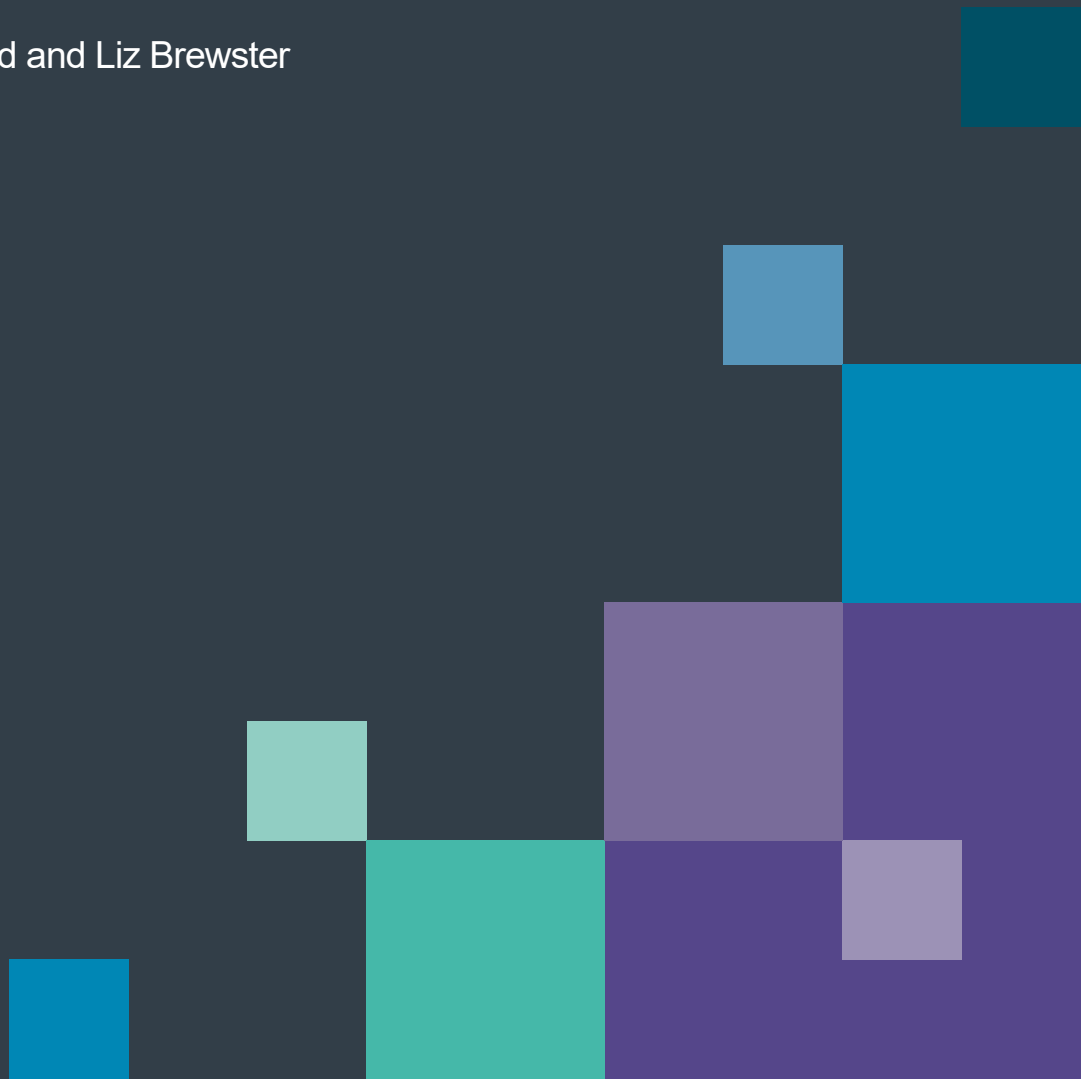


+ How do 'care' or 'pastoral support' activities contribute to core strategic outcomes in higher education?

