than their peers who are not caregivers to come from low-income or working-class backgrounds. They were significantly more likely to be first-generation college students, students with disabilities, students of color. So we are seeing that those identities are not solely driven by their caregiving status, but are driven by all these other intersectional experiences as well.

Students who were caregivers had significantly more financial hardships during the pandemic — which included the loss or reduction of family income; loss or reduction of wages from their off-campus and on-campus positions. They were way more likely to experience food and housing insecurity. They were also more likely to screen as clinically significant in terms of generalized anxiety disorder or major depressive disorder.

They were less likely to be able to attend scheduled classes, especially when they first shifted to remote instruction. They were way more likely to lack access to good study spaces. They were also much less likely to say they feel they belong on their campuses, that they feel valued at their institutions, and that they felt supported by their institutions during the pandemic.

Amy Bergerson: We did a large qualitative study of students, faculty, and staff about their experiences in the early months of the pandemic, and we heard many of the same things that Krista was reporting, especially not having a place to study and feeling like they had systems in place set up to manage the caregiving prior to the pandemic, and then everything just fell apart. That adjustment really derailed a lot of folks, particularly their ability to complete coursework, to attend classes.

But faculty and staff also experienced these things with the caregiving that they themselves were doing — coordinating their children’s learning while they were doing their jobs, or other adults in the home they were caring for.

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“Our faculty talked about how much more aware they were of how challenging it is, for students with these multiple roles in their lives, to accomplish their academics.” — Amy Bergerson
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—Krista Soria

cause it was the only place that they could get some quiet or privacy. It really did open people’s eyes to some of the issues that students are facing, and how many roles they are juggling.

Wilhelm: How much do these definitions matter? How much do we need to start thinking about how there are some needs that are specific to the folks who are caring for either parents, grandparents, or sick loved ones who are adults?

Marisa Vernon White: Our definition of a student caregiver is pretty broad, and it also evolved during the pandemic.

Pre-pandemic we had assumed that as community-college students, they all have a lot of responsibilities. And culturally there are some families where you’re in college, but you are still responsible for elderly people, siblings, etc. Even with the traditional-age student, if you have a parent at home who is ill, everyone in the household may be a caretaker.

Some of our career counselors have been talking about how to provide workshops, guidance, and advising to students about when you get that first job and you start making good money and can start pulling yourself out of poverty — but that paycheck does not go as far as it would for a student who does not have that level of responsibility. So that is another piece of this. How much do we need to think about what happens after a student gets a credential?

Michelle Ashcraft: We have to be very careful about definitions but also about assumptions. I deal with mostly 18- to 24-year-olds, and a lot of them are caregivers either for parents or grandparents, for people who are not even blood relatives, or for kids. The majority of them are not necessarily the biological parent — they are caring for their younger siblings.

Sometimes they are the biological parent but they are not actually living with the child, but providing support in other ways. You also have to be careful particularly in Covid times about assuming that caregivers are in the same home as the person that they are caring for, because we see a lot of commuting back and forth, sometimes late at night, to go to appointments, to administer medicine.

I also see a lot of students whose parents or grandparents are not actually ill or disabled, but they don’t speak English. They are a caregiver in the sense that they go home to translate, whether it is for a doctor’s appointment, or a parent-teacher conference for their younger siblings, or appointments to get social services.
Supporting Caregivers

Few colleges have dedicated services to support caregivers enrolled on their campuses. But student-affairs officials are learning more about this population and what they can do to assist them. In many cases, the students fit into existing programs that provide academic help, financial aid, and mental-health counseling. But they also have some distinct challenges that may require campuses to think differently about the services they offer.

Further complicating efforts to support student caregivers is the fact that they don’t always identify with the role — often they feel they are just doing what they are supposed to do for a loved one — or recognize that they need help. Others fear that school officials will not understand.

According to the AARP study, only one in three students say they have informed an instructor or another staff member at the institution that they are a caregiver. Colleges are waking up to the realization that the number of students who are struggling with the emotional and physical strains of caregiving is growing — and that those students are at greater risk of delaying coursework or dropping out.

Looking ahead, in order to better find and support student caregivers, institutions will need to better think through how to reach them. Our panelists discussed emphasizing dignity, communicating concern, embedding student advocates on campus, and practicing trauma-informed care, among other strategies.

