Physical education mentors in initial teacher training: who cares?

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Abstract

Purpose – The broad aim of this paper is to use Noddings' theory of ethical care to analyse mentors' caring experiences. More specifically, it aims to analyse how physical education (PE) mentors provide care, how they are cared for, and how this impacts their role within the context of secondary PE initial teacher training (ITT).

Design – Semi-structured interviews were used to generate data from 17 secondary PE mentors within the same university ITT partnership in the north-west of England. Questions focused on the mentors' experiences of care and the impact this had on their wellbeing and professional practice. A process of thematic analysis was used to identify, analyse, and report patterns in the data.

Findings – The participants reflected established definitions of mentoring by prioritising the aim of developing the associate teachers' (AT) teaching rather than explicitly providing support for their wellbeing. This aim could be challenging for mentors who face personal and professional difficulties while supporting the training of an AT. Mentors frequently referred to the support of their departmental colleagues in overcoming these difficulties and the importance of developing interdependent caring relationships. Receiving care did not impede mentors from providing support for others; it heightened awareness and increased their desire to develop caring habits.

Originality – Teacher wellbeing has drawn greater attention in recent years and is increasingly prioritised in public policy. These findings highlight the value of mentor wellbeing and how caring professional relationships can mitigate the pressures associated with performativity and managing a demanding workload.

Key Words – Mentoring, Care, Physical Education, Initial Teacher Training

Introduction

Teachers face a wide range of challenges in their day-to-day work in schools. They are expected to manage a demanding workload, meet the diverse needs of their pupils, and constantly adapt to a changing educational landscape (Gordon, 2020; Savill-Smith, 2019). These challenges significantly impact teachers, with around a third of entrants into the profession in England leaving within the first five years (Long and Danechi, 2021). As such, teacher wellbeing has drawn greater attention in recent years and is increasingly prioritised in public policy (Higgins and Goodall, 2021). For example, the Initial Teacher Training (ITT) Core Content Framework in England expects providers to teach associate teachers (ATs; also known as student or trainee teachers) how to manage workload and wellbeing, in part by 'protecting time for rest and recovery' (Department for Education, 2019a, p. 31). Similarly, the Early Career Framework (Department for Education, 2019b) recognises that 'teachers deserve high-quality support throughout their careers, particularly in those first years of teaching when the learning curve is the steepest' (p. 4).

The pressures associated with performativity and managing a demanding workload can be mitigated by various protective factors (Murphy *et al.*, 2020). These include supportive professional relationships, feeling part of the school or department community, and having positive self-esteem (Gordon, 2020). Those who work within strongly supportive social networks are thought to experience greater wellbeing and reduced negative emotions. Supportive and caring relationships also promote social integration and fulfil human beings' fundamental need to belong (Deci and Ryan, 1985). In schools, a sense of belonging is engendered by the commitment of leaders and teachers to create a caring culture of support and positive relationships (Gordon, 2020). This approach is increasingly valued as a caring culture and can lead to improved productivity, quality of life and job satisfaction. It is widely regarded as beneficial for teachers and schools (Turner *et al.*, 2022).

This paper examines the caring experiences of physical education (PE) teachers who have chosen to take on the additional responsibility of mentoring an AT. In this study, the mentor is a more experienced and knowledgeable school-based colleague who works alongside the AT at the placement school as they complete a one-year postgraduate ITT programme in secondary PE (L. Jones *et al.*, 2022). The PE teachers are adding to an already demanding workload by taking on this role. They are expected to improve the AT's teaching, integrate them into the

school community and develop their ability to self-regulate while attending to all their other teaching responsibilities (Hobson = van Nieuwerburgh, 2022; L. Jones *et al.*, 2020, 2023).

The teachers are taking on an additional caring role when they mentor an AT. They are already familiar with this role, as teaching can be understood as a pedagogical activity with an inherent duty of care (Cronin and Lowes, 2019; Noddings, 2012). This responsibility has a well-established legal basis and is perhaps more evident in PE, where teachers must take reasonable steps to foresee and prevent events causing injury or harm (Cronin and Lowes, 2019). Care is situated within the broader world that PE teachers inhabit within schools. It is a familiar concept that is valued within their professional lives. Care is also valued within mentoring as it is an inherently social activity that always involves a relationship between a mentor and an AT. That said, caring relationships are secondary in definitions of mentoring, which tend to prioritise the progress of the AT and their developing ability to teach and learn for themselves. Care is seemingly marginalised in the discourse even though the practice of mentoring is implicitly concerned with care. Moreover, less attention is given to the mentors' wellbeing and how they are supported and cared for in their role (Hobson = van Nieuwerburgh, 2022).

