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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

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3 school community and develop their ability to self-regulate while attending to all their other
4 teaching responsibilities (Hobson = van Nieuwerburgh, 2022; L. Jones *et al.*, 2020, 2023).
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7 The teachers are taking on an additional caring role when they mentor an AT. They are already
8 familiar with this role, as teaching can be understood as a pedagogical activity with an inherent
9 duty of care (Cronin and Lowes, 2019; Noddings, 2012). This responsibility has a well-
10 established legal basis and is perhaps more evident in PE, where teachers must take reasonable
11 steps to foresee and prevent events causing injury or harm (Cronin and Lowes, 2019). Care is
12 situated within the broader world that PE teachers inhabit within schools. It is a familiar concept
13 that is valued within their professional lives. Care is also valued within mentoring as it is an
14 inherently social activity that always involves a relationship between a mentor and an AT. That
15 said, caring relationships are secondary in definitions of mentoring, which tend to prioritise the
16 progress of the AT and their developing ability to teach and learn for themselves. Care is
17 seemingly marginalised in the discourse even though the practice of mentoring is implicitly
18 concerned with care. Moreover, less attention is given to the mentors' wellbeing and how they
19 are supported and cared for in their role (Hobson = van Nieuwerburgh, 2022).
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30 There is some emerging research interest in the study of teacher wellbeing, although it remains
31 an area that needs further investigation (Higgins and Goodall, 2021). The issues relating to
32 wellbeing are perhaps more acute for teachers who also take on a mentoring role, but there is
33 little research into the care and support that mentors need (Hobson = van Nieuwerburgh, 2022).
34 This study used Noddings' (1984, 1995, 2012, 2013) theory of care to analyse mentors' caring
35 experiences and, in doing so, aimed to provide a novel and critical perspective on their role.
36 More specifically, the research project was designed to analyse how PE mentors experience
37 providing care, how they are cared for, and how this impacts their role within the context of
38 secondary PE ITT. The paper begins by examining the work of Nell Noddings to develop a
39 theoretical understanding of the caring relationships that occur between mentors and other
40 professionals within school contexts.
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50 **Ethical care**

51 Care can share a dual meaning – as a term representing both internal feelings and external
52 actions. It can denote thoughts, interests and concerns while symbolising the actions or
53 practices that arise from such feelings (Blustein, 1991). That said, while an individual's limited
54 power and resources may constrain their practice of care, any feelings of concern and interest
55 need to translate into action for care to be effective. Care is an intentional act based on
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3 benevolence. It is a property of human relationships expressed through the care provider's
4 actions (Blustein, 1991; Noddings, 2005b). Care is also frequently defined by its purpose
5 (Louis *et al.*, 2016). It is understood to be an intentional act that aims to address the particular
6 needs of others, to promote the wellbeing and development of others, or to advance a caring
7 capacity among the self or others (Blustein, 1991; Louis *et al.*, 2016; Mayeroff, 1971;
8 Noddings, 2005b). The different purposes of care can seemingly lead to different outcomes
9 (Louis *et al.*, 2016). They may be short-term outcomes that relate to the immediate needs of
10 the cared for or longer term benefits accrued through the experience of providing or receiving
11 care. Either way, the emphasis is on the positive and promoting role of care in human
12 development.