Ian Wilhelm: When you work on interventions with students, how often do you come across those who are caregiving for adults, and how do you think about where they fit in the continuum of support?

Therese Smith: One of the services at University of Kentucky is our basic-needs supports. We have students that are really just trying to figure out keeping the lights on, basic food needs, and paying the rent. The ability to focus on any one thing and ever feel like you’re getting ahead — it’s just
“When students are caregivers for children that are enrolled in public-school systems, we can get them a lot of resources and support. When they homeschool their children or are people who are caregiving for adults, some of those wraparound social services are not as robust or easily accessible.”

—Therese Smith

constantly overwhelming.

The other thing that we have seen, and this may be specific to Kentucky, because some social-service benefits are different based on the state you are in — when students are caregivers for children that are enrolled in public-school systems, we can get them a lot of resources and support. When they homeschool their children or are people who are caregiving for adults, some of those wraparound social services are not as robust or easily accessible. That’s been a big difference between caregiving for adults versus caregiving for children.

Wilhelm: Dana, from your vantage point, since you have got a different one as dean of a school that focuses on aging and discusses this as an area of scholarly research — how well do you think the system does in terms of thinking about student caregivers, and how do you think higher ed does generally thinking about that population?

Dana Bradley: Covid has been horrifying. However, it has also made us so much more aware of the backstory for all of our students.

Older people and caregiving has always been this silent thing. But faculty may have had kids and/or may have been caregiving for an extended family member — that raises awareness about the stories the students have that go beyond, “Hi, I need to have a time-extended test, can I have a make-up?”

This is the new face of higher ed, and it’s not going anywhere. In fact, it is changing so rapidly as higher ed should/must/will meet the needs of a student population that is not always 18 to 22-ish. Covid and the changes in higher education in terms of demographics, work-force development flows, the economy, and the increasingly global population on our campus makes this all the more important. This is the defining issue for higher education in the next decade.

Trying to figure out policy and practice — in higher ed that involves listening to the students, understanding the nature of the culture of your campus.
Older adults and elder care is one of the biggest needs that the U.S. faces — this is true across countries. How we think about it often means some education about dignity and the rights of older persons. Just because someone is older doesn’t mean they’re not capable of making good decisions. But how do we help families and our students who are put in the role of caregivers?

We have been working on strategies to take the science that we know about caregiving, autonomy, independence, and the rights of older persons, and the resources that may be available. We think about how each student has a role. They have their own rights to an education and to an environment that supports the student learning.

So what can we do? That is a dialogue.

The variable here that is so challenging — based on our research and what I know nationally about talking with students who are caregivers — is that they don’t often think of themselves in that role. So if we cannot define it, and we don’t truly understand the experience, which is variable and if you wait one week it will change — it’s very challenging for higher ed to develop policies to support the student-learning experience.

The reality is with caregiving, you wait a week and it’s going to change. And frequently during the semester. In higher ed we start out with this syllabus for every week — and that doesn’t track well when a student experiences changes so dramatically.

The other thing to think about is that they are also gaining work-ready skills. Because they are learning empathy. They are learning how to interact with service providers, whether it is health, social service. They are learning how to interact, create value, and advocate for someone in the family. We often don’t talk about how those are very valuable skill sets that translate into others. But one of the things we are working on nationally is to help students think about work skills. That could translate to, literally, I helped my grandparent hook up their computer system. How about putting that on a résumé? Empathy, advocacy, understanding the legal system — these are things that often employers want and higher ed often does not teach that explicitly.

Lisa Polakowski Schumacher: Dignity came up a lot in my dissertation. They take the dignity in their service and are making sure that they are applying that to the person that they care for. Also as they get further in their caregiving experience, they start using that in terms of self-care — I’m treating myself with dignity. There were several participants who said I wish that my college would treat me with the same dignity that I treat the person I care for.

At larger universities that was something that was said pretty often. But students who were coming from community col-
leges had a completely different experience, and said that they were treated with dignity right from the get-go. They didn’t even have to seek out services, because it’s that trauma-informed care — people who were trained to see how they communicated or are not communicating. They were able to access those services without having to ask for it.

Krista Soria: From an institutional-research perspective, we don’t do a good enough job of capturing who these caregivers are on our campuses. Consequently they are invisible, marginalized further. Even if folks don’t want to self-identify, we don’t even really give them the option. It doesn’t show up necessarily on the Fafsa, or other places, especially caregivers for adults.