There is some emerging research interest in the study of teacher wellbeing, although it remains an area that needs further investigation (Higgins and Goodall, 2021). The issues relating to wellbeing are perhaps more acute for teachers who also take on a mentoring role, but there is little research into the care and support that mentors need (Hobson = van Nieuwerburgh, 2022). This study used Noddings' (1984, 1995, 2012, 2013) theory of care to analyse mentors' caring experiences and, in doing so, aimed to provide a novel and critical perspective on their role. More specifically, the research project was designed to analyse how PE mentors experience providing care, how they are cared for, and how this impacts their role within the context of secondary PE ITT. The paper begins by examining the work of Nell Noddings to develop a theoretical understanding of the caring relationships that occur between mentors and other professionals within school contexts.

Ethical care

Care can share a dual meaning – as a term representing both internal feelings and external actions. It can denote thoughts, interests and concerns while symbolising the actions or practices that arise from such feelings (Blustein, 1991). That said, while an individual's limited power and resources may constrain their practice of care, any feelings of concern and interest need to translate into action for care to be effective. Care is an intentional act based on

benevolence. It is a property of human relationships expressed through the care provider's actions (Blustein, 1991; Noddings, 2005b). Care is also frequently defined by its purpose (Louis *et al.*, 2016). It is understood to be an intentional act that aims to address the particular needs of others, to promote the wellbeing and development of others, or to advance a caring capacity among the self or others (Blustein, 1991; Louis *et al.*, 2016; Mayeroff, 1971; Noddings, 2005b). The different purposes of care can seemingly lead to different outcomes (Louis *et al.*, 2016). They may be short-term outcomes that relate to the immediate needs of the cared for or longer term benefits accrued through the experience of providing or receiving care. Either way, the emphasis is on the positive and promoting role of care in human development.

Noddings (2013) similarly understood the provision of care to be a relational, nurturing and dialogic act that attends to the needs of the cared for. That said, Noddings (1984) distinguished between natural and ethical care. Natural caring relationships drive compassionate actions and occur when individuals react instinctively to a perceived need (Noddings, 2003). In contrast, when individuals offer ethical care, they put the other first because it is appropriate and not because it fits easily with their instinctive preferences. When natural care is missing, Noddings' ethic may be used as a framework to understand the provision of moral care. Moreover, in an educational setting, the ethic of care may explain how teachers who are also mentors experience caring and being cared for (Trout, 2018).

According to Noddings (1984, 2013), providing ethical care initially involves three stages: engrossment, motivational displacement and reciprocity. First, engrossment is the sustained attention and empathetic concern provided to the cared for. The attention could be through observation or dialogue, where the care provider, in this case, a teacher, builds trust by listening, understanding concerns and empathising with needs (Noddings, 2013). When the care provider shows engrossment, they try to listen to and reflect on the wants and needs of the cared for – in this instance, a teacher's school-based colleague. They aim to be attentive and understand their individual experiences rather than make broad or generalised assumptions (Mayeroff, 1971). Engrossment may be difficult to sustain as commitment is needed, particularly in a strained relationship, when the provider sets aside their interests and focuses on the care recipient's needs (Blustein, 1991; Noddings, 2003; Trout, 2018). Nonetheless, engrossment is necessary as sustained attention enables the carer to understand and focus on the needs of the cared for (Cronin and Lowes, 2019).

As part of this analysis of engrossment within ethical care, Noddings (2005) also recognised that needs can be conceived of in different ways. Inferred needs may be observed through interactions and dialogue but are not identified specifically by the cared for (Noddings, 2005b). Conversely, expressed needs relate to those directly expressed by the cared for through their actions or words. They may be difficult to assess, but care providers must treat them with sensitivity to maintain caring relationships (Noddings, 2005b).