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

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

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3 As part of this analysis of engrossment within ethical care, Noddings (2005) also recognised
4 that needs can be conceived of in different ways. Inferred needs may be observed through
5 interactions and dialogue but are not identified specifically by the cared for (Noddings, 2005b).
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7 Conversely, expressed needs relate to those directly expressed by the cared for through their
8 actions or words. They may be difficult to assess, but care providers must treat them with
9 sensitivity to maintain caring relationships (Noddings, 2005b).
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13 Engrossment is a necessary stage of caring. A deep understanding of needs is part of the caring
14 act but is insufficient on its own, as a provider also needs to support and act on behalf of the
15 cared for (Blustein, 1991; Noddings, 2012). In doing so, the motivation of the care provider is
16 displaced towards serving the recipient (Cronin and Lowes, 2019). A teacher may, for example,
17 want to respond and meet the needs of a colleague. Thus, motivational displacement relates to
18 the desire and capacity of the care provider. It is a requirement for care that is particularly
19 evident when the needs of the cared for are prioritised, even if they conflict with the provider's
20 own desires. After listening to the cared for and reflecting on their needs, the provider can
21 either address the identified needs or act to sustain a caring relationship. The care provider may
22 not always be able to respond positively. They may not approve of the expressed need or have
23 the resources to act appropriately. If the care provider cannot satisfy the expressed need, then
24 the aim is to respond in a manner that sustains the relationship and allows for further dialogue
25 (Noddings, 2012).
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29 Finally, reciprocity is needed within consensual caring relationships. As part of a reciprocal
30 relationship, the cared for contributes to the process by engaging with and accepting care (Louis
31 *et al.*, 2016; Noddings, 2013). This acknowledgement might manifest itself in different ways,
32 including gratitude, overt recognition or a more nuanced response such as showing a positive
33 attitude, a nod or a smile, or moving towards a goal (Noddings, 2002). Regardless of how it is
34 expressed, the acknowledgement is important as the caring act is only complete once the cared
35 for recognises and responds to the provider (Barnes, 2018; Noddings, 2012). It confirms that
36 the care is welcomed and the relationship is caring (Cronin *et al.*, 2020). The concept of
37 reciprocity assumes that a shared understanding of care exists between the two parties, even
38 though a high degree of subjectivity is involved (Barnes, 2018). A teacher and a colleague may
39 not, for example, always share a common understanding of how care is given and received.
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41 Nonetheless, the reciprocal nature of care is central to Noddings' ethic of caring. She
42 maintained that a connection exists between the initiator and recipient of care, where the bond
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3 is characterised by the reciprocity and responsiveness of both individuals (Noddings, 2002,
4 2013).

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

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

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38 Hoagland (1990) also provided further criticism that Noddings gives little regard to self-care.
39 It is only discussed as a precursor to caring for others. Failure to care for oneself is criticised
40 but only if it diminishes the carer's capacity to serve the needs of the other and ultimately
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3 jeopardises the caring relationship. In this way, the carer is portrayed as a servant rather than
4 recognised as having their own needs. Noddings acknowledged that providing care can be
5 challenging but maintained that when relational care is established, the care provider and
6 recipient both benefit (Noddings, 2003). This view is contested by Hoagland (1990), who
7 argues that in these relationships, the one providing care gets little reward for their actions.
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12 Noddings (2003) maintained that the care provider and recipient both benefit when relational
13 care is established. While positive relationships underlie wellbeing and emotional growth, this
14 outcome is more apparent in the person who provides, rather than receives, the care and support
15 (Deci and Ryan, 1985; Turner *et al.*, 2022). In addition, the benefits of relational care are also
16 particularly obvious in education, as Noddings (2003) emphasised the role they play in how
17 people learn. Caring relationships, where individuals have established trust and openness, can
18 lead to powerful learning opportunities. The willingness to engage in social interplay helps to
19 deepen understanding as those involved are more likely to ask questions, provide examples and
20 offer different interpretations (Trout, 2018).
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28 **Methods**

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31 The study aimed to analyse mentors' experiences of care within the context of ITT. Nine male
32 and eight female mentors agreed to participate in the study while supporting an AT through
33 their one-year secondary PE postgraduate teacher education programme. Purposive sampling
34 was used to recruit the mentors, where potential participants were included based on their
35 relevance to the purposes of the study (Denscombe, 2017). As a result, 17 teachers from 15
36 different schools were invited to participate in the study, and all agreed to take part. All
37 participants were mentoring PE ATs at the same university ITT partnership in North West
38 England. They worked under the guidance of a professional mentor – a senior teacher who
39 liaised with the university and was responsible for ITT at their school. The youngest mentor
40 was 26 years old with three years of teaching experience, while the oldest was 54 and had been
41 in education all her professional life. All mentors had supported an AT through at least one of
42 their two 60-day school placements undertaken as part of their teacher education programme.
43 As a result, the sampling strategy was considered an appropriate means of investigating the
44 nature of care within ITT. The participants were directly involved in mentoring PE ATs. They
45 could provide the research team with an insight that allowed them to develop an understanding
46 from the mentors' perspectives of their experiences and context (Clark *et al.*, 2021;
47 Denscombe, 2017).
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3 All participants provided written consent after reading a participant information sheet. The
4 sheet explained the nature of the research and outlined any perceived benefits or disadvantages
5 of participation. Consent was also treated as a process. A member of the research team
6 discussed the nature of the study and answered any questions before the interview. Participants
7 were also reminded that they were free to withdraw at any point. Finally, ethical approval for
8 the study was gained from the University of Chester, Faculty of Education and Children's
9 Services Ethics Committee (reference: 100622PE) on 10 June 2022.