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1 Introduction

In an increasingly relentless, challenging, and competitive higher education environment 'support' continues to be the balm that is applied when resilience is depleted. Whilst often a key ingredient in ensuring student and colleague retention, performance and improved wellbeing, responses to the [Advance HE Leadership Survey](#) suggested it as an area lacking in organisational focus. Notably, academic, and professional services colleagues working in academic departments to deliver learning and teaching provide support to students and colleagues which is often hidden. This contribution from colleagues is unaccounted for in terms of time, personal impact and more structurally in relation to workload, reward, and recognition.

As part of our 'Growing the Workforce of the Future' Member Benefit Series, 'Decoding Support', sought to:

- + define the characteristics and activities of 'support'.
- + understand the impact of providing 'support' on 'support givers'.
- + understand the importance of 'support' work on organisational effectiveness.
- + explore possible implications of the findings on organisation and.
- + identify opportunities for organisational re-design.

An initial literature review ([see Annex A](#)) identified tangible and real benefits for students and colleagues in receipt of support, which is contextualised, authentic, relational and boundaried. Generally, there is an absence of structural recognition and reward in organisations for support or care, and a focus on performance and workload, compounds the impact on colleagues' well-being and retention. Gaps remain in understanding how support might be acknowledged within organisational structures.

To build on the literature review, we carried out focus groups and interviews ([see Annex B](#) for methodology) to explore outstanding questions:

- + What are the activities undertaken in informal spaces with students?
- + What activities are undertaken in support of colleagues?
- + What other roles contribute to providing support eg. professional services?
- + How much time is involved for colleagues providing support?
- + What impact does social identity have on contribution to support; what is and isn't done and why?
- + Where are examples of organisations where this work is recognised and rewarded?

- + What could be a vision for a relational and learning organisation and what are the key organisational design features?

This report outlines the current situation, focused on the lived experience of providing support and significance (the impact of providing support and care in HE organisations). In this context, we identify 3 recommendations (emphasising the valuing of care) to invite progress in accounting for the impact of providing support and care in HE organisations including:

- 1 Questioning our assumptions about what it means to care
- 2 Co-creating a shared understanding of the importance of care
- 3 Building relational capability

2 The lived experience of providing support

2.1 What is the work of care and support?

Participants in focus groups and interviews outlined different activities and roles in carrying out care and support, and it was still difficult to get a real sense of the day-to-day interactions. To deconstruct 'support' or 'care' is a challenge, considering the relational, interpersonal and intrapersonal dynamic of 'what happens between us'. Where academic and professional services colleagues described support offered to colleagues, they used similar skills including active listening.

"Work of emotional support is important and takes most of the time rather than dealing with the issues." (Academic participant)

Participants across professional services groups described the activity of triage (preliminary assessment). Triage was seen as vital, from a non-professional perspective, to assess what support to direct a student to and a significant amount of work is hidden in this term. The term 'triage' suggests a transactional exchange, and this is misrepresentative in how colleagues described activities.

"There is a real lack of recognition of the emotional investment even if passing them [students] on." (Academic participant)

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Professional services colleagues were more likely to describe care and support for colleagues in similar ways to support for students than academic colleagues.

2.2 Who does the work of care and support?

There were repeated examples of early-career colleagues including graduate teaching assistants (GTAs), or more junior professional services colleagues taking on a significant proportion of supportive work. Another commonality was that work was being carried out by women and those from ethnic minoritised backgrounds. Of those early in their working life, they were often straddling complex colleague and student dynamics alongside the precarity of their own employment status.

Participants recognised that part of the academic role was to 'be in relation with another' but noted that academic identity did not formally recognise this relationality. There was an impossibility of separating out roles.

"We cannot not listen." (Academic participant)

2.3 Where are the boundaries around care and support?

The boundaries of care and support invited reflections around ethics and professionalism; how these boundaries were enacted and explicit within relationality. There was a recognition of the boundaries needed prior to, or in the moment, of a situation. Where possible, support givers were preparing a space in service of the student/colleague, setting aside their own intrapersonal experience. It was noted that possible projections may also emerge in carrying out these roles for example, being invited into a sibling or maternal/paternal role and experiencing transference.

"Being a mother, it's hard not to be motherly." (Professional services participant)

There was also curiosity around the equally important need for transitioning out of these spaces; often colleagues were left with emotional and mental 'burden'. Another ethical dimension related to providing timely support and the challenges involved; for example, encountering a student in distress on a Friday evening when 'Student Well-being Services' colleagues had left for the weekend. Colleagues commented that this led to a challenge in understanding and maintaining their boundaries and duty of care (which itself takes on a myriad of meanings in different contexts), mirroring the organisational experience and boundary with that of the NHS.