Engrossment is a necessary stage of caring. A deep understanding of needs is part of the caring act but is insufficient on its own, as a provider also needs to support and act on behalf of the cared for (Blustein, 1991; Noddings, 2012). In doing so, the motivation of the care provider is displaced towards serving the recipient (Cronin and Lowes, 2019). A teacher may, for example, want to respond and meet the needs of a colleague. Thus, motivational displacement relates to the desire and capacity of the care provider. It is a requirement for care that is particularly evident when the needs of the cared for are prioritised, even if they conflict with the provider's own desires. After listening to the cared for and reflecting on their needs, the provider can either address the identified needs or act to sustain a caring relationship. The care provider may not always be able to respond positively. They may not approve of the expressed need or have the resources to act appropriately. If the care provider cannot satisfy the expressed need, then the aim is to respond in a manner that sustains the relationship and allows for further dialogue (Noddings, 2012).

Finally, reciprocity is needed within consensual caring relationships. As part of a reciprocal relationship, the cared for contributes to the process by engaging with and accepting care (Louis *et al.*, 2016; Noddings, 2013). This acknowledgement might manifest itself in different ways, including gratitude, overt recognition or a more nuanced response such as showing a positive attitude, a nod or a smile, or moving towards a goal (Noddings, 2002). Regardless of how it is expressed, the acknowledgement is important as the caring act is only complete once the cared for recognises and responds to the provider (Barnes, 2018; Noddings, 2012). It confirms that the care is welcomed and the relationship is caring (Cronin *et al.*, 2020). The concept of reciprocity assumes that a shared understanding of care exists between the two parties, even though a high degree of subjectivity is involved (Barnes, 2018). A teacher and a colleague may not, for example, always share a common understanding of how care is given and received. Nonetheless, the reciprocal nature of care is central to Noddings' ethic of caring. She maintained that a connection exists between the initiator and recipient of care, where the bond

is characterised by the reciprocity and responsiveness of both individuals (Noddings, 2002, 2013).

While an ethical, caring approach is characterised by engrossment, motivational displacement and reciprocity, it is also understood by Noddings (1995) to be context-dependent. As such, her ethic of caring also attends to the contextual continuities that stimulate and sustain caring relationships. Noddings (1995) identified two contextual continuities that either support or undermine care between colleagues in educational settings. The first is duration; the teacher and their colleague must spend sufficient time together. This continuity is important in relationships as it allows individuals to interact, build trust and get to know each other. The second is space; the place where the relationship develops should feel physically and emotionally safe. In this context, space is more than a shared working area at school; it is a place where both parties feel comfortable and at ease (Noddings, 1995).

These concepts of engrossment, motivational displacement and reciprocity, along with an understanding of the contextual continuities that stimulate and sustain caring relationships, are useful means of understanding caring acts (Noddings, 2013). That said, this theoretical framework is still open to criticism as Noddings' work is focused on relationships with a power imbalance, such as the ones between teachers and pupils. Hoagland (1990) argued that in these relationships, the care provider tries to control the interaction and decide the outcome. In this sense, the caring relationship is imbalanced and unethical, even if the intent is to help the cared for to become more independent and resilient. In these relationships, the care provider is dominant and decides on the response to the expressed need, while the cared for is in a relatively powerless and dependent position. Noddings (2012) accepted that many relationships are inherently unequal. Several such imbalanced caring relationships exist in society, and while they may not be equal, Noddings (2012) argued that the individuals within them still contribute. They both help to establish and sustain a caring relationship. Moreover, in adult relationships between school-based colleagues, the balance of power is not constant; it ebbs and flows over time. One may take on a dominant caring role and respond to the needs of another, but this dynamic is not continuous and fixed; the positions shift in different contexts over time (Noddings, 2012).

Hoagland (1990) also provided further criticism that Noddings gives little regard to self-care. It is only discussed as a precursor to caring for others. Failure to care for oneself is criticised but only if it diminishes the carer's capacity to serve the needs of the other and ultimately

jeopardises the caring relationship. In this way, the carer is portrayed as a servant rather than recognised as having their own needs. Noddings acknowledged that providing care can be challenging but maintained that when relational care is established, the care provider and recipient both benefit (Noddings, 2003). This view is contested by Hoagland (1990), who argues that in these relationships, the one providing care gets little reward for their actions.

Noddings (2003) maintained that the care provider and recipient both benefit when relational care is established. While positive relationships underlie wellbeing and emotional growth, this outcome is more apparent in the person who provides, rather than receives, the care and support (Deci and Ryan, 1985; Turner *et al.*, 2022). In addition, the benefits of relational care are also particularly obvious in education, as Noddings (2003) emphasised the role they play in how people learn. Caring relationships, where individuals have established trust and openness, can lead to powerful learning opportunities. The willingness to engage in social interplay helps to deepen understanding as those involved are more likely to ask questions, provide examples and offer different interpretations (Trout, 2018).