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16 Semi-structured interviews were used to generate data from the mentors in this study. They
17 were used as the standardised nature of most questions allowed for comparatively easy analysis
18 of responses from different participants at different sites (I. Jones, 2022). That said, there was
19 also some flexibility to ask follow-up questions and enter into dialogue with the mentors,
20 allowing them to elaborate and provide deeper insight. This approach allowed the researchers
21 to elicit data that may have remained hidden and to capture the participants' experiences of
22 care and the caring relationships that influenced their everyday professional lives (Clark *et al.*,
23 2021; I. Jones, 2022). The 17 participants were interviewed during the summer term at the end
24 of the ATs' postgraduate teacher education programme. The interviews were conducted in a
25 quiet office space at the mentors' schools, lasting 42 minutes on average. Each interview
26 included six predetermined questions to generate data on the mentors' experiences of care. The
27 participants were asked to identify who cared about them as mentors, how they experienced
28 support from others and what impact this had on them and their professional practice. The
29 participants were also asked to explain why they engaged in mentoring, what they cared about
30 and how they showed care when undertaking the role.

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42 While the latitude offered by semi-structured interviews to ask follow-up questions may
43 provide a deeper level of insight, it does create difficulty in comparing non-standardised
44 responses. Furthermore, the data elicited from semi-structured interviews can be more difficult
45 to analyse than data derived from more structured and controlled approaches (Clark *et al.*,
46 2021; I. Jones, 2022). In this study, all members of the research team (authors) analysed the
47 transcribed audio recordings of the semi-structured interviews separately. Thematic analysis is
48 a common approach within qualitative research. It was adopted in this study to identify, analyse
49 and report patterns in the data generated from the mentors (Braun and Clarke, 2019). Initially,
50 the data were read and re-read individually, with notes taken to capture any preliminary
51 thoughts and ideas. Next, the data were coded to determine the presence of words or concepts
52 relevant to the research aims. Features in the data were labelled in relation to the groups that
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3 had already been identified. These codes were then clustered into themes to reconnect the data
4 and identify higher level patterns. Finally, the themes identified individually by all members
5 of the research team were revised and evaluated collectively to refine their content and test
6 interpretations (Braun and Clarke, 2019).
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10 Thematic analysis is a flexible approach used to deconstruct and describe the data. It was
11 adopted in this study to provide a comprehensive and nuanced account of the mentors'
12 experiences of care (Braun and Clarke, 2019). In the discussion of findings that follow, the five
13 final themes (wellbeing overlooked, web of care – the professional mentor, web of care – the
14 PE department, care is contagious, and care as labour) identified in the analysis of the data are
15 shared, with individual mentors being identified by a pseudonym.
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22 Themes