2.4 How much time is involved in care and support?

Time was explored in multiple ways. Almost all care and support were responsive or reactive in the moment; the 'to do list' was deprioritised. These activities could form a big part of one day and not the next, or alternatively time might be required in repeated follow-ups to address the situation. One participant in a leadership role described how these activities with colleagues, took up to 50% of their working time. 'Emotional time' was also identified as significant.

*"I can have a meeting for 10 mins....and be sitting with it all night."
(Academic focus group participant)*

2.5 How is care and support valued and recognised?

Students who received care and support often recognised and valued the support they received. However, there was a general lack of formal recognition within the organisation. The exception was student-nominated awards, however these were not always inclusive of professional services colleagues. Some organisations facilitated processes to apply for exceptional contributions. The onus is on the individual to act, and it did not reflect that participants often experience their contribution as part of a team effort.

"Really hard to blow your own trumpet." (Professional services participant)

While there were numerous metrics around student experience, there was currently no inquiry about the quality of care and support received. Equally, colleagues including line managers and leaders, are not asked how well they are caring and supporting other people. Participants emphasised that part of the challenge in recognising the contribution could be the challenge in articulating the impact and the value.

2.6 What is still unclear about care and support?

Our findings reflect those participating in focus groups and interviews. This means that while we received a lot of interest in participating from professional services colleagues in different types of roles supporting students outside of academic departments, we did not capture any responses from colleagues working in academic departments. There are further questions here about how these colleagues see their role, and experience providing and receiving care and support, including their experience of having agency to participate in research on this topic.

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For academic colleagues, there was a lack of clarity in terms of how their role in caring for and supporting colleagues was described. Referring students on to different services was often more clearly defined. There was a recognition that the job title didn't describe what they did. There was acknowledgement that for some colleagues, they either did not see support as part of their role or were not very good at it and that it could not be forced. This in itself potentially contributed to inequalities as other colleagues carried the weight of these unmet responsibilities.

3 The impact of support

3.1 The value of care and support is brought to life in consideration of the absence of 'it'.

'Care' and 'support' is talked about as if it is 'fluffy' and colleagues described how its unfathomable for many of those working in HE to 'stop' doing these activities that are intrinsically 'human' and 'humane'. This might explain why this work is so difficult to define and articulate and to recognise and celebrate within our organisations, yet it becomes clear when we imagine its absence.

"If we stopped caring, it would be a completely different institution".
(Academic participant)

3.2 There is significant emotional labour and precarity in carrying out roles.

Both professional services and academic colleagues described the emotional burden involved in carrying out these roles. They recognised the impact of hearing and carrying peoples' stories, especially around trauma and the experience of vicarious trauma.

Most academic participants described how they had to stop doing the role because it was unsustainable; there were examples and descriptions of burnout. The role was not perceived equivalent to other academic administrative roles as it failed to fully account for the emotional labour and complexity and in one organisation, it was perceived as the 'poison chalice'.

"(Colleagues experiencing) burnout themselves whilst retaining humanity and caring about students is a real struggle." (Academic participant)

The lack of articulation around the role and the boundaries also has a significant impact. Where there is ambiguity in the scope of the role, it can feel precarious; there are a lack of permissions and protections in place to feel psychological safe. Where there have been difficult experiences for example, a student death, one response can be to not engage with care or support activities. Equally, acting with good intent, does not mean we do no harm or behave ethically.

3.3 There is a direct impact on academic career development and progression.

There were examples of colleagues leaving roles and changing career track; one participant changed from research-and-teaching to a teaching-only contract as their line manager didn't understand the impact of the role and they felt it was not recognised or valued by the organisation; workload models may not account for these activities in allocation. The unintended impact of carrying out the role relates to the work that is not being done or prioritised. By definition of those who are most likely carrying out the role, it has a disproportionate impact on career development and progression for colleagues from traditionally underrepresented backgrounds. These experiences are visible in Athena Swan and Race Equality Charter submissions.