Methods

The study aimed to analyse mentors' experiences of care within the context of ITT. Nine male and eight female mentors agreed to participate in the study while supporting an AT through their one-year secondary PE postgraduate teacher education programme. Purposive sampling was used to recruit the mentors, where potential participants were included based on their relevance to the purposes of the study (Denscombe, 2017). As a result, 17 teachers from 15 different schools were invited to participate in the study, and all agreed to take part. All participants were mentoring PE ATs at the same university ITT partnership in North West England. They worked under the guidance of a professional mentor – a senior teacher who liaised with the university and was responsible for ITT at their school. The youngest mentor was 26 years old with three years of teaching experience, while the oldest was 54 and had been in education all her professional life. All mentors had supported an AT through at least one of their two 60-day school placements undertaken as part of their teacher education programme. As a result, the sampling strategy was considered an appropriate means of investigating the nature of care within ITT. The participants were directly involved in mentoring PE ATs. They could provide the research team with an insight that allowed them to develop an understanding from the mentors' perspectives of their experiences and context (Clark *et al.*, 2021; Denscombe, 2017).

All participants provided written consent after reading a participant information sheet. The sheet explained the nature of the research and outlined any perceived benefits or disadvantages of participation. Consent was also treated as a process. A member of the research team discussed the nature of the study and answered any questions before the interview. Participants were also reminded that they were free to withdraw at any point. Finally, ethical approval for the study was gained from the University of Chester, Faculty of Education and Children's Services Ethics Committee (reference: 100622PE) on 10 June 2022.

Semi-structured interviews were used to generate data from the mentors in this study. They were used as the standardised nature of most questions allowed for comparatively easy analysis of responses from different participants at different sites (I. Jones, 2022). That said, there was also some flexibility to ask follow-up questions and enter into dialogue with the mentors, allowing them to elaborate and provide deeper insight. This approach allowed the researchers to elicit data that may have remained hidden and to capture the participants' experiences of care and the caring relationships that influenced their everyday professional lives (Clark *et al.*, 2021; I. Jones, 2022). The 17 participants were interviewed during the summer term at the end of the ATs' postgraduate teacher education programme. The interviews were conducted in a quiet office space at the mentors' schools, lasting 42 minutes on average. Each interview included six predetermined questions to generate data on the mentors' experiences of care. The participants were asked to identify who cared about them as mentors, how they experienced support from others and what impact this had on them and their professional practice. The participants were also asked to explain why they engaged in mentoring, what they cared about and how they showed care when undertaking the role.

While the latitude offered by semi-structured interviews to ask follow-up questions may provide a deeper level of insight, it does create difficulty in comparing non-standardised responses. Furthermore, the data elicited from semi-structured interviews can be more difficult to analyse than data derived from more structured and controlled approaches (Clark *et al.*, 2021; I. Jones, 2022). In this study, all members of the research team (authors) analysed the transcribed audio recordings of the semi-structured interviews separately. Thematic analysis is a common approach within qualitative research. It was adopted in this study to identify, analyse and report patterns in the data generated from the mentors (Braun and Clarke, 2019). Initially, the data were read and re-read individually, with notes taken to capture any preliminary thoughts and ideas. Next, the data were coded to determine the presence of words or concepts relevant to the research aims. Features in the data were labelled in relation to the groups that

had already been identified. These codes were then clustered into themes to reconnect the data and identify higher level patterns. Finally, the themes identified individually by all members of the research team were revised and evaluated collectively to refine their content and test interpretations (Braun and Clarke, 2019).

Thematic analysis is a flexible approach used to deconstruct and describe the data. It was adopted in this study to provide a comprehensive and nuanced account of the mentors' experiences of care (Braun and Clarke, 2019). In the discussion of findings that follow, the five final themes (wellbeing overlooked, web of care – the professional mentor, web of care – the PE department, care is contagious, and care as labour) identified in the analysis of the data are shared, with individual mentors being identified by a pseudonym.