23 Wellbeing overlooked

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26 Mentoring is understood to include three overlapping aims: that the mentor supports the AT's
27 learning, integrates them into the school community and empowers them to take increasing
28 responsibility for their own professional development (L. Jones *et al.*, 2020, 2023). In this
29 study, when mentors were asked what they cared about in their role within ITT, almost all
30 referred to the first aim of supporting the ATs' learning. One claimed, 'I want to equip her with
31 as many skills as possible' (Gill), while another noted their desire for the AT to 'develop into
32 an amazing teacher' (Ian). Other mentors extended this theme and referred to the long-term
33 goal of preparing their AT to self-regulate and take responsibility for their own development;
34 'I want to get the best out of her, develop that confidence, and give her the ability to be
35 independent' (Beth). Overall, the focus of the mentors was clearly on performative aspects –
36 on developing the skills and confidence that would support achievement and success in the
37 classroom. Only one mentor made obvious reference to wellbeing, by saying, 'I want them to
38 feel comfortable because I think it's quite an intimidating place, especially in the PE
39 department because we're usually quite loud and, you know, quite intimidating' (Carly).
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51 Mentors prioritised more performative aspects of the ATs' development and tended to show
52 less immediate concern for their wellbeing. However, care is often defined by its purpose, and
53 while promoting wellbeing is included, so too is the aim of addressing the particular needs of
54 others (Blustein, 1991; Louis *et al.*, 2016; Mayeroff, 1971; Noddings, 2005b). As such, the aim
55 of developing the ATs' skills for a long and successful career could certainly be classed as
56 caring mentorship, even if concern for their wellbeing was less apparent. The mentors' focus
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3 on developing competence is also perhaps not surprising given the context of ITT. The Core
4 Content Framework (Department for Education, 2019a) and the Early Career Framework
5 (Department for Education, 2019b) outline the expectations for the early development of new
6 teachers, and both focus on professional outcomes related to performance.
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10 While mentors initially overlooked aspects of wellbeing when asked what they cared about, it
11 became far more prominent when they were asked about caring behaviour. They originally
12 prioritised the aim of developing the ATs' teaching skills – 'I just want her to be as good a
13 teacher as she can be' (Ann) – but referred to a wider range of behaviours and outcomes when
14 asked how they cared for their AT. One mentor noted, 'I've absolutely made it very clear that
15 they can text me, ring me, whenever they want. It's not an issue. That's what I had, and it's
16 what I want them to have too' (John). Another mentor recognised that engrossment was more
17 apparent with the AT: 'I'd probably ask him more regularly. Are you okay? Is there anything
18 I can do for you? At the end of the day, before he goes, let's have ten minutes. How do you
19 feel today has gone? What about tomorrow?' (Peter). Finally, a third mentor explicitly talked
20 about caring for the AT's wellbeing: 'I do talk about those things because people become a lot
21 more relaxed and let their guard down. So, I'll do that with the ATs so they understand it's
22 important to me. A happy teacher is a good teacher' (Dale). When a mentor invites the AT to
23 be at the centre of the conversation, they embody ethical care (Trout, 2018). They are taking
24 time to converse, share and genuinely listen to the AT to understand and better respond to their
25 needs. This dialogue can also be reinforcing as it is claimed to help build increasingly trusting
26 relationships that promote further sharing and understanding (Noddings, 2002).
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41 Mentors do demonstrate care. There is an evident concern for the AT that is expressed in action
42 (Blustein, 1991). However, mentors have to be asked more explicitly about caring behaviour
43 before talking about wellbeing. This aspect is overlooked in more general discussions about
44 what is important to them in their work within ITT. These more general questions about
45 mentoring reveal a different type of care, a desire based on inferred needs to help ATs develop
46 their competence. Mentors have been through the experience of training to teach and work
47 within a performative culture and may reasonably believe they know in general terms what is
48 required. One mentor reflected the thoughts of many in saying, 'I think from when you go
49 through it yourself, you kind of understand what you wanted when you were in that position.
50 So, I always try and link it back to that and how I felt in my PGCE [postgraduate teacher
51 training]' (Carly). This response is consistent with a more general theme in ITT, that mentors
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3 can rely on inferred needs. They can base their approach to mentoring on their own, sometimes
4 limited, experiences of learning to teach (L. Jones *et al.*, 2022)
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7 **Web of care – the professional mentor**

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10 When asked who supported them to meet the needs of their ATs, mentors referred to the care
11 that was present across their team of colleagues. For all mentors, this web of care included
12 departmental colleagues, while some also mentioned the more practical support provided by
13 the professional mentor. The professional mentor is usually a senior teacher with overall
14 responsibility for training ATs within the school. They work alongside subject mentors to train
15 and support the AT, but their involvement with the mentor is more dependent on need. For
16 example, one mentor noted that ‘technically I should get support from her; she’s the
17 professional mentor within the school. She looks after all the trainees, but I don’t really see her
18 that often’ (Peter).
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26 Contact with the professional mentor was quite limited when there were no issues with the AT
27 but far more apparent when there was an expressed need: ‘They will come in and observe the
28 AT if we want or speak to them if there’s an awkward conversation to be had, but the support
29 is only there if there’s a need’ (Ben). As such, almost all mentors accepted the responsibility
30 of working independently from the professional mentor: ‘I’m not too bothered about people
31 fussing me and checking that I’m all right’ (Ian). They seemingly wanted autonomy but also
32 the knowledge that support was still at hand: ‘If I went to him with a problem, they would be
33 very supportive, but I just don’t need it’ (Ian).
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41 The relationship between the professional mentor and the mentor involves caring behaviour
42 but is best understood in the distinctions between ‘caring for’ and ‘caring about’ (Cronin *et al.*,
43 2019; Noddings, 2005a). The latter may involve emotion and concern, but it does not have the
44 sustained attention or commitment to action associated with engrossment and motivational
45 displacement. The professional mentors seemingly ‘care about’ the mentors, as they show a
46 more distanced concern for their welfare. This is still significant as they provide support
47 without overwhelming and dominating in a way that could ultimately undermine the wellbeing
48 of both individuals (Noddings, 1984). A more detached ‘caring about’ relationship may be
49 appropriate given the role of the professional mentor, but it is still relatively limited when
50 compared with a ‘caring for’ approach shown by members of the PE department. The mentors
51 spoke far more frequently about the care provided by their departmental colleagues, with one
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3 mentor stating, 'I get to come to work with my best friends each day. Everyone is very team-
4 driven, and we'll always go out of our way to support one another' (Carly).
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7 **Web of care – the PE department**

