Welfare and Wellbeing in Relational Research Work

FINDINGS AND RECOMMENDATIONS FROM A RAPID REVIEW AND PARTICIPATORY CONSULTATION

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Executive Summary

This report presents the approach, findings and recommendations from some rapid research commissioned as part of the University of Bath's *ParticipatoryResearch@Bath* programme. In the summer of 2023 the University of Bath's Public Engagement Unit commissioned Dr Jude Fransman (The Open University) and Dr Tigist Grieve (University of Bristol) to design and implement an exploratory project on 'welfare and wellbeing in relational work.' The project included a review of the existing literature and a participatory consultation involving webinar workshops with professional and support staff employed at thirteen UK-based higher education institutions and interviews with four key informants based in research-related organisations outside of the higher education sector.

The literature review explored the language of welfare/wellbeing and relational work (including concepts such as participation, collaboration and engagement, reflexive identities, emotional politics, intersubjectivity, relational wellbeing, relational expertise and agency, emergent strategy, adjacency, affective labour, the ethics of care, toxicity, burnout, compassion fatigue, stressors, pressure points, work-life balance, harm, trauma including secondary/vicarious trauma, risk, safeguarding, coping strategies and resilience) and found that relational work carries a host of both benefits and risks to welfare and wellbeing. However, while there is a growing body of research into welfare and wellbeing in the higher education sector, the perspectives of professional and support staff are often absent, whilst support and interventions tend to target students, research and teaching staff. This is in spite of the relational nature of many roles played by professional and support staff, which carry opportunities for learning as well as specific needs and priorities for support.

In response, two webinar workshops were held with professional and support staff from 13 different UK-based universities to unpack their understandings and experiences of welfare and wellbeing in the context of relational work and identify the support and interventions which might address the challenges faced. The webinars unearthed a host of understandings, relational attributes and both positive and negative experiences of relational work, as well as concrete examples of a range of support mechanisms alongside critical appraisal of their use in practice and the changes needed to improve their value.

Key themes included:
- the value and (lack of) recognition and resources for relational roles and practices; the time-intensive nature of relational work with implications for time management and work-life balance;
- the multiple spaces and places of relational work and challenges within different sites, job satisfaction as well as job security/precarity and lack of career development paths;
- the multifaceted roles and identities of relational work;
- emotional labour, which is often gendered;
- ownership, autonomy and influence;
- responsibility, hand-over and the tyranny of resilience;
- the challenges of short-term and project-based funding;
- the value of support networks and learning spaces;
- inequalities in welfare and wellbeing within and beyond the university;
- support systems and their relevance and accessibility for different groups as well as the challenge of capacity and resourcing;
- supporting staff to support their external partners; and

- the challenges for monitoring and evaluating welfare and wellbeing in relational roles.

In order to access learning from outside the higher education sector, additional interviews were held with key informants based in four research-related organisations: a learned society responsible for a major participatory research programme (focussed on the UK context); a cultural umbrella association (working through institutions across the UK); an international NGO (involved in research with a range of countries from the global South); a network of research funders and policymakers (UK-based but working on international programmes). These interviews identified trends in understandings and experiences which largely chimed with the issues, needs and priorities identified through the webinar workshops. They also confirmed the value of the term 'relational work' as one that cuts across a range of more loaded and context-specific concepts.

However, additional insights included:
- the potential afforded by long-term and flexible funding which commits time and resources to key aspects of relational work (such as trust and rapport-building, development of shared understandings, communication, negotiation of conflict and reflexive learning);
- the trade-offs between highly institutionalised safeguarding/risk-mitigation/employee assistance mechanisms and more flexible and adaptive spaces for collective reflection and informal support;
- shifts in the relationship between institutions and society, from outreach in the community to civic engagement within the institution and the challenges of navigating cultural and political or legislative differences when working with partners in other national contexts;
- the importance of bridging or mediating roles between institutions and communities;
- the changing knowledge and skills required for responsible and inclusive engagement;
- the benefits and risks of informality and friendship in intensive research relationships with related challenge of boundary-setting;
- institutional commitment and the role of individual champions or change agents; signposting to external guidance and support compiled by theme;
- wellbeing budgets and other institutional commitments and culture change through responsive and adaptive learning approaches.

The report concludes by outlining five areas of recommendations for the University of Bath and the broader higher education sector: **i) increase recognition** for the value of relational work, the importance of welfare and wellbeing and the needs and priorities of professional and support staff who often hold key relational roles but without tailored support, job security or opportunities for career progression; **ii) map and resource** the time and spaces of relational work, which includes accounting for relationship-building, communication and learning as well as downtime and support during leave and identifying the different spaces of relational work inside and beyond the university and the responsibilities/risk within these spaces; **iii) capture diverse understanding, experiences and needs/priorities** of different groups of staff and promote responsive, adaptive and reflexive approaches to management including pressure on funders to support long term and flexible programmes and pressure on universities to provide support to bridge the gaps and ensure coherence across short-term projects; **iv) Commit at an institutional level** to reviewing the relevance, accessibility and inclusivity of systems, guidance and interventions and identifying the capacity needed; and, **v) connect with broader campaigns within and outside the HE sector** to advance recognition

for welfare and wellbeing, decent work conditions, care for staff and vulnerable partners and support for the skills and knowledge of relational work.

Finally, the report sets out some next steps for this programme of work: to collaborate with network partners to set an agenda for strategic change within and beyond the HE sector.

1. Introduction

This report presents the approach, findings and recommendations of some small-scale, rapid research commissioned by the University of Bath's Public Engagement Unit (PEU) as part of the Research England-funded *ParticipatoryResearch@Bath* programme, which set out to investigate the culture of participatory research at the University of Bath (UoB). A key finding from the first phase of the programme was that there is a high degree of 'emotional labour' involved in the relational work of participatory research projects. However, the support structures for all those involved in this work across the whole research lifecycle are underdeveloped. In response, the PEU commissioned consultants Dr Jude Fransman (The Open University) and Dr Tigist Grieve (University of Bristol) to design and implement an exploratory project on 'welfare and wellbeing in relational work.' The project was designed and implemented between September and December 2023.

The central aim of the research was to explore the relationship between welfare/wellbeing and relational work in the context of the UK's higher education system in order to inform policy and practice at the University of Bath and across the sector through the following objectives:

- To review understandings of 'welfare', 'wellbeing' and 'relational work';
- To identify the positive and negative features of relational work in research contexts and the benefits and risks to welfare/wellbeing;
- To explore support for wellbeing/welfare in relational work and identify gaps in provision as well as potential responses;

Through an iterative, participatory and ethically conscious approach, we conducted a rapid review and synthesis of the academic and grey literature to identify language and understandings, emerging themes and recent policy as well as key stakeholders from both within and outside the UK's higher education sector. Within the sector, we identified 'professional and support staff' as a group who were at once instrumental to relational research, but often under-recognised, particularly in terms of their needs and priorities for welfare and wellbeing. To explore this further, we recruited a diverse group[1] of professional and support staff from 13 UK-based universities and convened two webinar workshops to unpack their understandings, experiences, needs and priorities.

We supplemented this data with learning from outside the higher education sector though interviews with key informants from four research-related organisations: a learned society responsible for a major participatory research programme (focussed on the UK context); a cultural umbrella association (working through institutions across the UK); an international NGO (involved in research with a range of countries from the global South); a network of research funders and policymakers (UK-based but working on international programmes). Finally, we coded and analysed the three datasets to generate recommendations for both the UoB and the broader higher education sector and to outline potential next steps for research, policy and practice.

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[1] While male participants were significantly underrepresented in this group, this was because females represent the majority of staff undertaking relational roles.

This report starts by describing the approach, methodology and ethical considerations that framed this project. We then discuss the findings that emerged from the literature review, workshops and key informant interviews by focusing on two key areas: 'understanding and experiences' and 'challenges and opportunities for support'. Finally, we outline our recommendations for both the UoB and the broader higher education sector, suggesting some next steps for advancing this work.

2. Approach

Our research was framed by an iterative, participatory and ethical approach.

The iterative design included *a co-production phase* (consisting of planning meetings with the PEU and a rapid review and synthesis of existing evidence to identify key themes and stakeholder groups) *an exploration phase* (involving webinar workshops and key informant interviews as well as a second iteration of our literature review) and *a sharing phase* (including panel discussions at the Communicate conference and Engage 2024 as well as the production of this report and integration of feedback.) Through our various datasets we developed emergent conceptualisations of 'relational work' and 'welfare and wellbeing', privileging the perspectives of a neglected group of higher education stakeholders: professional and support staff.

Our participatory approach involved engaging a core group of professional and support staff in a series of webinar workshops. We tried to respond to the interests and motivations of participants to engage with this research. These included:

1. Recognition for overlooked or undervalued roles and putting the wellbeing of support staff on the agenda
2. Learning from others, space to tell my story and time to reflect
3. Better understanding of the links between relational work and wellbeing
4. Understanding impacts of relational work to better support others (partners/ academics/students)
5. Contributing to the operationalisation of policy and action plans

We provided space for participants to (re)frame the terminology and prioritise topics of interest as well as regular opportunities for feedback. We are hopeful that this group will evolve into a broader community of practice to take the findings and recommendations from this research forward.

Regarding ethics, our primary data collection was framed as a participatory consultation rather than as formal academic research. For this reason, and given the short 3-month timeframe, we were not subject to a formal ethical review but responded to the sensitive nature of the topic by developing a robust ethical framework in line with the principles for ethical research outlined by the SRA 2021. This involved strict adherence to the principle of 'do no harm' as well as commitment to informed consent, confidentiality, transparency and honesty (SRA 2021) to participants' autonomy, privacy and dignity (BPS 2021); and to sensitivity to the dynamics of relationships, positionality, roles, experiences of participants and the team (Bryman 2004). To communicate this to webinar participants and key informants, we developed two distinct information and consent forms, which we shared as

part of our recruitment strategy (see Appendix I and II). These documents covered the following considerations:

- Clarification of timings and expectations and strict adherence to this agenda;
- Clarification of data management including anonymity and privacy, data security, data use and storage;
- Attention to the possible benefits and risks of participation (including risks to emotional wellbeing, which may result from sharing an upsetting experience or finding another participants' experience to be 'triggering' which were proactively mitigated by asking participants refrain from describing potentially sensitive personal experiences, offering a follow-up 1-to-1 discussion if needed and listing useful resources and agencies for participants to access should they need any support)

Further details of our specific methods and the datasets they generated are as follows.

Review and synthesis

The search strategy for our rapid review included identifying key resources from the academic literature (peer reviewed publications from the fields of higher education studies, labour studies, management and organisational development, community development and social movement studies, international development and humanitarian studies, social policy, museum studies and journalism), grey literature (policy and practice-oriented resources such as an independent review of mental health in higher education, *Not by Degrees*, published by the Institute for Public Policy Research in 2017; University UK's *Stepchange Framework* and self-assessment tool – see UUK 2021, and Education Support's Report: *Supporting Staff Wellbeing in Higher Education* – see Wray and Kinman 2021) and additional websites and online resources (e.g. The Activist Handbook Wiki). The search was guided by the following initial terms:

- Welfare – wellbeing
- Relationships – engagement – participation – collaboration – co-production – involvement – partnerships
- Research – knowledge – science communication – public engagement with research – science and society
- Universities – research institutes – higher education – academia
- Public Engagement Professionals – professional and support staff – research managers and administrators – academics – researchers – community partners

The second iteration of our review built on terms that emerged from our primary data collection, including: burnout, trauma, stressors, risk, resilience, coping, emotional labour and the ethics of care.