Themes

Wellbeing overlooked

Mentoring is understood to include three overlapping aims: that the mentor supports the AT's learning, integrates them into the school community and empowers them to take increasing responsibility for their own professional development (L. Jones *et al.*, 2020, 2023). In this study, when mentors were asked what they cared about in their role within ITT, almost all referred to the first aim of supporting the ATs' learning. One claimed, 'I want to equip her with as many skills as possible' (Gill), while another noted their desire for the AT to 'develop into an amazing teacher' (Ian). Other mentors extended this theme and referred to the long-term goal of preparing their AT to self-regulate and take responsibility for their own development; 'I want to get the best out of her, develop that confidence, and give her the ability to be independent' (Beth). Overall, the focus of the mentors was clearly on performative aspects – on developing the skills and confidence that would support achievement and success in the classroom. Only one mentor made obvious reference to wellbeing, by saying, 'I want them to feel comfortable because I think it's quite an intimidating place, especially in the PE department because we're usually quite loud and, you know, quite intimidating' (Carly).

Mentors prioritised more performative aspects of the ATs' development and tended to show less immediate concern for their wellbeing. However, care is often defined by its purpose, and while promoting wellbeing is included, so too is the aim of addressing the particular needs of others (Blustein, 1991; Louis *et al.*, 2016; Mayeroff, 1971; Noddings, 2005b). As such, the aim of developing the ATs' skills for a long and successful career could certainly be classed as caring mentorship, even if concern for their wellbeing was less apparent. The mentors' focus

on developing competence is also perhaps not surprising given the context of ITT. The Core Content Framework (Department for Education, 2019a) and the Early Career Framework (Department for Education, 2019b) outline the expectations for the early development of new teachers, and both focus on professional outcomes related to performance.

While mentors initially overlooked aspects of wellbeing when asked what they cared about, it became far more prominent when they were asked about caring behaviour. They originally prioritised the aim of developing the ATs' teaching skills – 'I just want her to be as good a teacher as she can be' (Ann) – but referred to a wider range of behaviours and outcomes when asked how they cared for their AT. One mentor noted, 'I've absolutely made it very clear that they can text me, ring me, whenever they want. It's not an issue. That's what I had, and it's what I want them to have too' (John). Another mentor recognised that engrossment was more apparent with the AT: 'I'd probably ask him more regularly. Are you okay? Is there anything I can do for you? At the end of the day, before he goes, let's have ten minutes. How do you feel today has gone? What about tomorrow?' (Peter). Finally, a third mentor explicitly talked about caring for the AT's wellbeing: 'I do talk about those things because people become a lot more relaxed and let their guard down. So, I'll do that with the ATs so they understand it's important to me. A happy teacher is a good teacher' (Dale). When a mentor invites the AT to be at the centre of the conversation, they embody ethical care (Trout, 2018). They are taking time to converse, share and genuinely listen to the AT to understand and better respond to their needs. This dialogue can also be reinforcing as it is claimed to help build increasingly trusting relationships that promote further sharing and understanding (Noddings, 2002).

Mentors do demonstrate care. There is an evident concern for the AT that is expressed in action (Blustein, 1991). However, mentors have to be asked more explicitly about caring behaviour before talking about wellbeing. This aspect is overlooked in more general discussions about what is important to them in their work within ITT. These more general questions about mentoring reveal a different type of care, a desire based on inferred needs to help ATs develop their competence. Mentors have been through the experience of training to teach and work within a performative culture and may reasonably believe they know in general terms what is required. One mentor reflected the thoughts of many in saying, 'I think from when you go through it yourself, you kind of understand what you wanted when you were in that position. So, I always try and link it back to that and how I felt in my PGCE [postgraduate teacher training]' (Carly). This response is consistent with a more general theme in ITT, that mentors

can rely on inferred needs. They can base their approach to mentoring on their own, sometimes limited, experiences of learning to teach (L. Jones *et al.,* 2022)

Web of care – the professional mentor

When asked who supported them to meet the needs of their ATs, mentors referred to the care that was present across their team of colleagues. For all mentors, this web of care included departmental colleagues, while some also mentioned the more practical support provided by the professional mentor. The professional mentor is usually a senior teacher with overall responsibility for training ATs within the school. They work alongside subject mentors to train and support the AT, but their involvement with the mentor is more dependent on need. For example, one mentor noted that 'technically I should get support from her; she's the professional mentor within the school. She looks after all the trainees, but I don't really see her that often' (Peter).