3.4 There are multiple examples of innovating practices.

There were repeated examples of teams seeking to take action and evolve practice to create or channel support through different models from the use of a model including senior tutors, to filtering support into different, specific spaces eg. employability, programme or pastoral. Examples were notably still designed to respond to individual circumstances, as opposed to opportunities for support in a group setting. In one organisation, there was a recognition of the investment in professional colleagues working to support students although it was noted, this had minimal impact on the ground. This may be a parallel process caused from a discounting of relational or other aspects of the academic context.

3.5 There is a dissonance in the espoused purpose and values of our organisations and the lived experience of being a support giver.

Where efforts have been made to account for behaviours in organisations for example in relation to espoused values. These have somehow moved away from experiencing it in practice. The idea of 'values' have become less meaningful, especially in the context of other metrics driving behaviour.

*"It's where we place our priorities; without care we cannot function."
(Academic participant)*

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Organisational behaviours are also driven by policies and practices, notwithstanding other responsibilities. A head of department can be responsible for academic line management for over 50 direct reports which invites a managerialist approach by design. This cascade of performative or tick-box tasks has potentially led to a generation of colleagues who have not had the opportunity to experience a healthy and positive relationship with their leader or ideation of academic leadership that is meaningful and attractive as a role. How are we, as a sector, to enable learning and knowledge creation, at the core of academic identity and purpose, without care and support for colleagues and for students?

3.6 The external environment drives our strategies, policies, and our behaviours.

To look outside the sector, patterns of behaviour evidenced in other sectors such as the NHS have begun to be reflected within higher education. In the NHS, metrics and financial viability have driven organisational behaviour, with impacts for staff and patients. In response to this, the concept of compassionate leadership has emerged, with a recognition that there is a need for change.

We ask if there is a parallel to the NHS, driven by the multitude of performance metrics and managerialism, the difficult relationship between collaboration, cooperation, and organisational reputation alongside the precarity of economic sustainability for some? The [Advance HE Leadership Survey](#) found a dissonance in the experience of leading and being led, suggesting that this could be the case.

“No one gets on the intranet (institutional internal publicity or recognition) for anything other than a £10 million research grant.” (Academic participant)

Against a backdrop of colleague experiences of burnout and the introduction of duty of care legislation in response to student suicides, there are wider questions around who is a university and how do we conceptualise the interconnectedness of members of our community and its [well-being](#)? What are universities if the needs of members of its communities are not visible?

4 Valuing of care

Our recommendations are framed as questions, recognising the need for intra- and inter-organisational sense making and decision making as a pre-cursor for meaningful and impactful action taking.

4.1 Questioning our assumptions

- + What are some of the underlying cultural beliefs about care and support work?
 - Is it either/or as opposed to and/both? Is it either 'academic excellence' or 'care' and 'support'; 'data driven' or 'people focused'; an 'academic' or 'professional services' role?
 - What steps could we take to understand the 'care' and 'support' dimensions to professional services and academic roles in academic departments in our organisations, to account for this contribution amongst holistic approaches to mental health e.g. Student Minds University Mental Health Charter?
- + What are the implications of using the word 'care' and 'support' to describe this kind of work?
 - How is it impacted by medical and social models? How is it impacted by gendered, racialised and ableist stereotypes? What, if any, is the boundary between relational and care and support giving activities?
- + What are the ethical considerations around care and support work?
 - How do we understand ourselves in relation to this work including our personal beliefs around autonomy, compassion, and the helping role?
 - What steps could we take to address the unequal impact on women, ethnic minoritised colleagues and colleagues from other traditionally marginalised groups?
 - How can we change "metrics" around work/ performance / success to include that which is not measurable?

4.2 Co-creating a shared understanding of the importance of care

- + What is the opportunity for care and relationships, to create a bridge between the dissonance articulated in the [Advance HE Leadership Survey](#)? What could be the implications for work design, job satisfaction, retention and our organisational cultures?
 - + How could we reimagine and redefine 'care' and 'support' in the context of academia, leadership and more generally in our organisations? How could we articulate and account for care and support holistically throughout the academic journey from PhD study and supervision through to leading departments and faculties?
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- + What could be a vision for a relational and learning organisation? How does this align and enable organisational strategy? What are the key organisational design features? What are we doing that already works?