It is important to note that this was not a systematic review so results are indicative rather than comprehensive. The primary focus was on resources from the past 10-years (though older resources were included where they were determined to be highly influential) and mainly on resources written in English and responding to the UK context. This means that key terminology from other languages and resources responding to other national contexts were likely to have been omitted.

The review identified key language and themes relating to welfare/wellbeing and relational work, positive and negative features of relational work, support for welfare/wellbeing within the UK's higher education context, and learning from other sectors. It suggested a working conceptual framework that explored the interrelationship between:

- subjective experiences (through personal understandings, practices and perceptions),
- material environments (such as employment conditions, the physical spaces and temporalities of relational work, and the presence or absence of support and resources) and
- social systems (such as institutional structures and processes and cultural practices.)

The review also revealed the extent of the challenge of welfare and wellbeing in higher education (see IPPR 2017; Wray and Kinman 2021) as well as significant efforts by sector networks including Universities UK, the UK Healthy Universities Network, the Mental Health in Higher Education Advisory Group and Student Minds to respond to this (see UUK 2021). However, these surveys and initiatives tend to focus on students and where the experiences and perceptions of staff are included, the focus tends to be on teaching staff and to a lesser extent, academic research staff. There is a distinct paucity of literature related staff. This is despite significant evidence of the relational work undertaken by this specifically to the wellbeing and welfare of professional and support group, for instance, by a growing network of public engagement professionals[1] and through changing roles and identities of research administrators, academic developers, learning development professionals, academic language and learning advisors (Gander et al 2019; Gibbs and Kharouf 2022; Veles 2022; Veles et al 2023). These findings informed our decision to focus on this group for an in-depth analysis of experiences of welfare and wellbeing in relational work.

Webinar workshops

A group of fourteen professional and support staff from thirteen UK-based higher education institutions were recruited to participate in two 1.5 hour webinar workshops. The professional posts held by participants included engagement roles (e.g. public engagement officer and strategic partnership manager); researcher development roles (e.g. education officer and Centre for Doctoral Training manager); research management roles (e.g. research funding specialist and research project manager); and, HR-related roles (e.g. HR Manager and Diversity, Inclusion and Staff Wellbeing Manager.) Participants were invited to describe their demographics/backgrounds in their own words. The ages of participants ranged from 30s to 50s and included participants at all career stages working a combination of part-time, full-time, fixed and permanent positions. All participants identified as either female or women and as both working class and middle class. Most participants identified their ethnicity as white with one identifying as mixed race and participants came from a range of national and linguistic backgrounds with several identifying as bi or multilingual. Several participants identified as carers or working parents. None of the participants identified as having a disability or included their sexuality in their descriptions of their backgrounds.

Webinar 1 was divided into two parts. In the first part, participants unpacked the language of relation, participation and engagement as it relates to welfare and wellbeing. In the second part, participants shared experiences of both positive aspects of relational work and the risks or challenges.

Webinar 2 focused on examples of support and interventions to improve welfare and wellbeing in relational work, asking: what has worked, for whom and why? What could be done better? And what obstacles exist and how might they be overcome? A final session created space for participants to propose and vote for an area of particular interest to discuss in depth. The three ensuing discussions focused on:

- advocating for the recognition of relational work;
- supporting the wellbeing of academic partners; and,
- moving beyond academic frameworks.

Both webinar workshops were accompanied by virtual 'Miro Boards' with content that mirrored the structure and discussion topics of the webinars and enabled participants to contribute before, during and after the webinars. Records of the group and plenary discussions as well as the Miro contributions were consolidated into datasets for each workshop, coded in line with the emerging themes and written into summary reports that were shared with participants for feedback.

Key informant interviews

In order to access learning from outside the higher education sector, interviews were held with key informants based in four distinct research-related organisations: a learned society responsible for a major participatory research programme (focussed on the UK context); a cultural umbrella association (working through institutions across the UK); an international NGO (involved in research with a range of countries from the global South); a network of research funders and policymakers (UK-based but working on international programmes).

The interviews adopted a semi-structured format responding to the following questions:

- What is the value of relational work and relational roles to your programme/organisation/sector and what type of language/terminology do you use to describe it/them?
- What are the benefits of relational work on your staff's welfare/wellbeing as well as that of research partners and what are the risks and challenges?
- What has your programme/organisation/sector done to support or improve welfare and wellbeing in the context of relational work?
- What are some of the barriers to support and interventions around welfare/wellbeing and how have these been or could these be overcome?

Transcripts were co-created with interviewees and coded in line with the emerging themes.

Final analysis and presentation

Our final analysis involved a synthesis of the three datasets according to our emerging themes. In the following section, we present our findings for the two areas of focus:

- Understandings and experiences
- Support, challenges and potential solutions

For each section, we start by presenting the findings from the webinar workshops. We then compare these findings to the themes emerging from the literature. Finally, we explore additional learning from beyond the higher education sector through the findings from our key informant interviews.

3. Findings

Our research generated a host of diverse terminology and understandings of the relationship between welfare/wellbeing and relational work. Our webinar workshops interrogated this relationship from the perspective of an instrumental but neglected stakeholder group within the UK's higher education sector: professional and support staff. We supplemented their individual and collective perspectives with broader literature from within and beyond the higher education sector and with key informant interviews from other relevant sectors (culture, community development, international development and research funding). This section reports on our findings, which we divide into two sub-sections: i) understandings and experiences; and ii) support, challenges and potential solutions.

3.1 Understandings and experiences of welfare and wellbeing in the context of relational work

The webinar participants were invited to reflect on language and terminology that they found either helpful or unhelpful in defining 'relational work' and 'welfare/wellbeing', as well as on their positive and negative experiences of welfare and wellbeing through relational work. However, there was significant overlap between understandings and experiences that were often ambiguous with both positive and negative elements. We therefore present the findings thematically and link them to the themes and trends that emerged from the literature as well as from our key informant interviews.

Understandings and experiences of 'relational work'

While participants tended to be unfamiliar with **the term 'relational work'**, most found it useful as "it gets to the heart of what we do", provides "a nice umbrella covering a number of terms" and is "a helpful way of drawing attention to our varied roles and the value of our work". Others liked that the term is "process-oriented" and saw the value of "having a shared language that captures the work we do as an output of this consultation." However, some participants thought a more commonly used term like 'stakeholder engagement' would be easier to understand: "I find the term 'relational work' to be confusing – not specific enough, as in everything I do I see through the lens of relationships and being relational." There was also a concern that the term "muddles up relational roles with different expertise - assuming we all do the same thing".

In terms of the **positive aspects of relational work**, participants enjoyed "engaging with exciting research across multiple disciplines", "the diversity of roles – no days are the same", "being able to support great research", "developing trust-based relationships and shared understanding", "the satisfaction of making people's lives easier", "contributing to success", and recognition/feeling valued by partners. Many said that feeling embedded in a community was a factor that promotes their wellbeing at work. Participants also spoke of juggling different roles and **holding many different relationships**. While this can be exciting, a rich source of learning and networking, and carry positive benefits when things go well, it can also lead to a professional identity crisis or 'imposter syndrome' – especially with few career development and progression opportunities available for this group of staff. Participants also felt that the value and diversity of their **roles were not always recognised** by their academic colleagues who often refer to them dismissively as "service providers or 'admin people' with the assumption that we're all the same" and felt their professional opinions did not always carry the same validity as those of their academic colleagues. This relates to the broader challenge of 'hierarchies of knowledge' whereby academic knowledge can be seen as more valuable than professional knowledge. Participants spoke of "being overlooked" or "not seen as equal" and also pointed out the "gender disparity in our roles". However, one participant noted "how valued of our work is in countries where research support is minimal."

Many participants also experienced great **responsibility around representing the university** and observed that support staff are often seen "as the face of the institution" and that this can be both positive (with pride at the collective mission of the university and value of the research and community engagement work) and negative (e.g. when institutional and personal values clash or "the challenges of representing the institution in difficult situations, which as an individual you might challenge" or "being made to feel like you are part of the 'university machine'"). This can lead to **staff committing personally** when the institution is unable to help or investing time in negotiating the fallout if the university fails to deliver. While this level of involvement can be a source of valuable connection it can also cause conflicts and can be unsustainable. Participants suggested that building "visibility and credibility" was key to their relational work and something to work towards both internally and with partners. However, such aims can also be challenging. As one participant noted: "Our community partners see the university as a seamless whole and we're having to navigate all the mess of the different processes, departments, groups to sometimes maintain the sense of coherence and sometimes explain the mess." Another observed: "we're all working behind the walls of the institution and I'm trying to be the door."

These diverse relational roles and negotiations require a **wide range of attributes** which participants identified as including being genuine and personable/friendly/informal, supportive, knowledgeable, collaborative, responsive, caring/taking time/ listening, recognising other people, flexible/ adaptable, open, resilient, and confidential. Participants also pointed out that "academic knowledge is founded on critique, which isn't how good relationships form" and so professional/support staff can offer less antagonistic support. Participants also identified a wide range of skilled relational practice including "working over the long term with specific communities," (and the importance of good communication adapted to a variety of stakeholders including students, academics, professional services across universities, industry stakeholders, funders, survivors, activists), "being a sounding board for different types of researcher," "co-creating and aligning action plans rather than duplicating activities," "brokering," "translating" or "mediating" words , roles and contexts; "humanising the space and processes" and ensuring impact but working across research, practice and policy spaces. However, participants also noted the challenges of "being left to

deal with issues when colleagues leave and trying to support relationships left behind" (made harder by the close relationships developed through this work).

These perceptions of relational work and roles resonate with the literature. A recent systematic review of 'university professional staff roles, identities, and spaces of interaction' (Veles et al 2023) identified a shift since the end of the last century from a binary conception of university work to a complex conceptualisation, which has corresponded with **a growth in multifaceted professional staff roles and identities** as well as an increase in occupational subgroups with unique group identities that are constantly developing, multi-layered and contextually complex. This has also included the **blurring of traditional boundaries** of research as a new emphasis on the 'co-production of knowledge' as legitimated professional knowledge alongside formal academic knowledge (Berman and Pitman 2010; Facer and Enright 2016) and a 'third space' for research-related activities and roles (Whitchurch 2012; Benjemin 2018; Botterill 2018; McIntosh and Nutt 2022; Veles 2022). Other scholars have conceptualised **hybrid knowledge practices** that are ever important in collaborative spaces. For example, Anne Edwards draws on cultural-historical theory to develop the interrelated concepts of 'relational expertise', 'relational agency' and 'common knowledge' as resources and identities of increasing importance to 'inter-professional work' where practices are seen as historically accumulated, knowledge-laden, emotionally freighted and given direction by what is valued by those who inhabit them (Edwards, 2010), while Jessica Benjamin's notion of 'intersubjectivity' (Benjamin 2018) and Tina Campt's notion of 'adjacency' (Campt 2020) conceptualise, from a feminist and postcolonial perspective respectively, different types of relational positioning that accounts for systemic social power arrangements as well as subjective experience. Finally, scholars have highlighted the **emotional politics** of the affective labour of collaboration (e.g. Griffin et al 2012) which tends to be disproportionately gendered (see Facer and Enright 2016; Cardozo 2017; Guarino and Borden 2017).