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10 When mentors described the caring relationships with others in the PE department, they
11 typically referred to engrossment, the effort to engage with others to understand and appreciate
12 their ideas and feelings (Noddings, 2005a). Professional dialogue was portrayed as an ongoing
13 feature of their relationships: 'It's so fluid, we're continuously in conversation about stuff'
14 (Peter). These conversations were also described as more spontaneous and unplanned
15 interactions: 'It's never official, it's just informal. Everyone's always chipping in and helping
16 each other out' (John). Finally, the mentors noted the varied nature of the dialogue and that it
17 moved fluidly between the professional and the social: 'We have a laugh and talk about things
18 that aren't necessarily to do with school, which is important too, to have that time off from
19 those stresses' (Dale).
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23 These informal and varied everyday conversations helped develop a caring pathway, an
24 openness where colleagues are more likely to share and help in relation to more personal issues:
25 'You do talk about private things. You develop that trust where you can talk about work and
26 other things' (Gill). Dialogue can be reinforcing because it helps build increasingly trusting
27 relationships that promote further sharing and understanding (L. Jones *et al.*, 2022; Noddings,
28 2002). It leads to a commitment to show a deeper level of engagement in the welfare and
29 development of others (Trout, 2018). This commitment was most obvious when the mentor's
30 expressed need related to a deeper and more serious personal issue. One mentor explained,
31 'I'm going through a divorce at a minute. It's not easy. But then my colleagues in PE know
32 that so I feel well looked after' (Mike). Another mentor similarly shared his personal situation:
33 'I have my own difficulties with my home life. My wife's struggled with her health for the last
34 ten, fifteen years; my son has down syndrome. So, he [another PE teacher] takes a lot of extra
35 care and attention. He's always someone that will make sure that you're okay' (Dale).
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39 Engrossment, through sustained attention and empathetic concern, is part of the caring act but
40 is insufficient on its own. A care provider must also show motivational displacement and
41 prioritise the needs of the cared for and support and act on their behalf (Cronin and Lowes,
42 2019). Motivational displacement is experienced within the PE department in different ways,
43 as mentors are part of a team that supports each other emotionally and with everyday tasks
44 related to teaching (L. Jones *et al.*, 2020). For example, one mentor described the actions of
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3 another teacher: 'If he sees that I'm not feeling good, looking stressed. Then it's what can I do?
4 What can I do to help?' (Dale). Similarly, another noted, 'It's little things like covering after-
5 school clubs. If I've got to go quickly to get the daughter or I've got a meeting, he'll just jump
6 in and say, I'll do it' (Mike). The mentors also explained how the teachers helped each other
7 to develop their subject knowledge by sharing information: 'I hadn't taught handball before,
8 so he talked me through all the different tactics and activities and what works really well' (Ian).
9 The ethos of acting to help each other by sharing information was also obvious in relation to
10 the shared goal of mentoring: 'We all have our strengths, and we all share teaching ideas with
11 one another, so I've naturally found it easy, really easy to ask them questions about mentoring
12 things as well' (John).
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21 Motivational displacement relates to the rehearsal of care and finding ways and opportunities
22 to provide care when the conditions are appropriate. In PE departments, groups of teachers
23 develop interdependent relationships as they collaborate around a shared goal of promoting
24 pupils' learning and growth. In doing so, they provide care for each other by offering emotional
25 support to promote wellbeing or by meeting a need through practical service or the sharing of
26 information (Blustein, 1991; Mayeroff, 1971; Turner *et al.*, 2022). That said, for an act to be
27 caring, it must be acknowledged by the care recipient (Barnes, 2018; Noddings, 2012). In this
28 study, the mentors consistently recognised and valued the care provided by others: 'I really
29 appreciate it. It's like having a second family at school. They know all my problems and issues,
30 and we help each other get through if you're having a bad day' (Jasmine). Another mentor
31 similarly recognised the care they received: 'I've been through some difficult times, and it's
32 just nice for them to sort of just check in and help if I need it' (Mike).
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42 Noddings (2005a) identified engrossment, motivational displacement and reciprocity as
43 features of caring relationships. She also attended to two contextual continuities that either
44 support or undermine care in educational settings (Noddings, 1995). The first is duration. This
45 was evident in some of the mentors' relationships with others in their departmental team. One
46 noted, 'We're a very close department, who've built relationships over many years. We're quite
47 similar and tend to look after each other' (Ann). Another mentor highlighted a contextual
48 feature of the subject that allowed individuals the time to build trust: 'We're quite lucky with
49 the extracurricular side that we spend quite a lot of time together. Like we've been on buses
50 for an hour travelling somewhere. So, you get to have that time to find out a bit more about
51 them anyway' (Jasmine). The second contextual continuity identified by Noddings (1995) is
52 space. The place where the relationship develops ought to feel physically and emotionally safe.
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3 Again, mentors typically referred to the PE office this way: 'Once the PE office door is closed,
4 it's just our little zone. I think we're quite good at switching off from being a teacher, having
5 a chat and looking after each other' (Ash).
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8 9 **Care is contagious**