So if we measure what matters to us, what we value as an institution, this is definitely a group that many institutions overlook. Consequently we don’t know where or how to direct services. We don’t know how many of our students are impacted by these issues, and we also don’t know how to support their strengths — help them honor and acknowledge all the amazing things they are doing as caregivers, in addition to providing additional support for them. It’s something that fundamentally needs to change.

Amy Bergerson: I was thinking about the question of this sense of belonging. It is a really privileged thing to have the luxury to develop that.

I wonder if it’s even fair to ask students who have so many things they are trying to manage if they have a sense of belonging, because they are probably just like, “No.” Maybe that’s not what they are looking for. But an anchoring connection, that the institution communicates a sense of care for who they are, and all of the things they bring to this endeavor, might be the beginning of a sense of belonging, or might just be enough to support the student through the challenges that they are facing.

We’ve been trying really hard to put the resources in front of students in a way that they cannot miss them — embedding student advocates in courses where we know we have lots of students, not necessarily caregivers, but students who have some of the characteristics of these intersecting identities that seem to correlate with some of the caregiving responsibilities.

And trying to make sure that we are communicating to students that we want to get to know who they are. Understanding that if we see someone who is struggling academically, we know that there is usually a whole host of things that are happening that are having that impact on the academics. So we’re really trying to look at students in a much more holistic way, and bring resources to them in the places where they are.

“There were several participants who said I wish that my college would treat me with the same dignity that I treat the person I care for.”

—Lisa Polakowski Schumacher
The Path to Improved Services

Creating a more robust or targeted assistance for caregivers on campus won’t happen overnight. Budgets are tight, and the issues complex. But there are steps, big and small, colleges can take to make sure that students with parents in need or helping other adults don’t slip through the cracks.

During the session, our panelists discussed partnerships, holistic approaches on campus, and thinking differently about the populations campuses are serving. As panelist Dana Bradley said, “No single unit owns this. This is something that is unifying for faculty, staff, and everyone else.”

Ian Wilhelm: What are the partnerships we may not be thinking of?

Therese Smith: I appreciate that you brought up partnerships, because ultimately one of the things that we can trap ourselves with is this expectation that we have all the services and do all the things.

First of all, our student population is increasingly diverse, as it should be. We cannot actually serve all of the needs. And so we continually develop our community-partnership database. We are working from our local food banks and homeless coalitions and the family-resource centers through the public-school systems. We have been working a lot with SNAP food-stamp benefits to try to increase access to that.

Michelle Ashcraft: I try to advocate for staff as much as I do students. To share a personal example, my first semester I had a day where 11 students came and told me
their parents had been diagnosed with cancer. The same semester, one week after Thanksgiving I had 33 students have a parent pass away.

My staff is predominantly 21 to 25 years old, and if they have a week like that … We need to talk about what we need to do for our staff so they can be best prepared to serve students. So it’s not just working with student-counseling services, but on the HR side of things doing things for mental-health support and resources for our staff as well.

A big partnership has to be financial aid, but also making sure those who are student-facing have awareness of financial aid. So for example, an academic adviser may be quick to say, “Just go part time. Just withdraw from this class.” Those are all going to have significant financial-aid implications. “Just commute from home instead of living on campus.” You get less financial aid if you’re part time. If you withdraw at the wrong time, you lose knowing the questions to ask.

So if someone comes into your office and their parent is really sick and potentially going to pass away, are you informed enough to ask, Do you know if your parent has a will? Do you know if they have an insurance policy? Do you know where their deed to their house is? Are we informed as student-facing professionals, especially at the entry level? Young student-affairs professionals may not even own their own houses or have things like that. What are we doing to inform or train them?

Wilhelm: As far as community colleges, how do you think about working with partnerships to make sure students get the right resources? And when it comes to some populations that are not ready to raise their hand necessarily, how do you say we want to hear that backstory?

Marisa Vernon White: We just assume that everybody has a backstory. It’s our default setting. Sense of belonging is really just the way that you say things, the way that you assume the normal is that there is no normal. One of the first sentences that we put in all of our student communications is, “We recognize Lorain County Community College students are managing multiple roles while attending college and therefore,” etc. I use that sentence on forms, in our catalog, on our website. It is the explicit acknowledgement that we recognize that our students are all completely different. That is the first piece.