Our key informant interviews also revealed broad consensus with the **language of 'relational work'.** One informant valued its inclusivity as "a lovely umbrella term [that] can speak to people regardless of discipline or specialism" while three of the four informants recognised their sectors and organisations as inherently relational (grounded in 'networks', 'interaction', 'brokering' and 'mediation'). One of the informants went so far to stress that "it is more than just a practice-based approach, but a set of principles or ethos running through everything. It's almost seeped into our consciousness…" They went on to distinguish between research funder who call themselves relational because they've shifted their practice from using forms to telephone conversations, whereas in their programme "we really challenge ourselves and really do try to be relational in genuine ways in terms of building relationships with people that give them space and time and never centring ourselves as experts and just listening." They recognised that this was partly due to a shift away from "the technical language of public engagement with research" to "talk about collaboration, relationships and connection" with place-based coordinators referring to themselves as 'weavers' and 'brokers'. However, another informant acknowledged that despite the relationship that were key to their research practice, their organisation worked in a very siloed way with diversified divisions focusing specifically on 'thematic advice' or 'monitoring, evaluation and learning' or 'policy campaigns' or 'country-based programmes' and utilising the language of "partnerships" to describe interaction with external stakeholders. The **tensions between a formal vocabulary of risk-management, safeguarding and partnerships and an informal vocabulary of relationships and collaborations** was a recurring theme across the interviews. While informants tended to agree on the value of attention to the substance of relationships, challenges were raised around establishing boundaries. One informant spoke of a colleague

who advocated "crying together" and wondered "*how emotional we can be together? Crying together feels almost too much, like for some people that wouldn't feel safe*." This was just one of the many examples illustrating a diversity of experience and the importance of policies that move beyond 'one size fitting all'.

A final theme that emerged from both the webinar workshops, the literature review and the key informant interviews relates to **the spaces and places of relational work**. Webinar participants highlighted the many sites of their work. These included different disciplinary and professional spaces within the university. One key informant shared the sense of 'imposter syndrome' expressed by the webinar participants – highlighting the challenges of being a generalist in a variety of highly specialist research spaces. But respondents also listed a range of external spaces, whether through community and cultural centres, museums, schools, youth clubs, highstreets and town centres, charities, government officer or research funding organisations. There was an interesting division in both webinar workshops and KIIs between the benefits and challenges of **engagement in domestic space based on proximity and more remote international relationships**. One informant spoke of the strength of place-based relationships when researchers were "taken in by communities, shown love and friendship [which is especially the case] when people are living in the same communities or regions because they are part of the same cohort on the same journey." Another informant working in an international organisation emphasised the importance of "rooting" research activities in long-standing relationships with country partners and committing to understanding cultural, political and legislative differences and interpreting research equitably, even when this means relinquishing control or departing from certain UK standards.

There is a significant body of academic and higher education policy literature which has conceptualised the **shifting nature between universities and society** (see Facer and Enright 2016; Goddard 2018; Fransman 2019; NCCPE 2019) and the shifting nature of research spaces was a central theme in the key informant interviews as well. For example, reflecting on the museum sector, one informant reflected on the shift from 'outreach' to communities beyond the boundaries of the museum (for example taking a loan box to a community centre or care home) to 'reconceptualising the museum as a civic space' and considering the implications for relevant and inclusive content as well as for visitor experience. They noted the **impact of austerity** on the fact that visitors may go to a museum for the 'warm space' or in response to 'social isolation' as much as for the content on offer. This resonates with observations of university facilities serving civic functions that extend beyond the traditional aims of research and teaching (NCCPE 2019). Informants gave examples of community partners "coming on to the campus and engaging with university assets" as well as those who went on to develop their own research career as a result of the engagement. This two-way interaction shifts the nature of relational work from universities disseminating resources externally to engaging key groups in internal co-production. In the museum sector, this has implications for changes to the job descriptions of professional roles like 'visitor services' or ' visitor operation staff' who unlike 'community engagement teams' have not had historical responsibility for this type of practice but now find themselves "dealing with far more complex and nuanced interactions within their day-to-day work".

The impact of relational work on welfare and wellbeing

Webinar participants observed that "a lot of **emotional labour** goes into roles like ours" and that "we are often the salve for toxic work environments" and have to "deal with the fallout of competitive cultures or academics being pressurised to prove themselves and bolster their research." This is made worse by "competitive processes and cultures including academics in the same institution competing for funds." While the term 'relationship' can be seen to imply a lovely, positive interaction, "this work can be about dealing with anger or frustration - we're at the frontline of academic emotions." Participants also felt there is "not enough time to rest and recover." However, 'self-care strategies' included reducing isolation/ finding friends and allies, creating visibility and being able to maintain boundaries ("My mantra is: 'we don't work in A&E. Nobody will die if it doesn't get done now'.") Ensuring rest was seen as key – "even taking an afternoon off can be restorative."

Both the **benefits and risks to wellbeing also had spatial and temporal dimensions**. Participants stressed that relationship-building with the community is positive and there is pride and satisfaction in contributing locally. In fact, a profound sense of responsibility to the public and their wellbeing was observed both in the webinar discussions and KIIs. However, for those **living in the same community** it can be "hard to escape work … there is no privacy and if you are in small town everyone knows you. The private is also public space, for example everyday activities with your family, dog walking, swimming etc." This also links to the **temporal pressures** of "always being on" and lacking a "work-life balance." Many participants also mentioned the 'burnout' they have experienced after navigating so many roles and relationships including external relations and not having time to rest. This is exacerbated by the "high pressure" nature of the work: "People's contracts depend on funding" so there is pressure to support that, especially while working on funding proposals at the "pre-award stage when we know the contract depends on getting the grant." This pressure can carry a major emotional toll: "I worry what happens if I don't finish things, I worry about the impact of that on others e.g. the communities outside of the university that I have built relationship with." Other participants felt that they were forced into the **rhythms of academic work** e.g. "working evenings and weekends because some academics are never off" but participants were also keen to point out the differences between the roles: "workload issues for academics is the norm" and "it's their life work but it isn't mine!" "I understand they need the funding" but "it's not my research and I am not on an academic salary." Being 'always on' with impossible admin loads can be highly stressful. As one participant observed, "I measure my stress levels by the volume in my inbox!" And this pressure mounts during periods of absence. "Even going for annual leave, I know my email will be full when I return" and "you can't always trust your colleagues to hold your relationships while you're away," especially where there are vulnerabilities involved. A final set of challenges revolves around "being forced into positions of responsibility which have been offloaded by senior management" or "having to represent the university when academics deflect that by disassociating themselves." As one participant said, "I can't rest because I worry who's coming to pick it up."

These pressures were compounded by **employment conditions and job insecurity**. Participants highlighted the more precarious material conditions of their role including the limits of part-time posts, the demands of working on more than one role at once, lack of permanent jobs and career progression alongside care responsibilities. This was contrasted to the long-term and intensive nature of relational work.

And finally, participants highlighted **the challenge of reconciling adaptive/responsive relational work with rigid and often ineffective university structures**. Participants noted that "processes often don't work and are complex, so it can be hard to stay motivated." The amount of time and capacity required can also add to pressures, especially when it sits in tension with urgent timelines imposed by funding calls or priorities in the community. Participants also spoke of "the university being a metric-driven space" which demands a certain type of evidence that is not always compatible with the knowledge generated through relational work. Linked to this institutional control was the **feeling of lacking influence** or "being just the messenger but with no real power". Several participants noted the satisfaction of a recommendation being acted on or "releasing resources to externals" but also stressed that "we can't always promise action" and that it is "draining" and "disempowering" to have to "repeatedly say that you can't promise much beyond your own role." This relates to "the negative impact of not being listened to" and the tensions between the individual and institutional roles held by professional/support staff: "there are differences between what the institution wants and expects and what an individual values and to bring change you need to have the institutional permissions. this makes us feel compromised." There is also an element of "stress" or "pressure" around "being judged for decisions made by someone else even when we may not agree on the decision" which can relate back to a professional 'identity crisis' or sense that "we are not judged by what we do but by what others (e.g. academics) do so there is limited control over that and some of our other achievements are not recognised."

These experiences reflect broader trends in the literature around the pressures of work in the higher education sector. In 2020 Liz Morrish and Nicky Priaulx updated their earlier examination of the state of mental health amongst higher education staff, which included professional services staff. Their analysis of 17 UK-based universities revealed a significant rise in demand for counselling (on average 155% but rising as high as 500%) and occupational health referrals (an average rise of 170% but again as high as 500%). While women were more highly represented across these figures, the largest proportion of individuals receiving occupational health referrals by contract type were professional services staff. Research conducted during the pandemic revealed further deterioration in mental health amongst higher education staff. Over half of respondents (53%) to Wray and Kinman's survey of 2046 academic and academic-related staff for Education Support reported probable depression, with the authors identifying a range of stressors, strains and pressure points that stem from **new trends in overload, portfolio work and 'projectification'**. More than three-quarters of the sample (78%) strongly disagreed or disagreed that the psychological health of employees is considered as important as productivity. 79% of respondents reporting that they need to work very intensively often or always, and over half (52%) experiencing unrealistic time pressures often or always (Wray and Kinman, 2021). In another survey of 1,182 staff from across 92 UK universities conducted during the pandemic (with 23% of respondents in professional services roles) 47% of participants described their mental health as "poor", though interestingly, the proportion of respondents who experienced 'chronic emotional exhaustion' and 'chronic stress' during the pandemic was significantly lower among those in Professional Services roles compared to those in combined Research and Teaching roles (Dougall et al., 2021). This may have been due to the relative pressures of being responsible for the expectations and wellbeing of students during the pandemic (identified by Wray and Kinman as a key factor affecting wellbeing), which may also resonate with the responsibilities of other relational roles.

Experiences of poor mental health are also distributed unequally. Within the student population, a report commissioned by the Centre for Transforming Access and Student

Outcomes in Higher Education (TASO) identified students from households of low socioeconomic status, students from Black, Asian and Minority Ethnic backgrounds, mature students, LGBTQ+ students and care experienced students as suffering from worse mental health (Robertson et al 2022), while the survey conducted during the pandemic identified staff from ethnic minorities or with low (subjective) social status backgrounds, women staff members, staff on fixed term contracts, and staff with caring responsibilities as being at greater risk of poor mental health (Dougall et al. 2021). Further correlations exist between Black and minority ethnic members of staff and those on precarious contracts within the UK's high education sector (Advance HE 2018) and the additional pressures of stringent surveillance of staff who come from countries outside of the EU (see Bothwell cited in Morrish 2020). Mental wellbeing for Black and minority ethic staff also intersects with the trauma of racism (Arday 2022). A further review highlighted the additional challenges faced by unpaid carers (Spann et al 2020).

These impacts of relational work on welfare and wellbeing might be mapped on to Sarah White's three dimensions of wellbeing, which cuts across the **subjective, material and social** spheres (White 2010). Like other feminist theorists, White is keen to shift the narrative from methodologically singular 'subjective approaches' to more complex and multifaceted 'relational approaches' (White 2015) and to recognise the politics concealed by positing wellbeing as a panacea without transforming the terms of experience at structural as well as more immediate levels. This resonates with Joan Tronto's celebrated **feminist ethics of care**, which prompts people to analyse their own activities of care while at the same time, understanding the broader place of caring in human life. "Within this, recognising conflicts and coming to some kind of resolution is part of the essence of caring activities themselves. It requires thoughtful judgements that involve all who are concerned. Through thoughtful engagement in caring, we can begin to recognise the profound moral dimensions of our everyday lives." (Tronto 1998 – see also Virginia Held 2006).