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11 The experience of undergoing difficulties and receiving support from colleagues seemingly
12 changed the mentors and made them more caring towards others. This development was
13 evident in their professional and personal lives. For example, when talking about school, one
14 mentor noted that for ATs:
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19 It's difficult when you're new and starting out and if you yourself have had some
20 difficult times then you're more aware. You know how important that support was
21 when you were struggling, so you're more aware and want to make sure that you're
22 helping. (Ann)
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27 Another mentor explained how personal issues had impacted his approach to others:
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29 I've gone through quite a journey over the last few years. I had a breakdown four years
30 ago and just had to step back from it all and go, this is what's important in life. It's
31 other people. And since then I've become a lot more empathetic. (Dale)
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35 Noddings (1984) maintained that when individuals experience receiving and providing natural
36 care for others, they build an 'ethical ideal'. They understand the person they want to become
37 and the behaviours they want to exhibit. This effect was more apparent when mentors endured
38 more difficult or recent issues. For example, a mentor going through a divorce stated, 'We're
39 encouraging the young lads to come out and talk about mental health. It's a big thing that I'm
40 always going to drive because it's personal to me' (Mike). Another similarly claimed that 'I've
41 been there, been overwhelmed by work to the point of breakdown. So yes, I'm sensitive to
42 seeing it in others and making sure they are helped' (Ann).
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49 These caring outcomes are thought to be contagious within social networks, as the emotions
50 and behaviours of one person have a broader influence on the people they interact with
51 (Murphy *et al.*, 2020). Caring relationships seemingly supported other caring relationships and
52 influenced how mentors interacted with their colleagues: 'You do need that support in terms
53 of having a department that you can trust and talk to and feel comfortable in. So, I hope that I
54 help provide that environment because we would all like that environment for ourselves'
55 (Paulina). The mentors' experiences of care also appeared to influence how they interacted
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3 with their AT: 'Absolutely. She's been welcomed. She's one of us and part of the department.
4 I'm really big on that; if she's with us, she gets looked after' (Ann)
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7 **Care as labour**

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10 When mentors adopt caring principles and take time to interact, listen to and show empathy
11 towards ATs, they create a supportive environment that meets the ATs' needs as human beings
12 and as beginning teachers who are learning to teach. That said, when a mentor supports an AT,
13 it is an emotional endeavour as it often features more intense interpersonal interactions and
14 deliberate management of feelings (Yin, 2015). Mentoring is work that requires emotional
15 labour and commitment (Blustein, 1991; Noddings, 2005). Emotional labour is more
16 demanding when mentors support ATs experiencing personal difficulties or struggling to
17 balance their school-based teaching experience with other life commitments (Gillett-Swan and
18 Grant-Smith, 2020). For example, one mentor who was supporting an AT through bereavement
19 noted the need for care from others: 'She's been able to give me support to help me stay strong
20 and help me to support [Cath] and just be an outlet for me as well' (Beth).
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29 The need for support when caring for others was more prominent when ATs did not reciprocate
30 and engage with the mentor: 'It's been the hardest challenge with her because she'll just sit
31 there on her phone and not engage in anything. There's no real development of rapport' (Carly).
32 This lack of engagement led to frustration as mentors claimed to know how much the AT would
33 benefit from developing caring relationships with colleagues. One mentor explained,
34 'Sometimes they don't join in or want to join in. Maybe there's a barrier, or they don't want to
35 let their guard down. It is frustrating because you understand the importance of being a team'
36 (Gill). The reciprocal nature of care is central to Noddings' ethic of caring. She maintained that
37 a connection exists between the initiator and recipient of care, where the bond is characterised
38 by the reciprocity and responsiveness of both individuals (Noddings, 2002, 2013). When ATs
39 were less willing to engage with others, the mentors persisted and tried to include them: 'He's
40 part of the team when he's here. Even when it's difficult, I think he should be made to feel as
41 worthy as anyone else in the department' (Andrew). There was also some recognition that the
42 lack of responsiveness might be due to hidden issues:
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54 It's hard when we're teaching because you're always on show, so you have to have that
55 poker face about you. So, you've got to show them that care and show that you
56 understand that they might be going through things in their personal life. (Mike)
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3 Mentors that show care aim to understand the ATs' situations and respond to their needs
4 (Noddings, 1995). However, this process takes effort, and mentors can need support: 'We have
5 a bit of a close-knit team, so we all have conversations about John and all support each other'
6 (Andrew). Another mentor similarly explained, 'We want to start positive all the time, but she's
7 hard to engage. So, I'll speak to the others for ideas and support because, as a department,
8 we're here to help her become the best teacher that she can be' (Carly).
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14 **Conclusion**