The second piece is that we do a lot of

“If we are talking about elder care, it’s not necessarily knowing all the right resources, but knowing the questions to ask.”

—Michelle Ashcraft
intake with our students that maybe four-year universities are starting to do, but these practices have been commonplace in community colleges. We have to ask a lot of questions in order to help anybody, because all their goals are completely different. I did work at a university, and I could assume every single student I sat down with had an academic adviser, was there earning a bachelor’s degree. I only needed to ask a few questions: Are you living on campus, off-campus, things like that.

Here, every single student that walks in has a story that needs to be told in order for us to figure out what they are doing. Are you doing a short-term certificate? Transferring? An associate degree? Are you here to do development on math before you go to a university? We have to get down to the bottom of what they are. That is naturally part of the work that we do.

The other thing is that I recognize that community colleges have the privilege of being able to create a very localized epicenter that universities do not. I have a lot of colleagues who work at universities and are trying to do exactly what you were talking about, Therese: How do you get the localized partnerships when the students may not even be from that local community?

So I recognize our privilege that all of our students are within this service area. That being said, we have really designed the campus to be our epicenter of the community. We do rely on those community partners, and we actually bring them here, so an entire family can make the college their epicenter. We have a kiosk that students can scan in paperwork that goes directly to job and family services. We have a food pantry that is essentially a full-blown facility. We have a child-care center, an after-school program, we have a clothing closet for families. They are able to center their entire life around the college. It’s very multigenerational in terms of what we are serving and how students and the community really are interacting with the college.

The last thing is that we are really mindful of using the terminology “students and families.” If you look at our website, you will see that a lot and in very nontraditional ways. We will have information about something that is going on, and it will be like, “Students and families can join, students and families have resources for this” — the whole family is part of it.

Some of you may also have centers like this, but one of the places where a lot of our students have gotten support is through our care center, which is a center for addiction and recovery. We have Al-Anon meetings, we have AA meetings, things like that. That’s really been a space that we have seen a lot of caretaking students take advantage of the sense of community that is there and actually starting to extrapolate that out. Before the pandemic we saw that people were going to the care center and saying, Do you want to form a group for people whose parents have cancer? For people whose children have autism? So what started with addiction and recovery, which could have been serving a student but also is designed for students who are living with people with addiction, has started to turn into a model where people can get extra help.

Wilhelm: Student demographics are shifting, and colleges are thinking more about

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—Marisa Vernon White
bringing in adult students, which could lead to more students who are taking care of elderly parents or other types of caregiving. Looking to the future, how will your campus accommodate the students?

**Smith:** Caregiving is another identity that we need to include in the continuing justice, equity, diversity, and inclusion conversation on campuses, and we need to be able to create — which is often hard in large systems — some flexibility for students that do hold those identities, so we can support them.

**Ashcraft:** There needs to be a greater recognition, especially for campuses like mine that are predominantly 18- to 24-year-olds, that students don’t just come to college and have fun. There are things that are going on in their lives even at that age. We have to think about this beyond just a nontraditional-student concern. But when talking about diversity, inclusion, and intersectionality, we also need to think about our graduate-student populations. Many of our campuses, especially large state institutions, research institutions, land grants — we have such an undergraduate mission that we are missing the opportunity to serve students in the graduate community for some of the same issues, and the stakes are even higher for them. So I recommend we think differently about the populations that we are serving.

**Amy Bergerson:** The complexity of students’ lives is going to require partnerships across academic affairs, student affairs, enrollment management. We often default to the support staff and don’t think about their interactions with faculty that can convey that sense of value in ways that are really powerful for students but can also be dehumanizing and devaluing for students. We have to work holistically across the institution.

**Lisa Polakowski Schumacher:** I’m hoping that Covid will perpetuate Covid grace. We’ve all extended a lot of grace to each other with Covid, and people who are not used to feeling vulnerable have felt vulnerable. I’ve always said that vulnerability breeds empathy, so I’m hoping that empathy will lead to policy changes in ways that are going to be creative and respect people.

“Staying the Course: How Dual Responsibilities Create Challenges for Student Caregivers,” AARP Research, September 2020.