While the importance of caring practice was highlighted by three of the four key informants, the problems of **'the resilience narrative'** were picked up by two – both of whom stressed that their organisations viewed support as the responsibility of the organisation rather than the individual. These same informants also noted that collaborative work in general and work with vulnerable communities in particular is grossly underfunded and fails to take into account the significant time required to develop rapport and trust as well as mutual understanding, communication and feedback mechanisms and opportunities for reflexivity and learning. This is compounded by **project-based funding** which can increase reliance on individuals with fixed-term contracts, creating risks around levels of engagement and continuity of relationships. In contrast, one of the informants noted the positive effects of their long-term and highly flexible funding, which enabled them to embed a place-based infrastructure in the communities with whom they worked, while all four informants stressed the importance of learning spaces in their teams. Two of the informants also discussed the importance of **individual recognition** (through authored publications and advancement of personal research profiles) as important for career progression and motivation. This came up less in the webinar discussions, where most participants were keen to disassociate their roles from academic researchers, while advocating for more validation in other ways, though given the increase in hybrid research-support roles and identities (Berman and Pitman 2010; Facer and Enright 2016; Veles 2022) it may be worth considering the issue in future research.

Finally, several of the webinar participants highlighted the term **"safeguarding"** as a preferable alternative to 'welfare/wellbeing' that is used more intentionally as both a statutory

set of measures or an informal set of practices. However, participants agreed that there was very little consideration of safeguarding as it relates to protection/support for professional staff: "professional services staff can access some counselling but not much else." Others noted that the wellbeing/welfare support set up for students and academic staff (e.g. self-help resources, helplines or counselling) is not always relevant to professional/support staff: "I wish there was support and clarity that recognises the professionals specifically," which might include "specific guideline for e.g. people in HR or Finance" or those "working with contracts" or "working with students or external partners" that can entail tricky situations." And still others suggested, that even the general resources are not always helpful: "sometimes there are guidelines, policies, resources but they are not set up as help, rather seem to be there as a reporting mechanism so institutionally helpful but not about the individuals, not 'care-focussed.'" While the code of conduct for the webinar workshops discouraged participants from disclosing traumatic or potentially triggering accounts, there were examples given of interactions and issues which had had a profound impact on their mental health as well as the financial implications of negotiating roles which at times had a detrimental impact of material wellbeing.

Such experiences chime with the literature on **risk, harm, violence and trauma** (Markowitz 2021; Krystalli and Schulz 2022), on researcher wellbeing and vicarious or secondary trauma (e.g. Hydon et al., 2015; Skinner et al 2023), on the specific experiences of Black and minoritized ethnic staff (Arday 2022) and on compassion fatigue (Hydon et al 2015).

Two of the key informants highlighted their specific approach to safeguarding in the face of risks to welfare and wellbeing. For one organisation, due to their work in fragile or humanitarian contexts, with highly **vulnerable communities or on sensitive topics** (such as Gender-Based Violence, conflict-affected societies and experiences of LGBTQI+ in repressive states), there was a stringent safeguarding policy with mandatory risk assessments, security training, a dedicated safeguarding manager and therapeutic support as well as robust ethical procedures for research. The informant stressed the importance of a robust due diligence process and risk assessment as the basis for long-term and trust-based research partnerships: "if they've gone through that process and have been accepted as a formal partner, that trust is in place and we're OK." At the same time, the importance of translating terminology and ethical procedures for dealing with sensitive issues across national borders was also raised. However, it was noted that despite these mechanisms there was very little emphasis on welfare and wellbeing in relation to the demands of the reporting/accountability system that might itself result in over-work and burnout. Another informant mentioned a risk assessment process to mitigate "extreme examples" of potential harm in certain settings. But informants also shared less immediate examples – on the impact of "heartbreaking" research into bullying and a triggering interaction which challenged the boundaries between distanced professional and engaged friend. The question of responsibility for managing this emotional fallout was key and one that is picked up in the following section.

3.2 Support for welfare and wellbeing in relational work: challenges and solutions

The second webinar workshop focussed on the types of support for welfare and wellbeing that are available to professional and support staff. After collecting specific examples of support ranging from self-help resources and formal/informal support networks to mental first aid and

official Employee Assistance Programmes (EAPs) including therapeutic services as well as more specific project-based support) participants discussed the accessibility and inclusivity of these resources and interventions, the broader challenges around capacity and sustainability and potential solutions. Examples of support programmes across the higher education sector from the literature review as well from other sectors through our KIIs provided additional learning.

Preventive support to promote welfare and wellbeing

Universities UK's Stepchange programme (UUK 2021) makes a distinction between general support to promote wellbeing through the ongoing promotion of good mental health and interventions which target those experiencing, or at risk of, mental illness.

Much of the webinar workshop discussions focused on interventions to treat 'ill-being' rather than preventative practice to support wellbeing, however, participants did highlight the value of personal self-care strategies, support networks and mentors for good mental health.

Participants mentioned their **specific self-care strategies** such as taking up gym membership, joining book clubs or lunchtime walking groups, 'switching off' after a day of work or taking a break after difficult topic/project/interaction. They also stressed the importance of setting boundaries and communicating these with their teams, especially those who work part-time. Overall, the participants agreed that the overriding goal is for a good 'work-life balance' with some participants noting that a work-life balance was only possible because of the positive dynamics of their team: "I can work part-time because I've got a team of people around me and it's really clear what I do, what they do and we've set up that kind of team structure". This interplay between material (e.g. income), subjective (e.g. self-care) and relational (e.g. team interactions) determinants of wellbeing resonates with Sarah White's holistic framework (White 2010) and explains why challenges exist for those unable to afford to 'go part-time' as a more drastic strategy when work life becomes intolerable. Participants also highlighted ongoing monitoring efforts (such as 'mental health surveys') as means of gaging the general wellbeing of staff and capturing any trends or specific challenges.

Other sources of relational support mentioned by the workshop participants included **formal or informal networks** (such as university-led *equalities diversity networks* and networks for women/LGBTQ+ members of staff as well as more specialist groups of carers, those going through menopause and staff who have experienced bereavement). Participants also spoke of the benefits of individual advisors in the form of 'dignity advisors' (e.g. trained staff members who can provide an informal, confidential information service to staff including bullying, harassment, and sexual misconduct) and informal mentors. While it was noted that mentoring arrangements are far more common for academic staff than for professional/support staff, those that had experienced mentoring found it to be a great resource for welfare and wellbeing. One participant went as far as to say that it had been "life changing" for them during a particularly stressful period, while also noting that it had relied on the mentor "being very generous with their time."

The perceived benefits of less formal types of support mirrors findings from studies suggesting that staff can be reluctant to speak to managers or access formal support due to fear of judgment or perceived negative repercussions on their careers (Farmer and Stevenson, 2017; O'Brien and Guiney, 2018; Wray and Kinman, 2021). These trends tend to be higher still for Black and minoritized ethnic staff (BME Network 2016; Arday 2022).

Beyond the higher education sector, the KII also highlighted the value of informal support networks as well as regular 'check-ins' with opportunities for feedback. The participatory research programme highlighted the importance of their "informal, caring and light-touch" approach to monitoring the projects they fund:

> *"... we monitor a lot actually, more than I expected.... But actually it's been really good and people don't seem to feel pressured by it. It's like an online form, basically a couple of boxes. So some people just add a few bullet points... Others write a lot or want to send us things or will book in a call with us instead. It's really up to them, the level of depth. But if we haven't much from a few months, we'll call. We'll check in, we'll go visit."*

While this monitoring is not specifically focused on individual welfare/wellbeing, there is room for these issues to come up. The interviewee also spoke of the trust they place in their community-based coordinators, who have that personal connection and "keep tabs on people's wellbeing." And in terms of their own wellbeing, the importance of the close core team as well as trust-based relationships with regional coordinators was paramount: "*One of the coordinators, I WhatsApp almost every day for advice, you know, we're friends, we're always doing visits and workshops together, debriefing together… eating and drinking together… and it does feel super unique compared to a lot of things I've worked on in the past which have talked about relationships but then that doesn't play that out within teams.*"

For relational roles involving work across complex contexts and often with vulnerable groups, these informal trust-based relationships can be vital. However, it does raise questions about the **boundaries of support and accountabilities of universities** as opposed to other organisations were research-related work is distributed across networks. There are also inevitable challenges around the limits of informality and one Key Informant expressed vulnerability around sharing personal lived experience as well as the danger of being triggered by the experiences of others. They noted that while for some, the experience of "crying together" can be invaluable for relationship-building, it's not for everyone and so a sensitive approach is needed whereby individuals can be supported to define their own boundaries.

Related to this is the **challenge of training those playing informal support roles**. Training for 'peer supporters' was implemented as part of the Mentally Healthy University pilot program (Mind, 2019) to help promote a more open culture around mental health. Though studies suggest that such types of informal support systems are both popular and effective, the authors have stressed that colleagues should not be responsible for the wellbeing of others and that support can have a detrimental impact on their own wellbeing (Jayman et al 2022) and the training and support for supporters is often minimal. The other issue relates to voluntary work, which is also often gendered (see Guarino and Borden 2017). The webinar workshop participants felt strongly that if institutions are claiming to take wellbeing seriously, these roles should be resourced and not just voluntary.

The KIIs also distinguished between preventive approaches that nurtured supportive environments (for example "cultures of care" and responsive supervision, communication and feedback systems), risk assessment to anticipate and protect against "extreme circumstance" (e.g. physical or emotional threats from specific contexts or interactions) and strategies to mitigate against or provide support for 'ill-being' (e.g. guidance EAPs and therapeutic interventions). While the community-engaged and cultural sectors tended to favour efforts to

build a nurturing environment, the international development and humanitarian organisations focused on risk mitigation and safeguarding in relation to specific duties and contexts of work.

Corrective interventions for those whose welfare/wellbeing is at risk

Webinar participants agreed that all of their institutions provided some formal support for mental wellbeing. At its most basic, this included self-help guidance available either on the intranet or sent out via newsletters while more integrated Employee Assistance Programmes (EAPs) included self-referral systems, dedicated helplines and advice provided by trained mental health first aiders, individual or group counselling or therapy sessions (offered as face-to-face, telephone or online appointments) and ad hoc events explicitly categorised as staff wellbeing sessions.

While participants were largely cynical about the quality and relevance of the **self-help guidance**, demand for **therapeutic interventions** was generally high (a trend corroborated by the literature – especially for counselling, coaching and mentoring - see Morrish 2019, Morrish and Priaulx 2020; Wray and Kinman 2021) though challenges were identified around meeting that demand and prioritising limited provision, especially when wellbeing units are severely stretched and understaffed (see also Memon et al 2016). At the same time, webinar participants claimed there was often enthusiasm even for more **ad hoc support initiatives**. One participant observed that "*yoga, including puppy yoga was sold out as soon as it went live*". However, participants also lamented the lack of strategic planning and evaluation of such interventions. Reflecting on another free yoga-based intervention, one participant noted: "it's great. But we don't really know what the point was of the sessions and whether anyone that went feels less stressed at work now*"*. The sustainability of interventions was also seen as a challenge – a point raised by Wray and Kinman's survey, which highlights concerns that the number of counselling sessions available to staff is often capped.