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16 Teachers in many settings report increasingly elevated levels of isolation, stress and burnout
17 as they face a wide range of challenges in their day-to-day work in schools (Turner *et al.*, 2022).
18 They work within a performative culture, where they are expected to conform to conventions,
19 manage a demanding workload and continually strive to raise standards and meet the varied
20 needs of their pupils (Gordon, 2020; Savill-Smith, 2019). The PE teachers in this study often
21 needed caring relationships to support them in their work, particularly when they chose to add
22 to an already demanding workload by taking on the additional challenge of mentoring an AT.
23 Mentoring can be difficult. It involves caring relationships that require emotional labour and
24 commitment (Blustein, 1991; Yin, 2015). The primary source of support for mentors in their
25 provision of this care was their network of colleagues within the PE department. The
26 professional mentor was also part of their web of care, but their support was more arbitrary and
27 governed by expressed needs. Conversely, the PE teachers had the time and space to build
28 interdependent caring relationships characterised by engrossment, motivational displacement
29 and reciprocity (Noddings, 2005a). Care was seemingly present across the departmental team
30 as other PE teachers listened and responded to their needs, not as one-off virtuous decisions
31 but in response to an ongoing interest in their welfare.
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45 The mentors valued the care experienced within the PE department. It was thought to create a
46 supportive environment that promoted wellbeing and a desire to reciprocate and care for others
47 (Noddings, 1995). However, care was experienced not only as a moral act but also as a more
48 pragmatic means of addressing individual needs and achieving shared goals. In addition,
49 mentoring seemingly magnified the perceived value of caring relationships as a cohesive
50 department could provide support for the mentoring process. ATs often joined an
51 interdependent caring network where their wellbeing and development became a shared
52 departmental responsibility. The mentors retained overall responsibility but frequently
53 consulted and sought their colleagues' support. This involvement emphasises the need for
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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.

References

- Barnes, M. (2018), "Conflicting conceptions of care and teaching and pre-service teacher attrition", *Teaching Education*, Vol. 29 No. 2, pp. 178-193.
- Blustein J. (1991), *Care and commitment: Taking the personal point of view*, Oxford University Press, New York.
- Braun, V. and Clarke, V. (2019), "Reflecting on reflexive thematic analysis", *Qualitative Research in Sport, Exercise and Health*, Vol. 11 No. 4, pp. 589-59.
- Clark, T., Foster, L., Sloan, L. and Bryman, A. (2021), *Bryman's Social Research Methods (6th ed.)*, Oxford University Press, Oxford.
- Cronin, C., Knowles, Z. R. and Enright, K. (2020), "The challenge to care in a Premier League Football Club", *Sports Coaching Review*, Vol. 9 No. 2, pp. 123-146.

- 1
2
3 Cronin, C. and Lowes, J. (2019), "Care in Community Sports Coaching", Gale, L. and Ives,
4 B. (Eds.), *Sports Coaching in the Community: Developing knowledge and insight*,
5 Manchester Metropolitan University, Manchester, pp. 79-95.
6
7
8
9 Denscombe, M. (2017), *The good research guide for small scale social research projects:*
10 *sixth edition*, Open University Press, New York.
11
12
13 Deci, E. L. and Ryan, R. (1985), *Intrinsic Motivation and Self-Determination in Human*
14 *Behavior*, Plenum, New York.
15
16
17 Department for Education. (2019a), *ITT Core Content Framework*, DfE, London.
18
19 Department for Education. (2019b), *Early Career Framework*, DfE, London.
20
21
22 Gillett-Swan, J. and Grant-Smith, D. (2020), "Addressing mentor wellbeing in practicum
23 placement mentoring relationships in initial teacher education", *International Journal*
24 *of Mentoring and Coaching in Education*, Vol. 9 No. 4, pp. 393–409.
25
26
27
28 Gordon, A. (2020), "Educate – mentor – nurture: improving the transition from initial teacher
29 education to qualified teacher status and beyond", *Journal of Education for Teaching*,
30 Vol. 46 No. 5, pp. 664-675.
31
32
33
34 Higgins, J. and Goodall, S. (2021), "Transforming the wellbeing focus in education: A
35 document analysis of policy in Aotearoa New Zealand", *International Journal of*
36 *Qualitative Studies on Health and Wellbeing*, Vol. 16 No. 1.
37
38
39
40 Hoagland, S. L. (1990), "Some Concerns About Nel Noddings' Caring", *Hypatia*, Vol. 5 No.
41 1, pp. 109–114.
42
43
44 Hobson, A. J. = van Nieuwerburgh, C.J. (2022), "Extending the research agenda on (ethical)
45 coaching and mentoring in education: embracing mutuality and prioritising
46 wellbeing", *International Journal of Mentoring and Coaching in Education*, Vol. 11
47 No. 1, pp. 1–13.
48
49
50
51 Jones, I. (2022), *Research methods for sports studies: Fourth edition*, Routledge, London.
52
53
54 Jones, L., Tones, S. and Foulkes, G. (2020), "Associate teachers' learning networks: a
55 figurational analysis of initial teacher education", *International Journal of Mentoring*
56 *and Coaching in Education*, Vol. 9 No. 2, pp. 205-218.
57
58
59
60