4.3 Building relational capability

- + What support and skills do colleagues need, to enable them to carry out their roles? What permissions and protections do they need?
- + How can groups be utilised to create different ways of supporting, enabling, and empowering students and colleagues e.g., peer support groups, peer supervision, and learning from other group processes such as Schwarz rounds or Balint groups?
- + How do we reward, recognise, and celebrate the impact of healthy professional relationships?

5 Conclusion

Our research recognises that notwithstanding the challenges in being able to create a common language around 'care' and 'support' work, the critical importance of its contribution is unquestionable. Our findings in relation to academic colleague experiences largely align with recent research from Denmark, on gendered service working in academia ([Järvinen, M. & Mik-Meyer, M, 2024](#)) and from Spain ([Serrano-Pascual A., Artiaga-Leiras A. & Crespo E, 2019](#)) considering gender and ethics where the contribution of 'emotional regulation' is also identified. Interestingly the concept of emotional regulation is found in research around transformational leadership and the critical role that the leader holds in meeting and enabling the regulation of the psychological needs of members of their 'group' ([Badera et al., 2022](#)).

Given the ongoing precarity and uncertainty within our sector and the world more generally, these qualities, skills and contributions are more important than ever before. We invite organisations and cross organisational groups and bodies to explore the questions identified with curiosity and an intention to hold the complexity that often excuses us from making different choices.

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7 Annex A – What the research tells us

There are tangible benefits realised for students and colleagues in receipt of support and it is posited in relationships.

The literature describes how students placed a high value on the 'support' (Mitchell, 2015), attention and care of their lecturers (Bell, 2022) particularly in the transition to university life (Hughes & Smail, 2015). Some felt they would not have passed if it were not for the support they received (Mitchell, 2015). This regard for support was also shared between colleagues and cited one of the most common coping strategies by academic colleagues (Darabi et al., 2017). Impact from support is about the quality of the relationship and genuine feelings of connectedness (Stephen et al., 2008 in Grey & Osborne, 2020).

Academic colleagues described how good relationships with colleagues decreased the negative aspects of work, more often than support from their line managers, although this support was also valued (Morrison Gutman et al, 2023). Specifically, relationships with academic peers, were one of the most valued elements of the role. They also valued their relationships with students, and their satisfaction increased when students displayed positive attitudes and motivation to learn (Darabi et al., 2017).

Authentic interactions are critical in support (and learning).

A perception of 'care' is critical to establishing trust (Stephen et al., 2008 in Prowse et al., 2021), not easy to establish (Karpouza and Emvalotis 2019 in *ibid.*) as it is more about a "perception received, rather than a provision delivered" (*ibid.*, p.498). The genuine expression of care (Yale, 2019) and sensitivity aligns to literature on 'relational pedagogy' (eg Bingham and Sidorkin 2004; Margonis 2004); Stark and Warne (1999) described how 'connectedness' is developed via commitment and caring. These types of interactions foster a sense of belonging (see Hooks 2009), trust (Bryk & Schneider, 2002 in Bell, 2022) and higher self-concept and motivation (Barefoot 2000 in Yale, 2019). Nurturing these interactions and increasing wellbeing was also reflected in increased academic satisfaction (Mantzios et al., 2020).

The role of the personal tutor is most often used to describe the nature of support to students provided in academic departments.

The role of a 'good' personal tutor is described as the 'anchor on which the support system of the university rests' (Wheeler & Birtle, 1993 in Prowse et al., 2021) and is seen as an answer to the complexity of enabling student satisfaction and attrition (Roberts 2018, Barbe et al., 2018, Mountford-Zimdars et al. 2017 and Lochtie et al. 2018 in Prowse et al., 2021). Evidence suggests that students value support and care, more so than campus facilities (Bell, 2022). In UK HE, personal tutoring is mostly articulated as part of an academic role; in other HE systems (eg USA), it is performed by professional services colleagues (Prowse et al., 2021).

The clarity of role, structure and boundaries enable healthy relationships.