Webinar participants also stressed that **support interventions may work for some but not for all**. For example, university funded/free counselling/therapy can be useful but can also be "a little hit and miss when you're new to counselling." This suggests the need to offer better information *on what services such as counselling entails* in preparing staff to decide whether this may be beneficial to them. One participant suggested it is also important to know how to access support such as counselling effectively, while another shared that "the best thing that I've ever learnt about counselling or therapy is that, it's really okay to change your counsellor or your therapist. And to know it's going to take time to kind of click with the right person".

Poor communication regarding available support and confidentiality is a factor identified in the literature as linked to lack of staff awareness and poor access (see Hughes et al 2018), especially where there may be perceived stigma about work-related stress and mental health (and this is often higher amongst Black and minoritized ethnic staff – see BME Network 2016; Arday 2022 and Advance HE 2018, 2023 on disability disclosure rates for different groups of staff). One of the key informants spoke of the challenge of staff members being brave enough to feel able to say I'm not coping or I'm overwhelmed, recognising organizational culture as the key barrier. And similarly, over half of Wray and Kinman's survey respondents admitted that they were worried about being perceived by their managers as weak or inadequate for seeking support, which over 70% felt could be detrimental to their career. Respondents also felt that their managers did not have the necessary skills or knowledge to respond, suggesting that training is needed for managers, mentors and

counsellors to enable staff to access the support being provided, especially where staff might have significant caring responsibilities and personal difficulties such as bereavement (Wray and Kinman 2021).

Responding to such challenges around the need for better communication, integrated training, a shift to organisational culture that nurtures wellbeing and a multi-level systemic approach to facilitate this (Nielsen and Noblet, 2018), Universities UK (UUK) pledged in 2016 to develop "a whole university approach to mental health". Building on frameworks such as the Mentally Healthy Universities Framework (Mind 2019)[2] and the Student Minds University Mental Health Charter (Hughes and Spanner, 2019[3]) UUK's Stepchange model offers a holistic approach that centres mental health and wellbeing as underpinning all university policies and practices, and therefore extends beyond resilience narratives of self-care. The model situates mental health across four domains of relevance to both students and staff (learn, support, work and live) and identifies five cross-cutting enablers (leadership, co-production, information, inclusivity and research and innovation). Of particular relevance to staff are the 'support' and 'work' domains which include the following guidance:

Support services should be:

- set within a whole university mental health strategy, alongside wider support for staff and students such as support for disability, harassment and bullying, faith, housing, and finance, learning and work;
- designed through co-production with students and staff, delivered according to need, and responsive to changing need;
- safe and effective interventions that are regularly audited for safety, quality and effectiveness;
- properly resourced, staffed and managed;
- accessible to all members of the university community, and appropriate to culture and context;
- prepared for a mental health crisis and suicide by having clear plans in place
- working in partnership with local NHS and care services with effective working relationships and information sharing agreements in place.

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[2] The Mental Health at Work Commitment framework (Mind, 2021) builds on six core standards: i) Produce, implement and communicate a mental health at work plan that encourages and promotes good mental health of all staff and an open organisational culture; ii) Develop mental health awareness among employees by making information, tools and support accessible; iii) Encourage open conversations about mental health and the support available when employees are struggling, during the recruitment process and at regular intervals throughout employment, with appropriate workplace adjustments offered to employees who require them; iv) Provide your employees with good working conditions and ensure they have a healthy work/life balance and opportunities for development; v) Promote effective people management to ensure all employees have a regular conversation about their health and wellbeing with their line manager, supervisor or organisational leader and train and support line managers in effective management practices; and, vi) Routinely monitor employee mental health and wellbeing by understanding available data, talking to employees, and understanding risk factors.

[3] Other influential frameworks included: Suicide Safer Universities (UUK 2018) and the Minding Our Future guidance on long-term partnerships with the NHS (UUK 2021)

Staff mental health:

- Develop and implement a strategy that aligns staff and student mental health.
- Promote mentally healthy workplaces. — Build mental health into performance regimes.
- Champion open conversations
- Deploy effective wellbeing interventions.
- Train line managers and research supervisors to promote mental health.
- Ensure that support is easy to access.

Staff supporting students:

- Training for staff to be aware of mental health difficulties and to respond appropriately must be set in a wider framework that sets out roles, boundaries and support available.
- Training should support the development of aware and compassionate communities that enhance mental health as well as responding to crises.

UUK 2021

While this guidance does not include specific reference to staff in relational roles who may be supporting other groups of staff or external partners, the principles have some relevance with the key difference being that they involve responsibilities within the university and not necessarily of university staff working within other organisations and community contexts. A related challenge was raised in one of the KIIs about the challenges of working across two organisations, both of which provided EAPs including posters around the building, regular emails, significant guidance and training as well as offers of mentoring and counselling. The interviewee found this to be a case of 'information overload' which was confusing, particularly as it wasn't clear how to access the different types of support and how long the process might take. They also struggled with the fact that access was mediated by their line-manager. A better option for them would be a single, direct line to confidential institutional support, which might be accessed independently as and when needed.

Related to this is the challenge of providing **targeted support rather than general provision** of guidance material or mental first aid that is often developed for students and then expanded to teaching staff. The workshop participants agreed that there was very little in their institutions that was specifically targeted to professional and support staff or those in relational roles (though network organisations like the National Coordinating Centre for Public Engagement Public Engagement Professionals did offer some peer-support for Public Engagement Professionals.) This is compounded by other intersectoral inequalities, for examples, Black and Minoritized Ethnic staff face barriers in terms of accessing contextually appropriate mental health interventions that recognise the sophisticated nature of insidious racism in all its overt and covert manifestations (Arday 2022).

The webinar participants also agreed that most existing interventions tend to facilitate "coping strategies to manage workload as opposed to ways of working differently to reduce workloads". This **'resilience narrative'** is heavily critiqued in the literature (e.g. Gil and Ngaire 2016; Smyth 2017) with one institutional case study of a Canadian university even

suggesting that their EAP actually "amplified pressures… to be resilient and perform and be accountable" and is therefore an agent of the corporate university (Reuter 2021). However, some organisations outside of the higher education sector are challenging this narrative. One of our KIIs working in the UK's culture told us that at their network-organisation:

"we don't believe that resilience is the responsibility of the individual. We feel that the organization should make sure that there isn't a need for individuals to feel resilient, you know, this is not a war zone. So we do absolutely feel that's the responsibility of the organization, but part of that responsibility might be communicated through highlighting the training that is needed to support both individuals and their supporters. So as a mental first aider, I might do that training and then rather than support it's about creating competence at the beginning so that the support at the end is less likely required."

Notably some of the webinar participants said they had resorted to taking their own measures to overcome poor health challenges caused by their work. These included **shifting work patterns** to part-time, which is obviously not an option for those reliant on a full-time income. Such tensions between material wellbeing imperatives (i.e. income), subjective imperatives (i.e. manageable workloads) and relational imperatives (mediated by mutual dependencies, obligation, competition and friendship) can result in highly stressful juggling acts. Some participants spoke of having to take on multiple jobs which generate additional work as an extra layer of relationships and responsibilities are negotiated and can therefore be "doubly bad" in practice. Once again, those working part-time and on precarious and lower paid contracts tend to be woman, Black and ethnically minoritized staff, those from lower socio-economic backgrounds and those with disabilities (Arday 2022, Advance HE 2018).

Time constraints and increasing pressure "to do more with less" (Kinman 2014) had both contributed to ill mental health and also prevented workshop participants from accessing support. One participant even shared that "if this had been offered to me last year, I would have either cried or punched you in the face because it just was too intense". Participants also noted that the **strategic timing of interventions** was important too so that "it doesn't become something extra that people are asked to do" and is there "when they really need it". Some said they had observed a clustering of support interventions around 'wellbeing week' but that they would have preferred these offers to be spread out throughout the year. Others in leadership roles shared their attempts to put measures in place to support relational staff engaged in 'tricky conversations' with the public by ensuring they have time and space 'to decompress'. The importance of this was echoed by several of the key informants, who spoke both of underestimating the impact of certain sensitive topics and also more positively, of factoring in space for personal 'time out' as well as collective check-ins. While this type of support is routine in sectors like humanitarian development, the KII with an international organisation disclosed some disjuncture between the institutionalised safeguarding, security training and counselling provided as a risk-mitigation strategy to those "in the field" with a lack of commitment to day-to-day wellbeing through workload management.

This additional challenge of sensitive issues, tricky topics or intense relational work with vulnerable groups raises the importance of **more targeted or project-specific support**. Some of this involved providing support for external stakeholders and in fact, this focus on **how to support the wellbeing of our partners** was one of three topics that the workshop participants voted to discuss in depth. Participants shared examples of counselling for external partners engaged in projects tackling sensitive issues and of a festival celebrating research into sexual

violence which included both counselling and support for visitors on the day as well as a wraparound after-care programme. The participant involved in this event was keen to stress that care in this context included payment for speakers as well. However, the group tended to agree that the most successful formal arrangements were planned in the context of projects, while support for their teams and less formalised community relationships tended to be largely informal and self-organised. Speaking from the context of the UK's cultural sector, one of the key informants also suggested that the degree to which institutions can commit to formal therapeutic support and invest in EAPs is dependent on their size and income and that those smaller organisations without the budget "just have to bumble through." There are however, exceptions and one example given was the Museum of Homelessness in London that invested in a very explicit therapeutic model, which ensures there is always somebody in the room who is clinically trained and acts as a dedicated valve for the project team. As well as supporting the project teams, this was also seen as key to ensuring those with lived experience of homelessness would be able to engage full and without risk of harm. The informant also gave examples of utilising existing specialist resources around specific topics, for example "if I'm working on a project around death, I might highlight to my team the resources developed by Cruise or the Death Café or as part of the Grief Festival."

Challenges to the provision of support and potential solutions

Despite the extensive examples of support from within the UK's higher education sector and beyond, the workshops, KIIs and literature review revealed three key challenges, which risk undermining interventions:
1. resourcing and work conditions;
2. inequalities and recognition; and,
3. the interrelationship between the wellbeing of staff and those whom they support.

Interestingly, two of these challenges were identified by the workshop participants as top priorities for further discussion: 'recognition of relational work' and 'supporting our partners wellbeing'.

Participants agreed that central to all challenges was the interrelated issues of **resourcing and work conditions**. Despite the rhetoric of models like Stepchange, this is not a simple matter of dedicating additional funds to EAPs, but is also linked to pay and pension policy, rewards and recognition, labour conditions and workload allocation. There is an extensive literature on the influence of 'new managerialism' and the 'neo-liberal university' on labour conditions in higher education (e.g. Kinman 2014; Mountz et al 2015; Welch 2020; Jayman et al 2022). Wray and Kinman (2021) reported that 36% of respondents "always" or "almost always" neglected their personal needs due to work demands, while the lack of time and inflexible schedules were common barriers to seeking wellbeing support. Others have argued that certain interventions including some EAPs actively contribute to a neoliberal culture of 'self-surveillance' due to their individualisation of experience, when what is needed is *collective* action to resist intensified pressures to do it all (Mountz et al 2015). Poor conditions are also linked to **increasing casualisation and the resulting staff turnover** (Priaulx and Davies 2019; Morrish 2020), which as discussed in the previous section has strong implications for relational work. There is also the question of **resourcing what are typically volunteer roles** (e.g. 'mental health first aiders', 'dignity advisors' and volunteer mentors) and are often gendered. Cardozo's work on the 'care scholarship' of university faculty reveals that the construction of a casualized and predominantly female teaching class in higher education

follows longstanding patterns of devaluing socially reproductive work under capitalism (Cardozo 2017) and might be extended to the devaluing (and gendering) of professional and support staff (see also Facer and Enright 2016 and Guarino and Borden 2017).