Contact with the professional mentor was quite limited when there were no issues with the AT but far more apparent when there was an expressed need: 'They will come in and observe the AT if we want or speak to them if there's an awkward conversation to be had, but the support is only there if there's a need' (Ben). As such, almost all mentors accepted the responsibility of working independently from the professional mentor: 'I'm not too bothered about people fussing me and checking that I'm all right' (Ian). They seemingly wanted autonomy but also the knowledge that support was still at hand: 'If I went to him with a problem, they would be very supportive, but I just don't need it' (Ian).

The relationship between the professional mentor and the mentor involves caring behaviour but is best understood in the distinctions between 'caring for' and 'caring about' (Cronin *et al.*, 2019; Noddings, 2005a). The latter may involve emotion and concern, but it does not have the sustained attention or commitment to action associated with engrossment and motivational displacement. The professional mentors seemingly 'care about' the mentors, as they show a more distanced concern for their welfare. This is still significant as they provide support without overwhelming and dominating in a way that could ultimately undermine the wellbeing of both individuals (Noddings, 1984). A more detached 'caring about' relationship may be appropriate given the role of the professional mentor, but it is still relatively limited when compared with a 'caring for' approach shown by members of the PE department. The mentors spoke far more frequently about the care provided by their departmental colleagues, with one

mentor stating, 'I get to come to work with my best friends each day. Everyone is very team-driven, and we'll always go out of our way to support one another' (Carly).

Web of care – the PE department

When mentors described the caring relationships with others in the PE department, they typically referred to engrossment, the effort to engage with others to understand and appreciate their ideas and feelings (Noddings, 2005a). Professional dialogue was portrayed as an ongoing feature of their relationships: 'It's so fluid, we're continuously in conversation about stuff' (Peter). These conversations were also described as more spontaneous and unplanned interactions: 'It's never official, it's just informal. Everyone's always chipping in and helping each other out' (John). Finally, the mentors noted the varied nature of the dialogue and that it moved fluidly between the professional and the social: 'We have a laugh and talk about things that aren't necessarily to do with school, which is important too, to have that time off from those stresses' (Dale).

These informal and varied everyday conversations helped develop a caring pathway, an openness where colleagues are more likely to share and help in relation to more personal issues: 'You do talk about private things. You develop that trust where you can talk about work and other things' (Gill). Dialogue can be reinforcing because it helps build increasingly trusting relationships that promote further sharing and understanding (L. Jones *et al.*, 2022; Noddings, 2002). It leads to a commitment to show a deeper level of engagement in the welfare and development of others (Trout, 2018). This commitment was most obvious when the mentor's expressed need related to a deeper and more serious personal issue. One mentor explained, 'I'm going through a divorce at a minute. It's not easy. But then my colleagues in PE know that so I feel well looked after' (Mike). Another mentor similarly shared his personal situation: 'I have my own difficulties with my home life. My wife's struggled with her health for the last ten, fifteen years; my son has down syndrome. So, he [another PE teacher] takes a lot of extra care and attention. He's always someone that will make sure that you're okay' (Dale).

Engrossment, through sustained attention and empathetic concern, is part of the caring act but is insufficient on its own. A care provider must also show motivational displacement and prioritise the needs of the cared for and support and act on their behalf (Cronin and Lowes, 2019). Motivational displacement is experienced within the PE department in different ways, as mentors are part of a team that supports each other emotionally and with everyday tasks related to teaching (L. Jones *et al.*, 2020). For example, one mentor described the actions of

another teacher: 'If he sees that I'm not feeling good, looking stressed. Then it's what can I do? What can I do to help?' (Dale). Similarly, another noted, 'It's little things like covering after-school clubs. If I've got to go quickly to get the daughter or I've got a meeting, he'll just jump in and say, I'll do it' (Mike). The mentors also explained how the teachers helped each other to develop their subject knowledge by sharing information: 'I hadn't taught handball before, so he talked me through all the different tactics and activities and what works really well' (Ian). The ethos of acting to help each other by sharing information was also obvious in relation to the shared goal of mentoring: 'We all have our strengths, and we all share teaching ideas with one another, so I've naturally found it easy, really easy to ask them questions about mentoring things as well' (John).