- 1
2
3 Jones, L., Tones, S. and Foulkes, G. (2023), "Talking the talk: Dialogic Mentoring in
4 Physical Education", *Journal of Physical Education, Recreation and Dance*.
5
6
7 Jones, L., Tones, S., Foulkes, G. and Jones, R. C. (2022), "Levelling the playing field: A
8 Review of Mentoring in the CaBan Initial Teacher Education programme.", *Wales*
9 *Journal of Education*, Vol. 24 No. 2.
10
11
12
13 Long, R. and Danechi, S. (2021), *Teacher Recruitment and Retention in England. Briefing*
14 *Paper Number 07222*, House of Commons Library, London.
15
16
17 Louis, K. S., Murphy, J. and Smylie, M. (2016), "Caring Leadership in
18 Schools", *Educational Administration Quarterly*, Vol. 52 No. 2, pp. 310–348.
19
20
21 Mayeroff M. (1971), *On caring*, Harper Perennial, New York.
22
23
24 Murphy, T., Masterson, M., Mannix-McNamara, P., Tally, P. and McLaughlin, E. (2020),
25 "The being of a teacher: teacher pedagogical wellbeing and teacher self-care",
26 *Teachers and Teaching*, Vol. 26 No. 7-8, pp. 588-601.
27
28
29
30 Noddings, N. (1984), *Caring: A feminine approach to ethics and moral education*, University
31 of California Press, Berkeley.
32
33
34 Noddings, N. (1995), "Teaching themes of care", *Phi Delta Kappan*, Vol. 76, pp. 675–679.
35
36
37 Noddings, N. (2002), *Educating Moral People*, Teachers College Press, New York.
38
39
40 Noddings, N. (2003), *Caring: A feminine approach to ethics and moral education (2nd ed.)*,
41 University of California Press, Berkeley.
42
43
44 Noddings, N. (2005a), "Caring in Education", available at: [http://infed.org/mobi/caring-in-](http://infed.org/mobi/caring-in-education/)
45 [education/](http://infed.org/mobi/caring-in-education/) (accessed 1 February 2023).
46
47
48 Noddings, N. (2005b), *The challenge to care in schools: An alternative approach to*
49 *education (2nd ed.)*, Teachers College Press, New York.
50
51
52 Noddings, N. (2012), "The language of care ethics", *Knowledge Quest*, Vol. 40 No. 4, pp.
53 53–56.
54
55
56 Noddings, N. (2013), *Caring: A Relational Approach to Ethics and Moral Education (2nd*
57 *ed.)*, University of California Press, Berkeley.
58
59
60 Savill-Smith, C. (2019), *Teacher Wellbeing Index 2019*, Education Support, London.

1
2
3 Trout, M. (2018), "Embodying Care: Igniting a Critical Turn in a Teacher Educator's
4 Relational Practice", *Studying Teacher Education*, Vol. 14 No. 1, pp. 39-55.

5
6
7 Turner, K., Thielking, M. and Prochazka, N. (2022), "Teacher wellbeing and social support: a
8 phenomenological study", *Educational Research*, Vol. 64 No. 1, pp. 77-94.

9
10
11 Yin, H. (2015), "The effect of teachers' emotional labour on teaching satisfaction:
12 moderation of emotional intelligence", *Teachers and Teaching: Theory and Practice*,
13 Vol. 21 No. 7, pp. 789-810.
14
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16
17
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