While some of the KIIs identified innovative ways of resourcing wellbeing (for example, providing small **'wellbeing budgets'** to individual members of staff or project participants to offset 'negative impacts' or inclusion of 'wellbeing leave' and 'volunteer days' in staff benefits) others suggest that the most useful response is through a meaningful commitment to decent and pay and work conditions that recognise the impact on welfare and wellbeing. According to Wray and Kinman (2021) the sources of support that were considered the most helpful tended to be at the organisational level and included **managing workload and pressure at source, increased autonomy, improving institutional policies and practices around wellbeing** and **feeling appreciated and respected**. Individually focused initiatives (e.g. stress management training, mental health first aid) were typically seen as less effective.

The second challenge was around **lack of recognition for relational roles and related inequalities** around relevance, access to and inclusivity of support. The workshop participants discussed at length the different ways of recognising the varied roles played by professional and support staff, the impact of these roles and related practices on welfare and wellbeing and the relevance of support. They discussed the importance of collecting evidence to highlight both the value of relational work and the risks. This is done to some extent through existing 'mental health surveys' sent to staff to identify specific issues as well as the experiences of specific groups. However, more **targeted metrics** could go much further, though participants were conscious of the risk of adding to workloads and this potentially becoming another layer of 'performance management'. They also addressed the importance of developing metrics carefully to ensure "they are measuring what we value rather than valuing what we measure" as is the danger of an over-reliance on metrics (see Wilson et al 2015 on 'the metrics tide'). Participants also noted that alternatives to 'hard' summative measures can include better **communication, feedback systems and in-depth consultations** as well as more formal spaces for reflection, learning and mutual support. Participants also highlighted the important **role of senior leadership** in recognising the specifics of "the work taking place and the impact and responsibilities to cascade that down to different teams" as well as the active **engagement of relational staff in strategic decision making** "regardless of employment level" and offering opportunities for "personal development and reward frameworks." Staff were also encouraged to **join professional associations/network** (e.g. the Association of Research Managers and Administrators – ARMA; and the National Coordinating Centre for Public Engagement – NCCPE) to improve their sense of belonging and professional recognition, while participants took some encouragement from the latest Research Excellence Framework (REF) guidelines which recognise a broader range of contributions and movements like The Hidden REF[4], which has increased visibility of a range of research roles and practices as well as "stories, spotlights, interviews with support staff". Finally, participants spoke of the **role of unions and collective resistance** to the neoliberal university and its impact on increased surveillance, decreased autonomy, deteriorating conditions and pay, casualisation and high staff turnover (Kinman 2014; Mountz et al 2015; Welch 2020; Jayman et al 2022) much of which affects professional and support staff in relational roles disproportionately.

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[4] https://hidden-ref.org

The final challenge highlighted by participants was around **supporting relational staff to support their partners**. There is a growing literature on the relationship between student mental health and staff wellbeing (Hughes et al., 2018; Jayman and Lynam, 2020). Educators are facing increased risk of compassion fatigue and/or vicarious trauma (Hydon et al., 2015) and evidence from the school sector suggests that staff and student wellbeing are inextricably linked (Jayman et al 2022). While some of the workshop participants had responsibilities for students and research staff, discussions focussed primarily on external partners with concern expressed for the wellbeing of these collaborators. Few of their institutions had explicit **guidelines for supporting external partners** (though many were aware of the resources offered by organisations like NCCPE) which meant that relationships were often negotiated independently by staff themselves on a case-by-case basis. From their experience, participants emphasised the additional **time for negotiating relationships** and communicating effectively, while also stressing the importance of **setting clear personal boundaries, managing expectations, being transparent** and **explaining how universities work** as a lot of misguided assumptions are made about university resources, processes and timelines. While occasional support was offered to external partners, this tended to be limited to one-off access to counselling to offset 'sensitive' topics or more rarely, offers of counselling for the duration of a particularly difficult project. In both of these examples, similar support was not extended to the professional staff involved in the projects. A participant noted 'we didn't offer that to ourselves' due to resource constraints such as lack of money. In terms of the **quality of support** provided to partners, participants said that this was unknown due to the lack of any formal evaluation of partners' experiences and added that **being better at listening to partners** was also key. Once again, institutional commitment (e.g. linking civic missions to wellbeing strategy) and **buy-in from senior leaders** was seen as vital for maintaining strong and ethical (i.e. non-extractive) partnerships. Support for partners or 'communities' was highlighted in three of the four KIIs. In the UK context, speaking to a programme that brought together community organisations and local academics, the informant noted that many of the communities had mistakenly assumed the academic partners to have ongoing access to extensive support and that correcting this assumption had allowed for a more transparent and collaborative negotiation of wellbeing resources across their organisations. This was only possible because of a strong commitment to building trust, listening, learning and adapting together. However, this flexibility also raised challenges around boundary-setting and at times the conscious recognition of power-relations meant that some academics were afraid to raise their own feelings of discomfort or insecurity. These **challenging power dynamics complicated the relationship between staff and communities** in different contexts. For example, the key informant working in the international development and humanitarian space spoke of relative wellbeing: "*It's hard to focus on your own wellbeing when your partners are dealing with life-or-death challenges.*" While the UK-based informants highlighted the impact of austerity and public sector cuts on the welfare and wellbeing of the communities they work with.

> "*you're just always feeling guilty because you're so lucky to have what you have, and you know you shouldn't be whining in comparison to other people and you're like, 'whoa, get a grip'. Yeah, I think that is a huge barrier in itself. And actually it's okay to say that you need support. But it still doesn't feel OK.*"

Perhaps, one response to the challenge of 'hierarchies of wellbeing' is to situate the specific challenges within the broader ecosystem of care (see Tronto 1998) and "forge **intersectional alliances**… not only between faculty sectors, but also among faculty, care workers in other industries, and members of society who benefit from caring labor." (Cardozo 2017). This

implies collaboration between the different campaigns and unions that serve different groups of higher education staff as well as those outside of the sector within a broader relational vision of welfare and wellbeing for all.

4. Recommendations

Based on our literature review and participatory consultation, we propose the following five recommendations for relocating welfare and wellbeing within the context of relational work in higher education.

1. ***Increase recognition*** for the value of relational work, the importance of welfare and wellbeing and the needs and priorities of professional and support staff who often hold key relational roles but without tailored support, job security or opportunities for career progression. More specific actions might include:

   - Inclusion of the value of these roles in organisational strategy;
   - Clear criteria for career progression, rewards and incentives;
   - Template job descriptions accommodating complex, hybrid roles;
   - Efforts to minimise casualisation.

2. ***Map and resource*** the time and spaces of relational work, which includes accounting for relationship-building, communication and learning as well as downtime and support during leave and identifying the different spaces of relational work inside and beyond the university and the responsibilities/risk within these spaces. Actions might include:

   - Ongoing context analysis and stakeholder mapping within local communities and research contexts;
   - Additional pre-award funds for relationship-building, communication and with sustainable partnerships that extend beyond projects;
   - Support for the wellbeing of partners beyond research ethics.

3. ***Capture diverse understanding, experiences and needs/priorities*** of different groups of staff and promote responsive, adaptive and reflexive approaches to management including pressure on funders to support long term and flexible programmes and pressure on universities to provide support to bridge the gaps and ensure coherence across short-term projects;

   - Implementation of robust communication, feedback, supervision and MEL mechanisms as well as reflexive spaces for listening and learning;
   - Collation of the resources/pathways specifically for professional and support staff and those engaged in relational work;
   - Development of strategies to respond to specific relational needs (e.g. with specific groups, in specific contexts) and the external collaborations needed to support this.

4. ***Commit at an institutional level*** to reviewing the relevance, accessibility and inclusivity of systems, guidance and interventions and identifying the capacity needed. Actions might include:

- Extend the systemic approach to wellbeing (i.e. Stepchange) to an analysis of the interrelated structures, policies and practices that fuel ill-being (e.g. pay, benefits and labour conditions). This may include bold approaches such as piloting a 4-day week or additional leave for relational service.
- Intentional strategy for wellbeing for professional and support staff beyond teaching and research activities and for the external partners they work with;
- Mju8

5. ***Connect with broader campaigns within and outside the HE sector*** to advance recognition for welfare and wellbeing, decent work conditions, care for staff and vulnerable partners and support for the skills and knowledge of relational work. Actions might include:

- Publications of statements of support for campaigns around decent pay and labour conditions as well as those facilitating wellbeing and relational practice;
- Commit to additional leave for personal wellbeing, care responsibilities and community service;
- Facilitation of career pathways and experience-sharing across research, teaching and professional services that recognise the intersectoral knowledge and skills of relational work and between universities and their local communities.

5. Next steps

This exploratory work has started to map the key issues around welfare and wellbeing in the context of relational work and to identify some of the key stakeholders within and beyond the UK's higher education sector. Our participatory consultation has confirmed how much this work is valued. The next steps are to develop a community of practice collaborate with network partners (such as NCCPE, ARMA and UKRI) to set an agenda for strategic change within and beyond the HE sector.

References

Advance HE (2018). Equality in Higher Education, Staff Statistical Report 2018

Arday, J. (2022). No one can see me cry: understanding mental health issues for Black and minority ethnic staff in higher education. Higher Educ. 83, 79–102.

Baltaru, R. D. (2019). "Do non-Academic Professionals Enhance Universities' Performance? Reputation vs. Organisation." *Studies in Higher Education* 44 (7): 1183–1196.

Banks, S. and Westoby, P. (Eds.) (2019) Ethics, Equity and Community Development, Bristol, UK: Policy Press.

Banks, S. (2016) 'Everyday ethics in professional life : social work as ethics work.', Ethics and social welfare., 10 (1). pp. 35-52.

Banks, S., A. Armstrong, K. Carter, H. Graham, P. Hayward, A. Henry, T. Holland, et al. (2013). "Everyday Ethics in Community-Based Participatory Research." Contemporary Social Science 8 (3): 263–277.

Batty, E. (2018). "The Emotional Turmoil of Contract Research," Emotion, Space and Society 28 (August 2018): 18_23.

Benjamin, J. (2018). *Beyond Doer and Done To: Recognition Theory, Intersubjectivity and the Third Space*, London: Routledge.

Benjamin, J. (2010). Where's the gap and what's the difference?: The relational view of intersubjectivity, multiple selves, and enactments. *Contemporary Psychoanalysis*, 46, 112–119.

*Berman, J. E., and T. Pitman. (2010). "Occupying a 'Third Space': Research Trained Professional Staff in Australian Universities." *Higher Education* 60 (2): 157–169.

Botero, P. (2019). "Sentipensante," in Pluriverse: A Post-Development Dictionary, edited by A. Kothari at al., India: Tulika Books

Bothwell, E. (2019). 'Foreign staff call for clarity over Birmingham attendance policy', Times Higher Education, 29 January 2019 https://www.timeshighereducation.com/news/foreign-staff-call-clarity-over-birmingham-attendance- policy

Botterill, M. (2018). "Crossing Boundaries: Projects, Discourses, and Visibility in the Third Space." In *Professional and Support Staff in Higher Education*, edited by C. Bossu and N. Brown, 91–108. Singapore: Springer.