Motivational displacement relates to the rehearsal of care and finding ways and opportunities to provide care when the conditions are appropriate. In PE departments, groups of teachers develop interdependent relationships as they collaborate around a shared goal of promoting pupils' learning and growth. In doing so, they provide care for each other by offering emotional support to promote wellbeing or by meeting a need through practical service or the sharing of information (Blustein, 1991; Mayeroff, 1971; Turner *et al.*, 2022). That said, for an act to be caring, it must be acknowledged by the care recipient (Barnes, 2018; Noddings, 2012). In this study, the mentors consistently recognised and valued the care provided by others: 'I really appreciate it. It's like having a second family at school. They know all my problems and issues, and we help each other get through if you're having a bad day' (Jasmine). Another mentor similarly recognised the care they received: 'I've been through some difficult times, and it's just nice for them to sort of just check in and help if I need it' (Mike).

Noddings (2005a) identified engrossment, motivational displacement and reciprocity as features of caring relationships. She also attended to two contextual continuities that either support or undermine care in educational settings (Noddings, 1995). The first is duration. This was evident in some of the mentors' relationships with others in their departmental team. One noted, 'We're a very close department, who've built relationships over many years. We're quite similar and tend to look after each other' (Ann). Another mentor highlighted a contextual feature of the subject that allowed individuals the time to build trust: 'We're quite lucky with the extracurricular side that we spend quite a lot of time together. Like we've been on buses for an hour travelling somewhere. So, you get to have that time to find out a bit more about them anyway' (Jasmine). The second contextual continuity identified by Noddings (1995) is space. The place where the relationship develops ought to feel physically and emotionally safe.

Again, mentors typically referred to the PE office this way: 'Once the PE office door is closed, it's just our little zone. I think we're quite good at switching off from being a teacher, having a chat and looking after each other' (Ash).

Care is contagious

The experience of undergoing difficulties and receiving support from colleagues seemingly changed the mentors and made them more caring towards others. This development was evident in their professional and personal lives. For example, when talking about school, one mentor noted that for ATs:

> It's difficult when you're new and starting out and if you yourself have had some difficult times then you're more aware. You know how important that support was when you were struggling, so you're more aware and want to make sure that you're helping. (Ann)

Another mentor explained how personal issues had impacted his approach to others:

> I've gone through quite a journey over the last few years. I had a breakdown four years ago and just had to step back from it all and go, this is what's important in life. It's other people. And since then I've become a lot more empathetic. (Dale)

Noddings (1984) maintained that when individuals experience receiving and providing natural care for others, they build an 'ethical ideal'. They understand the person they want to become and the behaviours they want to exhibit. This effect was more apparent when mentors endured more difficult or recent issues. For example, a mentor going through a divorce stated, 'We're encouraging the young lads to come out and talk about mental health. It's a big thing that I'm always going to drive because it's personal to me' (Mike). Another similarly claimed that 'I've been there, been overwhelmed by work to the point of breakdown. So yes, I'm sensitive to seeing it in others and making sure they are helped' (Ann).

These caring outcomes are thought to be contagious within social networks, as the emotions and behaviours of one person have a broader influence on the people they interact with (Murphy *et al.*, 2020). Caring relationships seemingly supported other caring relationships and influenced how mentors interacted with their colleagues: 'You do need that support in terms of having a department that you can trust and talk to and feel comfortable in. So, I hope that I help provide that environment because we would all like that environment for ourselves' (Paulina). The mentors' experiences of care also appeared to influence how they interacted

with their AT: 'Absolutely. She's been welcomed. She's one of us and part of the department. I'm really big on that; if she's with us, she gets looked after' (Ann)

Care as labour

When mentors adopt caring principles and take time to interact, listen to and show empathy towards ATs, they create a supportive environment that meets the ATs' needs as human beings and as beginning teachers who are learning to teach. That said, when a mentor supports an AT, it is an emotional endeavour as it often features more intense interpersonal interactions and deliberate management of feelings (Yin, 2015). Mentoring is work that requires emotional labour and commitment (Blustein, 1991; Noddings, 2005). Emotional labour is more demanding when mentors support ATs experiencing personal difficulties or struggling to balance their school-based teaching experience with other life commitments (Gillett-Swan and Grant-Smith, 2020). For example, one mentor who was supporting an AT through bereavement noted the need for care from others: 'She's been able to give me support to help me stay strong and help me to support [Cath] and just be an outlet for me as well' (Beth).