Supportive relationships promote a sense of belonging in students and have been found to increase student satisfaction through connectedness (Palmer et al., 2009 in Yale, 2020) (Mantzios et al., 2020) whilst also contributing to their wider learning (Hagenauer and Volet 2014 in Yale, 2020) and improved retention (Thomas, 2006 in *ibid.*). However, these relationships need to be co-produced by tutors and students (McCulloch, 2009 in Yale, 2019) with shared understandings, shared responsibilities and a shared sense of the common good (*ibid.*). These relationships need to account for the imbalance of power (Sennett 2004) to be successful.

The relationship is enabled through clarity around availability, purpose and ongoing, open communication (Yale, 2019). As summarised by Grey (2020), tutors demonstrate such pastoral relationships by advocating for students, being empathetic, proactive and reliable (Stephen et al., 2008), being supportive and non-judgmental, (Ghenghesh, 2017), being enthusiastic (Thomas, 2012), approachable (Owen, 2002), available, having a good level of knowledge and seeming interested in the student (Smith, 2008). Seemingly small details, such as knowing students' names (Ghenghesh, 2017)(Bell, 2022), responding quickly to communications (Bell, 2022) and seeing each student as a unique individual (Barker & Mamiseishvili, 2014 in Bell, 2022) had a big impact.

Establishing boundaries in the relationship can be complex, particularly for those with shared characteristics such as ethnicity or sexuality. Channer & Franklin (1995) offer the lens of black lecturers and black students to discuss how the boundary may be blurred when there is a shared experience of oppression. The need to establish 'robust professional boundaries' (Schwartz, 2012 in Bull, 2022) while maintaining authenticity requires emotional labour. Boundaries need to be considered within a broader ethical framework in accounting for power and responsibility.

There is limited organisational support, recognition or reward for the contribution of support, within a highly challenging context.

In spite of the clear benefits to colleagues, students and the organisation (see above), there is a systemic exclusion or lack of accounting for 'informal support service' to students and colleagues (Mitchell, 2015)(Littlejohn, 2023)(Kandiko Howson et al., 2018)(Breeze et al., 2020). Provision of support is often contingent upon availability and goodwill (Breeze et al, 2020) and evidenced in the lack of recognition in workload allocations or rewarded in pay or promotion (Breeze et al., 2020). This work is often described as 'academic housework' and tends to be done mainly by women (Angervall & Beach, 2017b, Heijstra et al., 2017 in Kandiko Howson et al., 2018) and members of other marginalised groups. This may be accompanied by a sense of responsibility to provide representation and support based on personal experiences (Channer & Franklin, 1995) or a commitment to equality, diversity and inclusion (Slack & Pownall, 2023).

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For those given a formal supportive role, such as a Personal Tutor, there is a lack of training, support, formal supervision (Banta et al., 2002, Earwaker, 1992, Huyton, 2009, McFarlane, 2016, Watts, 2011 in Grey & Osborne, 2020), or time to undertake relevant training (Gubby & McNab, 2013 in *ibid.*). This was particularly experienced by more junior colleagues such as Graduate Teaching Assistants (GTAs) who perform much of the day-to-day support for students in classroom settings (Slack & Pownall, 2023). A lack of acknowledgement in existing metrics around pastoral student support, “compounds the emotional and practical demands on staff” (Morrish, 2019 in Brewster et al., 2022, p.556).

Three key aspects to organisational design perpetuate these dynamics. Firstly, current workload culture and structures, including long hours, and the ubiquity of information technology (Lundberg & Cooper, 2010 in Turner, 2022) can negatively impact on wellbeing of staff and students (Winefield et al., 2014, Currie and Eveline, 2011 in Brewster et al., 2022) (Fetherston et al, 2021).

Secondly, reductions in academic faculty have increased workloads (*ibid.*) and the dual pressures of increased student numbers and decreases in funding present challenges in being able to maintain ‘appropriate levels of support’ (Darabi et al., 2017).

Thirdly, an increasingly performance-based culture (Salimzadeh et al., 2017) has “promoted a competitive, individualistic” work ethic (Brewster et al., 2022, p.557) with an absence of boundaries between work and family domains (Clark, 2000 in Fetherston et al., 2021) and rewards for excessive work rather than self-care or care for others.

A call to action to re-imagine our organisational and educational purpose.