Bound, H., Edwards, A. & Evans, K. (Eds.) (2023). *Workplace Learning for Changing Circumstances*. London: Taylor and Francis.

Brown, A. (2017). Emergent Strategy. Chico, California: AK Press.

Brydon-Miller, M. (2012). "Addressing the Ethical Challenges of Community-based Research." Teaching Ethics 12 (2): 157–162.

de Pury, J., and Dicks, A. (2020). Stepchange: Mentally Healthy Universities.

Campt, T. (2020) Political Concepts: Adjacency
https://www.youtube.com/watch?v=3uFtRdVsEJI

Cardozo, K. (2017). 'Academic Labour: Who cares?' *Critical Sociology* 43(3) 405–428.

Christian-Brandt, A. S., Santacrose, D. E., and Barnett, M. L. (2020). In the trauma-informed care trenches: teacher compassion satisfaction, secondary traumatic stress, burnout, and intent to leave education within underserved elementary schools. Child Abuse Negl. 110

Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., and Benight, C. C. (2014). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. Psychol. Serv. 11, 75–86.

de Pury, J., and Dicks, A. (2020). Stepchange: Mentally Healthy Universities. Universities UK. Available online at: https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2020/uukstepchange-mhu.pdf

Dee, J., and L. Leisyte. (2017). "Knowledge Sharing and Organizational Change in Higher Education." *The Learning Organization* 24 (5): 355–365.

Dickinson, T. (2022). Championing Staff Wellbeing: Developing Strategies for Success, Research Intelligence Special Issue, 152. British Education Research Association.

Dougall, I., Weick, M., and Vasiljevic, M. (2021). Inside UK Universities: Staff Mental Health and Wellbeing During the Coronavirus Pandemic. Europe PMC.

Edwards, A. (Ed.) (2017) Working Relationally In and Across Practices: cultural-historical approaches to collaboration. New York: Cambridge.

Edwards, R. and M. Melanie (2002) 'Ethics and Feminist Research: Theory and Practice', in **M. Mauthner, M. Birch, J. Jessop and T. Millier** (eds) Ethics in Qualitative Research, pp. 181-196. London: Sage.

Enright, B. and Facer, K. (2016) 'Developing reflexive identities through collaborative, interdisciplinary and precarious work: The experience of early career researchers'. Globalisation, Societies and Education, 15 (5), 621–34.

Facer, K. and Enright, B. (2016) Creating Living Knowledge: The Connected Communities Programme, community–university relationships and the participatory turn in the production of knowledge. Bristol: University of Bristol/AHRC Connected Communities.

Facer, K. and Pahl, K. (2017) 'Introduction'. In Facer, K. and Pahl, K. (eds) Valuing Interdisciplinary Collaborative Research: Beyond impact. Bristol: Policy Press, 1–23.

Fals-Borda, O. (2009). Cómo investigar la realidad para transformarla. In Una sociología sentipensante para América Latina (pp. 253-301). Bogotá: Siglo del Hombre Editores.

Figley, C. R. (2013). Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized. Oxfordshire: Routledge.

Figley, C. R. (1995). Compassion Fatigue: Toward a New Understanding of the Costs of Caring. Chicago.

Friedman, I. A. (2000). Burnout: shattered dreams of impeccable professional performance. J. Clin. Psychol. 56, 595–606.

Gander, M., A. Girardi, and M. Paull. (2019). "The Careers of University Professional Staff: A Systematic Literature Review." *Career Development International* 24 (7): 597–618.

Gaudet, S., March, I., Bujaki, M. and Bourgeault, I.L. (2022). 'Women and gender equity in academia through the conceptual lens of care', *Journal of Gender Studies*, 31(1): 74-86.

Gibbs, T., and H. Kharouf. (2022). "The Value of Co-Operation: An Examination of the Work Relationships of University Professional Services Staff and Consequences for Service Quality." *Studies in Higher Education* 47 (1): 38–52.

Gill, R. and D. Ngaire. (2016). Resilience, apps and reluctant individualism: Technologies of self in the neoliberal academy. Women's Studies International Forum, 54 (January):91-9.

Griffin, G. (2022). The 'Work-Work Balance' in higher education : between over-work, falling short and the pleasures of multiplicity, Studies in Higher Education, 47(11): 2190–2203.

Griffin G, Kalman H, Branstrom Ohman A. (Eds). 2012. The Emotional Politics of Research Collaboration. Routledge: New York, (Advanced Research Methods).

Guarino, C. M. and V.M.H. Borden. (2017). Faculty service loads and gender: Are women taking care of the academic family? Research in Higher Education, 58(6):672-94.

Hall, G. (2016). *The Uberification of the University.* Minnesota: University of Minnesota Press.

Hall, G. (2017). *The Inhumanist Manifesto.* Boulder: Tech Lab, University of Colorado.

Hardt, M. (1999). "Affective Labor." *Boundary* 26(2): 89-100.

Held, V. (2006). *The Ethics of Care: Personal, Political, and Global* (second ed.). Oxford New York: Oxford University Press.

Hochschild, A. (1983). *"Feeling Management," in The Managed Heart.* University of California Press.

Hopwood, N. & Edwards, A. (2017). How common knowledge is constructed and why it matters in collaboration between professionals and clients, *International Journal of Educational Research*, 83, 107–119.

Hopwood, N., Day, C. & Edwards, A. (2016). Partnership Practice as Collaborative Knowledge Work: overcoming common dilemmas through an augmented view of professional expertise, *Journal of Children's Services*. 11, 2, 111-123

Hughes, G., and Spanner, L. (2019). The University Mental Health Charter. Student Minds.

Hughes, G., Panjwani, M., Tulcidas, P., and Byrom, N. (2018). Student Mental Health: The Role and Responsibilities of Academics. Student Minds. Available online at: http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/180129_student_mental_health__the_role_and_experience_of_academics__student_minds_pdf.pdf

Hydon, S., Wong, M., Langley, A. K., Stein, B. D., and Kataoka, S. H. (2015). Preventing secondary traumatic stress in educators. Child Adolesc. Psychiatr. Clin. 24, 319–333.

Jayman M, Glazzard J and Rose A. (2022) Tipping point: The staff wellbeing crisis in higher education. Front. Educ. 7:929335.

Johnson, B., Williams, B. and Manners, P. (2010), Attributes Framework for Public Engagement for university staff and students, December 2010, NCCPE, available at: https://www.publicengagement.ac.uk/sites/default/files/2023-08/an_attributes_framework_for_public_engagement_december_2010_0_0.pdf

Kinman, G. (2014). Doing more with less? Work and wellbeing in academics. *Somatechnics* 4, 219–235.

Krystalli, R., and Schulz., P. (2022). "Taking love and care seriously: An emergent research agenda for remaking worlds in the wake of violence." *International Studies Review* 24(1).

Layard, R. (2021). Wellbeing as the goal of policy. LSE Public Policy Rev. 2, 1–8.

Lever N, Mathis E, Mayworm A. (2017). School Mental Health Is Not Just for Students: Why Teacher and School Staff Wellness Matters. Rep Emot Behav Disord Youth. 2017 Winter; 17(1): 6-12.

Mackenzie, C., McDowell, C., and Pittaway, E. (2007). "Beyond 'Do No Harm': The Challenge of Constructing Ethical Relationships in Refugee Research," Journal of Refugee Studies 20, no. 2: 311.

McIntosh, E., and D. Nutt, eds. (2022). *The Impact of the Integrated Practitioner in Higher Education: Studies in Third Space Professionalism*. New York: Routledge.

Markowitz, A. (2021). "The Better to Break and Bleed With: Research, Violence, and Trauma," Geopolitics 26, no. 1 (2021): 94-117 [and Markowitz, "Researching, Risk and Wellbeing," Practising Ethics, https://practisingethics.org/practice.]

Mikesell, L., E. Bromley, and D. Khodyakov. (2013). "Ethical Community-engaged Research: A Literature Review." American Journal of Public Health 103 (12): e7–e14.

Mind (2019). Mentally Healthy Universities. Mind. Available online at: https://www.mind.org.uk/media/9066/mentally-healthy-universities-programme-final-evaluation-report.pdf (accessed February 28, 2022).

Mind (2021). The Mental Health at Work Commitment. Mind. Available online at: https://www.mentalhealthatwork.org.uk/commitment/ (accessed February 28, 2022).

Morrish, L. (2019). Pressure Vessels: The Epidemic of Poor Mental Health Among Higher Education Staff. Higher Education Policy Institute.

Morrish, L. and Priaulx, N. (2020). Pressure Vessels II: An Update on Mental Health Among Higher Education Staff in the UK. HEPI Policy Note 23. Retrieved from https://www.hepi.ac.uk/wp-content/uploads/2020/04/Pressure-Vessels-II.pdf

Mountz, A., Bonds, A., Mansfield, B., Loyd, J. M., Hyndman, J., Walton-Roberts, M., et al. (2015). For slow scholarship: A feminist politics of resistance through collective action in the neoliberal University. ACME Int. J. Crit. Geogr. 14, 1235–1259.

Nielsen, K. M., and Noblet, A. (2018). "Organizational interventions: where we are, where we go from here?," in Organizational Interventions for Health and Well-being: A Handbook for Evidence-Based Practice, eds K. Nielsen, and A. Noblet (London: Routledge), 1–22.

O'Brien, T. and Guiney, D. (2018). Staff Wellbeing in Higher Education. Education Support.

Priaulx, N. and G. Davies (2019). 'UCEA's strategic ignorance of staff turnover in universities', USSbriefs 88, 2019 https://medium.com/ussbriefs/uceas-strategic-ignorance-of-staff-turnover-in-uk-universities8acbeba9e2fc

Reuter, S.Z. (2021). 'Responsible Professor: EAPs and the Neoliberal University', Canadian journal of sociology, 46(1), pp. 1–36.

Robertson, A., Mulcahy, E. and Baars, S. (2022). What Works to Tackle Mental Health Inequalities in Higher Education? Report commissioned by the Centre for Transforming Access and Student Outcomes in Higher Education (TASO), May 2022. Available at: https://taso.org.uk/wp-content/uploads/Report_What-works-to-tackle-mental-health-inequalities-in-higher-education_AW-Secured.pdf

Ryttberg, M., and L. Geschwind. (2019). "Professional Support Staff in Higher Education: Networks and Associations as Sense Givers." *Higher Education* 78(6): 1059–1074.

Skinner, T., Bloomfield-Utting, J., Geoghegan-Fittall, S., Roberts, N., Smith, O., Sweetland, S. & Taylor, H. A' focus on ethics and researcher wellbeing' in Forester-Jones, R. (ed.) (2023). *Research Handbook on Ethics in Social Research.* Edward Elgar Publishing Ltd.

Smyth, J. (2017). *The Toxic University: Zombie Leadership, Academic Rock Stars and Neoliberal Ideology*. Palgrave Macmillan.

Snoeren, M. M., T. J. Niessen, and T. A. Abma. (2012). "Engagement Enacted: Essentials of Initiating an Action Research Project." Action Research 10 (2): 189– 204.

Snoeren, M. M., R. Raaijmakers, T. J. Niessen, and T. A. Abma. (2016). "Mentoring with (in) Care: A Co-constructed Auto-ethnography of Mutual Learning." Journal of Organizational Behavior 37 (1): 3–22.