The need for support when caring for others was more prominent when ATs did not reciprocate and engage with the mentor: 'It's been the hardest challenge with her because she'll just sit there on her phone and not engage in anything. There's no real development of rapport' (Carly). This lack of engagement led to frustration as mentors claimed to know how much the AT would benefit from developing caring relationships with colleagues. One mentor explained, 'Sometimes they don't join in or want to join in. Maybe there's a barrier, or they don't want to let their guard down. It is frustrating because you understand the importance of being a team' (Gill). The reciprocal nature of care is central to Noddings' ethic of caring. She maintained that a connection exists between the initiator and recipient of care, where the bond is characterised by the reciprocity and responsiveness of both individuals (Noddings, 2002, 2013). When ATs were less willing to engage with others, the mentors persisted and tried to include them: 'He's part of the team when he's here. Even when it's difficult, I think he should be made to feel as worthy as anyone else in the department' (Andrew). There was also some recognition that the lack of responsiveness might be due to hidden issues:

> It's hard when we're teaching because you're always on show, so you have to have that poker face about you. So, you've got to show them that care and show that you understand that they might be going through things in their personal life. (Mike)

Mentors that show care aim to understand the ATs' situations and respond to their needs (Noddings, 1995). However, this process takes effort, and mentors can need support: 'We have a bit of a close-knit team, so we all have conversations about John and all support each other' (Andrew). Another mentor similarly explained, 'We want to start positive all the time, but she's hard to engage. So, I'll speak to the others for ideas and support because, as a department, we're here to help her become the best teacher that she can be' (Carly).

Conclusion

Teachers in many settings report increasingly elevated levels of isolation, stress and burnout as they face a wide range of challenges in their day-to-day work in schools (Turner *et al.*, 2022). They work within a performative culture, where they are expected to conform to conventions, manage a demanding workload and continually strive to raise standards and meet the varied needs of their pupils (Gordon, 2020; Savill-Smith, 2019). The PE teachers in this study often needed caring relationships to support them in their work, particularly when they chose to add to an already demanding workload by taking on the additional challenge of mentoring an AT. Mentoring can be difficult. It involves caring relationships that require emotional labour and commitment (Blustein, 1991; Yin, 2015). The primary source of support for mentors in their provision of this care was their network of colleagues within the PE department. The professional mentor was also part of their web of care, but their support was more arbitrary and governed by expressed needs. Conversely, the PE teachers had the time and space to build interdependent caring relationships characterised by engrossment, motivational displacement and reciprocity (Noddings, 2005a). Care was seemingly present across the departmental team as other PE teachers listened and responded to their needs, not as one-off virtuous decisions but in response to an ongoing interest in their welfare.

The mentors valued the care experienced within the PE department. It was thought to create a supportive environment that promoted wellbeing and a desire to reciprocate and care for others (Noddings, 1995). However, care was experienced not only as a moral act but also as a more pragmatic means of addressing individual needs and achieving shared goals. In addition, mentoring seemingly magnified the perceived value of caring relationships as a cohesive department could provide support for the mentoring process. ATs often joined an interdependent caring network where their wellbeing and development became a shared departmental responsibility. The mentors retained overall responsibility but frequently consulted and sought their colleagues' support. This involvement emphasises the need for

departmental mentor training from a university tutor or professional mentor, where all teachers are sensitised to the impact of their involvement – directly with the AT and indirectly through their support for the mentor. It also raises the potential value of care as a developmental tool for mentors and other teachers who contribute to the mentoring process.

Teaching is a pedagogical activity with an inherent duty of care, as teachers are expected to meet pupils' needs and promote their wellbeing and development (Noddings, 2012). Mentors similarly act to support and care for their AT, but their understanding of the ATs' needs may be based on inferred rather than expressed needs. Mentors will have trained to teach and may reasonably believe they know what is required by reflecting on their own experiences. That said, an understanding of needs is enhanced through dialogue (Mayeroff, 1971). As such, care could become a developmental tool for dialogic mentoring. Mentors and other teachers in the department could be asked by the university tutor or the professional mentor to consider and explain their understanding of the AT's needs: How do they know their understanding is accurate if it relies on inferred needs? How do they know their understanding is authentic if it depends on expressed needs? Asking mentors to reflect on their understanding of the ATs' needs may help them to appreciate the importance of a dialogic and developmental approach. When mentors value the mutuality of talk and are willing to engage in learning conversations, they can gain access to the ATs' perspectives. They can develop a more accurate understanding of their experiences and provide a more authentic and caring response.

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