Fundamental questions arose from the literature around the frame of reference or underpinning beliefs relating to students and their needs, and the organisational response; “models shape the way in which students’ autonomy is valued and the ways in which accessing support is normalised or pathologised, conveying messages to students about their capabilities” (Myers, 2013, p.592).

When we consider learning as a process of change, the transition involves uncertainty at any age (*ibid.*); [learning by design evokes needs in all](#) (Advance HE, 2023). If our role is to enable learning, what organisational design changes do we need to see?

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8 Annex B – Methodology

We invited university colleagues to take part in focus groups looking to understand more about how 'support' (pastoral care, welfare and wellbeing) is conducted in higher education. This study aimed to try to find out how support activities outside of more formal service provision such as a university counselling service are conducted, what resource is allocated, who performs these tasks, how they are allocated and recognised within workload, and what outcomes for students support wider organisational goals.

This works aimed to:

- + Identify research undertaken on 'support' in higher education.
- + Define the characteristics and activities of 'support' carried out in academic departments.
- + Understand the impact of providing 'support' on 'support givers'.
- + Understand the importance of 'support' work on organisational effectiveness

Recruitment and participants

We talked to a diverse range of academic and professional services colleagues across the UK and Ireland to help us to understand more about this topic. Eligible participants were:

Colleagues working in student facing, academic and professional services roles in academic departments:

- + Lecturers, Programme Directors, Post-doc teaching assistants
- + Programme administrators and officers, Learning and teaching administrators and officers

Participants were recruited via:

- + AHE newsletters and key contacts
- + other network groups e.g. ODHE and SDF
- + social media e.g. LinkedIn
- + existing networks

Data collection

We aimed to conduct four focus groups with 4-8 participants per group. Due to availability of colleagues, two groups ran as planned, with two further individuals contributing via an interview.

The focus groups took place online, via Teams and lasted about an hour. We also had an online discussion board/ chat alongside the verbal discussion so people could contribute experiences via this format. The focus groups were digitally recorded via Microsoft Teams, and subsequently partially transcribed as part of the analysis process by the research team.

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Questions focused on around the kind of activities participants undertook in supporting students and colleagues, how long these activities take, the skills needed to do this work and how these skills were developed, training, the impact on self, colleagues and students, and how these activities are accounted for in workload.

Data analysis

Focus group discussions were analysed thematically using Rapid Research Evaluation and Appraisal (RREAL) methodology for rapid assessment procedures (RAP). This process was used to enable us to work first independently, then collaboratively and iteratively to respond to the information shared in focus groups, considering how it might be synthesised and then shared to produce actionable learning.

Ethical issues

The study received appropriate ethical review and approval from the Advance HE Research Ethics Committee, and the Lancaster University Faculty of Health and Medicine Research Ethics Committee.

Informed consent was taken from focus groups participants by a member of the research team. Participants were asked to read the detailed participant information sheet, giving the chance for potential participants to ask any questions, and then initial the consent form section by section to show they understood each aspect of the information provided. Consent to record the group was also confirmed verbally at the start of each focus group, as was in-group confidentiality.

To ensure the confidentiality of data, the requirements of GDPR (2018) were complied with. It was explained to participants that participation in the research would remain confidential within the data collection process and within the research team. The data were anonymised so that all identifying information was removed.

Names, job roles, email addresses and phone numbers were collected from participants. This information was used to arrange focus groups and stored in a password protected spreadsheet in an access controlled OneDrive folder for the duration of the project. Audio and video recordings were destroyed after analysis had been completed and checked. RAP sheets, as the main source of data from human participants will be kept securely for ten years at Lancaster University, as per University policy.

We were aware that discussing the role of care and support may be a sensitive and emotional issue, given that it may relate to describing situations where support has been offered to those in crisis. We did not anticipate that this will be a major risk to those

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participating in this study, but we ensured that those participating were aware that they would be asked questions about these topics when deciding whether they wished to participate, and we provided a list of supportive resources at the end of the information sheet which may be of assistance to participants.

During the focus groups, we were mindful of the direction of discussion and the potential for distress. We had a distress protocol in case a participant did become upset, ensuring that they were aware that they could leave the focus group, we planned to conduct a welfare check, and provide details of supportive services after. We did not need to use our distress protocol.

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