Spann A, Vicente J, Allard C, Hawley M, Spreeuwenberg M, de Witte L. (2020). Challenges of combining work and unpaid care, and solutions: A scoping review. *Health Soc Care Community*. ; 28: 699–715.

Spence, C. (2019). 'Judgement' versus 'metrics' in higher education management. Higher Educ. 77, 761–775.

Taylor, H. (2023). A focus on ethics and researcher wellbeing. in R Forester-Jones (ed.), Research Handbook on Ethics in Social Research. Edward Elgar Publishing Ltd.

Thaler, K. (2021). "Reflexivity and Temporality in Researching Violent Settings" Geopolitics 26(1): 18-44.

Tronto, J. C. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care.* Hove: Psychology Press.

Tronto, J. C. (2013). *Caring Democracy: Markets, Equality, and Justice*. New York: New York University Press.

Veles, N., Graham, C. and Ovaska, C. (2023). University professional staff roles, identities, and spaces of interaction: systematic review of literature published in 2000–2020, *Policy Reviews in Higher Education*, 7:2, 127-168

Veles, N. (2022). *Optimising the Third Space in Higher Education: Case Studies of Intercultural and Cross-Boundary Collaboration*. 1st ed. Milton: Routledge.

Vosman, F., and A. Niemeijer. (2017). "Rethinking Critical Reflection on Care: Late Modern Uncertainty and the Implications for Care Ethics." Medicine, Health Care and Philosophy 20 (4): 465–476.

Vostal, F. (2016) *Accelerating Academia: The Changing Structure of Academic Time.* Basingstoke: Palgrave Macmillan.

Walker, M. U. (2007). Moral Understandings: A Feminist Study in Ethics. Oxford: Oxford University Press.

Universities UK (UUK) (2021). Stepchange Mentally Healthy Universities. UUK.

Ward, L., and B. Gahagan. (2010). "Crossing the Divide between Theory and Practice: Research and an Ethic of Care." Ethics and Social Welfare 4 (2): 210–216.

Watts, J., and Robertson, N. (2011). Burnout in University teaching staff: a systematic literature review. Educ. Res. 53, 33–50.

Welch, P. (2020). Mass higher education in England - a success story? *Postdigital Sci. Educ.* 3, 48–64.

Whitchurch, C. (2012). *Reconstructing Identities in Higher Education: The Rise of "Third Space" Professionals*. New York, NY: Taylor and Francis.

White, S. (2015). 'Relational Wellbeing: A Theoretical and Operational Approach', Bath Papers in International Development and Well-being No.43 – November 2015, University of Bath, Centre for Development Studies: https://biblioteca-repositorio.clacso.edu.ar/libreria_cm_archivos/pdf_1362.pdf

White, S. C. (2010). Analysing Wellbeing: A Framework for Development Policy and Practice. *Development in Practice* 20(2): 158–172.

Williamson, E. Gregory, A., Abrahams, H.,, Aghtaiem, N. et al. (2020). "Secondary Trauma: Emotional Safety in Sensitive Research," Journal of Academic Ethics 18, no. 1 (March 2020): 55-70.

Wray, S., and Kinman, G. (2021). Supporting Staff Wellbeing in Higher Education. Education Support: https://www.educationsupport.org.uk/media/x4jdvxpl/es-supporting-staff-wellbeing-in-he-report.pdf

APPENDIX I

Information sheet and consent to opt-in to a participatory consultation

Welfare and Wellbeing in Relational Work: Experiences of Professional and Support Staff in Higher Education in the UK

What is the purpose of this project?

The purpose of this participatory consultation is to deepen understandings of welfare and wellbeing in higher education with a particular focus on the impact of 'relational work'[1] on 'professional and support staff'[2]. Available research suggests that relational work carries a host of both benefits and risk to wellbeing/welfare. While there are a growing number of studies in this area (including those focused on higher education) the experiences of professional and support staff tend to be absent. Similarly, support and interventions for wellbeing in higher education tend to target students and academic research and teaching staff. This consultation aims to redress this gap by exploring the issue from the perspective of professional/support staff, while examining the benefits and risks of relational work to welfare and wellbeing. As a project commissioned by the University of Bath it will inform recommendations for the UoB, while also generating an emerging community of practice, including partners such as the Association of Research Managers and Administrators (ARMA) and the National Coordinating Centre for Public Engagement (NCCPE).

Why have I been chosen?

You have been invited to take part in this project because you have told us that you have an interest and experience/expertise in the topic area and hold or have held a professional or research-support role with a relational dimension (linking researchers and/or research partners inside and/or outside the university).

We are interested in exploring both the positive and challenging nature of relational work from the perspectives of those with lived experiences. As such there will be no right or wrong answers but the aim is to open a safe space for conversation and shared learning.

We will only invite you to take part on the basis of your confirmation to opt-in to the project which will be taken as your consent. See below for further information on informed consent and your right to withdraw.

Who is organising this participatory consultation and why?

The University of Bath (Public Engagement Unit) has commissioned Dr Jude Fransman and Dr Tigist Grieve to undertake this participatory consultation on a freelance basis. You are free to contact us at any stage of the research with any questions by emailing us at: jude.fransman@open.ac.uk or tigistgrieve@gmail.com.. If you have any concerns or complaints about this project and would like to speak to an independent advisor, you can contact Helen Featherstone at the University of Bath: hf362@bath.ac.uk

What will happen to me if I take part?

If you decide to take part, we would ask you to commit approximately 1.5hrs of your time on two occasions to participate in 2 webinar discussions. We will also ask you to add your reflections to a Miro board anonymously (up to 30 minutes for each webinar).

How will my data be stored, shared and used?

You have given consent to be added to the project mailing list, but can withdraw from this list at any time. Your personal data (name, email, role, university) as well as the summaries of discussions from the webinars will be password secured and stored. To ensure a safe and confidential space, the webinars WILL NOT be recorded but notes will be taken. As per our ethical protocol, all of the data will be anonymised and delinked to enhance confidentiality. Some relevant quotes may be used but we will ensure they are fully anonymised. The data usage is strictly for this project alone and all of the data generated will be password protected with access is limited strictly to the team (Bath UEP and the consultants). The findings will be published as a final report, which will be shared with participants for feedback prior to publication. A summary of the emerging findings will also be shared at the Communicate Conference on November 15th, with the slides shared in advance with participants. All data will be destroyed after the completion of the project.

What are the possible benefits of taking part?

The outcomes of this project will help us gain understanding of our collective experience of relational work and the implications for welfare/wellbeing as well as the specific expertise, perspectives, needs and priorities of professional and support staff. By working with our network partners, we hope that this will inform changes to policy and practice across the sector as well as contributing to research on these issues.

Are there any risks or disadvantages to taking part in this project?

There is no physical risk involved with this study. No experiment or testing method is used. Your identity and responses will be kept confidential with no linked data to either yourself or your institution. There is therefore no reputational risk to either you or your institution as a result of taking part in this project.

However, while we adhere to the 'no harm' principle (SRA 2021), the sensitive nature of this topic carries a risk in terms of your emotional wellbeing, which may result from sharing an upsetting experience or finding another participants' experience to be 'triggering'. In response, we will proactively ask that all participants refrain from describing potentially sensitive personal experiences during the webinars. If participants have an experience that they feel is relevant and they would like to share, we will offer a follow-up 1-to-1 discussion instead and/or the opportunity to submit an anonymous statement. We have listed below useful resources and agencies for participants to access should they need any support. This list will also be made available for those unable to take part in the study and we would welcome any additional resources you have to add.

Has the project gone through a formal ethical clearance process?

Since this project is a small exploratory consultation and not formal research, we have not gone through a formal ethical review process. However, key principles of social research and

integrity inform the design, process and outcomes. In addition we aim to follow the six principles for ethical research outlined by the SRA research ethics guidance (2021).

Operationalising ethical commitment

Participation is strictly for those who understand the purpose and are choosing to opt-in to take part in a fully informed manner. Adhering to the SRA statement that 'Consent is best viewed as a continuous process rather than as a discrete and irreversible decision' (SRA 2021:2) the project offers multiple opportunities for participants to change their mind choosing to opt-in/out of the project (with no question) at multiple intervals of this project (participants recruitment, consultation workshop 1 & 2 and Miro reflection board).

As a project concerned on issues of wellbeing and welfare, we are committed to the do no harm principles and draw on key principles that apply to our work from within and beyond the SRA research ethics guidance. These include informed consent, confidentiality, transparency and honesty. Further we are committed to participants' autonomy, privacy and dignity (BPS 2021); sensitivity to dynamics of relationships, positionality, roles, experiences of participants and the team(Bryman 2004).

What are the next steps if I wish to take part?

Please review this document to ensure you understand the purpose of the study, your role as a participant (e.g. time implications), your rights (e.g. opportunities to ask questions, issue a complaint or withdraw from the study with no repercussions), our data management policy and the potential benefits and risks. Please contact the consultants with any questions or concerns. If you still wish to participate, please sign and return the informed consent sheet at the end of this document, after which you will be formally invited to the webinar workshop and Miro board platform.

List of useful organisations

If you are impacted by what is shared during the webinars, please note the following organisations that offer support. You might also wish to approach your own institution for workplace based support by making appointments with wellbeing advisors or an equivalent at your organisation.

1-https://www.mind.org.uk/
2-Rethink
3-NHS

Welfare and Wellbeing in Relational Work: Experiences of Professional and Support Staff in Higher Education in the UK

INFORMED CONSENT FOR WEBINAR PARTICIPANTS

Please read the information sheet before completing this consent form.

Please return the completed form by email to jude.fransman@open.ac.uk

1.   TAKING PART

- I have read and understood the information above. I have been able to ask questions about the project and my questions have been answered to my satisfaction.
- I consent voluntarily to participate in this project and understand that I can refuse to answer questions or opt out of discussions and that I can withdraw from the project at any time without having to give a reason.
- I understand that taking part involves attending two online focus group discussions (webinars) lasting 1.5hrs each with an additional 30 minutes engagement with Miro Boards for each.
- I have been made aware of the potential risk of taking part in this project and I have considered the specifics risks for me and sources of support.
- I agree to respect focus group participants and follow the brief given to us.

2.   CONFIDENTIALITY AND DATA USE

- I understand that any personal information collected about me that can identify me, such as my name, email, institution or role will not be shared beyond the project team.
- I understand that any information that is shared during the webinars will be treated as confidential and I will not disclose anything that other participants have said.
- I understand that I should refrain from disclosing sensitive experiences during the webinars, but that if I would like to discuss a relevant experience, I can submit an anonymous statement and/or arrange a 1-to-1 conversation with one of the consultants.
- I understand that all of my data (including summaries of discussions and quotes) will be fully anonymised as will any reference to my employer/institution.
- I understand that I will receive a draft of the outputs arising from this research and will have the chance to share my feedback.

Name of Participant   _____

Signature   _____

Date   _____

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[1] We use the term 'relational work' to describe any people-facing responsibilities that involve some bridging/mediation/translation/brokering/collaboration/engagement across different groups. This could be with partners, communities or stakeholders outside the university or with different groups (e.g. academics from different disciplines, research students, managers) within the university.

[2] We use the term 'professional or support staff' to encompass the wide range of non-academic professional roles in higher education, which may be full or part-time, temporary,

permanent or contract based and might include academics or research students who also hold research-related, support or administrative roles alongside their academic roles.